

The CANADIAN NURSE



VOL. XXXV

NUMBER 1

JANUARY, 1939

A Greeting for the New Year

GRACE M. FAIRLEY

Current Events and Trends in Nursing

MARY M. ROBERTS

The Management of the Sick Child

M. F. BUCHANAN

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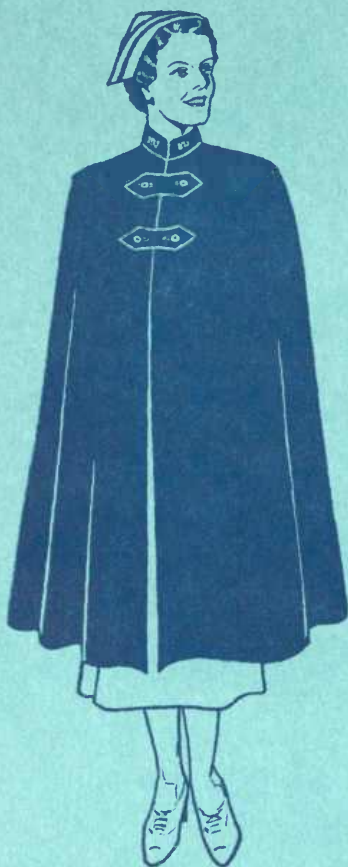
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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with *The American Journal of Nursing*, \$5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

JANUARY, 1939

NUMBER ONE

1939!

A Greeting for the New Year

GRACE M. FAIRLEY

President, The Canadian Nurses Association

The New Year—what does it hold for us? Many were rather grateful to see the curtain fall on 1938. It had been a difficult year in so many ways, but, as ever, we look towards the rising sun of 1939 with so much hope and the sincere prayer that it may bring to our Dominion, to us, and to all who are dear to us, Peace and Joy.

Just such a message am I privileged to bring to you from the executive committee of the Canadian Nurses Association, which met in Vancouver early in December. Never in the history of our Association, (not even in those dark days of 1914) have we, as members of a great professional family, been drawn more closely together than in these last weeks of the Old Year.

At this very time, it might be well for us to remember once more, the exhortation of the President of the International Council of Nurses—"Nursing is a Profession and a Service." By renewing our pledge of support to our Provincial and National Associations, we shall make sure that our contribution as individuals to our profession and to the community will truly be one of Service.

Most sincerely do I hope and pray that the New Year will hold great happiness for all our members and for the staff at Headquarters who have so faithfully worked in our interest during the past year.

Current Events and Trends in Nursing

MARY M. ROBERTS

Editor, The American Journal of Nursing

At a recent meeting of the Wisconsin State Nurses Association, Mary M. Roberts, editor of "The American Journal of Nursing," delivered an address which made a profound impression on her audience. In it, she quoted freely from an article by Dr. H. B. Atlee, entitled "The Future of Nursing" which appeared in the September issue of "The Canadian Nurse." No one who heard Dr. Atlee deliver this challenging address at the Biennial Meeting of the Canadian Nurses Association is likely to forget it, and even in cold print, Miss Roberts discovered its searching and provocative quality. Miss Roberts has kindly allowed us to publish those parts of her address which are of special interest to Canadian readers. The full text will appear in the January, 1939, issue of "The American Journal of Nursing."

The trends and events of today are the results of past experience as well as of varying conceptions of both present and future needs.

Nursing is young as a profession. Like all youth it has been through the experience of feeling its way, of experimenting, of trying out standards and then, perhaps, abandoning them for something better. It may have been the outward signs of this period of adolescence which called forth the comment once heard that nursing is unstable and nurses seem like children playing at big business.

To attempt to bear the responsibility of "big business" is not a reproach. To compare nursing to big business is not to demean nursing. Big business provides a livelihood for thousands of people and other thousands are dependent upon it for safety, comfort, and health. So it is with nursing. To guide the destiny of nursing and of nurses is a big business. Is the organized nursing profession so inept, so unstable, that it cannot guide its own destiny? I do not think so, but I do believe that we need to give more serious thought to the formu-

lation of our service programs, to the choice of wise and courageous leaders, and to the development of methods of measuring our progress. We need to encourage ourselves by a just evaluation of our achievements and then to keep going in the right direction.

Three factors in our fairly recent past seem to me to have been of outstanding importance in their influence on the present and future development of nursing.

1. At one time schools of nursing came close to wrecking the whole purpose of nursing education. In our efforts to secure classrooms, teaching equipment, and personnel qualified to use them, teaching of the nursing arts for a time was in danger of becoming completely divorced from the best of all possible places to teach and to learn those arts, that is, at the bedside and in the environment of the patient.

2. It is now some time since public health nursing finally emerged from that long period during which considerably more emphasis was placed upon *public health* than upon *nursing*.

3. Private duty nurses who co-operate with the professional registries have stopped demanding that—regardless of temperament, professional preparation, or interest—a nurse should invariably receive the first call when her name reaches the top of the list. In other words, they have ceased to demand the right to make robots of themselves, because they prefer being professional nurses.

It sounds rather as if we had safely passed through the diseases of our professional childhood, doesn't it? Those three things are now embedded in our history. They made possible what is, in my mind, the outstandingly obvious trend of today, that is, the impressive and increasing amount of bedside nursing care which is being given by graduate nurses. This, in turn, has led to a really fundamental emphasis on nursing care and on sound preparation for it, which makes *nursing* stand out by itself.

It is a most encouraging sign of professional health that nurses are more deeply concerned with methods of giving nursing care than ever before. Amidst all the distractions of the social revolution through which we are passing, there is the central soul-satisfying fact that above all else nurses are profoundly concerned about how patients can best be nursed, and how all who need it can have nursing service. It follows that they are also concerned with how nurses can secure preparation for giving a finer type of nursing care than has ever before been possible.

The rapidity with which the volume of nursing service given by graduate nurses is increasing is so striking that last April the American Journal of Nursing devoted a special supplement to bedside nursing. The astonishing growth of graduate staff nursing in hospitals—for the number so employed is far beyond the number of graduate nurses in the

entire field of public health nursing—is there most graphically portrayed.

It is a matter of regret that it was not then, nor is it now, possible to estimate the amount of bedside care given by public health nurses. We do know, however, that one of the most notable trends in the whole field of public health nursing is that toward giving more actual nursing service by the official agencies. This is the result of what Dr. Parran, Surgeon General of the United States Public Health Service, calls "getting back to the middle of the road by combining the concrete and the educational functions of a nurse in one valuable person."

"Most groups of workers have their world created for them, the professional worker creates his own world". This arresting statement was made by a speaker at the recent Biennial Meeting of the Canadian Nurses Association. If Dr. Atlee's statement, broadly interpreted, is correct, has nursing any claim to the term "profession"? Nursing has often been described as ancillary to medicine and, in a recent study of the activities of philanthropic foundations, we find nursing schools grouped with other "quasi higher-educational undertakings".

It is not indicated that graduate staff nurses yet play any real part in "creating their own world", professionally speaking. Is this equally true of other major professional groups? In elucidating his phrase "creating its own world", Dr. Atlee pointed out that the workman in the factory creates, or helps to create, only what a higher authority has decided shall be created. Using the physician as an example of the professional person, Dr. Atlee pointed out that in caring for each patient the physician creates a programme designed for that one individual. We may ask, "Does not the true nurse do that also"? Articles

like the recent "Case Study or Nursing Care Study" are pointing the way.

I know of no substantial body of evidence which will make a very good case at the present time for the whole body of practitioners of nursing as professional workers who "create their own worlds". This is equally true, I believe, in private duty and in graduate staff nursing, whether it be institutional or public health nursing. Happily, we do all know individuals who are exceptions to that statement. Registrars know of many instances where the programme of *nursing* care proved to be the key to the patient's recovery. Probably most of us have known of cases when the doctor has said to the nurse, "See what you can do". Perhaps the situation of nursing in relation to the ability of the nurse to create her own world is on the brink of change, if the trends I am about to point out are genuinely significant.

A hopeful sign of increasing maturity, call it a trend if you will, is our persistent search for facts. Let us trace the results of some of the findings of the Grading Committee. Ten years ago we were told in no uncertain terms of the extremely uneven distribution of nursing service. That was true of institutions. It was true of communities. As the Grading Committee progressed in its work it stated and restated in every conceivable way that the country needed better preparation for a wider distribution of nursing service. What influence have the findings of the Grading Committee and the still earlier Winslow-Goldmark report had on the programmes of these organizations?

1. As we all know, the National League of Nursing Education delayed revision of the curriculum until the Grading Committee studies were completed. It has produced the Curriculum Guide and an invaluable set of

manuals for use in connection with it. The Guide suggests a curriculum which is basic to all types of nursing and is providing for experimentation and so for professional growth. The current study of fifty schools, which is expected to provide the basis for a national accreditation programme, is definitely a follow-up on the work of the Grading Committee.

2. Three national organizations have attacked the problem of distribution through two joint committees. The first was the Committee on Distribution of Nursing Service, which had various subcommittees. Among these was that on hourly nursing. But there has been no appreciable development of that type of service. Nor is there any traceable result of the work of the Subcommittee on Rural Nursing.

3. The American Nurses Association, for several years, has devoted a considerable part of its budget to studies of professional registries and to giving assistance to them. It has encouraged and assisted with state-wide and other studies of the distribution of nursing service made under the auspices of state nurses associations or units of them.

4. The National Organization for Public Health Nursing received more requests for surveys by staff members in the first five months of 1937 than in all of the preceding year and the trend continues upward.

It would be pleasant to record some progress toward the development of new methods of distributing nursing service. The success of the group hospitalization plans is highly suggestive but no announcement has yet been made of nursing services financed through insurance or pre-payment, other than the well-known ones of the insurance companies themselves.

We may well ask ourselves, has nursing been too ready to wait for other groups to do the planning? Do we tend to let the world about us cut the patterns for our services? If we leave too much of the shaping of nursing service to others, can we hope to attain

a decent degree of professional independence? The time has come for dynamic leadership.

An exceedingly important sign of the times—or trend—may be found in the attitude of the various national organizations, medical, health, and nursing, toward each other. The National Organization for Public Health Nursing has long had highly co-operative relationships with the health organizations, as such. But the trend given first place in this discussion—a new emphasis on bedside nursing care as fundamental to all nursing—is bringing about new relationships which will be of the greatest importance to nursing.

Out of these relationships, I venture to predict, will come stimuli which, if we are sensitively and wisely responsive to them, will carry us forward on the road of truly professional development. Abundant opportunity will be provided for demonstrations of nursing as an entity in itself, a service which cannot be duplicated by any other group. This is the very heart of the problem. Armed with a thoroughly sound and substantial body of knowledge which is demonstrably the basis for skilled and flexible nursing service, nursing will lose its fears of the inroads of social service on public health nursing, and of the encroachment of the subsidiary worker on the fields of the institutional and private duty groups. Knowledge will cast out fear and free the energies of nurses for service which no one else can give.

There are many trends in nursing but I have endeavoured to point out only four and these because I believe they have significance for the whole profession. These are:

1. The importance of bedside nursing is not merely numerical or quantitative. There is a new emphasis on quality which affects every branch of the profession.

2. It is essential that, through further study and original researches in our own field, our knowledge and our nursing methods be kept abreast of the demands upon nursing as a profession. Doctors and sanitarians may define what they want of nurses, but nurses should be secure in the knowledge that they, and they alone, know how to build plans for nursing care, whether for an individual or for a community. As Dr. Atlee, whom I have already quoted, puts it, "It is my urging that you make for yourselves within medicine the same sort of world that architects have made within engineering". This trend can be demonstrated but it has not yet the force of a really powerful current.

3. We now know that programmes must be based on ascertainable facts rather than opinions. We have made some studies—the trend is in the right direction—but not enough. For example: We have not yet found a way to estimate the number of nurses who should be graduated each year. If we could make more precise estimates of the number of nurses needed each year, and in each of the principal fields of nursing, might we not be more successful in securing funds for the education of nurses to meet demonstrable community needs?

4. We have not yet given our registries and placement services sufficient support and prestige for them to attract as large a number of competent counsellors and registrars as we need if we are seriously concerned, as we must be, to improve the distribution of nursing service by providing wise guidance for graduate nurses.

5. Co-operation between national organizations and between these and various governmental units can be effective only if based on mutual respect. Co-operation between state and local units or organizations likewise is based on mutual respect and understanding. Here is the ringing challenge of our times.

The trends of which I have spoken all point the way toward a type of professional development which should place nursing, in its service and in its planning for the distribution of that

service, on a par with all the other professions which have a part in providing medical care and in protecting and maintaining the health of our people. Note the term "other professions". Nursing must become a profession in the true sense of the word. This demands the educational discipline that is the fundamental characteristic of a profession. Do these trends point toward a too diffi-

cult future? I think not. The burden of leadership, as in any important movement, will fall on a relatively small number of people in each group. The encouraging thing, and it should be enormously encouraging to us all, is that in nursing we are pulling together as never before. If we continue to do that, there can be no doubt that we shall attain new levels of social usefulness.

A Gift—and a Challenge!

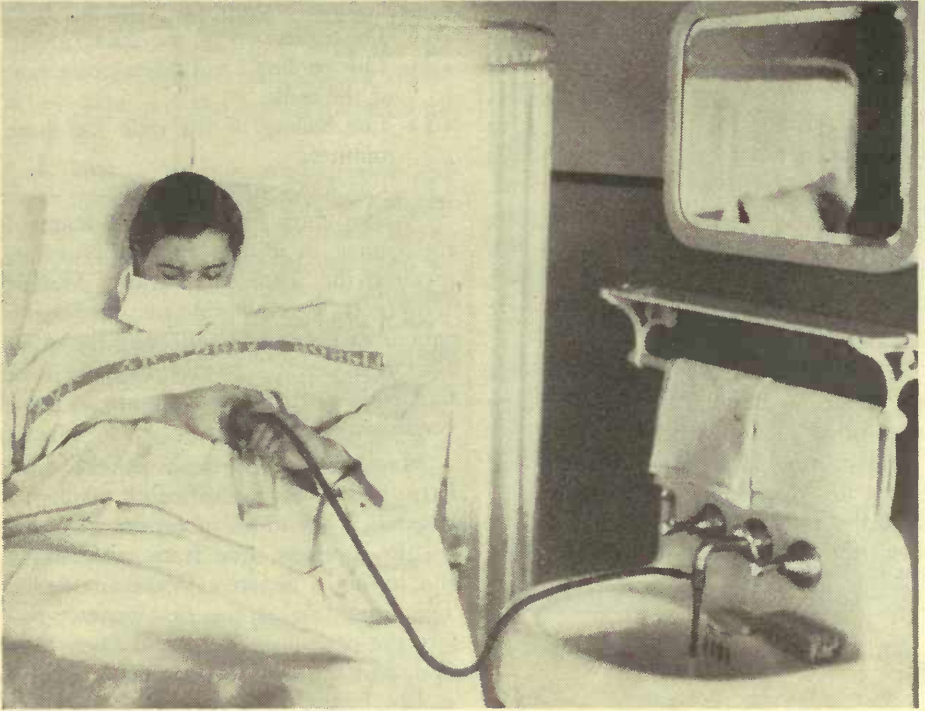
It is officially announced that the Rockefeller Foundation has given the generous sum of two hundred and fifty thousand dollars as an endowment fund for the School of Nursing of the University of Toronto. This munificent gift makes possible many new developments in nursing education in Canada and, in the February issue of the *Journal*, these will be discussed at length. At the moment of going to press, all that can be done is to indicate the profound satisfaction with which this good news will surely be received by Canadian nurses.

The gifts of the Foundation are never made lightly and it is only after careful analysis of the project concerned that they are made at all. In this instance, the Foundation has evidently come to the conclusion that the essentials to success are already available. A great University and its medical school, some of the best hospitals in the whole Dominion, excellent public health and visiting nursing services — all are here and all are now

in full co-operation with the School. Furthermore, dynamic leadership of an exceptionally high order is assured. The Director of the School, Kathleen Russell, is herself the fortunate possessor of an original and penetrating mind and she has gathered about her a staff which is worthy of the new enterprise.

But even when all these encouraging factors have been given their full value the challenge still remains. The Foundation has the right to expect that we shall show our appreciation of this unique opportunity by accepting our full share of responsibility for its ultimate fulfilment. We now have, in Canada, everything that is necessary for the establishment of an independent School of Nursing which may serve as an inspiration and a pattern for the whole world. Let us have the courage to accept the challenge which this gift brings with it and thus prove ourselves worthy of our high destiny.

E. J.



The Collection and Preservation of Breast Milk

CAROLINE V. BARRETT, REG. N., and
ISLAY L. HISCOX, REG. N.

Supervisor and Assistant Supervisor (respectively)

Royal Victoria Montreal Maternity Hospital

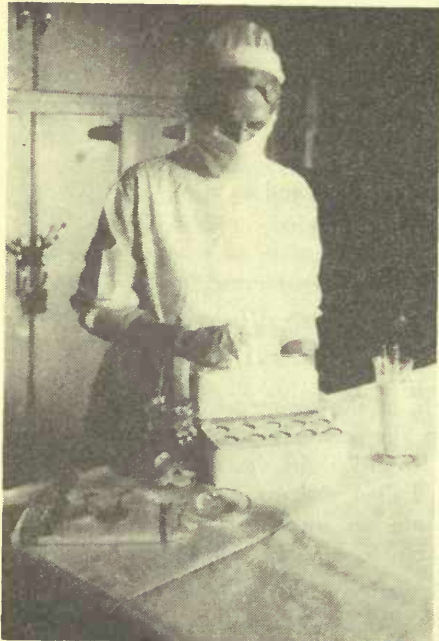
The great importance of breast milk in the feeding of premature infants has always been recognized at the Royal Victoria Montreal Maternity Hospital, and to this end for several years, wet nurses were employed, although this practice did not always prove satisfactory. The need of having on hand, at all times, a fresh supply of human milk, and the difficulty of adjusting the fluctuation of supply and demand, led us

early in the spring of 1936 to investigate the methods used in Boston.

Twenty-eight years ago, Dr. Fritz B. Talbot organized and developed in Boston an institution which to-day is known as the Directory for Mother's Milk, Inc. Under the auspices of this organization a miniature dairy with all modern appliances is operated, and here the method of preserving breast milk by the quick-freezing process was de-

veloped, between the years 1930 and 1932, by Dr. Washington Platt and Dr. H. Schibsted of the Borden Research Laboratory, Syracuse, N. Y. This process was clinically tested by Dr. Paul W. Emerson, of Boston. Up to the present time, twelve other cities have developed similar organizations, two of which are in Canada namely the Hospital for Sick Children in Toronto, and the Royal Victoria Montreal Maternity Hospital, the latter being described in this article.

A brief period of observation was first spent in Boston at the Directory for Mother's Milk where we received a most cordial welcome and, on our return to Montreal, we proceeded to adapt the methods employed in Boston to suit the situation existing in our own Clinic.



Watching the Wafers Freeze

Four different stages of development require consideration:

- (1) The collection of the milk.
- (2) The pooling and homogenization of the milk.
- (3) The boiling of the milk for three minutes.
- (4) The quick-freezing process.

A staff nurse, who is a graduate of the course in Public Health Nursing, given at the School of Nursing, McGill University, is responsible for visiting the patient each day and collecting the milk. By this means it is possible to make sure that both mother and baby are in good condition.

Many of our clients are patients who have had a surplus of milk while in hospital. They must, of course, be clean healthy mothers, free from tuberculosis and having a negative Wasserman test. The nurse makes the first contact before the patient is discharged from hospital, and the next day visits the patient in her home, lends her the necessary equipment and instructs her in the technique of collecting and saving her milk. Sterile containers are left daily for each pumping and water-power pumps are used similar to that shown in the accompanying illustration. These women are paid five cents an ounce, and this monetary help has been of great value, to them, especially to those who are on relief.

Attractive posters have been prepared and are prominently displayed in our wards and pre-natal clinics; these posters are designed to draw attention to the importance of the work and to make an appeal to women who have a surplus of milk to help the frail premature infants who are in need of this special nourishment.

The milk is brought to the Hospital and is taken to the milk-room, where it is received and dealt with by the Assistant Supervisor. After being pooled,

BREAST MILK

strained, homogenized and boiled for three minutes, the milk is put up in individual bottles, labelled with the infant's name and sent to the ward where it is kept in the refrigerator until needed.

In case there is a surplus over and above the daily requirements, the remaining milk is subjected to the quick-freezing process which may be described as follows: Two rectangular plates of aluminum are placed on a block of dry-ice, ten inches square by three inches deep; these plates or freezing moulds have small depressions, each having a capacity of one-fifth of an ounce. When the plates are first put in position they vibrate for a few minutes, this vibration being caused by the chilling of the metal, associated with the escape of carbon dioxide gas from the dry-ice. The depressions are then filled with milk and a third rectangular plate, which has also been covered with a block of dry-ice, is placed on top and in about two minutes a clicking noise is heard which indicates that the milk is frozen. The frozen wafers are then transferred to a sterile preserving jar by means of the sterile silver spoons. Eight ounces are kept in each jar and these jars are stored in special Frigidaire Cabinets (built by General Motors) at a temperature of 15 degrees below zero.

The reader will find the illustrations helpful in explaining the nature of the apparatus as well as the actual procedure. In the first picture the nurse, wearing a mask, gown, and sterile thick cotton gloves, has just filled the depressions with milk by means of a syringe. In the second picture, she is transferring the frozen wafers to the container. Thick cotton gloves are necessary to protect the hands from the "burn" which would result from handling the extremely cold dry-ice.

It has been proven that milk frozen



Transferring Wafers to Sterile Jar

in this manner undergoes very little change in composition and can be kept indefinitely. Dr. Walter Eddy, of Columbia University states that the vitamin content is not lost. Recently, we had the pleasure of a visit from Dr. Eddy himself at which time he inspected the milkroom and gave us some valuable advice.

A sample of milk from each new client, and samples of the pooled and frozen milk are forwarded periodically to the Laboratory of the Eastern Dairies Ltd. for bacteriological examination. If any specimen shows a high bacteriological count, the nurse scrutinizes the way in which the woman is handling her milk and another specimen is sent to the laboratory; if the count still remains high she is dismissed and no more milk is bought from her.

We have collected data concerning all the premature infants who have been born in this hospital over a period of four years, and find that there is an appreciable drop in the death rate. Many factors have doubtless contributed to this reduction of mortality but we would like to emphasize the following:

1. Improved technique and nursing care.

2. The supply of breast milk which has been made so readily available.

We usually have on hand a reserve of 1,000 ounces, a supply which enables us to look after the premature infants in the hospital and, if necessary, others who for various reasons may be unable to procure this very precious essential to human life. The accompanying chart serves as an indication of the scope and possibilities of such a service.

The following list of references may prove useful to nurses who wish to study the subject more intensively:

The Preservation of Human Milk (a preliminary note on the freezing process) by Dr. Paul W. Emerson and Dr. Washington Platt. This is a reprint from *The Journal of Pediatrics*, April, 1933, p. 472.

Maternal Milk Collection, by Hazel M. Keane, Assistant to the General Director, The Directory for Mother's Milk Inc., Boston, Mass.

Standard for Directories for Mother's

Milk, by Cornelia H. MacPherson, R.N., Director, The Directory for Mother's Milk, Inc., Boston.

A Maternal Milk Laboratory, by Carl H. Laws, M.D., and Esther G. Skelley, R.N., *The American Journal of Nursing*, August, 1938.

Preserving Maternal Milk, by Carl H. Laws, M.D., and Esther G. Skelley, R.N., *The American Journal of Nursing*, September, 1938.

This venture has cost both money and effort, but already the results have abundantly justified the undertaking. In conclusion, we should like to thank the many people who have helped us plan, organize and establish our "Dairy", and it is with pleasure that we mention the following:

Lady Meredith, and the Auxiliary Board of Governors of the Royal Victoria Montreal Maternity Hospital, who have so generously sponsored the undertaking.

Miss Cornelia MacPherson, Director, The Directory for Mother's Milk, Inc., Boston, Mass., who has always been ready with advice and suggestions.

To Mr. W. R. Aird, president of Eastern Dairies, Ltd., and A. R. M. MacLean, Ph.D., technical director of the same organization, we owe a special debt of gratitude for their ever-ready help, co-operation and encouragement.

Year	Milk collected	Milk given free of charge	Milk sold	Milk frozen
1936 (9 months).....	10,198 ozs.	7,758 ozs.	2,131 ozs.	710 ozs.
1937 (12 months).....	17,201 ozs.	12,212 ozs.	4,411 ozs.	1,945 ozs.
1938 (10 months).....	17,887 ozs.	12,722 ozs.	3,153 ozs.	1,080 ozs.
TOTAL:.....	45,286 ozs.	32,692 ozs.	9,695 ozs.	3,735 ozs.
	or 283 gallons	or 204.3 gallons	or 60.6 gallons	or 23.3 gallons

THE EDITOR'S DESK

The New Year

As we cross the threshold of the New Year we may well look back with satisfaction upon the one which has just come to an end. In many ways, 1938 was kind to us. The most outstanding event was the Biennial Meeting of the Canadian Nurses Association which was not only a huge success in itself but also brought into prominence some of the younger nurses whose capacity for leadership guarantees the continued advancement of nursing in Canada.

Substantial progress was made in the educational field due primarily to the courageous effort which is being made in schools for nurses to carry out, in terms of action, the recommendations of the Proposed Curriculum.

It is heartening to note the growing bond between the universities and nursing. During the past year, three of our leading Canadian universities conferred high academic rank upon women whom we ourselves have delighted to honour. Thanks to the tact and patience of the women who direct departments of nursing within universities, the authorities now have a sympathetic understanding of the aims of nursing education. Their imagination has been touched by the eagerness of the students who enrol for the various refresher courses, even when attendance involves sacrifice in terms of both time and money.

There can be no doubt that in the field of public health in Canada, nurses are coming into their own. At a recent informal conference, a Deputy Minister of Health from one of the Western provinces said: "If I had fifty thousand dollars to spend and could allocate it according to my own wishes, I would spend it all on employing more public health nurses". This statement, which

was manifestly sincere, is a real tribute to the public health nurses of the Province in question.

In the hospital, the nursing staff still holds pride of place. Every year, the demands made upon our intelligence and skill become more exacting but, so far, we have been able to rise to the level of our opportunities.

Although the field of private duty has thorny problems awaiting solution, there are some features of the situation which are very encouraging. There is more unity in the ranks of the private duty nurses than ever before and the stimulating effect of enlightened leadership is beginning to make itself felt.

In these troubled times we do not know what a day, much less a year, may bring forth. Nevertheless, we face the challenge which 1939 brings to every one of us with courage and with hope.

Made in Canada

This is the first number of the thirty-fifth volume of *The Canadian Nurse* and, in a subsequent issue, more will be said about the attainment of this important milestone. The thirty-fifth volume begins with a typically Canadian landscape, photographed with exquisite artistry by a Canadian nurse, Lillian A. Wooding, a staff member of the Victorian Order of Nurses for Canada. Opposite to it is the New Year's message of the President of the Canadian Nurses Association. The leading article, although written by the editor of *The American Journal of Nursing*, drew some of its inspiration from Canadian sources. All other articles (and they are good ones) are written by Canadian nurses. To put it simply — *The Canadian Nurse* is made in Canada.

The Student Nurse in the Out-Patients Department

A. ELIZABETH WATSON

Teaching Supervisor, Out-Patients Department, Toronto General Hospital

In the natural order of things, all professions have a dual nature — a blending of the practical with the theoretical. In the course of time the various sciences, that form the basis of all correct and skilful practice, explore new fields and discover new laws. Naturally these must be mastered to form a sound foundation for their successful application. Indeed the very technique of the practical side itself is constantly changing and advancing. While these facts are particularly true in the medical world, they are equally applicable in the closely allied profession of nursing. Hence the great importance of sound and proper teaching at the very outset as an infallible basis for successful scientific nursing.

No department of the hospital offers greater opportunity in this respect than does the out-patients' department where the most valuable teaching material is being constantly afforded. To begin with, a general hospital large enough to boast of an out-patients' department, is one that invariably has a training school for nurses. Naturally then, the student nurse will spend some of her training in this department. At this point, a very pertinent question confronts us: are we as teaching supervisors taking advantage of every opportunity by effective teaching methods to ensure that she leaves the department with a broader outlook, a more thorough understanding and a surer grasp of her work, as the result of her month's experience?

There are two methods of approach from the teaching standpoint: (1) rotation within the service; (2) facilities for organized teaching and seminars within the department. However, a preliminary

step must be taken when the student nurse is first assigned to the department. A complete tour should be made. We must always keep in mind that the out-patients' department is different from anything that the student has had heretofore in her training. The general plan is placed before her, the individual clinics pointed out and the daily routine explained. As a result, her orientation and complete adjustment will not only be quicker, but in the end more satisfactory both to herself and those with whom she is working.

Let us now examine the first method of teaching — that of rotation. The out-patients' department, whether large or small, is composed of numerous clinics, all offering varied clinical material. Rotation within the department must be employed if the student is to benefit by the varied field presented. In this way, she will become familiar with the routine of the individual clinics, the set-up of the various clinics, the treatment given and the reasons for such. While the benefits to be derived from the rotation method are obviously great, they are not adequate in themselves to meet the situation as a whole.

To overcome this difficulty, the teaching programme may be pursued along different lines. This leads us to our second method of approach, that of providing facilities for organized instruction. For this purpose, a definite time should be set aside each day, and a teaching programme organized and effectively carried out. To this end, the seminar system is admirably adapted. These informal groups have many advantages. They lack the severity of the

lecture room, and yet offer ample opportunity to the supervisor to give systematic and thorough instruction in a carefully prepared syllabus of work. Part of each period is thrown open for discussion. This allows not only for student activity, but gives the students an opportunity to voice their own opinions, ask questions and discuss problems from different angles. The net results of this type of instruction must be highly beneficial not only as a means of acquiring valuable information, but also of developing the student's tact and self-confidence.

In these classes, the supervisor may deal with different phases of the work. One of the most important is the purpose of the out-patients' department in the student nurse's training. Emphasis is placed on the fact that she is here for a definite purpose; that this month's experience should broaden her knowledge from a theoretical as well as a practical standpoint; that she will have an opportunity to observe a wide field of varied clinical material; that it gives her an insight into the work of the Public Health Department — the preventive aspect of medicine being stressed, rather than the curative. It enables her to get a completed picture of the patient. Until she comes to the out-patients' department, she may only have associated the patient as part of a hospital bed-unit but once here, she is able to classify him as an active member of the community and she becomes aware of the influence the patient's mode of living has had on his present mental and physical health.

As the month goes on, the lectures are somewhat varied in their content. One or two lectures may be devoted to the importance of the nurse-patient relationship, her attitude to the patients as a whole, their reception to clinic, and the problem of attempting to handle satisfactorily different personalities in different settings. The relation of the out-

patients' department to the community may be discussed; its obligations and limitations as well as what it has to offer in the way of an ideal health centre. This brings the teaching program to one of our most important topics, that of health teaching. The student nurse has an excellent opportunity to carry out this particular phase of her work. In class, the teaching supervisor may make it easier for the student by discussing how health teaching may be done. In her lecture material, she will stress certain principles that must be adhered to: for instance as to the methods (a) by example (b) verbally. She will show that definite factors must be taken into consideration — such as the patient's intelligence; his present living conditions; employment, if any; recreational tendencies, etc.

Pursuing the question of health teaching still further, another problem presents itself that must be solved. Many patients are dependent only on themselves or on other members of the family for carrying out at home prescribed form of treatment. At this point, the responsibility falls on the nurse. It is she who must outline clear, simple and direct instructions. The student nurse, under supervision, will derive much that will be of use to her in her future work, if she is made to handle the situation.

The topic of home nursing is then the next phase in the teaching program to be discussed. Instruction is given at class as to how a nurse may meet certain situations apart from a hospital setting; how to supplement satisfactorily hospital equipment with what is on hand in a home; how to meet medical and surgical emergencies in a community away from the hospital ward where everything to work with is at one's finger tips.

Before the month's experience for the student draws to a close, a period is set aside for active discussion. This has

a mutual benefit, being often as helpful to the supervisor as it is enlightening to the students. These students should be made to feel perfectly free to voice their opinions quite frankly and to relate what they have gained or have not gained in the past few weeks.

Bringing the teaching programme to a more concrete basis, it is organized as follows: The student nurse usually spends four weeks in the out-patients' department. For example, it may be arranged that there are five classes held weekly. The length of each class is from one-half to three-quarters of an hour. This gives at a minimum, two and a half hours a week for classroom instruction

alone, which totals ten hours in the month — quite sufficient to cover the necessary material.

It is true that every hospital presents a different picture and varies to a certain degree in its daily routine with the result that the teaching programme would be altered accordingly. However, that is a factor of minor importance, the significant point being that in a department such as this, one should take advantage of every opportunity, and organize the teaching programme in such a manner that the student nurse will leave the department at the end of her term with something of permanent value in her mind.

APPOINTMENTS

Miss Dora Parry has been appointed as superintendent of nurses at the Children's Memorial Hospital, Montreal. She is a graduate of the School of Nursing of that institution and, in addition, has taken the course in hospital administration at the McGill University School of Nursing. Miss Parry has served successively as operating room nurse and as assistant superintendent and is therefore thoroughly conversant with the needs of the Hospital. The news of her appointment was enthusiastically received by her co-workers and all members of the hospital staff.

Miss Hilda Nuttall, who has been appointed Miss Parry's assistant, is also a graduate of the Children's Memorial Hospital and a member of the Class of 1927. After her graduation Miss Nuttall did special duty nursing for a time, then returned to the nursing staff of the hospital as ward supervisor and later as medical teaching supervisor.

Miss Dorothy Riddell has been appointed instructress of nurses in the School

of Nursing of the McKellar General Hospital, Fort William. She is a graduate of the School of Nursing of the Toronto General Hospital and was awarded a scholarship which enabled her to take the course in administration and teaching offered by the University of Toronto School of Nursing. Subsequently she served as head nurse in the surgical division of the Toronto General Hospital and also had the advantage of studying methods of teaching and supervision in England and on the Continent.

Miss Eugenie Stuart, a graduate of the School of Nursing of the Toronto General Hospital and one of the Canadian nurses who went to South Africa early in 1938 under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association to the Groote Schuur Hospital, Cape Town, has been appointed Sister Tutor in the Kimberly Hospital, Cape Province. Miss Stuart commenced her new duties on December 1.

The Management of the Sick Child in the Hospital

M. F. BUCHANAN

Assistant Instructor, Hospital for Sick Children, Toronto

Let us begin by looking at three children who are being admitted to the hospital. One of them is seriously ill, and the other two, coming in for some surgical procedure, are comparatively well. All three are away from home for the first time and are accompanied by one or both parents. First, let us take the sick child, who is probably extremely apathetic and too ill to pay much attention to his surroundings. His parents are frantic with grief over his illness and are in terror of the huge unfriendly building in which they must leave him. The nurse's manner as she enters the room—the correct amount of interest and sympathy—swift, sure, gentle hands and an understanding smile will do much to allay the fears of both the child and his parents.

Now let us look at the other two children. The first is a small boy who, not being an emergency case, has been waiting some time in the average busy admitting room. During this time he has, undoubtedly, done a bit of investigating and he may or may not have found the place to his liking. The attitude of his parents will also have had an effect. They may be intelligent and sensible, pointing out various things to the child and explaining to him what he is going to have done to him. The nurse who prepares this child for the ward has an easy task and if she is worthy of the title of nurse, he should be even more content when he is introduced to the ward. Perhaps he is full of questions for her to answer, perhaps he wants her to

listen to his tales about his adventures at home, but in any event the little boy will probably say a rather rueful good-bye to his understanding parents and go forth to his new adventure with confidence.

Now we turn to our next patient, another small boy but a different problem and a much more difficult one. Upon the appearance of the nurse he commences to scream, clings to his parents and resists all efforts to be taken away. From their attitude the nurse may gain some knowledge of what is causing his temper tantrum. If the mother coaxes and bribes and looks helplessly at the nurse though proclaiming with a touch of pride in her voice that "Johnny is such a bad boy—I always have this trouble with him!" the observant nurse realizes that she has to deal with a thoroughly indulged little boy. To ignore the tantrum completely and pursue her duties calmly will give the somewhat surprised Johnny his first touch of discipline.

On the other hand, if the nurse finds the parents slapping and threatening the child with the unpleasant things which "they" will do to him in the hospital, she knows that here, also, she has a difficult problem. For this child is a terrified little thing. In spite of their lack of intelligence they *are* his parents, his whole little world and he does not want to leave them for this frightening place. She must use all her ingenuity to capture his confidence and it is easier to reassure him while she works with him

alone than when his mother stands over him and alternately threatens and bribes. The nurse must be alert and resourceful in picking up the slightest show of interest and working from that, drawing the child out and making him feel that she is a real friend. Frequently a child in a temper tantrum is a combination of both, rather than either of the pure types we have outlined. In managing him the nurse would necessarily combine her task of reassurance with a firm but kindly discipline.

Now let us take our children to the ward. They are told by the nurse in the admitting room that they are going to a ward with other children and they say good-bye to their new friends and are taken away by another nurse. Probably the very sick child will pay little attention to his journey, but the comfortable bed and kind, deft hands will increase his sense of security. The nurse cannot play with him. Her object is not to make him laugh but to make him content. The next child will be interested in his trip up to the ward, but the nurse should understand that he is trying hard to be brave about leaving his parents and she should by some means let him know that she understands, and thus encourage him. When they arrive, the ward seems a bewildering place and he has to be put to bed. The nurse should not feel that her moral obligation is over. How little time it takes to hand the little newcomer a toy or a book and to introduce him to his neighbours. We forget sometimes that children are very shy and even the fact that he knows his neighbour's name makes him feel less lonely.

With the other child, the one who is screaming either through bad temper or fear, the nurse must be kindly but firm, trying to gain the child's confidence but by no means giving in to him, and allowing him to realize that tactics which

were successful at home have no part in the routine of hospital life. This child, too, should be introduced to his neighbours. He may pay no attention, but it is probable that he will remember their names and he will feel subconsciously that he has some friends to whom he can turn for comfort.

In the daily routine of the ward the first thing in the morning is breakfast. Some will greet this occasion eagerly. Others will refuse to eat, or toy with their food. The nurse must try to understand what lies behind this behaviour. It may be homesickness—the child likes his own table, his own dishes, his own family—but a little understanding and an attempt to turn his interest to something else may make him forget and he eats without thinking much about it. Again, perhaps the food is not like that to which the child is accustomed at home. No nurse should ever try to force a child to eat something which she knows is contrary to all his racial and religious prejudices. If he eats it, it is because he is frightened and, therefore he is all the more an easy prey to qualms of conscience and a great worry may be set up in his little mind, a feeling of terror that he has transgressed some law very important to him.

For the child who won't eat because he is indulged and wants attention, a little persuasion is necessary, but if he finds that not much attention is paid to him and his tray is taken away and does not reappear until next meal-time he will soon learn that to be one of the others he must be like the others. In very few cases will a little hunger be dangerous, and the realization that it is a consequence of his own action will be another lesson in discipline to the small boy.

Now comes bath-time and rarely do we have trouble here, for most children enjoy their bath. The child, to his de-

light, has a nurse all to himself for a few minutes and this is the time for her to become better acquainted with him. She should never be guilty of bathing a child in silence or of chatting with a colleague at the next bed. The child may shyly volunteer his confidence—the nurse may find many things which are worrying him and help to set them straight. He may like to play a game—the nurse can play certain games quite well while going steadily on with her work. "I spy" is a splendid one and the bath becomes a welcome occasion. It is at this time that she may teach the child much which will be of value to him all his life. Habits of cleanliness may not have played a very important part in his existence heretofore, but he may learn from a wise nurse what a fascinating game it is to keep clean and healthy and useful.

After this come the medicines and the dressings, and it is here we find most of our difficulties. No nurse should ever be guilty of lying to a child. If the medicine has a nasty taste, it has a nasty taste! But the prospect of a nice cold drink of water or milk,—not offered as a bribe, but as a natural measure to make things as pleasant as possible for the child makes it easier to take—medicines which are hard to swallow, such as capsules, and tablets, may be broken up and dissolved. But the child should never be deceived. If there is castor oil in the orange juice he should be told about it. Otherwise he not only loses his taste for the orange juice, but also loses his taste for the nurse who deceived him and a distrust is born in him of his entire surroundings. Each individual case must be treated differently. Some children will take longer than others, but the important thing is to make the child understand that the medicine is not a punishment but is necessary to aid in speeding his recovery. The same thing

applies to dressings. They must be done, painful as they are. Sometimes no matter how brave a child is, little hands will involuntarily try to thrust the nurse away and so it is sometimes necessary to have another nurse to assist, but never should it be "to hold the child down". Rather it should be someone to whom the child may cling for support with the knowledge that it will soon be over and that everyone is being as kind as possible.

Sometimes the terrifying thought of an impending operation must be realized. Here, also, we must not deceive the child, or we shall have a struggling, terrified little creature in the operating room, becoming conscious again in a ward where he feels he has no friends whom he can trust. One other point with regard to maintaining the child's trust—we must never deceive him, but on the other hand we must never alarm him unnecessarily. A nurse who talks to someone about the child's condition in his presence may do him great harm. He does not understand the long words she is using and may misconstrue completely some harmless remark and be tortured by suspense until someone accidentally discovers what is distressing him. And we must not allow this practice to lapse because we think the child is unconscious. He may be more conscious than we realize. In one case, a child who was supposedly in a deep coma later told his parents that he had heard the doctors and nurses talking and although he had not been able to speak had been terrified for fear they would think he was dead and that he would be buried alive.

The nurse looking after the sick child must acquire special skill in noting symptoms, for the child cannot detect and report, as an adult will, every change in feeling. She must anticipate the wants, physical and mental, of

which the child is hardly aware himself. She must be sensitive to the feelings which he is unable to describe, and must allay his fears and suspicions. No rules can be laid down for this, but its importance in the care of the sick child cannot be over-emphasized. *The nurse must nurse the child—not the disease.* The patient is an individual, a growing, impressionable child, a human being, not just a physical body, but also a mental and emotional being. All these elements are closely related and react on each other instantly and it is here that many nurses fail. They talk when they should be silent and are overtalkative when the patient would appreciate a little quiet understanding.

No matter how ingenious and tactful the nurse may be, we occasionally find a "troublemaker" on the ward—a child to whom no ordinary methods will apply. Despite all the efforts he continues to be naughty himself and will soon manage to upset an otherwise happy ward. Discipline must be used and the method which is usually most effective is isolation. When the child is isolated he is made to understand quite clearly that it is not just a punishment, but that because he does not seem to enjoy being with the other children and because in his present mood other children certainly do not enjoy being with him, it is better for him to be alone.

During the day, the children should be kept well occupied. There is occupational therapy or perhaps the child can help the nurse a little. Children love to help. Clean little hands can fold towels or surgical supplies to be sterilized and the thought that they are doing something to help the nurse gives them a sense of responsibility and makes them feel that they are part of the ward. Then we have the play theory, the value of which we are realizing more and more. Group play is of great value in maintaining a ward spirit and in making the hospital life as nearly like a normal child's day as possible.

A child may be seriously harmed by an unpleasant experience in a hospital. This may influence his entire attitude toward doctors, nurses, hospitals, and healthy practices in general. It is also possible that a child who spends many months in the hospital may develop an "invalid reaction". However, by keeping his daily routine as close as possible to that of a normal child and by adding responsibilities as he is prepared physically and mentally to take them, we should be able to send home a happy contented child, ready to take his former place in the family circle—with the added interest of bringing to his family his new-found knowledge.



Choosing a Dress

MARGARET E. ORR

Superintendent, Montreal Unit, Shriners' Hospitals

Little girls (and big ones too!) who have to stay in hospitals for awhile do not lose their feminine interest in dress. The problem is to design hospital garments which will resist the effects of frequent laundering and may be delivered fresh and crisp to the expectant but somewhat critical wearers. No matter how attractive the dress looks when it leaves the laundry its charm is lost if it arrives in the ward all flattened out in a laundry basket, so in order to solve this transportation problem the author of this article designed the portable dress rack which is here illustrated.

This rack is made of galvanized iron piping half an inch in diameter and is mounted on a steel base equipped with casters. The dresses are placed on hangers and the rack is wheeled past each cubicle so that each young lady may pick and choose to her heart's content. When a choice has been made, the dresses she has selected are considered to be her special property for the period of her hospitalization. Patients occupying isolation cubicles are of course not permitted to handle the garments at all.

The arrival of the rack each morning, bearing its colourful load of dresses, adds a decorative note to the ward, and never fails to create a mild sensation. The psychological effects on individual patients are often beneficial. Louise, a six-year old French-Canadian child, had spent many weary months in bed, suffering from tuberculosis of the hip, complicated by discharging sinuses. While the sinuses showed signs of healing, her general condition remained unchanged and although she had often watched the dress-rack as it passed, she



Which is the prettiest?

never seemed interested. However, news of a visit from her mother aroused her enthusiasm, and she asked if she might choose a dress, so the rack stopped at her cubicle for the first time. When her mother arrived she found Louise smiling happily, proudly wearing a bright red dress. Her mother's visit and the novelty of wearing a pretty dress combined to start her on the road to recovery, and her improvement since then has been continuous.

The rack was made by the engineering staff of the Hospital. The materials cost \$8.66 and the labour cost is estimated at \$3.00 thus keeping the whole expense at less than twelve dollars. For the benefit of those who would like to have a similar rack, its component parts are listed as follows:

14 feet $\frac{1}{2}$ inch galvanized iron piping

Two ½-inch elbows
 Two ½-inch tees
 Two ½-inch floor flanges
 Two pr. ball-bearing casters
 Two ½-inch closed nipples
 Two sheets of iron plate 2½ ins. x 14 ins.
 Aluminum paint

A replica of this dress rack was exhibited at the Gadget Exhibit of the annual convention of the American Hospital Association in Dallas, Texas, in September, 1938, and attracted considerable attention.

The First Chapter

On Wednesday, November 30, the third graduation exercises of the University of Toronto School of Nursing were held in Convocation Hall. Present on the platform with the President of the University, Dr. H. J. Cody, and Miss Kathleen Russell, Director of the School, were Sir Joseph Flavelle, Mr. Norman Sommerville, K.C., Chairman of the Canadian Red Cross Society, Miss Florence Emory, and Miss N. D. Fidler.

In her report of the activities of the School, Miss Russell pointed out that the School carries on two distinct pieces of work called respectively the graduate and the undergraduate courses and defined them as follows:

There does not appear to be any other nursing school in Canada that is doing exactly this same thing, so probably it is the unusualness of the situation that confuses the observer. The graduate courses in themselves are familiar enough now to be understood quite readily but it is the undergraduate course about which there is still a considerable lack of understanding. This is a basic professional training course that qualifies young pupil nurses for registration, so the School, in order to conduct this work, must be approved as a school of nursing in the strict sense of the term and operate under the Nurse Registration Act of the Province of Ontario, and comply with all the conditions thereof.

But why was this done? Why add one more to the many nursing schools already in existence in Ontario? The answer is that this new school was organized in order to train public health nurses. Hitherto no registered nursing school in the Province was doing this. Nurses could prepare for this work only through taking post-graduate courses, that is, in a piecemeal fashion which often lacked thoroughness and which was never economical. This school was formed and the undergraduate course started in order to provide a direct training for public health work with the hope of making this training more thorough and more economical than the former methods had permitted it to be.

Looking backward over the years since our first work in this University began in 1920 we think of the period from 1920 to 1933 (when graduate students were being taught although there was no formal school as we have it today) as the introductory period of the School's history. The students of those years wrote the introduction to the story and they wrote it with a fervour and interest that gave the keynote to the whole. Now the new School has been in existence for five years, and we would confirm unhesitatingly the statement that it takes five years merely to start a new school. The students who are carrying away their diplomas today from the undergraduate course had been enrolled for one whole year before the first class had finished its training, in other words before the School had blazed even its first trail. This is the third class. Thus we may feel that the training

of this one, together with the training of the first two classes already graduated, covers the first chapter of the School's history. Today we write the last brief paragraph of this chapter. The pages are filled with many things, grave and gay, fortunate and unfortunate, while failures and successes, mistakes and progress alternate to make easy or difficult reading as the case may be. Tomorrow the page is turned over, and chapter two begins. It should be a period of quiet growth, less dramatic than the first two (we hope) but none the less important.

Mr. Norman Sommerville, K.C., Chairman of the Canadian Red Cross Society, spoke most appreciatively of the contribution made by nurses in the promotion of public health. Excerpts from his address are quoted as follows:

As the knowledge of preventive medicine has grown, the role of the nurse originally confined to the care of the sick has gradually changed and she has become to be recognized in all lands as an indispensable factor in the education of the public in the simple laws of healthy living. It is natural that this service should steadily expand, since the crusade for sound health is the most rational of all human efforts for the well being of man. For sound health is the great and final need of the human race. This latter activity has been of rapid recent growth. Just eighteen years ago, as a member of the Canadian Red Cross Council, seeking to develop the health programme of the Society, we discovered to our great surprise that there did not exist a single place in Canada to which a graduate nurse could go to take a course in public health nursing—not one—just eighteen years ago. The Red Cross therefore established the course of public health nursing in certain universities in Canada, paid the entire cost for two years, and at the end of that time its value has been so well recognized that it became part of the regular curriculum of five great universities in Canada. Since 1920 about 1800 public health nurses have graduated from these universities in Canada. Of these at least 850 have graduated from your own School of Nursing, which since 1933 has provided its unique three-year course within the University itself.

In the promotion of health and the attack upon disease, the public health nurses today represent in all parts of the world the first shock battalion. I know whereof I speak—in some fifty communities on the fringes of civilization in Canada—away out there on the frontiers there is a noble band of wonderful women, rendering ever increasing service to a needy humanity under the flag of the Red Cross. Our Red Cross Outposts, besides ministering to the sick are truly serving their communities as the centres of preventive medicine. Clinics for expectant mothers, health teaching in the homes, instruction of school children, introduction of immunization, education in health matters of all kinds is the duty of our Outpost Hospital nurses.

By analogy may I suggest that our hospitals in the more settled parts of Canada should be the centres of health education for their communities. They should be allied, and intimately allied, with the officers of Health Departments. They should not feel that their task is done when they have cared for the sick. They should be satisfied with nothing less than the serving as a Health Education Centre for the cities and towns in which they are established—bureaus of health information, schools of health teaching, clinics of health instruction, the source of that general knowledge in health practice which is so abundantly needed.

The socialization of medicine is making great strides. Whether in the form of state medicine or in the form of socialized agencies of a local character the movement for providing health and nursing services for the people is one of the most pressing problems in the world of medicine today. In that process the public health nurse performs a most important function, for while the doctor may provide the inspiration the nurse is the medium both of health education and of preventive medicine.

The names of the six students who received diplomas in general nursing and in public health nursing are: Dorothy Boyd, Ruth Hindmarsh, Ruth Kent, Phyllis Kitchen, Hope Linton, and Frances Smith. Miss Emory, assistant director, presented forty-three

graduates students to the President for the awarding of certificates in public health nursing. Of this number one was from Puerto Rico, two from Panama, and two from Mexico. Miss N. D. Fidler presented twenty-six students to the President for the awarding of certificates for successful completion of the course in hospital staff nursing. Miss Carmen Gomez of Mexico, was awarded a certificate for successful completion of advanced studies in the Nursing School.

Conveying the greetings of the University to those who had received diplomas and certificates, Dr. Cody reminded his hearers that the purpose of university study was not alone the acquisition of self-culture, but that scholarship and culture must be allied to service and given tangible expression in daily living.

Following the exercises a reception was held at the School. Miss Russell was assisted in receiving the guests by the President and Mrs. Cody.

D. M. P.

ADMINISTRATORS TALK IT OVER

Women who have chosen hospital administration as their special field need all the inspiration and help they can get and those who attended the recent Refresher Course given under the auspices of the School of Nursing of the University of Toronto certainly did not seek in vain. The course extended over a full week and was attended by nurses holding administrative positions, most of whom came from the more distant part of Ontario. The schedule of lectures covered a wide field including the legal, financial, physical and scientific aspects of

hospital administration. Visits of observation were paid to the Toronto General Hospital, the Toronto Western Hospital, and St. Michael's Hospital. In addition to other lecturers who dealt with topics in which they are authorities, three outstanding nurse administrators each made a notable contribution. These were Miss Anne Wright, superintendent of the St. Catharine's General Hospital, Miss E. M. McKee, superintendent of the Brantford General Hospital and Miss Harriet Meiklejohn, superintendent of the Women's College Hospital, Toronto.

REFRESHER COURSE IN OBSTETRICAL NURSING

A refresher course in obstetrical nursing will take place under the auspices of the School of Nursing of the University of Toronto from January 23 to 28 inclusive. While this course has been organized at the request of the Ontario Red Cross Society for the benefit of nurses who are on duty in the Red Cross Outpost Hospitals it is also open to registered nurses in general.

The course will consist of lectures, demonstrations, observation of clinic procedures, and round table conferences. The principal lecturers will be Dr. W. A. Scott, Professor

of Obstetrics and Gynaecology, University of Toronto; Dr. H. B. Van Wyck, Assistant Professor of Obstetrics and Gynaecology, University of Toronto; Dr. Alan Brown, Professor of Paediatrics, University of Toronto.

The classes will be held at the School of Nursing, 7 Queen's Park. The Victorian Order of Nurses and the following hospitals are also participating: St. Michael's Hospital, The Toronto General Hospital, The Women's College Hospital, and The Toronto Western Hospital.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

NATIONAL ENROLMENT

The members of the Provincial Associations of Registered Nurses will soon be renewing their annual membership when it is anticipated each nurse will be given the opportunity of pledging herself for any emergency service which may arise. The pledge is made by enrolling under the Plan for National Enrolment of Nurses for Emergency Service which is administered jointly by the Canadian Nurses Association and the Canadian Red Cross Society. The Plan has the endorsement of the Director General of Medical Services at Ottawa.

To promote the Enrolment Plan there is a National Joint Committee consisting of representatives of the Canadian Nurses Association and the Canadian Red Cross Society, with a corresponding committee in each province. The eligibility of nurses to enrol is determined by (a) Registration in any province of Canada and (b) Recommendation by the executive of the Provincial Nurses Association of the province in which the nurse holds membership.

The following classifications of nurses who enrol were adopted in 1934:

Class A: Nurses enrolled for war and disaster.

Class B: Nurses enrolled for war only.

Class C: Nurses enrolled for disaster only.

Class D: Reserves including nurses over the age of 45.

It was agreed that the maximum number in classes A, B, and C should not exceed 3000 while those in Class D might be additional to this number.

Recently issued "King's Orders and Regulations" include amendments to the qualifications of nurses who, from time to time, may be appointed to the Royal Canadian Army Medical Corps. The qualifications of nurses require that a Nursing Sister appointed to the Permanent Force (R.C.A.M.C.) must be a British subject; physically fit for military service; under thirty years of age; unmarried or a widow without children; *a graduate of a school of nursing approved by the Canadian Nurses Association and registered in a Provincial Registered Nurses Association.* Qualifications of Nursing Sisters for appointment to the Non-Permanent Force (R.C.A.M.C.) are the same except that the age limit is forty-five years.

The fact that Canada has been exceedingly free from the widespread epidemics and devastating disasters as experienced by other countries is no assurance that this country will continue in so fortunate a position. It is not within the power of the nurses of Canada to stem or turn the tide of disaster in whatever form it might come to the nation, however, the availability of an adequate nursing service for any emergency is the responsibility of organized nursing. To a great extent the meeting of that responsibility depends upon the individual nurse and her response to sup-

port the Plan of National Enrolment for Emergency Service. ENROL THROUGH YOUR PROVINCIAL ASSOCIATION.

The National Joint Committee for the Enrolment of Nurses for Emergency Service, 1938-1940, held its first meeting on November 18, 1938, at the National Headquarters of the Canadian Red Cross Society in Toronto. All members of the Committee were present: Mrs. H. P. Plumptre, Miss Jean E. Browne and Dr. J. T. Phair, representing the Canadian Red Cross Society; Misses Isabel McEwen, Edna Howey and Irene Weirs, representing the Canadian Nurses Association. Mrs. H. P. Plumptre was appointed Chairman of the Committee and Miss Edna Howey, Secretary.

The Committee went on record in expressing its deep appreciation of the services of the late Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, who for ten years acted as Secretary of the Committee. The members of the Committee also recorded their sense of loss to the work in Dr. Biggar's death.

The difficulty of maintaining lists of enrolled nurses arising when nurses move from one province to another or to the United States but continue to maintain registration in Canada was discussed. In connection with enrolled nurses living in Canada, the opinion of the Committee is that a nurse should enrol in the province in which she is domiciled. An interim period of one year might be allowed in which she could remain enrolled in the province where she previously lived, in which case her address in that province would have to be retained for that period. With regard to enrolled nurses living outside Canada, their names should be kept on a separate list, with a notation

added stating the province in which they are registered.

The following letter from the Director General of Medical Services was presented to the Committee:

"The lists appropriate to the various Military Districts have been transmitted to the District Medical Officers for information. It is considered the arrangement whereby additional copies of these lists are provided will facilitate attention to the offers of service, should need arise, and the continuation of the arrangement will be much appreciated."

The Director General of Medical Services asked for the lists of enrolled nurses in quadruplicate from Ontario, in triplicate from Quebec, and in duplicate from the other provinces in order that a copy might be sent to each Military District. This request has been met by the Committee and the same practice will be followed in future.

Provincial Associations

The activities of the Provincial Associations of Registered Nurses during the last quarter of 1938 are summarized from reports submitted to the December meeting of the Executive Committee of the Canadian Nurses Association.

The Alberta Association of Registered Nurses is undertaking to develop further the formation of local branches of the Association by reorganization of existing graduate nurses associations and by groups of nurses in areas as yet unorganized. This plan is in keeping with similarly well developed plans in New Brunswick, Nova Scotia and Ontario. At the request of the Canadian Nurses Association, Miss Kathleen Connor has been appointed convener of the arrangements Committee for the General Meeting in 1940. The annual meeting of the

Association is to be held during Easter week in Edmonton.

The Registered Nurses Association of British Columbia initiated a new venture when within recent months a small travelling unit of nurses visited smaller centres for the purpose of disseminating information relative to Provincial and National organization programmes and to give practical lectures and demonstrations of modern nursing technique and methods. A film on "Pneumonia" was loaned by the Provincial Health Department. The travelling unit programme was prepared with the assistance of the Educational Department of The Vancouver General Hospital. The first visit has proved the usefulness of this type of activity and has revealed the desire for refresher courses by nurses who serve in districts remote from the larger centres.

Students from five of the seven schools of nursing in the Province are now enrolled for the recently arranged affiliation with the Provincial Mental Hospital at Essondale. This affiliate course is for a two-month period.

The Manitoba Association of Registered Nurses announces a second Summer School Session (1939) under the aegis of the University of Manitoba. Although this course is designed to follow up the work done during the Summer School Session 1938, with the view ultimately to securing credits toward a diploma, students who wish to enrol in the course for the first time will be eligible. Every effort is being made to secure a lecturing personnel fully aware of the needs of the graduate nurse.

The Registered Nurses Association of Nova Scotia recently launched a campaign in aid of the Florence Nightingale Memorial Fund of the Canadian Nurses Association. The reports of the Survey of Schools of Nursing, which was made early in 1938 by the Provincial Regis-

trar, are being studied by the Nursing Education Section. The loan fund has been utilized by a member who has enrolled for a public health nursing course at a Canadian University.

The Registered Nurses Association of Ontario reported the formation of a second chapter in District No. 8, in Pembroke. During 1938, almost 1200 new members joined the Association, thus bringing the total membership to 4,190, an increase of 500 members during the year. The Administrative Committee Permanent Education Fund has issued loans to members who wished to secure financial assistance in order to obtain further post-graduate education. Miss Gladys Sharpe is convener of a committee appointed by District No. 5 to assist in arranging a Pageant of Nursing in co-operation with the Committee on Local Arrangements for the Congress of the International Hospital Association and the American Hospital Association which is to be held in Toronto in September 1939. On December 1 the Association established a provincial headquarters office in Suite 765, Physicians & Surgeons Building, 86 Bloor Street West, Toronto.

The Registered Nurses Association of Prince Edward Island held its final quarterly meeting on November 9 in Summerside, the educational feature was a paper on diabetes. The first refresher course arranged by the Association was immensely successful. In October, the School of Nursing of the Prince Edward Island Hospital established the eight-hour duty system for student nurses. Two of the Island's three schools of nursing now have the shorter hours in effect.

The annual meeting of the *Association of Registered Nurses of the Province of Quebec* is to be held in Montreal on January 30 and 31, 1939. The programme in detail appears elsewhere in

this issue of the *Journal*. The Nursing Education and Public Health Sections are planning joint refresher courses for early in 1939. The Private Duty Section (French) is studying ways and means of securing an eight-hour day. The Registrants Committee of the Montreal Nursing Service Bureau hopes that the eight-hour day for special nurses in the English speaking hospitals will soon be in operation. A committee to study the question of eight-hour duty for student and graduate nurses has been organized under the joint co-operation of Miss F. Munroe and Miss S. Giroux. *The Canadian Nurse* Committee is also organized with joint conveners: Miss K. MacLennan and Miss F. Martineau.

The Saskatchewan Registered Nurses Association, through the Council, has authorized the Registrar to take steps necessary to emphasize the need of each nurse assuming responsibility regarding personal insurance and to bring to the attention of each registrant the availability of government annuities. The Council has approved the preparation of a film including representative scenes from each School in the Province and other pertinent material, which it is felt will be of value when giving talks to high school students and other groups. The School Adviser reported to the Council that definite improvements have taken place in the Schools of Nursing during the past year which include improved living conditions in some, in several, modifications in the number of hours of duty and the attendance of members of the nursing staff at the Summer School Course held in Manitoba.

New Zealand's Centennial

An invitation to Canadian nurses who may be planning to spend some time in New Zealand during next year is pre-

sented in the following letter from the Dominion Secretary of the New Zealand Registered Nurses Association:

In 1940, New Zealand will be celebrating its Centenary Year. As there is to be an exhibition in Wellington at that time I expect there will be many people from overseas visiting this country. The New Zealand Registered Nurses Association has decided to hold its Annual General Conference in February of that year in Wellington, and we would be pleased to welcome any of the members of your Association for this event.

I would be grateful if you would submit a list of any intending visiting nurses from your country so that I could forward them invitations and identity cards. This letter may appear rather previous, but it will give the nurses plenty of time if they do think of coming.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Fund have been received as follows:

Alberta:

Private Duty Section, Calgary \$10.00

Nova Scotia:

St. Martha's School of Nursing

Antigonish 10.00

A.A., St. Joseph's Hospital, Glace

Bay 10.00

Staff and Student Nurses, Aber-

deen Hospital, New Glasgow 6.50

British Columbia:

Anonymous donation, Vancouver \$5.00

Graduate Nurses Association,

Duncan 10.00

Mater Misericordiae Hospital,

Rossland 5.00

Overseas Nursing Sisters, Victoria .. 3.00

St. Joseph's Hospital, Comox 2.00

St. Mary's Hospital, New West-

minster 5.00

Student Council, General Hospital,

Vancouver 40.00

Women's Auxiliary, Creston Hos-

pital, Creston 5.00

A GREETING FROM OUR INTERNATIONAL PRESIDENT

A letter has been addressed by the President of the International Council of Nurses, Miss Effie J. Taylor, to the Presidents of all the National Associations of Nurses which are in affiliation with that Council.

In this letter, the President refers to the troubled times in which we live and expresses the hope that the International Council of Nurses may be of the

greatest possible help to its members in every part of the world. She closes by saying:

"I want to send you my kind regards and my most affectionate greetings, and wish for your country and National Organizations with reference to each individual member, a happy, peaceful and successful New Year".

A.R.N.P.Q. ANNUAL MEETING

The annual meeting of the Association of Registered Nurses of the Province of Quebec will take place on January 30 and 31 inclusive, at the Mount Royal Hotel, Montreal. On the Sunday immediately preceding the sessions, church services will be held as follows: 5 p.m., Benediction and Sermon, Church of the Ascension, Westmount; 7.30 p.m., Evensong, Christ Church Cathedral; 7.30 p.m., Benediction and Sermon, Eglise Jésus.

The various sessions of the Association have been planned as follows:

Monday, January 30

At 2.30 p.m. a general business session will be held in both languages. An address will be made by the President, Miss M. L. Moag, and various official reports will be presented.

At 8.30 p.m. the French and English groups will hold separate sessions. The French group will be addressed by Dr. Jarry, Directeur, Institut Bruchési, who will speak on the provincial campaign against tuberculosis and the collaboration of all nurses. Mr. Roy, chairman of the Montreal Hospital Council and manager of the Hôpital Saint-Luc, will speak on the relationship between the nurse and hospital.

At the English meeting, Dr. Hugh Burke of the Royal Edward Institute, will speak

on "The control and prevention of tuberculosis", and Dr. Frank Pedley on "The opportunities and responsibilities of the nurse in industry and her part in the prevention of tuberculosis". Both these addresses will be illustrated with lantern slides.

Tuesday, January 31

At 9.30 a.m. a session will be held at the Hôtel-Dieu. A report of the Biennial Meeting of the Canadian Nurses Association will be given by Rév. Soeur Allard, superintendent of the Hôtel-Dieu. Dr. Bonnier, chief of the endoscopy service at Hôpital Ste. Justine, will speak on "Endoscopy".

At 2.30 p.m. the French and English groups will again assemble separately and the French session will be addressed by the Honourable Athanase David on "Au Service de la Bonté". Mademoiselle Anunciade Martineau will present her report as co-convenor of the *Canadian Nurse* Committee of the A.R.N.P.Q. and the editor, Miss E. Johns, will speak briefly.

The English session will take the form of a nursing symposium on tuberculosis. The speakers will be as follows: Miss Ethel B. Cooke, of the Child Welfare Association; Miss Kathleen Dickson, of the Royal Edward Institute; Miss Esther Robertson of the Victorian Order of Nurses; Miss Esther Lewis, Public Health Instructor of

the Montreal General Hospital; and a representative from the Laurentian Sanatorium staff. The chairman will be Miss Agnes Tennant, head nurse in the Montreal General Hospital.

Miss Katharine MacLennan, convener of *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec, will present her report and the editor, Miss E. Johns, will speak briefly.

At 8.30 p.m. separate sessions will again be held. Miss Ruth Robertson, director of the French Family Welfare Association,

will speak on "Social service in practice" to the French group. At the English session, violin solos will be given by Miss Pauline Hicks, a student nurse in the School of Nursing of the Royal Victoria, and films dealing with various aspects of nursing will be shown. At the close of the evening session a buffet supper is being planned for which a charge of fifty cents will be made.

At the time of going to press some details were still subject to change but the programme outlined above indicates its general trend.

PARACHUTES FOR NURSES

From the November issue of the Bulletin of the League of Red Cross Societies we quote this interesting news item:

The Polish Red Cross recently organized, in collaboration with the National League for Air Defence, its first course in parachute jumping for nurses. The assistant directress of the Red Cross school of nursing is Warsaw and eight of the pupils enrolled for the course, which was directed by an expert instructor. The young nurses performed a series of jumps, first from the top of a specially constructed tower, then from a balloon about 2,200 feet up, and finally from an aeroplane flying at an altitude of 2,500 feet.

A short while ago, the Polish Red Cross

presented the Army with seven ambulance planes. The machines were formally handed over by the President of the Red Cross in the course of a ceremony attended by high civil and military officials. The occasion was marked by a demonstration of parachute-jumping by the nine Red Cross nurses mentioned above who, leaping from an aeroplane in groups of three, landed without difficulty on the aerodrome. The nurses have been recommended for the Red Cross medal.

Two of the Polish Red Cross parachute-jumpers accompanied the Society's ambulance planes to the air ambulance meeting in Luxemburg and took part in the demonstrations organized at Esch.

A MEMORIAL WINDOW

The Cathedral of St. Peter and St. Paul, now under construction in Washington, is to have a beautiful stained glass window dedicated to the memory of Florence Nightingale and to the "glorification of nursing". The window will be placed in the north transept and its various medallions will have

as their subjects "Childhood", "Education", "Hospitals", "The Crimea", "St. Thomas's", "London", and "Notes on Nursing". All of these symbolize various phases of Miss Nightingale's career. At the tops of the lancets are figures holding symbols of Faith, Science, Charity and Hope.

STUDENT NURSES PAGE

DO YOU KNOW THE ANSWERS?

Just lately there has been encouraging evidence that student nurses (and their instructors) are beginning to use the Journal as a useful reference in their classes. Look for a moment at this list of questions. Could you reply to them, correctly, offhand? Not all of them, perhaps. Yet the up and coming young nurse in 1939 ought to know the answers. And where may she look for them? Turn over the pages of the thirty-fourth volume of The Canadian Nurse and you will find every one of them. Yes, there is an index and, by way of a clue, we will tell you that it is in the December, 1938, number.

What new methods are being used in the treatment of schizophrenia?

If you had to visit a home in which you knew there was poverty and unemployment, how would you go about it?

Is leprosy unknown in Canada?

Could you plan meals for a family of five on \$5.87 a week?

Who are the three nurses who were awarded the Snively Medal in 1938?

What Canadian physician made a remarkable address on the future of nursing? What changes does he foresee?

How would you care for a patient in an oxygen tent?

How can nurses help patients who have been crippled by poliomyelitis to take their place in the community once more?

What outstanding Canadian nurse celebrated her Silver Anniversary this year?

What is the Florence Nightingale International Foundation? What have Canadian nurses done to support it?

Who is the President of the Canadian Nurses Association? What messages has she sent to its members since she took office?

What special nursing care is necessary in a case of caesarean section?

How would you take care of a patient in a Drinker respirator?

What are the objectives of a community nursing bureau?

How may nurses be protected from tuberculosis? How may they help to protect themselves?

What new developments have there

been recently in nursing education in Saskatchewan?

What are the obligations of Canadian nurses to their country in time of war?

What outstanding honours were conferred by universities upon Canadian nurses in 1938?

What new kinds of examination tests are now coming into use? Do you like them?

What happened on McNab's Island, in Halifax harbour, in 1866?

Where is the site of the oldest hospital in Canada?

What did you learn from "Billy and his Family"?

Do children with whooping cough really need nursing care?

How can nurses save enough money to be independent and comfortable in their old age?

What appeals to you most in the story of the life of Mary Agnes Snively?

What points are important in the keeping of records?

What great city in Canada has a Metropolitan Health Committee?

What have been the principal stages in the growth of the Canadian Nurses Association?

Who is the president of the International Council of Nurses? Upon what occasions did she visit Canada during 1938?

What can be done to cure scoliosis?

What bacteriological test, made by Canadian student nurses, proved of value to the nursing service of the Metropolitan Life Insurance Company in New York?

Are Canadian nurses among the women living "farthest north" in the British Empire?

What do you think about nurses who smoke?

What remarkable social experiment is being carried on at Antigonish, Nova Scotia?

What special care is required in the nursing of genito-urinary cases?

What service should a nurses registry provide to the public and to the nurse?

Who owns *The Canadian Nurse*? Where is it published? What use is it to student nurses? What article, published in 1938, appealed to you most and why?

What subjects would you like to have discussed in the Student Nurses Page?

Can you write a good letter? If so, take pen in hand and tell us.



HIGHLIGHTS OF THE A.P.H.A. MEETING

EDNA L. MOORE

Chief Public Health Nurse, Ontario Department of Health

The sixty-seventh Annual Meeting of the American Public Health Association was held recently in Kansas City, Missouri. Being near the geographic centre of the United States and having an almost perfectly appointed Municipal Auditorium the convention city proved a very acceptable meeting place as reflected in the large attendance. The temperature ranged from 40 degrees at 7 A.M. to 70 degrees at mid-day and fair weather prevailed during the convention period.

Advance meetings were held during the week-end preceding the convention by the following allied groups: The International Society of Medical Health Officers, The American School Health Association, The American Social Hygiene Association, The Association of Women in Public Health, and the National Organization for Public Health Nursing.

The convention programme provided for two general sessions of which one was a banquet, one public meeting, fourteen joint sessions of two or three sections and thirty-five section sessions as well as numerous breakfasts, luncheon and dinner meetings of special groups.

In the opinion of the reporter the large number of joint meetings was a desirable feature. Two (and in one instance three) groups met to consider the approach of each to a particular phase of health work thus drawing the workers into closer relationship while multiplying the possibilities for co-ordinated programmes to the advancement of community service and the enhancement of the return on the taxpayer's dollar. The Public Health

Nursing Section met in joint sessions with The American School Health Association, the Health Officers Section, the Child Hygiene Section and the Industrial Hygiene Section. It will be noted that four of the fourteen joint sessions included the Public Health Nursing group. There were two meetings of the Section at which the development of public health nursing was reviewed.

The relationship between official and non-official agencies and the inter-relationships affecting University Courses of Study and State Nursing Services were carefully considered. Interesting papers were presented at the joint session of the Child Hygiene and the Food and Nutrition sections. Among them were "The training of the public health nutritionist", by Lydia J. Roberts, Ph.D., "A comparison of indices used in judging nutritional status of school children" and a description of a County Public Health Nutrition project in Georgia. All these proved to be of special interest to public health nurses. The training of personnel was discussed in other sessions in relation to the health officer, the public health nurse, the engineer and the dentist in the public health field.

The joint meeting of the Health Officers and Public Health Nursing Sections was an outstanding session. In his presentation, entitled "Administrative procedures that interfere with effective public health nursing", Mayhew Derryberry, Ph.D. vividly described numerous weak links in the chain of co-operation that tend to nullify the efforts and enervate the zeal of the public health nurse. "Is the Health Officer fulfilling his responsibility in relation to the nurs-

ing programme?" was the topic ably dealt with by Miss Grace Ross. A critical view of nurses and Nursing Programmes was discussed by Dr. Felix Underwood.

Throughout the convention frequent reference was made to the recently projected National Health Programme and it was the subject of the address given at the opening session by Dr. Thomas Parran, Surgeon General of the United States Public Health Service. It was evi-

dent that the leaders in health work are wholeheartedly supporting this broadly-conceived plan for the co-ordination and extension of health services to include every section of the country. Doubtless the influence of this splendid effort will be felt in Canada.

Over two hundred public health nurses attended the convention, and among the Canadians were Miss Elizabeth L. Smellie, Miss Elizabeth Russell, Mrs. Agnes Haygarth, and the writer.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Maude Weaver resigned from the staff of the Oshawa Board of Health in November and was succeeded by Miss Geraldine Conley. Both nurses are graduates of the Public Health Nursing course, University of Toronto.

Miss Sarah Wallace, formerly public health nurse in Haileybury, has joined the staff of the Division of Nursing, Hamilton Department of Health.

Miss Marjorie A. Rutherford has returned to the staff of the Eastern Ontario Health Unit (Ontario Department of Health) after leave of absence for a year spent with the Ontario Society of Crippled

Children, in the post-polio programme. Miss Jean Aikenhead, who relieved during Miss Rutherford's absence, has accepted the position of public health nurse at Haileybury. Miss Wallace, Miss Rutherford and Miss Aikenhead are graduates of the Public Health Nursing course, University of Western Ontario.

Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health, recently visited North Bay, New Liskeard, Haileybury, Cobalt, Kirkland Lake, Timmins and Sudbury when conferences were held with the public health nurses in the various centres.

OBITUARIES

ANNIE DANIELS died suddenly on November 20, 1938, at the Nanaimo General Hospital. Miss Daniels was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, B. C., and a member of the Class of 1938.

KATHLEEN M. JAMIESON died on November 17, 1938, after a long illness. Miss Jamieson was a graduate of the School of

Nursing of the King's Daughters' Hospital, Duncan, B. C.

BERNICE REID, a graduate of the School of Nursing of the Moncton General Hospital and a member of the Class of 1931, died on December 2, 1938. Miss Reid, who was a most capable private duty nurse, found time for many church and social interests. Her untimely death, at the early age of 29, is greatly regretted by her professional colleagues and other friends.



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VICTORIAN ORDER OF NURSES

Miss J. McKinlay resigned from our Sackville Branch and has accepted a position with the Nova Scotia Department of Health. Miss Joyce MacDonald, a graduate of the Royal Victoria Hospital, Montreal, and of the course in Public Health Nursing, McGill University, is replacing Miss McKinlay as nurse-in-charge of Sackville.

Miss Eva LeBlanc, who recently completed the two months' supervised experience on our Montreal staff, and Miss Therese Terrien, a graduate of the Ottawa General Hospital, have been appointed to the Lachine staff. These appointments are on a temporary basis.

Miss Presentine Perrin, a graduate of St. Joseph's Hospital, Lachine, and of the course in Public Health Nursing, University of Montreal, has been appointed to the Ottawa staff.

Miss Della Thompson, a graduate of the Hamilton General Hospital and of the course in Public Health Nursing, University of Toronto, has been appointed to the East York staff.

Miss Martina MacDonald, a graduate of St. Martha's Hospital, Antigonish, and of the course in Public Health Nursing, McGill University, has been appointed to our Dartmouth staff.

Miss Mary Younge, a graduate of Royal Victoria Hospital, Montreal, and of the course in Public Health Nursing, University of Western Ontario, and Miss Mona Kissack, a graduate of Toronto Western Hospital and of the course in Public Health Nursing, University of Toronto, have been appointed to the London staff.

Miss Thelma Steeves, who recently completed two months' supervised experience in Montreal, has been appointed to the Halifax staff.

Miss M. Cummings, Miss C. Livingstone and Mrs. Ashley have been appointed to the Montreal staff of the Victorian Order.

Miss Mariette Bouchard is on leave of absence from the Sherbrooke staff for four months.

. . . OFF . . . DUTY . . .

Although our interest in dress . . . is not quite as keen as it used to be . . . we did enjoy "Fashion is Spinach" . . . a lively book . . . written by Elizabeth Hawes . . . the famous designer of dresses for women . . . The lady asserts . . . in no uncertain terms . . . that the wily gentlemen . . . who direct mass production . . . make all the profit . . . that the traffic will bear . . . by pandering to the vanity of women . . . who don't know the difference . . . between fashion and style . . . We weren't very clear ourselves . . . about this subtle distinction . . . until Elizabeth Hawes explained . . . that fashion is the whip . . . which keeps us all in line . . . like a lot of sheep . . . and turns us in a new direction . . . every six months . . . because mass production needs the money . . . This may mean . . . that your winter hat . . . will resemble a casserole . . . containing a dismembered squirrel . . . but no matter how you feel about it . . . mass production says that Greta Garbo is wearing it this season . . . so you grit your teeth . . . and get on with it . . . Anyway the agony will soon be over . . . When the robins nest again . . . mass production will tell you . . . to give the squirrel decent burial . . . and will offer you something new in exchange . . . perhaps a bird's nest trimmed with seaweed and a soft shelled crab . . . On the other hand . . . says Elizabeth Hawes . . . style is not concerned . . . with these fleeting absurdities . . . Style changes much more slowly . . . and reflects the period . . . in which we live . . . and to which we belong . . . True style should be functional . . . which means that your dress . . . is suited to your work . . . Even a nurse's uniform has style . . . all except her cap . . . which has degenerated . . . into a vestigial remnant . . . like the veriform appendix. . . Style means that your dress has good lines . . . and is well sewn . . . It may cost five hundred dollars . . . or only five . . . if you happen to have brains . . . and an eye for colour . . . and can sew a straight seam . . . Style never gets shabby or stale . . . because it has nothing to do with age . . . and a woman of seventy . . . may have more style . . . than a girl of seventeen . . . We have no reason to suppose . . . that Elizabeth Hawes . . . found her conception of style . . . in the pages of the Book of Common Prayer . . . but it is there for all that . . . Style is the outward and visible sign . . . of an inward and spiritual grace. . . .

E.J.

NEWS NOTES

ALBERTA

CALGARY:

The conjoint convention of the Alberta Hospital Association and the Alberta Municipal Hospital Association was held in Calgary. Interesting visitors who attended the sessions were Dr. Harvey Agnew of Toronto, Miss Kate Brighty, president of the Alberta Association of Registered Nurses, and Miss Agnes MacLeod, director of the public health course in the University of Alberta.

Dr. Frederick Banting recently addressed the Calgary Medical Association on research in medicine now being carried on in Canada. An invitation was extended to all local nurses which was accepted with much appreciation.

The Calgary Graduate Nurses Association recently held an important meeting. Miss Florence Reid was again elected to the office of president. Proposed changes in the Alberta Registered Nurses' Act were discussed.

Calgary nurses welcome back to the city Miss Eleanor McPhedran who has returned to accept the position of secretary of the local branch of the Victorian Order of Nurses.

Miss Kathleen Connor, matron at the Central Alberta Sanatorium, has returned from a tour of observation. She visited sanatoria at Weston, Ontario, and also at Ninette, Manitoba. Miss Phyllis Boden left recently to take a field course with the Victorian Order of Nurses in Montreal. Miss Marion Lavell, public health nurse in charge of the well-baby clinic in Calgary, has been granted leave of absence and is spending some time in Victoria.

DRUMHELLER:

On the occasion of the visit of the provincial president, Miss Kate S. Brighty, the Drumheller section of the Alberta Registered Nurses Association held a dinner meeting, thirty-six nurses being present. Miss Alice Smith, president of the local branch, was in the chair. Miss Brighty delivered an interesting discourse on the problems confronted by registered nurses, and urged co-operation among districts of the province. Proposed changes in the constitution were also discussed. A toast to the King was proposed by Mrs. T. W. Bennett, and to the Alberta Association of Registered Nurses by Miss Gene Findlay. Miss Hazel Agg gave a delightful vocal solo accompanied by Miss Marion Aitchison.

Miss Janet Gillespie, R.N. (Kootenay Lake General Hospital) has been appointed night supervisor at the Drumheller Municipal Hospital. Miss Ivv Dunlop, R.N. (Calgary General Hospital) has been appointed

school nurse at St. Hilda's College for Girls, Calgary.

Married: Recently, Miss Muriel Graves (Calgary General Hospital, 1931) to Mr. Duncan Brown.

Married: Recently, Miss Marion King (Holy Cross Hospital, 1933) to Mr. Douglas Fiske.

Married: Recently, Miss Marie Mahoney (Holy Cross Hospital, 1936) to Mr. Wilfred Rosgen.

Married: Recently, Miss Mary Geissenger (Royal Alexandra Hospital) to Mr. Joseph Kary.

EDMONTON:

Royal Alexandra Hospital:

The Alumnae Association held an instructive and interesting meeting recently when four members of the nursing staff demonstrated some of the newer nursing procedures and treatments. Miss Ida Johnson spoke on blood transfusions and explained the methods in taking and giving of blood. Miss Laufey Einarson and Miss Marion Clark demonstrated the oxygen tent and duodenal drainage. Miss Isobel Green spoke on placental blood transfusions and the method of testing, taking, giving and storing. The married members of the Association, and also those who are engaged in fields of nursing in which there is not much opportunity to see the newer procedures, were very pleased with this practical demonstration.

The following members of the Association are taking post-graduate courses: Miss Christine Anderson, in public health nursing, at the University of Alberta; Miss Ella Howard, in teaching and supervision, at the McGill University, School of Nursing; Miss Genevieve Arthur, in pediatric nursing, at the Children's Memorial Hospital, Montreal; Miss Evelyn Gault, in medical nursing, at the New York Hospital; Miss Maxine Fuller, in surgical nursing, at the New York Hospital.

BRITISH COLUMBIA

VICTORIA:

A general meeting of the Registered Nurses Association of British Columbia was held at the Nurses' Residence, St. Joseph's Hospital, Victoria, on November 10. Miss Duffield, the president, was in the chair, and expressed the pleasure of the Association at the appointment of Miss Fairley as President of the Canadian Nurses Association.

A progress report on the Community Nursing Service Bureau was given by Miss Mabel F. Gray. Much discussion followed

and a motion that the Association authorize a maximum expenditure of \$1500. per year for two years, to assist in the organization of a Nursing Service Bureau in Vancouver, was defeated.

Interesting reports were received from delegates to the Canadian Nurses Association Biennial Meeting. Miss M. Kerr reported on the national Public Health Section, referring at length to the address of Miss Esther Lewis. Miss Anne Cavers reported on the work of the Nursing Education Section, while Miss Helen Randal gave a report of the Private Duty Section, mentioning the progress of the eight-hour day, and supervision of private duty nurses.

Miss Kathleen Sanderson gave an interesting account of the recent educational tour of the Province, during which twelve towns in the interior of British Columbia were visited. This was felt to have been a very worthwhile experiment.

Mrs. L. Dugdale was elected convener of the nominations committee with Miss M. A. McLellan and Miss Mary Campbell as the other members of the committee.

VANCOUVER:

The annual dinner of the University of British Columbia Nurses Club was held recently at the Georgian Club. A short business meeting followed the dinner after which new officers for the coming year were introduced. Miss Margaret Kerr entertained with vocal solos, and the remainder of the evening was spent at cards.

KAMLOOPS:

Married: Recently, Miss Kathleen Patricia Dayton (Royal Inland Hospital, Kamloops, 1929) to Mr. John Mandale Hodgson.

Married: On November 18, 1938, Miss Evelyn Viola Johnston (Vancouver General Hospital) to Mr. Robert Spruston.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting at the Nurses Residence of the Mental Hospital. Thirty-five members were present. Dr. G. Stephens gave an address on neurosyphilis which proved very interesting. Miss C. McLeod thanked the speaker. A business meeting followed conducted by Miss Vance. The members decided to donate \$15.00 to the Diet Kitchen at the Brandon General Hospital. Miss McLeod reported that the registry was very active. A social hour followed.

NEW BRUNSWICK

MONCTON:

The annual meeting of the Moncton Chapter of the New Brunswick Association of Registered Nurses, was held recently at

the Moncton Hospital. A summary of reports showed a very active year. The election of officers resulted as follows: President, Miss Emma Honeywell; First Vice-President, Miss Florence Breau; Secretary, Miss Lilian Reid; reasurer, Miss Pelletier; Private Duty Convener, Miss Ella Sutherland; Representative to *The Canadian Nurse*, Miss Myrtle Kay. A hearty vote of thanks was extended to the past president, Miss Breau, who has been such an excellent president during the last three years. At the annual Remembrance Day Dance, Miss Pyke was the capable convener. A drawing took place for a cedar chest and contents. A large number of tickets were sold under the efficient convener, Miss Ethel Sanson. A goodly sum was realized. At the regular November meeting it was decided to devote part of each meeting to reading and discussing one of the addresses given at the Biennial Meeting of the Canadian Nurses Association, the first one to be "The Future of Nursing", by Dr. Atlee.

We are pleased to welcome to our local chapter Miss Hillyard, instructress of nurses at the Moncton Hospital. We regret the loss of one of our popular members, Miss Maisie Miller and wish her every success in her new position.

Married: On October 3, 1938, Miss Ida Scott to Mr. Eddie Welling.

MONCTON:

The Moncton Local Chapter of the N.B.A.R.N. held its December meeting with the president, Miss Emma Honeywell in the chair. Christmas cheer was voted for sick nurses, needy children, and the Red Cross.

Married: On November 26, 1938, Miss Phyllis M. A. Ager to Mr. Fraser Ross.

Married: Recently, Miss Eleanor Wood (M.T.S., 1933) to Mr. Jack Pettit.

Married: Recently, Miss Mildred Alward to Mr. Jack Lutes.

NOVA SCOTIA

HALIFAX:

The November meeting of the Halifax Branch of the R.N.A.N.S. was held at the Victoria General Hospital. Mrs. Freda Archard McQuade gave an interesting lecture and demonstration on the newer anaesthetics.

Miss Evelyn MacLaren has accepted a position on the staff of the Children's Hospital. She is a graduate of Yarmouth Hospital, and after graduation spent fourteen months in the Memorial Hospital, Inverness. After taking a post-graduate course at the Children's Memorial Hospital, Montreal, she became a member of the staff of the Montreal General Hospital, Western Division, resigning after a year's service to accept her present position.

Author Unknown

Believe it or not, we found these classic lines in the "Atlantic Monthly." We think the unknown genius probably had to edit News Notes. If we only knew where his grave is we would make a pilgrimage and drop a sympathetic tear upon it.

If you've got a thought that's happy—
Boil it down.

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Down the page your pen has sprinted,
If you want your effort printed,
Boil it down.

Take out every surplus letter—
Boil it down.

Fewer syllables the better—
Boil it down.

Make your meaning plain—express it,
So we'll know—not merely guess it,
Then, my friend, ere you address it,
Boil it down.

Cut out all the extra trimmings—
Boil it down.

Skim it well—then skim the skimmings—
Boil it down.

When you're sure 'twould be a sin to
Cut another sentence in two
Send it on, and we'll begin to—
Boil it down.

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The CANADIAN NURSE



VOL. XXXV

NUMBER 2

FEBRUARY, 1939

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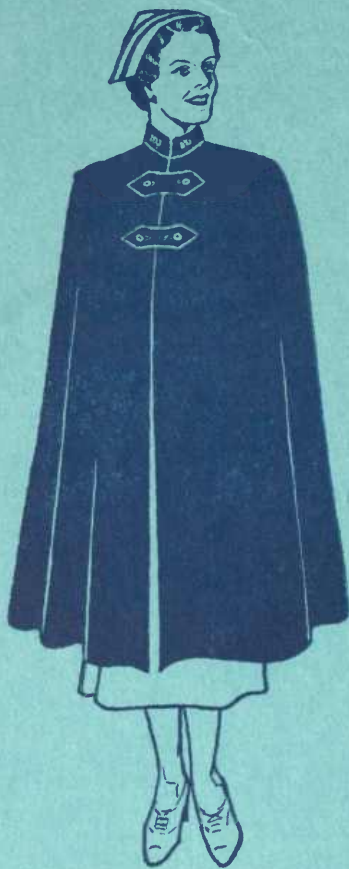
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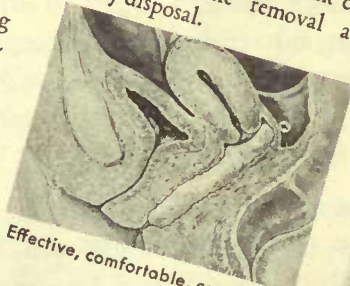
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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

FEBRUARY, 1939

NUMBER TWO

“A Room of One’s Own”

On New Year’s Eve, 1938, the first number of the thirty-fifth volume of *The Canadian Nurse* came off the press. It does seem natural, therefore, to take a backward glance over the up-hill trail which has led to this particular milestone.

The first number of the first volume of *The Canadian Nurse* appeared in March, 1905, and lies before us as we write. In her editorial Foreword, Dr. Helen MacMurchy thus defined its primary purpose: “*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 unlifting 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 as a daily ideal.”

It may truly be said that through the years the *Journal* has consistently justified the faith thus reposed in it by its founders. It still serves as a link between the nurses of Canada, no matter how widely separated they may be in a geographic sense, and continues to be a

potent factor in keeping alive the *esprit de corps* which is the soul of any true profession. Every successive volume reflects the steady growth of the Canadian Nurses Association and especially during the last twenty years reveals a substantial measure of achievement.

Nevertheless, in that same Foreword there are other significant words, less idealistic and more practical, which will repay examination: “*The policy of the magazine will be directed by the Committee on Publication, and the business department will be conducted on business principles.*” Across the gap of thirty-five years we salute the woman who, at the very outset, set down the fundamental policy which must govern this or any other journal which is expected to pay its own way.

Now what are the business principles which are specially applicable to this *Journal*? We suggest that they include the following:

1. The *Journal* must give full publicity to the interests and activities of

the professional group which owns and publishes it.

2. The *Journal* must be sufficiently readable and interesting to sell itself, on its own merits, to Canadian nurses in general. Unless the circulation is large enough to prove that the magazine has strong professional support advertisers will not take it seriously as an advertising medium. Earnings from advertising are based on circulation, not on sentiment.

3. Sound business practice must be followed in all contractual relationships having to do with printing, production, and advertising.

4. A continuing programme of active promotion must be consistently carried on with respect to both circulation and advertising.

5. The *Journal* must be large enough to carry all the advertising it can get and at the same time afford sufficient space for interesting articles, attractively illustrated.

6. Competent editorial and business direction must be assured.

7. Sufficient workers must be employed to ensure prompt and efficient production of the magazine, reliable bookkeeping, and accurate records.

8. While strict economy is both necessary and desirable, it should not be carried to a point where it impairs the usefulness of the *Journal* and defeats its purposes.

9. Adequate office accommodation and equipment must be available.

No attempt will be made to indicate the extent to which the *Journal* does (or does not) at present live up to all these principles. It is only with the ninth, and last, that we have immediate concern. For the first time in her history, *The Canadian Nurse* is the proud possessor of what Virginia Woolf calls "a room of one's own." The *Journal* now

occupies a modest suite, divided by glass and steel partitions into a general office, an editorial office and a storage room. Naturally this means increased expenditure for rent and adds to the financial responsibilities which must be reckoned with. It will be necessary to work harder. More advertising space must be sold—which means that circulation must be substantially increased.

Under these circumstances it is most heartening to know that excellent promotion work is being done under the auspices of the Provincial Associations of Registered Nurses. Before long, full details will be given in the *Journal* concerning the activities of some of *The Canadian Nurse* Committees. A new spirit seems to be abroad, new ideas are being tried out, new experiments made. It will be a pleasure to tell about some of them next month.

To possess "a room of one's own" means that one has a private place in which to think, to plan, and to work. Like all good things it has its price but, in "Three Guineas", Virginia Woolf suggests that the ability to earn one's own living is "the lucky sixpence" which pays the rent. Since 1936, *The Canadian Nurse* has managed to hang on to that shining little coin, and during the next thirty-five years may she never lose it!

One word more. From the beginning, the *Journal* has leaned heavily upon the pioneers. It is time now that the younger nurses took hold. They have, ready to their hand, a self-supporting business which has not only managed to pay its own way under difficult conditions, but has even bought its working tools out of earnings as it went along. Now the time has come for expansion—and that means facing a new adventure.

E. J.

Indirect Transfusion

MARIE BREITHAUPT,

*Supervisor, Operating Room Service,
Toronto General Hospital.*

Transfusion means the transference of blood from the vein of one person, the donor, to the vein of another, the recipient. It is the most effective and valuable means of treating haemorrhage, or the constitutional effects of haemorrhage. Constitutional effects vary according to the rapidity and amount of blood lost. Symptoms resulting from severe haemorrhage are a marked pallor, cold and clammy skin, the pulse becomes feeble and rapid, the systolic pressure which is normally about 130 m.m. mercury, may drop as low as 70 m.m. mercury. The patient's respirations become rapid and shallow, he becomes restless and very thirsty. There is a tremendous loss of body fluid and the decreased smaller volume of blood cannot absorb the necessary amount of oxygen. Transfusion restores circulation, raises and maintains blood pressure in these cases of shock and loss of blood. In pre-operative treatment of jaundiced patients, a transfusion will shorten the coagulating time of blood. Patients suffering from secondary anaemia may be transfused before or during an operation to help lessen shock.

When a patient is in need of a transfusion, the first consideration is a "suitable" donor. This person is sometimes found among the patient's relatives, if not, there are professional donors available. Blood from the patient and the donor must be typed or grouped as one of the four groups in the Jansky classification. In this classification, Type I is the universal donor. Type 4 is the universal recipient, while Types 2

and 3 cannot be combined. Hence we must secure a donor of the same or a compatible type. The typing is done by using a known sera to determine the group. The second test is that of mutual agglutination. If the recipient's serum does not agglutinate the donor's corpuscles, the donor is "suitable."

Until recently, transfusions were usually done by taking the blood from the vein of the donor and putting it immediately into the vein of the recipient by a syringe method. This necessitates having the donor and the patient in the same room. The blood must be used immediately or it will clot, so it cannot be taken from the donor until the patient shows definite signs which indicate the necessity of an immediate transfusion. If this occurs during the progress of an operation, serious complications may result. The donor is possibly a relative. The sight of the recipient whose condition is serious, the appearance of his surroundings and the pungent odour of ether, would shock a normally strong, healthy person, so he too would need some attention. The surgeon and anaesthetist are under an added strain due to the patient's condition, and have a still further strain as assistants must be released from assisting with the operation in order to give the patient the required blood by means of a direct transfusion.

In order to overcome these difficulties, the patient is now given blood by an indirect method. This is to the advantage of the patient, as the blood can be given when most needed without

delay. The surgeon can have the desired assistance of his operating room staff. The donor need not be in the same room as the patient, as the blood is taken preferably before operation, when there is no confusion. Blood taken in this way may be transported, if necessary, to a distance.

The procedure for taking the blood is very simple. The donor lies in a recumbent position. A blood pressure cuff is applied to the upper arm. The arm is prepared with iodine and alcohol, draped with sterile linen and placed extended on a sterile table. The sterile table also holds the following equipment and supplies for the procedure:

Gauze

Hypodermic syringe and needles

Small beaker with novocaine $\frac{1}{2}\%$

Small scalpel

Kalisky needles (two)

Rubber connecting tubing, 2 pieces, 2 feet and 3 feet in length

Large beaker, with 100 c.c. of $2\frac{1}{2}\%$ sodium citrate

Flask 1000 c.c., graduated from the base in 100 c.c.

The sterile rubber tubing must be absolutely clean or new.

The sterile sodium citrate may be purchased in 50 or 100 c.c. ampules.

In case the patient's vein is too small to penetrate with a Kalisky needle, the vein must be exposed by incision and the following additional equipment will be needed:

Aneurism needle

Straight and curved transfusion scissors

Mosquito forceps (three)

Small thumb and tissue forceps, plain, with catgut for ligature

Canula

Silk, on skin needle, for closing incision.

The 1000 c.c. flask has an opening at the base to which a rubber tube is connected. This tube is securely clamped and encased in a sterile cotton bag.

The cork in the neck of the bottle is rubber with two openings. An L shaped glass tube passes through one opening, one end being long enough to go through the cork, the other end attached by three feet of rubber tubing to the suction machine. There is a long glass tube through the other opening, which reaches almost to the bottom of the flask. This tube is called a Harris dropper and enables you at all times throughout the transfusion to see the rate of the blood flowing into the flask. The end of the glass tube protruding through the cork is connected by two feet of rubber tubing to an adaptor and a Kalisky needle. If a suction machine is not available, the blood may be taken with 50 c.c. syringes.

Procedure is as follows: the blood pressure cuff is pumped up until it registers about 70 m.m. mercury and held there throughout. This compresses the veins without interfering with the radial pulse. The most prominent vein in front of the elbow is used and the skin and subcutaneous tissue above it injected with $\frac{1}{2}\%$ novocaine. The suction machine is turned on, registering $1\frac{1}{2}$ to 2 inches vacuum. The equipment is checked as the Kalisky needle is held in the beaker of $2\frac{1}{2}\%$ sodium citrate and the citrate drawn through the Harris dropper into the flask. The skin is punctured with a scalpel where the novocaine was injected and the Kalisky needle is put into the dilated vein. As the suction machine creates a vacuum in the flask the blood is drawn off in a steady stream. It, too, passes through the Harris dropper and so through the sodium citrate solution in the bottom of the flask. When 500 c.c.'s of blood have been obtained, the pressure in the blood pressure cuff is released and the needle removed from the vein. The cork and glass tubes are removed from the flask, and the flask is now covered with a sterile pad and se-

curely tied. The donor has a small temporary dressing put on his arm, and is given a stimulant.

The flask containing the citrated blood, must be clearly labelled, giving the donor's name the recipient's name, date taken, type of blood. The flask is then placed in the refrigerator until needed. This blood may be kept for some weeks without danger of contamination if the temperature remains constant, at about 40°F.

The patient in need of a blood transfusion must be prepared to receive the blood. Whether the recipient is a medical patient, whether he is being prepared for operation by building up the haemoglobin content of the blood, or whether the blood is to be given during the operation to help counteract shock and loss of blood, the preparation of the patient is the same. A vein, either in the arm or the ankle is exposed by incision and a canula is tied into the vein. Through this, the patient receives normal saline until such time as the blood is required. The rubber tube at the base of the flask of citrated blood is connected by a Y tube to the intravenous tubing. The flow of saline is clamped off and the blood is allowed to run into the vein, the flow being controlled by a regulating clamp.

When citrated blood is used, the citrate disappears rapidly from the circulation and the patient suffers no toxic reaction and coagulation time is not prolonged. Occasionally the patient may have a slight chill or rise of temperature

after a transfusion, but this is not any more common with indirect transfusions that it is with direct. With citrated blood, the flow into the vein can be regulated to the patient's requirements, without fear of clotting and without risk of giving blood too rapidly.

A patient suffering from the sudden loss of a large amount of blood, whose condition requires that he be kept warm and very quiet in case of subsequent haemorrhage, benefits greatly by an indirect transfusion. He does not need to be moved, an intravenous of normal saline may be started at once, and very shortly after a suitable donor has been obtained, the citrated blood will be available and can be taken to the patient. When in need of blood before undergoing an operation, a patient is not nearly so apprehensive if he can remain in his bed, in his own room, and have citrated blood brought to him, rather than taking him to the operating room and subjecting him to the procedure of a direct transfusion. When blood is required during or immediately after operation, the exact time cannot be foreseen and many unhappy complications can be avoided by using citrated blood as well as the confusion and inconvenience caused in giving a direct transfusion. The advantage to the donor is the complete elimination of the danger of infection should the recipient have a blood stream infection. Indirect transfusion of citrated blood, whether the blood is taken by syringe or by suction, has overcome many of the difficulties and dangers of direct transfusion.



A New Venture

KATHLEEN J. THOMPSON, REG. N.

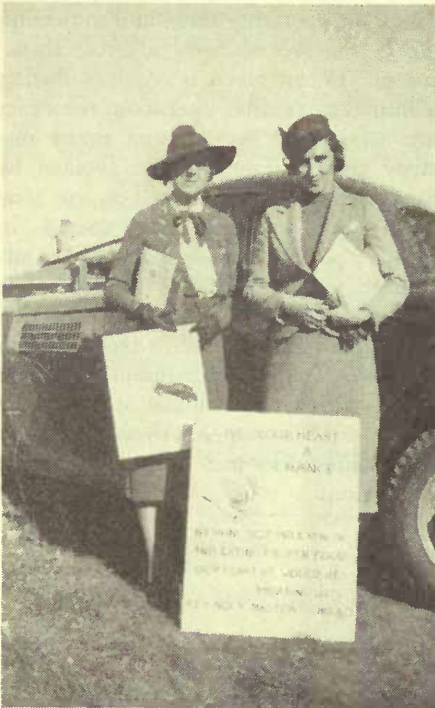
Vancouver, B.C.

It was my very great privilege to be included with Miss Kathleen Sanderson in the first Travelling Unit sponsored by the Registered Nurses Association of British Columbia. When contemplating the proposed tour many queries came to our minds—how would we be received? Would we be of any material help to those with whom we came in contact? And would the tour be productive of new ideas and afford a broader scope for future units? It is interesting to look back upon our few weeks of travel and in retrospect to recall the centres visited and the varied and lasting impressions made upon our minds.

We set out upon a glorious day in October. The weatherman, at least, seemed to be all in our favour. We were armed with extra copies of *The Canadian Nurse*, literature on the forming of the Cancer Societies which we had been asked to circulate by the Committee, medical posters and a very weighty and impressive sound projector, loaned to us by the Vancouver Health League, with which we hoped to show the Provincial Government's film depicting serum therapy in pneumonia. The drive through the Fraser Valley to Chilliwack was most enjoyable. We realized what a very lovely season of the year Fall can be, as we glimpsed the glorious autumn tints. There was just the suggestion of a tang in the air too.

Our first meeting was held in the Nurses Home of the Hospital at Chilliwack. About twelve nurses greeted us, including representatives of the public health field and the hospital staff. Miss Sanderson introduced us with a few happy remarks which immediately gained the confidence of the meeting. She explained the purpose of the tour and made it clear that we were there primarily to discuss problems common to all nursing groups. She then gave an informal talk on the highlights of the Biennial Meeting of the Canadian Nurses Association. It was intensely interesting to me and by the enthusiastic response of the meeting I can safely say that all nurses present felt the same way.

A few minutes were devoted to answering some pertinent questions in regard to *The Canadian Nurse* and urging the necessity for each nurse subscribing. I then presented a short talk on dia-

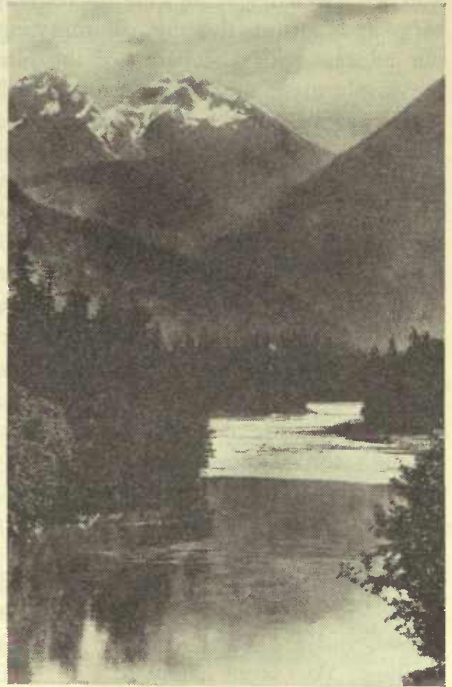


The Travelling Unit

betes mellitus. The health teaching closely related to the disease was stressed as a definite responsibility of every nurse with whom the patients came in contact. Health teaching posters, kindly loaned to us by Miss Hazel Keeler of the Vancouver General Hospital teaching staff, also sample trays, which can be assembled in any home for the administration of insulin, served to illuminate the address. During interesting discussions with several of the nurses they gave us the impression that they had profited from the evening and would heartily welcome a second tour.

Encouraged by this auspicious beginning, we set out bright and early the next morning for Lytton. The interior of British Columbia is truly lovely, and the drive along the Cariboo highway through the Fraser Canyon is awe-inspiring. Very few moments passed without an exclamation from either one of us as we were overcome by the beauty of our surroundings. We arrived at Lytton at tea-time, and were most kindly greeted by the matron. The Hospital at Lytton is part of the Anglican Mission of St. Bartholomew, primarily dedicated to work amongst the Indians. They are very proud of a new hospital completed just last year, and indeed, they have reason to be. Our meeting was held in the cosy lounge of the Nurses Home, which is poised on a cliff overlooking the junction of the Fraser and Thompson Rivers. We met the four members of the nursing staff, the fifth being on duty. But if the meeting lacked numbers it lacked nothing in interest. The response was most gratifying.

On our way the next morning we drove over the notorious "washboard" Cariboo Highway, but truly we were so enthralled by the scenery that we didn't mind the bumps. The character of the landscape was changing. From tall and



Holy Cross Mountain

stately pine and fir, we were entering a rolling country covered with sagebrush and here and there, the flaming red of the sumac. It reminded one of the scenery in the hills of Wyoming.

Kamloops was our next stop and we arrived there in the late afternoon. Our meeting was held in the lecture-room of the Nurses Home. As this was the first training school we had visited we were interested to see our meeting graced with fifteen or more student nurses. The meeting was arranged by the Graduate Nurses Association of the District and was well attended, there being about seventy-five nurses present.

Miss Sanderson again gave her interesting account of the C.N.A. convention and I followed with a discussion of the newer aspects in the treatment of pneumonia. In connection with this discus-

sion we dwelt for some time on respiratory and serum therapy, illuminating our address with a showing of the film previously mentioned. This is one which was prepared, for the Metropolitan Life Insurance Company, by a Hollywood studio and, though intended primarily for lay people also stresses important nursing points. We were pleased to meet several nurses from the staff of the Tranquille Sanatorium at the social gathering following the meeting.

The next afternoon we drove the eleven miles to the Sanatorium. The assistant superintendent kindly showed us through the buildings, and in the evening we again met the Kamloops nurses, together with those from the staff at Tranquille. On this occasion Miss Sanderson discussed the points mentioned before in regard to *The Canadian Nurse*, and I gave the talk on diabetes mellitus. We were happy to find such an active nursing organization in this district and feel that it is a nucleus for much good.

The next afternoon we continued on our way to Salmon Arm. About four o'clock we stopped for tea at the delightful Sorrento Lodge on the shores of the Shuswap Lake and sat before a huge fireplace in cosy arm chairs, while through the windows our eyes caught the vista of denuded trees against a very blue lake and the early evening glow in the sky. We met the Salmon Arm nurses in the Nurses Home that evening. Approximately twelve nurses had been gathered together by the Matron of the hospital. The staff, plus the social welfare worker and some married nurses, comprised the group. We were also honoured by the presence of two doctors who had asked to be allowed to "sit in." By this time we were beginning to look forward to that period of the meeting when our formal talks ended, stray ques-

tions were put, and a really hearty discussion followed. We felt that much was gained thereby.

Our meeting at Revelstoke, a main line divisional point of the Canadian Pacific Railways was held the next evening. We met the staff nurses from the hospital in the Nurses Home. They were most attentive and seemed interested.

The next day was Sunday and represented a day of rest though, of necessity, travel. Arriving in Vernon, we began to catch glimpses of the "benches" on which fruit trees are planted. It is a more pastoral type of scenery than that further north and is famous for its beauty in blossom-time. By Monday evening we were in harness again and met the staff nurses from the hospital as well as the public health nurse, in the Nurses Home. On Tuesday afternoon I had the privilege of addressing the Nurses Club of the local High School. This has been formed in connection with the vocational guidance work. I was able to outline for them some of the interesting possibilities of nursing as a profession. They were a young and eager group of girls and most attentive. The next evening we again met the nurses, and thus in two sessions were able to present our full programme which included a discussion of the newer drugs as well as the subjects previously mentioned.

That morning we made an interesting excursion to the outskirts of Vernon to visit a potter who fashions articles out of local clay. He is a real artist in that he refuses to sell to those whose interest in his work is not genuine. His small workshop is very humble but his pottery is charming.

On Wednesday we arrived in Kelowna. The Okanagan hills and valleys are truly lovely, and I made a solemn promise to myself to revisit them when

the bloom is on the trees. Kelowna is on the shores of the Okanagan Lake and we were fortunate in securing accommodation at the picturesque lodge, "The Willow Inn." Two days were spent here and we presented our full programme again. We had such an interesting group of nurses in the lounge of the Nurses Home—staff nurses of the hospital, young married nurses and public health nurses. One Victorian Order nurse had driven in fifteen miles for our meetings. We were now beginning to expect a very friendly welcome everywhere on our travels and nowhere were we disappointed. On Thursday morning we had an interesting visit to a fruit-packing plant and were much impressed with the efficiency and care with which the fruit is sorted and packed. To the novice it is a real experience.

We crossed the Okanagan Lake by ferry on Friday morning. On the opposite side of the lake we were greeted by our little Victorian Order friend. She had invited us for luncheon at Peachland and met us to explain that she was busy with "a case" but would be along shortly. In that rather barren spot, with her sleeves rolled up and her trim blue uniform as a spot of colour, she expressed all that the Victorian Order means when it speaks of service to the public. We met her later, as arranged, and enjoyed a delicious lunch of pheasant.

Penticton was our next port of call. I had been asked to speak to the girls of grades nine to twelve in the High School on nursing as a profession and eighty young and eager faces looked up at me from the rows of seats in the auditorium. On Friday and Saturday nights we presented our full programme, held our meetings in the High School, and spoke to about forty nurses each night. Among them were institu-

tional, private duty, public health and married nurses. Again the Victorian Order nurse in that district had driven in many miles to our meetings. On Saturday afternoon we were honoured at a charmingly arranged tea in the lounge of the Three Gables Hotel and were thus able to become better acquainted. We feel that one of the most hopeful outcomes of our tour was the plan for organization of the graduate nurses in Penticton. We are awaiting with interest further news of this venture.

We travelled into the Kootenay district by train, as we felt it would be too long and rough a journey by car. The beautiful Arrow Lakes are in view as the train weaves its way around the mountain, and again the scenery changes, and fir and tamarack are plentiful. We spent our second Sunday en route and on Monday evening held our meeting at the St. Eugene Hospital, in Cranbrook. These cities are in the centre of mountain ranges, on which, at this time of the year, the snow is low, so that we were glad of our fur coats. St. Eugene has a training school also, and we welcomed to our meeting the students of the senior year.

The next morning we travelled to Fernie. In the days when coal was the main fuel burned, Fernie was a thriving mining city. Just now it is having bad times. This fact did not affect the nature of our welcome however and we were made most comfortable in the Nurses Home. In the afternoon we addressed nurses from Fernie and the surrounding districts to the number of twenty-eight, following which we were entertained at tea. Six o'clock that evening was the hour for a delightfully arranged banquet in a local hotel. The nurses were so happy to be together that they planned, then and there, to have future meetings at regular intervals and

form study groups. An interesting feature was the announcing of the name of the Training School of each nurse present. There was a good representation of Schools in Canada, as well as one graduate from Bermuda. At the very early hour of three a.m. we boarded the train again, this time on our way home.

Our last stop was at Nelson. The president of the Graduate Nurses Association met us and made us very welcome. We held meetings in both the afternoon and evening of that day, speaking to about forty nurses and presenting practically our full programme. Our reception was very favourable and we did enjoy the hearty discussion following the last meeting. The Association at Nelson is very active and sponsors the showing of interesting films, on current medical topics, on their own machine. With a feeling of reluctance we left for home the next morning. Although the tour had been quite long

enough, it had been most enjoyable. Our journey took us by train to Penticton and then by car, through the United States, over Blewett Pass.

And so ended the first educational tour sponsored by our Provincial Association. As our journey progressed, our vision grew of what such a programme might become. Everywhere we went we were given the assurance that the nurses in the out-lying districts of the Province are eager for help given in this way. One might dream of the day when a definite number of tours would be arranged each year so that each district of the Province might be visited. Suggested subjects for study, with bibliographies, might very well be sent to study groups in the various centres. From very humble beginnings, great enterprizes have come into being. Let us hope that the seed which has been sown will live to grow into a sturdy, flowering plant.

It Shall Come to Pass

These prophetic words are quoted from an article entitled "The Nurse and the Public" contributed by Isabel Hampton-Robb to the first number of the first volume of *The Canadian Nurse*:

"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. 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 human beings."

Endowments in 1860, and in 1939

The Rockefeller Foundation has generously provided an endowment fund for the School of Nursing of the University of Toronto and it might, therefore, be possible to infer that the School is automatically relieved from all further responsibility so far as finances are concerned. Anyone who has had an opportunity of observing, at first hand, similar situations in European countries realizes that this inference would be far from the truth. The policy usually followed by the Foundation is to assist, by means of annual grants, experimental projects which appear to merit such aid. If, after a period of years, the enterprise seems to have passed the experimental stage and to have a reasonable prospect of success, the Foundation sometimes provides an endowment fund and simultaneously discontinues the annual grants. Difficult adjustments have to be made during the transition period because the income from endowment is usually not larger than the annual grant given during the initial stages. Yet, as soon as the endowment is announced, greater demands than ever are inevitably made upon the project "because it has been given all that money." In order to prevent any such misconception arising in Canada, Miss Kathleen Russell, director of the School has prepared a closely reasoned statement the text of which follows. Its clear and fearless thinking deserves the most careful critical analysis. Miss Russell makes no rash promises and holds out no extravagant hopes. She knows that the challenge of this gift must be met, partly by the School itself, partly by the nursing profession in Canada. Miss Russell and her associates will surely see to it that the School does its part. The nurses of Canada will certainly not do less.

1. The School of Nursing of the University of Toronto has run the risks of a very radical financial experiment. It established itself as an independent educational institution which has had to finance itself (in both school and residential aspects) without any dependency whatever upon a hospital, while maintaining the most advanced standards and conditions of a modern university school.

2. This has meant that an income must be forthcoming to cover all residential, administrative and school costs.

3. Moreover, all the overhead for this work has had to be carried—because of the nature of the new work, and the limitations of an inadequate building—for a very small group of resident students, and, for the most part, for a very small number of students per

class. Hence all costs have been proportionately high.

4. All schools and universities (except for a very few expensive private schools) obtain only a small part of their income through students' fees. The greater part of the necessary support comes from state subsidy or private endowment. This is an accepted situation in the provision of education in our Anglo-Saxon countries, and is true of all institutions from the old universities of Oxford and Cambridge down to the smallest rural school of Canada.

5. Hence, in the establishing of itself as a real school, this new nursing school was forced to fly in the face of established procedure in nursing education in two ways, namely (1) to persuade nursing students to pay fees and costs as high as students in other professional

schools and (2) to find a large part of the necessary annual income from the usual private or public sources of supply for educational funds.

6. The University of Toronto was willing to give the school a certain support but could do relatively little to meet the total income needed by the school.

7. The Rockefeller Foundation (primarily because of its interest in the preparation of public health personnel) was willing to give the school an annual grant for a certain number of years in order that a start might be made. For these first years the Rockefeller Foundation gave a relatively high proportion of the school's income while making it clear that this could not continue indefinitely. The Rockefeller Foundation has a steadfast policy of giving only to those places in which the local group demonstrates its desire for the school in question by contributing with some degree of equality to its support.

8. As the period for which the annual grant from the Rockefeller Foundation had been promised was expiring, it was necessary to know whether all financial help from the Foundation would then cease, or whether some permanent income might be hoped for, through having the Foundation make a gift, toward endowment, of a capital sum of money. This question could be discussed only in the light of local (i.e., Canadian) attitude and action. Certainly the Rockefeller Foundation would not continue to give as large a proportion of the school's income as it had been giving; it would give nothing unless more financial help was forthcoming at home; and, furthermore, it would give nothing unless there was evidence that the school was really wanted in Canada.

9. Apparently the above conditions have been met, or there is enough hope

of their being met, for the Foundation has granted a capital sum toward endowment. The income from this sum—reckoned as it must be, upon only the most conservative investments—is not large and (even with generous aid from the university) the new financing will leave the school with no larger an income than it has had. And this at a time when the school is being constantly pressed from without to expand its work (particularly on behalf of graduate nurses) and pressed from within to refine that which has been started.

10. As far as the demand upon the professional group in Canada is concerned, money is desired if any should be available, but something else much more vital is sought, namely, understanding and professional support.

11. All nursing schools, or teaching departments, in Canadian universities form one family, and not a large family considering the area to be served. Antigonish, Montreal, Ottawa, London, Toronto, Saskatoon, Edmonton, Vancouver, these are the seats of the sister schools: the health of each one is a matter of concern to all; the strength or good fortune of one can be a strength to all; a gift to one should stimulate gifts elsewhere; while at the same time the weakness of one will tend to reflect adversely upon all. These various university nursing schools are proceeding along a number of different lines, and working upon several quite distinct projects in nursing education. This is a healthy sign and, at least up to a certain point, a desirable state of affairs. *The distinctive contribution of the Toronto school is the attempt to demonstrate to the profession the possibilities of a self-controlled school for the general training of the nurse, while working out a thorough and economical training for public health nurses.* At the same time, more and

more work is being offered to graduate nurses who come from all over Canada.

12. *A Small almost irrelevant post-script.*

The original pattern of our nursing schools, namely the school established by Florence Nightingale at St. Thomas's in

1860 was, at the beginning, a self-controlled, financially independent institution. Thus, in its present form, the School of Nursing of the University of Toronto is merely returning to that original pattern.

KATHLEEN RUSSELL

A NORTHERN TAPESTRY

CECILIA JOWETT, REG. N.

Six years spent near Cochrane in the "clay belt" of Northern Ontario were a wonderful experience to me. In 1931, when the surplus of nurses, (and the depression) had created a real problem for many of us, I went North and bought a homestead of 112 acres of land and 38 acres of lake. It was a wild and lovely spot and I called it "Journey's End" for I hoped it might prove a real home and be the end of all my wanderings.

My first impressions of the country will never fade. The utter simplicity of life, free from all modern trappings, quite captivated me. Yet summer brought its troubles. Swarms of mosquitoes made life miserable and sometimes the food was so black with flies that I had to fan them away with a newspaper. Before long, however, I was able to demonstrate that there was no need for such discomfort if the right measures were used.

One of my earliest visits was to a Hungarian family, consisting of a father and mother and five children. The little house had only two rooms and the whole family slept in the same bedroom, the great feather beds, which they used as covering, keeping them warm in winter. One fine summer day I found the smiling mother mopping up the floor in her bare feet. In the little bedroom was the newest baby, sleeping like a cherub on the whitest of white pillows. His mother said, with a proud smile, "him Canadian" which was about all the English

she knew at that time. Her eldest child, a girl of eleven, interpreted for her parents in all manner of conversations with the doctor and myself. She has passed her entrance examinations and has great talent for drawing. What splendid material for future Canadian citizenship!

Many of these new Canadians are most ingenious. In another home I found a bathtub made from a great birch log. One day I saw this tub in the bedroom, with a white tablecloth spread over it and when the cloth was lifted, discovered a whole pig, cut up, for winter meat. Really, in that spotlessly clean room, it seemed quite in the right place.

Some years ago, the Government sent families into this Northern area, and subject to certain requirements, provided them with farms, houses, and cattle. Some of these assisted settlers did very well, especially a Swiss family, hailing from Kitchener. Although the wife was an invalid the man and his two sons, one of whom was only eleven, soon developed a little farm which was worthy of notice.

The Red Cross Society helped me to do something for the mother who was suffering from an obscure malady of the throat, but one terribly hot day the little boy came through the bush to tell me he was very ill. His temperature was 104°—probably a heat stroke. I bathed him and made him a cool shirt out of two tea towels. He had been wearing a thick woollen sweater—the only

garment he had! He soon felt better and when he went home said, "Mother, she even washed my dirty feet"!

Poor motherless lad—his mother died the following winter, truly a martyr to the North. The doctor could not reach her because the trails were blocked with snow. The father and the eldest son had to make a rough stretcher and bring her body in on

a sleigh to the settlement for burial. I watched this family for three years. The man had few implements to work with but rather than lose his crop he and his boys harvested it entirely by hand.

Surely the lives of these pioneers are the warp and woof of a Northern tapestry which, some day, will be revealed in its full beauty and completeness.

THAT FATAL CHARM!

Because our life is spent in a vain effort to persuade nurses to subscribe to a professional journal, we are naturally chagrined when we note the ease with which they succumb to the wiles of the predatory male. Gentlemanly "agents", in one disguise or another, radiate a fatal charm which we can never hope to possess. Here is the latest example of impudent fraud on the part of one of these impostors, claiming to represent *The American Journal of Nursing*. Listen to the victim's tale of woe:

A man representing himself as "Dr. X—of Owen Sound" called at my office and said that he was one of a number of young medical men working, with the backing of *The American Journal of Nursing*, on a project to raise funds to assist in sending exchange students to England. He stated that the English students who were to come were being financed by the Rhodes Scholarship Fund in England.

Slim enough information on which to rely when a two-year subscription is in question. Especially when nurses have been warned about travelling agents for nursing journals! However, I was foolish enough to pay him five dollars for which he gave me a plain receipt, without a heading. I felt I had made a mistake, telephoned to check with a medical directory—and there is no such person as Dr. X—in Owen Sound, Ontario, according to the directory.

Since then a man, who might very well

be the same, has sold a subscription for an *English Nursing Journal* to a nurse in the city of London, Ontario, and quoted a superintendent of nurses who had never seen him.

We have a dark suspicion that before many days are over *The Canadian Nurse* will be receiving enquiries as to why the January issue has not yet reached the trusting subscribers who handed out good money to help the Rhodes Scholars—and "Dr. X—of Owen Sound."

Once more we repeat the old refrain: *The Canadian Nurse* employs no agents and offers no "bargains" or "long-term" subscription rates. So don't lend an ear to handsome strangers "working their way through college", don't look at the new moon through glass, or walk under step ladders. Personally, we do all these things with impunity—but we draw the line at opening an umbrella in the house. We find this to be definitely unlucky, and in the same category as signing on the dotted line while in a state of hypnosis.

Send your subscription *direct* to *The Canadian Nurse*, 1411 Crescent Street, Montreal. We lack that fatal charm—but you do get the *Journal* and the *Journal* does get your two dollars. Goodbye until next time.



The School for Graduate Nurses McGill University

No news is said to be good news and the fact that there has been no report in the *Journal* from the McGill School since last June may be interpreted in this way. Those who have followed the ups and downs of the School will be interested in hearing of developments and decisions which have very recently received official approval.

The School of Nursing, the name assumed a few months ago, has been discarded in favour of the original title, The School for Graduate Nurses. To make a long story short, the University authorities in their recent discussion of the problems of the School realized as they never had before that the McGill School is the only one in Canada devoting its whole programme to the preparation of graduate nurses. The former

name thus took on a new significance and the authorities voted in favour of its re-adoption.

A Standing Committee of Senate has been appointed to replace the Advisory Committee. Its function is to assume responsibility for the development and expansion of the educational programme of the School. This is a source of great satisfaction to the School and to the University. The members of this Committee are Mrs. W. L. Grant, Warden of The Royal Victoria College, chairman; Dr. J. C. Meakins, Professor of Medicine; Dr. Grant Fleming, Dean of the Faculty of Medicine; Professor John Hughes, Head of the Department of Education; and Miss Marion Lindburgh, Director of the School. All who know Mrs. Grant will realize that her

appointment as chairman is particularly fortunate and will ensure effective representation of the School at meetings of Senate. November 18 marked a red letter day in the history of the School when this Committee met for the first time and officially assumed its responsibilities.

The Alumnae Association, through the finance committee, is now concentrating its efforts on building up a permanent Endowment Fund. The graduates of the School, spurred on by Miss E. Frances Upton, and by Miss Blanche Herman, the active president of the Alumnae Association, have opened the Endowment Fund with a contribution of \$10,000. In view of the fact that they have supported the School during the past five years, this further contribution is an amazing achievement. A new chapter begins with the launching of the second campaign under the same auspices, this time to enlist the interest of influential citizens in taking up the burden of providing the necessary funds to meet current expenses of the School during the next five-year period and to build up the Endowment Fund.

Meanwhile the work of the School goes on and the thirty-four full-time students enrolled this session have come from every province in Canada. Eighteen of this group are registered in the course in Teaching and Supervision in Schools of Nursing, and sixteen in Public Health Nursing. In addition to full-time registrations, many local nurses are taking one or more courses as partial students in the regular classes.

An evening extension course in Health Education was given during the first term; thirty nurses from the Victorian Order of Nurses, the Metropolitan Life Insurance Company, the Child Welfare Association, the Royal Edward Institute and the City Health Depart-

ment were enrolled. This widespread interest on the part of experienced nurses in securing better preparation for the teaching phases of their work is an encouraging sign of the times.

During the last week of November, Miss Frances King, Supervisor of Local Health Records, Health Department of the State of New York, assisted in a well attended refresher course dealing with records in public health nursing. The following local nurses also contributed to the programme: Miss Margaret Moag, District Superintendent, Victorian Order of Nurses; Miss Ella Binks, Miss Jean Forbes, also of the V.O.N. staff; Miss E. B. Cooke, Child Welfare Association; and Miss Mary S. Mathewson, assistant director of the School. Miss King was particularly successful in securing free and lively discussion. One of the most encouraging outcomes has been the proposal that a local committee should be set up to continue the study of new and better ways of increasing the usefulness of records.

An extension course in Ward Teaching and Supervision has become a recognized feature of the second term. It is amazing how a new crop of head nurses and supervisors appears each year for this particular type of instruction—another healthy trend in the nursing field.

On the whole 1939 augurs well for the School for Graduate Nurses. Although the University is helping to enlist interest and support, the Alumnae Association still carries the responsibility of the financial burden and the problem of securing an Endowment Fund during the next five years. The way may be long and arduous but with dauntless determination and courage this goal also will surely be reached.

MARION LINDEBURGH

THE EDITOR'S DESK

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A Turning Point

From an historical point of view, this issue of the *Journal* will some day prove to be particularly valuable. By a happy coincidence, it contains statements, prepared independently, by the director of the School of Nursing of the University of Toronto and the director of the McGill University School for Graduate Nurses. Both these Schools happened to arrive at an important turning point at about the same time, and we are fortunate that Kathleen Russell and Marion Lindeburgh are willing to tell us what is in their minds at this critical juncture. Both of them give a clear picture of the work which is being done under their direction. No emotional appeal is made, and the approach, in both cases, is entirely objective. Indeed there is no need of exaggeration. Nurses who read and think already know something of the contribution that these two Schools have made to nursing education. Deliberate understatement cannot hide a magnificent achievement.

Miss Russell reminds us that the destinies of all departments and schools of nursing in our Canadian universities are linked together. In spite of a diversity of aims, their primary purpose is essentially the same and they have in common, one fundamental need which must be fulfilled if they are to live and prosper. Miss Russell herself defines that need in these words: *Something vital is sought, namely, understanding and professional support.*

"A New Venture"

The history of nursing in Canada is being made so rapidly these days that

those whose duty it is to write it are going to be kept busy. Even so ephemeral a chronicle as this *Journal* has to quicken its pace to keep up with the procession. The latest new departure is the experiment described in this issue under the caption of "A New Venture". The Registered Nurses Association of British Columbia courageously decided to extend its benefits to nursing groups which otherwise might not benefit from them. Read the article and learn who made a journey—and why. Does *your* Provincial Association do anything like this?

Teachers—and Nurses

Gone are the days when nurse and teacher grimly defended the debatable frontiers of their respective "professional fields". School nurses know more about education these days — and teachers know more about public health. All this by way of introducing an excellent article, by Elizabeth Earshman, which appears in this issue under the caption of "Changing Aspects of Health Teaching". A school principal was so impressed with Miss Earshman's presentation of the case that he asked that it be published in a magazine devoted to education

Hospital Meals

Nurses can learn a lot from dietitians, and not only about food, either. In her article on "Those Hospital Meals", Miss King defines some principles which apply to hospital management in general.

SHE FOUND TIME!

The last fifteen years have seen a tremendous increase in the number of welfare organizations in Canada. In the early days, nearly all their officers gave their services on a voluntary basis and if a census were taken, it would contain the names of many nurses.

The record of Miss Florence Robertson, of Winnipeg is a conspicuous example of untiring service which neither asked nor expected any other reward than the privilege of serving. *The Winnipeg Free Press* has this to say about her:

Anyone who has ever been inveigled into being secretary of anything understands at once that the job is at once the most thankless and the most strenuous that can be undertaken by that portion of humanity ill-equipped for getting out from under. It was in 1923 that Florence Robertson undertook the secretaryship of the Central Council of Social Agencies, and she has practically never had her pen out of her hand since.

This year she lays it down as the Council puts in a paid staff. Miss Robertson's long service is a notable one in the annals of Canadian social work and upon it more than any other one thing has depended the continuity of endeavour which has marked the Council and which finds it now in a position to go forward with scarcely a difficulty into its new field with a trained paid staff—a change, by the way, which Miss Robertson has long advocated.

Miss Robertson has taken post-graduate courses in obstetrics and pediatrics and in social science. She is an active member of nursing organizations and has somehow found time for many other interests. For some years she has been a valued member of the staff of the Medical Department of the Winnipeg public schools. In other words she is a Winnipeg school nurse—a job which would fill the waking hours of most of us. But she found time!

OIL AND MUSTARD

At a lecture delivered not long ago by a prominent heart specialist the speaker, while mentioning some of the things which might be done to relieve chronic heart cases, said: "Mustard pastes give relief, and I am sure you have been taught always to use oil or vaseline on the part first". There was almost a gasp from my pupils, and I replied: "I am sorry, but considering this procedure to be on the same principle as whipping a horse while holding him in, that is exactly what I have taught them *not* to do. Is that principle still being taught in schools of nursing?" He answered, "Oh, yes!"

The next morning, in class, we made the following test; one of the pupils, who has a sensitive skin, offered her arm for practice and we made a two-by-four mustard

paste, vaselined *half* that part of the upper arm where it was to be applied, and put it on. After twenty minutes, the whole surface was equally red. The paste was removed and the part watched carefully. In two hours, the surface where the vaseline was, had become normal in colour, while the remaining surface remained red for forty-eight hours.

This was interesting, and appears to show that when orders are given for repeated applications it is well to oil the part—but not otherwise. What do you think about it?

M. LOUISE PARKER, REG. N.

*Director, The Association of
Trained Attendants for the Province of
Quebec.*

Changing Aspects of Health Teaching

ELIZABETH A. EARSHMAN

*Public Health Nurse
Board of Education, Belleville, Ontario*

Our educational system as one of the major public services, has expanded in response to increasing needs, and has augmented its traditional offerings with a variety of services that extend far beyond the boundaries of former ideas of the school's function. Among the earliest health services added was that for the control of communicable disease, but to-day these services have been extended to include the discovery of defects, the promotion of their correction, the supervision of the sanitation of the school plant, and an interest in the establishment of satisfactory health practices by the children. In this period of expansion of school services, the problem of health education has received increased attention, largely because of the recognition of the social necessity of insuring the maintenance of the physical well-being of every child. In spite of all that has been done, evidence is constantly before health and educational authorities of the need of a change of programme from one that is largely corrective and palliative to one that is positive and constructive—a programme that will insure the development of a mode of life which makes it possible for larger numbers to build a positive mental and physical health with an abundance of strength and energy, and a strong resistance to disease, resulting in fewer with fragile personalities and weak physical bodies. Educational theorists have supported the view that physical, mental, emotional and social health determine the quality of all education.

Out of the widespread current movement for educational reconstruction, then, there has emerged a curriculum in

which health is to be the corner stone upon which the school day is built. The builders of the new curriculum are convinced that more important than any programme of health instruction, or any organization of medical, dental, or nursing services is the provision for healthful school living. Healthful school living means first the provision of a wholesome, safe and sanitary school environment that will provide opportunities and experiences for the child to be voluntarily co-operative, and, as far as possible self-directing in every health procedure. It means the organization of a healthful school day to include all those interests that are associated with physical activity, rest and relaxation. It means the establishment of those pupil-teacher relationships that are favourable to the best development and living of pupils and teachers. It includes also, all the learning experiences of the day which favourably influence habits, attitudes and knowledge relating to the health of the individual, the family, and the community.

The goal in all health teaching is to be what the child does, rather than what he knows about health. In the development of habits, doing by the child is more important than telling by any teacher. Whereas, in the past, the weakness of health teaching was the failure to recognize the need of grading materials and presentation in keeping with child growth, modern health education organizes and plans, grade by grade, in keeping with the developing life of the child. So he passes naturally from the junior grades, where the acquisition of certain health habits makes it possible

for him to enjoy happy membership with others of his school group, to the intermediate grades where he acquires better techniques of carrying out health practices and becomes more self-directing. The health instruction he gets is indirectly given through correlation with other work, and by means of enterprises and other activities. By the time he reaches grades five and six, he wants to know why these habits are of use, and the greatest contribution the teacher can make to the child at this time is to direct his thinking so that he will question dogmas and seek to test information scientifically and experimentally, for health teaching seeks to bring the practice of living in line with changing scientific discoveries.

When the child reaches grade seven or eight, he has spent about six years in the elementary school during which time emphasis has been placed on the development of desirable health habits. By grade seven the emphasis may well be shifted to increased responsibility in the solution of personal health needs, harmonious co-operation with others in group activities, and a scientific knowledge of the body functioning and care. When grade eight is reached it should be apparent to the child that the health of the individual is inextricably bound up with the health practices, health knowledge and health attitudes of others, so by this time health teaching should emphasize community efforts toward health. To many, grade eight will be the last of their school experiences, so that it seems essential that they should leave school possessed of that education for living which is founded on sound health practices, based on scientific knowledge and alert to the community resources for the maintenance of health.

To acquire such a foundation of healthful living, the practice and study

of health must, from the first, have formed part of the everyday life of the school. The responsibility for this lies solely in the hands of the classroom teacher whose influence on the child's health behaviour is second only to that of the parent.

Does this increased responsibility for health teaching on the part of the teacher, then, mean that there is a lessening need for the services of the school nurse? Formerly the implication was that health was given separate consideration, that the service of doctors, nurses and dentists was attached to, but not a part of the rest of the educational programme. The new curriculum tends to plan on an educational basis the effective co-operation to be rendered by health specialists so that they function as an integral part of the school staff. The opportunities of the nurse in school today are greater and more challenging than ever before in the history of school health work. But, to make the most of her opportunities she must have an intelligent appreciation of the philosophy of education that our school system is accepting as the basis for the revision of its curriculum; she must know its philosophy and aims in regard to health education; the place health education has in the general education programme and where health services function in that programme. She must also know the techniques of modern education so that her own educational practices will coincide with those of the other school personnel.

The nurse, being herself primarily an educator with a special background in the field of health, ought then to be able to successfully co-ordinate school health with the public health work of the community. Recognizing that she is engaged in the most potentially far-reaching and constructive phase of the public health programme of the com-

munity, she will establish early and close contacts with the organized health department, not only as a means of instituting measures for the protection of the school but to gather suggestions on basic problems that may be incorporated into the learning of children.

While the nurse assists the school in arranging for health examinations of the children, she bears in mind that correction of defects is no longer the most important objective of the examination, but that it should have as its primary purpose an educational experience, with the hope and plan that it may become a regular part of the family health programme.

In all contacts with the children, the nurse aims to be an example of health, and plans ahead to make all these contacts as meaningful as possible.

If the nurse is familiar with educational techniques, she will be able to assist the teacher in incorporating health knowledges, habits and skills into the curriculum easily and naturally. She should take time to visit the classroom as an observer to learn as much as she can about the way the teacher organizes the school day, and to find out in what educational activities the children are engaged, asking herself if there are possibilities in this particular enterprise for health instruction. The more familiar the nurse becomes with the actual room activities the more assistance she will be to the teacher in enriching her curriculum with health content. School nurses might well keep a file of enterprise materials to which they are able to refer the teacher on a moment's notice. The nurse no longer gives isolated health talks unrelated to the work of the pupils as she goes from grade to grade. The continually improving school nursing personnel are now able to undertake the more difficult task of furnishing that stimulation and encourage-

ment which the children so much need by supporting the programme which they have under way at the moment.

The nurse also should keep the school informed on current scientific discoveries significant to an understanding of child problems. She frequently may pass on to the teacher the knowledge she has gained from her first-hand field experience with local conditions.

The school nurse who has learned the technique of working with teachers has at hand in that nurse-teacher relationship a powerful factor in the health education programme. At the beginning of each year, the attention of the school might be called to the value of an early inventory of health needs as a basis for a constructive programme for the year. On the basis of this health inventory the nurse may interpret the constructive work that needs to be done, especially calling attention to the importance of having the understanding and co-operation of the child when possible and advisable.

The nurse contributes all data possible on the health history and status of each pupil as a part of the cumulative record which shows all phases of his growth and development, and which accompanies the child throughout his school life. Usually the teacher knows the pupil for only one term, while the nurse sees him in all environments from year to year. This shared information makes possible a better planning for improvement of physical status, for more authentic knowledge and for practice of more desirable habits and attitudes toward health. As these histories grow, graphs or charts may be prepared to help the school to see its health needs, its progress, and the problems on which special emphasis may be indicated. The school may grow in its awareness that health is associated with all phases of its programme.

The health teaching programme of the new curriculum should extend its influence in two directions—downward in the interest of the young children who represent the future school population, and for its own effectiveness it needs to establish contacts with adult health education groups in the community. When the nurse is asked to speak to parents she presents to them a practical health problem with which parents are concerned and in relation to which she can paint a clear picture of the health programme of the community, the schools and the homes.

Some one has said that the school nurse in the modern health education programme can only go as far as the

school superintendent's vision will allow her to go. Alas! there are still principals who say "My teachers do not do the weighing, and measuring and class room inspections, we have a school nurse who is supposed to do that!" On the other hand Miss Chayer says "the place of the nurse in modern school health work is circumscribed only by her own personality, vision and preparation."

Editor's Note: The content of this article was originally presented in the form of an address given at a Refresher Course held under the auspices of the School of Nursing, University of Toronto, in October, 1938.

OBITUARIES

LUELLA EUPHEMIA DENTON, M.B.E., A.R.R.C., died on December 4, 1938, at the home of her sister, in Vancouver, B.C. Until shortly before her death Miss Denton was for twelve years the Matron of the Lady Grey Hospital, Nipawin, Saskatchewan. In this capacity she did most valuable work and her death is much regretted by the community which she served with such unselfish devotion. Miss Denton also served overseas with distinction during the Great War.

CAROLYN E. GRAY died suddenly at Miami, Florida, on December 29, 1938. The nursing profession at large has sustained a severe loss in the passing of this able administrator and educator. One of the most outstanding achievements of her whole career was the reorganization of the nursing service and of the School of Nursing of the City Hospital, New York, under conditions

which would have daunted a less courageous spirit. In addition to many other professional activities Miss Gray also found time for authorship. In collaboration at first with Miss Kimber and later with Miss Stackpole, she was the author of the textbook on anatomy and physiology which has become almost a classic both in the United States and Canada.

Miss Gray was a woman of strong character and sterling integrity. Those who had the privilege of being her friends knew that beneath the quiet reserve of her manner there was a generous nature and a loyal heart.

AMY MACNISH died suddenly in the North Vancouver General Hospital on December 29, 1938. Miss MacNish was a graduate of the School of Nursing of the Royal Victoria Hospital and a member of the Class of 1911.

STUDENT NURSES PAGE

A Spotless Reputation

ALICE MICHIO UYEDE

The author of this article is a young Japanese student nurse who entered the School of Nursing of the Vancouver General Hospital in September, 1938. The experiment she describes was carried on under the general direction of Miss Hazel Keeler, a member of the teaching staff in that School.

What do we as nurses admire, respect, and strive for most? Would you not say a spotless reputation—not without perhaps an element of doubt as to its possibility. However, if and when attained, we know it proves to be of great value both materially and professionally, and consequently well worth the struggle necessary for its achievement.

We proved this to be true about hospital linen. Stains on linen are to a certain extent unavoidable in a hospital, and when we hear of the cost of replacing linen which is not really worn out, but merely badly stained, we realize the great importance of knowing just how to overcome this financial loss. Once fixed, by an alkaline medium such as soap solution, stains cannot be removed. We all know this to be true and therefore what we do must be done before sending the linen to the laundry.

By a simple practical method of experimenting with stains and their removal, at a minimum expenditure of time and material, we were able to foresee the spotless reputation of our future linen, thereby relieving, if only in part, some of the heavy financial burden

shouldered by a hospital as large as our own. We think too, from a purely aesthetic standpoint, that unstained linen not only appeals to our housekeeping sense, but also by a psychological reaction, creates a favourable impression on our patients and visitors, thus adding to the high standard which we wish to maintain in our hospital.

The idea first started in a chemistry lecture, when like a thunderbolt from the heavens, an assignment was dropped in our midst to the effect that a complete chart of the various drugs, disinfectants, and antiseptics which we were studying at the time, along with the removal of their stains, was to be made. Altogether there were about twenty-five different stains, including such well-known ones as argyrol, silver nitrate and mercurochrome. Naturally this sounded quite impossible and altogether too time-consuming but by organizing our work and evolving an efficient system, we completed four very presentable charts—very colourful and not at all unimpressive, we thought proudly.

Our class as a whole was divided into four groups of seven or eight students,

the separate groups being responsible for one finished chart. Thus each student, within a section was assigned three or four specific stains and their removal. This simplified matters considerably and made our procedure very easy and much more interesting. Many of the students managed to get their stains done between lectures. The procedure which we followed was really quite elementary. First of all, we obtained some old linen, and cut pieces from it, two inches square. For each stain on our list, we made two, as neatly as we could, then by using the various solvents and solutions found in the Chemistry Laboratory, we removed one of the spots. When these were dry, we pasted the squares of linen—one "before" and one "after" the removal of the stain—side by side, on the chart, labelling the agent which caused the discoloration. Underneath, we reported what we had found to be the best possible method of removal.

Not all the blots were easy to remove—in fact many of the most common stains found on the wards, such as gentian violet and iodine proved to be the most difficult. However it was encouraging to us to find that scarlet red, hitherto thought of as a permanent blemish, since it, unlike the usual coal-tar dyes, cannot be removed by Dakin's solution, could be entirely removed by employing carbon tetrachloride or ether. Cod liver oil and honey ointment dissolved readily in ether; and argyrol came out nicely with mercuric chloride; metaphen with boiling water; blood with cold water and soap; ink stain and mercurochrome with Dakin's solution; picric acid with ammonium hydroxide followed by warm water; iron rust with diluted hydrochloric acid or oxalic acid; silver nitrate with iodine and ammonium hydroxide; paint with turpentine; and grease spots with alcohol.

If we had had more time, we might have experimented further to find the strengths of the stain removers which gave the best results, but as it so happened we felt unusually pleased by the satisfactory findings obtained, hence left them "status quo". From our experiment we derived an immense amount of valuable knowledge and information and also a great deal of fun and enjoyment into the bargain. We certainly did combine business with pleasure. By actually carrying out an experiment such as this, and applying our knowledge of chemistry, we felt that we had gained much in appreciation of the theory behind the practice. It will, without a doubt, remain more firmly fixed in our minds than if it were memorized.

Although it may not be possible to remember all the stains with which we dealt, we at least will not forget those for which we were individually responsible. And at any time when it is necessary to remove stains from bed clothes, carriage covers, or any other linen, we can always refer to our charts.

Two, out of the four completed charts, are now used on the wards and another is kept for Nursing Demonstration purposes. The last one hangs modestly in the chemistry laboratory, the only reminder of a scene where we spent a few hectic days. It certainly personifies the rainbow after the storm—a promise for the future. Later we were delighted to learn that the best chart reached fame and glory by travelling to the convention of the British Columbia Hospital Association in Victoria.

Realizing that we are still probationers and that our effort in making these charts was perhaps a mere detail in the "big run" of things, nevertheless we humbly feel that however little it may be, we did contribute something to the "spotless reputation" of hospital linen.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The final quarterly meeting of the Executive Committee of the Canadian Nurses Association for 1938 was held in Vancouver on December 3rd. Those present were Grace M. Fairley, President; Margaret Kerr and Margaret Teulon, Chairmen of the Public Health and Private Duty Sections (C.N.A.) respectively; Margaret Duffield, Anne Cavers, Mary Henderson and K. Ethel Gray, Councillors, representing the British Columbia Registered Nurses Association; and Kathleen I. Sanderson, Honorary Secretary.

The Executive Secretary reported cancellation of the current lease on Suite 401, 1411 Crescent Building, Montreal, and a three-year lease commencing October 1, 1938, secured on Suites 401 and 402 and the office of *The Canadian Nurse* removed to Suite 402. This arrangement provides adequate space for National Office and for that of *The Canadian Nurse*.

Committees

The Executive endorsed the proposal from the Alberta Association of Registered Nurses that the Convener of the *Committee on Arrangements* for the General Meeting in 1940 be Miss Kathleen Connor, Matron, Central Alberta Sanatorium.

The President, as convener of the *Programme Committee*, reported that the chairmen of the National Sections and the convener of the National Committee on Education had been asked to suggest the topics which they wished included in the programme for 1940; the

Section chairmen were also asked to soon state the amount of time each shall require for their respective programmes.

A number of special committees were unable to report progress beyond the appointment of members. The convener of the *National Committee on Education* submitted proposed objectives of this newly created body. These objectives, approved by the Executive Committee, are: (1) To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association through the three National Sections in promoting sound standards of undergraduate and post-graduate nursing education in Canada; (2) To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields; (3) To carry out any educational project which may be assigned to the Committee by the Canadian Nurses Association.

This Committee consists of the convener and the chairmen of the three National Sections. The Committee may be augmented in numbers from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members. The same general plan of provincial organization, as that connected with the former Curriculum Committee is adopted. Each Provincial Sub-Committee on Education consists of the Provincial President, as convener, together with the conveners of the three Provincial Sections. It is recommended that the School of Nursing Adviser of the Province be made a member of the

Provincial Sub-Committee. These sub-committees are to co-operate with the National Committee in assuming responsibility for work assigned to them by the former and by keeping the National Committee informed of any particular educational needs or problems within their respective provinces which may become the responsibility of the National Committee on Education.

In reply to a number of questions from the *Committee on Eight-hour Duty for Nurses*, the Executive expressed the opinion that the objective should be the securing of a ninety-six hour fortnight rather than a forty-eight hour week; that time to attend lectures should be included in the period on duty and that the straight eight-hour duty period be recommended with broken periods to occur not more often than four times in any fortnight.

The Exchange of Nurses Committee reported that arrangements had been made with the Director of the School of Nursing of the Vancouver General Hospital for a member of the New Zealand Registered Nurses Association for a period of experience in operating-room technique. Also that plans were in process of completion with the Director of Education, College of Nursing, London, England, for two members of the Canadian Nurses Association who had asked for assistance in securing observation periods in Great Britain.

Provision was made for meeting of travelling expenses whereby the convener of the *History of Nursing Committee* may secure the attendance of a non-resident member when considered necessary for a meeting of this Committee.

An invitation was received from the Association of Registered Nurses of the Province of Quebec for the Association to hold the General Meeting, 1942, in

Montreal. That year is to be fittingly celebrated as the Tercentenary Anniversary of the founding of the City of Montreal and the arrival of Jeanne Mance, Founder of the Hotel Dieu Hospital, Montreal, and Canada's first nurse. This invitation will be referred to the official delegates at the General Meeting in 1940 with the Executive's recommendation that it be accepted.

A vote of thanks was passed, expressing the appreciation of the Association to Miss Gertrude Garvin, of Ottawa, for her personal interest in the Nurses National Memorial and the arrangements for the annual service on Remembrance Day, over a period of years. As Miss Garvin had expressed a desire to share this honour of representing the Association at these ceremonies, the Executive decided that in future the Association should be represented by an elected officer of the Canadian Nurses Association, the President of the Registered Nurses Association of Ontario, or the Chairman of District No. 8 of the Registered Nurses Association of Ontario.

Sections

The *Public Health Section* report showed that each provincial section has a well organized programme under way. The Section in British Columbia appointed a committee which is making a study of the inter-relationship between public health nurses and social workers. Each provincial section supplied the National Chairman with information which was required to complete a questionnaire received from the convener of the National Committee on Education (C.N.A.); some interesting facts were collected which indicate the need for greater opportunities being made available to nurses who wish to obtain preparation in public health nursing.

The *Private Duty Section* announced the appointment of conveners for two standing committees: Miss Theresa Greville of Winnipeg, convener of the Education Committee. This committee prepared an interesting programme which should serve as an excellent guide to groups of private duty nurses throughout Canada. Miss Madalene Baker of London is convener of the publications committee. In British Columbia, private duty nurses arranged for several lecture courses; many in Vancouver attend the course on psychiatry and mental hygiene which is sponsored by the Health and Welfare Group. In Manitoba, the private duty nurses in large numbers took advantage of a refresher course under the direction of the Provincial Association, while in Ontario the private duty nurses are studying the question of the supervision and classification of their group.

Survey Reports

Following the dissolution of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association, the supply of copies of the Survey Report of Nursing Education in Canada remaining on hand was shipped to the National Office of the Canadian Nurses Association. Anyone wishing to secure a copy of the Survey Report should soon send the order to the Executive Secretary, Suite 401, 1411 Crescent Street, Montreal. The price is reduced to one dollar per copy.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Nurses Association,
Lethbridge \$10.00

British Columbia:

A.A., St. Paul's Hospital, Van-
couver 10.00

Graduate Nurses, Fernie	10.00
Graduate Nurses of St. Paul's Hospital, Vancouver	15.00
Nursing Staff, Chilliwack Hos- pital, Chilliwack	7.00
Miss E. Paulson, Kamloops	1.00
A.A., Royal Jubilee Hospital, Victoria	15.00
Student Body, St. Paul's Hospital, Vancouver	10.00
<i>Nova Scotia:</i>	
A.A., City of Sydney Hospital, Sydney	5.00
A.A., Victoria General Hospital, Halifax	10.00
Cape Breton and Victoria Branch, R.N.A.N.S.	10.00
Lunenburg County Branch, R.N.A.N.S.	5.00
Pictou County Branch, R.N.A.N.S.	5.00
<i>Ontario:</i>	
A.A., St. Joseph's Hospital, London	10.00
A.A., Woodstock General Hospital, Woodstock	5.00
Graduate and Student Nurses, To- ronto East General Hospital, Toronto	10.00

For the convenience of contributors to the Fund, the name and address of the representative of each Provincial Association to the Florence Nightingale Memorial Committee of the Canadian Nurses Association appears below:

ALBERTA: Miss Gertrude Allyn, Royal Alexandra Hospital, Edmonton. BRITISH COLUMBIA: Miss Elizabeth Stoddart, 3042-12th Avenue, W., Vancouver. MANITOBA: Miss Ruby B. Dickie, 103 Chestnut Street, Winnipeg. NEW BRUNSWICK: Miss Edna Dickson, Lancaster (Veterans) Hospital, West Saint John. NOVA SCOTIA: Miss Muriel Graham, 413 Dennis Building, Halifax. ONTARIO: Miss Agnes Neill, Toronto General Hospital, Toronto. PRINCE EDWARD ISLAND: Miss Mae King, Charlottetown Hospital, Charlottetown. QUEBEC: Miss Norena Mackenzie, Jeffery Hale's Hospital, Quebec. SASKATCHEWAN: Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina.

Those Hospital Meals

HELEN W. KING, B.Sc.

Dietitian, Royal Columbian Hospital, New Westminster

So much is said about hospital food that the subject has become almost hackneyed. But while we all realize the importance of good food, how many of us consistently have it? I do not mean passable meals and few complaints, I mean really excellent food. When we think of the hospital family as being made up of the sick and the well, of people of every age, of many racial and religious groups, and add to this restricted finance, equipment and staff, we realize that the dietary department must do very careful work to satisfy them all. Serving first-class meals is the one criterion of good hospital service that every person understands. Meal time is an event in the hospital. In addition to providing service it is expected to be one of the amenities of life. Our personnel and patients feel very much towards the meals we serve them, as we do when we go to a restaurant. If each dish is not perfect we are disappointed.

While it is not my purpose to try to persuade every hospital that it has need of a dietitian, every dietary department needs an efficient person in charge, and one of the advantages of having a dietitian in this capacity rather than a nurse is that any nursing emergency would not take her away from her work. The dietary department must not be left an orphan. It can only produce good food if it is a well organized department, and it can only be a well organized department if it has an executive in charge.

If you want a well managed kitchen you cannot leave it in the care of the cook. There must be someone in command who has more vision, knowledge, and sense of responsibility, because she

will have charge of the goods and services for which you spend twenty-five per cent of your budget. She must be capable of organizing and maintaining so important a department as the dietary which, three times a day every day, in every hospital, comes into the limelight.

Your kitchen employees unconsciously reflect the ideals and attitudes with which the person in charge approaches her work. Her mental attitude must be good and she must have a sincere conviction of the worthiness and importance of her work. One of her first qualifications is that she should know good food. It is amazing to find many people, engaged in the preparation of food, to whom badly cooked, poorly flavoured food is quite acceptable. They apparently do not know what good food is. Such things as flavour, temperature, colour, and texture should be just as vital to the kitchen staff as the sponge count is to the operating room staff. The secret of success is perfection of detail, and the manager of any successful enterprise must necessarily be exacting.

Good meals do not just happen and the week's menu cannot be made in a few minutes. The dietitian must know the cost of each dish, and whether the meal will measure up to the specifications of an adequate diet. How will it look on a plate? Is the colour arrangement attractive? Is the combination of crisp and soft foods good? Is there any repetition of flavours? During the production of this day's meals, will the kitchen machinery run smoothly? Does it call for exactly a full day's work from each worker? And is its preparation distributed properly among the equipment

she has? Menu making must not become a routine procedure. Rice on Monday is no longer an institutional custom.

Another of the dietitian's first duties is to see that the quality of the food is as good as she has ordered. Many times food is partly prepared before any responsible person has seen it. It is false economy to buy substandards and seconds. You cannot make good food from poor goods. But once you have good material, do your helpers know how to cook it? The dietitian must know how to cook because she has to teach the cooks. Training her help really starts away back with their selection. The smaller the staff the more important it is to choose them carefully. Two weak workers may not be able to offset the good work of twenty-five, but two weak ones among a small staff is serious.

Then when you have employed the right person, his introduction to his work and surroundings is important. It should be both informational and inspirational. A new employee should be introduced to his fellow-workers, shown around the building and given a printed sheet showing his particular duties, telling him exactly what to do and how to do it. He should also be given a booklet which describes the policies of the institution and its rules.

If you let time and their fellow-workers teach new employees the many things they need to know, it will be too long before you can hold them responsible. I find it is much more effective to give each person his own list of regulations than to expect him to read them posted in a central place. Statistics show that labour turnover is greatest among new employees. They become bewildered and discouraged if not properly introduced to their new work. Labour turnover costs money. A constantly chang-

ing group can utterly efface the combined efforts of a capable executive, well planned equipment and good raw material.

The next step is the training of the kitchen workers. There is a new attitude in management, and that is the emphasis put upon training. You get value for the money and time you spend in training your help. Much can be accomplished by weekly conferences. Have a definite time and a definite subject for each meeting. If they are all told the same things, it standardizes your methods. I find that these meetings make it possible to point out mistakes in a less personal way. The workers are inspired to improve and come to understand that their work is important. Effort must be made to imbue every individual in the organization with an enthusiasm for his work, no matter how menial it may be. It has been said that the proper performance of the distasteful tasks is the true gauge of the executive's ability.

Then the last phase in the production of good food is constant supervision. The organization may be perfect from the standpoint of the dietitian's office, the records, the menus and the plans, but this should all be a means of seeing that good food comes from the kitchen. It is human nature to relax if allowed, and the price of success is constant watchfulness. If you are going to demand careful work you must see that you get it. The authority to issue an order carries with it the responsibility of seeing that it is carried out. Any failures must be looked upon as serious. If you will not tolerate poor cooking you will not get it.

In selecting helpers, one should first do a job analysis, visualize the job, and make out a list of the qualifications of the person who will do that work. Have the list before you as you interview them.

Does size matter? A little person has great difficulty in cleaning big stock pots. Is it brain or brawn which you most need? There is some work in a kitchen that is quite suitable for a high grade moron; a clever person would be distracted by the monotony of shelling peas or washing pans all day. But do not choose a moron for your first cook, and then complain because she does not think quickly in an emergency. One way to get the mental rating is to ask her at what age she left school, then switch to some other subject such as references and then casually ask what grade she was in when she left school. A person who at sixteen was still in public school will require more time to learn the work. Every worker must be able to read English to the extent of following written instructions. Your cooks and waiters should both look and be attractive and healthy. Sometimes nationality is important. Two workers, constantly talking some foreign language, can be very upsetting to fellow-employees who do not understand it.

Over-qualified people are not satisfactory. Stenographers and school teachers are often just filling in time and contribute to the labour turnover. If you want efficiency, the person whose only qualification is that he needs the money cannot be considered. In these days of more workers than work, suitable people are just as deserving. The hospital is not the place for those who cannot get along anywhere else. These points are all very obvious but without a list before you

some are overlooked. It is also a good thing to have an application form for the employee to fill in himself as the personal questions then seem less personal.

The interview with prospective employees is very important. If you hurriedly take their names and references you know very little about them because they are under a strain and are on guard. If you interview them in a more leisurely manner and combine cordiality with business you will find out just what type of person you are employing. You can keep the interview on a business plane, and still learn that the person with the difficult disposition was ill-used in the last six places he worked. Prospective cooks are sometimes given a trade test. Some employers do not rely too much on references but take the cook into the kitchen and have her make a pie or cake. Ask some questions—whether she beats muffins and cooks meat in a slow or a quick oven. You cannot afford to be casual in engaging a cook.

So, in order to serve good food, we must remember that the converting of raw material into the finished product is a difficult art and takes skilled labour. The workers will only become skilled and maintain a high degree of experience under the direction of a person who is convinced of the importance of the work, who knows the difficulties and how to meet them, who has good food standards herself, and who has the necessary knowledge and training that will enable her to teach and inspire others.



m. Robertson.

Introducing Margaret Teulon

One of the most encouraging aspects of the nursing situation in Canada is the courageous effort now being made by private duty nurses to improve the conditions under which they live and work. A potent factor in this forward movement is the national Private Duty Section of the Canadian Nurses Association. The National Section is made up of the corresponding Sections in the Provincial Associations of Registered Nurses and thus brings private nurses from all parts of the Dominion into touch with one another.

There was a time when it could truly be said that private duty nurses, as a group, lacked both initiative and leadership. This is certainly not true to-day and by way of proof, it is a pleasure to introduce to our readers the chairman of the Private Duty Section of the Canadian Nurses Association, Miss Margaret Teulon, of Vancouver.

Miss Teulon's parentage, on her mother's side, was Highland Scottish, her father was English but had Huguenot blood in his veins, she herself was born in Manitoba, and like so many Canadians, she may well be proud that her ancestry comprises the strongest elements in our national heritage. Miss Teulon was educated in Winnipeg and took her professional training in that city. And now we will ask her to speak for herself:

I graduated from the Victoria Hospital in Winnipeg, obtaining my registration in Manitoba with A 1 standing. Much may be said against small hospitals and yet they do develop one's initiative. We were made responsible for certain patients and took a great pride in their progress. We were taught to anticipate their wants and to observe closely and record accurately. I had considerable experience in the operating

room, and also in the X-ray department, while on the staff after my graduation. Various responsibilities have so far made it impossible for me to undertake post-graduate work but I have tried to add to my knowledge by reading and attending lectures.

In 1923, I came to Vancouver and engaged in private duty nursing, and in 1929 went to Montreal and again practised as a private duty nurse. Illness in the family forced me to return in 1930 to Vancouver where I have since been working in the private duty field. I honestly feel that I have achieved considerable success in this field, and have long had a vision of what our group might accomplish if properly organized and working in unison.

Much of my time has been given to Association activities. While convener of the Directory Committee of the Vancouver Graduate Nurses Association, I was instrumental in bringing the eight-hour day into effect, also in starting organization among private duty nurses. For two years I convened the finance committee of the Vancouver Graduate Nurses Association, raising \$1000 the first year and over \$900 the second year. From 1936 to 1938 I was convener of the educational committee of the Private Duty Section of the Canadian Nurses Association, during which time splendid co-operation was given from nearly every Province. I was appointed provincial chairman of the Private Duty Section of the Registered Nurses Association of British Columbia in 1937, from which office I had to resign when appointed chairman of the National Section in July, 1938. At present I am on the membership committee of the Health and Welfare Educational Group in Vancouver which is really a branch of the Canadian Public Health Association of which I am a member. This group affords excellent educational opportunities.

Miss Madalene Baker of London, Ontario, is to be convener of the publications committee of the National Private Duty Section. I am wondering whether she might arrange a contest between the private duty

nurses of the various provinces, offering a prize from our Section for the best article submitted to *The Canadian Nurse*. There must be talent among us. I have often contemplated an article on heart disease, which is my specialty, or an appeal to private duty nurses to snap out of the apathetic state they have so long been in, and organize for action.

Needless to say, the *Journal* would be delighted to receive contributions under the conditions which Miss Teulon describes. Would it not be a happy coincidence if the President of the National Private Duty Section carried off the prize? We are writing to her to-day to ask her to send in both the articles she mentions!

MISS AUSTIN RESIGNS

Very much to the regret of all associated with her, Miss P. Beatrice Austin has resigned her position as superintendent of nurses in the Hospital for Sick Children.

Miss Austin served overseas with distinction during the Great War and was attached to No. 4 Canadian General Hospital (Toronto Unit). Upon her return to Canada she joined the staff of the Hospital for Sick Children and between 1921 and 1928 served successively as night super-

visor, operating room supervisor, instructor, and assistant to the superintendent of nurses. In October, 1928, she was appointed superintendent of nurses, and for the past ten years has done admirable work in that capacity. She has been the recipient of many handsome gifts, and expressions of regret, from the Trustees, the medical staff, graduate and student nurses, and the dietitians. The Alumnae Association also gave a delightful dinner in her honour.

APPOINTMENTS

Miss L. Einarson, until recently instructor in the principles and practice of nursing in the School of Nursing of the Royal Alexandra Hospital, Edmonton, has been appointed clinical instructor. This is a newly created position, which will permit her to devote almost her entire time to teaching

on the wards. *Miss Marion Clarke*, who recently completed a post-graduate course at the McGill University School for Graduate Nurses, has succeeded Miss Einarson as instructor in nursing, and *Miss Jean Davidson*, B.Sc., is instructor in theory.

WANTED

Wanted for the Margaret Scott Nursing Mission, Winnipeg, Manitoba, a Registered Nurse, having a diploma in Public Health Nursing, and experience in District Nursing.

Applications should be addressed to Mrs. A. T. Mathers, Convener of the Nursing Committee for the Margaret Scott Nursing Mission, 340 Dromore Avenue, Winnipeg. Please state age and religion.

A.R.N.P.Q. SPONSORS LECTURES

The Public Health Section of the Association of Registered Nurses of the Province of Quebec has arranged for a series of lectures, to be held in the Medical Building, McGill University. While primarily intended for nurses, the lectures are also open to members of the teaching profession. The presence of both groups will doubtless add to the interest of the discussions. The schedule is as follows:

Monday, Feb. 13—"Adult Education in Canada and Elsewhere", Mr. John Hughes, M.A., Professor of Education, McGill University.

Tuesday, Feb. 14—"Social Work in Action", Miss Lyra Taylor, Associate General Secretary and Educational Director, Young Women's Christian Association.

Wednesday, Feb. 15—"What are the Strengths in Family Life?", Mr. G. B. Clarke, General Secretary, Family Welfare Association.

All lectures will commence at 8.15 p.m. Tickets may be obtained at the door; complete series, \$1.00, single lecture, 35 cents.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 24th, 25th and 26th, 1939.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1939.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about June 6, 1939.

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NEWS NOTES

ALBERTA

CALGARY:

Calgary General Hospital:

Among the activities of the Alumnae Association during recent months are the following: A tea was held at the Junior Red Cross Hospital in honour of the nurses attending the convention of the A.A.R.N. During the same month, a most successful ice frolic was held to raise funds for our 1939 expenses. In December we had a splendid turnout, to witness the Pantomime put on by the Alumnae Dramatic Group, and the last meeting of the Old Year was brought to a close with the traditional carols.

Edmonton:

Miss Agnes Macleod, Director of the School of Nursing in the University of Alberta, addressed the members of the Edmonton branch of the University Women's Club at a recent meeting, her topic being "Nursing Education in the University". Miss Macleod traced the development of nursing in general, leading to the modern development of nursing education in the universities of the United States and Canada. She explained very clearly how these courses developed as a result of an increasing demand for specially qualified nurses in the fields of administration, teaching, and public health.

BRITISH COLUMBIA

VANCOUVER:

The December meeting of the Vancouver Graduate Nurses Association was held at St. Paul's Hospital, with the president, Miss Mabel F. Gray in the chair. Following the business meeting the members were entertained by the Nurses Glee Club of St. Paul's Training School.

Vancouver General Hospital:

The regular meeting of the Alumnae Association of the Vancouver General Hospital was held recently with the president, Miss Fyvie Young in the chair. The business meeting was followed by an interesting talk on health and nursing conditions in India by Mrs. O. Daniels, a former member of the Association who recently returned to Vancouver after spending several years in India.

Miss Isabel Smith has resigned from the staff of the Metropolitan Health Committee in Vancouver to take charge of the Red Cross Hospital to be opened shortly at Zeballos.

PENTICTON:

The Southern Okanagan Graduate Nurses Association has been formed in Penticton. The election of officers resulted as follows: President, Mrs. Moffet; vice-president, Miss Twiddie; secretary-treasurer, Mrs. Paul; Committees: Programme, Miss Manuel; Social, Mrs. Traviss; Membership, Miss Baptist; Ways and Means, Mrs. Parmley; Sick Visiting, Miss Dawson; *The Canadian Nurse* and press, Miss Miller.

Mrs. Moffet (formerly Miss McMahon) was previous to her marriage the district superintendent of the Victorian Order of Nurses in the Western provinces.

The business meetings (followed by a social hour) will take place monthly at the Nurses Home of the Penticton Hospital.

ONTARIO

DISTRICT 1

LONDON:

Married: Recently, Miss Evelyn Frances Lindenfield (V.H., 1937) to Mr. Willert Robinson Doan.

SARNIA:

Sarnia General Hospital:

The Alumnae Association of the Sarnia General Hospital recently sponsored a delightful tea at the hospital. Miss Barwise and Miss McFarlane received the guests. The president, Miss Shaw, and Mrs. Kennedy presided at the tea table. The proceeds were gratifying.

Miss Jean Ross (S.G.H.) is taking a six months post-graduate course in surgery at the hospital. Miss Florence Campbell (S.G.H.) will soon complete a psychiatric course at the London Ontario Hospital.

Married: Recently, Miss Jean Lowrie (S.G.H., 1933) to Mr. John Shae.

DISTRICTS 2 AND 3

GALT:

The annual meeting of Districts 2 and 3, R.N.A.O., was held recently in Galt, with a registration of 110, the chairman, Miss S. Agnes Campbell, of Guelph, presiding. Dr. M. B. Davidson pronounced the Invocation, and extended a cordial welcome to the delegates and visitors. Dr. J. A. Sifton, president of the Galt Medical Association conveyed the greetings and best wishes of the Medical Association. Reports from the Sections and Committees were interesting and stimulating. Miss Bluett of Woodstock, con-

Author Unknown

Believe it or not, we found these classic lines in the "Atlantic Monthly." We think the unknown genius probably had to edit News Notes. If we only knew where his grave is we would make a pilgrimage and drop a sympathetic tear upon it.

If you've got a thought that's happy—
Boil it down.

Make it short and crisp, and snappy—
Boil it down.

When your brain its coin has minted,
Down the page your pen has sprinted,
If you want your effort printed,
Boil it down.

Take out every surplus letter—
Boil it down.

Fewer syllables the better—
Boil it down.

Make your meaning plain—express it,
So we'll know—not merely guess it,
Then, my friend, ere you address it,
Boil it down.

Cut out all the extra trimmings—
Boil it down.

Skim it well—then skim the skimmings—
Boil it down.

When you're sure 'twould be a sin to
Cut another sentence in two
Send it on, and we'll begin to—
Boil it down.

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MARCH, 1939

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ROBERT STARRS

Group Leadership

GRACE A. TANNER

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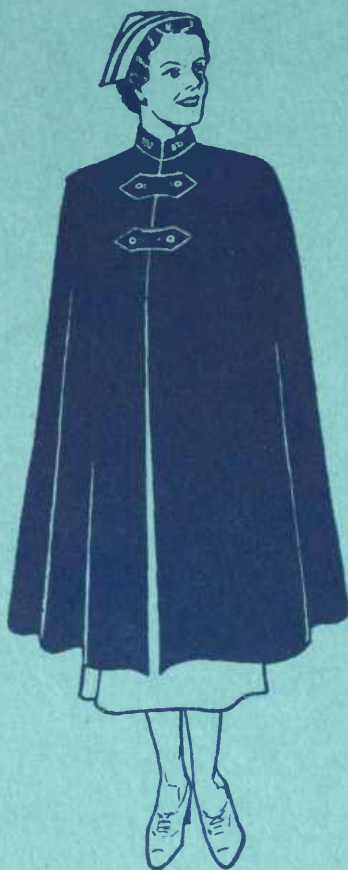
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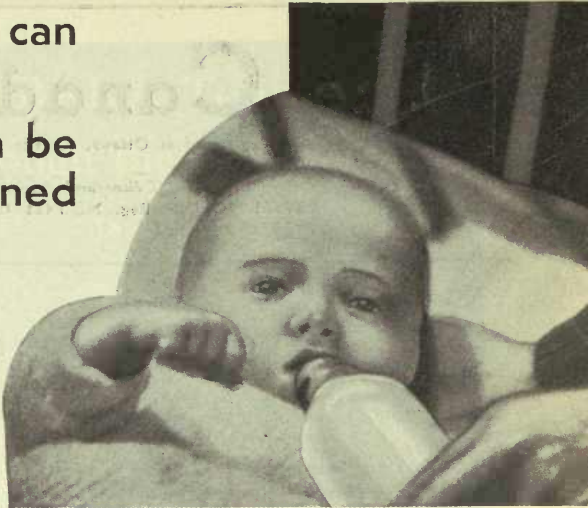
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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with *The American Journal of Nursing*, \$5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

MARCH, 1939

NUMBER THREE

Therefore be it Resolved

These are the days when there is much activity among nursing organizations, large and small. Annual meetings are in the offing, nominating committees ponder over lists of candidates for office, and those who rejoice in legal phraseology are preparing portentous paragraphs beginning with "whereas" and "it is hereby resolved".

Many organizations have sensible regulations which govern the selection of nominating committees and make it reasonably likely that a representative slate of candidates will be presented to the meeting. Occasionally, however, these committees are either not clear about their functions, or else exceed the limitations of their office. A nominating committee does not itself elect the officers but simply provides a list of qualified persons who are willing to serve and from which the electors may choose. In some associations nominations are also permitted from the floor, and because this privilege is seldom exercised it is all the more incumbent upon the nominating committee to do a good job.

To begin with, the nominating committee should itself be selected with the greatest care. Unless its membership includes young nurses as well as more mature women, there will be a tendency to keep out the new blood which brings with it the healthy stimulus of youthful courage and energy. Elections are sometimes listless and perfunctory because they are quite evidently cut and dried beforehand. In these circumstances the nominating committee has not had the courage of its own convictions, but has taken the line of least resistance or has yielded to political pressure. If the convener of the nominating committee happens to have been a former office holder she should be in a position to render good service because she knows at first-hand what qualifications are desirable. She must, however, be broad-minded enough not to encourage the re-nomination, year after year, of women who, no matter how capable they may be, should nevertheless give younger people a chance. A judicious blend of maturity and youth

will go far towards ensuring sound and progressive leadership.

Now let us examine the "Whereas" and "Be it resolved situation". A friend of ours who is a well-known expert in the agricultural field summed up the whole situation so well that we are going to quote her verbatim:

Another weakness is bringing in, at the last moment, resolutions so badly constructed that even those who move them have not fully considered where they lead or what they imply. Such resolutions, when sent to Governments and other important bodies not only fail in their objective, if they really have one, but they prejudice the recipients against any future resolutions sent from organizations which apparently do not know what they want and they, too, find the wastebasket without consideration. Resolution committees should be appointed at the first meeting at which matters for resolution

are likely to develop and such committees should be instructed not to accept resolutions after certain stages of the meetings or, say, not within less than two hours of the time they are to come before the meeting. A very definite place and a reasonable allotment of time should be provided for the bringing of resolutions and their discussions. No resolution should receive the endorsement of the organization unless its purport is fully understood.

People who are in a position to judge have often complimented nurses upon the sensible way in which they conduct their meetings. Upon the whole, this praise has been well-deserved. Nevertheless, it won't do us any harm to keep a weather eye on our nominating committees or to make sure that our high-sounding resolutions really mean something.



PRESERVATION OF BREAST MILK

I was very interested in the article on the collection and preservation of breast milk, which appeared in the January number of *The Canadian Nurse*. For a long time we have preserved our surplus breast milk, but being only a small institution our methods are necessarily simple. At St. Thomas's Babies Hostel, a Dietetic Hospital, in London, England, we use glass preserving jars with screw lids which are boiled for three minutes. After boiling the breast milk for three minutes we pour it into the hot sterile jars which must be filled right to the brim. The lids, which are lightly screwed on immediately, are tightened when cool. The jars are kept in a refrigerator until required. As we use breast milk daily for our premature and very sick babies we rarely have occasion to keep the milk longer than sev-

eral weeks. We had this milk tested by the pathologist of St. Thomas's Hospital and he reported the preservation adequate.

We teach our mothers to express by hand if they want to increase their supply as we do not find the breast pumps or electrical suction methods stimulate the breasts as well as hand expression. We have always stressed the importance of breast feeding, and last year established 90 percent of the cases of insufficient breast milk with very satisfactory results. Mothers have come to us with only a few drops of breast milk, and we have sent them home fully breast-feeding their babies.

M. DORIS ANDERSON, S.R.N., M.T.S.
(Graduate of the School of Nursing of
the Vancouver General Hospital)

The Duties of the Sisters-in-Charge

CHARLES K. P. HENRY, M.D.

*Senior Attending Surgeon,
The Montreal General Hospital.*

"Man wants but little here below and seldom wants it long"! This is likely true of women too, therefore, this will be a brief resumé of what the "Chiefs-of-Service expect and desire of the Sisters-in-Charge of the various wards and departments of The Montreal General Hospital. Any one-sided list of requirements must, of course, be received with patience, tolerance and understanding by the parties of the second part, if it is to be of value. Hence, to see ourselves as others fain would see us, is at times not a painless experience; but knowledge and power often come by running the gauntlet of criticism and discipline. Our hospital is by no means perfect yet—God forbid we shall ever think it so—and these talks between Chiefs-of-Staff and the nursing staff are worthwhile only if they produce tangible results in the service rendered by the nursing staff in the three main divisions of work that the Sister-in-charge of a ward has to carry out successfully.

In the first place we shall consider what the Chief requires of his nursing staff because we are a University hospital, occupied for a little over nine months of the year in teaching medical and dental students of McGill University. For over a century this has been a teaching hospital; without it, McGill University would not have become a medical school. In the hospital wards, bedside teaching was inaugurated well in advance of many older and better known medical schools. Our Sisters-in-Charge of our public wards are of greater importance in this hospital

function of teaching than even they are aware. Above everything else, we wish that The Montreal General Hospital may remain forever in the minds and memories of the students as the hospital where they were welcomed, helped, and best taught the art of healing and how to handle the patients. The reception the students receive in the public wards when beginning their clinical work will influence their remaining college years. It may determine whether or not they shall be future Montreal General Hospital internes and later, members of the Attending Staff. You, Sisters, can, and do, exercise a most important influence on the medical students in determining their future. In fact, some of you influence them for life—you marry them.

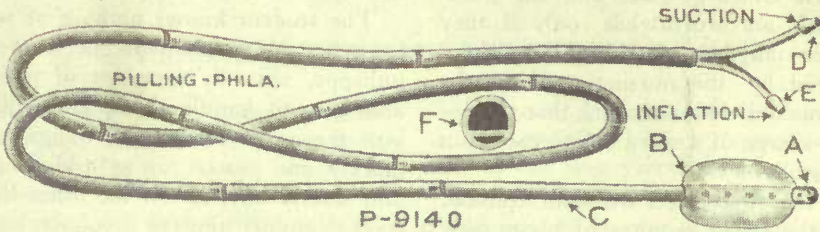
The student knows nothing of ward life when he comes to us, he is uneasy, unhappy, absurdly ignorant of patients and how to handle them, and will fit into the ward scheme of things more quickly and better for a little friendly and sisterly advice. On the other hand, do not consider him (or if you do, let not the student know it) a necessary pest; nor should you ever drop the "s" from this appellation and treat him accordingly. Remember that while you know much more than the student does about the practical care and the routine treatment and nursing of the sick, he knows more than you do about the theory and pathology of disease. In surgery especially, there is so much done now for the patient, particularly the post-operative patient, that our Sister-in-Charge has to be a nursing specialist. We expect her

to be a chemist, keeping up with the many drugs and dyes and serums now used in the wards. She must know how to prepare the patient for various metabolic tests and examinations. Iodeikon, methylene blue, tannic acid, "B. and M. 693", and countless others must be as familiar to her as the old mustard paste and linseed poultice or the ice bath of bygone days. She must have a working knowledge of hydrotherapy and be an efficient hydraulic engineer, able to supervise or give intravenous therapy, set up and operate Levine tubes, control Wangenstein pumps and other forms of negative suction.

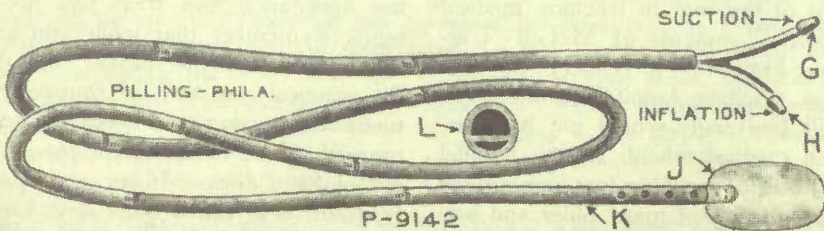
The Miller Abbott tube goes many steps further than the Levine tube, in fact it may go down to the sigmoid or rectum! It is a double tube with a metal tip like the Levine tube but near the tip is a small rubber balloon which may be

inflated with air by a syringe. It is passed through the nose till 45 cm. have passed and then the Wangenstein pump—the usual water bottle suction apparatus used with the Levine tube—is attached and left on throughout. With the patient propped upon his right side, the tube is advanced inch by inch till the 75 cm. mark is reached. Then the balloon is filled by the injection of 10 cc. of air by a glass syringe. If rhythmic contractions are felt, leave for twenty minutes and if still felt, inject up to 25 cc. of air and allow the tube to be swallowed onwards, six inches every half hour. The end will ultimately reach the obstructed point in the intestine and the suction will empty and deflate the intestine above. The patient's general condition is greatly improved and operative interference is rendered safer. So, too, that bugbear of abdominal surgery—

(See American Journal of Medical Sciences, 187:595, 1934, and Surgery, Gynecology and Obstetrics, page 692, April, 1938)



P-9140—Miller-Abbott double lumen tube (Style II) with balloon proximal to perforated metal end.....\$7.50



P-9142—Miller-Abbott double lumen tube, similar to above (Style 3) with the balloon distal to the perforated metal end. .\$.750

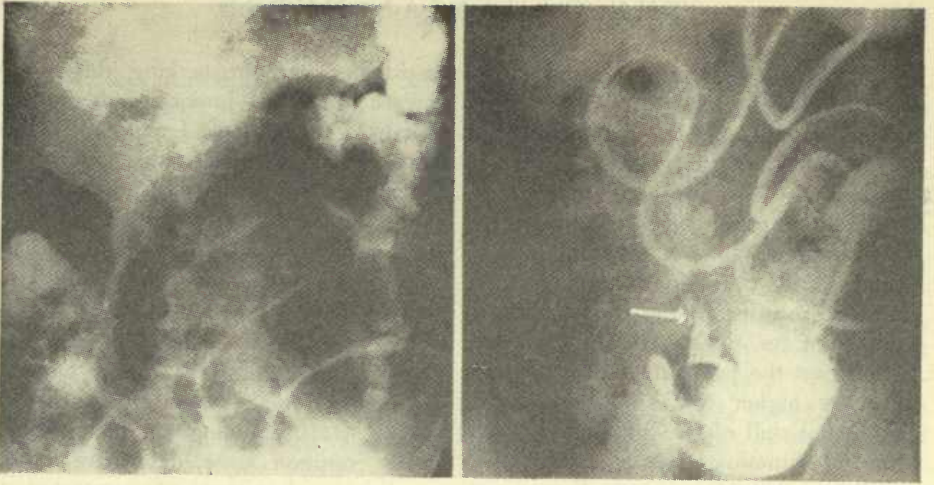


Fig. 2. The localization of a mechanical obstruction.

Case 12, W.S. (a) Small intestine distention was marked prior to intubation. The colon is outlined by the unexpelled residue of a barium enema. (b) The small intestine has been decompressed by the passage of a No. 14 F. and a No. 3 F. tube. Barium has been injected down the tube and has regurgitated up a dilated loop of ileum. Its advance is blocked by a point of narrowing (arrow) just distal to the air-filled balloon and the tip of the tube.

Reproduced from an original article by W. Osler Abbott, M.D. and Charles G. Johnston, M.D., published in "Surgery, Gynaecology and Obstetrics", April 1938.

post-operative paralytic ileus—may be overcome. Naturally, most of the above procedure will devolve upon the Sister-in-Charge or be under her personal supervision.

Other occupations have still to be filled by the Sister of all trades! She must be a good bookkeeper, to record, post, prepare and have available our ever-increasing and more complicated case records and student lists. She should be a draughtsman to make special charts, graphs, and in my surgical service one of my Sisters has recently been made a curator of a pathological, X-ray and lantern slide museum for ward teaching!

The second facet of her many-sided duty list reflects her personal abilities as a manager, a tactful executive and an efficient general superintendent of a corps of nurses and several maids; she

is a go-between for dietitians and social service assistants. She has to train, boss, and more or less mother, three or more internes every three months; assist and work in harmony with an increasingly large number of Attending Staff, each of whom will expect her to know all his pet orders and forget none of them. We expect her to arrange for ward classes, get patients and charts and X-rays ready for clinics in ward or operating room, and see that neither chart, X-ray nor patient gets lost, no matter where they go in our big hospital. Is it any wonder some of our Sisters are beginning to look for the first grey hair?

Thirdly—and not necessarily lastly—our Sisters' main purpose in the scheme of things is to look after and see that the patients are nursed! I often wonder if we are not failing a little here with so much expected of us in the

two spheres of usefulness already recorded. When a head nurse glibly reels off the amount of fluid contained in the Levine bottle, in the pail at the side of the bed, the several thousands of ccs. of fluid the patient has had in twelve or twenty-four hours, the amounts of urinary and other output, and then states or records on the case chart the number of ccs. the patient therefore has gotten past the pylorus—I pause to admire the higher mathematics and the calculating skill of the Sister-in-Charge, even if I sometimes mentally question if our “plain and fancy nursing” may not have too much of the latter at the expense of the former!

However, the story of an incident in a large city hospital could not, I am sure, have happened here. A young chap had been admitted with a severely crushed foot and the “head nurse”, returning from the far end of the ward, was passing his bed and he hailed her—“Say nurse, my foot is paining something fierce. Can’t you do anything for me?” Hardly pausing in her stately stride, she replied—“No, certainly not, don’t you know I am the head nurse?” Somewhat crestfallen the boy retorted, “But gosh, nurse, I haven’t been here long enough yet to know who is the foot nurse!”

We expect that our Nursing Sisters will never be above doing anything for the patient. The most celebrated night superintendent of this hospital took a special pride in giving, and was most successful in the results of, the menial milk and molasses enema. No member of the Attending Staff should ask an interne to do anything for a patient that he has not done or would not do. No Sister-in-Charge should order a junior nurse to do anything for a patient, private or public, that she would not do herself, and she should often assist the poor junior—and better still,

assist her without making the patient aware that the junior needs her assistance. As a Chief, I expect my chief Sister to know every patient, what the working diagnosis is, his present condition, the condition of the wound when last dressed, something about all the new cases, and, believe it or not, I always expect her to be in the ward when I come around!

Not long ago a girl wrote to Dorothy Dix, the female counterpart of old David Harum, who, too, had a lot of good common sense, describing all the qualities and virtues she expected to find in her husband, excluded all the redeeming vices that might make him human and liveable and ended by asking Dorothy Dix what she thought of such a man for her prospective mate. The reply was—“there ain’t no such animal!” Now, I differ from this lady, because I have described what I expect from the Sisters-in-Charge and this is just what exists in our own training school and hospital. Our Sisters-in-Charge can and do possess the ability to fill the demands made on them by students, Attending Staff and patients. In addition, thanks to their careful selection, one feels proud to introduce visitors to the wards to the Sister-in-Charge, because she is a lady. She looks the part, dresses to fill the leading role in the drama or tragedy that the ward life unfolds, sets the stage for the acts and scenes of every day, and often provides the comic relief when tension mounts too high.

In a word, we expect everything of our Sisters-in-Charge that a true nurse can give—care and attention to her patients, co-operation and assistance to internes and students, faithful and devoted service to the Attending Staff. When you leave us, as many of you do for matrimony or for positions elsewhere, we miss you—but we know the

M.G.H. will continue to produce excellent successors.

I hope one or more of you may have an opportunity some day to write what you expect of the Attending Staff. It would do us good, perhaps some of us would deservedly suffer from traumatism to our feelings and our pride, but I believe it would help us to appreciate your difficulties, and realize our shortcomings.

Those who are in charge of the private wards will, in addition, require an unusual amount of that virtue—tact—which is the lubricant that oils the wheels of daily social intercourse. The Sister here has a responsibility to the medical attendant that is of great importance. She meets the patient's friends and family, often far too frequently, each day of the patient's stay. Her speech must be most carefully watched, even her actions may influence favourably or adversely the relationship between the doctor and patient. Here, dislike, disapproval or criticism of the

Chief has no place. She must be loyal, protective to hospital and staff and still her patient's welfare and care are of paramount importance. No invidious remarks concerning the various attendants or their varying degree of skill, experience or success must ever fall from the nurse's lips. It is often difficult to combine truth and tact, honesty and loyalty, enthusiasm and accuracy. Blessed is that Sister-in-Charge in whom the Attending Staff can confide, secure that she knows and follows the proverb—"hear no evil, see no evil, speak no evil".

A hospital which has such an atmosphere can only have attained it under the leadership of such teachers in Nursing as a Livingstone, a Webster, a Young, and a Holt.

Editor's Note:

An address given, as a part of the regular staff education programme, to the Sisters-in-Charge of the public and private wards of the Central Division of The Montreal General Hospital.

Our South Africans

Interesting letters continue to come from the twenty Canadian nurses who, during 1938, went to South Africa under the auspices of the Committee on the Exchange of Nurses appointed by the Canadian Nurses Association.

Eugenie M. Stuart, who as announced in the January issue of the *Journal* has recently been appointed instructor of nurses at the Kimberley General Hospital, has given us such a vivid account of her adventures that we know she will forgive us for sharing it with our readers:

As you will see, I have moved a little farther North but am still in the Cape Province, having left the other nineteen Canadians upholding the Canadian Nurses Association in Cape Town. This part of the country, I was told was very barren, uninteresting, hot, dry and dusty but I think it is all in the way one looks at things. True, the beauty of the Cape is hard to equal, but here, there is beauty too, though of a different type. Kimberley is inland and, therefore, we miss the sea. There are no mountains with their breath-taking indescribable evening sunsets; there are no marine drives with their abundance of wild

flowers; there are no vast vineyards. But we have here a beautiful blue sky with its small fleecy clouds—one thing which I missed greatly in Cape Town, where there always seemed to be a great dark cloud hanging over Table Mountain predicting another "south-easter". And there are a great many trees and beautiful flowers of every variety—and then acres upon acres of the *veld*. It is barren, but in the evening with a beautiful sunset, nothing could be more open for imagination. A moonlight night, a fire and some home-made pork sausages—one cannot wish for more. The sun shines every day, a dry pleasant heat interspersed with many small showers of rain. Then the sun comes out again.

Life in this country is different and it is taking some little time to adjust to the customs and habits of the people, both inside and outside of the hospital. In this part of South Africa I feel we are nearer to what one imagines 'the dark continent' to be. This became more apparent when last week I spent a morning with the district visiting nurse. Public health nursing (and the visiting nurse organization) has attained quite a marked degree of perfection in its own way and under considerable strain. Early in the morning one of the Sisters on the staff of the Kimberley Hospital and I started out in the Hospital car to attend the Location, which is the name given to that part of the outlying district where the natives live. When we arrived at the Dispensary we found a group of native men, women, and children awaiting us for treatment, dressings and medicines. It being Saturday, many were there with their bottles ready for the weekly distribution of smear oil, an oil used to keep away fleas. We were joined by one trained and one untrained native nurse. The Sister interviewed all the new patients prescribing for some of them and advising others to seek admission to the hospital. The native nurses did all the dressings and by ten o'clock almost all had gone on their way.

But outside the office (which is located in the Municipal Police Building), about fifty children were waiting for their daily supply of milk and another group of about

thirty men, women, and children were queued up for their beer licenses. Each family, by law, is only allowed to make four gallons of Kaffir beer per week. For this privilege they must obtain a permit from the police. The Assistant Chief of Police, after offering us a friendly morning tea party, read out the names of those entitled to another permit and each eager applicant took his valuable license home to indulge again for another week.

We then set forth with the trained native nurse to make calls at the kraals. In this part of the country there are few of the frequently pictured round kraals. They are mostly all square tin huts containing four to seven rooms—each room with its large and growing family. Each family pays a rental of approximately seventy-five cents a week to one chief, who does not own the kraal but pays rent to the government. There are no marriage laws, so one man may have several wives, according to the number of cattle he owns and with which he pays for his wives. And so the families increase. They are very superstitious, and one finds many queer ornaments adorning their bodies.

We made several post-natal visits, and almost without exception found the mother and baby lying together on the floor, though all was in readiness for the nurse's visit. In many kraals although we found beds, the patient preferred to lie on the floor. After the baby has been delivered, the nurse makes a daily visit for ten days, with the exception of Sunday. For the delivery and the ten subsequent visits the fee is two dollars and a half. It is quite unsafe for a white person to go into the Location over the week-end as it is at this time that they all freely imbibe their beer. If illness occurs over the Sunday the ambulance from the Hospital goes out and brings the patient to the Hospital. Following our visit on Saturday we had thirteen admitted to hospital, the result of a great fight on Sunday—the majority of them suffering from stab wounds.

The majority of the kraals were very clean, the floors scrubbed white wherever there was a floor, or the mud floor neatly



A view, taken from the air, of Groote Schuur Hospital and the slopes of Table Mountain

swept. A few dishes were displayed in shining order, and what bedding there was looked quite clean. Always there was clean clothing, and soap and water, placed before us for the baby's bath. No, there was *one* exception—we came upon one old grandmother squatting on the floor preparing tripe and kidney. In the middle of the room, merrily boiling, was a kaffir pot. But there was no hot water for baby's bath—they had taken care to salt the only water drawn, in preparation for the great delicacy. Several others in the family sat around anxiously awaiting the meal. In many kraals we found that the principal food was mealie porridge and saw the mealies in all stages of preparation for the kaffir beer—but *we did not sample the beer.*

And now we hear from another of Canada's nurses, Miss Hazel M. Hay, formerly a member of the nursing staff of the Royal Victoria Montreal Maternity Hospital, and now working at the magnificent Groote Schuur Hospital in Cape Town.

It is very hard to believe that four and a half months have passed since I sailed for South Africa and left all my Montreal friends behind me. I must be a fair sailor, for I wasn't at all seasick in spite of the fact that the sea was quite heavy. We arrived to find the sun shining brightly on Table Mountain, indeed a beautiful sight. At last, I arrived at Clarendon House, the nurses' residence of the Groote Schuur Hospital, which must be about four miles from the centre of the city. The buildings are of brick with a cream-coloured plaster on the outside. Table Mountain is in the background and we often take a walk up to the Rhodes Memorial. The trees are lovely and zebras may be seen feeding in the open spaces. A little further on is the Zoo where I first saw an ostrich.

Without a doubt, the scenery is gorgeous. Just the other day I went for a lovely drive to Cape Point, just beside the Cape of Good Hope. The Marine Drive leads along the side of the mountain just at the edge of the ocean. Standing by the lighthouse on Cape Point, eight hundred feet above sea level, you can see the place where the Indian

and Atlantic Oceans meet. On our way back we passed through a British naval base.

When I arrived here, winter was supposed to be about over and spring commencing. Outside, I felt the weather very pleasant but oh, the buildings were so cold. The houses here are built for a warm climate and have no heating systems. I slept with eight layers of blankets over me, but now it is becoming much warmer and at last we are more comfortable.

Our duty hours are much longer than in Canada. We go on at 7.10 a.m. and work till 8.30 p.m. with almost four hours off per day. We get one day off a week and a half-day on Sunday. I have been on three different wards since I came—surgical, orthopaedic and the nose and throat ward with which is connected the theatre. The equipment is very nice indeed, everything is made of stainless steel. Over each bed on the wall is a night light below which is a headphone. This the patients use and enjoy a great deal. The operating room staff do not prepare the sterile supplies for the wards. Instead, the wards are supplied with drums which are filled with the necessary dressings, towels, etc. to be sterilized by the ward nurses. It works out alright but I believe I prefer the package idea.

The wards are divided into European and coloured. Coloured people are not allowed to enter an European ward. I was amazed

when I discovered that babies as well as small children could be taken to the patient's bedside.

When I first entered the wards, I found everything so different—methods, treatments, routines, and, last but not least, the language. It was all a jumble of words to me. Even when they did speak English, I could scarcely tell whether they were asking me something or telling me something, for at the end of every statement they seemed to raise their voices. At the end of one week, after seeing, hearing and doing so many different things, I could have declared I had been here a year.

Besides working on the ward and helping in the theatre, I go down to the nose and throat clinic two mornings during the week. On Monday and Friday afternoons the tonsils cases are operated on. There are sometimes as many as fifteen cases in the afternoon. The other types of cases are done on Tuesdays or Fridays.

Three Toronto nurses, who came out last winter, have been on vacation and have just returned from a motor trip to Johannesburg, through the Reserve and back by Durham and the Garden Route. When I get my vacation, four of us are planning on going on a two thousand miles trip to Victoria Falls and as many other places as we have time for. I am excited already!

HONOURS FOR BRITISH NURSES

Canadian nurses will be pleased to hear that Miss E. M. Musson, in addition to the many honours already conferred upon her, has now been made a Dame of the British Empire. Busier in her retirement than many nurses are during an active career, Miss Musson is chairman of the General Nursing Council for England and Wales; member, Inter-Departmental Committee on

Nursing Services; treasurer, International Council of Nurses.

No one who had the pleasure of meeting Mrs. Rebecca Strong will ever forget that charming and forceful personality. In recognition of her fine contribution to nursing she has been made an Officer of the Order of the British Empire.

Congratulations to our British colleagues!

Medical Aspects of Lobar Pneumonia

ROBERT STARRS, M.D.

Ottawa, Ont.

Lobar pneumonia is an acute infectious disease characterized by grave toxæmia, consolidation of the lung and frequently by a bacteraemia. The causal organism in at least 95 percent of cases is the pneumococcus. It is an epidemic and endemic disease, self-limited and usually terminates abruptly. Scarcely any disease exceeds pneumonia for its dramatic interest, for here we are frequently presented with the spectacular picture of a lusty robust individual being suddenly stricken down in the midst of his enjoyment of perfect health, almost immediately becoming critically and even gravely ill. In a few short days his life hangs in the balance, and in a period of ten days the battle has ordinarily been won or lost.

In 1874, von Jurgensen advanced the idea that pneumonia was an infectious disease due to a specific cause, basing his hypothesis largely upon the apparent incongruity between the local lesion and the severity of the systemic manifestations. Then came the era of bacteriology, the resolution of clinical complexes into etiologic entities and the definite proof of the validity of Jurgensen's view. To Frankel (1884) is due the credit of establishing the pneumococcus as the causal agent of lobar pneumonia. He isolated it from the sputum of pneumonic patients, noted its regular presence in the pulmonary exudate and, with pure cultures, infected mice, guinea-pigs and rabbits.

The succeeding twenty years brought refinements of the methods of diagnosis, the more general use of cultures of blood and sputum, immunologic studies and futile efforts to discover a specific

therapy. It was not until the beginning of this century that the path was blazed for the very modern procedures that are modifying our ideas of the etiology and epidemiology of the disease, and are furnishing accurate prognostic data and a basis for a specific serum treatment. Neufeld's subdivision of pneumococci into biologic subgroups, and the confirmation and extensive elaboration of his work by the workers at the Rockefeller Institute are of fundamental importance. Neufeld first clearly proved that groups of pneumococci could be differentiated from one another by their immunologic reactions and Dochez and Cole at the Rockefeller Institute established the differentiation of the species into four definite types. In 1927 Cooper identified 29 different types in the miscellaneous strains included originally in Type Four. There are at least 32 types.

Sabin's modification of the Neufeld reaction is now used almost entirely for rapid typing and may be described as follows: Two small flecks of sputum are placed on a cover-slip and to each bit of sputum is added an equal quantity of the undiluted specific serum (Type One serum to one fleck, and Type Two to the other) plus a loopful of methylene blue stain. A hanging-drop preparation is then made and examined under the oil-immersion lens. The examination can then be done after waiting a couple of minutes, the finding of even a single diplococcus, demonstrating the Neufeld reaction, identifies the type. This consists of a marked swelling of the capsule of the organism so that one finds the cocci surrounded by peripheral zones of characteristic appearance and distinct

outline. This so-called zone consists of a refractile substance which does not take the stain and has a ground-glass appearance. The organism within it is stained blue.

A precipitin reaction in the urine has also been devised to determine type specificity. Dochez and Avery have demonstrated a specific soluble substance in the urine of pneumonia patients that gives a precipitin reaction with anti-pneumococcus serum corresponding in type to that of the organism with which the individual is infected.

The immunity that develops in favourable cases is believed to be due to increased phagocytic power of the patient's blood serum. The crisis is not due to anatomic changes or to sudden loss of virulence of the pneumococcus. The ultimate outcome in any case, therefore, depends upon whether the pneumococci or the leukocytes gain supremacy.

The onset is abrupt, usually with a rigor of variable duration up to one hour or more. During the chill, there is obvious apprehension, the teeth chatter, there is generalized shivering, the patient complains of feeling cold and feels so ill he takes to bed. A gradual subsidence of the rigor occurs, to be replaced often by a sensation of unbearable heat, associated with flushing, throbbing headache, anorexia, occasionally vomiting. The temperature rises sharply and may reach 103° to 105° . Usually at the onset or after the rigor there is intense lancinating thoracic pain, respirations are rapid and shallow and there is a dry hacking cough.

This history with the finding of dyspnoea, flushed skin and often slight cyanosis, bright glistening eyes, expiratory grunt, dilation of the alae nasae with each breath, and fast pulse, arouses the definite suspicion of a developing pneumonia. Examination of the lungs

may discover only limited expansion of one side of the chest, suppressed breath sounds or possibly a pleural friction rub. After 24 to 72 hours, the pain usually diminishes, the cough becomes productive, leading to the expectoration of characteristic "rusty" sputum, herpes appear on the lips or face, fever continues at the same or a higher level and tachycardia persists.

By the fifth to the eighth day all symptoms may become more marked, the pulse weaker and more rapid, the cyanosis more pronounced, the outspoken signs of consolidation increase and delirium may now be present. At a varying period after onset, the crisis may occur, ranging from the second to the thirteenth day or later, but usually between the fifth and eleventh days. The crisis in pneumonia constitutes one of the most remarkable occurrences in the course of any disease. The temperature suddenly falls, reaching normal in ten to twenty-four hours, beads of perspiration appear on the face and soon the entire body is bathed in a copious sweat, respiration becomes slower and easier, the colour improves, the sensorium clears and the patient passes from a state of extreme illness and discomfort to one of comparative well-being. In fatal cases the crisis does not develop and the patient steadily becomes more gravely ill until collapse and death ensue. Not infrequently a comparatively mild case may suddenly become critically ill, this usually being indicative of a sudden new spread of the involvement of the lung with coincident increase in toxæmia or the development of a bacteraemia. It is well to appreciate the fact that pneumonia is so commonly not a local disease but a generalized infection, a blood sepsis.

A pseudocrisis occurs in about 10 percent of cases and is characterized by a marked abrupt lowering of temperature

one to three days before the true crisis and accompanied by general improvement, but less marked slowing of the pulse with a subsequent rise of temperature in twenty-four to forty-eight hours. Laboratory findings show that a slight anaemia often develops, with a drop of 250,000 to 500,000 red cells. The white count is characteristically increased, running from 15,000 to 35,000 in most cases. The mortality is said to be high when the leukocytes are below 10,000 or above 60,000. Taking of blood cultures is of prime importance for accurate diagnosis, prognosis and treatment. Bacteraemia means a severe infection and is a serious prognostic sign. It is very important to obtain sputum for identifying the type of organism. In children and in some adults, particularly early in the case, sputum can only be obtained by inserting a curved sterile swab into the pharynx to provoke a paroxysm of coughing. The sputum that may thus be raised will often adhere to the swab and from this cultures can be made.

The chief sources for the spread of pneumonia are patients with the disease, convalescents who harbour the organisms for a short time in their buccal secretions (convalescent carriers), persons who have acquired the organisms by intimate contact with patients (healthy carriers), and dust from the immediate surroundings of patients or carriers. It is obvious, therefore, that scrupulous isolation of patients with enforcement of rigid precautionary technique in the care of these individuals, is definitely indicated. Embarrassing though it may be, we must all confess to being remiss in carrying these measures out. In very few hospitals do we find pneumonia patients strictly isolated or indeed any real precautions instituted. In the face of our indifference, it does seem amazing that we so seldom see straight-

forward cases of cross-infection, yet it can not be held that they do not occur. Modern opinion points to the need for isolation, use of gowns by all attendants, with disinfection of the hands on every occasion. Masks are undoubtedly a worthwhile precaution and every effort should be made to cover the patient's mouth when he coughs, though of course in extremely ill patients this would appear to be rather a Utopian hope. Daily cleansing of the room, proper disposition of sputum with the use of sputum boxes, and terminal disinfection are all indicated.

No greater aid to the patient in his fight for life can be mentioned than the provision of skilful nursing care. No disease will so severely test the judiciousness of the attendants. Unquestionably, we all err in bothering the patient unnecessarily and unwisely. Pity the plight of the poor patient who is trying to get a little rest when he is attended by a nurse who wants to do something all the time and by one or more doctors who are continually disturbing him for unwarranted examinations. And yet the necessary nursing care is comprehensive and examinations must be done lest important complications escape detection. However, these examinations should be carried out with the least amount of disturbance. There is little excuse for sitting patients up for examinations and none for allowing him to feed himself or to be reaching over to tables for sputum cups and gauze. Such nursing details as turning the patient without allowing him to draw upon his own energy and avoidance of unnecessary exposure need emphasis. Proper ventilation of the room with the ever-open window, warm but light bed clothes, convenient gowns for the patient, must be provided. Freedom from visitors must be insisted upon. The patient's best position is that of least distress. Relief of

pain and restlessness is imperative. The use of binders, strapping and opiates is often wise.

An acute febrile illness such as pneumonia naturally calls for a very liberal fluid intake. Often nourishment has to be provided entirely in fluid form, but in most cases soft foods can also be tolerated. Some believe that it is wise to add salt to the intake, as there is a retention of chlorides in the disease. Bowel function must be regulated by mild laxatives and enemata. The care of the mouth should be seen to at least twice daily. Poultices and pastes are contra-indicated as they only add to the difficulty of respiration. Likewise, expectorants and stimulants are not ordinarily indicated. The value of alcohol has been over-emphasized and most authorities believe that its value is limited to cases in which it promotes appetite, to those addicted to its use, and to elderly patients as a food or hypnotic.

There are obvious advantages in having a pneumonia patient under hospital care. The most important of these are that a clinical laboratory, where sputum and blood cultures can be frequently examined, is accessible; X-ray examinations are conveniently made; a house physician is available to handle any emergency; oxygen therapy can be more readily supervised; serum therapy can be given at regular intervals, a procedure which is difficult to carry out in the private house; and finally if a surgical emergency arises, treatment can be promptly initiated.

Frank cyanosis is an index of the need of oxygen therapy, and the oxygen tent is the method of choice to relieve the anoxaemia. It is only a supportive measure and in some cases will allay restlessness, though in others it has to be discontinued because patients become more restless and apprehensive when confined in the tent. Hydrotherapy is

invaluable in the form of cool or tepid sponging which often reduces fever, increases comfort and diminishes restlessness. It may be repeated at four-hourly intervals.

A tremendous number of drugs has been used but few have been of much value. Very recently, May and Baker in England have caused much expectation concerning the use of a new chemotherapeutic, closely related to sulphanilamide, called M and B 693. Early reports indicate that this drug has given results almost as good as specific antisera and that it is effective in all types. If later tests bear out this claim a great advance will have been made.

And now for final consideration, I have purposely reserved specific anti-pneumococcus serum therapy, because it is by far the most important and most widely accepted method of treatment. Numerous attempts have been made to produce an anti-pneumococcus serum with potent prophylactic and curative properties and to Neufeld and Handel belongs the credit for the preparation of the first useful serum. They demonstrated the specific antigenic properties of the several types of pneumococci and stressed the necessity of type specific sera.

Following the subdivision of the organisms into Types One, Two, Three, and Four, immunization of horses by intravenous injection of a given strain led to the production of an antiserum of fair potency against Types One and Two, but no satisfactory serum could be made for Type Three, and it was recognized that the old Type Four was a heterogeneous collection of many different strains. In 1924, Felton observed that the protective substances were contained in the globulin fraction of the serum and that a maximum concentration of them could be obtained in the precipitate of the serum

globulins obtained by diluting the serum with distilled water or alcohol. These methods of refinement and concentration are employed at the present time by manufacturers in the preparation of commercially available sera. Anti-pneumococcus serum is now commonly referred to as Felton's Serum.

In 1937, Horsfall and others showed that some of the undesirable effects of the horse serum could be circumvented by the use of immune rabbit serum. Moreover, the relative ease and rapidity with which these sera can be made, the lower cost, and the facility of administration, enhance their value. Then too rabbit serum can usually be given to one who is hypersensitive to horse serum. After the clinical diagnosis has been made, and the specific strain of pneumococcus has been established, it must be determined whether or not the patient is hypersensitive to serum—horse or rabbit—whichever is to be administered. Next, 0.5 to 1.0 c.c. of Epinephrine solution 1 : 1000 should be made available in a sterile syringe, and should always be ready before any dose of serum is given.

If the patient has an allergic history, or if testing has demonstrated sensitiveness, a subcutaneous injection of adrenalin should be given five to eight minutes before injection of the serum. The serum is given intravenously and in all cases very slowly, the first 1 c.c. in three to five minutes, the remainder at the rate of 1 c.c. per minute. The risks of untoward happenings may be minimized if the serum is diluted with physiologic salt solution. Close watch must be kept on the patient and if any evidences of

allergy appear such as faintness, dyspnoea, cyanosis, or restlessness, the treatment must be discontinued. Reactions may develop even in those who have reacted negatively to tests or favourably after previous injections. Doses of 20,000 to 40,000 units are given every two hours so that within twelve to twenty-four hours the total dosage of 100,000 to 200,000 units, or even more where bacteraemia exists, has been given.

The beneficial effect of potent serum may be dramatic, particularly if it is administered early and in adequate amount. Often the temperature falls by crisis within a few hours, accompanied by corresponding improvement in every way with a return of a sense of well-being. In favourable cases the course of the disease is shortened, symptoms are ameliorated, convalescence is hastened and the incidence of complications diminished. In some instances, after a preliminary fall of temperature, there is a subsequent febrile reaction or the pulse remains rapid. Unsatisfactory response calls for a check of sputum and blood to be certain of the type or to determine whether or not more than one strain of pneumococci is in operation.

Duplication of the excellent results reported in the literature depends upon use of the correct antiserum as early as possible in the course of the disease and in adequate dosage.

Editor's Note: This article is the substance of an address delivered by Dr. Starrs at a meeting of the Public Health Section, District 8, R.N.A.O.



Group Leadership

It has long been apparent that organizations of nurses have done much to advance the interests of their own members and, more recently, this stimulus has been extended to the community at large. A striking example of what can be done by an organization which is capably led, and is alive to its opportunities, was recently given by District 8 of the Registered Nurses Association of Ontario. A health institute, given recently under its auspices is here described by its very capable chairman, Miss Grace A. Tanner, of the Ottawa Civic Hospital:

A three-day health institute, sponsored by District 8 of the Registered Nurses Association of Ontario, was recently held in

Cornwall. Its purpose was to stimulate the interest of all groups of the community in health, and the co-operation of some twenty-five agencies made it a real success. Included in the programme were addresses by eminent speakers, demonstrations by nurses and other health teachers, films on related subjects and exhibits presented by various organizations.

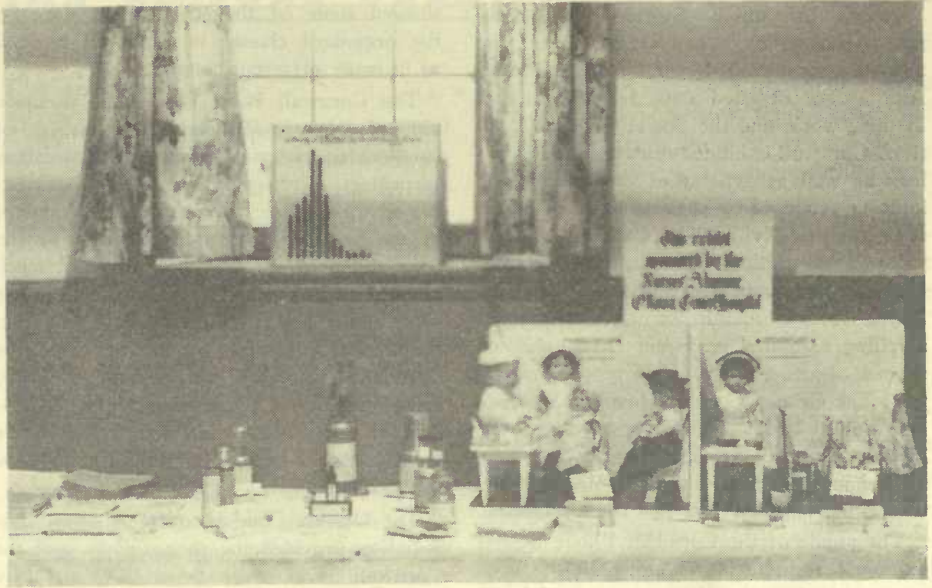
The first day's programme opened with the Metropolitan Life Insurance Company's film on pneumonia followed by a demonstration of school health inspection conducted by the Cornwall school nurses, Miss Catherine McDougall and Mrs. Muriel Hunter. Children from St. Columban's School also contributed to the programme by singing a health song in French. The many reasons for patients being treated in sanatoria and for the examination of contacts was skilfully brought out in dialogic form by Miss Frances Harris of the May Court Tuberculosis Clinic, Ottawa, and Miss Marjorie Robertson of the Royal Ottawa Sanatorium Clinic, Miss Harris acting the part of the wife of the patient who was being persuaded to enter the sanatorium, and Miss Robertson that of the visiting nurse.

The evening session opened with the Canadian Tuberculosis Association film "Behind the Shadows". Dr. J. A. Tallon acted as chairman and introduced Dr. G. C. Brink, Director of the Division of Tuberculosis Control in the Department of Health of Ontario. Miss Laura Pepper, Home Economist, Marketing Service of the Department of Agriculture, gave an address on nutrition which presented many important points regarding the proper uses of food.

One whole day was set aside for the study of maternal and infant welfare and of social hygiene as related to venereal disease. Two members of the Cornwall Branch of the Victorian Order of Nurses, Miss Mary Ross and Miss Arlie Wright, acted as visiting nurse and prospective patient, respectively, in presenting a pre-natal visit, bringing out suggestions of great value to the



The House of Health



A miniature immunization clinic

prospective mother. Miss Lera Barry, of the Ottawa Civic Hospital Maternity Division, followed with a demonstration of the bathing of a baby, four nurses acting as the mothers being taught the different important points to be considered in the care of the newly-arrived member of the family. The evening session opened with the film, "Damaged Lives", prepared by the Health League of Canada. Dr. Ernest Couture, Director, Division of Child and Maternal Hygiene, Department of Pensions and National Health, spoke of the health situation as it affects mothers and infants and children yet to be born. Dr. Gordon Bates, General Director of the Health League of Canada, spoke of gonorrhoea and syphilis and of the large number of wasted lives caused by these great evils.

The last day of the institute was devoted to mental hygiene and social welfare. Films loaned by The Children's Bureau, U.S.A. Department of Labour, were shown, describing the value of routine in a baby's life and of posture in the school child. Miss Dwight and her assistant in the Women's League of Health and Beauty, Montreal, assisted by Miss Davis of the Cornwall group, gave a

splendid demonstration of the value of exercise. Dr. Florence Dunlop, psychologist of the Ottawa Public Schools, spoke of the understanding necessary to prepare the various stages of childhood and adolescence for responsible citizenship. Dr. Janet Lang, secretary of the Canadian Welfare Council on Maternal and Child Hygiene, correlated the different aspects of health in relation to social welfare. The exhibits were of a very high order. The Canadian Welfare Council, the Ottawa and Cornwall branches of the Victorian Order of Nurses, and the Maternity Department of the Ottawa Civic Hospital, together were responsible for the exhibit on maternal and infant welfare, which displayed miniature rooms prepared with ordinary home equipment for nursing, the set-up of the Victorian Order for delivery in a home, a suitable layette, croup tent and a premature nursery. The challenging pictures of the Canadian Welfare Council, showing the responsibility of the parents and of the professions toward maternal welfare, formed the background for this exhibit. Added to this, was the original painting of the Dionne quintuplets, loaned by the Department of Health. The exhibit of the

Women's Institute of Stormont and Glengarry, showed by pamphlet and poster the activities promoted by it. The Children's Aid Society depicted some telling statistics of their work, and the Social Service Council of Cornwall exhibited drawings and paintings as well as articles of embroidery and knitting produced by patients of the Ontario Hospital, Brockville. The Canadian Tuberculosis Association, the Eastern Counties Unit, the St. Lawrence Sanatorium and the Royal Ottawa Sanatorium united to prepare a telling exhibit. The Hôtel Dieu exhibited a house showing the value of proper ventilation. The Ottawa General Hospital Alumnae Association had a beautifully arranged exhibit on immunology, depicting, side by side, an immunizing clinic and a diphtheria ward where the children had not been protected.

The pupils of the Cornwall Public School exhibited a spectacular house built of foods necessary to the building of a sound body. This house of health had milk, in bottles, as uprights, walls of rolled oats, roof of graham wafers, shutters of brown bread, curtains of lettuce, steps of cheese with railing of loaf sugar, fence of nuts and prunes, and the surrounding landscape was broccoli. Well prepared posters of health subjects drawn and coloured by the pupils of the public and St. Columban's schools were shown and the Junior Red Cross

showed some of the work being done by the organized classes in Cornwall as well as in many different countries.

The Cornwall Busy Bees' Club occupied an entire booth with attractive display of handicrafts of many kinds which amateur carpenters, electricians and others, have occupied their spare time in making. A model of the town of Cornwall, executed by the St. Columbans Boys School, attracted much attention, many people trying to locate their own home, and the interest of the town people was evidenced by the fact that the attendance increased each session, over 350 being present on the closing night. A busload of thirty nurses motored from Ottawa to attend part of the Institute and to view the exhibits.

The Ottawa Civic Hospital Alumnae Association provided the programmes, and the Cornwall press were generous with their space. Of the various other organizations and individuals working under the direction of Miss H. C. Wilson, superintendent of the Cornwall General Hospital, as convener of the local arrangements committee, and of Miss M. Rowe, chairman of the Cornwall Chapter of District 8, we cannot say too much in praise. But the co-operation of all made possible the success of this institute.

GRACE A. TANNER



R. N. A. O. ANNUAL MEETING

The fourteenth annual meeting of the Registered Nurses Association of Ontario will take place from April 13

to 15 inclusive, in the Royal York Hotel, Toronto. An interesting programme is assured.

The Sister-in-Charge

In this issue, the distinguished Chief of a Surgical Service tells us what he expects of the Sister-in-Charge. In the Montreal General Hospital the English precedent is still followed and the head nurses are thus designated, although they do not take on the name of the service to which they are attached—a custom which in England sometimes leads to such strange combinations as “Sister Casualty”.

We think that there is a good deal to be said for this custom because, at her best, the head nurse is indeed a *sister*,—that is, a woman of your own kith and kin who while not cherishing many illusions, is nevertheless genuinely willing to help and serve you. Whether you happen to be the Chief Surgeon, or just the sick patient over by the window, she will probably boss you a little in true sisterly fashion, entirely for your own good and without your being in the least aware of it. And there will be a twinkle in her eye as she does it because, as Dr. Henry says, the Sister-in-Charge has that saving sense of humour which makes it possible to exercise authority without being too solemn about it.

Group Leadership

A few days ago we happened to visit Cornwall, a pleasant Ontario town, prosperous and busy, and having several industrial plants employing a number of people. During the previous week there had been a Health Institute in Cornwall and people were still talking about it. They said that it had been one of the most stimulating and interesting affairs the town had ever had. Every-

body had got together on it and made it a success. And now they understand why they need a child welfare clinic, and what toxoid is all about. They realize that public health nurses are useful public servants, and that modern hospitals are as indispensable as the fire department or the policeman on the corner.

Well, you may say, nothing very startling about all that—there have been health institutes before. And so there have. But this one is news because it was organized and conducted by a local unit of the Registered Nurses Association of Ontario. In other words, the organized nurses of the district in which the community is situated gave a convincing demonstration of how the people who live in it may seek health and enjoy it. Such institutes don't just happen. Success depends upon capable and tactful leadership which knows what resources are available and then gets everybody to work together effectively. Read “Group Leadership” by Grace A. Tanner, chairman of District 8, Registered Nurses Association of Ontario, and then ask yourself whether the nurses' association in your town might not co-ordinate the scattered forces now struggling toward healthier and happier living.

The Nurse's Battle

In pneumonia, more than in any other disease, good nursing may win the day. Dr. Starrs' lucid discussion merits close study, especially those paragraphs in which he deals with our failure to observe medical asepsis as strictly as we should.

NURSES FOR THE MISSION FIELD

The following appeal is addressed to Canadian nurses by the Woman's Missionary Society of the United Church of Canada. It will surely strike a responsive chord in the hearts of nurses who have a vocation for the mission field:

The Christian Church has always been interested in the ministry of healing. To-day the Woman's Missionary Society of the United Church of Canada maintains thirteen out-post hospitals in Canada, and thirteen hospitals in the foreign field—five in China, five in India, two in Africa and one in Korea. Since the Union of the Churches in 1925, this Society has sent out a steady stream of nurses and women doctors, who are not only giving fine professional service, but are also helping to lay a permanent foundation for international friendship and world peace.

With regard to taking up missionary work, it should be considered as a life vocation. Candidates do not, however, enter into any binding contracts and adjustments are gladly made should necessity arise. The Society gives a good, average salary, a furlough year with salary for further study and recuperation, and has an efficient plan

for sick and retirement allowances. The age for appointment is from 23 to 35 years for Canada and from 24 to 30 years for work abroad.

The requirements are Senior Matriculation (Grade XII) for the foreign field, and Junior Matriculation (Grade XI) for Canada, followed by professional training and successful professional experience. In the foreign field, our nurses have a unique opportunity to teach and to help in the establishment of professional standards. Thus, teaching experience and knowledge of hospital administration and public health are invaluable.

Since the Christian Church has its own specific method of work and field of knowledge, the Society also requires one year at the United Church Training School, Toronto.

The Society now has openings for five nurses in Canada, three in West China and two in Africa. The writer would consider it a pleasure to give more detailed information as to the various fields.

Letters should be addressed to Miss Olive I. Ziegler, Candidate Secretary, 609 Avenue Road, Toronto.

TYPOGRAPHICAL ERROR!

*The typographical error is a slippery thing and sly,
You can hunt till you are dizzy, but it some how will get by.
Till the forms are off the presses it is strange how still it keeps;
It shrinks down in a corner and it never stirs or peeps,
The typographical error, too small for human eyes,
Till the ink is on the paper, when it swells to mountain size.
The boss she stares with horror, then she grabs her hair and groans;
The copy reader drops her head upon her hands and moans—
The remainder of the issue may be clean as clean can be,
But that typographical error is the only thing you see!*

"P. E. I." and "P. Q."

Last month we promised to tell more about the activities of *The Canadian Nurse* Committees recently organized under the auspices of the provincial Associations of Registered Nurses and we are going to begin with the Registered Nurses Association of Prince Edward Island. Without any fuss or feathers, the nurses of "the Island" quietly decided to do something about the *Journal* and, within three months, doubled its circulation within their borders. If every Province in Canada would do just that, our troubles would soon be over. Grand doings are going on in several of the other provinces too, but in this issue we intend to concentrate on the work of *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec.

The remarkable results achieved by this committee do not come about by chance but are the logical sequence of sound organization and capable leadership. To begin with, the situation in Quebec is complicated in that the membership of the Association includes many French-speaking nurses to whom a *Journal* written in English is of little practical use. Furthermore, the French-speaking nurses are very loyal, and rightly so, to their own excellent publication, *La Garde-Malade Canadienne-Française* and cannot reasonably be expected to support two journals. Nevertheless, they feel that they have a share in the ownership of *The Canadian Nurse*, since they are members of the Canadian Nurses Association which owns and publishes it and furthermore, are intensely interested in the activities of the Association and wish to take their full share in them. Under these circumstances it was natural that the work of the committee should be placed under the joint convenership of Miss Katharine MacLennan and Mademoiselle

Annonciade Martineau, as representing the English and French groups respectively.

The general plan of organization which the Committee adopted is quite simple, but has been so effective that it might readily be used by any group, large or small, which desires to help the *Journal*. At its first meeting, a steering committee was appointed consisting of eleven members, including the two conveners, together with the president, the honorary treasurer, and the executive secretary of the Association of Registered Nurses of the Province of Quebec. The remaining members represented various nursing interests, both English and French. Later on, this committee was enlarged by the addition of twenty more members in order to make sure that every group was adequately represented. The general plan now in operation may be summarized as follows:

1. The committee is directly sponsored and controlled by the Association of Registered Nurses of the Province of Quebec.
2. The president, treasurer, and executive secretary of the Provincial Association are members *ex officio*, and with power to vote.
3. The committee (though not necessarily its membership) is permanent in character and will continue its work from year to year.
4. The expenses incurred in connection with the work of the Committee will be met by the Provincial Association, but may not exceed the amount officially authorized.
5. A definite objective was decided upon and a time limit set for its realization.
6. The Committee listed and made a direct appeal for assistance to every nursing group, not only in the city of Montreal but throughout the Province.
7. The various alumnae associations and other participating groups are left free to work along the lines they prefer and the committee conveners stand ready to advise and assist them.

8. Circulars of information were widely distributed. These are written in an informal "ask me another" style, and give pertinent and lively facts about the *Journal*. Valuable assistance in preparing these was given by the executive secretary of the A.R.N.P.Q., Miss E. Frances Upton.

9. In order to bring the work of the Committee to the attention of the whole membership of the provincial Association, it was decided to prepare an exhibit to be shown at the annual meeting. This task was undertaken by Miss M. Flander with the assistance of Miss Electa MacLennan. This exhibit proved to be such an attraction that it will be described at greater length in a subsequent issue. From the booth were distributed amusing little bookmarks, craftily concealing subscription blanks.

Having thus given an outline of the working plan we now pass on to the results obtained:

1. With one more month to go before the time limit expires, the circulation of the *Journal* in the Province of Quebec has increased by seventy percent.

2. Contracts for advertising, (directly traceable to the increased circulation in Montreal) have been received, the total value of which is about six hundred dollars.

3. A far better understanding of the potentialities of the *Journal* exists among the groups who helped to make the campaign a success.

As a veteran of many campaigns we would like to add a word. Although we took no active part in the venture, we did have a ringside seat and, therefore,

a good view of what was going on. There were several reasons why the work of this Committee succeeded and any group working on a similar project would do well to study them:

1. The enterprise had the active support and goodwill of the president and the executive committee of the Association of Registered Nurses of the Province of Quebec. No Provincial campaign can hope to succeed without official backing.

2. The committee conveners are themselves convinced that the *Journal* is worth supporting and there was nothing half-hearted or perfunctory in their attitude towards it. They understood its potentialities as well as its problems, and were prepared to explain them to their fellow-workers in no uncertain terms.

3. The representatives of the various nursing groups did excellent work in their respective units. Getting reluctant subscribers to sign on the dotted line in a gruelling task but they stayed by it and were rewarded by a definite sense of accomplishment when the returns began to roll in.

4. The general meetings of the Committee are held in happy and congenial surroundings. Thanks to the gracious hospitality extended to them upon several occasions the members have an opportunity of working and even playing together.

To sum up—the Committee succeeded because it deserved to succeed. It has official sanction and support, it knows where it is going and intends to get there. Above all, it has the sort of leaders who grudge neither time nor effort once they take a job in hand.

BRITISH COLUMBIA ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia will be held at the Georgia Hotel, Vancouver, on

April 14 and 15 inclusive. Full details of the programme are not yet available but prospects are excellent.

A NOTABLE APPOINTMENT

Jean Isabel Masten has recently been appointed superintendent of nurses in the Hospital for Sick Children, Toronto, and brings to her new duties a thorough preparation and a broad experience. Miss Masten received her general education at Bishop Strachan School, Toronto, and Wycombe Abbey School, in England. She is a graduate of the School of Nursing of the Hospital for Sick Children, and by way of post-graduate work, took the course in teaching and hospital administration offered in London under the auspices of the Florence Nightingale International Foundation. Miss Masten has served successively as director of the physiotherapy department of her own hospital and as head nurse in various departments. She has also had experience in teaching and, as the readers of the *Journal* will agree, can write an informative and readable article.

Miss Masten has always been active in nursing organizations and is now the president of the Alumnae Association. There can be no doubt that under her direction the School and the nursing service of the Hospital will continue to uphold the excellent reputation they already enjoy.



JEAN ISABEL MASTEN

COURSE OF LECTURES BY DR. BLATZ

The Children's Memorial Hospital is privileged to announce a series of lectures on Child Study by Dr. W. E. Blatz, Director of the School for Child Study, University of Toronto. The course will commence on Monday, March 27, 1939, and will consist of five lectures, one lecture to be given each night from 8.30 to 9.30 p.m., followed by discussion. The topics are (1) a concept of security; (2) a philosophy of living; (3) vocational adjustment; (4) recreation and relaxation; (5) your life inside and outside the family.

The Hospital extends an invitation to all those interested to join its staff in this opportunity of hearing Dr. Blatz. In order to help toward the financial cost of this undertaking, members of nursing organizations are asked to contribute by paying a fee of \$2.00 for each person for the series of five lectures. The lectures will be given in the School for Crippled Children, 1585 Cedar Avenue (adjoining the Children's Memorial Hospital). As the seating capacity is limited, the Hospital would appreciate being notified as soon as possible.

A PIONEER PUBLIC HEALTH NURSE

MARY POWER

*Director of Health Education,
Ontario Department of Health*

The ranks of public health nursing sustained a grievous loss in the death of Beryl Knox, on September 22, 1938, after a brief illness. She was born in Shawville, Quebec, and her father was a physician whose practice carried him into the country districts in the heart of the Gatineau hills. This strenuous life may have been a factor in his breaking down while his daughter was still a small school girl. From the Gatineau he went to the Adirondacks where he became one of the early patients under Trudeau. During the period of her father's treatment, Beryl went with her mother and two brothers to Boston where she continued her schooling. The family later returned to Canada, and finally settled in Toronto. She graduated from the School of Nursing of the Toronto General Hospital in 1916. Her first year was the last of the old régime, and during her course the hospital was moved from its original site to the present modern plant. She was a member of the class whose probation was directed by Miss Robina Stewart but over whose graduation Miss Jean I. Gunn presided as superintendent of nurses.

After spending some time in private duty, Miss Knox served as special nurse investigator in a field study of infant mortality in Hamilton, conducted in 1917 by the Provincial Department of Health. Later in the same year she was associated with the first Child Welfare Clinic operated in connection with the exhibit of the same Department at the Canadian National Exhibition, Toronto. Dr. Alan Brown and Dr. W. E. Ogden were the clinicians in charge. Dr. Brown was honorary consultant

to the Provincial Department. He arranged for the services of the clinicians, however, in his capacity as Consultant to the Division of Child Hygiene of the Department of Public Health of the City of Toronto, an indication of the spirit of co-operation which made the conduct of the clinic possible.

In November of the same year the Provincial Department, through its Bureau of Child Welfare, started a province-wide child welfare campaign. The director and Miss Knox spent the next two years visiting the cities and towns of the Province in this, the first effort of its kind in Ontario, to organize local clinical services for infants and young children. The experience which this work brought was utilized to the full when, in June, 1920, the name of the Bureau was changed to the Division of Maternal and Child Welfare and Public Health Nursing.

The Chief Medical Officer, Dr. J. W. S. McCullough, called a meeting of representatives of official and voluntary health agencies at which the plan of organization for a service of public health nursing in the Provincial Department was discussed. One immediate outcome was the generous offer of the Ontario Branch of the Canadian Red Cross Society to supply nurses in numbers to equal those appointed by the Provincial Department, to assume all financial responsibility for their salary and maintenance, and to turn them over to the Department for direction. The offer was for the period of one year. Thus the Division had at its disposal sixteen nurses—eight appointed to serve in the eight Health Districts into

which the Province was divided, and the group of eight supplied by the Red Cross. These nurses were the first personnel of the Provincial Public Health Nursing Staff. Many were returned nursing sisters, a few had had experience in various health activities. Training for their new duties as generalized public health nurses was essential. No course, however, existed at the time in Toronto and a short course was drawn up, covering a period of six weeks. Arrangements for the personnel of the lecture staff and the content of the curriculum were largely the responsibility of Beryl Knox. Following the course, the nurses had a short vacation and then returned for service at the clinics and exhibits of the Department at the Canadian National Exhibition. In September 1920, they reported in pairs, one nurse from either group, for duty in each of the eight health districts. A further gift from the Red Cross followed, making it possible for the University of Toronto to provide, as a demonstration, a course in public health nursing for the college year, 1920-21. The university subsequently accepted the demonstration as successful and thereafter included public health nursing in the regular courses.

Miss Knox directed the technical work of the Provincial Public Health Nurses from the inception of the service in 1920 until her transfer to the Division of Public Health Education in 1926. During that period, which may be termed the pioneer stage in the development of public health nursing in Ontario, she saw a substantial increase in the number of centres in which local nurses were engaged, by public and by private agencies, to carry on programmes of generalized public health nursing.

One tradition of the Department of Health of Ontario has always been that its personnel should have the opportu-

ity to see how similar work is done in other places and to make personal contacts with the workers in their respective fields. Miss Knox made the best possible use of the occasions thus afforded her, and was acknowledged as one of the best informed executives in the field of public health nursing. She had the happy faculty of being able to pass on to the field staffs, both local and provincial, the results of her newer knowledge. Her visits were warmly welcomed because she brought to that task a sympathetic understanding, a sincere desire to help, and a compelling inspiration. She accepted the challenge which high death rates among mothers and infants presented to the public health nurse, and urged each nurse she met to accept it as well as other challenges such as that of tuberculosis and the health of the school child, which the local community presented.

Her only criterion of success was the extent to which a nurse used initiative and utilized resources to solve problems which a comprehensive study of the local situation showed as significant and possible of improvement. While she possessed an appreciation of the significance of the nurse's contribution to a public health programme, she had also a deep respect for the local committee of men and women interested in the welfare of the community. She worked with many committees in Ontario and realized how important was the public opinion which they created. She designated this support as the contributing factor on many occasions in the inauguration of professional health services and, more important still, in the continuance of such services.

To the medical practitioners participating in various aspects of the public health programme, Beryl Knox gave a traditional loyalty. Her manner in the clinic inspired the confidence of the

mothers and children. She possessed a good working knowledge of nursing techniques, a keen intelligence and an open mind, all of which were essential to a scientific approach to a task such as hers. She did a good job because she

treated it as an experiment about which she was willing and anxious to learn more every day. Her success was due to her ability to foster this attitude in the minds of those whom she coached to carry on.

OBITUARIES

MARY LOETTA AMSBURY died in Coburg, Ontario, on December 14. She was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1896.

MARY SHAW BARROW died suddenly on January 22, 1939, at her home in Quebec City. Miss Barrow was a graduate of the School of Nursing of the Montreal General Hospital and previous to her marriage served for fifteen years as Lady Superintendent of Jeffery Hale's Hospital. Under her able direction, the School of Nursing and the nursing service of the Hospital maintained an excellent reputation and made great progress. Her untimely death is not only a loss to the nursing profession, but also to the many organizations in which she held office and took an active interest.

CHARLOTTE BETHUNE died suddenly on February 5, 1939. Miss Bethune was a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec City, and a member of the Class of 1913.

SARA CHISHOLM HAMILTON, widow of Dr. T. Oliver Hamilton, recently

died suddenly in Edinburgh, Scotland. Mrs. Hamilton was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1914. During the Great War, Mrs. Hamilton served with the McGill Unit.

MARGARET LAURA LANGILLE, beloved wife of C. Stuart Langille, died on January 20, 1939. Mrs. Langille was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1906. Subsequently she served as a staff nurse in the Hospital at Fernie, British Columbia, and during the disastrous fire which almost destroyed the town gave heroic service to her patients. Mrs. Langille did most valuable work as president of the Alumnae Association of the Winnipeg General Hospital and was also a keen and interested supporter of other organizations working in the interests of the community at large.

MARY ORR died on December 12, 1938, after a short illness, at the Kitchener-Waterloo Hospital, Kitchener, Ontario.

STUDENT NURSES PAGE

Books and Music

It is a pleasure to welcome to the Student Nurses Page Miss D. Duff and Miss A. Perry, both of whom are members of the Class of 1939 in the School of Nursing of the Saskatoon City Hospital. Between them, they have managed to convey something of their own enthusiasm for books and music. We do not forget, either, that for almost seven years now, the Student Nurses Club of the Hospital has steadfastly subscribed to this Journal.

May we briefly outline a student activity which has proven a profitable and pleasing experiment. About a year ago our Student Nurses Association decided to join a Book Club, with a view to starting a library in our Residence. After investigation, the Association joined the Book-of-the-Month Club, New York. A committee of three, which by the way, included some of the most enthusiastic supporters of the idea, agreed to choose the books and manage all correspondence with the Club. The bill for each book was settled monthly from student funds. The cost to our Association for a year's membership was about thirty-six dollars. Besides a book each month, we received extra books as dividends.

The arrival of each new book brought lasting enjoyment to a large and varied group of girls. Sometimes the appearance of a new, much-talked of novel delighted us all; again, a biography or autobiography introduced us to new people or gave us fresh ideas about familiar names and personalities. A book of plays, Bartlett's collection of familiar quotations, and a book of short stories

added variety. Among the most popular of our collection we find "The Horse and Buggy Doctor" by Arthur Hertzler; "The Citadel" by A. J. Cronin; "Gone With the Wind" by Margaret Mitchell; "Madame Curie" by her daughter, Eve Curie; and "With Malice Towards Some" written by Margaret Halsey.

Our club now owns twenty-three books, which are always available in our Lounge Room, but which must be enjoyed there and not removed to the bedrooms, thus giving everyone an opportunity to read them. We need not purchase our book through the Club every month, but may occasionally buy some other book which we feel a number of the girls wish to read, thus widening our selection.

In thinking forward to the classes of student nurses who we hope will enjoy the library which we have just begun, we feel that our idea of a book club is indeed worthwhile. The complaint is often heard that nurses know little of current events and cannot talk intelligently on general topics, when unrelated to the nursing profession. A Book-

of-the-Month Club should do much to overcome that tendency, and help correct an impression which is so common among the laity. We hope that by passing along our experience in such a club, other nursing schools may find it possible to try out our idea. It's been fun!

Another phase of our Outside Educational Programme consists of the Conservatory Concerts. These are a group of four concerts given by famous musical artists, in October, November, January and March respectively. They are sponsored by the Conservatory Club of Saskatoon and the Student Nurses Club has received seventeen season tickets for these concerts, and each month the names of the students are drawn from a hat to see who will be the lucky ones to go.

Last year two thrilling concerts were given by Albert Spaulding, violinist, and Roland Hayes, tenor. Mr. Spaulding is an American and is acclaimed as Amer-

ica's greatest violinist, and to make him seem really human, writes detective stories. Roland Hayes is a Negro tenor whose mother was born in slavery. His voice possesses all the richness of the singers of his race plus something special of his own. The other two concerts last year were given by Muriel Kerr, pianist, and Marjorie Lawrence, soprano.

This year we have heard John Charles Thomas, baritone and Mischa Levitski, pianist. Mr. Thomas gave us a grand concert, ending with a lullaby which would have lulled our most wide-awake patients to sleep. It is interesting to note that in his youth he wavered between the professions of music and medicine. Mr. Levitski, a Russian, played several of his own compositions which we enjoyed very much.

After reading of this past parade of enjoyment, don't you wish you were eagerly looking forward, with us, to the other two concerts yet to come this year?

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss A. Gladys Nicolle has been appointed Supervisor of Public Health Nursing in the Department of Health, St. Catharines, Ontario. This is a newly-created post and Miss Nicolle comes to it with fine preparation and a variety of experience. She graduated from the Presbyterian Hospital School of Nursing, Philadelphia, and after work in the institutional field took a course in public health nursing at the School for Graduate Nurses, McGill University. Miss Nicolle's public health nursing experience has included visiting nursing and health service in a Progressive School. Continuing her studies, she received the B.Sc. degree from Teachers College, Columbia University, in 1938.

Miss Essie Kain, a graduate of the School of Nursing of the Toronto Western Hospi-

tal, and of the School of Nursing of the University of Toronto Public Health Nursing course, has been appointed by the Board of Health, Owen Sound, to succeed Mrs. Edith Young, formerly Mrs. Frost.

Miss Christine MacDougall, a graduate of the School of Nursing of the Hotel Dieu, Cornwall, and of the School of Nursing of the University of Toronto Public Health Nursing course, has resigned her position with the Cornwall Board of Health to join the staff of the Victorian Order of Nurses. *Miss Glenna French*, formerly school nurse in the Separate Schools, Pembroke, has succeeded Miss MacDougall. Miss French is a graduate of the School of Nursing of the Pembroke General Hospital, 1929, and of the Department of Education summer course in school nursing, 1934.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Exchange of Nurses

Early this year the Exchange of Nurses Committee of the Canadian Nurses Association completed arrangements with the New Zealand Registered Nurses Association for a member of that organization to enter into a plan for an exchange with a member of the Canadian Nurses Association. As a result the first exchange of nurses between Canada and New Zealand goes into effect this month.

Miss Dorothea Shields, a member of the staff of the Metropolitan Health Committee of Vancouver, British Columbia, is to spend a year in public health nursing in New Zealand and Miss G. F. Uniacke, District Nurse at Morrinsville, North Island, New Zealand, will spend a year as a member of the staff of the Metropolitan Health Committee, Vancouver.

The general plan under which the arrangements of this exchange were completed includes, in addition to the time limit being one year, that both nurses remain on the pay-roll of their own School Board or controlling authority; that each nurse be responsible for her own travelling expenses, and that the exchange take place at a date suitable to the two School Boards or employers.

To become eligible for an exchange, members of the Canadian Nurses Association must be graduates of first-class schools of nursing, each applicant occupying a permanent position and her employer willing to accept in exchange a nurse from another country. Assurance of such eligibility is essential before

the Exchange of Nurses Committee can begin negotiations on behalf of a nurse who may wish to benefit by the exchange plan.

Also on January 30th, Miss Ruby E. Cronk, public health nurse of Stratford, Ontario, commenced a month of observation work which is to be spent in London and in a county borough in the provinces. At the request of the Exchange of Nurses Committee, Miss Cronk's itinerary was arranged for her by Miss Hester Parsons, Director in the Education Department, The College of Nursing, London, England. Since this special Committee of the Canadian Nurses Association was first organized, Miss Parsons has given the Committee every assistance and each year has planned programmes for observation work for Canadian nurses—the period of observation varying from one to six months.

C.N.A. Scholarship Student

In a recent letter to the Executive Secretary, Miss Bianca Beyer, the C.N.A. International Scholarship student for 1938-1939, announces that she has had the privilege of being presented to Her Majesty, Queen Elizabeth. This delightful experience occurred while Miss Beyer was the guest at tea of Lady Frances Ryder. On that occasion Lady Frances was hostess to the students from the Dominions. Miss Beyer writes of Her Majesty "She was very friendly and charming. We were all greatly impressed by her interest and kindness." Miss Beyer states that it is

impossible to find words to express how much she is enjoying the year in London and the course of studies. She refers with regret to Miss Dorsey's departure as Warden at International House and mentions that they were looking forward to meeting the new Warden, Miss Warrington.

Membership

It has become customary in these Notes for the March issue to refer to the total number of members in the Canadian Nurses Association. That total represents the combined membership of the nine provincial associations of registered nurses and now amounts to 14,800 members. While this number indicates a smaller increase than for several preceding years, the efforts to enrol members were remarkably successful in a number of provinces. During 1938, the increase in the Manitoba Association of Registered Nurses amounted to 20 percent; in the Registered Nurses Association of New Brunswick, to 18 percent and in the Registered Nurses Association of Ontario, to 14 percent.

In Manitoba they are making plans for the observation of the twenty-fifth

Anniversary of the M.A.R.N. and have made their objective in membership "2000 members before the end of the year." A well organized membership drive is already producing satisfactory results which portend the achievement of the objective in membership.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

ALBERTA:	
A. A., Lamont Public Hospital, Lamont	\$10.00
BRITISH COLUMBIA:	
Graduate Nurses Association, Nanaimo	10.00
Health Unit, Matsqui-Sumas- Abbotsford	2.00
Miss McVicar, Vernon	5.00
NOVA SCOTIA:	
A. A., Glace Bay General Hospital, Glace Bay	5.00
Cumberland County Branch, R.N.A.N.S.	10.00
Valley Branch, R.N.A.N.S.	5.00
ONTARIO:	
Graduate Nurse Staff, Mercy Hospital, Toronto	2.00
Student Nurses, Brantford General Hospital, Brantford	5.00



The A.R.N.P.Q. Breaks the Record

Not even a howling blizzard and streets piled high with snow can daunt the high spirits of the Association of Registered Nurses of the Province of Quebec when in convention assembled. At the annual meeting held on January 30 and 31, attendance reached a peak of over a thousand, and new records were established in membership and in national enrolment. Best of all, an atmosphere of friendly understanding and mutual respect prevailed which demonstrated the essential solidarity which underlies all superficial differences.

An excellent precedent was established this year—religious services, meeting the special needs of the various groups, were held in three Montreal churches. There can be no doubt that this opportunity for taking thought concerning the things of the spirit was much appreciated. The sermon at Christ Church Cathedral was preached by Dean Carlisle and displayed a keen insight into the spiritual aspects of nursing. The anthem, sung without accompaniment and with great simplicity and beauty, was based on a prayer of St. Augustine strikingly appropriate to the occasion. The service at the Church of the Ascension was equally impressive. At L'Eglise Gesù an eloquent sermon was delivered by the Reverend Father Belanger and the Nurses' Choir, of a hundred and fifty voices, of L'Association Catholique des Infirmières Canadiennes, sang the special hymns very beautifully.

At the first general session, Miss Margaret Moag, in the course of her presidential address, gave an interesting outline of the principal activities of the Association during the past year and referred to the tercentenary celebration of the arrival of Jeanne Mance which will

take place in 1942, and to the possibility that the Biennial Meeting of the Canadian Nurses Association may be held in Montreal at that time. The report of the honorary treasurer was given by Miss Catherine M. Ferguson and demonstrated that the finances of the Association are in a flourishing condition.

Excellent reports of the various Sections were presented as follows: by Miss Martha Batson for the English-speaking group of the Nursing Education Section, and by Sister Valérie de la Sagesse on behalf of the French-speaking group; by Miss Ann Peverley for the English-speaking group of the Public Health Section, and by Miss Emma Rocque on behalf of the French-speaking group. Miss Lucienne Daoust gave an interesting report of the work of the French-speaking group of the Private Duty Section.

The report of the Board of Examiners was presented by the convener, Miss Olga V. Lilly. Only those who have experienced similar responsibility realize how heavy is the task assigned to the nurses who serve in this capacity. It was noted with satisfaction that the percentage of failures has decreased from 20 percent in 1937 to 15 percent in 1938.

The activities of the committee appointed by the Association to promote the circulation of *The Canadian Nurse* were reported upon by the joint conveners, Miss Katharine MacLennan and Mademoiselle Annonciade Martineau. The results achieved by this committee have been so outstanding that its activities are described in greater detail elsewhere in this *Journal*.

The highlights of the comprehensive report presented by Miss E. Frances

Upton in her capacity as executive secretary and registrar may be summarized as follows:

1. The total active membership in good standing is 3870, an increase of 170 over the previous year. While full information is not available it is known that of this total 1590 are engaged in institutional work; 1307 in private practice; 535 in public health and visiting nursing services.

2. A substantial increase was shown in National Enrolment for Emergency Service, and 538 nurses are now available if they are required.

3. The Religious Sisters of the Hôtel-Dieu in the city of Quebec announce that a celebration of the tercentenary of this historic institution will be held during the coming summer.

In her capacity as school visitor, Miss Upton presented an excellent report which showed steady progress all along the line. Marked improvement is seen in health services, library facilities and staff education in the Schools of Nursing of the Province of Quebec.

The sessions of the French-speaking group provided an opportunity of listening to addresses of a high calibre. The Hon. Athanase David delighted his audience with an eloquent discourse entitled, "Au Service de la Bonté". Dr. J. A. Jarry spoke on the provincial campaign against tuberculosis and Mr. J. H. Roy dealt with the relationships between the nurse and the hospital. Miss Ruth Robertson gave a vivid picture of social service in practice and Mademoiselle Charlotte Tassé gave a most inspiring address on the potentialities of the French nursing journal *La Garde-Malade Canadienne Française*.

Tuberculosis was the general topic

around which the programme centered at the English-speaking sessions. Dr. Hugh E. Burke and Dr. Frank Pedley started the ball rolling at the first evening session by giving most informative illustrated lectures on its control and prevention and upon the rôle of the nurse in industry. The next afternoon, a compact and stimulating symposium on the nursing aspects of the problem was much enjoyed by a large audience. Those who took part were the Misses Agnes Tennant, of the Montreal General Hospital who led the discussion; Ethel Cooke, of the Child Welfare Association; Kathleen Dickson, of the Royal Edward Institute; Esther Robertson, of the Victorian Order of Nurses; Esther Lewis, of the Montreal General Hospital, and Agnes Mary Pae, of the Laurentian Sanatorium, Ste. Agathe des Monts.

The election of officers resulted as follows: President, Miss Margaret L. Moag; English vice-president, Miss Mabel K. Holt; French vice-president, Sister Valérie de la Sagesse; honorary secretary, Miss Suzanne Giroux; honorary treasurer, Miss Catherine M. Ferguson; members of the Executive Committee (without office): Misses Fanny Munroe, Eileen C. Flanagan, Alice Albert, Maria Roy, Juliette Trudel.

At the concluding English session a number of interesting films were displayed and the proceedings were enlivened by delightful musical selections rendered by the Students Orchestra of St. Mary's Hospital. An informal reception afforded an opportunity for all members to enjoy a social hour together and brought to a close the most successful meeting the Association has ever held.

WELL MERITED HONOURS

Under the auspices of the Nemours Foundation, an institution for the treatment and care of crippled children is now being built in Wilmington, Delaware. This Hospital, which is to be the last word in modern efficiency, will have as its first superintendent, Marie L. Des Barres, who for the past eight years has been assistant superintendent in the Shriners' Hospital for Crippled Children in Montreal. Miss Des Barres is a graduate of the School of Nursing of the Montreal General Hospital and after holding various staff positions took the course in administration offered by the McGill University School for Graduate Nurses. She then became a member of the nursing staff of the Laurentian Sanatorium, resigning in order to accept the position at the Shriners' Hospital in which she did such excellent work.

As a mark of their appreciation, the Board of Governors and the staff of the Shriners' Hospital entertained in her honour and presented her with a beautiful tea set and tray, suitably engraved. On behalf of the staff, Miss Margaret E. Orr, superintendent of the Hospital, asked Miss Des Barres to accept a handsome sterling silver toilet set. Upon another occasion, the chief



surgeon of the Hospital, Dr. W. G. Turner, and Miss Margaret E. Orr also entertained in her honour.

M. A. R. N. PLANS ANNUAL MEETING

Spring is coming—and so are the annual meetings of several of the provincial Associations of Registered Nurses. Manitoba has already lined up a tentative programme which is a credit to the president, Miss E. McDowell, the secretary, Miss Gertrude Hall, and the committee who worked with them. It was gratifying to hear that in Manitoba they think that the *Journal* can lend a helping hand—"the results obtained through the advance publicity given our Annual Meeting in the *Journal* last year were

so gratifying that we hope to stimulate a similar enthusiasm this year by this means".

In reading the programme over, one very healthy trend appears. Standing committees will report from organized nursing groups in Brandon, Dauphin, The Pas, Flin Flon, and Portage la Prairie. The participation of the Province at large is thus assured and makes the meeting more truly representative of its constituency. The Association will be fortunate in having as its guest, Miss

Katherine Densford, Director of the School of Nursing of the University of Minnesota. Miss Densford holds a high place among the leaders in nursing education in the United States and is a speaker of charm and distinction.

At the time of writing, the programme is naturally open to change but has been outlined tentatively as follows:

Friday, April 14

Morning Session:

Registration.

Invocation, by the Rev. H. A. Frame.

Address of Welcome: Mrs. R. F. McWilliams.

Response: Miss Jean Houston.

Report of Executive Secretary and Registrar.

Report of Survey of Schools of Nursing.

Address, by Miss E. McDowell, President of the Manitoba Association of Registered Nurses.

Reports of standing Committees.

Afternoon Session:

The Cardiac Patient, by the Rev. Sister Evangelista, St. Joseph's Hospital.

Medications used in cardiac diseases: Miss Ann Christie, senior student, School of Nursing, Neepawa General Hospital.

Bedside clinic: Miss M. Martinovsky, B.Sc., instructress of nurses, School of Nursing, The Children's Hospital.

Education, today and tomorrow: Professor H. Lowe.

Evening Session:

This session will take the form of a banquet at which the guest speaker will be Miss Katherine Densford, Director, the School of Nursing of the University of Minnesota.

Saturday, April 15

Morning Session:

Reports of special Committees.

Illustrated lecture on skin diseases: Dr. A. M. Davidson.

Improvisations demonstrated by the Victorian Order of Nurses, the Margaret Scott Mission, and the Metropolitan Nurses.

A luncheon meeting has been arranged at which there will be a discussion of nursing problems, led by Miss Densford.

Afternoon Session:

Demonstration of Pavex treatment for circulatory diseases: Miss M. Herman.

Demonstration of the Elliott machine in the treatment of gynaecological diseases: Miss E. Honey.

Demonstration of pediatric and orthopedic nursing procedures: Miss K. McLearn and Miss M. Martinovsky.

Demonstration of indirect method of blood transfusion: Miss E. Morcombe.

Illustrated lecture: "Leaders in the nursing profession, past and present."

Election of Officers.

Report of Resolutions Committee.



m. Robinson.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The Annual Meeting of the Registered Nurses Association of British Columbia will be held Friday and Saturday, April 14 and 15, at the Hotel Georgia, Vancouver.

Vancouver Graduate Nurses Association:

The annual dinner of the Vancouver Graduate Nurses Association took place recently with a large attendance. Following the dinner the annual meeting was held, with the president, Miss Mabel F. Gray, in the chair. Reports were read and new officers for the coming year introduced. The speaker of the evening was Mrs. Rex Eaton, chairman of the Industrial Relations Board appointed by the Provincial Government. Her subject was the eight-hour day, and dealt with several aspects of this question as it affects hospitals and nurses, pointing out the difference between a compulsory and a voluntary regulations. She urged nurses to study the question seriously.

Vancouver General Hospital:

The annual banquet of the Alumnae Association, held in honour of the graduating class, drew a large assembly of graduates of the Vancouver General Hospital. A programme of amusing skits, prepared by members of the Association and interspersed with community singing, was greatly appreciated. An interesting short talk was given by Miss Marshall of New Zealand, who has been at the Vancouver General Hospital for the past year, under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association. Miss Dorothy Shields of the staff of the Metropolitan Health Committee in Vancouver, has recently been granted a similar exchange to Hamilton, New Zealand.

NELSON:

At a recent meeting of the Nelson Registered Nurses Association, the enrolment of nurses for emergency service was discussed and an effort made to stimulate interest. The reference made to the possibility of local disaster seemed to have a strong appeal. Sixteen nurses became volunteers at the meeting. The library committee has been active and the nurses are contributing a small amount per person toward the library fund which permits the purchase of one more book per month. A valuable contribution to the library was made by a year's subscrip-

tion to the Literary Guild, which assures at least three books per month.

The Association was honoured by a visit from Miss Helen Randal, Provincial Registrar, who spoke on some of the recent developments in nursing, including insurances for nurses, the eight-hour day, districts and chapters, and general nursing problems.

Married: Recently, Miss Ruth Bond (St. Eugene Hospital, Cranbrook) to Mr. J. H. McLean.

Married: Recently, Miss Sybil Keeler (Royal Jubilee Hospital, Victoria) to Mr. Leonard Gustafson.

Married: Recently, Miss Marie Naylor (St. Eugene Hospital, Cranbrook) to Mr. James Cumming Forbes, Jr.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting with thirty members present. Following the business session, Mrs. Pierce introduced the speaker, Dr. M. Matheson, who explained the care and treatment of fractures and also the uses of casts. A social hour concluded the evening.

BRANDON:

The Brandon Graduate Nurses Association recently held its regular meeting at the Brandon General Hospital. There were fifty present and the married ladies were in charge. Dr. Evans gave an interesting and helpful address on the treatment of burns.

A short business session followed, conducted by Miss V. Vance.

A social hour concluded the evening.

WINNIPEG:

During the past few months the Committee on Instruction of the Manitoba Association of Registered Nurses has launched on a new educational project. The services of two eminent educationists, Professor Low of the University of Manitoba and Dr. McIntosh of the Provincial Normal School have been secured and a series of lectures on psychological principles of learning and methods of teaching has been initiated. The average attendance of twenty members, including representatives of schools outside the city of Winnipeg, indicates the keen interest and enthusiasm of the instructors in this venture.

The following items were discussed at the January meeting of the private duty nurses: (a) problems sent by the national chairman were discussed also if the fee should differ between older and younger graduates; (b) local problems included a discussion as to whether married nurses should special, also a discussion on practical nurses was led by Miss P. Brownell. A representative of Group Hospitalization Committee spoke and an educational programme was discussed.

Winnipeg General Hospital:

The meetings of the Alumnae Association are well attended, and an active interest is taken in school projects. Staff conferences have been an interesting feature of the fall and winter activities. Instead of meeting en masse as heretofore, members of the staff meet separately, monthly, in two groups. One group comprises those interested especially in medical nursing; the other, those whose activities are in the surgical field. The surgical group meets under the direction of Miss Elva Honey of the gynaecological department, whilst the medical group convenes under the direction of Miss Frances Anderson of the medical service. Many profitable conferences have been held, the first half of each being devoted to administrative problems, and the second to ward teaching problems. The subjects under discussion have been: making morning conference more effective; survey of the total linen costs in the Hospital; survey of the total dispensary costs in the Hospital; the better utilization of the clinical field; case studies; patient assignment method vs. the efficiency method; modern supervision. Members of each group are assigned the preparation of papers for discussion and this has stimulated an active interest in professional journals and other current nursing literature.

Joint conferences are held bi-monthly. The teaching faculty attends all conferences, participating in discussion and giving reports of curriculum progress. This has resulted in closer co-operation between those teaching in the classroom and those administering in the clinical field. These joint conferences are convened by Miss Catherine Lynch, superintendent of nurses, a special speaker being invited to address the staff. Professor H. R. Low, of the University Faculty, gave an interesting talk on psychological implications of modern living; Mr. John Clay, of the Free Press editorial staff chose as his subject "So you want to be an author".

Graduates of the School who are now attending the School for Graduate Nurses of McGill University are Miss Lillian Pettigrew and Miss Eva Hamilton.

Miss Emily Groenewald (late of the Guelph General Hospital School of Nursing) is teaching the nursing arts.

NEW BRUNSWICK

SAINT JOHN:

The annual meeting of the Saint John Chapter of the New Brunswick Association of Registered Nurses was held recently at the Saint John General Hospital. The reports of the conveners showed favourable progress. The election of officers resulted as follows: President, Miss Margaret Murdock; first vice-president, Miss L. Gregory; second vice-president, Miss L. Henderson; secretary, Miss Louise Bartsch; assistant secretary, Miss Helen Wry; treasurer, Miss Lilian Wilson; Conveners: Public Health, Miss M. Wallace; Nursing Education, Miss F. Coleman; Sick Nurses Benefit, Miss E. Mitchell; *The Canadian Nurse*, Miss Helen Cahill; Private Duty, Miss Frances Munro; Programme, Miss Lois Smith; Registry: Miss I. Hartley, Private Duty; Miss Reta Wilson, Education; Miss M. Wallace, Public Health.

At the close of the meeting, a social hour was much enjoyed.

ST. STEPHEN:

The annual election of officers for the St. Stephen Local Chapter, N.B.A.R.N., resulted as follows: President, Miss C. M. Boyd; vice-president, Miss A. Leland; treasurer, Miss J. Murray; secretary, Miss M. Dunbar; *representative to The Canadian Nurse*, Miss G. Hughes; refreshment committee, Mrs. Herman Lawrence, Miss Irene Sherrard; entertainment committee, Miss A. Spinney, Miss J. Sinclair.

At the January meeting Miss Jessie Murray, Victorian Order of Nurses, gave a most interesting report of the Refresher Course held in Saint John. At a recent meeting, Dr. P. M. Clark lectured on diseases of the mouth.

Miss Aldana Leland has accepted a position on the staff of the Chipman Memorial Hospital in the X-ray Department.

Married: Recently, Miss Della McClary (C.M.H.) to Mr. George Clayland.

Married: Recently, Miss Laura McLean (C.M.H.) to Mr. Dudley Maffat.

NOVA SCOTIA

SYDNEY:

Miss Hazel Macdonald of Sydney, who was recently appointed supervisor of the Public Health Nursing Staff of the Cape Breton Island Health Unit, has been granted



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a leave of absence by the Nova Scotia Department of Health. Miss Macdonald has left to spend the next six months studying in Toronto and in the United States under provisions of a fellowship of the Rockefeller Foundation. A graduate of the Royal Victoria Hospital, Montreal, Miss Macdonald spent six months doing post-graduate work at the Johns Hopkins Hospital, Baltimore, and later graduated in Public Health Nursing from the School for Graduate Nurses, McGill University, Montreal. Since that time, she has been doing splendid work in the public health field of her native province.

HALIFAX:

Victoria General Hospital:

Mrs. Alfreda Archard McQuade has been appointed supervisor of the public operating room.

Children's Hospital:

Miss Carroll Cockell has been appointed second assistant superintendent of the Children's Hospital. Miss Cockell is a graduate of the Royal Jubilee Hospital, Victoria, B. C., and came to Halifax from the Chil-

dren's Memorial Hospital in Montreal, where she held a senior supervisory post for over two years.

Miss Helen Sinclair has been appointed to the position of operating room supervisor of the Hospital. She is a graduate of the Belgrave Hospital for Children, London, England, and has held senior operating room posts in children's hospitals in London.

Miss Anne Smith, a graduate of the Recreational Training School of Chicago, Northwestern University, has been appointed by the Board of Directors of the Children's Hospital Halifax, to organize a play Therapy Department.

Mrs. Elizabeth Roy has been appointed school teacher and play director of the Children's Hospital, Halifax. Mrs. Roy is a graduate of the Toronto Normal School and has had a number of years experience in kindergarten work in the public schools of Toronto.

ONTARIO

DISTRICTS 2 AND 3

WOODSTOCK:

Married: Recently, Miss Helen Kennedy (Woodstock General Hospital) to Mr. James Wilson.

Married: Recently, Miss Emma Pratten (Woodstock General Hospital) to Mr. Harold Woods.

Married: Recently, Miss Marie MacPherson (Woodstock General Hospital) to Mr. James S. Wilson.

DISTRICTS 2 AND 3

KITCHENER:

The Alumnae Association of the School of Nursing of the Kitchener and Waterloo General Hospital has recently elected the following officers: Honorary president, Miss K. W. Scott; president, Miss C. Mulholland; first vice-president, Mrs. J. Collins; second vice-president, Miss B. Woinowsky; secretary, Miss A. Lambert; assistant secretary, Miss M. Gateman; treasurer, Miss E. Gilmour; assistant treasurer, Miss D. Allcock; representative to *The Canadian Nurse*, Miss B. Gordon.

DISTRICT 4

HAMILTON:

One of the most delightful and largely-attended affairs ever sponsored by the Hamilton members of District 4, R.N.A.O., was the recent bridge-party and dance at the Royal Connaught Hotel. The committee responsible for the success of the bridge included Misses Boyd, Buckbee, Galloway, Sheridan and Tilling with Mrs. Elizabeth Turner as convener. Arrangements for the dance were made by another committee convened by Miss Cahill and Miss E. Cocker. The guests were received by Miss Isabel MacIntosh, Miss Constance Brewster and members of the committees. The receipts from this very successful event will go toward the Nursing Education Fund of the Association.

The Hamilton Group of the Public Health Section of District 4, R.N.A.O., recently

held their annual dinner meeting. Dr. Mary Stewart, recently returned from England and now at the Mountain Sanatorium, told of some of her experiences and impressions while serving on the medical staff of York Infirmary. The election of officers for the ensuing year resulted as follows: Chairman, Miss Edna Bell; vice-chairman, Miss McIlquholm; secretary, Miss Craue; treasurer, Miss Telu; convener of programme committee, Miss Alice Moffatt.

HAMILTON:

The new maternity wing of the Mount Hamilton Hospital was recently opened to patients. Appointments to the nursing staff of the Hospital include: superintendent of nurses, Miss A. Schiefele (H.G.H.) formerly of the Royal Victoria Hospital, Barrie; night supervisor, Miss A. T. Thomson (H.G.H.) formerly supervisor of the Southam Maternity Building, H.G.H.; assistant night supervisor, Miss T. Vanece (H.G.H.). Other appointments were: Miss M. Stunock (H.G.H.); Miss M. Watson (H.G.H.); Miss E. Menzies (H.G.H.); Miss Agnes Scott (H.G.H.); Miss Teasbie (T.G.H.); Miss Jack (H.G.H.); Miss Philp (H.G.H.).

Hamilton General Hospital:

Miss Beth Law (H.G.H.) has been appointed night supervisor of the operating rooms of the Hamilton General Hospital.

Miss Ellen Ewart (H.G.H.) has been appointed assistant superintendent of nurses at the Mountain Sanatorium.

Miss Christine Smallshaw, B.A. (H.G.H., 1938) has accepted the position of instructor of nurses at the General Hospital, Guelph, Ontario.

Married: In November, 1938, Miss Mabel Breckon (H.G.H., 1924) to Mr. Kenneth Cameron.

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The equipment and business of this firmly established and well-equipped eight-bed private Cottage Hospital is for sale. A lease of the building can be obtained at a reasonable rental. Situated in a town of 7000 inhabitants, the service is two-thirds obstetrical; the remainder medical and minor surgery. Seven practising physicians. Room for additional beds if desired.

Address enquiries to the present owner, Miss Margaret Pudifin, 104 Main St. N., Weston, Ont. Telephone 432.

DISTRICT 5

TORONTO:

"We review the work of District Five for the year of 1938 with a deeper conviction of our responsibilities, and of the development and growth within our own group. We are also impressed with the assistance and support which this district should give to the smaller districts of this province. Our opportunities increase our obligations and again we wish to stress the privilege of service which is ours and to enlist the careful consideration of each nurse for service within our official organization", said Miss Irene Weirs, in the opening paragraph of her presidential report to over two hundred members of District Five, Registered Nurses Association of Ontario, who met for the annual meeting on February 3 at St. Michael's Hospital, Toronto. Among the highlights referred to in this interesting report were the honours which have come to the nursing profession within the past year. Miss Weirs expressed the deep appreciation of the members of District Five of the excellence of Miss Jean I. Gunn's contribution to nursing and their joy in the honour which the University of Toronto recently conferred upon her, and also of the generous endowment made by the Rockefeller Foundation to the School of Nursing of the University of Toronto. The reports of sections and of the various committees showed good progress and reflected much credit for the able manner in which the members have carried out their duties. There was a total membership in 1938 of 1,064, an increase over the previous year of 158.

A demonstration of the care and arrangement of flowers was given by Mrs. Percy Waters, as guest speaker. The lovely roses, carnations and gay variety of spring flowers so beautifully arranged, added much to the pleasure of the evening and continue, through intelligent application of their lesson, to bring immeasurable happiness. A vote of thanks to Mrs. Waters was given by Sister St. Albert.

The officers elected for the coming year are: Chairman, Miss Laura Gamble; vice-chairman, Miss Frances Matthews; secretary-treasurer, Miss Kathleen McNamara; conveners: private duty, Miss W. Hendricks; nurse education, Miss Hilda Bennett; public health, Miss Laura Webb; councillors: Miss Florence Breedon, Miss Evelyn Graham, Miss Agnes Neill, Miss A. Bell, Miss Edna Moore, Miss M. Wheeler. In accepting the chair, following the report of election results, the newly-elected chairman, Miss Laura Gamble, on behalf of the members, expressed appreciation of the whole-hearted and excellent service rendered by the retiring chairman, Miss Irene Weirs.

MARCH, 1939

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School of Nursing,

University of Toronto:

The annual meeting of the Alumnae Association of the School of Nursing of the University of Toronto took place recently. The year closed with an active membership of 311 which is 42 percent of the potential membership. The Alumnae News was issued twice during the year and sent to over 800 graduates, many of whom live in other countries. At the dinner in the spring, members of the three graduating classes were guests of the Alumnae. A tea was given in October in honour of the incoming students. Speakers during the year were Dr. Harvey Agnew on "Should Women Save Money"; Dr. Horwood on "Music Appreciation" and Miss Margaret Lawrence on "Twentieth Century Women". The Constitution was revised to include associate membership, and the formation of Chapters. A fund of \$240 was raised for the use of undergraduates in the School. The Special Fund Committee reported \$1245.11 had been received during the past two years.

The Director, Miss E. Kathleen Russell, spoke of the activities and plans for the School, and the Association rejoiced with her over the recent gift from the Rockefeller Foundation.

The following constitute the 1939 executive: Honorary president, Miss E. Kathleen Russell; honorary vice-president, Miss Florence H. Emory; president, Mrs. W. George Hanna; first vice-president, Mrs. M. Wallace McCutcheon; second vice-president, Miss Mary C. Macfarland; secretary, Miss M. Tresidder; treasurer, Miss H. Linton; councillors: Misses E. Fraser, J. Leask, M. Winter, H. Carpenter, C. Watson, H. Bennett; conveners of committees: programme, Miss J. Wilson; social, Miss E. Van Lane; membership, Miss E. Greenwood; special fund, Miss L. Gamble.

DISTRICT 6

BELLEVILLE:

The annual meeting of Chapter A, District 6, R.N.A.O., was held recently in the Nurses Residence of the Belleville General Hospital. The officers elected for the year are: chairman, Miss L. Bertram; vice-chairman, Miss B. Beaumont; secretary-treasurer, Miss M. Bonter. Miss Bertram gave an interesting paper on sulphanilamide.

LINDSAY:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently in the Nurses Residence of the Ross Memorial Hospital, with Miss Vickers in the chair.

Author Unknown

Believe it or not, we found these classic lines in the "Atlantic Monthly." We think the unknown genius probably had to edit News Notes. If we only knew where his grave is we would make a pilgrimage and drop a sympathetic tear upon it.

If you've got a thought that's happy—
Boil it down.

Make it short and crisp, and snappy—
Boil it down.

When your brain its coin has minted,
Down the page your pen has sprinted,
If you want your effort printed,
Boil it down.

Take out every surplus letter—
Boil it down.

Fewer syllables the better—
Boil it down.

Make your meaning plain—express it,
So we'll know—not merely guess it,
Then, my friend, ere you address it,
Boil it down.

Cut out all the extra trimmings—
Boil it down.

Skim it well—then skim the skimmings—
Boil it down.

When you're sure 'twould be a sin to
Cut another sentence in two
Send it on, and we'll begin to—
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The CANADIAN NURSE



VOL. XXXV

NUMBER 4

APRIL, 1939

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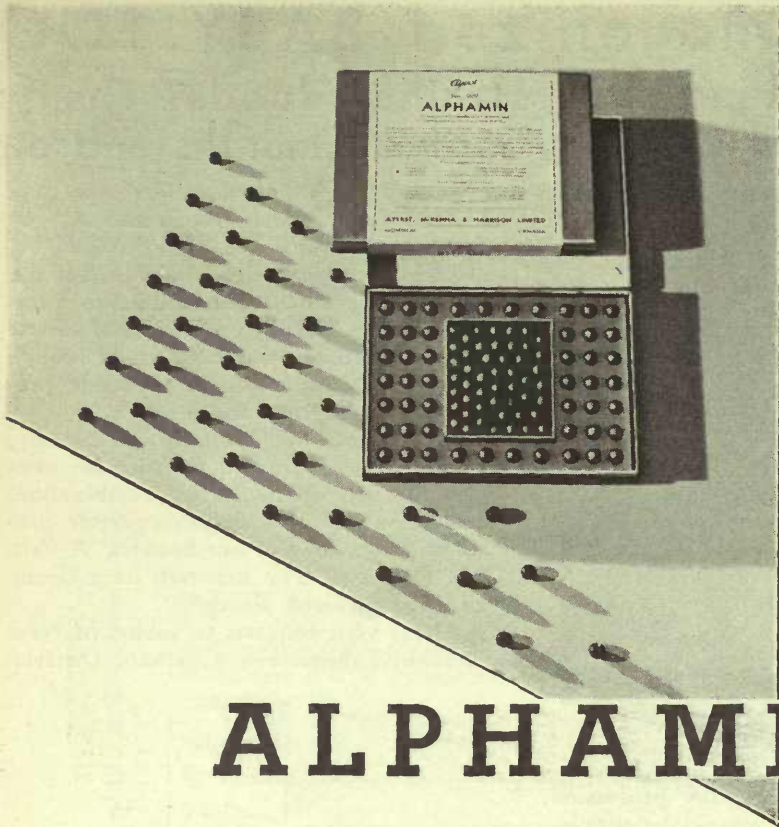
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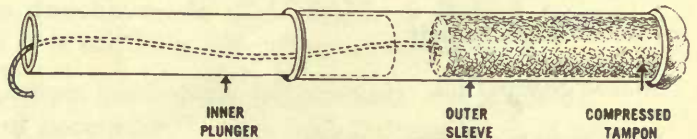
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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

APRIL, 1939

NUMBER FOUR

A New Measuring Rod

Do you enjoy reading a thoroughly provocative article with which you may not entirely agree? If you do, you should turn to the January issue of *The American Journal of Nursing* and take a good long look at "Nursing Service Measured by Social Needs". The author is Michael P. Davis, a doctor of philosophy but not a physician, who is now chairman of the Committee on Research in Medical Economics and is an eminent authority in his chosen field.

By way of introduction to a closer study of the original article, this rather bald summary of its principal points may be found useful. It should be remembered that Dr. Davis refers *exclusively* to conditions in the United States. Here are his main findings, all of which are well documented:

1. In the United States, an immense amount of effort has been devoted by nursing organizations toward devising and using measures of quality of nursing education and nursing service. But a comparable amount of attention has

not been given to studies of nursing service in terms of social need.

2. In the United States, of all sick people who need skilled nursing service, less than half are able to pay for it. More than one-half of the nursing profession is engaged in caring for about one-tenth of all cases of illness.

3. In the United States, about 40 percent of private duty nurses earn small and insecure incomes and are employed only about half of their time, even though there is great need for the service they have to offer.

4. In the United States, registries for private duty nurses are not as closely co-ordinated as they ought to be with public health and visiting nursing organizations.

5. In the United States, hourly nursing in the homes of people able to pay has not been developed nearly to the extent that it might be.

6. In the United States, detailed information is lacking regarding the geographical distribution of nurses. The de-

cennial census, made by the Federal Government, lumps all services together and does not tell in what special field the nurses are engaged. The nursing organizations of the respective States should make an annual analysis of the distribution of nurses within their borders and the information thus obtained should be collected by the American Nurses Association.

7. Dr. Davis contends that nurses themselves should measure the quality and extent of their service in terms of social need. He is of the opinion, however, that nurses may not be able to perform this task without the aid and possibly the direction, of other groups.

Now what has all this to do with Canada? More perhaps than is apparent at the first glance. For some years the Registered Nurses Association of Ontario has been taking an active part in a field survey of the adequacy of nursing service in Ontario. At its forthcoming annual meeting an entire session will be devoted to a symposium on the

general subject of "How may we provide nursing service for all who require it?" The topics are decidedly significant and include: (1) The nursing needs of the community; (2) the preparation of the nurse for the service that is needed from her; (3) the organization of registries so that they will supply the nursing service needed by the community. This discussion promises to be far from academic and will be founded on reliable information obtained at first hand, mostly by nurses themselves.

Because one far-sighted and progressive Provincial Association in Canada is taking this forward step, have we then the right to be smug and self-satisfied? That remains to be seen. Just what the symposium may reveal we do not know but in any case we ought to have the courage to use a new measuring rod. To quote Dr. Davis once more: *A profession will stand in public esteem according as it meets effectively the public demand for its services.*

E. J.



GROWING OR SWELLING?

The following excerpt is taken from "As I saw it", a series of articles by Edith Bolling Wilson, currently appearing in *The Saturday Evening Post*:

A nurse can make or mar a house of sickness, and in Miss X we were fortunate in having one of the most efficient nurses I have ever known. She was with us nearly two years. Other nurses came and went, but

the memory of the ministrations of Miss X stands out in sharp contrast to some of the others, whose pretensions were monstrous. They recalled what has been said of people who come as new officials to Washington: they either grow or swell. By normal standards these were petty annoyances, but a house of sickness cannot be judged by normal standards, as everyone knows who has been through the experience.

Collapse Therapy in Tuberculosis

H. M. MELTZER, *M.D.*, and JEAN HOUSTON, *Reg. N.*

Medical science is advancing on many fronts and well in the forefront is thoracic surgery, which little known or even heard of fifteen years ago, to-days leads the field of surgical specialties. Only one sphere of this branch of surgery will be touched upon and that is the surgery of pulmonary tuberculosis.

Pneumothorax is included under the heading of surgical collapse of the lungs and is a very important therapeutic measure in combatting pulmonary tuberculosis. Associated with pneumothorax treatment is the cutting of pleural adhesions, known as intrapleural pneumolysis. Another form, included under surgical collapse, is that of phrenic nerve interruption, by means of which paralysis of half of the diaphragm is obtained. Experience has limited the indications for this operation so that it is now used much less frequently than formerly.

The third and main topic for discussion is the surgical collapse of the lung by removal of portions of ribs on the involved side, the operation known as thoracoplasty. It was first suggested as early as 1885, but not used to any degree until the early years of the twentieth century on the European continent by Breuer, Freidrich, and later by Wilms and Sauerbruch. In America, Dr. Edward Archibald of Montreal, performed the first thoracoplasty in 1912. In Manitoba the first operation was performed in 1922 by Dr. Mann. The early operations were performed on very chronic, sometimes hopeless cases and the results, as would be expected, were often discouraging. At present the ideal case has unilateral caseous pneumonic tuberculosis, preferably chronic but subacute

or even acute, where pneumothorax has failed. Bilateral disease is not always a contra-indication, providing the disease in the better lung is limited and retrogressive or at least stationary for three to six months, or under control by pneumothorax. Tuberculous empyemata—which persist and do not respond to conservative measures over a period of time—constitute a third group for thoracoplasty.

At first the idea was to remove a small segment posteriorly of each rib, from the first to the eleventh ribs inclusive. This was performed at one operation, and even with small segments removed the operation mortality was very high. Sauerbruch modified the operation by removing slightly longer lengths posteriorly, including the angle of the ribs. Gradually it was realized that doing the same operation in two stages was safer and less liable to result in a mortality, but even with this change the number of people who died after operation was still too great to allow the procedure to gain popularity.

Not until 1932 did several American surgeons advocate doing the operation in smaller stages, but removing greater lengths of each rib. Doing less at each stage meant, of course, three or four operations for some, but the mortality rates were reduced appreciably. In some centres the early operative mortality rate is as low as 4 to 5 percent. This is a very creditable showing. One must not lose sight of the fact that the subjects for operation are often quite ill, and many have been ailing for a number of years, thus placing a serious drain on all their vital organs.

Another change was the realization that a limited number of ribs removed at the top would suffice for apical disease and today it is only rarely that more than eight ribs are removed even for gross apical lesions, except where disease is hilar or basal, or where an empyema space is to be obliterated. Lengths of rib removed vary according to the size of the individual, being anywhere from five to eleven inches. Where cavities are very large, the anterior ends of the ribs are often removed at a separate operation called anterior thoracoplasty.

The separate operations or stages are performed three to four weeks apart. All operations here are done under local anaesthesia, using half of one percent solution of novocaine. The advantages of local over inhalation anaesthesia is first the lessening of pulmonary complication such as post-operative atelectasis and pneumonia, and tuberculous spreads. Second, the almost complete eradication of operative shock through care in handling the tissues, preventing undue or unnecessary bleeding, and stopping the operation temporarily at the first signs of blood pressure drop.

One detail that may mean the difference between recovery or not is the prevention of bronchial obstruction, resulting in atelectasis and, if unrecognized, in pneumonia. It is easy for thick sputum to act as a plug in a bronchus. Patients after operation, with considerable pain, prefer not to cough and thus aggravate this tendency to blockage. We try to prevent this occurrence first by urging the patient to raise sputum when any is felt, and second by inhalation of CO₂ and O₂, thus stimulating deeper respirations and cough. Following the completion of the operations a special brace is fitted to retain the collapse until the ribs regenerate.

From April, 1935, to September, 1938, at the Manitoba Sanatorium,

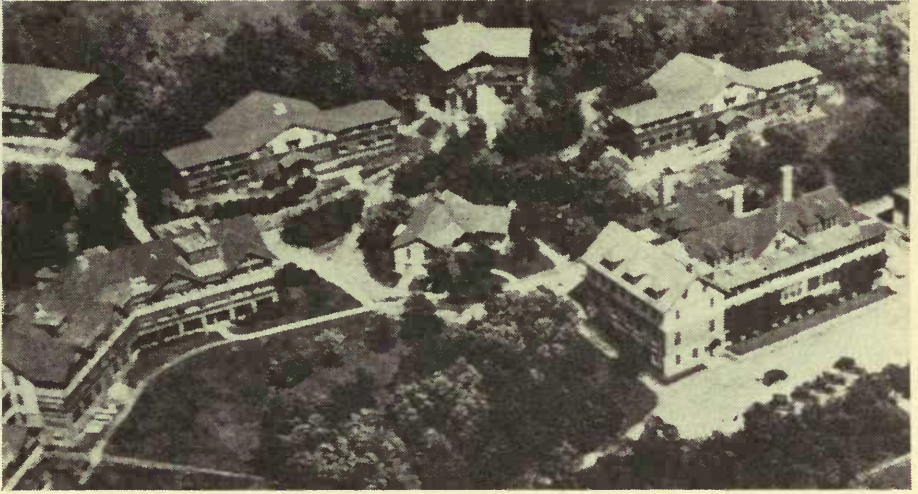
Ninette, 103 people have had thoracoplasties. On these 103 patients a total of 310 operations have been necessary with only three operative deaths, that is slightly less than one per cent of the total number of operations, or 2.9 percent of the individuals. Of those completed, 75 percent have excellent clinical results with persistently negative sputum. Another 15 percent are clinically much improved but still have occasional positive sputum. In other words 90 percent are greatly improved by the operation. 36 percent of the cases operated upon since 1935, that is in three years, have been discharged well to their homes to carry on for a further period of cure at home, and gradually to resume their activities and occupations.

The post-operative nursing care of the thoracoplasty patient is of great importance if we are to get good results and reduce mortality. Two day nurses and one night nurse are assigned to the care of five post-operative patients, all in single rooms. A sterile preparation is done in the late afternoon before operation and a cleansing enema is given at bed-time. No breakfast is allowed but three ounces of orange juice is given one and one-half hours before going to the operating room. Sedatives are given as ordered.

The patient is encouraged to raise as much sputum as possible before going to the operating room. This removes sputum from the bronchial tree, which may have collected over night, and helps to prevent bronchial obstruction. As the patient is operated on under local anaesthesia the cough reflex is not eliminated, and if there is coughing during the operation there is less danger that sputum might be aspirated into the other lung.

On return from the operating room the patient lies flat with a small head rest, and the foot of the bed elevated

COLLAPSE THERAPY IN TUBERCULOSIS



A view, taken from the air, of the Manitoba Sanatorium, Ninette

for eight or nine hours to counteract tendency to shock, unless the patient has difficulty in breathing. Intravenous fluids, usually 1,000 cubic centimeters of normal saline and glucose 5 percent, are given, and nothing is allowed by mouth for four to six hours. Oxygen and carbon dioxide is given by nasal catheter and periodically by mask for three or four days. The carbon dioxide stimulates deeper respirations and cough which keep the bronchi free from sputum. As it is painful for the patient to cough the nurse holds the operated side while the patient is coughing. This gives support to the chest, relieves the pain, and encourages the patient to expel sputum.

During rest hours, after the second or third day, the patient is turned on the operated side to prevent aspirating sputum into the good lung. A small firm pillow, twelve by eighteen inches in size, is placed below the axilla. This helps the collapse of the chest and prevents deformity by keeping the spine straight. On the third day the nurse starts movement of the arm to prevent limitation of movement. As the move-

ment of the arm is painful it has to be done carefully and the patient's co-operation is necessary. Weights in the form of a small bag containing shot and weighing three pounds to start with, and increasing in weight to ten pounds are used to help collapse the chest wall.

As the patient will have two to four operations an effort is made to build up his strength and increase his weight between stages. Special diet is arranged for and the dietitian plans the diet daily. Iron capsules are given to bring the blood count to normal. Sedatives after operation are given very sparingly when necessary for pain. At the end of the first week the head of the bed may be elevated at meal hours and full bed-care is continued for two weeks when the patient may be allowed to sit up in a chair for five minutes, unless there is some contraindication.

In the nursing care three points are emphasized: keeping the air passages clear of sputum, doing all that is possible to prevent deformity of the spine, and retaining the maximum collapse of the chest wall by means of a special brace and weights.

Under Heaven, One Family

MAISIE K. MILLER

Instructor, School of Nursing, Victoria General Hospital, Halifax

Miss Kathleen I. Sanderson, convener of the Nightingale Memorial Scholarship and Endowment Fund Committee of the Canadian Nurses Association, has written this foreword to Miss Miller's article: "The months hurry past, each one adding slowly but surely to the Fund. The provincial conveners write of their ups and downs, but always with a confidence which is infectious, and so with that confidence we go forward to attain our 1939 objective. Miss Miller's account of her experience abroad is in itself a striking proof of the value of the scholarships which this Fund makes available to Canadian nurses."

It was indeed a glorious surprise for me, when, on my birthday, I received a letter from the Executive Secretary of the Canadian Nurses Association telling me that I had been awarded the Florence Nightingale International Scholarship which would entitle me to a year's work at Bedford College and the College of Nursing in London. It was exciting to make plans, and I am afraid my mind was not always on the things which should have been attended to, but rather on the many things I hoped to do and see. However, the day finally arrived when I sailed from Montreal, and reaching London became one of a group of twenty-one students from thirteen different countries.

It took some time for us to get used to each other's manners and customs but we soon realized that the motto in the Chinese room—"Under heaven, one family"—is one which might well be placed at the entrance to 15 Manchester Square, for we felt that not only within our own group, but also among the many former students, we were indeed as one family, under the kindly guidance of "our Miss Dorsey". It is with deep regret that we have heard of her

resignation, and that coming students will no longer find her at International House, ready to advise them and keen to hear about some new adventure. We wish her all happiness in the future.

We had many things in common, chief of which was the desire to acquire new knowledge and ideas from our contact with different hospitals, and with nurses from other lands. It was a broadening experience, and after seeing what has been done by nursing associations in other countries and under many difficulties, I feel that a great deal could be done in Canada if each of us had a little more courage and put forth a little more effort.

During the first month we were given the privilege of spending some time in hospitals, and I was fortunate in being assigned to St. Charles, which was at one time a "Poor Law Infirmary" and is now under the control of the London County Council. I also had the privilege of spending some time at St. Thomas's Hospital where, through the influence of Florence Nightingale, the first real school of nursing was organized. In both these hospitals we were most cordially received, and given many



Stockholm at night

opportunities to compare the work done in government and voluntary hospitals. On the twelfth of May, our group of students was invited to attend a Commemoration Service held in honour of Florence Nightingale in the Chapel at St. Thomas's Hospital, when the Archbishop of Canterbury preached a most inspiring sermon.

Early in October, our lectures began at Bedford College, which is situated in Regent's Park, and also at the College of Nursing. As a student in hospital administration, I took lectures in hospital and training school administration, teaching methods, sociology, ethical principles, psychology, history of nursing, and psychiatry. Our social studies included excursions to public assistance institutions, public health centres, and some of the slum areas of London. We were taken to new blocks of flats into which slum dwellers are gradually being transferred, not always without opposition on the part of those who have spent their lives in squalor and misery. Our group visited most of the large hospitals, including the London, Guy's, Middlesex, University College, and St. Bartholomew's, the latter having been founded early in the twelfth century.

Then we made several out-of-town excursions, including one to Papworth Village Settlement near Cambridge—a colony of about eleven hundred inhabitants, where there is a sanatorium for patients with active tuberculosis, and also a village, entirely self-supporting, with churches and schools and such industries as the manufacturing of furniture and leather goods. A residence was being built, through voluntary contributions, for nurses who had had tuberculosis and who are no longer able to carry on with their profession. This wonderful work for the rehabilitation of those who, at one time seemed to have no future, has been done since the Great War.

We also visited an Orthopedic Hospital at Alton, in Hampshire, where not only are there bed-patients, but a school is also kept up where crippled boys between the ages of 14 and 16 are able to learn a trade and become self-supporting. Later in the year we visited schools for the blind, for the deaf and dumb, for the mentally deficient, and colonies where those suffering from epilepsy are segregated.

Discussions were held once a week, and these afforded us an opportunity of

talking over nursing problems and conditions in our different countries. Our week-ends were free, and most of these were spent in visiting historic spots in London and the English countryside. We witnessed the Parade to the State opening of Parliament, the Lord Mayor's Show, the Trooping of the Colours, the Aldershot Tattoo, and attended the Armistice service at the Cenotaph. During the year I visited a great number of cathedrals and churches, and although the cathedrals are magnificent and fill one with awe—to me the little parish churches in the country, tucked away among the yew trees were most beautiful. This is especially true of the Fairford Parish Church in Gloucestershire, whose stained glass windows are famous throughout England. Oxford, Cambridge, Windsor and Eton were visited, and we even spent a day at Ascot.

One of the most delightful excursions was a day spent at Winchester and at Embley Park. At Winchester we wandered about the Cathedral, the School, and also the Hospital at St. Cross, which is not a hospital as we understand the term, but rather a home for pensioned professional and lay men. Here from early times the "way-farer's dole", consisting of a piece of bread and a mug of beer, is given to anyone who seeks it. Embley Park is the beautiful estate where Florence Nightingale spent her girlhood, and during the summer the gardens are open to the public for a small admission fee, the proceeds being given to the "Queen's Nurses," a visiting nursing organization which corresponds to our Victorian Order. We spent a short time at East Wellow where, in the churchyard of St. Margaret's, Florence Nightingale is buried. Her grave is marked by a simple stone bearing only her initials and the date of her birth.

We had two weeks vacation at Christmas, and on Christmas Eve were din-

ner guests of the British "Old Internationals." A few days before Christmas we attended a Nativity Play at St. Martin's in the Fields and sat very near the Queen, Queen Mary, and the two princesses. I spent several days in the south of England and visited Lewes, Beachy Head, Pevensey and the scene of the Battle of Hastings, which took one back to school days and the dates of important events in British history.

During the Easter vacation, we were expected to do field-work, so in the company of the student from India I spent five weeks on the Continent. In Brussels, we spent some time at the new University school of St. Pierre, and in the Hospital built in memory of Edith Cavell and Madame Depage, the wife of a Belgian surgeon. We then went to Amsterdam, Utrecht and The Hague. In the latter city, as we were hurrying to catch a train, we were accosted by a young lad selling Dutch papers of all descriptions. Although we had not spoken he turned to us and called out "London Times, ladies!" This incident shows how even small children in other lands acquire the knowledge of the English language, and in all the countries we visited we had no difficulty in making ourselves understood. Needless to say we bought "The Times"!!

In Berlin we were guests at a Matron's School, where post-graduate courses are given in hospital administration. We were greatly interested in the social service organizations and in the work being done for the health of coming generations through the care now given to mothers and children. In Copenhagen, as guests of the Danish Nurses Association, we visited several municipal hospitals and saw the great advance made in nursing in the Scandinavian countries, both in the adoption of an eight-hour-day and in state pensions for nurses.



The Brandenburger Tor, Berlin

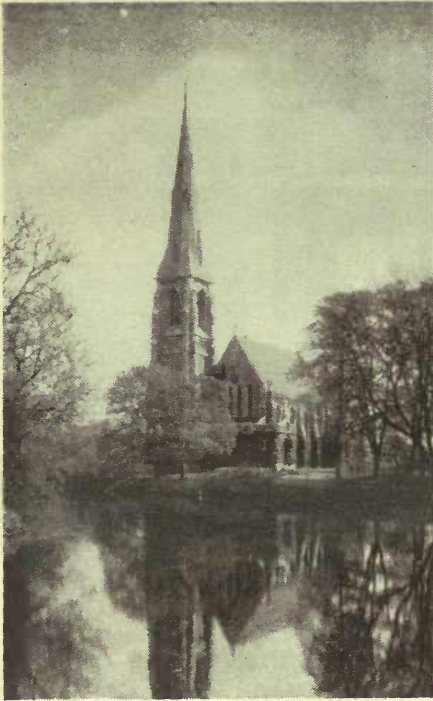
In Finland, much has been done both in the equipment of hospitals, which are most modern and up-to-date, and in nursing which has developed rapidly during the past twenty years. There are central preliminary schools from which, after six months, students are allocated to different hospitals. Graduates who accept institutional positions must have at least three months training in ward administration in the Post-Graduate school at Helsinki. A great deal of this advance is credited to Miss Pohjala, a member of Parliament who is also a graduate nurse.

We spent Easter in Stockholm, at the Headquarters of the Swedish Nurses Association, and saw both Red Cross and private hospitals, also the new Radium Institute around which a new medical centre is being very rapidly built up. All training schools are under government supervision and although there are no state examinations, all schools have to be approved and inspected by a government medical Board. The Sophiahemmet is a private hospital, built

through the efforts of the late Queen Sophia, and is still under Royal patronage. Many of the furnishings of the nurses' home have been sent from the Palace.

I shall never forget the hospitality shown to us by everyone. We were entertained by Nurses Associations, doctors, "Old Internationals," and by the families of students in our group. We were taken to points of interest such as the Rembrandt Gallery in Amsterdam, the Pergamon Museum, and the opera in Berlin, the palace of Sans Souci in Potsdam, the Parliament Buildings in Copenhagen and Helsinki, and Kronberg Castle at Elsinore, famous in Shakespeare's "Hamlet." At Drottningholm in Sweden, we saw one of the oldest theatres on the European continent, and at Skansen, an open-air museum where cottages have been set up which are typical of different parts of Sweden.

The "Old Internationals" in every country made us feel that the Chinese motto was quite true for never did we feel like strangers in a strange land!



*Church at Copenhagen built by
Queen Alexandra of England*

We returned to England the last week in April, and worked very diligently until the middle of June even though the thought of the English countryside made us feel that we wanted to spend more time exploring its beauty. Then during the International Red Cross Conference we were guests of His Majesty's Government at a reception for

Red Cross delegates at the London Museum, and also of the City of London at the Guildhall.

Our certificates were presented to us on the last day of June, and I spent the following ten days at the Royal Infirmary and the Hospital for Sick Children in Glasgow. I visited the Exhibition, took a trip through the Trossachs, and spent two days in the beautiful city of Edinburgh. Returning to London, I went to the Hospital for Sick Children at Great Ormond Street. New buildings had just been completed and are very modern. We left London toward the latter part of July, and although partings are always sad, we were happy to be returning home.

We all felt that our year had been very worth-while, and hoped that in return for what had been given to us, we perhaps, might be able to make some contribution to the work that has already been done toward improving nursing conditions, and to strengthen the bonds of friendship among nurses and others in different lands. There seems to be much that I have not told you, but you will have at least had a glimpse of the many things I have stored away in my memory. J. M. Barrie has written that "memory has been given to us that we might have roses in December", and if that is so, the memories of those who are fortunate enough to spend such a year as I have just completed should bring much happiness in the future.

ON BEING WRONG

Next to being right in this world, the best of all things is to be clearly and definitely wrong; because you will come out somewhere. If you go buzzing about between right and wrong, vibrating and fluctuating, you come out nowhere; but if you

are absolutely and thoroughly and persistently wrong, you must some of these days have the extreme good fortune of knocking your head against a fact and that sets you all right again.

T. H. Huxley.

A New Deal for Nurses

England is looked upon, quite reasonably, as the birth-place of modern nursing and yet, in spite of this fact, strangely little has been written by English nurses on the subject of their professional work. But now the silence has been broken by this book called "A New Deal for Nurses" from the pen of Miss G. B. Carter, a state registered nurse who has been actively engaged of late years in a responsible post in connection with the activities of the Midwives Institute. The author speaks from intensive and extensive experience with patients (equally divided between hospital and home) and hence with a long and intimate knowledge of the nursing care that is needed in the community, and of the nurses that are giving this care. It is quite evident that the interest of the patient is the primary consideration with this writer.

Following the statements just made, it will be understood that the appearance of this book has rather unusual significance. English nurses will have the primary right to acknowledge their debt to the author, but nurses from other English-speaking countries will claim some share in the privilege of expressing this gratitude. This reviewer who happens to be working with what England would call post-certificate students, makes very grateful acknowledgment of a new volume to add to the poverty-stricken appearance of certain of our library shelves. It would be indeed an ungracious professional group that failed to give thanks to Miss Carter.

The reader is happy to find that it is nursing—not the nurse—that is the real concern of the author and the actual topic of her book. As we have already said, it is the thought of the patient that colours the whole of the

discussion. Let the writer speak for herself.

We think that in the haphazard growth of the hospital system and the nursing services, the patient and his needs have got somewhat lost sight of and the nurses have become burdened with numerous duties which should not be theirs.

In the following pages we . . . outline suggestions that we believe might lead to reforms which would give the public the services it needs and let us sleep in peace without the disquieting thought of patients unnursed or partly nursed.

These conditions . . . destroy compassion and end in frustration of the spirit of service.

The needs of the hospital—not necessarily the true welfare of the patients or the best interest of the nurses—came to be paramount.

The fact is that a classification of patients according to their needs for nursing services is as urgent and as overdue as a survey of the tasks which have to be performed for them.

The necessity to get the work done leads to a neglect of the finer parts of nursing. . . . This is demoralising to sensitive and thoughtful young women, and destroys the sense of vocation which the system is said to require.

A nurse can never get away from the categorical imperative to strive for the good of her patient.

Why then the title? With an author presenting a critical analysis such as this, the selection cannot be attributed to mere accident: on the contrary, the choice must have been deliberate. Apparently Miss Carter is convinced that the present conditions under which nurses are trying to do their work form the primary obstacle to a supply of good nurses and of good nursing, and that a thorough and honest re-organization

of these conditions must come if service is to be made adequate.

The content of the book may be divided into three main lines of argument. (1) A criticism of the condition in which nursing finds itself to-day; (2) the influences that are given as the cause for this condition; (3) recommendation for change in order to improve the conditions under which nurses work, and to improve the work itself.

First then, the book is critical, extremely critical, of present nursing conditions. These conditions are analysed so closely that nothing is omitted, but the manner of criticizing disarms resentment. It is just a quiet, straight-forward statement of one fact after another, a statement which gives evidence of much understanding and sympathy and which never becomes merely an attack. It must be noted that the writer gives credit for good work that is being done now, and for progress that has been made, but obviously the purpose of the book is to describe the nursing situation in general, as the author sees it, and not to allow this to be obscured by the happier condition of the favoured few. Possibly there are some persons who cannot face discomfiting statements and who will read, therefore, with closed minds. Other readers will bring a fine sense of inquiry to these pages, and seek to follow the author, first, to hear her criticism and secondly, to examine it dispassionately and hopefully.

In tracing the causes for that which is considered to be the very unsatisfactory condition of the present nursing services, many different influences are said to have contributed. Some from the past, some very much in the present; some from without the professional group, some from within; some wilfully selfish, some from an uncritical sense of devotion to a past which these de-

votees would fain believe is the present; some that nurses themselves must correct, and others which can follow only upon action from the public—but action to which the public must be led by a strongly united professional group.

Finally come the recommendations for change. These divide sharply into suggestion for change in nursing training and suggestions for change in nursing services. In the first of these, reform and revolution seem to have gone to the extremest limit! A nursing *school* is proposed! Undoubtedly the suggestion will bring an intense reaction from many readers, some because of their antagonism to it, some because of their longing for it.

The recommendations for change in service gather around a central theme of the need of the community for more than one grade of nurse to perform its services. There is a strong plea for unity in the nursing profession, and then for concerted action to give the country that which it seems to need. It is impossible, at this moment, to enter into argument concerning the recommendations for "grade A" and "grade B" nurses, or the matter of how far legislation is to be urged, or permitted, to control the workers that we wish to employ in our own homes. It is enough to say that most thoughtful women realize that we have a nursing situation on our hands today that calls for new forms of service, and that we shall need the most open-minded intelligence and patience and wisdom in the treatment of our professional problems. This reviewer would prophesy that Miss Carter would be one of the first to modify, or expand, or develop, her original suggestions according to need as progress is made.

"A New Deal for Nurses" does not make altogether easy reading. The style seems uneven, and there are signs of hurried work. It is difficult, also, for an

outsider to understand the reason for the arrangement of the sections into which the text is divided. On the other hand there are startlingly fine bits of work.

It seems to us, as we read, that the attitude of English nurses to this book will be a matter of rather great importance to nurses in other countries. As England has led in the past, she cannot avoid some rather special responsibility at present. *Noblesse oblige*. Will the English nurses respond, or will they sell their birthright for the mess of complacency that is said to be so dear to some of the professional group? We continue to believe that this latter is an unjust accusation and to trust that our professional sisters in England will give the

leadership that is sought from them. We advise Canadian nurses to read this book of Miss Carter's and, while reading, to consider the beam that blurs the Canadian eye.

One further remark must be made. It is delightful to find throughout the whole book that great emphasis is laid upon the health (and public health) responsibilities of all nurses.

Editor's Note:

The author of this review has asked that it be published anonymously. The full title of the book is "A New Deal for Nurses", by G. B. Carter, B.Sc. (Econ.) S.R.N., S.C.M., published by Victor Gollancz Ltd., London, 1939. Price, five shillings.

Introducing Margaret Kerr

Perhaps the most apt introduction which could be given to Margaret Edith Kerr is to use the time worn cliché—"she needs no introduction". No one who has ever worked or played with her fails to realize that she impinges, which is another way of saying that she is a vivid and forceful personality with a definite flair for organization. Fortunately she has ample scope for these gifts in her present capacity as chairman of the Public Health Section of the Canadian Nurses Association. It will be interesting to watch what use she makes of this opportunity for constructive leadership.

Margaret Kerr comes of Scottish and Irish ancestry, and was born in Am-



herst, Ontario. She went to school in her native Province and later qualified as a teacher at the Normal School in Vancouver. Subsequently, she taught school for two years in Kaslo, British Columbia, an experience which has proved to be an excellent background for the work she is now doing.

When we first made Margaret Kerr's acquaintance she was a student, taking the combined course in Applied Science and Nursing offered by the University of British Columbia and the School of Nursing of the Vancouver General Hospital. We happened to be the first director of this enterprise and the fact that it survived at all during the first stormy years is due in a large measure to students like Margaret Kerr who had the vision, the courage, and the endurance to see it through.

After serving as school nurse at Nanaimo for two years, Miss Kerr was the recipient of a Rockefeller Foundation scholarship which enabled her to

undertake post-graduate study and observation in the United States. During that time she obtained the degree of Master of Arts from Columbia University. She is now instructor in the Department of Nursing and Health in the University of British Columbia and describes her duties thus:

Instructing future public health nurses in the principles of public health nursing; methods in health teaching; child hygiene; first aid. I also give a course in the social implications of preventive medicine to the students who are working for the social service diploma. This, I think, is a valuable tie-up.

Margaret Kerr is a woman of many interests. She likes a good game of bridge and gets a lot of pleasure out of driving a car. It is perhaps in music that she finds her deepest satisfaction, and when next you meet her ask her to sing the "Christopher Robin" songs for you.

E. J.

DON'T MISS THE NEXT ONE!

MARY THOMPSON

*Supervisor, Obstetrical Department,
Ottawa Civic Hospital*

Have you ever attended a Refresher Course? If not, don't miss the next one, that is if you can get a seat! The week passed all too quickly for the sixty nurses who attended the splendidly arranged refresher course in obstetrics sponsored by the School of Nursing, University of Toronto. Many applicants were doomed to disappointment as sixty is as many as can be handled at one time. I understand the course is to be repeated next year, however. Private

duty nurses, public health nurses, nurses from Red Cross Outposts, supervisors and teachers in schools of nursing were all represented and lively discussions followed the intensely interesting papers which dealt with every phase of obstetrics. The course was planned at the request of the Ontario Red Cross for the benefit of their nurses in the Outposts, who meet with such terrifying experiences, and in spite of which have such an enviable record. Can you imagine any-

thing worse than being left high and dry with an arrested breech delivery—and no doctor within thirty miles?

Dr. W. A. Scott, Professor of Gynaecology and Obstetrics, University of Toronto, discussed hemorrhage from every possible angle, leaving with us some very useful procedures which might be followed in an emergency. Dr. Scott also outlined prenatal care, emphasizing the importance of observation of the expectant mother early in her pregnancy and impressing upon her the necessity of frequent visits. Abortion and prophylaxis of infection were very thoroughly treated by Dr. H. B. Van Wyck, assistant professor of gynaecology and obstetrics, University of Toronto. Among other topics most ably presented were: heart disease and tuberculosis in pregnancy, by Dr. W. G. Cosbie; toxemias of pregnancy, by Dr. H. B. Van Wyck; nursing care during labour and the puerperium, by Dr. J. C. Goodwin; anesthesia in labour, by Dr. W. A. Scott; care of the newborn, by Dr. Charles Snelling; induction of labour and operative obstetrics, by Dr. D. M. Low.

Too much credit cannot be given to the nurses who prepared the excellent papers for the Round Tables. The subjects discussed were directed to prenatal and confinement care, and postpartum care of the mother and her infant. Special emphasis was given to health teaching which, it was felt, should be shared by the student nurse. This should be done during her bedside care of her patient, but if the nurse had not yet had her nursing training she would hardly be in a position to teach mothers how to care for a baby! Another argument was that all student nurses are not good teachers, and many of them have no idea how to go about it. This last point raised the question "shall we teach our nurses to teach?" By all means, if one can find the time. In some of the larger hospitals a public health nurse is appointed to the teaching staff, and one of her duties is to demonstrate to the student the possibilities and opportunities she has for health teaching.

Miss Ethel Greenwood, of the Victorian Order, demonstrated in her own inimitable way the preparation for confinement in a

home. This was most enjoyable and instructive. Oh! that more of us had some of Miss Greenwood's animation.

In visiting the hospitals one was impressed with the excellent techniques and efficiency of the various hospital staff nurses. They gave so much of their time and went to endless trouble to prepare demonstrations and clinic material depicting the care of the maternity patient. No effort was spared to give the mother and her newborn baby the very best care that modern science can effect, from the time she registers at the prenatal clinic, to the day she leaves the hospital with her baby. The demonstrations included prenatal care, admission to hospital, care during labour, postpartum care of mother and baby.

One could not come away from this Refresher Course without realizing the responsibility which rests with those of us who are entrusted with the teaching of obstetrics to nurses. They must be taught how to meet the emergencies which they are bound to encounter from time to time. Some of the experiences cited by the Red Cross Nurses in the Outposts would floor even an experienced obstetrician. I wonder if it would be possible to have some sort of affiliation between hospital and outpost which would be of mutual benefit. The hospital nurse would have the advantage of the unparalleled experience of the nurse at the Outpost, who must do all kinds of nursing under very trying conditions, with little or no help—it would develop in her a sense of responsibility and develop her initiative which she would probably get in no other way. In turn, the nurse from the Outpost would have the opportunity of observing and learning the newer methods and techniques of the modern hospital. She would also be able to follow an abnormal case right through her pregnancy, labour, and puerperium; this plus her experience in the Outpost should, I think, be invaluable to her.

I thoroughly enjoyed the Course. The demonstrations, lectures, discussions were all so well planned and definitely worthwhile. Any nurse who is interested in obstetrics should certainly make an effort to attend the course if it is repeated next year.

OBITUARIES

HUILOTA DYKEMAN died at her home in Saint John, New Brunswick, on February 27, 1939. Her untimely death is a severe loss to the nursing profession and her capacity for leadership will be sorely missed, especially in the Maritime provinces. In 1924 Miss Dykeman was appointed director of public health nursing service for the Province of New Brunswick and rendered outstanding service both as an administrator and as an educator. In addition to her supervisory duties, she gave courses in health education in the Provincial Normal School at Saint John and organized clinics and educational campaigns in the rural districts. From time to time she directed Refresher Courses for public health nurses which were both inspiring and stimulating and which attracted students from outside the borders of the Province.

Huilota Dykeman came of United Empire Loyalist stock, and after completing her education at the Acadia Seminary, Wolfville, N. S., entered the School of Nursing of Johns Hopkins Hospital. She graduated in 1917 and later undertook post-graduate study at Columbia University. From 1918 to 1919 she served as a Nursing Sister in the military hospitals of New Brunswick, and from 1920 to 1922 was supervisor of the maternity department of the Mountainside Hospital, Montclair, N.J.

Miss Dykeman took an active part in the work of the New Brunswick Association of Registered Nurses and in 1933 served as convener of the public health nursing section of the Canadian Public Health Association. Her place will, indeed, be hard to fill and the memory of her ungrudging service will long be cherished by the nurses of New Brunswick.

MABEL BICKELL (Mrs. James Reid), a member of the Class of 1894 of the School of Nursing of the Montreal General Hospital died on December 19, 1938. Sympathy is extended to Mrs. E. Brown, her sister and classmate.

GRACE A. CURRIE died on February 6, 1939. Miss Currie was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1931.

MARGARET MCGAVIN (Mrs. Fred G. Reid) died on January 30, 1939. Mrs. Reid was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1900.

MRS. THOMPSON ROSS (née Brooke Gavin) died recently. Mrs. Ross was a graduate of the School of Nursing of the McKellar General Hospital, Fort William, and a member of the Class of 1930.

EMMA ROBINS, who for twenty years was Matron of the Soldiers' Home Hospital in Chelsea, Mass., died recently. Miss Robins entered the School of Nursing of the Royal Victoria Hospital, Montreal, in 1894 and was among the first to graduate from that School.

MAUD WOOLSEY, a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, died on March 4, 1939. Miss Woolsey served during the Great War from 1915 to 1918 both in England and in France as a Nursing Sister with the Canadian Army Medical Corps.

It Can't Happen Here!

It so happens that this issue of the *Journal* presents certain aspects of nursing as they appear to observers in countries other than our own. In "A New Deal for Nurses", you will find a critical analysis of what is happening in the field of nursing education in England. Then if you would like to cast a glance across the border and see what the American experts in social economics think of nursing service as distinct from education, just turn to "A New Measuring Rod". Perhaps after you have looked over these articles you may quietly dismiss them by saying "It can't happen here". And you may be right. In our experience, however, the subtle influence of new ideas is disconcertingly far-reaching. Neither the Atlantic Ocean nor the forty-ninth parallel seem to insulate us completely from the strong current of public opinion which, in England especially, may drastically change the traditional course to which the nursing profession has seemed to be committed.

One Family

Upon the occasion of his sixtieth birthday, tribute is being paid to Albert Einstein, possibly the greatest and most original scientist of his time. He is an exile from his native land because he is a Jew, but he believes that the peoples of the earth will eventually learn to live together in tolerance and understanding. Not long ago he was asked what he thought of a suggestion, put forward at the Tercentenary of Harvard University, that a group of men of good will might be selected from among the best and wisest in all countries who,

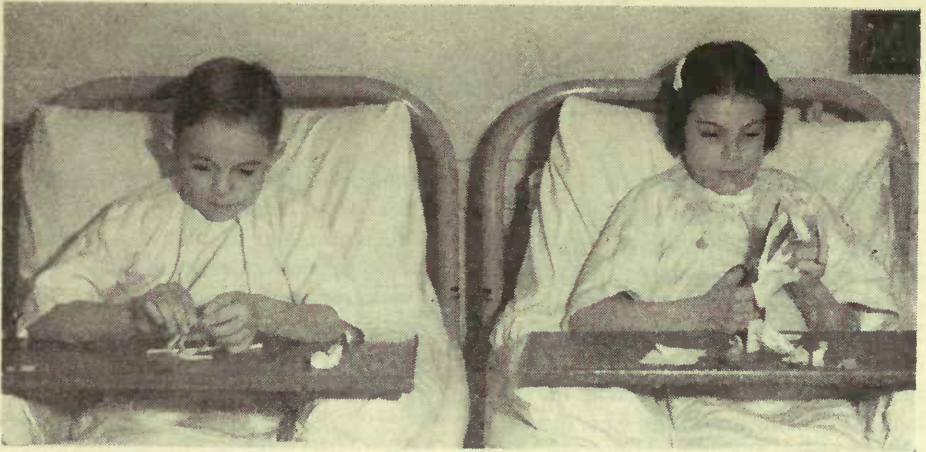
thinking and acting together, would represent "the conscience of mankind", and would command a following so strong that no political ruler would dare ignore it. Einstein replied that such a scheme is not impossible. One factor which he thinks might ensure its success is the fellowship which exists between men and women who do the same work, no matter where they live or what language they speak. This bond still holds the nurses of the world together and, if you read "Under Heaven, One Family", you may dare to hope that this Chinese proverb may prove to be a prophecy.

Gathering of the Clans

In Alberta, British Columbia, Manitoba, Ontario, and Saskatchewan the clans are gathering. The provincial Associations of Registered Nurses are holding their annual meetings, and three of the provinces will have the privilege of having the President of the Canadian Nurses Association present with them. Perhaps before many years are over, the Canadian Nurses Association will own its own aeroplane and commute from Charlottetown to Victoria, thus linking "The Island" to "The Island", as well as "Sea to Sea".

An Old Enemy

In spite of all that has been done to combat it, tuberculosis still takes a heavy toll even from the ranks of nurses themselves. There seems to be no discharge in this war and we are needed in the fighting line. Dr. Meltzer and Miss Houston tell us something of the fine work which is being done at the Manitoba Sanatorium, especially in relation to collapse therapy.



We Prepare an Exhibit

MADELEINE FLANDER

Instructress of Nurses, Children's Memorial Hospital, Montreal

I must confess that when I was first given the responsibility of preparing *The Canadian Nurse* exhibit for the annual meeting of the Association of Registered Nurses of the Province of Quebec, I felt that I had acquired a particularly difficult task. Actually, however, it seemed to take form quickly and easily, mainly due to the generous co-operation of the staff and to the fact that we are accustomed, at the Children's Memorial Hospital, to make things out of "stuff and nothing" in the ordinary course of our occupational and play programmes with the children. Thus with the hearty assistance of the occupational therapy and play departments, the dietitian and the staff, and the children themselves, something did eventually evolve out of "stuff and nothing".

In terms of money, the project cost very little because the raw material was bought for less than two dollars. It was the careful and painstaking work which counted. The occupational therapist,

Miss Gertrude Ellis, kindly consented to teach two of her charges in the Pavilion for the treatment of rheumatic children, how to make little figures from pipe-cleaners, and decided that the making of twelve of these figures would not be too great an undertaking. Young Nick Zonack, and Pierrette Loiseau, both ten years of age, were interested, so Nick made the figures, while Pierrette dressed them. This, to quote Miss Ellis, is the way they went about it:

Nick made the figures from two flexible wire pipe-stem cleaners, one making the head and arms, and the other the main part of the body and legs. These were then wound with wool to give the proper proportions, and the head firmly sewed with button-hole stitch to make a smooth face and to prevent the wool from coming unwound. The hair and features were embroidered with wool and fine coloured threads. The figures then went to Pierrette to be dressed. She cut and fitted the costumes, sewed them to the figures, and wound

the arms and legs with wool of appropriate colours.

These two children were cases of sub-acute rheumatic fever and had been on strict bed rest routine. This project was considered suitable for them because of the slight amount of physical activity involved, while back-rests with arm supports and work trays, as seen in the picture, eliminated postural strain. The children enjoyed making the figures, although Nick was a little bored before he had quite finished. The work kept them at rest for about three weeks.

One morning, on entering the office, I found an array of attractive pipe-cleaner "nurses" and other figures awaiting me on my desk. As the figures were to be arranged to represent groups of nurses engaged in private duty, public health and nursing education, the making of properties must now begin. I visited the dietitian, and explained that I was in need of four cardboard boxes about twelve or fifteen inches square to serve as platforms for the groups. Within a few days she presented me with four empty "minute tapioca" boxes of exactly the right size. I then raided the play department and came away with coloured cardboard and paper, a pot of glue, some plasticine, wrapping paper, and with the addition

of a few tongue depressors and applicators, felt that there was enough equipment at hand to continue.

An evening meeting was arranged and a few of the staff members gathered before the fireplace and within two and a half hours had produced chairs, tables, blackboard, a desk with a blotter on it, a bed and bureau, miniature copies of *The Canadian Nurse* and other little articles. The paper house for the public health group came, at the eleventh hour, from a boy who is a patient in the Pavilion for the treatment of children with primary tuberculosis.

Finally, the evening for inspection arrived; the figures were assembled and all was in readiness. Several of the staff nurses were looking the exhibit over, and one exclaimed, "Something is missing. What is it? Why, of course, there are not enough people around the public health nurse". Whereupon she dashed out of the room and I heard her asking an interne in the corridor for some pipe-cleaners. By eight o'clock, she had contrived a lame father leaning on a cane, a pair of rachitic twins, and two or three other children.

At last all the groups seemed as complete as we could make them. The private duty nurse stood at the bedside of





a patient of rather ghastly appearance, holding a copy of *The Canadian Nurse* under her arm. In the nursing education group, the instructress (with one gray hair) stands before her blackboard lecturing to six little students, some of whom are sitting in a very poor posture in their chairs and I believe one may discern on one face a distinctly sleepy expression. The public health nurse approaches a scene of social chaos in front of what appears to be a tumble-down shack. Mother, in a gay print dress, has a mischievous child across her knee ready to spank. Father is approaching, leaning heavily on his cane. One twin is climbing the fence, another is falling out of the window, and yet two more children, one with knock-knees and the other with bowed legs, appear around the corner of the house.

At last the great day of the Annual Meeting arrived and the exhibit was

placed in position on bridge tables in an alcove which everyone had to pass in order to reach the room in which the sessions were being held. Against the background of some gay posters, it made quite an imposing appearance and attracted a most flattering amount of attention. Close by was a desk, from which amusing little bookmarks were distributed. On closer examination, these turned out to be subscription blanks all ready to be signed on the dotted line.

There is now a prospect that the exhibit may be sent out on a tour of neighbouring cities, and the J. F. Hartz Company, makers of surgical supplies, have been kind enough to provide a travelling case free of charge.

Everyone who took part in preparing it quite enjoyed the experience and, incidentally acquired a more lively interest in our national nursing journal.

STUDENT NURSES PAGE

Have You a Little Sister?

CATHERINE LOCKE

Miss Locke is a member of the senior class in the School of Nursing of the Toronto Western Hospital. She is the President of the Students' Council and thinks that the Big Sister—Little Sister relationship has done much to promote a good understanding among the members of the student body.

Have you ever longed with an unsatisfied yearning for a sister—big or little, it didn't really matter? Or having one or several, do you appreciate them as one in the sisterless group of humanity might? If you can understand the special sort of sisterly relationship I'm referring to, you will appreciate the pleasure which we students at the Toronto Western Hospital find in the Big Sister-Little Sister relationship which has been in effect here for some years.

A student, usually in the Intermediate Year, having agreed to act as a Big Sister, is given the name of one of the would-be preliminary students, who, "sight unseen", becomes her Little Sister. You may well imagine the challenge of the unknown and undiscovered. We can all readily realize that being a Big Sister is a very great responsibility, so the conscientious one takes herself aside and appraises her own mental attitude first. I do not mean that she will banish all the peculiar quirks she may have acquired in her twenty-odd years of existence, but, duly appreciating the undoubted influence she will have on a Little Sister, she will ponder on how she will govern herself accordingly. Then,

having at least aimed at the "above reproach" level, she begins to plot and plan in an effort to make a Little Sister as comfortable and contented as possible in a strange and apparently exacting environment.

There are many, many ways of playing the role of Big Sister, just as there are many interpretations of any part in any play you choose to think of, and the success or failure of the player depends to a great extent, I should say, upon sympathy, enthusiasm, and ingenuity. Any Big Sister will recall the intricate and elaborate process of "getting into uniform"; the unsuspected labyrinthian character of the hospital with its wards, halls, offices and closed doors; the Madman's Paradise comprising street cars, stop and go signs, and street maps in their relation to the business of getting into residence "on time". Who can forget those first embarrassing *faux pas*, made because "nobody said" . . . "if only someone had told me" . . . "I didn't know". Memory, then, serves to list the multiple opportunities and our Big Sister, armed with the Golden Rule and a hearty hand-shake, sets forth to do the rest.

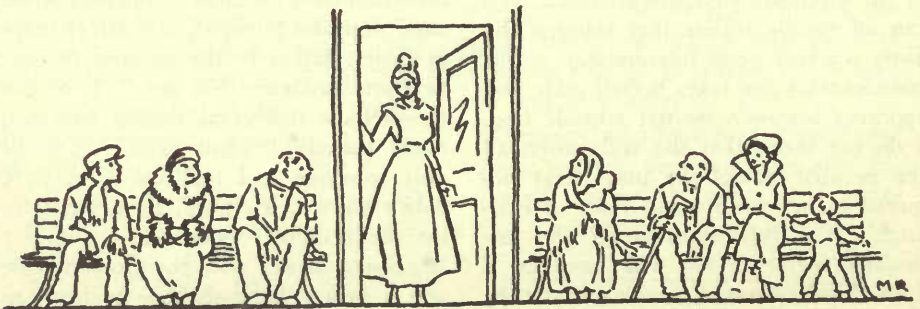
As a group, the preliminary students are welcomed by the Principal of the School and the various instructresses, as well as by the president of the Student Council, who greets them on behalf of the student body and explains the organization and purposes of student government in this particular hospital, also the aims of the Interschool Association of Nurses in Toronto.

Socially, the Little Sisters are welcomed and entertained by their Big Sisters at an "ice-breaking" party shortly after they enter. Each Big Sister escorts her new friend, and the aim of each and all is to become acquainted with as many people as possible. But more important still, each preliminary student is welcomed individually by her Big Sister. May I mention the reception I received upon my lonely and somewhat apprehensive arrival, and which I feel was quite without flaw. Attached to the parcel of uniforms left in the room assigned to me was a jolly little note informing me that I was M———'s Little Sister, a fact which seemed to please her very much. It gave me a very necessary and wanted feeling. Shortly afterward, she came in (she had been haunting my room in an effort to greet me as soon as I arrived) and I shall never forget her smile, so sunny and cheering, with a hint of a great friendship in store. It stiffened a considerably weakened backbone, warmed two very "cold feet",

and suddenly made the world a fine place to live in. Again, at capping time, as is our custom, it was my Big Sister who pinned on the cap at the special service held at the end of the preliminary term. Such a proud moment, so fittingly shared with one who had halved the notorious trials and tribulations of a "probie"! Oh, yes, a Big Sister has a difficult role to fill, for in a surprisingly short time she becomes a father confessor, teacher, advisor and friend, binding up the bruises and bumps, and often sending a dismayed and discouraged Little Sister more resolutely and cheerfully on her way.

The arduous duties of the Big Sister are not unrelieved, however. There is ample compensation in having a Little Sister who looks to you for help and sympathy, and whose attitude reflects your interest and friendliness. It requires little imagination to appreciate the possibilities for happy friendships which such an arrangement offers.

I have tried to picture what appeals to me as the ideal state of a Big Sister—Little Sister relationship. It is an unfortunate fact that all too often we Big Sisters have been found wanting by our lonely, bewildered Little Sisters. We can only hope that each succeeding class, profiting by the mistakes and inadequacies of the last, will raise the sisterly standard nearer and yet nearer to the ideal.



Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Florence Nightingale Scholarship

The Executive Committee of the Canadian Nurses Association announces its approval to the selection of a candidate by the Scholarship Award Committee. This year the Florence Nightingale Scholarship goes to Miss Mary Elizabeth Henderson of Vancouver. Miss Henderson as a graduate of the five-year course in nursing, The University of British Columbia and the School of Nursing of The Vancouver General Hospital, received the degree of Bachelor of Applied Science in Nursing in 1929. Since graduation Miss Henderson has had experience in public health and school nursing and latterly she has been an acting supervisor for the School Nursing Service of the Metropolitan Health Committee for Greater Vancouver, British Columbia.

The Scholarship provides for tuition and maintenance for a year as a student at the International Nursing Course offered by the Florence Nightingale International Foundation in conjunction with Bedford College for Women (University of London) and The College of Nursing, London, England. Miss Henderson will enrol for the Course in public health nursing.

"R.N." or "Reg. N."

Some months ago one of the Provincial Associations of Registered Nurses submitted a proposal to the Canadian Nurses Association that possibly the use of the abbreviation "R.N." as designating a Registered Nurse in Canada should be corrected.

The Executive Secretary was instructed to obtain the opinions of the Provincial Associations as to the desirability of a change being made in the abbreviation of the term used in the Provinces and whether the making of a change would necessitate the opening of any of the Acts for Registration of Nurses. Also that the question of the legal use of the abbreviation "R.N." be referred to the federal authorities for advice. From the Department of the Secretary of State at Ottawa it was learned there is no legal reason why the term "R.N." should not be used by registered nurses in Canada. The same authority explained that insofar as Canadians were concerned and in this country, the term "Royal Canadian Navy" or "R.C.N." is applied to men attached to the strength of the Navy—not "Royal Navy" or "R.N." as in the British Isles.

The Acts of Registration which already provide for the abbreviation "R.N." are those for the provinces of Alberta, British Columbia, Nova Scotia and Prince Edward Island; in Manitoba and Saskatchewan, the Act states "Reg. N." while that for New Brunswick provides for either abbreviation. The Acts for Ontario and Quebec do not authorize the use of any special term.

The Provincial Associations have been given the foregoing information from which they have learned that the use of the term "R.N." is legal in Canada and that there are two Provinces only in which the Acts specifically state that the abbreviation used should be

"Reg. N.", i.e., Manitoba and Saskatchewan.

A Note of Thanks

The congratulations of the President and Members of the Canadian Nurses Association were sent to Miss Ellen M. Musson and Mrs. Rebecca Strong following the announcement that these two well-known nurses were included in the King's New Year Honours' List. Miss Musson's conferment is Dame of the British Empire, and Mrs. Strong, at ninety-six years of age and still active, becomes an Officer of the Order of the British Empire.

In acknowledgment, Dame Ellen Musson has written:

I have to acknowledge with many thanks your letter dated January 25th in which you convey to me in very kind words the congratulations of the Nurses of Canada. Will you please convey to the members of the Canadian Nurses Association my very sincere thanks and my good wishes.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Calgary Unit, Overseas Nursing

Sisters Association \$ 5.00

Edmonton Association of Graduate Nurses	10.00
Graduate and Student Nurses, Calgary General Hospital	21.00
Medicine Hat Graduate Nurses Association	10.00
Private Duty Sub-Section, Edmonton	4.25
Public Health Section, A.A.R.N.	10.00
Staff, Junior Red Cross Hospital, Calgary	4.00
<i>British Columbia:</i>	
A.A., General Hospital, Vancouver	75.00
A.A., St. Joseph's Hospital, Victoria	5.00
Lady Minto Hospital, Ashcroft	2.00
Shaughnessy Hospital, Vancouver	3.00
Supervisors, Royal Jubilee Hospital, Victoria	6.00
<i>Ontario:</i>	
A.A., Brantford General Hospital, Brantford	15.00
A.A., Ross Memorial Hospital, Lindsay	5.00
A.A., Victoria Hospital, London	15.00
District 1, R.N.A.O.	10.00
District 4, R.N.A.O.	10.00
District 5, R.N.A.O.	10.00
Graduate Nurses Staff, Hamilton General Hospital, Hamilton	14.00
Student Government Association, Hamilton General Hospital, Hamilton	25.00
Graduate Nurse Staff, Toronto Psychiatric Hospital, Toronto	5.00

ALBERTA ANNUAL MEETING

The annual meeting of the Alberta Association of Registered Nurses will be held April 11 and 12, at the Masonic Temple, Edmonton. Members of the Association are happily looking forward to having as their guest, the President of the Canadian Nurses Association, Miss Grace M. Fairley. A welcome will be extended to the delegates by His Worship, the Mayor of Edmonton, Mr. J. W. Fry. Greetings will also be presented on behalf of the University of Alberta by the President, Dr. Kerr. The Premier of the

Province of Alberta, the Hon. William Aberhart, will deliver an address.

The afternoon session of the first day will be given to concurrent meetings of Sections. A few of the nursing problems to be given consideration will be the eight-hour day for nurses; the organization of Districts, and revision of the Registered Nurses Act. The local committee on arrangements is being convened by Miss Katherine Campbell.

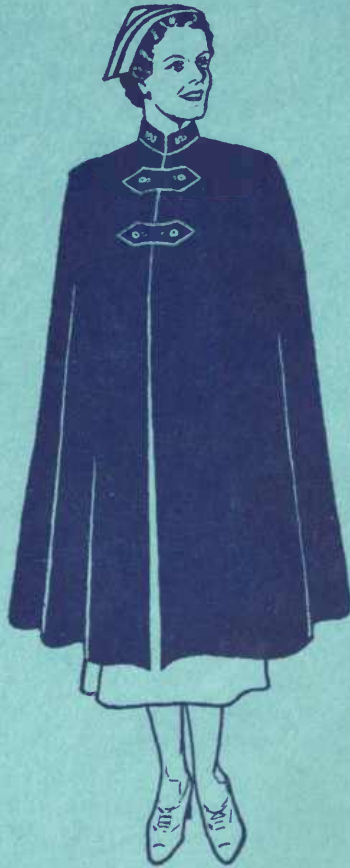
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The CANADIAN NURSE



VOL. XXXV

NUMBER 5

MAY, 1939



A Royal Welcome

GRACE M. FAIRLEY

Tercentenary of Jeanne Mance

REV. SOEUR ALLARD

An Inexhaustible Supply of Blood
and its Preservation

J. R. GOODALL, M.D.



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BRITISH EMPIRE, VOL. 40 NO. 6, 1935

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| Spinach, carrots, peas. | 4 | Cereal . . . whole milk, whole wheat soya bean flour. |
| Prunes, pineapple juice, lemon juice. | 6 | Soup . . . tomatoes, carrots, celery, chicken livers, barley, onions. |



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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with *The American Journal of Nursing*, \$5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

MAY, 1939

NUMBER FIVE

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No professional group in Canada will give a more cordial and loyal welcome to Their Majesties than will the members of the nursing profession, for has not our Royal Family demonstrated in so many ways their genuine interest in our profession and everything pertaining to the hospital world and the health of their people. One could have wished that their visit might have been made at a time when the situation throughout the Empire was less fraught with anxiety and the international picture less disturbed. Nevertheless Canada greets them with a high heart and with confidence in the future.

In the two short years of his reign, the King has carried a heavy load and

one remembers with deep feeling and gratitude his New Year's message in 1937 — "I send to all the peoples of the Empire my warmest wishes for their welfare and happiness. I realize to the full the responsibilities of my noble heritage. Throughout my life it will be my constant endeavour to strengthen that foundation of mutual trust and affection on which the relations between the Sovereign and the Peoples of the Empire so happily rest. I ask your help towards the fulfilment of this purpose and I know I do not ask in vain."

Every member of the Canadian Nurses Association from the Atlantic to the Pacific will join most sincerely in this great national welcome and in the



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demonstration of loyalty which comes from the very heart of the Canadian people. It is an historic occasion, and we hope that the majority of our members will be privileged and fortunate in see-

ing Their Majesties for whom we hold such personal affection. From our hearts we pray for a return of Peace and fervently trust that their visit to Canada will be an interesting and happy one.

An Inexhaustible Source of Blood and its Preservation

J. R. GOODALL, M.D.; F. O. ANDERSON, M.D.; G. T. ALTIMAS, M.D.,
and F. L. MACPHAIL, M.D.

From the Wards and Research Laboratory of St. Mary's Hospital, Montreal

Transfusions with placental blood have now been in operation in St. Mary's Hospital, Montreal, for the past two years, during which time over three hundred transfusions with foetal blood have been given, and blood has been shipped on several occasions to other hospitals in Montreal where facilities for this work do not as yet exist. In all this time there have been but two physical reactions, one a mild urticaria, and the other a severe accession of fever in a septic case, both of short duration with no untoward sequelae. One other case had a severe chill of a purely nervous type, without fever or physical change. Such were the sum of unexpected effects. The physiological effects are similar to those of ordinary transfusions, differing only in degree. The greatest advantage of the foetal blood bank lies in its pre-operative activation of the reticulo-cellular system of the body, and in cases of toxic haemorrhage of whatever kind. This source of blood was first discovered by the writer, who attempted to disprove the theory that a placenta that

is rigid with blood will detach itself more readily than a placenta that is emptied. Accordingly the cord was allowed to fall down over the vulvar towel and the cord clamp was released. The blood often spurted three feet under its pressure and gravity, and continued to bleed for quite a while. Then suddenly the thought occurred—why not save this blood for transfusion purposes? Immediately means were secured to put the idea into operation.

Preservative

The best preservative was found to be that of the Moscow Institute of Haematology, which consists of the following ingredients:

Sodium citrate	5.0 gm.
Sodium chloride	7.0 gm.
Potassium chloride	0.2 gm.
Magnesium sulphate	0.04 gm.
Bi-distilled water	1000.0 c. cm.

Through the kindness of Messrs. Ayerst, McKenna and Harrison, the

preservative is put up in concentrated form in ampules of 25 c.c. capacity, and of such strength that when added to 100 c.c. of distilled water the dilution corresponds to the above formula. It is known under the trade name of "Citrosesoid". It would seem advisable that small institutions should use the ampules, but larger institutions may have the preparation made by any qualified chemist.

In our correspondence concerning the preservative we were advised, in one abstract, that the magnesium sulphate content was 0.004 gm. to the litre, and in another abstract it was 0.04 gm. In the meantime, while further correspondence ensued, the proprietary company, which put up our preservative for us, prepared it with 0.04 content. Later we learned by letter that 0.04 was the correct amount according to the Russian formula. Our original article was therefore published with the smaller content. But we found later, when St. Mary's Hospital began to prepare its own preservative, that, with the smaller amount of magnesium sulphate, slight coagulation took place. We immediately augmented the sulphate to 0.04 gm. and found that this coagulation defect was immediately corrected. We also learned that the company had been using the formula according to our earliest instructions, which had never been changed. Unfortunately, the formula with the lower sulphate content had gone into print. Hence the difficulty which some have encountered by this defect. We hasten to call attention to this error.

Refrigeration and Equipment

A temperature between 34 and 38 degrees Fahrenheit has been found to be the optimum. A refrigerator in size proportionate to the size of the institution must be secured. A clock thermo-

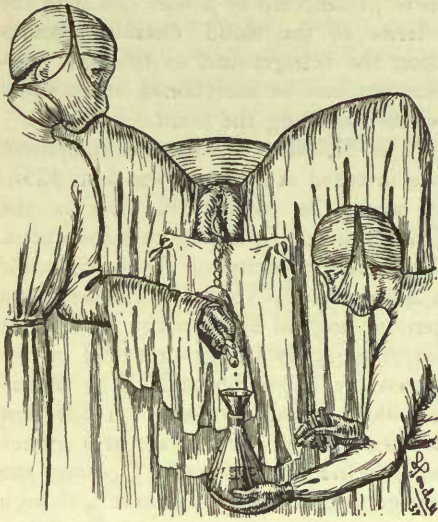
meter, connected by a wire coil with the interior of the blood chamber, stands upon the refrigerator, so that the temperature can be ascertained at all times without opening the plant.

The St. Mary's Hospital equipment was installed at a cost of less than \$250. It would be considerably less in the United States, owing to customs duties. The inner capacity of the refrigerator is approximately 3 x 2.6 x 1.8 feet for a general hospital bed-capacity of 240. A correspondingly larger unit will be required for larger hospitals. The different blood groups are kept on different shelves, so that one can see at a glance what is the stock of each. Opening the refrigerator at frequent intervals, though it changes the temperature of the chamber temporarily, does not appreciably alter the temperature of the blood. About three dozen Erlenmeyer flasks of 300 c.c. capacity are found the safest for this work, and one dozen funnels of 3 inch diameter, with a stem that reaches down one-half the depth of the flask. Plugs of gauze filled with cotton are made to stopper the flasks, and loose cellophane caps are used to cover the top and short neck of the flask. Two dozen pipettes, twelve to fifteen inches long, are also needed. One dozen small test tubes with corks are required for the collection of blood for both Wasserman and grouping.

It may facilitate matters for investigators to know that the St. Mary's Hospital refrigerator is a Frigidaire by General Motors, and the clock thermometer is known as a "Thermogauge", constructed by the United States Gauge Company, New York.

Technique

The writer fears that in the preliminary report upon this subject, sufficient detail was not given. An endeavour will be made to rectify this. The glassware



Illustrating the technique of collecting Placental Blood.

must all be boiled and thoroughly rinsed with several changes of distilled water. The preservative fluid, to the amount of 125 c.c. (or the contents of one ampoule to which 100 c.c. of distilled water is added) is decanted into the Erlenmeyer flask and the cotton stopper and cap are adjusted. The flask is now wrapped in a cotton wrapper in such a way that releasing the pin or string at the top allows the towel to fall down freely about the hand supporting the flask from below. The funnel is similarly wrapped so that when held by the top by the nurse, the stem is easily exposed. These are then sterilized in the operating room autoclave. As many as desired may be so prepared and kept. They keep indefinitely. The pipettes are wrapped or kept in a glass tubular container and similarly sterilized.

Method of Collecting

A small table is set apart in the case-room for the collecting of blood. On it are one wrapped Erlenmeyer flask with its preservative, one funnel, a bottle of

70% alcohol, a small sterile wrapped tray containing swabs, sterile scissors, and a towel with an aperture 2 x 3 inches in the centre. On the table also are small labelled test tubes. Half the number of these are half filled with sterile normal saline for purposes of grouping. The table is wheeled near the patient when blood is to be collected. As soon as the baby is born, it is placed upon the mother's abdomen and the cord is ligated *immediately*. The cord is now held at the point of ligation by the index finger and thumb of the right hand, as the doctor stands between the patient's thighs. With the index finger and the thumb of the left hand armed with a sponge, the cord is now stripped free of blood for about four inches from the ligation. With the right hand, now free, this depleted segment of the cord is wiped clean with a sponge moistened with alcohol, and is severed with the sterile scissors. The left hand, still holding the severed cord, is now lowered between the patient's thighs so as to obtain the maximum gravity. With the right hand, the perforated towel is now placed over the left arm so that the aperture is opposite the finger and thumb of the left hand, still holding the severed end of the cord, and the towel is then held *in situ* by an Allis forceps applied to its upper margin, making it fast to the operator's sleeve. The nurse, during the foregoing steps by the accoucheur, releases the collecting flask from its covering, removes the plug with a sterile forceps, and places it upon the tray, and proceeds to disengage the stem of the funnel from its covering by holding the funnel in the left hand of the margin of the rim. She then places it in the neck of the collecting flask, she now lowers the flask held in her left hand as in the diagram, so that the end of the cord is within the upper rim of the funnel, and the doctor releases the pressure on the

cord. It takes about three minutes to collect the blood. It is not stirred or agitated any more than is absolutely necessary. The flask is now placed upon the table and the nurse collects in each of two small labelled tubes (one half-filled with saline) a few drops of blood for grouping, and a half tube full for Wasserman. The doctor replaces the plug in the flask and the main container is labelled with adhesive, on which is the patient's name and the date of her delivery, in black ink. The sample for grouping is examined as soon as convenient, and the group is indicated on the flask in large red Roman numerals. The Wasserman is indicated by a red minus sign below this. The Wasserman test is done on public cases during the last two months of their antenatal treatment, and is not repeated with the foetal blood unless so desired. In private cases the foetal blood is tested upon collection. The flask of blood is transferred within a reasonable time to the refrigerator for preservation.

Transfusion

When transfusion is required the group of the recipient is first obtained, and a flask of foetal blood of the corresponding group, or group IV, is chosen. A sterile pipette, plugged with absorbent and stoppered with the finger, is lowered into the flask to the layer of blood cells. The finger is then released and replaced and the captured cells are gently withdrawn. Matching by the major reaction, is now done by the foetal cells against the recipient's serum. As many foetal bloods are treated in this way as are required for the transfusion. When the bloods are found to be compatible, the flasks are now gently swirled to mix the component elements of the blood, and are then placed in a water bath of about 105 degrees of temperature, while the patient is being prepared. All transfusions are given by gravity, as

in an ordinary intravenous saline, and the blood is always filtered through two layers of gauze. Bloods should not be pooled before or during transfusion. But one foetal blood may follow another, through the gravity chamber, without interruption. Saline solution may, or may not, be added at any time.

If the recipient is, let us say, a Group II, and there may be shortage of foetal blood of that group and one wishes to supplement by one or more of Group IV, then the blood corresponding to that of the recipient should in all cases precede the administration of the Group IV blood. Group IV blood, being usually different from that of the recipient, unless she happens to be of that group, has a tendency to cause temporary incompatibilities in the recipient. Hence the above rule. This applies not only to foetal bloods.

Quantity of Placental Blood Available

The quantity varies greatly in cases. This is predetermined by many factors. Chief among these are full term, prematurity and postmaturity weight of child and placenta, the length of time allowed to elapse after the birth of the child before the cord is tied, asphyxia livida or asphyxia pallida, and lastly, uterine contraction and retraction. The operation of some of these is evident. The influence of others is not so clear. The longer the child is allowed to be attached to its placenta, the less can one collect, owing to two factors, the contraction of the uterus and the aspiration of the child. The largest amount of blood is collectable from those cases in which, owing to unreleasable cords about the neck, the cord must be cut before the baby is born. In such cases it is common to collect 150 c.c. This will serve to emphasize the importance of early clamping in cases where it is desired to collect blood.

What is not so evident is that, in cases of asphyxia livida, there is an excess of blood in the placenta, and the larger quantity obtainable, in such cases is blue-black in colour, and retains that color throughout its preservation, becoming bright colored only when stirred and poured at transfusion. On the other hand, in cases of asphyxia pallida, there is a minimum of blood in the placenta, making it not worth while collecting. These are poorly—if at all—understood facts garnered during this work.

..... *Sterility of Placental Blood*

This is the most serious question of this new subject, and deserving our most intensive study. In St. Mary's Hospital we have cultured our preparations over and over again, with uniformly negative results. This work has been amply corroborated by many other first-class institutions. We have advised against the use of this storage in institutions which, in our estimation, did not cultivate a maternity technique sufficiently rigid to warrant the procedure. We have invariably discouraged the procedure where mid-wives are in charge of the delivery rooms. It cannot be over-emphasized that the procedure for collecting blood is a surgical one, demanding a strict surgical technique. It requires close supervision, as close as in ordinary transfusions. In several institutions where contamination is consistently or frequently found in the collected blood, we have advised them not to continue, but have also suggested that a checking of their delivery room technique would not be amiss. The presence of the bacillus subtilis in cultures of placental blood bespeaks a general infection of the environment of the case room. In St. Mary's Hospital the system has now developed into a routine, like any other technical work of the hospital. Any untoward reaction has been

attributable to carelessness in matching or to other avoidable errors in transmission of orders between personnel. None of these have had any serious consequences.

Characters of Foetal Blood

Foetal blood has characters quite distinctive. Its cellular content averages 7 million to the 5 million of the adult; it contains from 25 to 35% more thrombotic power; it is very rich in humoral extracts; and contains many immature nucleated red blood cells which have a high degree of fragility.

When foetal blood is collected and preserved, it sediments into three layers, the lowest composed of red blood cells. Closely applied to this is the white cell layer, differing markedly in thickness in different specimens; and upon these the supernatant fluid composed of plasma and preservative. The latter may differ markedly in appearance in different specimens. In most it is a clear amber colored fluid, which, as days or weeks elapse, or if it is disturbed, becomes pink-tinged from the deeper parts. In others, it is decidedly turbid from the beginning, due to the presence of substances of unknown composition. When the baby is pink and well oxygenated at birth, the blood is of a bright red colour. When, on the other hand, the foetus has a high degree of anoxaemia, the collected blood is very dark, at times almost black, and does not preserve as well as the red type, as it haemolyses more rapidly and never regains its normal color during preservation. This is no hindrance to its use in transfusion. It improves markedly in colour when filtered through the gauze at the time of transfusion.

There have been quite a number of cases where a small or large cushion or hump lay on the surface of the red cells after sedimentation. This is covered by

a layer of white cells and proved a problem as to its nature. Microscopically it is a tenacious homogeneous mass, sterile to culture, and was eventually found to be due to Wharton's cord jelly that had got into the blood during collection. It has no untoward effect during transfusion.

Considerable degrees of haemolysis are no barrier to the use of such blood for transfusion purposes. This breaking down has been proved to be purely mechanical in character, and chiefly due to the greater fragility of the immature nucleated cells. The test whether an haemolysed blood should be used for transfusion is found in the intactness of the red cells withdrawn for matching purposes at the time of the intended transfusion.

Advantages of Foetal and Preserved Blood

These advantages lie both in the original properties of the collected blood and in its preservative. Preserved blood has fewer allergic reactions than that of fresh blood, owing to the breaking down of the unsplit proteins. It is ready at hand at all times and much time is saved in cases of emergency. Preserved foetal blood not only has the above advantages, but it is richer in thrombin, therefore of greater advantage in haemorrhagic cases, and being young blood, is extremely active in awakening reticulo-cellular activity of the body as a preventive and as an aid to combat infection. It can, and has been, preserved for four months and has been used at the end of that period with good effect, even though considerably haemolysed.

Its greatest advantage is found in its use as a pre-operative measure. Where there is no grave anaemia, as evidenced by an haemoglobin estimate, or, better still, by a complete haemogram, the infusion of the blood collected from only

one placenta is sufficient to immunize the patient preoperatively. This has been found one of its greatest advantages.

It has reduced the risks of economic hazards in the semiprivate cases where better surgical judgment realizes that a transfusion would greatly increase the chances of uninterrupted recovery, but financial hazards often compel to an opposite decision.

The Wasserman reaction upon the foetal blood of private patients, who had not been previously examined, has revealed an unexpected positive reaction in certain instances which was confirmed by the immediate examination of the parents' blood, and appropriate treatment was then possible at a much earlier date than would have been otherwise.

The Charges for Transfusion

Foetal blood costs almost nothing, it has been possible to reduce the price of a full transfusion to \$10.00 for private patients; \$7.50 or \$5.00 for semi-private, and \$2.00 or nothing for public cases. The staff of the surgical, gynecological, or pathological department takes care of the blood and of its grouping and matching, without any increase of personnel or cost, and it has been possible to defray all the expenses of the research laboratory and leave a rich surplus from the income derived from the transfusion charges.

Blood has been shipped to other hospitals with the greatest facility. If the destination happens to be in the same city, transmission by taxi without refrigeration is sufficient. If extra-urban, it should be packed in a thermos pail and carefully labelled. It has been possible to demonstrate that extra-hospital cases, or cases from a great distance, can be easily grouped and matched by the following simple method. Take a piece of white filter paper, roll it into the

form of a cigarette, and insert it into the test tube containing the recipient's blood so that it just reaches the surface of the blood. It will suck up the serum and, when a small segment is saturated, it can be withdrawn and dried on a radiator, and sent in an envelope to the blood-bank. Here, a small piece of 2 x 2 c.m. is inserted into a test tube and moistened with normal saline, so that when macerated, there is a small amount of supernatant fluid. This is withdrawn with a pipette, and, except for a slight paper flocculation, gives a perfect medium for matching and grouping. It has been used with advantage.

When to Collect Foetal Blood

There are certain conditions that become axiomatic as regards mother, child and accidents of labour. Foetal blood should be collected from only full-term or near-full-term cases. It should not be collected from cases where membranes have been ruptured for over forty-eight hours, and obviously it should not be collected from any mother suffering from a communicable disease. Pre-eclampsia or eclampsia is not a contraindication, however. In cases of prematurity and of asphyxia pallida the amount obtainable is negligible. On the other hand, where, owing to neck coils, the cord has to be severed before complete birth, the amount is inordinately large. The maternity section of a general hospital, if proportionate to the other departments, can supply a sufficiency of blood to meet all the average *present-day* requirements of that institution; but it may not meet all the requirements of the near future.

It is now the generally accepted belief of those in a position to know that in the near future, blood transfusions will be almost completely substituted for intravenous salines except in very special cases; and it is the firm belief of the authors that, for preoperative immunization and in the treatment of shock of whatever nature, there is nothing that can equal blood. It is the firm belief that the preservatives now used are inadequate, and that the next refinement will be the improvement in circumstances that will permit blood to be kept indefinitely in a condition of suspended animation. The life of working red and white blood cells is variously estimated at from thirty to ninety days but no one knows the life history of blood held in a state where its vitality is reduced to a condition of quasi-quiescence. This is our present-day study. It will take a great deal of work, and first among the points for investigation will be (1) an uniformity of circumstance; (2) a minimum of cell food, assimilable under these circumstances; (3) an atmosphere that is acceptable.

Under *present* circumstances placental blood preservation has proven safe, constant, efficient, time-saving in emergency, and a lucrative source of supply for transfusion. Its cost will vary with the size of the plant, but it soon pays for itself. Moreover, the plant provides an excellent means of preserving supplemental blood drawn from healthy sources in the other departments of the hospital. It is the opinion of the authors that blood from cadavers will never be acceptable to the public, and the recorded untoward reactions in countries where it is used adds a decided physical deterrent to the deeply grounded sentimental objections.

The Tercentenary of Jeanne Mance

1642-1942

A meeting was held recently at the Hotel Dieu of Montreal in preparation for the Tercentenary of the arrival of Jeanne Mance at Ville Marie, now known as Montreal. The meeting was presided over by the Reverend Sister Allard, recently appointed president of the sub-committee of nurses by the ladies' sub-commission of the Tercentenary celebration of Montreal. The president cordially welcomed the delegates of the different nurses' associations of the city to the hospital of Jeanne Mance, and explained that this preliminary meeting was to inform the nurses of the different ways in which the celebration of the Tercentenary should commemorate the arrival of Jeanne Mance at Ville Marie.

It is of the utmost importance, she remarked, that the nurses play a distinguished part in the celebration of the Tercentenary, because it is their privilege to revive the spirit of Jeanne Mance as an ideal nurse. The other women's groups are already preparing themselves to honour Jeanne Mance as the first woman of Ville Marie. They praise her administrative qualities, her sense of economy, her courage and heroism, and are already displaying a great deal of activity in this direction. It is now the duty of the nurses to bring to the minds of everyone that, above all, Jeanne Mance was a *nurse*. The care of the sick and wounded was the pivot around which she centered all her energy and activity; it was, therefore, her vocation and her calling as far as Ville Marie was concerned.

After these introductory remarks, the president read the reports of two meetings discussing the celebrations held at Maison de la Federation Nationale St.



LA RÉVÉRENDE SOEUR ALLARD

*Hospitalière-en-chef, Hôtel-Dieu
de St. Joseph, Montréal*

Jean Baptiste on November 25, 1938, and February 4, 1939. The reports of these two meetings were published in "*La Bonne Parole*", organ of the Federation. At the second meeting, Madame Thibaudeau, the general president of the Federation Nationale St. Jean Baptiste and of the ladies' sub-commission of the Tercentenary celebration, appointed Sister Allard president of the sub-committee of nurses, with the charge and privilege of organizing the contributions

of the nurses, with the approbation of the ladies' sub-commission.

The Catholic Association of Canadian Nurses has presented to the ladies' sub-commission a request to nominate a lay-nurse as joint president of the said sub-committee of nurses. It was moved by Mlle G. Brossard, G.M.E., seconded by Mlle A. Martineau, G.M.E., and unanimously adopted, that Mlle Anysie Déland, G.M.E., be proposed as joint president of the sub-committee of nurses.

The president then told the meeting of a plan regarding a play in honour of Jeanne Mance, in which the various branches of the nursing profession could be represented. This plan received the approval of the nurses present, all of whom expressed their hopes for the success of such a worthy undertaking.

In order to comply with the desire expressed during the second meeting of the ladies' sub-commission, it was suggested that the nurses study the life of Jeanne Mance and that the graduates of each hospital attempt to emulate it in one form or another until the time of the Tercentenary. For the purpose of

obtaining information regarding the history of Montreal, it was suggested that the president of each branch should arrange for speakers who could treat the subject during the monthly meetings of their associations.

It was moved by Mlle Martineau, seconded by Mlle Giroux, that the nurses adopt the costume of Jeanne Mance for the Jubilee Year 1942. In order to avoid all controversies or misuse, these costumes should be under the supervision of Hotel Dieu. This plan will be submitted to the Commission of the Tercentenary celebration, and all decisions shall be made with the approval of the latter.

It was further suggested that a résumé of this meeting be sent for publication to *La Garde-Malade Canadienne Française* and to *The Canadian Nurse* in order to inform the nurses, English as well as French, who are interested in the Tercentenary celebration of Montreal. The closest co-operation is necessary between the different branches of nursing, and the sub-committee relies on the collaboration of all of them, and of each individual nurse.

Our New "International"

Every year adds to the goodly company of Canada's "Internationals" — a group of young nurses of whom we have every reason to be proud. The latest addition to the ranks is Mary Elizabeth Henderson, to whom has been awarded the scholarship given annually by the Canadian Nurses Association. This scholarship will enable her to take one year of study in the courses offered

in London under the auspices of the Florence Nightingale International Foundation.

Miss Henderson has had an unusually broad preparation in both an academic and a professional sense, and is well qualified for advanced study. She was born and educated in Vancouver and took the five-year combined course in Applied Science and nursing, offered by

the University of British Columbia and the School of Nursing of the Vancouver General Hospital, which leads to the degree of Bachelor of Applied Science (Nursing). Following her graduation, Miss Henderson served for over a year as a public health nurse in Saanich. Later she joined the school nursing staff of the Vancouver School Board and, after the formation of the Metropolitan Health Committee of Greater Vancouver, was appointed acting supervisor of school nursing services. These services comprise a generalized public health nursing programme consisting of school nursing, child welfare, tuberculosis and communicable disease work.

Miss Henderson is actively interested in nursing organizations and has served as convener of the public health section of the British Columbia Registered Nurses Association and as secretary of the Health and Welfare Educational Group. Just to prove that she is the fortunate possessor of a well rounded personality, Miss Henderson finds great pleasure in sports and in music. There can be no doubt that she will add to the



Mary Elizabeth Henderson

high reputation which Canadian nurses have already established as outstanding members of a group selected from the best nurses which the world can offer.

Introducing Agnes Macleod

At the Biennial Meeting of the Canadian Nurses Association, Agnes Jean Macleod was elected chairman of the National Nursing Education Section. Miss Macleod comes of Scottish ancestry and was born in Parkhill, Ontario, the youngest of a family of five. She received her early education in Edmonton where she attended Normal School and subsequently taught school

for a year and a half before beginning her course in Arts at the University of Alberta. She took the five-year course offered by the School of Nursing in the University of Alberta and thus qualified for the academic degrees of B.A. and B.Sc. in Nursing. For two years she served as instructor of nurses in the Lamont Public Hospital, and from 1928 to 1929 acted in a similar capacity in the

School of Nursing of the University of Alberta.

From 1929 to 1932 she undertook post-graduate study at Teachers College, Columbia University, managing also to fit in a three months course at the Manhattan Eye, Ear and Throat Hospital. During her last year at Teachers College she carried what she herself describes as "a part-time evening job from 5 p.m. to midnight in charge of the supply room at the Doctors' Hospital." Miss Macleod does not say when she found time to study or to sleep but we happen to know that she took her Master's degree with flying colours.

Upon her return to Canada in 1932 she became the instructor of nursing practice in the School of Nursing of the Vancouver General Hospital, and in 1937, was appointed to the position she now holds as Director of the School of Nursing of the University of Alberta. She outlines her duties as follows:

Although this University started the Undergraduate Courses leading to a diploma and degree in 1923, and graduated students, granting a B.Sc. degree in Nursing in 1927

(the class of which I am a graduate), the final year in Public Health Nursing was only given that year, and was not resumed at this University until 1937-38. So with my appointment in 1937, the School for the first time had a nurse director. In the interval students went elsewhere for their final year. At present I conduct the University end of the School of Nursing work.

Miss Macleod has been chosen as the representative of the Alberta Association of Registered Nurses on the University of Alberta Senate Committee for the inspection of Schools of Nursing in Alberta. She is keenly interested in nursing organizations, has served as chairman of the Committee on Nursing of the Canadian Hospital Council, and is now the president of the Edmonton Graduate Nurses Association.

Miss Macleod is a member of the Canadian Club, the Women's University Club, and the Soroptomist Club, but in spite of all these manifold interests, claims to be "fundamentally a lazy individual, rather a bookworm, not specially athletic, who enjoys the movies and my own fireside when I can manage an evening there!"

Ports of Call

The Year Book, published by the Alumnae Association of the School of Nursing of the Calgary General Hospital, has just reached this desk, and without so much as a by-your-leave we are going to quote freely. Under the caption of "Ports of Call" we found this delightful description of life in a Japanese hospital, written by Miss E. Foerstel (C.G.H., 1924):

"I am so glad you have come to spend the day with me. We are not so very busy just now, and I have time to show you what I can of interest, but I must warn you beforehand that this is a very up-to-date hospital, and you may go away envying us in many ways, especially where the building is concerned. Though at first only a small house, it has grown and grown, until we now have this fine building, erected to "the glory of God and the service of humanity".

There is a large medical staff of senior doctors, their junior associates, internes, and many graduate nurses. There are also some outside graduates, as well as our own student nurses, who have four years' training and who have the equivalent of college education. These are all in uniform just as you would see them at home. The men in khaki coloured trousers and white coats are what we call *kozukais*. They do all the floor cleaning, carrying of stretchers, etc. The ladies in yellow uniforms are the floor kitchen *amahs* who also assist in the arranging of flowers and the care of the linen rooms. The boys whom you see wearing blue serge uniforms with the hospital initials on the collar, are what we call "*boy sans*", and each floor owns one, to run messages and direct the visitors.

Now we will start on our way. Before you have gone very far you will find yourself beginning to nod at everyone you pass, and although it is not our own way of greeting we soon fall into the habit. I know I shall have a hard time parting with this habit when I return home. Unfamiliar with the language, it helps a lot to know that by just bowing your head you are taking part in a greeting such as "Ohiogozaimas", Good morning; or "Konichiwa", Good day. It is quite acceptable to those whom you are greeting, and it is not necessary to say anything.

Upon entering, if you wear "*geta*", Japanese footwear, the *kozukai* will take them from you and give you a pair of "*zori*", Japanese slippers, for we cannot have the clatter of the former down our corridors. "What is that odour?" you say. I am not surprised, for along this corridor the kitchen and the dining rooms are situated. I have become used to it, and the Japanese themselves of course do not notice it. The Japanese pickles are responsible!

Here is the fifth floor, my domain. I am very proud of it. The nice black and white corridor is shining its very best. This floor is all surgery—men and women. It is in three sections, each having its own nurses' station and utility room. There is one main floor kitchen and one treatment room. Here is Mrs. Takayanagi, my Japanese super-

visor for the whole floor. She has two head nurses for each section, who again have their staff of nurses according to the number of patients. We have central service for the whole floor to include linen and supplies of all kinds, thus simplifying requisitions and space. Takayanagi San is a gem. Yes! I believe she is just half my size in height and weight, but is she capable! Being a little older than the other nurses, they have a great respect for her because they know that she knows her work. Oh, yes, she speaks perfect English, she was in America for several years. You must also meet another of my nurses who speaks English and speaks it well. She has never been abroad—just learned it here. All our own graduates speak it very well. Let us look at the charts—all in English and what fine printing. Even the doctors do their part in English. It is one of the rules of St. Luke's, that only English should be used on the charts.

I usually greet Mrs. Takayanagi first, and see how things are generally, coming back later to see the patients. I have to see what is scheduled in the operating room, whether any anaesthetics are needed, or any foreigners are coming up. As you see, we have two major and minor operating rooms, also this room for plaster cases. This room, which we are now using for a supply room, was originally the anaesthetic room, but as so very little general anaesthetic is used and we needed the space, we put it into use. What anaesthesia do they use? It is so different from home. In the first place you have a people who, for generations have been taught to bear pain—never to complain—therefore they have not nerves like ours, and though sometimes it really does hurt, it is the last thing they will confess to. The doctor is a *sensei* (teacher) to them, and he can do no wrong, and their absolute confidence is in him. Therefore patients do not come to us apprehensive, but calm and collected. One wonders for how many more generations this will be so. Already the younger people are less brave than their elders and we do get called upon sometimes to put a patient to sleep. They are all well premedicated, local and spinal anaesthesia are used most—as a rule with

much success. However, there are times when these cannot be used and then ether or ethyl chloride are administered. We have three gas machines but the gas is very expensive, as it all has to be imported, and the patients do not seem to take to it at all. In my three and a half years here I believe I have not used gas more than fifty times, and only about ten times on Japanese patients.

Now let us look into this other room. Yes, a child having her tonsils out under local anaesthetic. The adenoids will come out too, in the same way. Do they always sit up like that and "take it"? Yes, most of them do. They always come to the operating room with the greatest of interest, never crying. They do not remove tonsils for children less than four years old. They are usually very good about the painting and injection, but, as some of us know, that does not always deaden all the pain, and most of them give a little squirm when the tonsil actually comes out. But they are soon over it and hold no hard feelings.

Let us go across to the supply room; it is central supply to the whole hospital. Hypodermoclysis sets, saline (we are only responsible for the sterilizing of it), all dressings and linen. Yes, a graduate nurse is responsible with her three *amahs* who work here all the time, and then the clinic nurses who have finished their work come over each day for an hour or so. Four autoclaves are in action most of the day. The O.R. nurses' uniforms I think are very nice; only plain dresses with square neck, no collar, and short sleeves. They always change to regular uniform when going to meals or off duty.

Now I will take you to see one or two of my not-so-ill patients. I make rounds daily with my Japanese supervisor, seeing every patient, and those who are very ill more often if I can help in any way. The patients seem to like my coming. I do very little for them, but sometimes straightening a pillow, or a little chat (through an interpreter) seems to cheer them up, or at least pass away some of their time. Come,

we will go in here and see Mr. Maki. Fractured leg, up in spica for three weeks. Now having gentle massage and hopes to be up soon in a chair. "Ohiogozaimas, Maki San! this is my friend from Canada who is visiting here and enjoying your country". The patient welcomes you and hopes you will be happy here. He likes to know where you are from, and tells you he has not yet visited your country but hopes to do so some day. I have just asked him how he is feeling to-day, if he slept well last night, and how the meal trays are. He says I speak very good Japanese, but the trouble is he does not know how limited it is! For these are about all the questions I can ask him. Yes, he talked quite a lot to me and I can understand a good deal of what he said, but far be it from me to answer him, so I get Takayanagi San to do so for me. "Sayonara, odaijini". We always say that when leaving them. It means "goodbye and take care of yourself."

Come now into this big sunny ward. As you see, each cubicle can be curtained off, no need of screens, and there is so much space and air. The student nurses do most of their practice here, and the patient gets the very best of care, for the students are well supervised. Does it seem strange to you to see all the different bed wear? The very ill keep to hospital gowns, but as soon as they are better they like to get into their *yukata* (kimona worn in bed). Some ask for pyjamas. They all (if they can get away with it) like to wear their tummy bands, *haramaki* at night—also shorts.

Are not the flowers lovely? All the year round they are so. Do you hear that little sizzling noise? Well, on that plant hangs a tiny cage, and in that you will find an insect that makes that noise. The patients like them. Goldfish are also brought to the patients. These have a very cooling effect, and they love to watch them.

Now, before I say good-bye, just come to these doors off the ward and look down into our lovely chapel. From here organ music and singing drift up to the wards, and the patients enjoy it so much.



Some happy students in 1938

SUMMER SCHOOL FOR NURSES IN MANITOBA

EDITH M. McDOWELL

President, Manitoba Association of Registered Nurses

The Manitoba Association of Registered Nurses wishes to announce a second summer school course under the aegis of the University of Manitoba. The success of the 1938 summer school session for nurses is our justification for proceeding to this second summer school session. This year, we are fortunate in being able to have on our teaching faculty, Miss Agnes Macleod, Director of the School of Nursing of the University of Alberta. Miss Macleod will direct a course extending over three weeks, in the principles of teaching the fine art of nursing. Teachers in schools of nursing will welcome the help and guidance of Miss Macleod in this course which she is so well able to present.

There will be a course in bacteriology, including full laboratory experi-

ence to parallel the lectures. Graduate nurses who have felt that their experience in bacteriology has been deficient, will appreciate this opportunity to strengthen their equipment. Particularly will it be welcomed by teachers in schools of nursing who require help in presenting this subject and in utilizing what is so frequently limited laboratory equipment.

This year, Mr. Thomas MacMaster, B.A., of the University of Manitoba, will present a course in the general principles and practice of teaching. This will be a sound basic course for teachers in schools of nursing and is designed to help the teacher in the scientific selection and organization of subject matter and in correct approach in the effort to realize objectives in teaching. It will

include guidance in the selection of illustrative material and in making correct application of scientific knowledge to actual situations. Mr. MacMaster has distinguished himself by his ability in the field of education and we are most fortunate in being able to secure his appointment on the summer school faculty.

A study of the elements of preventive medicine has been included and we have been able to secure the services of specialists in the fields of maternal and child hygiene; the hygiene of nutrition; school health; and control of tuberculosis and venereal disease. A course in the presentation of history of nursing will also be given, with a view to assisting teachers in organizing material and stimulating an appreciation in the student, of the story of nursing as a background against which modern trends have developed.

This Association realizes its good fortune in being able to participate in the University Summer School and make

full use of its equipment. Graduate nurses who are anxious to improve their own equipment in order to render more efficient service in meeting rapidly changing community needs and in order to prepare for the increasing fields of activity for nurses, will be grateful for this opportunity afforded by the University of Manitoba through its Summer School at very reasonable cost. Our thanks are due not only to the untiring efforts of our Summer School Committee but also the University, through its President, Dr. Sidney E. Smith and its Dean of Education, Dr. D. S. Woods, whose sympathy and co-operation have made this second summer school session possible.

Reading lists have been prepared in the various courses and further particulars with regard to these and to the courses will be supplied upon application to Miss Gertrude Hall, Executive Secretary, Manitoba Association of Registered Nurses, 214 Balmoral Street, Winnipeg.

TRAVELLING FELLOWSHIP FOR MISS FIDLER

The Rockefeller Foundation has done much for nursing education but, of all its generous gifts, perhaps the most lasting and beneficial are the travelling fellowships which make it possible for nurses to observe and practise in countries other than their own. Canada should be proud that the School of Nursing of the University of Toronto has so often been chosen by the Foundation as the best place for foreign students to receive instruction. Now the

Foundation is making it possible for Miss Nettie Fidler, an outstanding member of the faculty of that School to study abroad. She will spend the next four months in England and on the Continent and thus be able to see for herself the working environment from which the overseas students come. Miss Fidler possesses, in a very high degree, the keen mentality and the broad preparation which will ensure the best possible use of this unique opportunity.

STUDENT NURSES PAGE

This Will Help Us in the Wards

HELEN CARR and HELEN MORROW

As part of the new preparation for public health nursing offered by the School of Nursing, University of Toronto, arrangements are made for the student to have contact with the community at intervals throughout the entire training. During the first term of the first year an initial week of experience is planned so that she may see something of community effort for preserving the health of its people. It is significant that this observation work is experienced before the student commences bedside care on the ward with the hope that such care will be more adequate when undertaken. The papers which follow reflect the reaction of two of these students to the week of experience arranged for this year's class.

The week we spent observing showed us more than we ever realized before what is being done to prevent disease as well as cure it. We understood for the first time what Child Health centres and play-schools are because we saw their inner functioning and their products. The work done in the health centres impressed us very much because it seems that these babies will grow up into fine healthy children and will build up a resistance to disease. To these centres are brought babies from the age of one month to two years. This free health service is given only to well babies—if a child is sick he is sent to his own doctor, to return only when he is well. Weights are recorded, the mothers are interviewed, the babies' diets are regulated, and at six months the babies are given toxoid. With this care the health of a great many babies is almost assured.

In the play school, preschool children are taught to use their hands intelligently by the use of plasticine, blocks, crayons and paper; they are taught to play together in musical games and with toys; they are taught good health habits such as washing their face and hands and combing their hair at a certain period before being given milk and cookies. These children, besides being helpfully instructed, are kept off the streets.

In the public schools we learned that children are given two complete physical examinations during the period of their elementary schooling. Defects such as poor eyesight, poor hearing, cardiac conditions, etc. are thus caught in the early stages by the doctor in charge and the school nurse, and the child is referred to his own doctor or a hospital clinic. The children are treated tactfully and with understanding so that their con-

fidence is gained and as a result the examination is more successful.

When visiting with the Victorian Order of Nurses we saw the types of homes visited—mostly those of people who cannot afford or do not need hospitalization; we saw the types of cases treated such as maternity patients and those requiring insulin injections, or surgical dressings. In addition to learning the functionings of this Order we noted the skill and understanding that characterized their work.

We also visited the Connaught Farm where we learned what forces are at work to prevent disease. We were shown how diphtheria bacilli were put on broth and incubated to form toxin; to this toxin was added formaldehyde resulting in toxoid. This is what is given to people to provide immunity. To prepare anti-toxin, the toxoid is injected

up to one litre into horses and then eight litres of blood are taken later from each horse. This is the anti-toxin which is given to people exposed to diphtheria or those who have the disease. Experimentation on guinea pigs, rabbits, and ferrets is also done at this farm which is conducted in connection with the University of Toronto.

Because of these visits in the public health field, we feel that if we were in the wards now we could talk intelligently and helpfully with any person with whom we might come in contact, for having perceived the eagerness which characterized a mother's or a father's attitude toward the nurse with regard to the health of their children we feel that a nurse on ward duty could inspire the same attitude and willingness to heed advice in health matters concerning themselves.

THE VICTORIAN ORDER OF NURSES

Miss Eva Bayne and *Miss Frances Graham* have resigned from the Toronto Branch.

Miss Helen Miller has resigned from the Kirkland Lake Branch and is being replaced by *Miss Phyllis Boden*. *Miss Boden* is a graduate of the School of Nursing of the Calgary General Hospital and has just completed the period of two months supervised experience on our Montreal staff.

A third nurse has been added to the Timmins staff — *Miss Fredrica Johanneson*. *Miss Johanneson* was formerly employed on our Saskatoon staff.

Miss Eola Scott has been transferred from the Hamilton staff to the position of nurse-in-charge of the Chatham Branch, replacing *Miss Katherine Nattress*. *Miss Scott* is a graduate of the School of Nursing of the Hamilton General Hospital and

of the course in Public Health Nursing, University of Toronto.

Miss Katherine Nattress has resigned as nurse-in-charge of the Chatham Branch and has accepted a position on the Hamilton staff. *Miss Nattress* is a graduate of the Toronto General Hospital and of the course in Public Health Nursing, University of Toronto.

Miss Pearle Farmer has resigned from the Braeside Branch and is being replaced by *Miss Mary Austin*. *Miss Austin* is a graduate of the School of Nursing of the Toronto Western Hospital and of the course in Public Health Nursing, University of Toronto.

Miss Daisy Lodge has resigned as assistant district superintendent of the Ottawa Branch.

ELIZABETH SMELLIE,
Chief Superintendent.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Executive Committee of the Canadian Nurses Association held its first meeting of the year on March 11, in Vancouver. Those attending were the President, Miss Grace M. Fairley, Misses A. Cavers, M. Duffield, K. Ethel Gray, Mary E. Henderson, Margaret E. Kerr and Margaret Teulon. A summary of the proceedings of this Executive Committee Meeting follows:

Resolutions adopted include:

1. That the President be authorized to accept the invitations of the Alberta and Saskatchewan Associations to attend their Annual Meetings in 1939.

2. That, as the Canadian Nurses Association is a national organization, the highest minimum salary required under any Provincial Wages Act shall be the accepted minimum for permanent employees of the Canadian Nurses Association and *The Canadian Nurse*.

3. That whereas it has been accepted as desirable that more direct contact should be made between the Canadian Nurses Association and its federated organizations, be it resolved that this Executive recommends that study and consideration be given to the development in the near future of the office of a National Field Secretary, and that a committee be appointed to study this matter and report at the General Meeting in 1940.

4. That the Executive Committee recommends to the Provincial Associations that the annual membership cards issued to individual members include:
(1) the Serial Registration Number;
(2) the statement that Provincial mem-

bership means membership in the Canadian Nurses Association and the International Council of Nurses; and that the Executive Secretary be requested to communicate with the Provincial Secretaries accordingly.

5. That the Executive Committee endorses the request of the Registered Nurses Association of British Columbia that the plan of the Vancouver Graduate Nurses Association for the establishment of a Community Nursing Bureau receive the consideration of the Joint Advisory Committee of the Canadian Nurses Association and the Victorian Order of Nurses for Canada on Community Nursing Service Bureaux. The latter Committee had reported discontinuance of negotiations between the City of Moose Jaw and the Joint Advisory Committee for an experimental nursing bureau in that city.

6. That the National Committee on Education be requested to undertake the preparation of a pamphlet dealing with Nursing which would be comparable to the one submitted, and which would be available to high schools and kindred groups. It was further suggested that the Provincial Associations might be requested to collaborate in the preparation of this, especially in relation to educational requirements for admission to Schools of Nursing.

7. In regard to inquiries from European refugee nurses for possible employment in Canada, it was resolved that each individual case should be dealt with by referring the inquirer to the executive officer of the province in which the ap-

plicant hopes to reside, enquiring whether or not she is eligible for registration, and that all such nurses be urged to enter Canada through the official quota.

Considerable discussion took place on the question of a National Placement Bureau, and it was recommended by the members present that, in the light of the Manitoba report regarding their activities, the other provinces should undertake a similar study in conjunction with National Office. It was suggested that a copy of the Manitoba plan might be forwarded to each province as a basis of discussion.

Approval was given to a recommendation in the report from the committee appointed to study the question of a History of Nursing in Canada, namely: that provincial committees be appointed to tabulate available data and to undertake an intensive and extensive search for further historical material relating to the development of nursing in the respective provinces.

In response to a request by the Executive to the Legislation Committee to study the question of incorporation for the Canadian Nurses Association, the committee submitted a report of the results of the study and expressed its approval of incorporation. A copy of this report has been sent to members of the Executive Committee and to the secretaries of the Provincial Associations.

The members present unanimously agreed that *The Canadian Nurse* has been improved by the increased size and expressed their interest in the articles which have appeared in the *Journal* recently.

The appointment of a representative from the Canadian Florence Nightingale Memorial Committee to the meeting of the Grand Council of the Florence Nightingale International Foundation, July 10-12, 1939, in London, was

discussed. It was then decided that decision be delayed until announcement is made as to when and where the interim meeting of the International Council of Nurses will be held.

It was announced that some months ago National Office had procured a photograph of Miss M. F. Hersey in academic robes, and that more recently the Alumnae Association of the School of Nursing of the Toronto General Hospital had presented headquarters with a similar photograph of Miss Jean I. Gunn.

Highlights from Provincial Reports

The *Alberta Association of Registered Nurses* is giving leadership to several graduate nurses associations which have signified a desire to form District organizations of the A.A.R.N.

The *Registered Nurses Association of British Columbia* arranged an experimental exchange between a public health nurse and a staff nurse in the Maternity Department of the Vancouver General Hospital. The Hospital staff and the Public Health organization were most co-operative. Consideration was being given to a suggested possible change in the Provincial Employment Act by which a Nursing Bureau could be under the control of the profession.

The *Manitoba Association of Registered Nurses* is arranging to make a survey of employment possibilities for nurses. The survey will be made by a registered nurse under the directions of a Committee appointed to conduct this project: a copy of the outline of the plan for the survey is published below this summary of the Executive Committee Meeting proceedings.

The *New Brunswick Association of Registered Nurses* reported further study of the proposed new Act of Registration in New Brunswick. The Association is

offering to its members (for the first time) a scholarship for post-graduate study. Co-operation of educational authorities was secured in regard to the revised course in chemistry for high schools conforming sufficiently to meet the requirements for organic chemistry as proposed in *The Curriculum*. Re-organization in several schools was reported by the School Visitor.

The *Registered Nurses Association of Ontario* is studying the development of Community Nursing Service Bureaux and of the re-organization of registries, plans for which are to be basic and capable of adjustment to fit individual centres. A three day Health Institute, sponsored by District 8 in Cornwall, proved very successful with the entire community co-operating.

The Private Duty Section of the *Registered Nurses Association of Prince Edward Island* meets every second week and is following the programme of study as outlined by the National Section. The Nursing Education Section is supporting a proposed course of lectures on public health nursing for provincial schools of nursing.

English and French speaking groups of the Public Health Section, *Association of Registered Nurses of the Province of Quebec* each held a well attended refresher course, while the Private Duty Section (English) has arranged a series of lectures including practical demonstrations in medical asepsis technique. Two scholarships are offered for 1939, each amounting to \$250.00 for a year's post-graduate study. One scholarship is to be awarded to an English-speaking member, the other to a French-speaking member. The Association has been approached for representation on the Committee on Arrangements for the Tri-centennial celebrations for the City of Montreal in 1942. Special committees

composed of nurses are being appointed to arrange for celebrations in honour of Jeanne Mance. The Association is planning to hold a general meeting in Quebec City early in June.

The *Saskatchewan Registered Nurses Association*, through the Provincial Department of Health, has arranged for a course of lectures on public health nursing which will be available to all schools of nursing in Saskatchewan. The current examinations for registration are held under recently revised regulations by which it is felt the regulations conform more closely to the recommendations in the *Report of the Survey of Nursing Education in Canada* and those tested by other authorities.

Potential Employment

The following plan for a Survey of Employment Possibilities for Nurses has been prepared by the Manitoba Association of Registered Nurses:

Objectives:

1. To achieve a better balance between the utilization of nursing services and the needs of the community.
2. To study the specific needs of employers, and to provide them with complete records of qualified nurses for any nursing position.
3. To find the percentage of nurses employed and unemployed.
4. To find employment possibilities for nurses.
5. To make new contacts for nurses in old and new fields.
6. To increase the scope and effectiveness of the Nurses Directory as a Placement Bureau.
7. To furnish data which can be of value to the Registered Nurses Association in other ways.
8. To prepare a pamphlet that may serve as a means of guidance not only

for the student in training but also for the bewildered graduate.

Advantages:

1. A plan designed to make the community more health conscious.
2. A means to help employers help themselves.
3. A definitely planned attack upon the possibilities of employment.
4. A means of acquainting the nurse with a guide to roads of employment.
5. It furnishes, for the first time, data which may be used to answer such pertinent questions as: (a) Are nurses employed in all the capacities possible? If not, why not? (b) Are other people doing jobs nurses could and should do? (c) Is the nurse, however employed, doing the best job possible, or is she neglecting opportunities to make herself more effective? (d) Are nurses able to obtain specialized training and could more nurses be given special training? (e) Would a nurse be employed in many cases if she could combine her nursing with other duties? (f) If the nursing possibilities have been underdeveloped because one nurse is unable to handle the work, would the employer consider employing more?

Procedure:

1. Survey of last two or three years' graduates: (a) Number employed; (b) number unemployed; (c) type of employment; (d) percentage employed in each type; (e) average income.
2. Survey of all possibilities of employment to determine present nursing services utilized, their adequacy and prospects for further development.

A National Enrolment

Recently the Canadian Legion of the British Empire Service League sponsored a survey of ex-Service men and women under sixty years of age by which it is planned there will be a registration of

those who are available for possible emergency service. The survey is concerned chiefly with those who are beyond the age for active service but who might be available for police or other duty, depending on the individual's ability and capacity.

This nation-wide registration of ex-Service men and women does not conflict in any way with the National Enrolment of Nurses for Emergency Service which has been in operation since 1930, under the joint effort and direction of the Canadian Nurses Association and the Canadian Red Cross Society.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Calgary Association of Graduate Nurses, Calgary	10.00
A.A., Calgary General Hospital, Calgary	\$10.00
A.A., Misericordia Hospital, Edmonton	5.00
A.A., University Hospital, Edmonton	10.00
Edmonton Overseas Nurses Association, Edmonton	10.00
Miss Ethel Brown and Staff, Municipal Hospital, Wainwright	2.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
Student Nurses, Provincial Mental Hospital, Ponoka	5.00
Staff Nurses, Provincial Mental Hospital, Ponoka	10.25
Staff Nurses, Royal Alexandra Hospital, Edmonton	10.00

British Columbia:

Graduate Nurses Association, New Westminster	25.00
Graduate Nurses Association, South Okanagan	5.00
Graduate Nurses Association, Victoria	8.00
Bulkly Valley Hospital, Smithers	5.00
Kimberly Public Hospital	10.00

Mission Memorial Hospital	1.00
R. W. Large Memorial Hospital, Bella Bella	5.00
Princeton Hospital	11.00
St. Eugene School of Nursing, Cranbrook	5.00
Science Girls Club, Vancouver ..	15.00
Miss Graves, Britannia Beach	3.00
<i>Nova Scotia:</i>	
Halifax Branch, R.N.A.N.S.	25.00
<i>Ontario:</i>	
A.A., Galt General Hospital, Galt	5.00
A.A., Grant Macdonald Training School, Toronto	5.00
A.A., Hospital for Sick Children, Toronto	25.00
A.A., Niagara Falls General Hospital, Niagara Falls	5.00
A.A., Nicholls Hospital, Peterborough	5.00
A.A., Oshawa General Hospital, Oshawa	5.00
A.A., Riverdale Hospital, Toronto	10.00
A.A., Stratford General Hospital, Stratford	10.00
A.A., Toronto General Hospital, Toronto	100.00
A.A., Wellesley Hospital, Toronto	5.00
District 5, Chapter 2, Registered Nurses Association of Ontario ...	5.00
District 6, Registered Nurses Association of Ontario	10.00
District 8, Registered Nurses Association of Ontario	25.00
Graduate Nurse Staff, Hospital for Sick Children, Toronto	34.00
Graduate Nurses Association, St. Catharines	5.00
Proceeds of movie held under aus- pices of Graduate Nurse Staff, Toronto General Hospital, Toronto	80.00
Dr. G. E. Richards, Toronto General Hospital, Toronto	20.00
Student Nurses, Hospital for Sick Children, Toronto	10.00
Students, School of Nursing, University of Toronto, Toronto	5.00
A.A., Woodstock General Hospital, Woodstock	5.00

Saskatchewan:

A.A., City Hospital, Saskatoon	5.00
A.A., Queen Victoria Hospital, Yorkton	5.00
A.A., St. Paul's Hospital, Saskatoon	5.00
Anna Turnbull Hospital, Wakaw ..	2.00
Cabri Hospital, Cabri	1.00
Frontier Community Hospital, Frontier50
General Hospital, Swift Current ..	5.25
Gull Lake Hospital, Gull Lake	2.00
J. Jackson, Arcola	1.00
Kelvington Union Hospital, Kelvington	2.00
Melville Hospital, Melville	1.00
Nurses, Weyburn	10.50
Regina Registered Nurses Association	20.00
Rosetown Union Hospital, Rosetown	7.50
School of Nursing, City Hospital, Saskatoon	5.00
School of Nursing, Regina General Hospital, Regina	5.00
School of Nursing, St. Elizabeth Hospital, Humboldt	4.80
School of Nursing, Grey Nuns Hospital, Regina	5.00
Miss Roberta Sage, Wilkie50
Miss Elizabeth Smith, Moose Jaw	10.00
Staff and Student Nurses, General Hospital, Moose Jaw	10.50
Staff and Student Nurses, Providence Hospital, Moose Jaw	5.00

An Interesting Letter

A recent letter from Mrs. Rebecca Strong of Edinburgh, Scotland, to the Executive Secretary is written in the former's characteristic, legible hand writing and its content shows that although in her ninety-sixth year, Mrs. Strong continues to maintain a progressive outlook for nursing and nurses. Her recent letter states:

Please thank the President and Members of the Canadian Nurses Association for their kind congratulations on my receiving the O.B.E. I hope to live to see nursing a

real profession, not a courtesy only, with its preliminary education and relief from class work while taking their practical training in the wards.

I have the liveliest recollection of that memorable meeting in Montreal.

With hearty greetings and happy remembrance for all.

Sincerely yours,

Rebecca E. Brown

OBITUARIES

MABEL B. CLINT died on March 17, 1939, at the Military Hospital, Ste. Anne de Bellevue. During the Great War Miss Clint served with great distinction on several fronts and was the author of "Our Bit", a vivid and moving account of her experiences. In a subsequent issue more extended reference will be made to the life and work of this courageous and devoted woman.

GLADYS DUNN (Mrs. S. Bennett) died on April 1, 1939. Mrs. Bennett was a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec City, and a member of the Class of 1937.

EMMA AMELIA FRANKLIN, of Field, British Columbia, died on March 29, 1939, after a long illness. Miss Franklin was a graduate of the School of Nursing of Sussex Hospital, Hastings, England, and had resided in British Columbia for a number of years.

MARY LAYTON FULTON died on March 25, 1939, at Great Village, Nova Scotia. Mrs. Fulton was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1909, and rendered valuable professional service in Alberta, British Columbia, Bermuda, and Nova Scotia.

LAURA ADELAIDE GAMBLE died on March 21, 1939. For the past seven years Miss Gamble rendered outstanding service as the superintendent of the Hillcrest Convalescent Home, Toronto, but prior to this appointment her chief interest was in the public health field. She graduated from the School of Nursing of the Toronto General Hospital in 1910, and from 1915 to 1920 served with great distinction with the Canadian Army Medical Corps in France, Salonica, and England. In recognition of her fine record, she was mentioned in dispatches and was awarded the Royal Red Cross (second class). She also served in Canada as Matron of St. Andrews Military Hospital. At the close of her military career Miss Gamble took the course in public health nursing offered by the University of Toronto, and from 1920 to 1924 was a member of the staff of the Department of Public Health, Toronto. In 1924 she was appointed director of public health nursing in Cattaraugus County, New York State, where she participated in notable experiments with new methods. From 1930 to 1931 she undertook further study at Teachers College, Columbia University and then returned to Canada.

Miss Gamble was keenly interested in nursing organizations and upon different occasions was president of the Alumnae Associations of the Toronto General

Hospital and the School of Nursing of the University of Toronto. She made a specially fine contribution as the president of the Community Health Association of Greater Toronto and as the secretary of the public health nursing section of the Canadian Public Health Association. Shortly before her untimely death she was elected chairman of District 5, Registered Nurses Association of Ontario, and the loss of her capable leadership will be keenly felt.

HELEN McDONALD POLLOCK died on February 24, 1939, in St. Petersburg, Florida. Mrs. Pollock, who retired eight years ago from the position of Lady Superintendent of the Homoeopathic

Hospital of Montreal, was a graduate of the School of Nursing of that institution. For twenty years following graduation, her sound judgment directed the services of the Hospital where she was highly esteemed for her many excellent qualities and her faithful and efficient administration. The nurses who trained under Mrs. Pollock remember her as a teacher who exacted from her pupils the same high standards she herself embraced. Her straight-forward manner and integrity of purpose throughout her professional life commanded the respect of all who associated with her. The graduates of the School who had the privilege of her wise counsel and able direction look back across the years and pay loving tribute to her memory.

BOOK REVIEWS

NUTRITION IN HEALTH AND DISEASE by LENNA F. COOPER, M.A., M.H.E., *Chief, Department of Nutrition, Montefiore Hospital, New York*; EDITH M. BARBER, B.S., M.S.; HELEN S. MITCHELL, B.A., Ph.D. Seventh Edition, completely revised. Published by the J. B. Lippincott Company, Canadian Office: Medical Arts Building, 1538 Sherbrooke Street, West, Montreal. 706 pages; 101 illustrations; Price, \$3.00.

The relationship of food and health has become of increasing significance to the layman as well as to the professional worker. Hence it is doubly important that those whose responsibility it is to interpret and put into practice the rapidly growing fund of scientific knowledge on this subject, have at hand the most reliable information attainable. The busy physician, the nurse, both graduate and undergraduate, the dietitian and

others, will find this need admirably met in the recently revised edition of a text and reference which has proven its value since its first appearance in 1928. Integration of the various phases—nutrition, diet therapy, and culinary practice, has been ably effected by the joint authors, each of whom is an authority in her particular field. This co-ordination of subject matter falls in line with recommendations put forth in the proposed curriculum for schools of nursing in Canada.

Part One deals with normal nutrition and emphasizes the need for sane nutrition in the promotion of optimal health, and sounds a caution against food fads and fraudulent nutrition propaganda. In this section is given the present status of vitamins, their chemical names and nature, illustrated by plates of the crystalline form. Part Two deals with diet in disease and has new sections on skin diseases, Addison's disease, and urinary calculi. Part Three deals with the feeding

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OUT-PATIENT.

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Children's Memorial Hospital
Montreal.

of mother and child, and should be particularly helpful to many groups because of the concise arrangement of subject matter. Part Four deals with nutrition in the public health programme and emphasizes an important link in community service. Parts Five and Six deal with food selection and cookery, with special emphasis on cooking for the sick and convalescent. In Part Seven is found a set of convenient reference tables, including the vitamin content of common foods given in international units.

MARION HARLOW, B.Sc.

*Nutritionist with the Victorian Order
of Nurses, (Montreal Branch).*

"PSYCHOLOGY AND THE NURSE" by FRANK J. O'HARA, C.S.C., Ph.D., Dean of the College of Science, St. Edward's University; Professor of Psychology, Seton School of Nursing, Austin, Texas. Published by the W. B. Saunders Company; Canadian Agents: McAinsh & Co., Limited, Toronto. 252 pages; illustrated; Price \$2.00.

The author of this book has thus defined his aim in writing it: "An attempt to present the principles of general psychology clearly, concisely, and with reasonable completeness, to students in schools of nursing. The need for such a textbook as this arises from the fact that the student nurse has necessarily only a limited time for study, in which she is required to absorb and retain the essentials of many courses. This text unites modern experimental psychology of both the objective and introspective schools, with the fundamental scholastic idea that the soul is the principle and substantial form of human activity."

The subject matter is arranged under fourteen general headings among which are: the mind and the reacting mechanism; effect of sensation on the mind; memory, feelings, and emotions; traits and tendencies; conflicts and adjustments; habit formation; attention and the laws of learning. There are excellent summaries at the end of each chapter as well as skilfully framed questions for purposes of review.

QUEBEC CITY WELCOMES THE A. R. N. P. Q.

The Board of Management of the Association of Registered Nurses of the Province of Quebec is pleased to announce that a general meeting of that Association will be held in Quebec City on Friday, June 2, and Saturday, June 3, an invitation to hold a meeting in Quebec, presented by a large group of our confrères in that city, having made such a meeting possible. Committees of French and English nurses in Quebec City have been actively engaged in planning a cordial welcome to those fortunate enough to attend. Old Quebec in June is an exceptionally lovely place and, as at all times, exceedingly interesting and well worth a visit.

The Quebec Committees are working under the joint convenership of Miss Norena Mackenzie, Principal of the School of Nursing, Jeffery Hale's Hospital, and Mlle Maria Beaumier, Superintendent of the Hospital and Principal of the School of Nursing, Hôpital Saint-Luc, Quebec. Mademoiselle Suzanne Giroux, Director of Nursing, Hôpital St. Luc, Montréal who is also Honorary Secretary of the Board of Management, A.R.N.P.Q., is chairman of the programme committee. The committee on arrangements and entertainment has as its convener Mrs. A. Macalister, former superintendent of Jeffery Hale's Hospital. Miss Emily Fitzpatrick is convener of the public health committee, Miss Dorothy Anderson is convener of the nursing education committee and Miss Elsie Walsh is convener of the private duty committee. A tentative outline of the programme follows:

On Friday, June 2, at 2.30 p.m. a bilingual session, to be held at the Chateau Frontenac Hotel, will precede an illustrated lecture on radium and X-ray therapy in the treatment of cancer, given by the internationally famous authority on the subject, Dr. J. E. Gendreau, Director of the Radium Institute, Montreal. Dr. Gendreau, who is a fluent linguist, will use both French and English throughout his address. Miss Margaret L. Moag, President of the Association of Registered Nurses of the Province of Quebec, will preside at this meeting, as-

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Montreal General Hospital School of Nursing

Calling all Graduates!

The Golden Jubilee

will be celebrated in June, 1940. The Committee on arrangements is proceeding with plans for the occasion.

Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

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Training School Office

Montreal General Hospital
Montreal, Que.

Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of \$300.00 to a member of the Association, to assist her in undertaking, during the Session 1939-40, any of the regular courses given in the McGill University School for Graduate Nurses, Montreal. The courses include: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1939.

sisted by the French Vice-President, Rév. Soeur Valérie de la Sagesse.

For the evening session, separate meetings have been arranged for French and English members to run concurrently. The French session will be presided over by Mlle Suzanne Giroux, and the programme will consist of a symposium on nursing under the title of "The nurse of to-day and of to-morrow", presented by the following speakers: Rév. Soeur Mance Décary, Director of Nursing, Hôpital Notre-Dame, Montréal, speaking on "The relationship of to-day's school of nursing to the nurse of tomorrow;" Dr. Leblond, attending physician, Hôpital de l'Enfant-Jésus, Québec, whose topic will be "The nurse in the field of public health;" Mlle Annonciade Martineau, Chairman of the Registry Committee of the Association of French Canadian Catholic Nurses, Montreal, who will speak on "The Private Duty Nurse".

Miss M. L. Moag will preside over the English session and the speakers will include Miss Elizabeth Smellie, C.B.E., R.R.C., General Superintendent, Victorian Order of Nurses for Canada and first vice-president of the Canadian Nurses Association. Her subject will be "The rôle of the public health nurse in the community"; Miss Marion Lindeburgh, B.Sc., Director, School for Graduate Nurses, McGill University, and second vice-president of the Canadian Nurses Association, will speak on "A general interpretation of the Curriculum". Miss Mabel K. Holt, superintendent of nurses, Montreal General Hospital, will speak on the application of the Curriculum from the point of view of the director of nursing, and Miss Martha A. Batson, instructor of nurses, Montreal General Hospital, will discuss the subject from the angle of the instructor. Miss Flora Aileen George, Director of the Nursing Service Bureau, Montreal will speak on "The aims and objectives of a Community Nursing Service Bureau."

For Saturday morning, June 3, a cordial invitation has been received from the Reverend Sisters of the Hôtel-Dieu de Québec to hold the session in their Hospital and to visit all sections of this historic institution which, this year, will celebrate its three hundredth anniversary.



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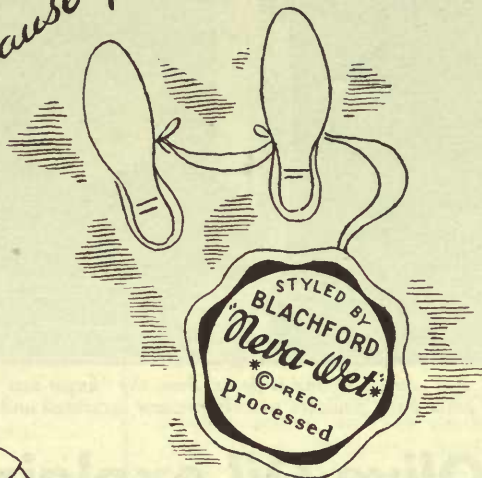
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


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
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NEWS NOTES

ALBERTA

EDMONTON:

A meeting of the Edmonton Association of Graduate Nurses was held recently at the University Hospital. Fifty members were present and after the business meeting a pleasant social hour was spent. Three student nurses entertained with music and song; Miss Audrey Miller, A.T.C.M., and Miss Margot Ashenurst, A.T.C.M., at the piano, and Miss Clare West with a vocal solo.

Royal Alexandra Hospital:

Miss V. Chapman, charge nurse on the Women's Medical floor, presented a short paper on Dagenan in relation to the treatment of pneumonia. Copies of the charts were shown. Miss Mary Stewart, charge nurse on the Men's Medical floor, presented a short paper on the treatment of pneumonia by serum, outlining the various types to be considered, precautions, and expense. She, too, showed charts by way of illustration.

BRITISH COLUMBIA

VICTORIA:

A refresher course of four consecutive lectures was sponsored recently by the Public Health Nurses of Greater Victoria. The two hospitals were approached and co-operated by providing the lecture rooms. In order to arouse interest, an intensive publicity campaign was carried out, full programmes were printed in the two local papers, and were posted on the bulletin boards of the Hospitals and Nursing Homes. The Registrar telephoned all private duty nurses, and the public health group contacted all other sections. The result was most gratifying, the initial interest and attendance being well sustained. The pleasure and instructive benefit derived from the lectures was voiced at the final meeting by a staff nurse and the Group was asked to consider carrying this type of programme annually. The programme was as follows: Dr. Eric Boak, "New Methods in Surgery and New Drugs"; Dr. Arthur M. Gee, "Orthopsychiatry"; Dr. Arthur Nash, "Obstetrics"; Dr. Glenn Simpson, "Physical well-being of the Child".

NELSON:

At a recent meeting of the Nelson Graduate Nurses Association, three very interesting travelogue films featuring Alaska,

Banff, and Lake Louise, were shown through the courtesy of the Canadian Pacific Railway. An appeal was made for membership in the Canadian Society for the control of cancer, and the nurses were also reminded of their pledge to support the Florence Nightingale Scholarship Fund. A letter was sent to the Trail-Rossland Registered Nurses Association congratulating them on their recent successful organization.

VANCOUVER:

The March meeting of the Vancouver Graduate Nurses Association was held at St. Paul's Hospital. Miss Keeler, convener of the programme, gave an interesting ten-minute talk on the use of the new drug "Daganon" in the treatment of pneumonia. The speaker of the evening was Miss Parsohs, instructor at the Provincial Mental Hospital, whose subject was "New treatments and nursing care in mental diseases".

Married: Recently, Miss Jean Johnston (Royal Columbian Hospital) to Mr. Neil McLeod.

MANITOBA

WINNIPEG:

The various nursing groups postponed their regular meetings in order to attend some of the sessions of the Sectional meeting of the American College of Surgeons which was held in Winnipeg recently. Nurses were invited to attend any of the business meetings during the convention, and many of the graduate nurses of the various Winnipeg hospitals participated in the discussion of problems which are of interest to both surgeons and nurses such as certain aspects of operating room service and increased technical responsibilities for nurses. These meetings proved of great interest and value.

BRANDON:

Brandon Graduate Nurses Association:

The Brandon Graduate Nurses Association recently held their regular monthly meeting at the General Hospital. There were thirty-two members present. The meeting was under the convenership of the Private Duty Nurses. Miss M. Parrott, the speaker, gave an account of the Summer School for Graduate Nurses, held in Winnipeg last year.

HOLIDAY AT THE "PAULINE LEMOINE MEMORIAL"

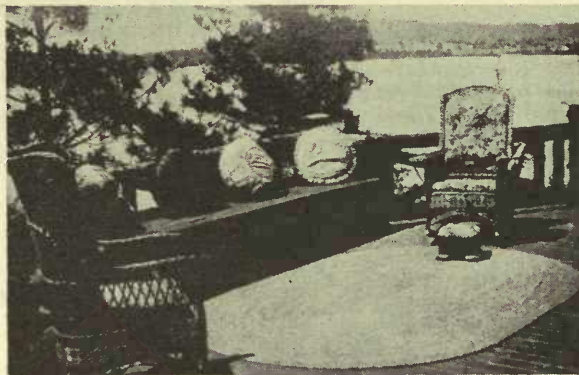
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FOR FURTHER INFORMATION WRITE

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Winnipeg General Hospital:

A general conference of the nursing staff, which members of both the surgical and medical groups attended, was held recently. Hospital problems were discussed after which Miss Eccleston of the Trans-Canada Air Lines gave a short address, her subject being "Air Line Stewardesses".

During March 29th to 31st, the American College of Surgeons held a convention in Winnipeg. Many of the conferences, lectures, and clinics held in this hospital were attended by members of the nursing staff who found them to be a source of great interest and inspiration.

At an alumnae meeting held recently, Dr. Eleanor Black addressed the members on nursing conditions in England, which was enjoyed by those present. The graduating class of 1939 were guests of the evening.

NEW BRUNSWICK

MONCTON:

The regular meeting of the Moncton Chapter of the N.B.A.R.N. was held on April 3 with the president, Miss Honeywell, in the chair. After the regular business was concluded the student nurses joined the members of the Association to hear a very interesting talk on child psychology by Miss Marjorie Hayes, head of the department of

underprivileged children of the Moncton schools. Miss Hayes also exhibited interesting examples of knitting and weaving done by the girls and wood carving by the boys.

SAINT JOHN:

The regular meeting of the Saint John Local Chapter of the N.B.A.R.N. was held recently at the Saint John General Hospital, with the president, Miss Margaret Murdoch, in the chair. Following the business meeting, Miss Helen Cahill gave a short talk on the routine of the treatment of children at the Nesbitt Memorial Wing of the Saint John Tuberculosis Hospital.

ST. STEPHEN:

An interested group of nurses, staff, graduate, and student, saw the films shown recently by Dr. C. W. MacMillan in the classroom of the Chipman Memorial Hospital. These films depicted the attack and progress of the tubercle bacilli in lung tissue. Two "talkies" dealing with the diagnosis and early treatment of tuberculosis were also shown. The purchase of the machine and films was made possible by the sale of Christmas seals. The films are to be presented to schools and various other organizations in New Brunswick.

The regular meeting of the Chipman Memorial Hospital Alumnae Association was held recently and plans were made to raise funds by means of a food sale in May. After the meeting a social hour was enjoyed.

NOVA SCOTIA

HALIFAX:

The Halifax Infirmary Alumnae Association recently held a meeting with the vice-president, Miss K. McDonell, presiding in the absence of the president, Miss Hilda Harnish. The business dealt with included an explanation of the aims of the Florence Nightingale Memorial Fund. A Nursing Service Bureau was formed, with Mrs. G. Martin as convener. A social hour followed. The election of officers resulted as follows: President, Miss H. Harnish; vice-president, Miss M. K. McDonell; recording secretary, Miss D. MacDonald; corresponding secretary, Miss O. Jackson; treasurer, Miss M. Bayle; convener of entertainment, Mrs. L. McManus; press convener, Miss D. Gaudet.

A delightful bridge, convened by Mrs. L. McManus, was held recently. Prizes were won by Miss H. Willett, Miss L. McLeod, and Miss I. O'Reilly.

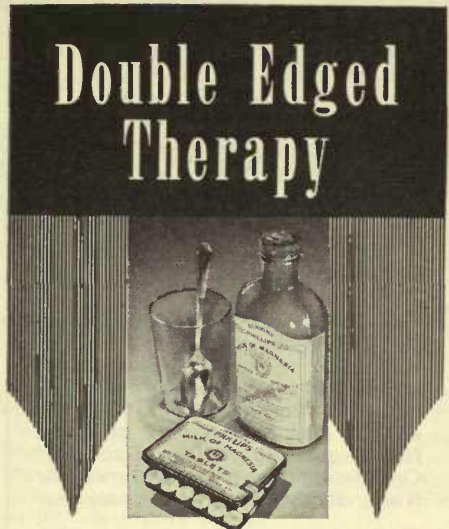
HALIFAX:

The Halifax Branch of the Registered Nurses Association of Nova Scotia, under the convenership of Miss Edith Fenton, recently conducted a very instructive and successful refresher course, the topic under discussion being "Mental Health and Disease". The course was very well attended, 148 nurses registering, of these 37 were senior students. The programme was as follows:

"Why we behave as we do," Professor Fletcher, Professor of Education, Dalhousie University; "Play for mental health", Miss Ann Smith, Play Therapist; Personality and maladjustment, Professor Fletcher; "The nervous and mental breakdown", Dr. MacKay, Superintendent of Nova Scotia Hospital for Mental Disease; "Nursing and mental hygiene", Dr. J. D. M. Griffin of Canadian National Committee for Mental Hygiene, Toronto; "The treatment of mental disease", Dr. MacKay.

We are very much indebted to our guest speaker, Dr. Griffin, who advised us regarding the preliminary plans for the course and contributed in no small measure to its success.

MAY, 1939



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1. Mental Hygiene.
October 18-21, 1939.
2. Hospital Administration.
November 6-25, 1939.
3. Obstetrical Nursing.
January 22-27, 1940.
4. Administrative Problems in Public Health Nursing Practice.
May 15-18, 1940.

For further information address:

The Secretary

School of Nursing
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ONTARIO

DISTRICTS 2 AND 3

GUELPH:

The mid-winter meeting of Districts 2 and 3, R.N.A.O., was held at the Ontario Agricultural College, Guelph, with a registration of 110 members and visitors, the chairman, Miss S. A. Campbell of Guelph presiding. Rev. J. A. O'Reilly pronounced the Invocation and extended a cordial welcome to the visitors. Dr. S. L. Valeriote conveyed the greetings of the Guelph Medical Society.

The reports of Sections and Standing Committees were very encouraging. Miss Bingeman, of Freeport Sanatorium, reported an increase in membership due to a closer check on renewals. On the recommendation of the Executive, a letter was sent to all superintendents of hospitals urging that all staff nurses be asked to become R.N.A.O. members. Miss Weicker, of Kitchener, reported an increase of seven in National Enrolment. This committee has sent letters to all Hospital Superintendents, Alumnae Associations, and Victorian Order Nurses giving information and inviting applications. Miss Little, of Freeport Sanatorium, reported continued activity in the Kitchener and Waterloo Chapter.

Miss Hackett, of Paris, convener of the Public Health Section, reports that there are fifty-two public health nurses at work in the District. Reports were sent in from various centres and to each District Meeting came news of new projects in the public health field. Simcoe reports a full generalized programme of public health teaching which included a booth at the County Fair, and teaching prevention of motor accidents. Lessons in first aid and care of the pre-school child were given to the Girl Guides. Guelph reports a successful tag day, put on by the Argos Bible Class, in aid of corrective and prophylactic dental work amongst school children. Walkerton, after only eighteen months of organized public health work, has made great strides. School work as well as bed-side nursing has been well established. The High School Board has employed doctors to make a complete medical examination of all pupils who have been two years in high school; 118 tuberculin tests were made and the Ontario Department of Health sent a technician to X-ray 32 children and 12 teachers. The Victorian Order nurse conducted an immunization campaign in which 83 percent of the pupils were vaccinated against smallpox and 93 percent were immunized against diphtheria. The rural Districts of North and South Dumfries had a dental survey made in some schools and have the promise

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of aid from the Galt Kiwanis Club. Prof. Thornton, of the Ontario Dental College, met a group of representative people in Paris to organize a dental survey which would include some rural schools in the southwest part of the township.

The nurse education section is attempting a new project this year under the convener-ship of Miss Hallman, of Guelph. They hope to establish a circulating library of professional books. To this end a booth was arranged and through the co-operation of various publishers, a most attractive and extensive collection of books was on display. This was arranged and presided over by Miss Hall and Miss Smallshaw, the instructors in the two Guelph Nursing Schools, and had many interested visitors.

Dr. Valeriotte presented an interesting and informative paper on "Sulphanilimide", the drug which is having such marvelous results in the treatment of pneumonia. After an interval of delightful songs by Mrs. Drummond, Dr. Coutts, superintendent of the Freeport Sanatorium, gave a very instructive address on tuberculosis. An animated discussion followed, and Dr. Coutts kindly consented to answer the questions of the members who availed themselves of this opportunity to seek advice and information. At the close of the afternoon session, Miss Ferguson, president of the Guelph General Hospital Alumnae Association, invited all present to be the guests of the combined Alumnae Associations of St. Joseph's Hos-

pital and the Guelph General Hospital at a delicious high tea. Later in the evening, Prof. A. W. Baker of the O.A.C. gave an illustrated talk on Bermuda. Some interesting health problems were disclosed by the speaker as well as a vivid picture of life on this interesting Island.

DISTRICT 5

TORONTO:

Toronto East General:

One of the newest activities indulged in by members of the Toronto East General and Orthopaedic Alumnae Association is a bowling league. Team captains include Miss Helen Rose, Miss Joyce Fry, Miss Mildred Bell, and Mrs. S. J. Cooper. A delightful dance was arranged recently by the social committee, Miss Florence Cleland being the convener, and our social committee is to be congratulated on the success of their bridge party which was well attended by members and their friends.

DISTRICT 6

COBOURG:

A meeting of District 6 was held recently in Cobourg. Miss Collier occupied the chair, and after the business meeting, Chapter

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B took charge of the programme. Mr. Fleming gave a dramatized reading which was much enjoyed. Dr. Doyle, who attended the Coronation of King George and Queen Elizabeth, showed very interesting motion pictures, after which a social hour was much enjoyed.

A meeting of Chapter A, District 6, R.N.A.O., was held recently at the Belleville General Hospital. Miss Bertram was in the chair and Dr. Locke, of Belleville, gave an interesting and instructive talk on diseases of the eye. A number of student nurses attended the lecture.

A meeting of Chapter C, District 6, R.N.A.O., was held recently in St. Joseph's Hospital, Peterborough. Mrs. Rundle occupied the chair and a discussion took place concerning our form of meetings and topics. It was moved by Mrs. Leeson and seconded by Miss Greer that a suggestion box be brought to the next meeting and each member have the privilege of dropping suggestions into the box. The Rev. Dr. Grant, who has recently returned from Rome, took us on a delightful imaginary tour through the Vatican and told of its history. At the close of the meeting, tea was served.

DISTRICT 7

KINGSTON:

The regular meeting of District 7, R.N.A.O., was held recently. After the usual business routine, Mr. E. I. Smit, superintendent of the Children's Aid Society, gave an interesting address on "Social Work To-day". He outlined the progress made in the past fifty years which have produced the methods in use to-day. By special request, he gave an account of some of his work in the local Children's Aid. Miss Evelyn Dempsey of Brockville was chosen to represent the district at the annual meeting of the R.N.A.O. in Toronto. After the meeting a delightful high tea was served, the Reverend Sisters of the Hotel Dieu being the hostesses.

Kingston General Hospital:

The Alumnae Association of the School of Nursing of the Kingston General Hospital entertained at a delightful informal dance and bridge at which they entertained the graduate nurses and their friends and the staff doctors and their wives. The patronesses were Mrs. H. H. Hines, president of the Alumnae, Mrs. Sam Campbell, and Miss A. Baillie.

Married: On March 21, 1939, Miss Harriett Cameron (K.G.H., 1928) to Mr. Arthur Lloyd Cameron.

Hotel Dieu Hospital:

The Alumnae Association of the School of Nursing of the Hotel Dieu Hospital recently held a successful bridge and dance. The guests were received by Mrs. H. Lawlor and Mrs. B. M. Koster. Fifty dollars of the receipts were donated to the Athletic Club of the School of Nursing.

The students of Hotel Dieu Hospital School of Nursing have organized a Literary Club which publishes a monthly paper called "The Bulletin". This contains reports on the Glee Club, the Athletic Club, the activities of the School and the Sodality as well as news items.

DISTRICT 8**OTTAWA:**

The annual dinner of St. Luke's Nurses' Alumnae Association, honouring Miss Emily Maxwell, O.B.E., former Lady Superintendent of St. Luke's Hospital, was held recently in Ottawa. Many out-of-town graduates were present.

Miss Doris Thompson (St. Luke's Hospital, 1920) has recently resigned her position with Dr. Lyman, and is now engaged by The Royal College of Physicians and Surgeons of Canada in their new office in The National Research Laboratories Building in Ottawa.

DISTRICT 10**FORT WILLIAM:**

A regular meeting of District 10, R.N.A.O., held in the McKellar General Hospital, took the form of a public health session. The speakers were Miss A. Bailey, superintendent of nurses, the Ontario Hospital, who spoke on mental hygiene; Mrs. C. Kincaid, city welfare nurse, who spoke on child welfare; Miss H. Watkinson, who spoke on school nursing. Miss A. McPhee and Miss G. Young put on an amusing skit entitled "A pre-natal visit".

McKellar General Hospital:

At a recent meeting of the Alumnae Association with Miss J. Hogarth presiding, an interesting talk on a trip to England and Europe was given by Miss Riddell, instructress. Community singing was enjoyed, led by Miss M. Walberg. The average attendance at our meetings is about forty.

The Alumnae Association recently held a successful bridge; a hand-made quilt and a bed lamp were raffled. The vice-president, Miss W. Ballantyne, the superintendent, Miss M. McMillan, and Miss M. Wallace, assistant superintendent, received the guests. Approximately \$100. was realized.

Married: Recently, Miss Margaret E. Robinson (McKellar General Hospital, 1930) to Mr. Kenneth Parkenson.

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MONTREAL:

As announced in the February issue of the *Journal*, the Public Health Section of the A.R.N.P.Q. recently sponsored a series of lectures open to teachers as well as nurses. These were well attended and proved to be very stimulating. Col. Wilfrid Bovey, president of the Canadian Association for Adult Education, stressed the need of adult education, and pointed out that there are approximately forty million people in Canada and the United States who have not had a satisfactory education and yet by their votes decide whether we shall have peace or war and otherwise influence the government of our country. Although some educationalists believe that the ability to learn progresses backwards as one grows older, it has been proved that the ability to learn declines only slightly even at fifty years of age. Colonel Bovey said that everyone is capable of learning and that better results are achieved when responsibility is taken. He concluded with the remark: "We cannot all be rich, but we can all be happy, since happiness comes not from the material but the intellectual". Miss Lyra Taylor, Associate General Secretary of the Y.W.C.A., painted a picture of "Social Work in Action" and pointed out that school work can be grouped as three types: (1) social case work — by "case" is meant the individual, and this method of work is done to develop the individual; (2) social group work — such as the Griffintown Club or the University Settlement, where several supervised activities are carried on. This influences the whole social fabric; (3) community organization; this finds out the needs of the community and attempts to plan so that there will be no overlapping. Miss Taylor stressed the fact that all social workers must be trained, that they should have a wholesome outlook on their work, using every effort to refrain from the mechanical. Much importance should be given to the social worker's manner and tactfulness, since investigations can be made pleasant or unpleasant, depending a great deal on the worker.

Mr. G. B. Clarke, General Secretary, Family Welfare Association, gave a delightful talk on "The Strengths of Family Life". Mr. Clarke felt that there are at least seven definite strengths in family life which are as follows: (1) strong affection between all members; (2) sense of security with respect to food, shelter, and clothing. If justice, sympathy, freedom, order, and continuity are taken into consideration, it enables parents to handle children in a judicious manner. Too often adults forget that children are individuals; (3) sharing of pleasures and successes in school, in sports.

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The CANADIAN NURSE



VOL. XXXV

NUMBER 6

JUNE, 1939



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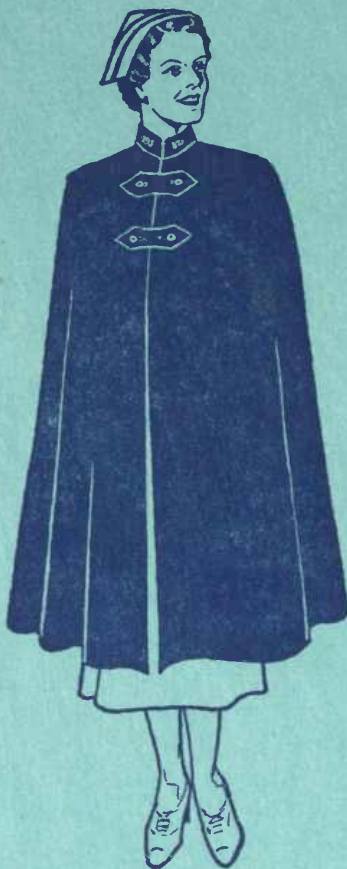
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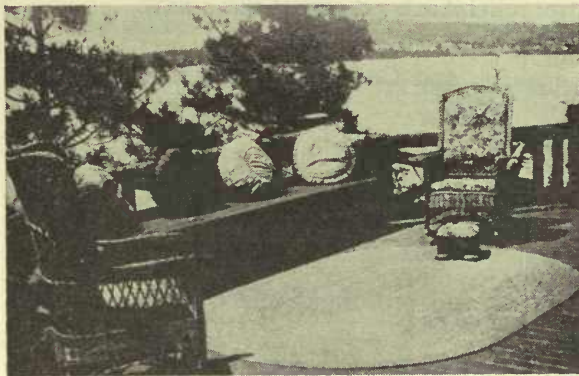


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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

JUNE, 1939

NUMBER SIX

A Flying Visit

GRACE M. FAIRLEY

President, The Canadian Nurses Association

On referring to the constitution of the Canadian Nurses Association, one finds that its first object is *to promote national unity among the nurses of Canada*. It was my great privilege during Easter week, to attend the annual meetings of the three mid-western provinces — Alberta, Saskatchewan, and Manitoba. Although the value of such a visit might readily be questioned by the Provincial Associations, to a member of the National Executive it was rich in professional and personal experience. Of necessity, owing to distance and lack of time, contact with the nine provinces during each biennium must be limited. This recent experience was, therefore, very welcome because it enabled one to meet and to know the provincial members in a very personal way. Equally valuable were the opportunities of talk-

ing with groups of the younger members of our Association who have not yet been able to attend national conventions, as well as of renewing friendships with some of the older members.

The programmes were excellently arranged, and as these will be discussed in greater detail elsewhere, I will not do more than say that each provincial association is to be complimented on the interesting, educative, and practical nature of every session. It was particularly interesting to note the similarity in the topics under discussion, showing clearly that whether in Manitoba or British Columbia, Alberta or Prince Edward Island, such matters as district units, problems of the public health nurse in the isolated area, the private duty nurse, nursing standards and curricula, inclusion of the practical nurse

on the local Bureaux, revised legislation, are all matters that concern every provincial association — in other words, they are matters of national concern.

Informal conferences were arranged at luncheon or dinner with the members of the provincial executives and also with the four members of the national executive in each province. It was thus possible to hear at first hand about subjects of major importance which are demanding the attention of provincial associations. Members of the national executive (who have been unable to attend recent executive meetings) were informed concerning the affairs of the Canadian Nurses Association, as well as receiving their opinion on many important points that have arisen since the 1938 convention.

One realizes more than ever that the Canadian Nurses Association must represent the voice and opinion of the provincial associations, and that its strength lies in the unity so well set forth in its constitution. The provincial associations must more and more use the national association, and the Canadian Nurses Association must use the provincial associations. A point of particular interest was learning to know the women who, through committees and sections, are making such excellent contributions to their professional organizations.

Another of our objectives is to stimulate in the members an active interest in community welfare. There could be no doubt of our living up to this exhortation when listening to the thoroughly open-minded discussions in every province on the question of registries or bureaux in relation to public needs, or the hearing of such reports as the one given by the convener of the committee related to the Council of Social Agencies in Manitoba. Excellent demonstrations were given, and the needs of the small

hospitals were not eclipsed by those of the large, or the rural public health programme by that of the possibly more spectacular urban area.

The guest speakers in each province were evidently chosen for their ability to contribute something of vital importance to meet professional needs. The president of the University of Saskatchewan, in his address, entitled "Woman's new place in the world", left a real challenge with us when he referred to the rather negative influence of women in the Cause of Peace.

Miss Katherine Densford, Director of the University of Minnesota School of Nursing, was a generous contributor, in addresses and discussions, at both the Saskatchewan and Manitoba meetings. In two provinces, the question of which section the general duty or staff nurse should belong, brought out the important point that it is to this young member that we look for the future head nurse, and there everything should be done to encourage her attendance at the Nursing Education Section meetings.

The Canadian Nurse was much in evidence in each centre, and it was interesting to note the various efforts to create interest. In Alberta there were two delightful posters, the work of students of the School of Nursing of the Royal Alexandra Hospital, one depicting a wise old owl, reading the *Journal* by moonlight. In Saskatchewan, there was a booth at which the *Journal* was exhibited among the recommended text and reference books. A member was constantly in attendance, taking orders. The Manitoba Association had copies of the *Journal* in attractive cellophane covers, with "orders taken now" printed on them in large blue letters.

Manitoba was celebrating its twenty-fifth anniversary, so one is justified in

referring in rather superlative terms to the entire programme, both professional and social. The choice of speakers, their subject matter, demonstrations, and discussions, climaxed by a delightful banquet, left nothing undone for the educational, professional, and social pleasure and interest of the members and guests. One can well realize the great satisfaction that such an outstanding success must bring to the presiding officer, Miss Edith McDowell, and the enthusiastic executive-secretary, Miss Gertrude Hall.

The one drawback was the hurried nature of the visit, and the fact that one

could not remain to discuss with the provincial executive secretaries, those common problems, the solution of which in one province would be of such value in another. Executive secretaries are busy people at annual meetings, but in each province they found time for many additional courtesies.

The members of the Canadian Nurses Association will be interested to know, I am sure, that their President *flew* from Winnipeg to Calgary — her first flight! But it was worthwhile, because the saving of time made it possible to include all three provinces in her itinerary.

Silver Jubilee in Manitoba

The annual meeting of the Manitoba Association of Registered Nurses marked the passing of twenty-five years of organization. Our Silver Jubilee was held in the Fort Garry Hotel, Winnipeg, April 14 and 15, and the registration of over 300 members indicated the interest in what proved to be a memorable convention. The address of welcome, presented so charmingly by Mrs. John Bracken, was reminiscent of personal experiences of sickness made happy by the ministrations of gentle, capable members of the nursing profession.

Reports of standing and special committees were concise and encouraging. The report of the representative to the Central Council of Social Agencies gave proof of the broad programme of interest which occupies the attention of the Association. The report of the Summer School committee told of the very successful University summer school held in 1938 and set forth the plans for the University's summer school for

nurses this year. Of special interest was the report of the survey which is being made to broaden the scope of activities of graduate nurses throughout the Province. Splendid charts, prepared by Miss Eleanor Harvey, revealed the very thorough spade-work that is being done by this committee in an endeavour to open up new fields of nursing activity and thus ameliorate unemployment. Under the convenorship of Miss Jean Houston, the committee on the eight-hour day for nurses showed splendid progress.

The Association has completed its survey of schools, under the direction of Miss Gertrude Hall, and her report revealed that the survey has induced a momentum toward improvement in the schools of nursing and has brought into being a close co-operation between the Association and the schools through the activities of a "surveyor" whose enthusiasm and sympathetic understanding have been a very mine of help.

Miss Katherine Densford, Director of the School of Nursing, University of Minnesota, addressed us on the subject of "The head nurse as a teacher." Miss Densford, through her own stimulating personality, gave a fresh interpretation of the head nurse in her responsibility for making the ward unit a profitable field for better student-learning and better patient-care.

Representatives were received from the Graduate Nurses Associations at Brandon, Dauphin, The Pas, and from the newly-formed groups at Flin Flon and Portage la Prairie. Student delegates were sent as guests from the various schools of the province, Miss Presunka's trip from Saint Anthony's School, The Pas, being a reward for outstanding student achievement.

Much appreciated demonstrations were given of morning conference, bedside clinics, Pavex treatment, indirect blood transfusion, the principles of the Elliott treatment in gynaecological disorders, and the use of the new soft-rubber "tam" which, with the addition of cellu-cotton can be put to so many uses in nursing, including colostomy care.

Adjutant Chapman, of Grace Hospital, demonstrated a new classroom doll with real hair, removable rubber stomach and all sorts of "trap doors" for use in classroom teaching. A splendid array of improvised nursing equipment was shown jointly by Miss McKee of the Victorian Order of Nurses and Miss Baird of the Margaret Scott Mission. This included a home-made wheel chair, back-rests and bed-cradles made of wire coat-hangers. All of these gave proof of the unfailing resourcefulness of the public health nurse.

Professor H. R. Low, Department of Psychology, University of Manitoba, addressed us on the subject of "Education today and tomorrow", pointing

out the need, on the part of the teacher, for greater understanding of home and social conditions, and the need for better co-operation and appreciation on the part of the parents for what the teacher is attempting to do in the classroom. Professor Low has been a staunch friend of the Association, particularly of the committee on instruction, to whom he gave a series of lectures at their winter sessions. He is yet another gift from "the land of the heather" and while his accent betrays him at the most unexpected turns, his clear-cut reasoning and keen insight into the foibles and intricacies of the personality of *homo sapiens* in a modern setting, make him a delightful speaker. Professor Low earnestly reminded us that, while the nurse has become a key person in human affairs, her potentialities for becoming a liaison between the school and the home have, as yet, been only faintly realized.

Dr. A. M. Davidson added greatly to the programme when he gave an interesting illustrated lecture on dermatology. Then, as a special treat, he showed us a few of his own lovely coloured scenes from Scotland.

The Winnipeg General Hospital School of Nursing Glee Club made a delightful contribution of songs to the Friday afternoon session and increased our appreciation of the need for and value of extra-curricular activities in the undergraduate period. On Saturday morning we added a new feature to our programme in the form of a Round Table conference. Mimeographed copies of the questions to be discussed were circulated throughout the audience. Members were invited to contribute from the floor but were limited to two-minute periods in order to increase the opportunity for variety of opinion. Debate was very active, every minute being utilized.



The executive-secretary, Miss Gertrude Hall, (left) and Miss Edith McDowell, president, (right) find the discussion from the floor very interesting.

The banquet, presided over by Miss Emily Parker, was attended by 225 people. Honour guests included Miss Grace Fairley, President of the Canadian Nurses Association, Miss Katherine Densford, Dr. Sidney Smith, President of the University, Dr. D. S. Woods, Dean of Education, Dr. A. T. Mathers, Dean of Medicine and Dr. G. F. Stephens. Solos and readings were contributed by guest artists, while an orchestra added refreshing lighter touches to a gala occasion. Miss Densford, as guest speaker, reminded us that other professions have long since availed themselves of those facilities within the University which, "just around the corner" await utilization by the nursing profession and that in nurse education we stand in need of what the University can provide in the development of the woman as well as the nurse.

It was a great pleasure to have Miss Fairley, our National President, with us on our twenty-fifth birthday. Miss Fairley in her quiet, charming way, gave us much help and good advice and greatly strengthened the bonds between our as-

sociation and the Canadian Nurses Association. She had hurried away from the annual meeting in Saskatchewan and her many duties necessitated her departure from Winnipeg by plane in the early hours of Sunday morning. We were sorry to have her go.

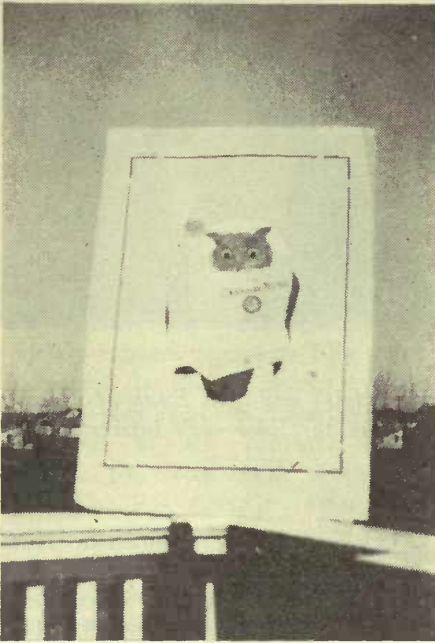
A fashion parade closed the convention. Some of our "younger set" very charmingly modelled the latest word in smart street costumes by "Logan Knit." It was felt unanimously that the convention had been outstanding in its variety of programme and its healthy interchange of new ideas in nursing.

Miss Evelyn Mallory is our new President. Miss Mallory is Superintendent of Nurses, in the Children's Hospital of Winnipeg, and has been closely associated with us for a number of years, having served on our Board of Managers and on many of our special committees.

EDITH M. MCDOWELL

*Retiring President,
Manitoba Association of Registered
Nurses*

Annual Meeting in Alberta



The twenty-first annual convention of the Alberta Association of Registered Nurses was held in Edmonton April 11 and 12 at the Masonic Temple with 150 nurses registered from north and south, remote and near, also student nurses from the four Edmonton Schools of Nursing. At the registration desk, there were two posters advertising *The Canadian Nurse*. The first one that arrested our attention was a very realistic painting of a wise old owl wearing a nurse's cap and reading *The Canadian Nurse*. A second poster was a typical picture of our Canadian nurse. These posters were made by Miss June Smith and Miss Mabel Lowden, junior student nurses at the School of Nursing of the Royal Alexandra Hospital, Edmonton.

In the course of her introductory address, the President, Miss Kate S. Brighty, introduced Miss Grace M.

Fairley, President of the Canadian Nurses Association, who made her first appearance in Alberta as national President, an occasion to be marked with a great deal of appreciation and happiness for us. Miss Brighty also drew attention to the fact that next year Alberta throws open its doors to Miss Fairley, her Executive and the delegates from the whole Dominion for the Biennial Meeting of the Canadian Nurses Association which is to be held at Banff. Miss Brighty reviewed some of the activities of the Association with reference to the revision of the Minimum Curriculum undertaken by the Instructor's Group, sponsored by the Nursing Education Section. The formation of Districts in the Province has also been one of the main objectives. The stimulus given to local organizations was to be found in the direct link it forges between provincial, national and international groups. Miss Brighty expressed appreciation to the President of the University of Alberta, Dr. Kerr, for his consideration and graciousness at all times and to the Registrar, Mr. A. E. Ottewell for his ready understanding of educational problems and the advice he so wisely and generously gives the Association.

The Registrar's report revealed a 10 percent membership increase as at December, 1938, there being 1237 members in good standing. By way of international interest, the Secretary reported an application from the General Nursing Council of Ireland respecting reciprocal registration. National Enrolment of Nurses for Emergency Service showed 125 nurses enrolled, but still below the objective of 170.

Miss Agnes Macleod, the Association's representative on the Committee for the Inspection of Schools of Nurs-

ing, commented on the decided improvement in standards and conduct of nursing education in the Province during the past six years. Numerous recommendations have been carried out, an excellent understanding has been established between the Committee and the staffs of the various Schools and an attitude of co-operation is evident. One observation noted by the Committee was that there were too many schools of nursing.

Regional districts (and a representative from each) have been appointed to be responsible to the provincial convener Miss V. Chapman, for both news and subscriptions to *The Canadian Nurse*. Alumnae Associations have been asked to devote a part of their business sessions to discussion of "Pointed Questions and Apt Answers" with the hope of encouraging subscriptions. A 10 per cent increase is reported; we aim for 100 percent.

A progress report on the eight-hour day for nurses was given by the representative Miss A. E. Pederson. Activities consisted largely of investigation into present practices in the training schools. Alberta's yearly financial support to the Florence Nightingale Memorial Fund was reported, by Miss Gertrude Allyn, as most satisfactory.

Miss B. A. Emerson, convener of the Legislation Committee, led a discussion on the proposed amendments to the Registered Nurses Act and by-laws. The principal changes anticipated are the raising of the entrance requirement to Schools of Nursing to Normal School Entrance and University Matriculation; the method of election of officers; and provision for the formation of Districts and their by-laws.

The President reported that in forming local districts as parts of the Provincial Association, the Council made its approach through local associations

already formed in the cities of Medicine Hat, Calgary, Drumheller, Lethbridge and Edmonton. In addition to these five, two districts, one in the northern part of the Province, covering what is known as the Peace River and Grande Prairie country, and another in the centre of the Province radiating from Ponoka, each signified willingness to become a district. The acceptance of these centres as the nuclei of Provincial Districts was unanimously passed by the nurses in convention.

Many social functions were arranged prior to and during the convention. Miss Agnes Macleod was a charming tea hostess in the drawing room of the Macdonald Hotel in honour of Miss Fairley. Miss Macleod's guests were members of the faculty and their wives, government officials and their wives and representatives from various nursing organizations in Edmonton. To meet Miss Fairley and the graduating class of the Royal Alexandra Hospital, Miss Margaret Fraser very graciously received in the spacious living rooms of the Residence at the tea hour. An "executive" dinner with the Chairmen of the three Sections and Miss Fairley was also arranged. A banquet, presided over by Miss Macleod, president of the Edmonton Graduate Nurses Association, and sponsored by them, was held with Miss Fairley as the guest speaker, her topic being "The Public and Us". Miss Fairley indicated the contribution that a nurse can make to the health programme of the community, in bringing health needs before the public. Miss Fairley particularly stressed the enrolment of nurses for emergency service and suggested the appointing of a credentials committee. At noon on Tuesday, Miss Brighty, the Provincial President, entertained delightfully in honour of Miss Fairley and the representatives from the various centres.

Although the meetings were mainly devoted to business rather than addresses or lectures, it was gratifying to note the active part that the younger nurses of the Association took in the discussions and when they left us by train, car and plane, one felt that the two-day convention had been put to good use. Those who took a prominent part in the deliberations as official representatives were: Miss Elizabeth Pearston, O.B.E., Grande Prairie; Miss Gilchrist, Medi-

cine Hat; Miss Thomas and Miss Papworth, Lethbridge; Miss M. E. Jones and Miss Gene Findlay, Drumheller; Miss Reid and Miss Connor, Calgary; and Miss C. N. Jackson, Ponoka.

We especially wish to express appreciation to the press for the generous and understanding manner in which our meetings were reported.

A. E. VANGO,

Secretary,

Alberta Association of Registered Nurses

R. N. A. O. Annual Meeting

The fourteenth annual meeting of the Registered Nurses Association of Ontario was held in the Royal York Hotel, Toronto, on April 13, 14, and 15, 1939. The ball room, in which the meetings were held, was filled to capacity at each session. Among those attending were many of the younger nurses, and it was encouraging to note the keen interest displayed and the part they took in discussions. The student nurses, who are our future members, were well represented by 56 students sent from the training schools for nurses in various parts of the Province, and 29 from the schools in connection with the hospitals in Toronto.

The president, Miss Constance Brewster, presided, and at the opening session referred to the recent death of two valued members of the Association, Miss Ella J. Jamieson, a past-president of the Graduate Nurses Association of Ontario, who was active in securing registration for nurses in Ontario; and Miss Laura Gamble, who was chairman

of the District Association in which the meeting was being held. The members of the Association, in convention assembled, expressed their appreciation of the contributions made by these two members to nursing and the nursing profession.

A well attended open meeting was held on the first evening, when the Association was fortunate to have Dr. William Boyd, professor of pathology and bacteriology, University of Toronto, as the guest speaker. Dr. Boyd's subject, "Cancer Research", was one of special interest to the profession, as well as to the public, and it was a privilege to hear this instructive and interesting address. At this meeting the Association was pleased to have present representatives from the Ontario Medical Association and from the Ontario Hospital Association, who extended greetings.

The delegates attending the annual banquet, when Mr. C. R. Sanderson, Chief Librarian of the Toronto Public Libraries, was the guest speaker, thor-

R.N.A.O. ANNUAL MEETING

oughly enjoyed the address, "Sense and Nonsense". This evening was a pleasant ending of the first two days of the Convention.

The business meetings of the three Sections were held on Friday morning and were well attended. At the meeting of the Nurse Education Section, Miss Maude Wilkinson, superintendent of nurses, Toronto Hospital for Consumptives, read a paper on "The advantages of an affiliated course in the nursing of tuberculosis"; following this was a case study written and read by one of the affiliated students, and another read a paper entitled, "A Résumé of my Affiliation at Weston". Miss Lorna Horwood, superintendent of nurses, Ontario Hospital, London, contributed a paper on "The advantage of an affiliation course in psychiatric nursing", as part of the basic course. Two case studies, done by students shortly after their affiliated course, showing how they had learned to apply psychiatric teaching to general nursing, were read. The Private Duty Section reported that progress is noted in the definite acceptance of the eight-hour day in centres where the plan is adopted, and in the pursuit of post-graduate studies in psychiatric nursing, pediatrics, obstetrics and laboratory work. Excellent reports from the District Associations were presented by their chairmen.

The Membership Committee reported that the number of renewals received to date in 1939 exceeded those during the previous year, thus indicating a keener interest in the Association and in their individual responsibility to their professional organization among those who had allowed their membership to lapse.

The Committee in connection with the Administration of the Permanent Education Fund reported that, during the past three years, nine loans had been



CONSTANCE E. BREWSTER

*President, Registered Nurses Association
of Ontario*

granted to the total amount of \$2,200.00. To be eligible to make application for a loan, a nurse must be a member of the Association for at least one year. One of the changes in the policy of the administration of this Fund adopted by the general meeting was, in order that the Fund be systematically built up, that in 1940 each member be taxed twenty-five cents as an experiment towards raising funds, for one year only.

A report presented by the convener of the Committee on Economic Security for Nurses showed that a careful study of this question was being made. The contributions received in 1939 towards the Florence Nightingale Memorial Fund amounted to \$765.00. The committee announced that moving pictures taken by Miss McCorquodale, an International student at Bedford

College last year, were available and may be rented by nursing organizations or schools of nurses. We recommend this film highly; the pictures are most interesting, and the Committee hopes in this way to stimulate interest in the Course and also to increase the Fund.

The special Committee appointed to promote the circulation of *The Canadian Nurse*, with Miss Margaret Dulmage as convener, is planning for special activity within the Province. The Committee held a luncheon meeting and were pleased that Miss Ethel Johns, editor of the *Journal*, was present. The Association appreciated the privilege of having Miss Johns attend the Convention, and "Editorially Speaking", address the general meeting.

The Committee on "Eight-Hour Duty for Nurses" and the Committee on "Registries and Bureaux" were two important Special Committees, whose reports indicate activity during the coming year. A report of great interest to all members was that of the activities of the Council of Nurse Education which, in the absence of the chairman, Miss Gertrude Bennett, was presented by Miss A. M. Munn, Director, Nurse Registration.

A Symposium, entitled "How may we provide adequate Nursing Service for all who require it," was presented on Friday afternoon. The great interest evoked by it was evident from the fact that the auditorium was filled to capacity, and it proved to be the highlight of the business sessions. Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health, spoke on "The Nursing Needs of a Community"; Miss E. Kathleen Russell, Director, School of Nursing, University of Toronto, spoke on "The Preparation of the Nurse for the Service that is needed from her"; Miss Madalene Baker, chairman, Private Duty

Section, spoke on "How may a Registry be organized to supply the Nursing Service needed by the Community." The discussion was opened by Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital. In their breadth of view and frank discussion of present day problems, as well as in their suggestions for future activities of the Association, these addresses were an inspiration to those present.

The professional and educational exhibits were of great interest to the delegates, and the Association owes a debt of gratitude to the convener of this committee for her work in making arrangements for this excellent display. The Association appreciated the privilege granted them by the Association of Registered Nurses of the Province of Quebec in allowing their exhibit to be an attractive feature of *The Canadian Nurse* booth. The display of this unique exhibit will surely promote a larger circulation of our national nursing journal.

Social functions were interspersed with business. The evening before the opening of the general meetings the Board of Directors were the guests of the Executive of District Five at a dinner at the Granite Club. On Thursday afternoon the nurses of District Five entertained the delegates at a tea and "treasure hunt" in the Royal Ontario Museum. The student nurses were entertained at a luncheon, given by the Toronto Inter-school Student Nurse Association, at the University of Toronto School of Nursing.

The officers elected were: President, Miss Constance Brewster; First Vice-President, Miss Jean L. Church; Second Vice-President, Miss Mildred I. Walker; Secretary-Treasurer, Miss Matilda E. Fitzgerald.

MATILDA E. FITZGERALD,
*Secretary-treasurer, Registered Nurses
Association of Ontario.*



The Victorian Order of Nurses for Canada

Delegates from all parts of Canada assembled in Ottawa early in April at the Annual Meeting of the Victorian Order of Nurses for Canada. These men and women who voluntarily give of their time and substance to the end that the sick in Canada shall receive skilled nursing care and be taught the principles of healthful living, met together to discuss what had been accomplished during the past year and to plan for the future.

The main topic of the meetings, namely, what part shall be played by the Victorian Order of Nurses for Canada in the public health programme of the future, ran like a brightly coloured thread through the warp and woof of discussion throughout the two-day conference. As in the business world, so

with the voluntary agency, many problems present themselves in these uncertain troublous times. Faced with reduced income and increased expenditure on the one hand, and a crying need for service in many parts of Canada on the other, those responsible for the work of the Order must make important decisions, not forgetting that the work of the voluntary agency must always be supplementary to that of the official agency.

Thought was clarified and encouragement and inspiration to go on to greater things was given by Dr. Wallace of Queen's University, in his address, "A Layman Looks at the Order". Miss Ruth Houlton, Associate Director of the National Organization for Public Health Nursing, was also very help-

ful in her interpretation of the subject. Valuable contributions to the discussion were made by Miss Charlotte Whitton, of the Canadian Welfare Council, who emphasized the importance of thoughtful planning of health programmes, and by Dr. Wherritt of the Canadian Tuberculosis Association. Mr. J. H. Mowbray Jones, President of the Liverpool Branch of the Order, concluded his address with these words:

Our social system, though far from perfect, we nevertheless feel is worth preserving — and one of the strong forces that helps to balance this system is the volunteer institution with its democratic methods, its directness, its more personal influence, its educational value, its position of liaison between the public and the state and, last but by no means least, its fine tradition of unselfish service.

A note of regret was sounded when the resignation of the Right Honourable George P. Graham, as president of the Order, was announced. Mr. Graham accepted the presidency in December, 1927, at the request of Vis-

countess Willingdon, and during eleven years of devoted service has endeared himself to all who worked with him. Mr. Hugh Fleming, honorary secretary, expressed the thoughts of those present when he said:

The Order has gone forward under his wise and benevolent guidance but the intense regret at the loss of his leadership is tempered by the hope of having the benefit of his counsel for many years to come.

A presentation was made to Senator and Mrs. Graham, on behalf of the Board of Governors, by Mrs. William Dennis, C.B.E., of Halifax. Mr. Justice Gregor Barclay, of Montreal, expressed appreciation of the long years of devoted service given by the president and wished him many years of happiness and health. Mrs. George Black, M.P., seconded Mr. Barclay's good wishes. The esteem and affection of the nurses for Mr. Graham was expressed in a vote of appreciation tendered by Miss Maude Hall, assistant superintendent of the Order, and seconded by Miss Margaret Moag, superintendent of the Montreal Branch. The Hon. Henry Hague Davis, M.A., L.L.D., was welcomed as the new president of the Order.

Through the courtesy of the Canadian Medical Association, under whose auspices Sir John Boyd Orr visited Canada, the delegates were privileged to hear his address on "Health, Agriculture, and Economic Prosperity" at the evening session held on April 13, presided over by the president of the Victorian Order of Nurses. The following day, Miss Marion Harlow, nutritionist of the Montreal Branch, gave a very practical explanation of what is being accomplished in that district in teaching the patients' families how to budget, what foods to choose, and how to prepare them.

The report of the Advisory Commit-



tee on Nursing, presented by Miss Beatrice Belcourt in the absence of Mrs. R. L. Blackburn, showed that over a five-year period 63 nurses had been assisted in taking post-graduate work in order to be better prepared for their work. Two regional conferences for nurses were held, one in Halifax, Nova Scotia, and the other in Hamilton, Ontario.

The Hon. Cairine Wilson, in her report of the work of the Publicity and Education Committee, told of the various means that had been used to interpret the work of the Order to the public so that those who needed the service would use it where it was available and that interest in organization might be aroused in centres where the sick are not being adequately cared for.

The report of nursing activities for 1938 was given by Miss Elizabeth Smellie, C.B.E., R.R.C., the Chief superintendent. Victorian Order nurses gave care to 84,697 patients in 765,969 visits in the 89 centres operating in Canada in 1938. Of these visits it is interesting to note that 8 percent were fully paid for by the patients, 16 percent partly paid, 17 percent paid for by insurance companies, and 59 percent were free. One might conclude from these figures that had visiting nursing not been available to these patients the majority would not have received skilled nursing care. During the year, five new branches were opened — namely, Surrey, in British Columbia; Amherst, in Nova Scotia; Leamington, Chatham, and Peninsula, in Ontario. In Nova Scotia, Liverpool extended its boundaries to take in the towns of Brooklyn and Milton, and the branch at Glace Bay was closed.

A fairly large turnover of staff was reported. Sixty-nine appointments were made, and forty-four resignations accepted. Twenty of the nurses resigning



"Father's Day"

did do so in order to be married. Miss Smellie spoke of the difficulty of obtaining fully qualified public health nurses at the present time. With the co-operation of the Montreal Branch, two months of intensive training was given to a limited number of nurses who intend taking public health training within a year or two. These nurses are given temporary employment with the understanding that when they have completed the public health course in university they will return to the Order.

A study of 10,000 maternity records was made in 1938 and a preliminary report submitted by Dr. Phair. Studies of the quality and cost of the service were made in the Toronto and Montreal Branches by Miss Johnson and Mr. Scott of the Metropolitan Life Insurance Company.

Miss Smellie paid tribute to the excellent work done by the nursing staff and made special reference to the contribution made by the supervisors:

Without detracting one iota from the staff nurse, I may say that this winter in going about, my attention has been directed more particularly to the executive directors in both large and small centres and to the staff supervisors. Where do they come in when emphasis is placed on the necessity for reducing hours on duty and of easing the strain? For instance, take the past two months with more patients, reduction of staff owing to illness and relief difficult to obtain, the supervisors have often looked weary and driven, yet invariably there was a smile with the response, "Yes, it has been pretty bad." These are the people who not only carry continuous responsibility, but who act as buffers between the administration and the nursing staff. So that whether it means increased calls with reduced staffs, new regulations to be interpreted, worried relatives asking why their

nurse has not yet come, someone who wants a visit at a definite hour, a physician asking for an immediate visit to a patient, a call to an obstetrical case pending, a staff nurse asking for advice in dealing with some problem, a health officer giving an order, a women's organization asking someone to speak at a meeting, a Council of Social Agencies requesting immediately a detailed statement, or someone suggesting that a study be undertaken, each and every inquiry must be dealt with in an intelligent and tactful way.

Thus, in her own words, Miss Smellie demonstrates that spirit of service which through the years has been characteristic of the Victorian Order of Nurses for Canada.

BEATRICE E. CREAMY

*Junior Assistant Superintendent
Victorian Order of Nurses
for Canada*

British Columbia Annual Meeting

Nurses from many parts of British Columbia gathered in Vancouver on April 14, and 15, to attend the twenty-seventh annual meeting of the Registered Nurses Association of British Columbia, held at the Hotel Vancouver and St. Paul's Hospital. Miss M. Duffield, in her presidential address, reviewed the work of the past year and stressed the need for improvement in working conditions for nurses, stating that until this comes about, the fullest benefit from increased knowledge and training cannot be attained. Miss Duffield expressed satisfaction that for a second time a British Columbia nurse has been

chosen for the Florence Nightingale Scholarship, this year's recipient being Miss Mary Henderson of Vancouver. She urged nurses to take advantage of the means within their reach to further the interests of the nursing profession.

Miss Helen Randal, in her report gave an interesting historical sketch of her work as Registrar since the passing of the Registered Nurses' Act twenty-one years ago. During this time Miss Randal has signed over six thousand registration certificates. In her report on training school inspections, Miss Randal reported eight training schools at present operating in the Province,

the school at Prince Rupert to be closed when the present students complete their course. She mentioned the great shortage of qualified instructors, and stated that hospital conditions must be made more attractive before this situation can be remedied.

The press convener, Miss F. Innes, stressed the importance of increasing the circulation of *The Canadian Nurse*, and Mrs. Edith Pringle was appointed to take charge of the campaign for a larger circulation.

At the meeting of the Public Health Section, Miss Heather Kirkpatrick, public health nurse from Cowichan, gave an interesting account of a month spent in the Vancouver General Hospital in an experimental refresher course for public health nurses, arranged through the kindness of Miss Fairley, as a result of plans made at the last annual meeting. Miss Kirkpatrick felt that the knowledge gained, while of great interest, was not of sufficient practical value to her as a public health nurse to warrant adopting the plan. Miss Margaret Kerr, convener of a committee studying the relationship between public health nurses and social workers, read a comprehensive report. It was decided that this Committee should continue for another year, and that the progress report presented should be printed and made available to those requesting it. Miss K. E. Gray, chairman of the Private Duty Section, reported a questionnaire sent out to private duty nurses in an effort to correlate the ideas of the members of that group. A refresher course, held in Victoria, had proved very valuable. The Nursing Education Section, under the chairmanship of Miss Anne Cavers, has been studying working conditions in the hospitals. Miss Alison Reid has been chosen convener of a study committee for the coming year.

At the first general session an interesting address was given by Mr. Robert Straight, Senior Inspector of Schools in Vancouver, on "The New High School Curriculum". Mr. Straight mentioned the important place given to health in present day schools, and the gradual change of emphasis on various subjects. The sessions continued at St. Paul's Hospital in the evening, when Miss C. E. Clark, in the absence of Miss Fairley, presented the report of the Joint Committee for National Enrolment. She outlined the plans made for zoning the country into geographical areas, and the classification of nurses for various types of work. British Columbia is still far from achieving her quota, but many new names have been added in recent weeks. This report was followed by an illustrated talk on "Red Cross Outpost Hospitals", by Miss F. I. Kirkpatrick, and a symposium on "Diabetes in Adults and Children" by a group of five nursing instructors from the Vancouver General Hospital, who presented a comprehensive picture of the symptoms, diagnosis, treatment, and the instruction of the diabetic patient in personal hygiene and selection of his diet. At the close of the meeting, refreshments were served by the staff of St. Paul's Hospital.

Saturday afternoon found the convention in session again to hear reports of special committees. Miss E. Stoddart, convener of the Florence Nightingale Memorial Committee, reported over \$300. collected during the year.

As convener of the Committee on Districts and Chapters, Miss Helen Randal pointed out the advantages and disadvantages of arrangements whereby local associations would become chapters of the Provincial Association. The meeting voted in favour of going forward with this undertaking and empowered the Committee to study the

situation further and to make plans for the organization of districts and chapters throughout the Province.

An address on "Neurology and Nurses" by Dr. S. E. C. Turvey was well received. Dr. Turvey, after eulogizing nurses, outlined the development of sympathetic understanding of the neurotic patient. A well planned symposium on cancer was presented by an instructor group from Victoria, in charge of Sister Mary Beatrice. The subject was covered under the headings, "Cancer and Nursing Care", "Radiation Therapy", and "Cancer Control".

A banquet, at which Mr. M. E. Nichols spoke on "Sources of Social Progress", closed a very successful and well attended convention.

The officers elected for the coming year are: President, Miss M. Duffield; first vice-president, Miss Margaret E. Kerr; second vice-president, Miss Grace M. Fairley; secretary, Miss F. H. Walker; chairman of Nursing Education Section, Miss A. S. Cavers; chairman of Private Duty Section, Miss M. K. Motherwell; chairman of Public Health Section, Miss M. Henderson. Councillors: Miss Helen Randal, Miss Elizabeth Clark, Miss Helen Archer, Miss K. Sanderson, Sister Mary Gregory.

FLORENCE INNES.

Press Convener,

*Registered Nurses Association of
British Columbia*

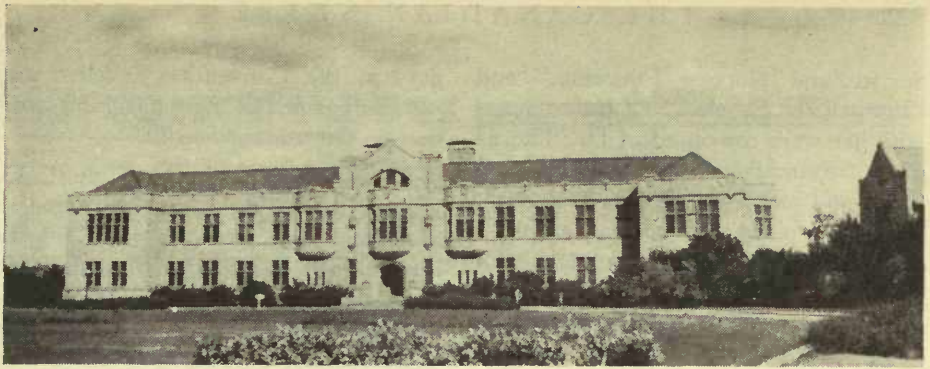
Records are Broken in Saskatchewan

At the twenty-second annual Convention of the Saskatchewan Registered Nurses Association, held in Saskatoon on April 12 and 13, several records were broken. Not only did the attendance outnumber, by many, that of previous registrations, but nineteen different centres were represented—a gratifying and significant response to the request to Boards of Directors in hospitals to consider the possibility of relieving members of the nursing staff to attend the meetings. The Reverend Sisters not only attended themselves, but encouraged their nurses to do so. It was indeed a pleasure to welcome many young graduates. Among these was in-

cluded a member of the Senior Class, an enterprising Alumnae Association having made her presence possible. Congratulations to this Association, the youngest one in the Province.

This Convention was a gathering at which several distinguished guests were present, the setting was unique, sessions began and ended promptly, and the weather was perfect. It is little wonder that the meeting was pronounced a success. As someone said: "There was not a dull moment". Details count, and to the Local Arrangements Committee under the convenership of Mrs. Burton much credit is due.

Miss Ann Morton of Weyburn pre-



One of the buildings of the University of Saskatchewan. The office of the Saskatchewan Registered Nurses Association is situated here.

sided at all the sessions. Her address was one of inspiration and purpose. It contained not only a review of the activities for the past year, but outlined a programme of objectives for the future. She urged nurses to consider the present and future needs of the people of Canada which, according to the view of those most directly associated with the homes in the communities, must take some form of socialized nursing service. Miss Morton closed her address with this statement: "Through the foresight, tolerance and clear thinking of the members in the past, we have attained certain goals. To hold this line and to continue its development requires the co-operation and support of every member of the Association."

Other highlights of the Convention were the speakers among whom were included Miss Grace Fairley, President of the Canadian Nurses Association; Miss Katharine Densford; Director of the University of Minnesota School of Nursing; the President of the University of Saskatchewan; and others of outstanding ability in their special fields. A demonstration by the Saskatoon Branch of the Victorian Order of Nurses, planned and carried out by Miss Jean Whiteford, supervisor, and Miss

Jean MacKay, proved a most popular session and was not only interesting but but of real educational value. "Mrs. McTavish's" problems were those of the expectant mother and recommendations for the solution of them included many lessons in public health nursing and home care. It was an item on the programme enjoyed by both graduate nurses and students. Questions submitted for the Round Table discussion were of interest to all.

A word about our guests and the messages that they brought to us. As usual, Miss Fairley was charming. Her address was an appeal to patriotism in the broadest and finest sense, as well as to professional ideals. It was a great privilege to have Miss Fairley at the meetings. The Canadian Nurses Association seemed very real, and each one of us a part of it.

A most distinct and distinguished asset throughout the whole Convention was our guest speaker from Minneapolis, Miss Katharine Densford. She was not only delightful to meet, a treat to look at and very pleasing to listen to, but she brought to the meetings many messages and suggestions that were both practical and helpful. Those who heard Miss Densford's papers on: "Nursing

Service and Nursing Education" and "For All the People", and had contacts with her were convinced of Dr. Thorn-dike's contention that: "Intellectual ability and moral worth hang together". In time, many of Miss Densford's words may possibly be forgotten, but she has left enduring and happy impressions. Nurses in Saskatchewan look forward to the day when she will visit them again.

We were all inspired as we read the title of President Thomson's paper "The Silent Revolution: Woman's New Place in the World", but possibly somewhat deflated as we listened to this interesting address. It seemed to carry with it a challenge and a definite suggestion that in spite of all progress, perhaps that revolution has been *too silent* and that we — as women, nurses and citizens — have not assumed our full share of responsibility in directing affairs, especially towards "Peace".

At the business sessions common and special problems were considered. Here again our guests were at hand to suggest and advise. We learned something of what is being accomplished in other centres. Enrolment for War and Emergency Service; ways and means of obtaining shorter hours for both graduate nurses and students; the need for individual insurance against illness and advancing years were all discussed. At meetings of the sections and general sessions the special problems of the private duty, public health and institutional nurse were studied. Most encouraging was the report received from Miss Ruby M. Simpson, as a result of her activities as convener of the Florence Nightingale Memorial Committee. The *Journal* Committee, under the leadership of Miss Aubra Cleaver, proved very active. During the two

days of the Convention Saskatchewan nurses regained a more favorable position on the subscription list.

Social events included a most delightful tea at the home of President and Mrs. Thomson. It will long be remembered, as will their interest in all proceedings. At the banquet, the attendance record was again broken and the committee in charge was challenged to make last minute plans to provide for many more than they had expected. Dean Collingwood's much appreciated contribution on the "History of Song" carried us away from nursing. Some of us were glad to hear Dean Collingwood's comment that "those of the Victorian Era" distinguished themselves in the community singing.

The final incident was a tea given by the Alumnae Associations of St. Paul's and the Saskatoon City Hospitals. Received by the Presidents of the two Alumnae — Miss Mathewman and Miss Chisholm — members were given the opportunity of meeting our guests personally. So the twenty-second Convention closed; a Convention of broken records.

The officers elected for the coming year are: President, Miss Ann Morton, Weyburn; First vice-president, Reverend Sister O'Grady, St. Paul's Hospital, Saskatoon; Second vice-president, Miss Edith Amas, Saskatoon City Hospital; Councillors: Miss Matilda Diederichs, Grey Nuns Hospital, Regina; Miss Katherine Morton, Regina; Section Chairmen: Private Duty, Miss Mary R. Chisholm, Saskatoon; Nursing Education, Miss Mary E. Ingham, Moose Jaw General Hospital; Public Health, Miss Myrtle E. Pierce, Wolseley.

Next year the nurses of Saskatchewan are all to meet in Regina. May we all be there!

Towards National Unity

In this issue of the *Journal* you will find reports of the annual meetings of the Provincial Registered Nurses Associations in British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario. Look at the map of Canada and picture the vast territory served by the nurses who belong to these five provincial Associations. Think of the men, women, and children who live more happily and healthfully because skilled nursing care is available in their hour of need. Canadian nurses may well be proud of the part they play in the life of this young nation.

By way of introduction to these reports and serving as a link between them, Grace M. Fairley, president of the Canadian Nurses Association, tells us something of her impressions during her "flying visit" to the Prairie Provinces. Quite recently we foretold, on this page, that our National Association might someday take to the air and almost before the ink was dry on the page, the prophecy came true — the President *flew* from Winnipeg to Calgary!

The president wisely says:

The provincial associations must more and more *use* the national association and the Canadian Nurses Association must *use* the provincial associations.

Miss Fairley also makes it clear that the Associations, both national and provincial should *use* their own *Journal* to the full extent of its capacity to serve. The current issue does perhaps indicate that slowly but surely they are beginning to do so.

We are grateful to the officers of the various Associations who, by providing such excellent reports, have helped to make this special number possible. Unless these "news stories" appear before their interest has had time to evaporate, they lose the stimulating effect they might otherwise have upon those who were unable to attend the meetings.

The Victorian Order of Nurses

For many years the Victorian Order of Nurses for Canada has been recognized as one of the most outstanding visiting nursing services in the world. Observers have come from many countries to study its activities and its methods; they are agreed that its success is based upon sound organization, able leadership, and exceptionally competent personnel. It seems fitting, therefore, that in this issue, which is primarily devoted to national nursing affairs, a description of the annual meeting of the Order should have an honoured place.

A Correction

On page 201 of the April issue of *The Canadian Nurse* an editorial note was appended to an article, entitled "A New Deal for Nurses," stating that the author had asked that it be published anonymously. The author of this article, Miss Kathleen Russell, wishes to make it clear that she did not ask for anonymity. The editor regrets that this error has occurred and is glad to make the necessary correction.

The Story of Vaccination

R. CAMERON STEWART, M.D.

Montreal

Smallpox is a disease which under ordinary circumstances is now rarely seen. It is a commonplace to say that many nurses and physicians have never met with a case, and know of it only through descriptions and pictures. Yet in some parts of the world it is still far from unusual, and here and there, even in Canada and the United States, outbreaks occasionally occur. It is not our purpose to discuss this dread disease in detail. Such information can be got from any standard textbook of medicine. A matter of more general interest is the method of protection so widely used against disease, that potent weapon forged by a country doctor in England long ago and known as vaccination.

Smallpox, until its ravages were curbed by the new procedure, was one of the commonest of the communicable diseases. Dreaded because of its easy transmissibility, its high mortality, and all too frequent sequelae of disfiguring scars, it tended to flare into widespread and devastating epidemics. All classes and conditions were liable to attack, and outbreaks were to be looked for in town and country, on ships at sea, in armies on service, at isolated trading posts, and among native tribes in the wilds of Africa and America. Casual contact with the disease could hardly be avoided. So great was the probability of infection that deliberate inoculation with a mild type of smallpox to forestall a perhaps more serious natural attack had long been practised as a measure of protection. The material was obtained from the pustule of an active case, and could be kept for some time and transported with

a few simple precautions. Inoculation, although perhaps justified under the conditions of the time, obviously involved very serious risks. A severe rather than a light attack might unfortunately be induced, and scarring and even fatalities were not uncommon. Another danger, not then as adequately realized as it would be now, was the possible transmission of syphilis or other disease which might be present but unrecognized in the donor. Other very valid objections were that the operation tended to keep the infection alive in a community, and even to spread it into healthy areas. So grave were these considerations that inoculation was not universally accepted even when it was the only method of protection available; after the introduction of the safer and almost equally effective vaccination with the modified form of smallpox, represented by cowpox, the older practice everywhere passed out of use.

Edward Jenner practised in a dairying district in the west of England, not very far from Gloucester and about thirty miles from Bath. He was well educated, careful, conscientious, a man of many-sided attainment, physician, naturalist, a lover of country life, fond of poetry and music, a fine exponent in some of its best aspects of late eighteenth century culture.

Cattle had long been known to suffer from a mild contagion, characterized by the appearance of pustules on the udders and elsewhere, popularly called cowpox. This sometimes spread to human beings through accidental contact, and country people noticed that those

thus infected seemed to become immune to the much more serious human epidemic disease termed smallpox. Jenner was of course familiar with the two conditions and knew of the folk belief in regard to this acquired immunity. In 1796, after due observation and consideration, he inoculated a boy with material from a cowpox lesion on a young woman's arm. The procedure had been carried out before, both in England and on the Continent, but there is no reason to think that Jenner then knew of these previous efforts. His first vaccination being apparently successful, others followed.

Jenner realized the importance of his work and it was done with care. The results were published in 1798 in a small volume which has become one of the most famous of medical books—"An Inquiry into the Causes and Effects of the Variolae Vaccinae". A copy of this beautifully printed and illustrated work may be seen in the Osler Library at McGill University. Reports of the new technique spread rapidly and small supplies of virus soon reached the Continent and other parts of the world. The early strains were obtained from cowpox lesions or from human vaccination sores. It was found that they could be preserved and transmitted in various ways, as by enclosure in a tube or quill, or sealed between little plates of glass, or dried on cloth or thread.

Potency and effectiveness were often accidentally proved by the most drastic of tests—actual contact of the person vaccinated with virulent cases of smallpox. The new method aroused attention and discussion, and, naturally, not infrequently opposition, but as numbers were done and the procedure was found to be generally safe and really protective, it was widely adopted by members of the medical profession and others, often backed by governmental authorities.

An attempt to send lymph to India by sea had shown that it did not survive the heat and the long voyage around the Cape of Good Hope, but some carried overland, in 1801, from Vienna by way of Constantinople to the Persian Gulf and thence to Bombay, arrived safely. Spain despatched a special expedition in 1803 to convey the boon to her wide-flung colonies in the West Indies, South and Central America, and Mexico, and then across the Pacific to China and the Philippines. As the sea voyages were long and through tropical waters, the virus was kept alive by successive transfers in a series of vaccinations. This ingenious method had not been necessary on the shorter and cooler voyages across the North Atlantic.

The first vaccine to reach American shores was probably sent by Jenner himself to a friend and school-fellow who had gone to Newfoundland as a medical missionary. The Rev. John Clinch, M.D. was then living at Trinity, one of the chief outposts of the old Island Colony. As clergyman, physician, and magistrate he had long served his people well. There is good reason to believe that he was the earliest to vaccinate on this side of the Atlantic, probably about 1798. Small quantities of lymph arrived in the United States from England in the summer of 1800, when Dr. Benjamin Waterhouse of Harvard College vaccinated several of his children. The procedure was also carried out by Dr. John Crawford of Baltimore, and others.

The first vaccinations in Canada were done at Quebec in 1801. Col. George Landmann, of the Royal Engineers, received in November of that year a little lymph enclosed between pieces of plate-glass and a letter, illustrated by drawings, describing its application. With it were vaccinated two children of a brother officer, and then, from them,

others. First to use the method in the other British American colonies was Dr. Joseph Norman Bond of Yarmouth, Nova Scotia. He received virus from a brother in Bath, a friend of Jenner, and vaccinated his own baby, the future Dr. Joseph Blackburn Bond, in the spring of 1802.

Interest in new ideas and acceptance of new ways accorded well with the temper of the times. Changes in philosophy, politics, manners, industry and transportation were in the air. Europe was in turmoil after the French Revolution and its stupendous overturn of older ideologies. King George the Third was sovereign of the United Kingdom, Thomas Jefferson was President of the new Republic across the Atlantic, Napoleon was the ruler of France. The Industrial Revolution was in full career in England, experiment and invention were changing men's lives, recent discoveries widening their horizons, machinery clattering in new mills, steam already harnessed for power and soon to be successfully applied to vessels and locomotives. Everywhere there was action and reaction, unrest, agitation, violence, and repression, much as it is to-day.

Nearly a century and a half has elapsed since one of the great medical techniques of all time was thus peacefully developed in rural England, and borne across turbulent lands and war-swept seas to benefit humanity in all parts of the world. Down the years the general principles have remained essentially unchanged—the introduction of enough virus through a small break in the skin to set up a mild attack of vaccinia or cowpox, now regarded as really a mitigated variety of smallpox, with resulting immunity. Improvements in preparation and packaging were gradually made, some by Jenner himself. Institutes were organized for the propagation of the virus, the first in America

being founded at Baltimore in 1802. Calf lymph became the standard product, thus doing away with the dangers inseparably connected with direct human transfers. An early advance was the use of points of metal or bone, tipped with vaccine, followed later by the little sealed tubules of glycerinated lymph now so familiar.

Certain objections may be urged against the practice of vaccination. Like any other potent procedure it has possibilities of harm as well as of help. The reaction may be unexpectedly severe, the wound may become secondarily infected, a latent focus of tuberculosis or some other chronic condition may be activated, or unforeseen complications, such as encephalitis may develop. Happily all these serious consequences are unusual. Opponents of vaccination, however, should not be treated with ridicule or merely overridden by use of bureaucratic authority. Like the anti-vivisectionists, they are usually sincere and often exceptionally intelligent, and after all it is their children who are involved. Argument should be met with argument. It is a matter of balanced risks. Most of us think that it is better to run the comparatively slight dangers associated with immunization rather than the far greater ones of possible smallpox.

The control of this disease does not of course depend altogether on vaccination. Improvements in sanitation, hygiene, diet, quarantine, and other measures have undoubtedly influenced its incidence, but probably not as much as some would contend. Communities in which most of the people have been vaccinated at least once or twice are relatively free from smallpox, although they suffer from periodical epidemics of other less serious communicable virus diseases, such as chickenpox, mumps and measles, against which mass methods of protection are hardly yet practicable.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

A History of Nursing

The production of a History of Nursing in Canada has been in the minds of members of the Canadian Nurses Association since the foundation of the National Organization. A special study relating to the preparation of such a history was made between 1930 and 1934 following which it was decided that further consideration of the question should be delayed for a time.

At the General Meeting in 1938, a resolution was passed: "that the question of a History of Nursing in Canada be reopened and the appointment of a Committee to study this question be left to the Executive Committee".

At the request of the Executive Committee, the following accepted appointment to this Committee: Miss Mary Mathewson (convener), Assistant Director of The School for Graduate Nurses, McGill University; Miss Jean E. Browne, National Director of the Junior Red Cross for Canada, and Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association. This Committee is empowered to add to its number as may be deemed advisable.

A preliminary analysis of available data by the Committee showed that further study and research will be necessary before an accurate and complete record of the development of nursing in Canada can be written.

The Committee decided that its first step should be to enlist the co-operation of nurses in all parts of Canada in assembling the necessary material. It was

recognized that the interest and assistance of the provincial associations of registered nurses would be required in taking this initial step. Consequently, the following basic plan has been submitted to the provincial associations for their guidance:

1. The preparation of an index or catalogue of historical material now available in the records of the Provincial Association.
2. The enlistment of the co-operation of hospitals and health agencies in the collection of further materials, including photographs.
3. The securing of records of pioneer nursing in the Province.
4. The assembling of biographical sketches and photographs of leaders in the development of nursing in the Province.

It is anticipated that provincial action will be promoted by the appointment of special study committees. However, to assure the success of these groups every nurse throughout the Dominion is asked to realize her personal responsibility toward the eventual compilation of historical data in published form. Every nurse who has in her possession or who comes across information of historical value can be of help if she will communicate with the Secretary of her provincial association. That official will gladly see that all such data is delivered to the special committee.

Many of the older members of the profession are in possession of data which they alone can record. It is realized that no time should be lost in the securing of facts, records and photographs.

Younger members who interest themselves ever so slightly in the gathering together of historical material will soon find that their interest increases and their enthusiasm be keenly aroused toward the passage of events which will eventually find expression in a well-written History of Nursing in Canada.

International Summer Courses

An announcement has been made by the Florence Nightingale International Foundation that the Foundation authorities have under consideration the organization of occasional summer courses in London. The idea is that these courses would be so arranged as to be useful to nurses from all countries and would deal with some particular subject of nursing interest from an international point of view. Suggested subjects are:

1. Nursing Education — Curriculum plans, teaching methods, University connections.
2. Prevention and cure of mental illness.
3. Statistical studies and survey work.
4. Nutrition.
5. Supervision.

It is proposed that the Foundation would invite a nurse of experience and standing to visit London for the purpose of conducting the course and in consultation with her would arrange lectures on the subject by experts from other fields. The courses would be intended for advanced students and certain defined qualifications would be required for admission to them. The courses would cover a period of two or three weeks and would probably be held in June or July.

The cost of organizing such courses would be rather high since nurses from overseas would be invited to give some of the lectures. It is estimated that the

total cost of tuition fees for two or three weeks would be \$15.00 a week. A large enrolment would mean decreased tuition fees. Board and lodging in London, including incidental expenses would be not less than \$20.00 a week.

An enrolment for 1940 must be assured before the Foundation can proceed with definite plans for a Summer Course for that year. The Canadian Florence Nightingale Memorial Committee has been asked to inform the Foundation the approximate number of nurses from Canada who might avail themselves of the opportunity of such a Summer Course in 1940. Early notification by nurses in Canada who wish to enrol will be appreciated by the Secretary of the Canadian Committee, Miss Jean S. Wilson, Suite 401, 1411 Crescent Street, Montreal, P. Q.

Nightingale International Foundation

Contributors to the fund being raised by the Canadian Nurses Association in support of the Florence Nightingale International Foundation will be interested to learn that it is customary for each class of International students to arrange an entertainment for the raising of funds during their year at International House.

Miss Bianca Beyer writes that the entertainment this year was a travelogue called "Around the World in Eighty Minutes" which was presented on two evenings. The travelogue consisted of each student showing and explaining pictures or slides of her country and those students who had national costumes appeared in them. Miss Beyer showed pictures of the places which Their Majesties were to see during their

visit to Canada. International House was decorated to resemble a ship and to make it more realistic the guests had to climb a gang-plank to get upstairs. "The total receipts for the two evenings amounted to £15 so we were very pleased", writes Miss Beyer.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

A.A., Royal Alexandra Hospital, Edmonton	\$10.00
Graduate Nurses Association, Calgary	10.00
Public Health Nurses, Alberta	11.00
Nursing Staff, Central Alberta Sanatorium, Calgary	4.75
Staff Nurses, University of Alberta Hospital, Edmonton	25.00

British Columbia:

Nelson Graduate Nurses Association ..	10.00
Prince Rupert General Hospital ..	10.00
Provincial Mental Hospital, Essondale ..	9.00
Trail-Rossland Graduate Nurses Association	25.00
Undergraduate Nurses, Royal Jubilee Hospital, Victoria	20.00
Undergraduate Nurses Society, University of British Columbia	15.00

New Brunswick:

Fredericton Chapter, N.B.A.R.N. ..	10.00
Moncton Chapter, N.B.A.R.N.	10.00
Saint John Chapter, N.B.A.R.N. ..	15.00
St. Stephen Chapter, N.B.A.R.N. ..	5.00
New Brunswick Graduate Nurses ..	15.75
Graduate Nurse Staff:	
Hotel Dieu, Moncton	2.00
Miramichi Hospital, Newcastle ..	4.25
Saint John General Hospital, Saint John	11.00
Provincial Hospital, Saint John ..	10.50
Fisher Memorial Hospital, Woodstock	2.50
Victoria Public Hospital, Fredericton	4.00
Chipman Memorial Hospital, St. Stephen	3.50
Hotel Dieu Hospital, Chatham ..	5.00

Lancaster Military Hospital, Saint John	2.50
The Moncton Hospital, Moncton ..	5.00
Saint John Tuberculosis Hospital, Saint John	9.00
A.A., St. John General Hospital, Saint John	10.00
A.A., Chipman Memorial Hospital, St. Stephen	5.00
A.A., Fisher Memorial Hospital, Woodstock	10.00

Nova Scotia:

A.A., Halifax Infirmary, Halifax ..	5.00
Students and Staff Nurses, Victoria General Hospital, Halifax	15.00

Ontario:

A.A., Brockville General Hospital, Brockville	10.00
A.A., Kingston General Hospital, Kingston	10.00
A.A., Woodstock General Hospital, Woodstock	5.00
A.A., Mack Training School, St. Catharines	10.00
Miss Helena Shearer, Fairview Hospital, Great Barrington, Mass. ..	2.00
Simcoe Nurses Registry, Simcoe ..	5.00
Student Nurses, Hamilton General Hospital, Hamilton	20.25

Quebec:

A.A., Royal Victoria Hospital, Montreal	50.00
L'Association Jeanne Mance des Infirmières Graduées de Hôtel-Dieu de Montréal	5.00
Montreal Unit, Overseas Nursing Sisters Association	3.00
Student Government Association, Royal Victoria Hospital, Montreal ..	50.00
Student Government Association, Jeffery Hale's Hospital, Quebec ..	10.00

Saskatchewan:

A.A., Regina General Hospital, Regina	10.00
Nursing Staff, The Sanatorium, Fort San	5.00
Saskatoon Registered Nurses Association	10.00
School of Nursing, Holy Family Hospital, Prince Albert	5.00
Staff Nurses, The Sanatorium, Prince Albert	5.00

NOVA SCOTIA ANNUAL MEETING

Miss Muriel Graham, registrar of the Registered Nurses Association of Nova Scotia, presents the following summary of the programme arranged for the Annual Meeting of that Association:

Meetings are to be held at St. Francis Xavier University, Antigonish, on June 1 and 2, the members of the Antigonish-Guysboro-Inverness-Richmond Branch being the hostesses. The morning of June 1 will be devoted to a meeting of the Executive Committee, beginning at 9 a.m. Registration of members will take place from 1 p.m. to 1.30 p.m. This year we are trying the plan of charging a registration fee of twenty-five cents per member, which is to go to the hostess Branch toward entertainment expenses. At 1.45 p.m., an address of welcome will be given by Mayor A. L. MacIntosh, of Antigonish. Reports and regular business will follow, until 4 o'clock,

when Mr. Peter Nearing, of the St. Francis Xavier Extension Department will speak on Co-operative Medicine. At 4.30, the General Session will end, and there will be an Instructors Group Meeting until 5.30 p.m. At 8 p.m. there will be a dinner at the Royal George Hotel, the special speaker being Dr. Charles J. W. Beckwith, of the Department of Public Health, who will speak on "Hospital Help". There will also be a musical programme by the members of St. Martha's School of Nursing.

Friday morning, June 2, will be devoted to reports of special committees, and general business will be concluded after lunch. At 3.30, a drive is planned to Seabright, with tea at Silver Haven, and a sail on Antigonish Harbour.

Miss Rachel Chisholm, of Antigonish, is in charge of local arrangements.

THE NIGHTINGALE MEDAL

Stella Mathews, director of the Honolulu Nursing Bureau, has been awarded the 1939 Florence Nightingale Medal, which is the highest international nursing award. Miss Mathews' outstanding work with the

United States Army and the American Red Cross in Europe, particularly in Poland and in Greece, has thus met with the recognition it so richly deserves.

PRINCE EDWARD ISLAND ANNUAL MEETING

The annual meeting of the Registered Nurses Association of Prince Edward Island will be held on Tuesday, June 13, at the Charlottetown Hotel. A bright spot in the routine business of the afternoon session will be a talk on our *Journal* by the editor, Miss Ethel Johns, whom "the Island" welcomes for the first time. One of the problems to be discussed at this meeting will be the revision of the Registered Nurses Act. Dr. G. G. Houston, a member of the medical staff of the Prince Edward

Island Hospital, will speak on "Chronic Deafness". At the dinner meeting in the evening, Miss Johns will speak on some new trends in nursing under the title of "The way the wind is blowing", and the Reverend Dr. J. A. Murphy, Rector of St. Dunstan's University, will give an address on an educational topic.

On June 14, the nurses will take part in the celebration of the visit of Their Majesties to the Province of Prince Edward Island.

Programme, Misses P. Watt, M. Hewitt; *Refreshments*, Mrs. Small, Misses M. McLaren, I. Johnston; *Nominating*, Misses M. Heron, S. Carmichael, M. Sproule; *Flowers*, Misses M. Wilson, I. Allan; *Representatives to: Central Registry*, Misses M. Hewitt, M. Ross; *The Canadian Nurse*, Miss M. Drummond.

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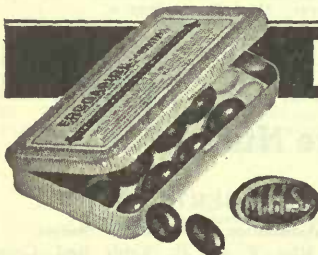
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Excerpt from Journal of the American Medical Association—Vol. 112, No. 9—issue of March 4, 1939.

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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with The American Journal of Nursing, \$5.25. Cheques and money orders should be made payable to The Canadian Nurse. When remitting by cheque 15 cents should be added to cover exchange.

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

JULY, 1939

NUMBER SEVEN

Our Daily Bread

During the past few months a great deal of thought has been given in Canada to the subject of nutrition. In the daily newspapers as well as in various periodicals, the whole question has been discussed at considerable length. The visit to Canada of so great an authority as Sir John Boyd Orr has, of course, gone far to focus public attention on this problem but the conviction that all was not well had begun to crystallize in the minds of many Canadians long before Sir John so boldly put it into words.

During the years when the shadow of the depression was deepest, physicians, nurses, social workers, and nutritionists in every province of the Dominion learned at first hand how bitter the struggle to live had become in many homes. As a result of that knowledge a number of studies have been made under various auspices which, when they are fitted together, constitute a serious indictment of the social and economic conditions under which we now live.

Nurses are citizens as well as professional workers and should be informed upon all questions which affect the health of the people. In this issue of the *Journal*, therefore, several articles are being published which deal with different aspects of nutrition. All of them are written by women who are thoroughly competent to discuss the subject and who have set down their findings with clarity and detachment.

Some readers may find it difficult to emulate this good example. In spite of themselves, they may read between the lines. Instead of the tables of carefully counted calories they may see heaps of ripe tomatoes rotting in the hot sun, acres of peach and apple trees shedding their rich fruit because there is no one to gather or to buy it, tons of fish thrown back into the sea. Heartbreak, and want, and wicked waste in a fertile land which teems with an abundance of the good things of life.

The word "nutrition" comes from

the same root as the word "nurse" and, in its deepest significance, means the same thing. Far from being a scientific abstraction it implies fostering, cherishing, *in one's heart*. If this definition seems sentimental we are not to blame. We found it in the Concise Oxford Dictionary of Current English.

It is not beyond the courage and wit of women to grapple with stupidity and greed and to overcome them. Do you remember what happened in the Crimea when Florence Nightingale found the door locked upon Army stores which were needed for the welfare of her patients? History may repeat itself.

Nutrition in the Health Mosaic

MARION HARLOW, B.Sc. (*in H.Ec.*)

Nutritionist with the Victorian Order of Nurses (Montreal Branch)

Interest in nutrition and its relationship to health has been growing with increasing rapidity during the past ten or fifteen years. Instruction from public health organizations and educational institutions, guidance from medical associations and hospitals, the efforts of the research workers and, more recently, commercial advertising and government surveys, have their share in this development.

As the Montreal Branch of the Victorian Order of Nurses commences its tenth year of organized nutrition work, it seems fitting that we analyse the relationship of these factors, both within and without the organization, which are contributing to the mosaic in this design for better living. It has been found that dietary habits and traditions are the most resistant to change of any native quality or characteristic, yet with proper motivation families do change their food habits more or less readily. For instance, here is a family typical of many throughout the city because of va-

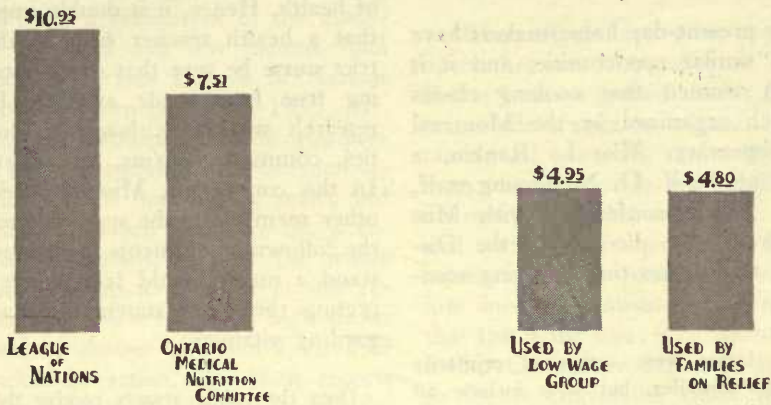
rious nutritional and other health problems. When the nurse talked to the father the response was "There wasn't all this fuss about food when I was a child, yet we got along". It so happened that he had lived on a farm where barrels of apples and quarts of milk were available, but now because of the demands on his wages much juggling is necessary to obtain two quarts of milk daily. When it was pointed out to him (with the aid of the pictures in the booklet, "What to Eat to be Healthy") that in reality the nurse's teaching was based on the same principles as his childhood diet, which, in truth, had been adequate, the man quickly realized that certain adaptations of old habits must be made. Thus we have the starting point for successful guidance in health — the patient's or client's realization of the need. Mothers rarely fail to realize that milk is good for their children so they buy as much as they are able to. Yet, in the days of milk vouchers, all too frequently milk stood around until it was sour and then

FOOD BUDGETS

FOR FAMILY OF FIVE - 2 ADULTS, 3 CHILDREN, AGES 14 - 11 - 6 YEARS

Weekly food allowance recommended for health protection by International and Canadian authorities

Average weekly amount available for Canadian families receiving average wage for labourers and unskilled workers (total annual income \$512.⁰⁰) or on relief



NUTRITION COMMITTEE (MONTREAL)

This chart illustrates the deplorable discrepancy between the food allowances for health protection recommended by competent authorities and the amount actually available for many Canadians. Cost estimates are based on Montreal retail prices in April 1937.

went down the drain. More and more mothers are now adopting or inventing ways and means to use vegetable water in their cooking.

The sum total of a family's growing knowledge of nutrition principles may be traced to many sources. Miss W. King, a member of the nursing staff of the Montreal Branch of the Victorian Order of Nurses, recently made an observation visit at the Home Economics department of one of the city's elementary schools. Here girls of the sixth and seventh grade (11 to 14 years

of age) are given fortnightly periods of one and a half to two hours instruction in the theory and practice of food choice and preparation. In reporting the highlights of this visit Miss King says:

The visit was of particular interest because it was made during the cooking class of the seventh year girls when the group was studying the value of cheese as a cheap milk product. They were very interested and asked many questions while the cheese fondu was baking. It was noticeable that the pupils were careful to observe such laws of cleanliness as washing of hands before eat-

ing. Another day this class will plan food budgets, each girl checking prices at the neighbourhood stores. The teacher often is surprised at the keenness of some of these fourteen-year-old girls in finding good bargains.

As I left the School I wondered if we nurses could not do our bit by encouraging the mothers to give their daughters the opportunity of perfecting knowledge gained in school by further practice in the home. Probably more often than not, the mother herself would benefit indirectly.

Many present-day home-makers have not had similar opportunities and it is for such women that cooking classes have been organized by the Montreal Diet Dispensary. Miss L. Rankin, a member of the V. O. N. nursing staff, recently had a conference with Miss N. Garvock, the director of the Dispensary, and makes the following comment:

These classes were organized primarily for Italian families, but now include all groups. While the main object is to demonstrate many attractive and nourishing dishes that may be prepared even on low incomes, instruction is given indirectly on such topics as wise buying and fuel saving by means of fireless cookers and the planning of oven-cooked meals. Tea is served along with samples of food prepared by the dietitian during the demonstration and each mother is given copies of simple recipes. One woman who attended these classes said that she never had been able to serve such "good" meals until she started going to these classes. In one week she was able to save twenty-five cents on the food budget by putting into practice suggestions made by the dietitian and by the Victorian Order nurse. This same mother, anxious for others to share her knowledge, asked the dietitian to give a talk to a group of her friends who meet each week for sewing.

Every family, whether rich or poor, is influenced in food choice by glowing

advertisements of various products and brands. Whether or not this choice is a wise one depends partly upon the scientific soundness of the claims and partly upon the buyer's discrimination. Assuredly the public owes much to the intensive research supported by many reputable commercial concerns. Unfortunately, however, it is sometimes difficult for the average citizen to judge between such advertising and the half-truths frequently broadcast in the cause of health. Hence, it is doubly important that a health teacher such as the district nurse be sure that she is interpreting true facts made available by the research worker in hospitals, universities, commercial firms, and elsewhere. In this connection, Miss H. Reid, another member of the nursing staff, has the following comments to make on the stand a nurse should take when interpreting the many statements made regarding vitamins:

Does the public always receive the right interpretation of facts? There have been several articles recently in both the medical journals and popular magazines claiming that the public has gone "vitamin crazy" and believe that in order to escape colds, ward off diseases, and have plenty of pep and energy, all they need to do is to swallow their vitamin pills. It is, therefore, necessary to keep this in mind when we are talking about a "well-balanced diet" in the district, and to try to show our people how they can get the vitamins they need by eating the right food.

In other words, public health instruction is interpreting in a sane fashion scientific facts valuable for health protection.

Further stimulus is being given to the cause of nutrition by such reports as the one on relief diets, issued in 1933 by the Ontario Medical Association, and more recently, by articles appearing in *The Canadian Medical Association*

Journal. These embody various recommendations for better nutrition as laid down by the Nutrition Committee of the Association. Thus we have a programme which is showing results in spite of such adverse conditions as unemployment and poor housing.

Can we hope that the interest of the State will further promote work so well begun? There are evidences that this is so; we are all familiar with the extension work in Federal and Provincial Departments of Agriculture. Arising partly from a realization of the inadequacy of relief and low income food allowances, various League of Nations reports have been issued. In 1935, Mr. Bruce, the Australian delegate who proposed the first enquiry, used the memorable phrase "the marriage of health and agriculture" which describes the situation in a nutshell, because the whole economic set-up is included in this relationship. However, high-flown phrases, no matter how noble, need to be backed by action. Can these reports help the work in the district? Indirectly, yes. The *New York Times* has the following comment to make on the most recent report which appeared in 1937—"By all odds, the 'Relation of Nutrition to Health, Agriculture and Economic Policy' is the most important book published this year."

These reports at present are of particular value as they influence public opinion, which in the long run, must back action by democratic governments. Sir John Boyd Orr, in the booklet, "Not Enough Food for Fitness", comments as follows:

The Government would find it difficult to initiate a policy which will cost money and may interfere with certain vested interests unless there is a strong public demand for it. When the public demand it, the necessary measures will undoubtedly be pre-

pared. A few years ago, agriculture was faced with falling prices, and the farmers were unable to make profits. They stated their case to the Government in no uncertain voice, and they got a few million pounds a year to help the wheat growers, and then various other subsidies to help other branches of the industry. Saving British agriculture was in the national interests and well worth the money spent on it. The point I wish to make, however, is that agriculture would never have been saved if there had not been a strong demand on the part of those interested.

What effect have these reports had upon the nutrition policy in Canada? It has been suggested that it is possible to provide a suitable balanced diet containing all essentials, under the existing rates of assistance to the families of the unemployed. Those who are in the field, and therefore in a position to know the subsistence level possible on relief and low income allowances, do not agree that this is the case. The Montreal Nutrition Committee expressed its opinion in the accompanying chart which was exhibited at the Canadian Dietetic Convention in May, 1937. However, to fully answer the question of adequacy or inadequacy of any diet, more than surmise is necessary, so that various attempts have since been made to obtain more conclusive information. In the spring of 1937, machinery was set in motion for a survey of the food consumption of one hundred Toronto low-income families. A preliminary report of this survey appeared in the January 1939 issue of *The Canadian Public Health Journal* in the form of an article by Dr. McHenry of the University of Toronto. It is of interest to all Victorian Order Nurses in Montreal that Miss Bell, our first nutritionist, who is now director of the Visiting Home Makers Association in Toronto, was a very active member of the committee

directing this survey which has been the means of stimulating others of a similar but modified nature in various parts of Canada. These are being sponsored by the Department of Pensions and National Health, and assistance is being given by the Bureau of Statistics.

By means of the Toronto survey, records of individual food consumption for a week were obtained by three paid workers on leave from the staff of the Visiting Homemakers Association. As these workers weighed the food used by each individual in the family it can be seen what splendid co-operation was given by the families, also this factor emphasizes the accuracy of the information obtained. These records were carefully tabulated by members of the staff at the School of Hygiene, University of Toronto.

The consumption of essential food elements is expressed in percentages of a standard recently prepared by the Canadian Council of Nutrition, a committee of scientific experts assembled at the request of the Department of Pensions and National Health. The findings for one hundred families are briefly as follows:

Average number of children per family: 4.2

Average income per week: \$19.64

Calorie intake: 76 percent; 42 families were below this level, one as low as 57 percent.

Protein intake: 77 percent; for pregnant mothers: 70 percent; for nursing mothers: 57 percent.

Calcium intake: 69 percent; for men: 106 percent; for women: 82 percent; for young children: 57 percent; for older children: 49 percent. This percentage is distressingly low for children.

Attention is drawn to the relationship between low milk and calcium intake. The 50 families from which details of milk consumption were available averaged .35 pints

per person a day. Because of the difficulty of obtaining adequate quantities of milk due to its cost, it is recommended that the use of its cheaper form, cheese, be increased. Per capita consumption figures in the final report of the League show that Canada used only one-third of the quantity used in Great Britain and one-fifth of that used in continental countries.

Iron intake: 84 percent; it is interesting to note that men received 115 percent due to the unselfishness of the women in taking smaller portions of iron-bearing foods such as meat. Due to the fact that a woman's physiological needs for iron are far greater than those of men, they received only 53 percent.

Vitamin intake: Vitamin A, adequate; vitamin B1, inadequate; vitamin C, adequate; vitamin D, not estimated.

The suggestion is made by means of excellent graphs, comparing food intake of the higher and lower income levels of this group of 100 families, that inadequacy is largely a matter of income. However, the importance of planned buying as a means of more nearly approaching adequacy is shown by the comparison of two families of four individuals each, with a similar weekly food allowance. The percentage standard is as follows:

<i>Allowance for food</i>	<i>Calories</i>	<i>Protein</i>	<i>Calcium</i>	<i>Iron</i>
\$6.80	66	67	74	56
\$6.64	91	82	83	64

In the above table, the cash allowance represents the money actually available to buy food for a family of four persons for one week. It will be noted that the second family not only spent less but got more for the money.

A survey of the occurrence of nutritional anaemia among women in the low income and relief groups was made recently in Montreal by Dr. W. R.

Kennedy of the Child Welfare Association. His report was published in the February 1939 issue of *The Canadian Medical Association Journal* and the following paragraphs are quoted from a summary prepared by Miss J. Manuel, a member of the V.O.N. staff in Verdun:

During the investigation 1,451 women were chosen from the poorer classes of Montreal, and from widely separated districts. These women were all of child-bearing age, and did not present themselves because of any symptoms of ill health. Each was given a red blood count and a haemoglobin estimation and anaemia was considered to be present if the haemoglobin was less than 80 percent; 56.8 percent had normal haemoglobin levels; 43.2 percent exhibited various degrees of anaemia with haemoglobin levels less than 80 percent. Moderate anaemia was present in 124 cases and severe anaemia was present in 64 cases. The anaemia was of the hypochromic type in practically all instances.

From puberty to the menopause, the drain upon the iron stores is the greatest because of the normal physiological iron requirements of the female for growth, menstruation, pregnancy, and lactation. The possibility of the haemoglobin being reduced will be greatest at this time, particularly if the demand for iron is greater than the supply of iron to the body. Fullerton comments that in many cases, menstruation constitutes a greater demand for iron than pregnancy. If menstrual loss exceeds the available intake of iron, as it does in the poorer classes, a negative iron balance is produced by this

cause alone which will continue to the menopause.

The approximate protein diet of 50 cases with haemoglobin levels between 75 and 100 percent was compared with 50 cases with haemoglobin levels between 25 and 65 percent and it was found that less protein in the form of beef, pork, liver, chicken and eggs was consumed by the anaemic persons. Approximately the same amount of fish and milk was used by both groups.

The reason that iron deficiency anaemia is much more common in women than in men of the same social class is to be found largely in the fact that, under ideal circumstances, women require for health up to the age of the menopause about four times as much iron as men. Although there are other factors than iron which can influence the production of haemoglobin, iron may cure many cases of hypochromic anaemia.

In summing up this attempt to assemble the many pieces of mosaic in a design for more healthful living, I quote from Dr. McHenry's report of the Toronto survey:

It has become increasingly apparent in recent years that more attention should be paid in public health work to nutrition. The control of infectious diseases is not alone enough to ensure a decent level of health. We can confidently expect an improvement in health and efficiency to follow improvement in food habits. No more pertinent quotation could be given than the brief statement made by Brillat-Savarin over one hundred years ago: *The welfare of a nation depends upon the way in which it is nourished.*





The Dream Came True!

The King and Queen of our vast British Empire stopped to chat with the patients and staff! What a day of celebration for the University of Alberta Hospital! The joy that Their Majesties brought to the hearts of the disabled veterans and crippled children was too great for words—was as deep as tears.

Picture the hospital lawns dotted with clumps of cool shade trees and beds of newly-planted flowers brilliant in the afternoon sunshine. Add to this music played by boys' bands with all the zest they could muster, and the hum of seven hundred thrilled and excited people. Veterans in beds and deck chairs, children in cots and wheelchairs, uniformed nurses, some in white others in pink or blue, uniformed orderlies and housekeeping staff, relatives, photographers, and eighty-five farm boys who had helped convey the patients from the

wards, filled the grounds. Uniformed members of the 17th Cavalry Field Ambulance lined the driveway while across the street hundreds of people watched from roofs, verandahs, lawns and boulevards, cheering and singing as they waited.

A tense silence fell as the band played the National Anthem. Slowly along the driveway came our gracious King George and smiling, charming Queen Elizabeth. Rumours had spread among the patients that Their Majesties might stop but as they actually descended from their maroon automobile it was almost unbelievable. Those who could find voice cheered, others clapped, and all felt like the elderly veteran who, as he wiped back the tears said, "It's been a long time, but he's come at last."

Their Majesties were received at a specially constructed gateway, by Lieut.

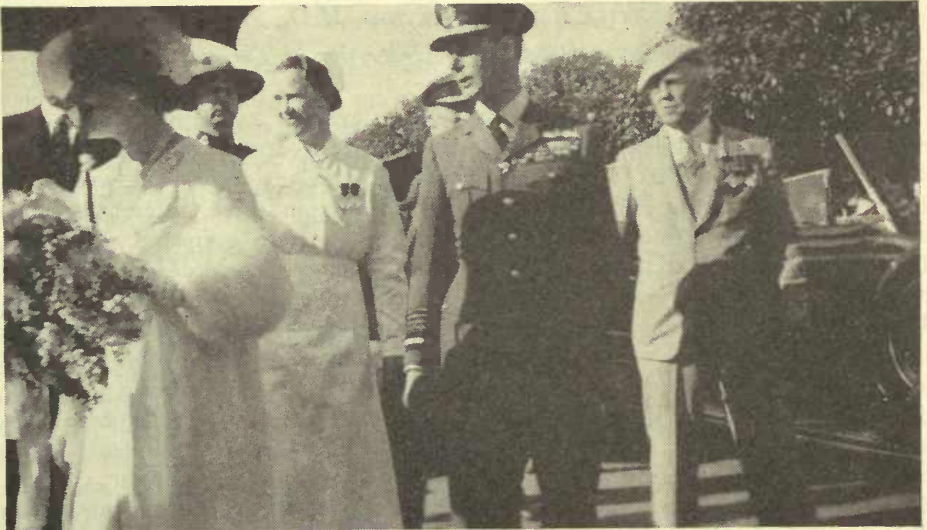
Col. R. T. Washburn, M.D., Medical Superintendent, and Lieut. Col. L. C. Harris, M.D., Medical Officer of the Department of Pensions and National Health. Miss Helen Peters, superintendent of nurses was presented, and accompanied them as they visited the veterans and children. Another of the staff presented to Their Majesties was Miss Christine McKay who had served overseas during the World War.

The King and Queen chatted with the veterans and shook hands with them, showing an enthusiastic interest. "The King said he hoped I'd soon recover and when he said it he really sounded as if he meant it. It wasn't a casual thing to him, he put his heart in it," reported a veteran who had received the Military Cross from King George V at Buckingham Palace.

As the King and Queen were passing among the thirty-seven war veterans one said in an awed voice, "Your Majesty, you are lovely." "The Queen smiled," he said, "and so did the King,

and then that lovely lady tilted her head over on one side as pretty as a bird and said to me, 'That is very nice of you, thank you.' And did she smile! Oh boy, —a million dollars' worth that's all! I'll never forget it."

As the party walked over to the children, the King, accompanied by Miss Peters, and the Queen by Dr. Washburn, they both chatted freely and asked many questions. King George asked how many children there were in the Hospital, and remarked that with a climate like this there should not be much illness amongst children. He wanted to know the cause of most of their trouble, and when told that it was poliomyelitis, expressed sympathy for them. He then asked Miss Peters how long she had been here, and if she had been superintendent of nurses all the time, asked about the number of nurses on the staff, and when told that there were graduate and student nurses seemed very interested in the fact that we were training nurses.



Their Majesties accompanied by Lieut.-Col. L. C. Harris and Miss Helen S. Peters, superintendent of nurses, University of Alberta Hospital.

When Their Majesties neared the children a little patient, six years old, in a pretty cornflower blue taffeta dress with sweetheart roses and corn flowers in her hair curtsied daintily and presented to the Queen a colonial bouquet of gardenias, lilies-of-the-valley, sweetheart roses, and corn flowers with pastel ribbon streamers, and voiced our sentiments when she said, "God bless you, Ma'am."

Two nights before Their Majesties came to Edmonton a little twelve-year old girl dreamed that she would meet them and talk with them. She was one of the crippled children selected at random by Their Majesties for royal smiles and greeting. She said, "They both

smiled real sweet at me, and then suddenly they stopped and spoke to me,— *and my dream came true!* The Queen looked so lovely I can't describe her and she smiled at me and said 'How are you feeling, little girl?' But I was so excited I couldn't speak. I just couldn't say a word. The King has such a kind face and the Queen, she's beautiful."

It was a memorable day, a day which has been relived many times and a memory which will be handed to those who come after us, the day when we were visited by Their Majesties King George VI and Queen Elizabeth—the *day when our dream came true!*

CATHERINE M. CLIBBORN
Instructor of Nurses

Food and Health

ELIZABETH CHANT ROBERTSON, M.D., Ph.D.
Department of Paediatrics, University of Toronto

We all know that if one persistently eats a very unbalanced diet, which lacks one of the vitamins, that a severe deficiency disease results. For instance if no vitamin C is eaten, scurvy comes on. If we eat no vitamin B1, we get beriberi. If our babies are fed no vitamin D, they usually develop rickets. Although we still see scurvy and rickets in improperly fed babies, these deficiency diseases are rare among Canadians now-a-days. Apparently we eat enough of these essential factors to prevent the development of deficiency diseases. But do we eat enough to ensure optimum growth and health? There are many indications that many of us do not.

For example, some very interesting studies have recently been reported from Montreal. The heights and weights of school boys in three different sections of the city were compared. The boys from a fine residential district were 1 to 4 inches taller and 2 to 12 lbs. heavier than the sons of skilled workmen. These differences were largely due to differences in their food. An even more enlightening test has recently been carried out in a Chicago institution. There it was found that, in one year, children given a good diet, including one and a half pints of milk daily, grew half an inch more in height and 2½ lbs. more in weight than their playmates who re-

ceived half as much milk ($\frac{3}{4}$ pint). If the test had been continued for ten years the differences would have been much more striking. Growing boys and girls should get at least $1\frac{1}{2}$ pints of pasteurized milk each day, including that used in cooking. Adults need one-half to one pint daily.

Milk is our most valuable source of calcium and children need this substance in generous amounts in order to build strong bones and teeth. Adults need calcium too, because they excrete calcium every day. If they eat less than they excrete (and many of them do this) we say that they are in "negative balance", and the extra calcium excreted is withdrawn from their bones. This continuous slow drainage of calcium from their bones, if it goes on for years, makes their bones weaker. This is one of the main reasons why old people break their bones so readily and it may also cause backache from compression of the weakened vertebrae. Cheese is an excellent source of calcium and should be used generously, particularly if little milk is taken.

In order to keep up the haemoglobin supply of our blood we need to eat iron in our food. When we have too little haemoglobin in our blood we are anaemic. How many of us eat too little iron? A few years ago it was found that a large group of Toronto children who were eating an average diet, had a rather low level of haemoglobin in their blood. When they were fed a special cereal which was rich in iron, their haemoglobin promptly rose to the normal level. For optimum health, children should be fed generous amounts of iron-rich foods. Because of the blood that they lose at menstruation and childbirth, women need more iron than men. Many of them do not eat enough to cover their needs. For example, a recent

study in Montreal showed that 43 percent of 1400 poor mothers had some degree of anaemia. We have no figures for comfortably-off women, but no doubt many of them would have better health if they ate more of such valuable foods as fruits, vegetables, liver, kidney and whole-grain cereals. These are rich in haemoglobin-forming iron.

It is estimated that 93 to 95 percent of Toronto school children have already developed dental decay before they leave the public schools. This is a shocking state of affairs when we realize that the native races such as the Eskimos and Arabs, who cling to their traditional fare, have splendid teeth. Excellent diets for the child from its prenatal life on would much reduce and possibly largely eradicate this most prevalent and troublesome disease, dental caries. These diets should include daily doses of some reliable form of vitamin D, such as fish-liver oils in liquid or capsule form during the eight colder months of the year. The mother should take this vitamin regularly before her child is born. The child should be given it from the age of one month on. It should be continued in moderate doses until the child has completed his growth, as this has been found to reduce dental decay. In fact probably all of us would be wise to take small doses of vitamin D in the winter time.

We have shown in many experiments that rats, fed diets which lack one or more of the food essentials, have a low resistance to disease. Their resistance was measured by their ability to survive "rat typhoid" when they were fed these germs by mouth. Do our diets affect our resistance? There is ample evidence that they do. Tuberculosis became much more prevalent in Germany and Austria towards the end of the last war, largely because of their partial starva-

tion. Even neutral countries, such as Denmark and Holland, had the same trouble in a less severe degree. These nations exported too much of their best food to Germany. When the war ended their tuberculosis rate dropped promptly.

The evil effects of ill-balanced diets, too largely made up of the cheaper starchy and sugary foods, do not become evident at once. However, their continued use has a bad effect on our health. Growing children need especially large supplies of vitamins, minerals and good proteins in order to build strong constitutions. Pregnant and nursing mothers also should have extra generous supplies of these foodstuffs if their health is to be maintained and if their babies are to be strong.

Our most valuable foods are those rich in vitamins and minerals—the so-called protective foods. These include milk and milk products such as butter and cheese; the vegetables, especially the coloured ones and those eaten raw; the fruits; eggs; meat, especially liver and kidney; the whole-grain cereals, such as whole wheat and graham flour, rolled oats and brown bread.

An ideal daily diet would contain raw

fruit or uncooked tinned tomatoes or tomato juice once; fruit at another meal; two vegetables besides potatoes—greens or a salad; one helping of meat, fish or fowl, and one egg. In addition, half of the breadstuffs and cereals should be taken in the whole-grain form. Occasional individuals find these whole grain cereals too laxative.

Plan to have as much variety in your diet as possible. This makes for both pleasure and safety. If the food money is limited, the meat and eggs can be safely reduced if the quantity of milk is kept high. Dried beans and peas can be used as cheap meat substitutes occasionally.

If the cheaper grades of meat, canned goods and vegetables are bought, such a diet can be obtained relatively cheaply. Skill in cooking however is needed to make such meals palatable. Canadian families with low incomes very often do not buy adequate diets. With more knowledge they could do much better. The present day efforts to spread the "newer knowledge of nutrition" in schools, universities, hospitals and through social agencies merit your active support.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments and changes of the Victorian Order of Nurses for Canada during May:

During the month three nurses resigned to be married, namely: *Miss Dorothy Clark*, Galt Branch; *Miss Margaret Inness*, Halifax Branch; *Miss Marguerite Northrup*, New Glasgow Branch.

Miss Elsie Dakai was transferred from Montreal to Dartmouth. *Miss Edith Hill* was transferred from Border Cities to Galt. *Miss Gladys Clark* was transferred from Vancouver to Edmonton.

Miss Mary Wade was admitted to the Victoria Branch.

An International Honour

In every province in Canada the many friends and admirers of Miss Jean E. Browne are delighted to hear of the latest honour which has been bestowed upon her. At the Biennial Meeting of the Canadian Nurses Association last summer she received the Mary Agnes Snively Medal which is the highest honour within the gift of the Canadian Nurses Association, and now her services in the international field have received the recognition they so richly deserve in the award of the Florence Nightingale Medal.

This Medal is conferred biennially by the International Committee of the Red Cross Society at Geneva upon nurses in various countries who have rendered conspicuous service in war or disaster, or who have made other notable contributions to the public good. At the time that the award of the Mary Agnes Snively Medal was officially announced last summer, Miss E. MacPherson Dickson prepared a biographical outline which appeared in this *Journal* and which contained the following references to the international aspects of Miss Browne's distinguished professional career:

Miss Browne organized the National Office of the Canadian Junior Red Cross and became its National Director, as well as editor of the *Canadian Red Cross Junior*. These positions she still holds.

In international affairs in nursing and public health, Miss Browne is almost as well known as at home. In 1920 to 1921, she took post-graduate work in the "International Red Cross for Public Health Nurses" in London, England. In 1925 she spent four months on a Junior Red Cross mission in Europe, on the invitation of the League of Red Cross Societies, when she visited England, France, Belgium, Czechoslovakia and Austria—at this time, she attended a Cen-



JEAN E. BROWNE

tral European Red Cross Conference in Vienna.

While in Europe, in 1925, Miss Browne also represented the Canadian Nurses Association at the International Congress of Nurses held in Helsingfors. In 1929, on the invitation of Bedford College, London, England, Miss Browne gave a course of lectures on methods in health education at the Summer School Course for "Old Internationals". In 1929, she represented the Canadian Junior Red Cross at their International Conference in Geneva — a conference of National Directors of Junior Red Cross, a meeting of the International Society for Crippled Children, and the Health Section of the World Federation of Education Associations. Again, for Canada, in 1930, she attended the British Empire Red Cross Conference in London,

England, when she addressed a meeting in St. James Palace on "The Red Cross and Education", and, along with other delegates, was received by Her Majesty, Queen Mary, at Buckingham Palace.

For four years Miss Browne served the Canadian Nurses Association faith-

fully and well as its president. It is natural, therefore, that its members should be proud of her achievements and rejoice that international recognition of such a high order has been accorded to her.

Sulfapyridine ("M. & B. 693")

HENRIETTA L. ADAMS and MARGARET O. COGSWELL

Supervisors, Royal Victoria Hospital, Montreal

Ever since sulfanilamide was found to be so successful in treating streptococcal infections, numerous investigators have been searching for a drug which would have a similar curative effect in pneumococcal infections. In England, the May & Baker Company, Ltd. tested a number of sulfanilamide derivatives in pneumococcal infections in mice, and finally in May, 1938, Whitby reported that of 64 new drugs which had been prepared by this Company, sulfapyridine (also called "M. & B. 693") possessed by far the greatest activity against the pneumococcus.

During the past year, many investigators in England and elsewhere have published reports dealing with the effects of the drug in human beings suffering from pneumonia. So far these reports have been very favourable, and seem to indicate that the drug is of real value in decreasing mortality in lobar pneumonia. For example, Evans and Gaisford compared 100 sulfapyridine-treated cases with 100 untreated controls. The mortality in the control group was 27 percent and in the treated group only 8 percent.

In America, the first significant series of cases was reported by Barnett, Hartmann, Perley, and Ruhoff of St. Louis, who treated forty cases of pneumonia in children with apparently satisfactory results. Because of the small number of cases and the absence of controls, however, the authors could not draw any definite conclusions as to the extent to which mortality was reduced. A more carefully controlled series of cases has been reported from Philadelphia, by Flippin, Lockwood, Pepper, and Schwartz, who treated a hundred cases of lobar pneumonia with only four deaths; of these, three were Type III and one was Type IV.

At the present time numerous papers from clinics all over the United States and Canada are in process of publication. The Royal Victoria Hospital series of cases has been fully reported in *The Canadian Medical Association Journal* by Dr. J. C. Meakins and the Medical Resident, Dr. F. R. Hanson. In the same issue of the *Journal* a somewhat larger series of cases was reported from Toronto with equally satisfactory results.

In this article we will give only a brief outline of the nature, properties, and methods of administration of this drug.

Sulfapyridine is a white powder with a slightly bitter taste and very sparingly (1 part in 1000) soluble in water. Chemically it is closely related to sulfanilamide and also to the analgesic drug, aminopyrine. It is usually given by mouth in the form of tablets or as an emulsion in water. It may also be given by rectum, or intramuscularly as a suspension, but owing to the low solubility of the drug, neither of these methods is very satisfactory. In order to overcome this difficulty, the manufacturers are about to make available the sodium salt of sulfapyridine which is quite soluble in water and may be given intravenously. A preliminary report on the use of sodium sulfapyridine has just been made by Marshall and Long in *The Journal of the American Medical Association*.

There is still considerable variation in the dosage employed in different clinics, but an average régime for a seriously ill case would call for from one to four doses of 2 grams each at four-hour intervals, followed by 1 gram every four hours until the temperature has been normal for 48 hours. After this, the drug may either be discontinued entirely, or continued for 3 to 7 days at a level of about 2 grams every 24 hours. In such a régime, the concentration of sulfapyridine in the blood will usually run between 7 to 15 mg. per 100 c.c. which is believed to be the optimum level for best therapeutic results. Some observers, however, feel that much lower concentrations, such as 4 or 5 mg., are equally effective. To be on the safe side a patient should not receive more than 25 grams of sulfapyridine in a single course.

By far the most common toxic effects of the drug are nausea and vomiting which occur to some extent in about 75 percent of all cases. Vomiting, sufficiently severe to prevent adequate administration of the drug, probably does not occur in more than one patient in ten. In such cases the drug may be given by duodenal tube or by rectum in the same dosage as given by mouth, or the new sodium salt may be tried. Vomiting may occur, however, even when sodium sulfapyridine is given intravenously. In many places, 5 or 10 grains of sodium bicarbonate are given with each dose of the drug and this may reduce the nausea in some cases.

Mild cyanosis occurs in many cases and is sometimes due to transformation of some of the haemoglobin of the blood into methaemoglobin, but this is very seldom sufficiently severe to be a contra-indication to the use of the drug.

The most serious, and fortunately very rare, toxic reactions are the development of acute hemolytic anemia in which the hemoglobin may fall suddenly to 20 or 30 percent, and agranulocytosis in which the number of white cells in the blood is greatly reduced and severe ulceration of the pharynx develops. The occurrence of these complications seems to depend on an idiosyncrasy on the part of the individual patient, and fatalities can only be prevented by making frequent blood counts on patients who are receiving the drug. So far, at least three fatal cases of agranulocytosis have been described following sulfapyridine therapy.

Other rare reactions are the occurrence of drug rashes or drug fevers — the latter being very difficult to distinguish from the fever of the pneumonia itself.

It is not yet definitely settled, but many observers feel that some of the

restlessness and mild delirium which occurs is due to the drug rather than to the pneumonia itself.

In the cases which we have seen treated with this new drug in the Royal Victoria Hospital, the most striking feature which has occurred in practically every case in the sudden fall of temperature to normal within the first 24 to 48 hours. Many of the most seriously ill patients with the highest temperatures have actually been afebrile within 24 hours of administration of the first dose of sulfapyridine. It must not be taken for granted, however, that the patient is cured when his temperature drops to normal, because the general belief at the present time is that the length of time required for the consolidated lung to return to normal is only slightly diminished by the use of the new drug. *The reduction of mortality depends on lessening the initial stage of fever and toxemia rather than hastening the resolution of the pneumonic process.* It is still too early to state whether the use of the drug decreases the incidence of complications such as empyema or lung abscess.

It will be some time before a sufficiently large series of carefully con-

trolled cases, treated with the new drug, will allow definite conclusions to be formulated concerning the relative value of sulfapyridine and of serum in pneumonia. At the present time all the evidence would seem to be strongly in favor of sulfapyridine. Certainly, most of the doctors and nurses who have observed patients suffering from pneumonia during the past winter are agreed that never before has the disease run so mild a course.

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EDITOR'S NOTE:

The authors of this article wish to thank Dr. Kenneth A. Evelyn for reading and correcting their manuscript.



An Esteemed Contemporary

A glance at the pages of this *Journal* will show that emphasis is placed upon the subject of nutrition. By a happy coincidence, the initial number of the *Journal of the Canadian Dietetic Association* has just reached the editor's desk. Very attractive it is, too, in its blue and white cover adorned with the official seal of the Association—a mixing spoon rampant above a pair of scales in true balance. Like our own *Journal*, this publication will serve as the official organ of the Association which owns and publishes it and will also keep its membership informed concerning the rapid progress which is being made in the professional field. The managing editor is Miss Ruth M. Park, chief dietitian at The Montreal General Hospital—a selection which in itself will go far toward ensuring the success of the new venture.

A Party Line

Every now and then something happens which puts fresh courage into the drooping editorial heart. In the Nova Scotia news items which appeared in the June issue of the *Journal* you will find a paragraph contributed by the press representative of the Alumnae Association of the Halifax Infirmary which reads as follows:

In connection with the beginning of a Student's Library a paper on "Reading for Nurses" was given by one of the members. The article on "Books and Music" from

the March issue of *The Canadian Nurse* was read in its entirety. This was followed by an interesting review of Anne Morrow Lindbergh's book, "North to the Orient". Arrangements are now being made to join one of the Book Clubs, and already the price of our first book has been donated by one of the Alumnae members.

Here is proof that the *Journal* can and does serve as a "live wire" over which ideas may travel from one group of nurses to another. It is a far cry from Nova Scotia to Saskatchewan, but the words spoken by students of the School of Nursing of the Saskatoon City Hospital have been heard (and heeded) by their fellow nurses in the Halifax Infirmary — more than two thousand miles away.

Stop Press!

Just as we finished making what we call the "pin dummy" of this particular issue of the *Journal* a large square envelope arrived. Out of it there dropped the sort of manuscript which editors seek but seldom find. In "The Dream Came True!", Catherine Clibborn has caught the spirit of a memorable occasion and, without sentimentality, conveys much of its deep emotional quality. So much were we stirred that although the deadline was upon us we forthwith scrapped our carefully constructed working model in order to find space for it. Even if we could have resisted the text, the pictures would have got us down. So we just re-made the *Journal* from end to end—and here is our feature story!

Forty Years On!

On October 12, 1939, Teachers College, Columbia University, will celebrate its fiftieth anniversary, and the following day the Nursing Education Division will have a reunion and special programme to mark its fortieth year of work. A committee of representative graduates and former students in sponsoring three main activities in connection with the latter celebration—a special programme, a study of the students and graduates over the forty-year period, and an Anniversary Fund to be given in honour of the Founders.

The programme on October 13 will centre about the theme, "Leadership in Nursing Education". The morning session will open with an address of welcome from a representative of Teachers College, and a response by Nellie Hawkins, chairman of the Alumnae Committee and President of the National League of Nursing Education. It was through the efforts of this organization under its earlier name, American Society of Superintendents of Training Schools for Nurses, that the first nursing courses given in any university were organized at Teachers College. There will be a brief account of the founders—who they were, the problems they faced in their day, and what they hoped to accomplish.

In the afternoon there will be a symposium on "Present and Future Leadership in Nursing Education" when representative alumnae will discuss some of the needs in the nursing field that have, and some that have not, been realized during the past forty years, the type of leaders that are needed for the next decade, and how they can be selected, prepared and organized for their work. In the evening there will be an Alumnae Dinner in honour of Miss Nutting

at which there will be messages from alumnae and faculty members representing different classes, countries and fields of work. A summary will be presented of the student group, covering the forty-year period. On Saturday afternoon, the Annie W. Goodrich lecture will be given by an outstanding leader in the field of public health. A reception, at which Miss Goodrich will be a guest of honour, will follow the lecture.

All former students in the Nursing Education Division are invited to share in this reunion and in the Anniversary Fund. Since it is impossible to reach every individual by letter, the committee asks those who would like to join in the celebration, and to contribute to the fund, to do so in one of two ways. It is suggested that local alumnae groups be organized in different sections of the country, and that those who cannot come to New York, plan their own local celebration in keeping with the general theme. The second plan is to have individuals write direct to the Secretary of the Nursing Education Alumnae Committee at 525 West 120th Street, New York, and get the necessary blanks if they have not already received them.

The committee realizes that nurses are not able, as a rule, to raise large sums of money, but many will wish to join in this tribute to the Founders of the Nursing Education Division and at the same time help in carrying forward the work they started at Teachers College. Three special objects have been suggested:

To provide an initial salary for a research specialist on the Nursing Education faculty to explore nursing problems needing investigation and to assist in the guidance

of more advanced students in making surveys and other studies.

To develop facilities for advanced courses in the clinical specialties.

To extend present facilities for the selection, guidance, and counseling of students in the Nursing Education Division.

The preferences of the contributors will help in determining which of these objects will be selected.

Among other plans for the Anniversary is a special exhibit of materials from the Adelaide Nutting Historical Nursing Collection which was established by the Alumnae as a tribute to

Miss Nutting. Additions to this collection in the form of books, pamphlets, pictures, letters and manuscripts, dealing with the modern period will be especially welcomed at this time. The Nursing Education Division at Teachers College is also trying to secure photostatic copies of all letters written by Florence Nightingale which can be located either in the United States or Canada. These are to be added to the Collection mentioned above and if those who have such letters in their possession would write to the Division their courtesy would be greatly appreciated.

AMERICAN INSTITUTE OF NUTRITION

The sixth annual meeting of the American Institute of Nutrition was held recently in Toronto, this being the first time this Institute has held a meeting in Canada. I do not purpose to report on the contents of the eighteen papers given at the two sessions beyond the point of stating that such subjects as the latest experimental data on nicotinic acid, on Vitamin A, on thiamin, on essential fatty acids, etc., and the application of such findings to preventive aspects of health were dealt with in these papers. A period of ten minutes was allowed for the presentation of each paper with five minutes for discussion and strict adherence to this gave ample time for the papers.

Two other events are perhaps of greater interest; I refer to the award of a prize of \$1,000. presented by the Meade Johnson Company for research on the Vitamin B-complex, and secondly to the symposium held in the evening. The award for research in the

Vitamin B-complex went to Conrad Arnold Elvehjem, professor of biochemistry, University of Wisconsin. Professor Elvehjem was generous in the credit which he gave to his many co-workers in this field whose findings had helped him in his particular field of research. In 1937, he and his associates, while studying pellagra in the chick, isolated nicotinic acid from liver concentrates. Further work on this substance by this group and others proved its effectiveness in the cure of human pellagra. In 1938 he also did extensive work, proving the presence in the body of the substance nicotinic acid amide, a factor in the enzyme system of the body and likely a constituent of the cells. The symposium was presided over by Professor E. V. McCollum (Johns Hopkins University), president of the American Institute of Nutrition. The subject of the fortification of foods with vitamins and minerals was handled by five speakers whose names alone would at-

tract interest to any programme. Agnes Fay Morgan, Ph.D., (Professor of Household Science, University of California) gave the audience a clue to the manner in which the topic would be developed by discussing the advantages and disadvantages of adding minerals and vitamins to foods above those amounts naturally found. Another very able woman, whose work has been in the field of child nutrition, was Lydia J. Roberts (professor and chairman of the Home Economics Department, University of Chicago) who spoke on fortifications of foods in a general programme for better nutrition. Following this, Dr. W. H. Sebrell (United States Public Health Service) developed the topic of public health aspects of fortification of foods and E. M. Nelson, Ph.D., (chief of Vitamin Division, Food and Drug Administration, United States Department of Agriculture) spoke on the control and proposed legislature in the United States on fortification of food with concentrates. The symposium was closed by Alonzo Taylor, Ph.D., (Emeritus Director, Food Research Institute, Stanford University), speaking on view points of the food industries regarding fortification. Those who are interested in the details

of these papers are referred to their publication in the near future in *The Journal of Nutrition*, official magazine of the American Institute of Nutrition.

The general defect in diets in this country is the almost universal use of refined and manufactured foods which, due to the nature of preparation, tend to have a long "shelf-life" before being sold to the consumer. The remedy is not by increasing the cost of food by fortifying such foods with concentrates of minerals and vitamins but, through education, to change the dietary habits of people to the use of natural foods. A fortified food should be prepared by addition, in excess, to the natural amounts in foods when such foods are found to be lacking in one or more necessary nutrients, as for example, the fortification of whole milk with Vitamin D concentrate. Gardening for the production of home-grown foods which provide necessary food factors is strongly recommended in "The Newer Knowledge of Nutrition", a recent textbook which is reviewed elsewhere in this issue of the *Journal*.

W. L. CHUTE,
Lecturer in Science,
School of Nursing,
University of Toronto

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss Christina Keith (Toronto General Hospital and University of Toronto Public Health Nursing course) has resigned as Senior Public Health Nurse with the Timmins Board of Health. She has been succeeded by *Miss Laurretta Hall* (Kingston General Hospital and University of Toronto) who joined the staff in Timmins a year ago.

Miss Reba Simpson (Hospital for Sick

Children and University of Toronto Public Health Nursing course) has resigned from the staff of the Ontario Hydro-Electric Commission. She will join the staff of the Timmins Board of Health in July.

Miss Helen Gardner (St. Lukes Hospital, New York City and University of Toronto Public Health Nursing course) has resigned from the position of public health nurse in Penetanguishene.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver on June 3, 1939. Approval was given to the President attending the meeting of the Board of Directors, International Council of Nurses, in London, July 5 and ensuing days. At the request of the Canadian Florence Nightingale Memorial Committee, the President of the Canadian Nurses Association who is a member of this Committee, will attend the Grand Council meeting of the Florence Nightingale International Foundation which opens in London on July 10. The President may also represent the C.N.A. at a Conference on Overseas Nursing which is being arranged jointly by the British Social Hygiene Council and The College of Nursing in London.

Letters from the Provincial Associations in Alberta, Manitoba and Saskatchewan expressed appreciation of the President's visit at the time of the annual meeting in each of these Provinces. Each letter referred to the benefits derived from having the President of the C.N.A. in attendance. In the June issue of the *Journal* there were published excellent reports of annual meetings in Alberta, British Columbia, Manitoba, Ontario and Saskatchewan, consequently these *Notes* will refer only to official action in those provinces which is of interest to all members of the C.N.A.

By unanimous agreement, the *Alberta Association of Registered Nurses* is to proceed with the formation of districts. Ponoka District is already organized with twenty-nine members. The

Association has requested the Inspection Committee, when making their next visit to schools of nursing, to recommend to the Boards of the various hospitals that the superintendents of nurses attend regular board meetings. At the last session of the Alberta Legislature the Cancer Remedy Act was passed; the A.A.R.N. has appointed a member as a representative to the Commission which is to administer this Act.

The *Registered Nurses Association of British Columbia* by a large majority adopted the principle of the Association functioning by formation of "districts" or "chapters". Arising from the recent report of the committee to study the development of relationships between public health nursing and social work groups, the following resolution was adopted:

That no training school today should be without somebody within to interpret and keep alive a knowledge of social work, and that where there is no other social worker on the staff the responsibility should be given to the medical social worker, accepting the fact that her time is limited and that she has other responsibilities. This recommendation looks toward the time when a social worker will be appointed whose primary responsibility will be to interpret the social implications of disease in relation to the patient, the hospital, the home and the community.

Finally, it is recommended that permission be granted that copies of this report be made available to other interested groups, and that the committee be authorized to deal directly with any organization where it is felt that suggested improvements along the lines discussed might be put into effect.

This resolution is to be sent to all schools of nursing in the Province, while the report of the committee is to be printed for distribution to those who are interested in both public health nursing and social service groups.

In future, graduate nurses' associations throughout the Province are to receive a synopsis of Council meetings. This plan should help greatly to interest members in the programme of their Provincial Association.

Following the annual meeting of the *Manitoba Association of Registered Nurses*, Miss Eleanor Harvey spent a week in Chicago at the Nurse Placement Service in order to secure further information to aid in an endeavour to open up new fields of nursing activities and thus promote employment among nurses. The M.A.R.N. has made an additional grant to the library committee to provide facilities for a reading room at the provincial office. At a joint meeting of the M.A.R.N. and the Manitoba Hospital Association on June 13, two papers were presented by nurses: one on the eight-hour day, the second on working and living conditions for nurses in hospitals in Manitoba. There was also a round table conference for discussion of nursing and hospital problems.

The second quarterly meeting of the Executive Council of the *New Brunswick Association of Registered Nurses* was held in Moncton on May 16, 1939. The date of the annual meeting was set for September 5 and 6 in Fredericton. Additional amendments to the proposed revision of the Bylaws include:

(1) That the retiring president of the Association shall be a member of the Executive Council for the year following, providing that she retains membership in the N.B.A.R.N., and (2) that all nurses holding government and other public positions in the Province shall be registered under the New Brunswick Act.

The number of applications for the scholarship offered for the first time by the Association indicate the interest of the members in this new project. Reports by various committees showed progress in their undertakings. The annual pledge of financial support to the Florence Nightingale Memorial Fund was met, in addition to which the Association voted an extra fifty dollars to the Fund. The Registrar reported on visits to three schools of nursing since the previous meeting of the Council.

All local branches of the *Registered Nurses Association of Nova Scotia* are meeting regularly and are striving to establish shorter hours for private duty nurses. A most successful refresher course on mental health and disease was arranged by the Halifax Branch, with an attendance of 140 members and 38 senior student nurses. Already two schools of nursing have taken advantage of the affiliation course in pediatrics as offered recently by the Children's Hospital, Halifax.

In response to inquiries to superintendents of schools of nursing for opinion as to the best method of informing younger nurses of plans for economic security, the opinions expressed favoured these superintendents bringing this important matter to the attention of their students.

On recommendation of the nursing education committee, the reports of the Survey of Schools of Nursing in Nova Scotia in 1938 are to be graded according to an accepted standard; then each school is to be sent a report of its standing with recommendations. The appointment of an Inspector Registrar is delayed until the schools have had time to consider these recommendations and to signify their ability toward implementing the suggestions contained in the report, either in part or as a whole. The

School of Nursing of the City of Sydney Hospital has been re-opened, with a qualified instructor added to the staff.

The Registered Nurses Association of Ontario has revised the policy of administration of the Permanent Education Fund so that in future a nurse must be a member of the Association for at least one year before a loan can be granted. As an experiment toward assisting in the systematic building up of the Fund, each member is to be taxed twenty-five cents for the year 1940.

Through Districts, Sections, standing and special committees, progress is being made in organization activities in Ontario. The Minister of Health is to be approached in the interests of an eight-hour day for student and graduate nurses.

Recently appointed committees are:
(1) To study the question of a placement or vocational service in connection with the provincial headquarters, and
(2) History of Nursing. The latter committee is to work in co-operation with the national history of nursing committee.

The Registered Nurses Association of Prince Edward Island did not submit an interim report for June 3. The annual meeting of this Association was to be held in Charlottetown on June 15.

The Association of Registered Nurses of the Province of Quebec have awarded four scholarships each amounting to \$350. One award was made to Miss Mary Elizabeth March, B.Sc., R.N., a graduate of the School of Nursing, Royal Victoria Hospital, Montreal. Miss March will attend the School for Graduate Nurses, McGill University. The second scholarship went to Mlle Jeannette Larose, R.N., a graduate of St. Luke's Hospital, Montreal. Miss Larose will enrol at L'Ecole d'Hygiène Sociale Appliquée, University of Mont-

real. Miss Hazel Brokenshire, R.N., a graduate of the School of Nursing of The Montreal General Hospital, has been awarded a scholarship which will enable her to take a course in public health nursing at the School for Graduate Nurses, McGill University. Mlle Simone Bélair, a graduate of the School of Nursing of Hôpital Notre-Dame will utilize her scholarship by taking a course in teaching and supervision at the Collège Marguerite Youville, Montreal. Including these scholarships, the A.R.N. P.Q. has made thirty-five awards, representing a total of \$10,300., since 1922.

In the revised bylaws as adopted at the annual meeting of the *Saskatchewan Registered Nurses Association* provision is made for a change in procedure regarding the election of officers, the conduct of nominations for admission to the Association, and for other amendments as have become necessary as the Association has progressed.

From New Zealand

The President of the Canadian Nurses Association has received from the New Zealand Registered Nurses Association a cordial invitation to members of the C.N.A. to attend the annual General Conference (N.Z.R.N.A.) which is to be held in Wellington, February 13-16, 1940, during the celebration of New Zealand's Centennial. In addition to offering hospitality to nurses from Canada, the New Zealand Registered Nurses Association will be glad to make arrangements for visiting nurses who wish to spend some time in observation in the fields of nursing as hospital, obstetrical, Plunket and child welfare, district health nursing and social service. The cordial invitation from New Zealand to the

President concludes with: "We are looking forward to seeing a large number of our fellow-nurses from overseas, during our Centenary celebrations". Any members of the Canadian Nurses Association who may be planning to visit New Zealand early in 1940 and who wish to accept this invitation should so inform the Executive Secretary, (C.N.A.) without delay.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

ALBERTA:

A.A., General Hospital, Edmonton .	\$10.00
Drumheller District Registered Nurses Association	5.00
Student Government, Royal Alexandra Hospital, Edmonton	15.00

MANITOBA:

A.A., Winnipeg General Hospital, Winnipeg	25.00
Manitoba Association of Registered Nurses	100.00
Staff Nurses, King George Hospital, Winnipeg	8.50

NEW BRUNSWICK:

New Brunswick Association of Registered Nurses	50.00
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NOVA SCOTIA:

Colchester County Branch, R.N.A.N.S.	20.00
St. Elizabeth's Guild, Halifax	5.00
Victorian Order of Nurses for Canada, Halifax Branch	2.75

ONTARIO:

A.A., Hamilton General Hospital, Hamilton	15.00
A.A., McKellar General Hospital, Fort William	10.00
A.A., St. Luke's Hospital, Ottawa .	5.00
Florence Nightingale Club, Renfrew	5.00
School of Nursing, Ontario Hospital, Hamilton	7.00
Student Nurses Association, Toronto Western Hospital, Toronto	10.00

QUEBEC:

Nursing Staff, Alexandra Hospital, Montreal	8.00
Nursing Staff, Jewish General Hospital, Montreal	12.50

SASKATCHEWAN:

A.A., Grey Nuns' Hospital, Regina	5.00
Public Health Section, S.R.N.A. ..	14.60
The Sanatorium, Saskatoon	3.00

Annual Meeting in Nova Scotia

Inspired by a close-up view of possibilities before the nursing profession today, sixty-two members of the Registered Nurses Association of Nova Scotia returned to their daily routine, following the thirtieth annual meeting of the Association, held at Antigonish on June 1 and 2. The president, Mrs. Hope Mack, of Kentville, in her opening remarks commented on the visit of Their Majesties to our country, and emphasized our good fortune in living in a land of freedom and justice. A minute's silence was observed in memory of the passing, during the year, of eight members of the Association.

A pioneering programme for nursing, particularly in rural districts, was offered in an address by Peter Nearing, of the Extension Department of St. Francis Xavier University. Mr. Nearing advocated among other points:

The need for a survey of the province to determine the nursing needs of the people and the possibilities of supplying them.

Group payment of co-operative nursing insurance, along the same lines as the co-operative units already functioning in the province, which take care of medical and hospital needs.

It was decided to make a survey, following the outline used by the Manitoba Association of Registered Nurses.

The members also pledged their support to a scheme of co-operative nursing which would employ registered nurses, if and when the University Extension Department should undertake it.

The Registrar reported a paid-up membership of 876, which meant an increase of over 100 percent during the past five years. Reports of conveners of committees were received with interest. Miss Anne Slattery, Dingwall, pointed out the great strides taken during the year in the development of a Public Health Unit in the Island of Cape Breton. The Nursing Education group, under the leadership of Sister Camillus of Lellis, Halifax, reported an active year of study. Frequent meetings of instructors and directors of studies had promoted interest, and tended toward unification.

Miss Laura Page, Halifax, reported that Red Cross Enrolments now numbered 136. This is still 39 below quota, but as a thorough check had been made it was known that the nurses now enrolled are all active.

The successful working out of an eight-hour day for private duty nurses in the city of Halifax was reported by Miss Hazel Harrison. This has been in operation for eleven months, and the nurses in that district are anxious to continue it. Other districts have adopted a ten-hour day, while twenty-four-hour duty in hospitals has practically disappeared. The general movement toward shorter hours is gradually gaining momentum.

The Canadian Nurse Committee reported the number of subscriptions was still unsatisfactory, although slight progress was noted in one or two districts. Donations to the Nightingale Fund have once more exceeded our quota.

Although attendance at the meeting was not large, all eight local branches

of the Association were represented, and each presented a report showing considerable activity. Refresher courses had been carried out in the larger centres, and the fact that these were meeting with interest and were filling a definite need was shown by the unanimous agreement expressed with a proposal that the Provincial Association should conduct a three-day course at the time of the 1940 Annual Meeting in Glace Bay.

Several of the Branches gave definite suggestions for amendments to our Act. These were handed over to the legislative committee for further study, with the hope that action could be undertaken at the 1941 session of the Legislature.

An additional \$300. was voted for the loan fund for university post-graduate work. The amount voted for this purpose a few years ago has been in constant use by young members of the Association. Our president, Mrs. Mack, was chosen as the official delegate to the 1940 Biennial Meeting at Banff.

The business sessions were interspersed with pleasant social activities. A banquet held at the Royal George Hotel, and presided over by Miss Rachel Chisholm, Local Branch President, was attended by nearly one hundred. The high light of this session was an address by Dr. C. J. Beckwith, of the Department of Public Health, Sydney. In developing his topic, "Hospital Health", Dr. Beckwith presented what he believed to be an adequate health programme for the entire personnel of a hospital, including the student nurse. In addition to the preliminary examination, including an X-ray report by a competent radiologist, it was strongly urged that before final acceptance students should have an immunization programme to include tuberculin, Schick

and Dick tests, and protection against typhoid. Histories should be taken, especially with reference to the common communicable diseases such as measles, chicken-pox and mumps. A weight chart should be maintained, and at a later period in training a check-up was advised, to include re-vaccination, Kahn test and blood count.

The student nurses of St. Martha's School of Nursing presented a charming musical programme.

Following the final session, the members were entertained at a tea given by the Sisters of St. Martha in Morrison Hall, the spacious Refectory Hall recently opened at St. Francis Xavier University.

A drive along the shores of Antigon-

ish Harbour, whose blue waters sparkled in the spring sunshine, brought another annual meeting to a successful and harmonious conclusion.

The officers elected for the coming year were as follows: President, Mrs. Hope Mack, Kentville, (re-elected); first vice-president, Miss K. Harvey, Middleton; second vice-president, Miss G. Strum, Halifax; third vice-president, Miss Josie Cameron, Halifax; recording secretary, Mrs. D. J. Gillis, Windsor Junction; Public Health, Miss Hazel Macdonald, Sydney; Private Duty, Miss Marie LeBlanc, Antigonish; Nursing Education, Sister Camillus of Lellis, Halifax.

MURIEL J. GRAHAM

OBITUARIES

MARION CARTER, a graduate of the School of Nursing of the Sarnia General Hospital, and a member of the Class of 1938, died on May 22, 1939, in the hospital following a short illness. She rendered valuable professional service as a private duty nurse and was an active worker in the Alumnae Association. Forty nurses attended the funeral in uniform and acted as guard of honour at the home and at the grave.

JULIA ENGLISH, who held one of the earliest diplomas ever issued by the School of Nursing of the Montreal General Hospital, died recently at Montreal in her eighty-second year. During her long and useful professional career she rendered fine service in the field of private duty.

ELIZA KEYES died recently at her

home in Redbank, New Brunswick. Miss Keyes was a graduate of the School of Nursing of the Rhode Island General Hospital, Providence, Rhode Island, a charter member of the New Brunswick Association of Registered Nurses, and on two different occasions was superintendent of the Miramichi Hospital at Newcastle, New Brunswick.

ELIZABETH SANSOM died recently in Stanley, New Brunswick. Miss Sansom was a graduate of the School of Nursing of the Waltham Hospital, Waltham, Massachusetts, and for many years was superintendent of the Victoria Public Hospital, Fredericton, New Brunswick. From 1921 to 1925 she was a member of the Executive Council of the New Brunswick Association of Registered Nurses and also served for a term on the Board of Examiners of the Association.



School for Graduate Nurses, McGill University

Convocation Day, 1939, will long be remembered as a red letter day at McGill. The graduation ceremony was held in the open air amid the gay decorations which had greeted the King and Queen when they drove through the University grounds exactly one week previously. Cloudless skies, glorious sunshine, and the presence of His Excellency Lord Tweedsmuir and the Lady Tweedsmuir made it an impressive occasion.

The long line of new graduates circled the tomb of James McGill, Founder of the University, before proceeding down the drive to the special section of the campus reserved for them. Leading the procession, were the thirty-one nurses who were presented to the Chancellor by Miss Marion Lindeburgh, Director of the School for Graduate Nurses, in order that he might confer upon them the certificates in nursing for which

they had qualified. Every province in Canada had at least one representative in this group of nurses.

Convocation Week was the climax of a year of work and play. For the nurses the highlights were the Baccalaureate Service, addressed by Principal Douglas, the dinner in their honour given by the Alumnae Association of the School for Graduate Nurses, a trip to the Laurentian Mountains and picnic on Empire Day, Convocation itself, the garden party, and the Convocation Ball.

Within a few hours the Class of 1938-39 began to disperse for new ventures in hospitals, schools of nursing, and public health nursing agencies throughout the Dominion. Looking back upon the session, the general impression of staff and students alike is one of good comradeship and of peculiar satisfaction.

THE A.R.N.P.Q. AT QUEBEC

In early June, the Association of Registered Nurses of the Province of Quebec held its first general meeting in the ancient capital where the great beauty of this City on the Rock, perfect weather and faultless arrangements combined to make a truly memorable occasion. One could hardly visualize a better setting than the Chateau Frontenac as headquarters. The afternoon meeting was held in the Jacques Cartier Room but by the evening we were obliged to transfer to the ball room in order to accommodate the hundreds of French Canadian nurses who poured in from seventeen outside points within the province and even from the city of Ottawa.

Our president, Miss Margaret L. Moag, presided, ably assisted by the Rév. Soeur Allard, a member of the advisory board, who acted in the absence of Soeur Valérie de la Sagesse, our French vice-president. Addresses of welcome were given by the Right Reverend Philip Carrington, Lord Bishop of Quebec; Mgr. Camille Roy, Vice-Rector of Université Laval; Dr. L. G. Tourangeau, who represented the Provincial Government; Mrs. A. J. Macalister, president of the Jeffery Hale's Hospital Alumnae Association; and Mlle Maria Beaumier, superintendent of the Hôpital St. Luc, representing the Quebec City French-speaking nurses.

Reports of the Association's activities were presented, including both groups of all three Sections, followed by an illustrated lecture on cancer given by the internationally known Director of Institut du Radium, Montreal, Dr. J. E. Gendreau. This bilingual session provided the atmosphere and character so essential to the welfare of our Association; a peculiarity which gains in importance as our members, being representative of two great races, increase their understanding and appreciation.

In the evening our groups divided, sessions in French and English being conducted concurrently. The programme for both sessions was arranged to feature nursing service in all its aspects, the speakers and their subjects being as follows: Rév. Soeur Marie Alphonse des Anges, "The relationship of to-day's School of Nursing to

the nurse of to-morrow"; Dr. Wilfrid Leblond, "The nurse in the field of public health"; Mlle Annonciade Martineau, "The private duty nurse"; Miss Elizabeth Smellie, "The role of the public health nurse in the community"; Miss Marion Lindeburgh, "The School of Nursing to-day"; Miss Mabel K. Holt and Miss Martha Batson, "Practical application of the Curriculum"; Miss Flora Aileen George, "The aims and objectives of a Community Nursing Service Bureau". Mlle Suzanne Giroux, superintendent of nurses, Hôpital St. Luc, Montreal, and honorary secretary of the board of management, presided at the French session, and our provincial President at the English session.

On the following day, a session for Sisters and French lay nurses was held at Hôpital de l'Enfant-Jésus, where the Rév. Soeur Allard presided and in her own inimitable way outlined the aims and advantages of provincial associations of registered nurses. Visitors to the various hospitals were cordially received, even the Sisters of Hôtel-Dieu who are in the throes of preparation for their Tercentenary celebration, spared no effort or time in showing the glories of their famous institution. Business being completed, thirty-two motor cars laden with tired but happy nurses, pulled out for a glorious drive around Ile d'Orleans followed by tea at Kent House, Montmorency Falls, the officers and speakers being received at "Spencerwood" by the Lieutenant-Governor and Madame Patenaude.

There were no vacant chairs at any of our sessions, the estimated attendance being six hundred. Space will not permit us to record the names of all those to whom our gratitude is due, but we do ask Mrs. Macalister, Miss Norena Mackenzie, Mlle Maria Beaumier, Mlle Marguerite Taschereau and all who so ably assisted them, to accept our deepest appreciation for so happy and worthwhile an experience.

E. FRANCES UPTON,
*Executive-Secretary and
Registrar.*

STUDENT NURSES PAGE

Tetanus, from a Nurse's Point of View

PHYLLIS E. REEVE

The Hospital for Sick Children, Toronto

Tetanus requires two things of every nurse: first that she help in the campaign of prevention which is being successfully waged throughout all civilized countries; secondly that she care for a patient committed to her charge with interest and intelligence. In fulfilling the latter requirement she is confronted with many problems: the shutting out of all external stimuli; conserving of the patient's energy; keeping up his body resistance and preventing wasting of his tissues; seeing that he has a maximum of rest and sleep; keeping his mouth and skin in good condition; being able to recognize any unfavorable signs or reactions to treatment, and keeping the patient in a cheerful and positive frame of mind. How may all this be accomplished?

Let us consider Gordon Miller, a boy of nine years of age, who was afflicted with tetanus following an injury to his foot which he had received on a farm. Gordon was brought to the hospital conscious, but in a drowsy condition. Three weeks had elapsed since the tetanus bacilli had entered his body and their toxins had gained such headway that he presented a picture of the disease in an advanced stage. His back was somewhat arched in opisthotonos; his

arms and legs had developed a lead-pipe rigidity; his mouth was drawn into that typical grin of pain and apprehension called *risus sardonicus*; his tongue was furred and swollen and had, along the sides, several infected cuts where it had caught between his teeth. All the muscles of his body went into spasms of several minutes duration on the slightest stimulation.

He was placed immediately in a quiet darkened room by himself where he would be cut off from the bustle of a ward and such stimuli as noises, light and movements. The room was kept cool and well ventilated. Those entering, did not move or speak unnecessarily. The daily bath was given with long firm strokes, using warm water, for soothing effect, and three times a day his back, elbows and heels were gently massaged with alcohol and cocoa-butter to keep the skin firm and also to aid circulation.

Gordon's caloric requirement was maintained by nourishing fluids which he took well, and also by glucose which he received intravenously. The continuous intravenous served a double purpose, being used also as a channel for injections of antitetanus serum which was given in graduated doses for five or six

days. The nurse injected the serum into the tubing of the intravenous set. Following each administration, she recorded the time, amount, and lot number of the serum and returned to the patient to watch for reaction. An elevation in temperature after the first injection, and a serum rash which developed about three days after cessation of the treatment were the only untoward reactions. Gordon showed. The first was helped by a tepid sponge, and the second relieved by a few injections of three minims of adrenalin and frequent application of calamine lotion.

Gordon was watched very closely for twitching of the muscles and for any pain of which he might complain. During the first few days and nights, the muscular spasms were fairly frequent and he was given one-half grain of codeine phosphate twice a day, to ensure a certain amount of rest and sleep. Several times he appeared to be biting his tongue. This added to the soreness of his mouth and made constant care necessary. His mouth also became very dirty owing to the accumulation of mucus in his throat which he seemed unable to swallow. Suction was used at frequent intervals to prevent aspiration of this mucus, then his tongue and teeth were cleansed with lemon and glycerin to remove crusts and sordes, and gently bathed with boracic solution.

Particular attention was paid to bladder and bowel evacuation, as tetanus is often accompanied by retention, due to constriction of the muscles and interference with the nerve supply. Gordon had little trouble in this respect and only had to be given one simple enema during his illness.

Good medical and nursing care had their reward. Gordon's recovery was so rapid as to be almost spectacular. He began to show improvement on the third day and by the fifth he was able to have a small serving of jelly and custard. He was moved to a small public ward and in a few days was eating his meals with good appetite. He took more and more interest in his surroundings and became once again the fun and laughter-loving boy he had been before his illness.

What a wonderful thing it is that a case of tetanus such as this can be cured, but how much more wonderful that it can be prevented.

Thanks to the Government Health Department, hospitals, doctors, nurses and teachers, the great mass of lay people is gradually becoming aware of the dangers associated with any open abrasion received near soil, dust, city streets, barns, old buildings, etc. More and more people are learning that it is imperative to have medical or surgical treatment for deep cuts, punctured wounds, or any wound received in doubtful locality. The first treatment after the initial cleaning and dressing, given a patient who has been hurt, is an intramuscular injection of the prophylactic dose of anti-tetanus serum, which is fifteen hundred units of certified government inspected serum, to be repeated in seven to ten days in cases of gross soiling.

It is only by constant vigilance, constant advertising and campaigning that tetanus will become a disease of the past. Nurses should never forget that fact and should never fail to recognize an opportunity of making known the means of prevention and the absolute necessity for prompt treatment.

BOOK REVIEWS

SOCIAL HYGIENE NURSING TECHNIQUES, a Manual of Procedure in the Diagnosis, Treatment and Public Health Control of Syphilis and Gonorrhoea, by NADINE GEITZ, M.A., R.N. The American Social Hygiene Association, New York, 1938. 82 pages; price, 25 cents and five cents postage.

Published in response to many requests and to meet a definite need, this nurse's manual on social hygiene is recommended by the American Social Hygiene Association for all members of the nursing profession whose work brings them in contact with venereal disease patients. The author states that her material is largely the result of her experience in preparing a manual for nurses in the New York City Department of Health. Ten concise chapters cover the history of venereal diseases, legal aspects of its control, administration and clinical procedures in a clinic, the co-operation of a health department with other official agencies, and a condensed exposition of the broad social hygiene programme as it is being carried on to-day. There is also a valuable appendix illustrating suggested forms for charts in a venereal disease clinic or health service. A list of reference materials and public education aids available from the American Social Hygiene Association is included.

THE NEWER KNOWLEDGE OF NUTRITION, by E. V. McCOLLUM, Ph.D., Sc.D., Ll.D., Professor of Biochemistry, School of Hygiene and Public Health, The Johns Hopkins University; Elsa Orent-Keiles, Sc.D., Associate in Biochemistry, School of Hygiene and Public Health, The Johns Hopkins University; and Harry G. Day, Sc.D., Associate in Biochemistry, School of Hygiene and Public Health, The Johns Hopkins University. Fifth edition, entirely rewritten. Published by the Macmillan Company of Canada, 1939. 701 pages; price, \$4.50.

The field of modern nutrition covers the study of an adequate diet and is concerned with the qualitative and quantitative aspects of a diet, with the chemistry of nutrients, with the study of metabolism, and not least with the economical production of nutrients. Responsibility is placed on workers in the field of nutrition to pass on this knowledge to students, teachers, physicians and dentists so that through these groups the general population may become informed on the present knowledge of nutrition. With modern methods of transportation, man is no longer using only those foods produced in his own environment. One effect of this is good, because those with sufficient income can purchase fruit and vegetables on the market at all seasons of the year. The ill effect comes to both high and low income level groups in that it tends to increase the use of refined and manufactured foods in an amount above that of natural foods. This book is the fifth edition entirely rewritten, of *The Newer Knowledge of Nutrition* the fourth edition (1929) having been out of print since 1935. The text follows the plan of the previous edition.

This text is recommended to students and teachers of nutrition and also to physiologists, pharmacologists, pathologists and others who are interested in the functions of the body. The physiologist will profit by the many discussions on metabolism, for example, the authors review certain historical aspects of protein metabolism leading to the work of Folin (1905), who "possessed the genius to solve the problem in its main outlines, and his interpretation of the mechanism of protein metabolism is almost universally accepted". For the pharmacologist there is the newest knowledge on the vitamins and for the pathologist the reaction of the body to an inadequate food supply.

The preliminary chapters cover the historical facts leading to the modern concept of dietary essentials. The essential nutrients are discussed in this order: carbohydrates; lipids (a section on indispensable unsaturated fatty acids); proteins (a section on

the dispensable and indispensable amino-acids in nutrition); the chief minerals, calcium, phosphorus, magnesium, sodium, potassium, chlorine, iron, copper and iodine, with a chapter on the "trace" inorganic elements; the vitamins, with a discussion on the chemical nature and nutritional significance of each vitamin, with one chapter on other vitamin factors. The last chapters cover diet in relation to environment, diet

in relation to the teeth, and diet in healthful longevity. Each chapter has appended references for the student who wishes to refer to an original piece of work. The appendix contains six food tables and 14 figures.

W. L. CHUTE,
Lecturer in Science,
School of Nursing,
University of Toronto.

THE RED CROSS AND HEALTH EDUCATION

On May 23, in the Great Hall at Hart House, the annual luncheon meeting was held of nurses, doctors, dietitians and dentists who teach classes in home nursing and nutrition for the Red Cross Society in Ontario. Approximately 250 representatives from branches in 46 cities and towns in the Province were present at the happy event. They were received by Miss Florence H. M. Emory, convenor of the advisory nursing committee of the Red Cross in Ontario; Colonel John A. Cooper, president of the Ontario Division of the Red Cross; Miss Marion Henderson, supervisor of home nursing for Ontario; and Miss Jessie Goodman, organizer of home nursing in Toronto. The lovely blossoms used for decorations had decked the tables on the previous day when Their Majesties, King George and Queen Elizabeth, with a company of men and women prominent in public life, took luncheon in the Great Hall.

The chairman, Dr. F. W. Routley, welcomed the guests, and Mr. T. P. Grubbe introduced Dr. Duncan McArthur, Deputy Minister of Education, who took for his subject "The importance of education", and explained the place of health in the modern curriculum, adding that as the chief aim and purpose of education is to teach how to live, a knowledge of biology and health are important elements in the modern teaching course. Dr. McArthur said that the

preparation of teachers is of first importance and that in teaching the principles of correct habits and sound living, particular attention should be given to the mental and physical welfare of the student. He believed that the inadequacy of rest was one of the most detrimental influences on the health of modern youth. He also paid tribute to the Red Cross Society for bringing about a desire for improvement in health habits in all communities, and said that the Home Nursing classes had been an important factor. In opening the discussion, Miss Emory said that she regarded the Department of Education as an ally and co-worker in all the endeavours of the Red Cross Society to make the student health-conscious. She also stressed the importance of the preparation of the teachers, emphasizing the value of a thorough knowledge of biology.

Dr. C. A. Warren, past president of the Academy of Medicine, spoke for the doctors, saying that no better work is being done in the Province than that of the Red Cross home nursing and nutrition classes. Dr. E. T. Guest, secretary of the Ontario Dental Association, praised the dental profession for the good work they are doing in teaching the Red Cross classes. Such work is part of a new education, the dentists take their teaching very seriously, and opportunities to teach a greater number come through the Red Cross classes. Dr.

W. S. Caldwell, assistant director of the Ontario Red Cross, also spoke briefly on the close connection between home nursing and nutrition classes, both bringing improvement in health.

Dr. Routley closed the discussion by paying a warm tribute to the voluntary workers in the Red Cross Society and announced that 50,000 students had enrolled in the home nursing classes during the past ten years. Colonel Cooper spoke in appreciation

of the splendid work done by all of the voluntary workers. A moving picture was shown entitled, "If it is health you are seeking", which incorporated most of the lessons in the Red Cross manual.

Afterwards, many of the representatives went to the Parliament Buildings to see the beautifully arranged rooms and the decorations in honour of the visit of Their Majesties.

MARY L. JACOBS



A BIRTHDAY PARTY

Although the temperament of the weather man is a doubtful quantity in May, he produced one of his more stable moments this year, much to the relief of the members of the Vancouver General Hospital Alumnae Association. They were relieved because a garden party had been planned for that particular afternoon, and it was a little difficult to consider the clouds and wind of the day before in the light of a disappointing dress rehearsal which is traditionally the forerunner of a successful first night. Be that as it may, the morning found a busy committee working with the marquee and umbrellas which were to transform the pleasant hospital grounds and provide the setting for a unique event.

Forty years ago, in the red brick buildings now occupied by Vancouver's City Social Service Department, the Vancouver General Hospital established a Training School for Nurses. The group composing the first class of "students" was small in

number, and was made up of those nurses who had been giving nursing service in the hospital, a nucleus rich in experience and glad to have the opportunity to gain academic and technical training. Although forty years is not a long space of time, those first graduates were not young girls when they trained, and none is now living to recall that pioneer experience. Miss Madge Clendenning was the matron at the time of the founding of the School, and she left the hospital in 1902 to be married. In the time of her successor, Miss Isobel Turner, the hospital was moved to its present site on Tenth Avenue, where there was greater room for growth to meet the needs of a rapidly expanding city. Since 1899 there have been over 1600 graduates of the School. Some have moved away and have been lost sight of, but the Alumnae Association has been able to keep in touch with about 1300 of the number, and several hundred of them live in or near Vancouver.

The plan to celebrate the fortieth anniversary of the founding of the School grew, like Topsy, from the interest of the Class of 1929 in the anniversary of their graduation. In May 1929 they had promised themselves a reunion ten years from that date, and they proved to be a class that remained united and did something about the idea! A garden party was suggested and the Alumnae Association undertook to give it, inviting as their guests all graduates of the School, near relatives of doctors and nurses who had been most interested in the first years of the School, the outstanding women who were associated with the early organization of the Women's Auxiliary, the wives of present members of the Board of Governors, presidents of the various Hospital Auxiliaries, the members of the Training School Committee of the Women's Auxiliary, and the wives of the chiefs of staff of the Hospital.

Against a background of trees and lawn in the grounds of the Hospital a marquee and garden umbrellas made splashes of colour, and the Kitsilano Boys' Band livened the air with music. Happily, the sun smiled in spite of the early May date and, although the wind was at times keen, nothing really diminished the stream of conversation and reminiscence in which everyone joined. The guests were received by Miss Grace M.

Fairley, honorary president, Miss Fyvie Young, president, and Miss A. Reid and Mrs. A. Grundy, vice-presidents, then went to enjoy the tea dispensed by the following people, who had honoured the Association by consenting to assist. Pouring tea were Mrs. E. D. Carder and Mrs. H. H. McIntosh, distinguished graduates of the School, Miss Helen Randal, a former superintendent, Mrs. A. K. Haywood, wife of the medical superintendent of the Hospital, Mrs. T. S. Dixon, wife of the chairman of the Board, Mrs. Wm. Murray, long a president of the Women's Auxiliary, Mrs. Glen Campbell, a graduate, and Mrs. O. Weld, both of whose husbands have contributed much to the School. Cutting ices were Mrs. S. Wallbridge, an active member of the Women's Auxiliary, Miss M. F. Gray, assistant professor of nursing at the University of British Columbia, Mrs. M. D. Schultz, a graduate of the Class of 1903, and Mrs. J. S. Matthews, a graduate of the Class of 1905.

This was a unique event in forty years, enjoyed by all who participated, and may well have set a precedent for other Alumnae activities which will serve to strengthen the association between graduates of the Vancouver General Hospital and their School of Nursing.

FYVIE YOUNG

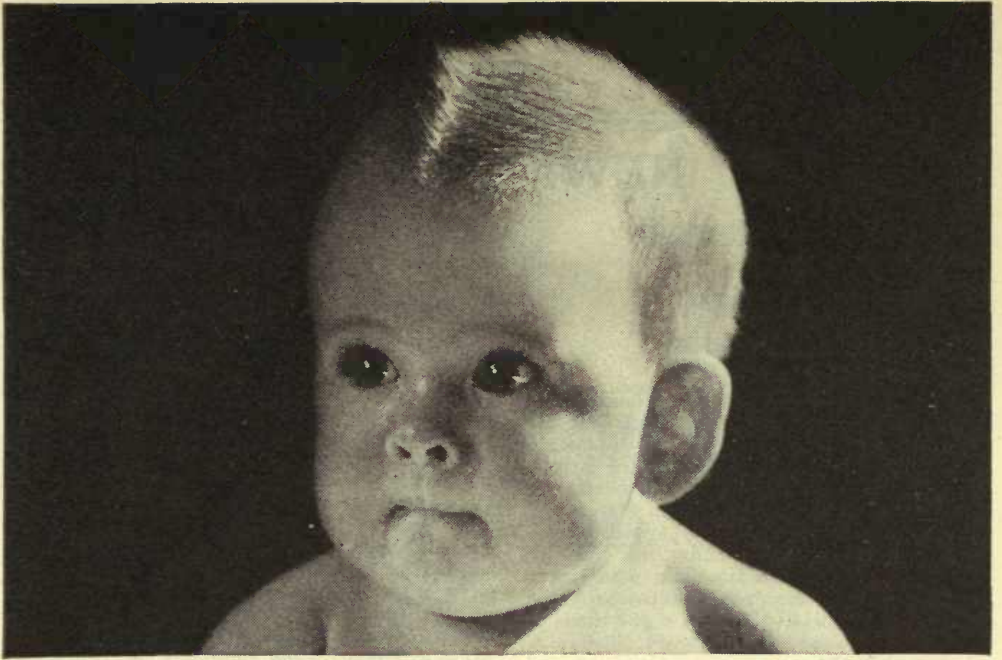
FLAGS IN MONTREAL

For weeks the city had been a more thrilling place in which to live. We are not much on flags. Montreal is a somewhat conservative place, but this time, flags and lights made our town far gayer than it had ever been. By a little eye-lifting, we refreshed our knowledge of British possessions from Bermuda to Somaliland, from the Bahamas to India, and from Malta to Newfoundland. The day was cloudless, a Canadian bright blue sky, traffic at a standstill, soldiers lining the streets, all to do honour to a royal couple who have small

children — for the province of Quebec walks hand in hand with little children. The setting was perfect. We waited four hours, but it was over in a moment — a sweet smile and a soldierly salute.

In these days of depression, unemployment, uncertainty and insecurity, when overnight a whole country can be absorbed and proud traditions laid in the dust, down our "Main Street" a real King and a real Queen passed by!

ROSE TANSEY,
Victorian Order of Nurses, Montreal



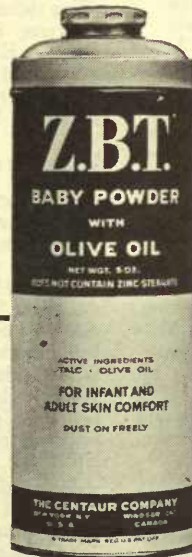
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NEWS NOTES

ALBERTA

EDMONTON:

Royal Alexandra Hospital:

At a recent meeting of the Alumnae Association of the Royal Alexandra Hospital Miss Leila Hueston gave a most stimulating description of her recent visit to the British Isles and Europe. She spoke of interesting people and incidents rather than places, and succeeded in leaving with us a vivid impression of the forces moulding the lives of people in Europe to-day. We were made more aware of the fact that the problems facing them are also Canada's problems.

LETHBRIDGE:

The Lethbridge Graduate Nurses Association recently held a meeting at St. Michael's Hospital. Forty-two members were present and reports on the recent convention of the Alberta Association of Registered Nurses held in Edmonton were given by Miss Alma Wagner, for the educational section, and Miss G. Papworth and Miss Thomas for the private duty section. After the business was completed Dr. E. V. Spackman showed moving pictures of his trip to Europe. A delightful lunch was served by the Sisters of St. Michael's Hospital.

MEDICINE HAT:

The Medicine Hat Graduate Nurses Association recently held a dinner with Miss Agnes J. Macleod, of the University of Alberta, as guest speaker. Her address dealt with the proposed formation of branches of the Alberta Association of Registered Nurses. An informal discussion followed.

Sixteen members of the Class of 1939 received their diplomas at the graduating exercises of the School of Nursing of the Medicine Hat General Hospital. Prizes were awarded as follows: practical nursing, Miss Antoinette Starling; obstetrical nursing, Miss Meta Woods; surgical nursing, Miss Mary Margaret Webster; highest aggregate marks in theory, Miss Grace M. Trembath.

Married: Recently, Miss Susie Neufeld (night supervisor, Medicine Hat General Hospital) to Mr. Boulter Elliott.

PONOKA:

The second meeting of the Wetaskiwin, Ponoka, and Lacombe nurses, now or-

ganized as the Ponoka District of the Alberta Association of Registered Nurses, was held recently at the Provincial Mental Hospital, Ponoka, forty-one nurses being present. Miss C. N. Jackson, president of the group, gave a very complete and stimulating report of the recent annual meeting of the Alberta Association of Registered Nurses. It was decided by the members that the group be named "The Ponoka District". The speaker of the evening was Mrs. Jean Field of Spurfield, Alberta, who is a member of the Eugenics Board of Alberta. She gave a very interesting address on the growth and development of the Eugenics Board, pointing out the important part this work will play in the future of this Province.

BRITISH COLUMBIA

NEW WESTMINSTER:

The 1939 graduation exercises of the School of Nursing of the Royal Columbian Hospital, New Westminster, were held recently. The class valedictory was given by Miss Beatrice Catherall, who won the Fraser Valley Medical Association medal for the highest aggregate marks. Other prize winners were Miss Margaret Boyne Stevens, Revelstoke, who was awarded the Dr. G. E. Drew memorial medal for surgery; and Miss Nancy McLaughlin, Burnaby, who received the Graduate Nurses Association Medal for proficiency.

VANCOUVER:

The graduating exercises of the Vancouver General Hospital were held recently when sixty-four nurses received their diplomas thus making a total of 1654 who have graduated in the forty years of the School's existence. Prizes and scholarships were awarded to L. Marcelle Benston, Jessie Isabel Loucks, Muriel Irene Tucker, Trenna Grace Hunter, Grace Jean Noble, Agnes Jean Vallance, Edith Marie Walters, May Gordon Bell, Enid Louise Ellwood, and Lillian Gertrude Warne. The valedictorian was Elizabeth K. McCann.

Married: Recently, Miss Barbara Grace Claxton (St. Paul's Hospital, 1938) to Mr. John Douglas Gregson.

Married: Recently, Miss Elizabeth Grace

Munn (Vancouver General Hospital, 1935) to Mr. Russell Hale Woolliams.

Married: Recently, at Arejalca, Bolivia, Miss Aileen Frances Welch (Royal Jubilee Hospital, 1934) to Mr. George Hodgson Bowman.

MANITOBA

BRANDON:

Brandon Graduate Nurses Association:

The annual meeting and banquet of the Brandon Graduate Nurses Association was held recently, the honour guests being the graduating class of the School of Nursing of the Brandon General Hospital. The flowers and programmes carried out the class colours of blue and gold. "Royal visit" spoons were the souvenirs of the occasion. The president, Miss Viola Vance, presided, and the guest speaker, Miss Gertrude Hall, of Winnipeg, gave an interesting account of the forty-fifth annual convention of the National League of Nursing Education which she attended in New Orleans. The general convener was Mrs. H. Eldon Hanray, and the slate of officers for the coming season was brought in by Mrs. Brian Bird. The officers are as follows: honorary president, Miss E. Birtles; honorary vice-president, Mrs. Shillingham; president, Mrs. D. L. Johnson; vice-president, Mrs. J. D. Sills; secretary, Miss K. Wilkes; treasurer, Miss W. Mitchell; press reporter, Miss M. Peacock; Citizen's Welfare representative, Mrs. H. S. Perdue; registrar, Miss C. Macleod; social convener, Mrs. H. Trotter.

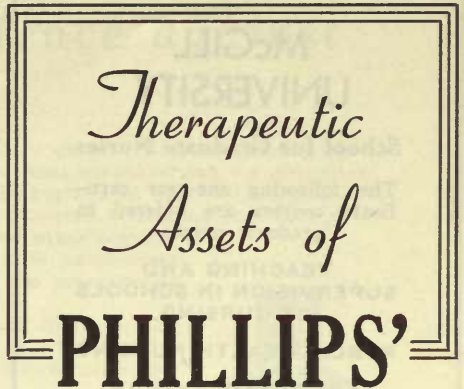
NEW BRUNSWICK

ST. STEPHEN:

National Hospital Day was observed here by the Chipman Memorial Hospital opening its doors to visitors during the afternoon. The staff nurses showed the visitors through the Hospital and Nurses Home, and the Ladies Advisory Board served tea. The Alumnae Association of the Chipman Memorial Hospital had a successful food sale in one of the uptown stores recently.

Miss Mabel McMullen and Miss C. M. Boyd attended the Council Meeting of the N.B.A.R.N. in Moncton. On the return trip, they met with an accident, when their car overturned. Both escaped with minor injuries.

Miss Margaret Flemming, R.N., has accepted a position on the staff of the Boston



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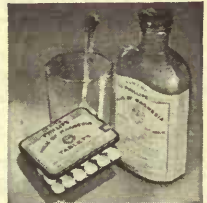
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Lying-In Hospital, where she completed a course on post-graduate study in May.

Miss Reta Follis, superintendent of nurses, is spending her vacation at Pembroke, Ontario.

Married: Recently, Miss Nellie McCollough, R.N., to Mr. Lester Crandlemire,

ONTARIO DISTRICT 1

SARNIA:

Miss I. McLean attended the annual meeting of the R.N.A.O. in Toronto as a delegate from the Sarnia Nurses Registry.

Misses Gertrude Knight, Martha Dale, and Nola Rowland, all of whom are Sarnia General Hospital graduates, are in New York state doing general duty. Miss Marion Thompson is taking a post-graduate course at the Laurentian Hospital, Ste. Agathe, Quebec.

Married: On May 27, 1939, Miss Jean Ross (S.G.H., 1937) to Mr. James Lennox,

DISTRICTS 2 AND 3

On May 6, the public health nurses of Districts 2 and 3, Registered Nurses Association of Ontario, held their first sectional meeting. There were 37 nurses present. The meeting took the form of a supper, followed by some discussion of business, and later all the nurses were taken in cars to Freeport Sanatorium where Dr. E. N. Coutts gave a very interesting talk on the public health aspect of tuberculosis. It was decided to hold another supper meeting in October when local problems will be discussed. Many branches of public health nursing were represented, including the Victorian Order of Nurses, industrial nurses, school nurses, infant welfare nurses, and generalised public health nurses. This should greatly assist the various groups to understand each other's problems. We hope to have another meeting in May, 1940, when there would again be a speaker. A resolution was forwarded to Miss Edna Moore, suggesting that "Industrial Nursing" be the topic for discussion at the 1940 Health Officers Association meeting at the session which is being allotted to the public health nurses.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

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ceived by the members of the Alumnae Association of the Toronto Western Hospital was accepted by a capacity attendance and fully enjoyed by all present at a meeting featuring an "Ask me another" programme. Representatives from the various phases of hospital, private duty, and public health nursing were interviewed by the master of ceremonies, Mr. W. McConnell, of the staff of the Toronto Evening Telegram. Playing the role of "Mr. Citizen" he questioned each representative in turn, gaining a wealth of knowledge as they clearly and concisely gave information pertaining to their particular type of work. Miss Stevens, of the preliminary class of the School of Nursing, presented the history of the Toronto Western Hospital as to foundation, bed capacity, and steadily increasing size and high rank in comparison with other hospitals in Ontario. "Miss Emergency", represented by Miss M. Hamilton, gave apt answers regarding pneumothorax and poisoning, and referred to the extensive work done by the follow-up clinic. The administration of M & B "693" was described by Miss Butler who also answered questions dealing with vitamins, asthma, arthritis, and heart disease. Surgery, represented by Miss S. McCallum, dealt with the

latest treatment of fractures, administration of oxygen, and nursing care in gas gangrene. Miss Wark, of the dietary staff, told why a nurse should have knowledge of foods and nutrition. Mrs. Cann gave information concerning the Central Registry, its objects and service.

Under the heading of public health, excellent accounts were given by Miss Gardner, Miss E. Hewitt, and Miss Palk, concerning the work of public health nurses, mothercraft, and the Victorian Order of Nurses, especially in relation to the guidance of the young mother in the care of her baby and the numberless small acts of kindness performed daily in the name of service. The rôle of "Miss Graduate of 1939" was taken by Miss K. Locke who closed the discussion by stating her reasons for belonging to the Alumnae Association, the meaning of reciprocity, and why she should subscribe to *The Canadian Nurse*, which is the official organ of the Canadian Nurses Association. Each member of the graduating class of 1939 was then introduced to the assembly by her "big sister". A pleasant social hour brought a successful and worthwhile evening to a close.

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Toronto Western Hospital:

Over three hundred members of the Alumnae Association of the Toronto Western Hospital attended a very successful dinner which proved one of the most enjoyable events of the year. Many graduates came from distant points so that they might once again join with their fellows in honouring their School. Following the toast to the King, the toast to our Alma Mater was proposed by Miss G. Rowan, who referred to the successful amalgamation of the Alumnae Associations of Grace and Western Hospitals. Miss Beatrice Ellis, superintendent of nurses, responded, paying tribute to the Alumnae Association and to its important connection with hospital life. The president of the Association, Miss Gladys Sharpe, who very ably occupied the chair, was then presented with a gavel bearing a gold inscription from the Class of 1913. Dr. Archer Wallace, the speaker of the evening, held the interest of everyone. We were carried from the realm of humour to things of serious portent as we listened to and marvelled at the magnetism of a great personality. An address so simply applied and yet so full of human interest left an undeniable impression upon everyone present.

DISTRICT 6

BELLEVILLE:

The Alumnae Association of the Belleville General Hospital and Chapter A, District 6, R.N.A.O., recently held a joint meeting in the lecture room of the Mary Ritchie Hall, our new Nurses Residence which was opened in April. Miss Bertram occupied the chair for the Chapter meeting, and Miss Rita Fitzgerald, president, conducted the Alumnae meeting. Following the business meetings, Miss Hattie Mastin, district representative to the R.N.A.O. annual meeting, gave a very interesting report.

The nursing staff entertained the doctors and their wives at a tea recently in the Mary Ritchie Hall. During the afternoon the guests were shown through the residence. On Sunday, May 28, 1939, the Baccalaureate Service was held in Bridge Street United Church.

Several nurses from this District supervised groups of school children in Kingston at the time of the Royal visit.

PETERBOROUGH:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently at Nicholls Hospital, Peterborough. Mrs. Rundle occupied the chair, and Mrs. Taylor

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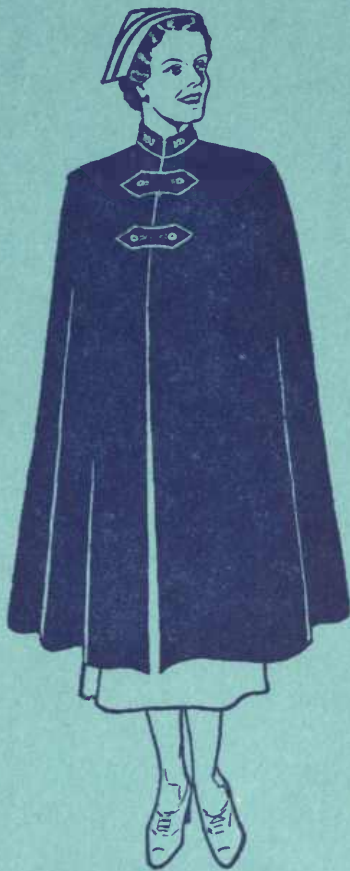
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NUMBER 8

AUGUST, 1939

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AGNES TENNANT

Mère d'Youville

EVELYNE GAUVIN

Through the Eyes of a Boy

HELEN CAHILL

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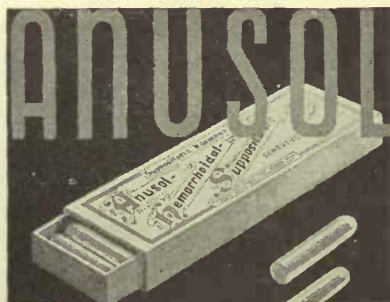
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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

AUGUST, 1939

NUMBER EIGHT

Are Nurses Afraid?

An acute observer of nurses and nursing once remarked that if we would just get on with our own work every nurse in Canada would be kept busy. He said that the trouble with us is that we are so busy picking and choosing that the medical profession and the public get tired of waiting for us to make up our minds. The net result is that some other worker gets the job and we are left lamenting.

Perhaps we may think that this criticism is unduly severe, but if we are honest with ourselves we must admit that there are some fields of nursing service which we have grievously neglected and chief among these is the bedside care of patients suffering from tuberculosis. Before the depression brought us to our senses, it was almost impossible to persuade graduate nurses to accept staff appointments in sanatoria, and even yet it is none too easy. Why do nurses reject steady employment under relatively good conditions

and prefer to accept the uncertainties of private duty nursing? There must be a reason — what is it?

If we told the truth, many of us would confess that we are afraid of tuberculosis. And who can deny that this fear has to some extent been justified? There is ample evidence that *in the past* the incidence of tuberculosis among nurses has been disgracefully high. But things are better now. During the last five years there has been a marked improvement and the fear of infection need no longer deter young nurses who are alert to the opportunities which this particular service affords them. By way of proof we offer this *Journal*. In it Maude Wilkinson states the case for affiliation, and Agnes Tennant tells us what can be done in general hospitals. With uncanny insight, Helen Cahill shows us tuberculosis through the clear eyes of a boy. Last but not least, Mary Cloney, a student nurse, tells us not to miss our chance.

The Case for Affiliation

MAUDE WILKINSON

Lady Superintendent,

Toronto Hospital for Consumptives

We are told that 50 percent of the diagnosed cases of tuberculosis are not discovered until well advanced. It is not improbable that at sometime during their illness these patients were in hospital unlabelled, and cared for by nurses ignorant of their diagnosis. Is it any wonder that the incidence of tuberculosis is so great among young students and graduate nurses working in general hospitals? Can we use, as an excuse for omitting affiliation, the fact that the curriculum is over-crowded, or deny a larger share of the students' time to the study of a disease that is claiming a percentage of 59.9 per 100,000 of our population in Canada, an average of 6,600 lives a year?

Assuming then the need for greater knowledge of tuberculosis, how are students to obtain this experience and its affiliation with Sanatoria indicated? The Curriculum suggests as an alternative to affiliation the organization of a special department within the general hospital. Unfortunately, however, few general hospitals are adequately equipped or staffed for this purpose. Furthermore, the student nurse, observing the tuberculous patient in the general hospital, sees only one phase of the disease, usually the hopeless phase. She is taught to observe 'isolation technique', she thinks of tuberculosis as an 'isolated disease'. We believe it is necessary for nurses-in-training, for their own protection, to become 'tuberculosis conscious', and for them to have knowledge of the extent of the disease and opportunity to study it in its entirety.

In approved Sanatoria, the prescribed lecture course not only deals with the source of infection, the early symptoms

and the pathology of the disease, but stresses prevention and early diagnosis. The constant supervision given by nurses who have successfully maintained their own health while caring for patients in all stages of the disease tends to replace the student's fear of tuberculosis with intelligent understanding, and to develop self-reliance and confidence in her knowledge of medical asepsis. The case study presented by the student makes possible the study of the patient as a whole. A home visit is arranged and a clinical report on contacts is obtained.

The Department of Health in Ontario requires of Sanatoria offering affiliation, adequate clinical material for teaching medical and surgical nursing in tuberculosis; a proper ratio of graduate nurses to patients; a nursing department competent to supervise and instruct in nursing procedures and prophylactic measures; a course of doctors' lectures dealing with the various aspects of the disease.

Again referring to the Curriculum we quote:

There is some division of opinion, from the health point of view, as to the advisability of sending students to a tuberculosis sanatorium, but it should be noted that there is probably greater possibility of exposure to infection on the general wards from unrecognized cases than in a sanatorium *under well controlled conditions*.

An examination of health records provided by one sanatorium where personnel ranging from 19 to 30 years of age is employed, goes to show that it is not unsafe for women under 25 to be employed in sanatoria under 'well controlled conditions'.

Tuberculosis in a General Hospital

AGNES TENNANT

Supervisor

The Montreal General Hospital

Although the number of cases of tuberculosis admitted to the wards of a general hospital is not great, there are nearly always a few to be found there. These are usually patients who have been admitted for investigation and diagnosis, who have suddenly become so acutely ill that admission could not be refused, or who have been transferred from sanatoria for surgical treatment. The general attitude toward such patients seems to be that they are a menace to other patients and to the nurses and doctors, and that in some vague way a general hospital is being imposed upon in having to admit them. Of course this attitude has been strengthened by the repeated experience of having to hold up active beds for months before such cases can be suitably placed in Sanatoria. And once again we discover that the root of our trouble is a lack of beds in tuberculosis hospitals.

But since tuberculosis patients are being and will continue to be admitted to general medical wards, let us try to consider the situation with respect to the opportunities it offers, rather than stressing its hazards and difficulties.

Student nurses at the present time receive very limited experience in tuberculosis nursing in this province—limited in fact to a few lectures and a few patients about whom have grown up feelings of fear and an attitude of "Well, we'll hope he won't be here long, the sooner away the better for everyone". Yet we seem to forget that tuberculosis is one of our most prevalent and killing diseases, one of our most serious social problems, that a nurse, if she is to be a competent nurse, must understand and

appreciate the disease, its personal and social implications. And where, under the present system, is she to learn this, if not from the occasional, usually unwelcome case admitted to our general hospitals. This throws a tremendous responsibility upon the ward supervisor, who must use what limited clinical material she may have to teach student nurses, possibly future public health and private duty nurses, what they need to know about nursing a disease that calls for the exercise of every quality possessed by a good nurse. This knowledge is not gained simply by "nursing instinct", but requires careful supervision and guidance.

The opportunity afforded by the admission of one or two tuberculosis patients for teaching student nurses is unlimited. Through such cases, the nurses can become acquainted with the field of public health, prevention and control of the disease, its treatment at home, advantages of Sanatorium care, the work of the social service department, mental hygiene, occupational therapy — and so on, endless possibilities.

The teaching may be accomplished in many ways, with most of which we are all very familiar. Incidental teaching is probably the most effective way and that most commonly used. Its strength lies in the fact that it is usually given as a result of interest or need and it is given as direct information from supervisor to student. Unfortunately the time of a ward supervisor is so limited that it is quite impossible for her to teach every student nurse all she wants and needs to know about every patient. For this reason and because group dis-

discussion is stimulating, and often presents a more complete picture we resort to clinics—both formal and informal.

A very informal discussion of ten takes place after the morning report when the nurses are all together with the supervisor. After the admission of a tuberculosis patient, this time may be the best for the discussion of the control of spread of the disease. Our first thought on admitting such a patient, quite naturally, is to see that he is isolated from other patients. We use gowns, boil dishes, disinfect linen, burn sputum and so on, routine isolation carried out very conscientiously, due in part to the fear felt by the nurses. That this technique is not enough is frequently not realized. The most important measure is successfully preventing the spread of the disease by careful education and supervision of the patient himself. He should know that he has tuberculosis, that the secretions of his nose and mouth

are a source of danger to everyone else, that it is by his co-operation alone that others can be protected. He must be taught on admission how to use and dispose of mouth wipes and when not too acutely ill, how to wrap his own sputum box ready for safe disposal. A few helpful reminders when he fails to cover his mouth while coughing will soon obtain the desired results. He not only has learned to safeguard other people, but his eventual introduction to Sanatorium life, where the patients themselves are most intolerant of any break in technique, is thereby made much easier.

When, as happens in a general hospital, conditions are not ideal for the type of treatment a tuberculous patient requires, the problem of helping student nurses to realize the needs and difficulties of that patient, and of treating them effectively becomes a serious one. Clinics of various types may be held, and these become most effective when they are carried on in conjunction with doctors' lectures as well as the actual experience of caring for the patient. Such clinics may undertake to treat the disease as a whole, and include in them a social worker, public health nurse, dietitian, the doctor and several nurses, or there may be a more informal discussion of one particular topic, such as predisposing factors, the treatment of contacts, such emergencies as haemorrhages spontaneous pneumothorax, mental hygiene and tuberculosis, or possibly a demonstration of such a procedure as an artificial pneumothorax.

There is one very important part of the nurse's responsibility toward a tuberculous patient that is all too frequently overlooked. Let us remember that very often it is on the wards of our general hospitals that a man or woman first learns that he has tuberculosis. Put



STE. AGATHE SANATORIUM

yourself, if you can, in that patient's place. Suddenly to become a menace to everyone you love, to be useless to people that were possibly entirely dependent upon you, worse than that, to be a financial burden to them. The nurse is faced with a situation that requires all her understanding and resourcefulness. An entirely new life has to be faced by that patient and faced cheerfully. He has to look forward to months and years of treatment, to life in a Sanatorium which usually spells only horror for him. Not long ago, a junior nurse was given a young French Canadian, recently married, to care for. It was soon proven that he had pulmonary tuberculosis and application for Sanatorium treatment was made. He remained on the general medical ward for about two months before he could be transferred. During that time the nurse was told how to care for the patient, how important a strict routine was for him, the nature of Sanatorium care, and shown pictures of happy Sanatorium patients. She was enthusiastic and concerned for her patient, instructed him carefully, and in a few weeks there was marked improvement in both his physical and mental health. He had gained fifteen pounds, was most co-operative in every way, and was eager to start curing in a Sanatorium. We felt that he would take his place easily in a Sanatorium, that his days at the hospital had been well-used, and his recovery hastened by helping him to a satisfactory mental adjustment to a difficult situation.

Another problem which invariably arises in the nursing care of a tuberculous patient is that of his visitors. Again this cannot be successfully handled except through the co-operation of the patient. If he understands modes of infection and his own part in controlling the spread of tuberculosis, he will not allow anyone to become infected



A cheerful patient

through contact with himself or his belongings. In cases where the patient is acutely ill or very unco-operative as they occasionally are, the only method of assuring safety to visitors is by careful supervision of them and requesting them to wear gowns. Such action usually impresses a patient with the seriousness of his irresponsible behaviour.

So much can be done on the ward to help the student nurse to understand her responsibility in the fight against tuberculosis that only the merest suggestion can be given here. Let us remember, however, that tuberculosis is one of the most serious problems which society has to face, that no group of people has greater opportunity in and responsibility towards establishing its control than have nurses, that the student nurse is the future nurse. Our opportunity to teach them is limited in a general hospital. We must use all our ingenuity and enthusiasm in using this opportunity to develop in our student nurses a knowledge of tuberculosis adequate to meet their responsibility.

Through the Eyes of a Boy

HELEN F. CAHILL

*Supervisor, Nesbitt Memorial Wing
Saint John Tuberculosis Hospital*

I am a boy of eleven years of age and came to the Nesbitt Memorial Wing three years ago. I was in the Fredericton Hospital first, so when I came to the children's wing, I didn't have to go in "isolation", as other new children do. They put all new children in "isolation" for three weeks out here, so if you develop mumps, measles or any other disease you won't give it to the other children.

Because I was a big boy I was put in the Green Ward downstairs; there are six other boys in this ward. All our beds are painted green and so are our chairs and stands. Our stands have side-pieces that lift up, so we can put them across our beds for eating and also for playing. In summer we have green spreads, but in winter we have green blankets. The ward next to mine is a blue ward and it has younger boys in it. They certainly are a noisy crowd and are not allowed their lights on between six and seven at night. We are though, because we are old enough to read, but if we talk, which we aren't supposed to do, we have our lights put off also. On our floor there is a rose ward where there are seven girls, and also a crib ward. If we are too noisy we are told we will have to go with the babies and, of course, that does the trick, because what large boy wants to go in with babies?

The first day I was here, after I had my dinner, I was told I would have to settle down and rest until three o'clock. My! but I found this hard but as all the other boys went to sleep and I didn't have anybody to talk to I went to sleep also and now it isn't hard to do. At three o'clock we were wakened and

had our temperatures and pulse taken; then we got washed and had our hair combed. The wards are tidied up also. Although we are big boys we seem to make a lot of dirt.

Our ward is very light as there are two large windows and a door between looking on the lawn. There are windows looking into the Blue Ward and hall and office. The other wards are like this also; the nurses can stand anywhere and see what we are doing. The kitchen and dining room are just across the hall from our ward, and when the food truck comes over they ring a bell that just sounds like a cow's bell. That bell tells the nurse that it is time to serve meals. Then they ring the second bell to tell us to get ready and the third bell is for all up-patients to line up outside the dining room for inspection of hands and hair. The up-patients from upstairs come down on the elevator. They say grace before they start eating and they have to be quiet.

I have sore hips and they tell me I have double tubercular hips, and so I am in bed all the time. When I get a bath they take me upstairs on a stretcher to a large slab. It is great because I can just lie right in the water and think I am in a tub. When I first came to this hospital, they put my legs in extensions with weights on them. It was rather hard at first and I used to slip down in bed so I could release the weight, but when I got used to the weights I didn't do this anymore. Anyway I wouldn't because the nurses caught me doing it and put a jacket on me so I couldn't slip down.

I have abscesses too and I have to have dressings on these. I get sunlamp and I like this because I get another drive on the elevator upstairs and it is rather nice lying under the sunlamp—so nice and warm. One day my abscesses were nearly all healed up and the doctors decided that I could have a cast put on. So one fine morning I went over to the main hospital and had a cast, but it didn't last very long and now I am back on extension.

I only weighed $46\frac{1}{2}$ lbs. when I came in, and now I weigh 72 lbs. I gained an awful lot at first. You know we all take air baths here and some people think we will get cold, but really we don't. We just start gradually and then we get so used to it we don't want pyjamas and bed-clothes on.

I hadn't been at the hospital long when it was decided I should go to school. This was great. Because of my illness, I had never been able to go to school. I wasn't allowed to do much work so I went to school to one of the teachers that go around to the beds. All the up-patients go to the schoolroom and some beds go there also. I like school very much and I can read and write now. The younger children go to kindergarten and they have lots of fun there also.

I have never had my tonsils out but I rather wish I could, because on tonsil day all the boys that are going to have their tonsils out go in one room and all the girls in another and we see them going back and forth on stretchers to the main hospital. They all seem to like it, only the very small ones cry. They get all the good things to eat, ice cream and so forth and they can have anything they want to drink. I do hope my tonsils hurry up and need to come out. When we need our teeth fixed we go over to the dentist in the main hospital. He comes every Tuesday but only

a few of us can go each week because he is so busy. We like to go very much because we get a drive on the large elevator and everybody talks to us when we go over. Some of the older people talk to us as if we were babies, but this just makes us laugh to ourselves.

You know they are terribly strict out here, I had to be vaccinated before going to school and all the other children when they go to school have to be too. Usually the doctor does a whole crowd of us at one time and they give us the needle three times. It is to keep us from getting diphtheria, so they say.

There are four nurses and three ward maids on day duty, and one of these nurses is the head nurse and usually we have a nurse taking a post-graduate course and then every week we get a student nurse from different hospitals. Often I have a nurse that I knew in Fredericton. On night duty there is one night nurse and one ward maid.

One of the greatest thrills was the day we were told we were going to Rothesay for a picnic. We all got pyjamas, shoes and sun bonnets on, and were ready at 2 p.m. One of the largest buses I ever saw came up in front of the wing and we all piled in. Oh! what fun! Everybody wanted to be near the windows but after some rearranging we were all fixed and away we did go. When we got to Rothesay we went down on the beach. Some of the children went in the water, while the rest of us just played in the sand. We had a grand time. We sometimes have picnics out on the lawn. We have as much fun here as we do in Rothesay, but then we don't get the drive in the bus!

We have Sunday School out here also. Now I know you aren't going to like this, but after every meal we get cod liver oil and tomato juice. When we first start to take it we don't like it very much but after we get used to it

we don't mind it and then the babies just love it; they lick all around the medicine glass before they will give it up. Of course, we only take cod liver oil in winter. We take sun cures in summer. Our beds are wheeled out on the concrete downstairs and on the bal-

cony upstairs. We all have to wear sun bonnets, some of the children have flowered ones, but we boys have plain ones and they don't tie under the chin.

Well, folks, I hope I haven't tired you too much with my story!

Mère d'Youville, a Canadian Nurse

EVELYNE GAUVIN

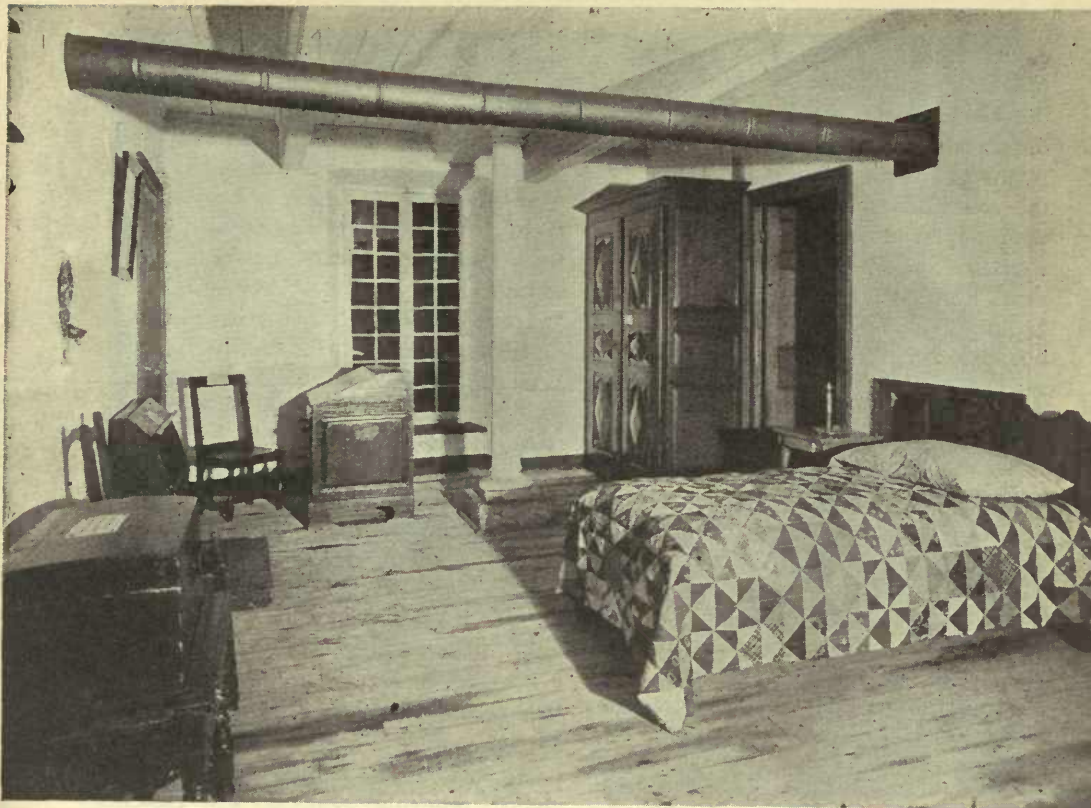
There is in our history of nursing in Canada, a name which deserves the greatest attention of our profession and by whose works it is made still more glorious—that of the Venerable Mother d'Youville, Foundress of the Grey Nuns Institute in Montreal, in the year 1739. However, it is not in this special manner that we claim relation to her but rather because of the true *nursing* which she practised amongst our population. This point is mainly the one I wish to bring out. From ten different biographies, already written about this great woman, I have picked a few historical details which will help to situate our heroine in the frame in which we are to envisage her, thus completing our narrative.

Marie Marguerite Dufrost de la Jemmerais was born at Varennes on October 15, 1701. Christophe Dufrost de la Jemmerais, "gentilhomme breton", captain in the Colony Troops and his wife, Marie Renée Gautier de Varennes, were her parents. At the age of ten she entered the Ursulines convent in Quebec as a boarding-scholar and remained there two years, devoting her time to acquiring both education and

instruction. Owing to the sound principles received from such thorough teachers, this period of her life gave, in later years, the best of results. At 21 years of age, she was married to Monsieur Youville, a Canadian gentleman who lived but seven more years, leaving her at his death with two sons and many debts. She started a little business in order to earn her children's living and her own, and very soon extricated herself from her difficulties.

In the year 1737 she became friendly with Mlle Louise Thaumur Lasource, the daughter of a Montreal physician, and was also associated with Mlle Catherine Cusson and Mlle Catherine Demers. All three helped Mme d'Youville to bring about the fulfilment of her plan, that of opening a house for the care of the poor which in the first year of its existence, lodged four or five people.

In Montreal on la Pointe à Callières (today known as Place d'Youville) there was a "Hôpital Général" for orphans, aged people and cripples, for, at this period, a "hospital" meant a general hospice or asylum for the poor. This institution, conducted by the



A reproduction of the bedchamber of Mère d'Youville, now in the Crypt of the Mother House of the Grey Nuns, in Montreal. The furniture is that actually used by her. Courtesy of Révérende Mère Léonie Ferland, General Secretary of the Institute.

Frères Charon, a religious Brotherhood known as Hospitaliers de la Croix et de Saint-Joseph, had been in existence for fifty years but owing to financial difficulties had begun to dwindle. The Vicar General of the Diocese, Monsieur Normant, knew how important it was for the city not to let this hospital fail. As in France many hospitals were governed and maintained by ladies united by the bond of charity, he believed that this house also might be trusted in the hands of Mme d'Youville and her Sisters, whom he had prepared to replace the Brothers, should the need arise. The Hospitaliers realized that it was a wise step and thus made cession of the Hos-

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pital with the approval of the Bishop, the Governor-General, and the Intendant, all of whom accepted it during the year 1747.

One of Mme d'Youville's first concerns was to repay all of the Brothers' debts which amounted to forty-nine thousand *livres* while, on the other hand, the Sisters multiplied their efforts and their industry in order to improve the House and enable it to receive a larger number of needy people.

In order to obtain money for the carrying out of her project Mme d'Youville engaged in an amazing variety of business enterprises. Under her able direction a ferry was operated be-

tween Longueuil and Montreal which provided transportation facilities for the Government. Uniforms, tents, and flags were made for the soldiers. Lime was used to make whitewash and sold to the community. Sufficient raw tobacco was bought, cured and sold to bring in a return of 2000 crowns in a single year. Land was cultivated, cattle were kept at pasture and a cartage service was provided for the settlers. All these activities, in themselves most useful in a pioneer community, proved to be valuable sources of income.

The Foundress's own words give a clear idea of the different new types of care given under her auspices in Montreal:

Presently, we take care of the poor of both sexes and of the women and girls who have gone astray. We visit the sick in the Hôtel-Dieu, especially those who have communicable diseases. If the Court approves of helping us in the good works which God inspires us to do, we shall take care of the forsaken children. Besides, we shall receive those who are affected with the "haut-mal"; those suffering from leprosy or canker, or other diseases which are not admitted to the Hôtel-Dieu.

The term "haut-mal" probably referred to epilepsy, and "canker" was the name given at that time to cancer. Since 1733, small-pox had been spreading in the colony and during these epidemics the Sisters were specially devoted. In 1755 particularly, they were not afraid of the risks of contagion and opened their doors to women suffering from small-pox.

In 1756, at the time that war was declared between France and England, hostilities between the colonies in Canada brought in many casualties. As there was no more room in other hospitals, Mother d'Youville placed one of her wards at the disposal of prisoners of war. This state of affairs lasted five years. Everything had gone up in price

seven times, and the Sisters numbered only twelve. Among the soldiers admitted to the Hospital during the war, many did not know where to go or how to find work after their illness. Mother d'Youville kept them and provided them with all that they needed until they found the means for their own subsistence.

In 1754, she began the care of the "child in the cradle", known as her "crèche". This was the foundation of the beautiful institution which later became the Crèche d'Youville, at Liesse. At the time of her death, 318 of these victims of crime and misery had already been recorded in the registry. Now they number 50,000 since the foundation—what a vast and splendid piece of social work!

On the eighteenth day of May, 1765, a fire broke out in a house on St. François-Xavier Street belonging to a Mr. Compton. This spread to the Hospital which was destroyed, rendering its 119 residents homeless. The Hôtel-Dieu offered them a most friendly welcome and the citizens in spite of their indigence (the fire having destroyed 111 dwellings), gave six thousand francs in alms. The Indians, in remembrance of the care received during the 1755 epidemic, sold some of their handicrafts and gave the proceeds for the re-establishment of the Hospital. In London, a list of subscribers was drawn up and donors were very generous. Mère d'Youville gratefully acknowledged them in these words: "Never would we have risen again, were it not for the charities we received from the collections which have comforted us." In this emergency they received nineteen thousand "Tours livres", and by Christmas of that year the Hospital was already restored.

Mère d'Youville passed away long ago. She died on December 23, 1771,



HÔPITAL NOTRE-DAME, MONTRÉAL

Courtesy of The Grey Nuns

at the Mother House in Montreal, at the age of seventy. But she lives through her work—in fact, the Hôpital Général on Guy Street, replaces, since 1871, that of the Pointe à Callières. It gives shelter today to 211 aged people, as does the Crèche d'Youville to 1100 children.

Walking in the footsteps of their venerable Foundress, the Grey Nuns perpetuate the hospital tradition throughout the different provinces of Canada, in certain areas of the North-West Territories, and of the United States. In eighty years, they have opened 27 hospitals. They govern eighteen general hospitals; one for incurables; two sanatoria for tuberculous patients; a school for epileptics; an institution for the blind; a College of Superior Nursing Education in Montreal; and ten Schools of Nursing in Canada and the United States. One of these schools is attached to the Notre-Dame Hospital in Montreal, a vast construction, one of the most modern on the continent.

This school has existed for forty-two years and is affiliated with the University of Montreal. It is approved by the Association of Registered Nurses of the Province of Quebec and is the largest French school in the Dominion. It has qualified its students to become nurses of high standing in the various branches of nursing throughout Canada and the United States.

To summarize the essential factors in the practice of nursing which Mme d'Youville brought to light, let us say that she has actually practised Nursing in the three main divisions recognized today. She was a first-class educator for her Sisters and for all those whom she directed. She was a perfect bedside nurse and a fine public health nurse. During the war, she served the wounded of any race or creed. She was a social worker, visiting families at home, and solving all their problems. Finally, she went in for pediatrics, since she instituted what was so dear to her — a foundling hospital. She was the first

"Canadian-born Foundress" to open a hospital in this country. Therefore, may we glory in her, both nationally and professionally.

During a historical pilgrimage to her tomb in the crypt of the Mother House a few months ago, I paid a tribute of gratitude as a nurse and as a citizen of Montreal. On this occasion, I was fortunate in being shown Mère d'Youville's own bed-room and her office, restored with the lattice-window and the furniture she used daily. They are illustrated herewith.

Following the recent celebration of her second centennial anniversary, it is most fitting that one of her pupils, remote though she be, should have the

honour of endeavouring to picture this great Character in the official *Journal* of our Canadian Nurses Association thus bringing into their hearts a little of the sacred fire which enlivened that of Marguerite d'Youville.

Editor's Note:

The author of this article, Mademoiselle Evelyne Gauvin, is a graduate of the School of Nursing of Hôpital Notre-Dame, Montreal. She is engaged in industrial nursing in the Montreal Tramways Company and is assistant to the chief Medical Officer. The full text of the article was written in English by the author herself and is not a translation. Mlle Gauvin is to be congratulated on her command of both languages and upon the notable contribution she has made to the history of nursing in Canada.

MÈRE D'YOUVILLE, INFIRMIÈRE

(Résumé en français)

Il est dans notre belle Histoire du Nursing au Canada, une personne qui mérite au plus haut de retenir l'attention de notre profession et d'augmenter en elle la fierté, c'est la Vénérable Mère d'Youville, fondatrice de l'Institut des Soeurs Grises à Montréal. Cependant, c'est plutôt en raison du Nursing qu'elle a véritablement exercé dans notre ville, que nous pouvons nous en réclamer comme groupe.

Issue d'une famille de gentilshommes, elle reçoit une formation première aux Ursulines de Québec. Grâce aux solides principes reçus chez ces bonnes religieuses, son stage chez elle, ne donne par la suite que d'heureux résultats. A 28 ans elle est déjà veuve avec deux fils et beaucoup de dettes. Elle établit un petit négoce qui lui permet bientôt de se tirer de toutes ses difficultés.

En 1737, avec Milles Louise Thaumur Lasource, Catherine Cusson et Catherine Demers, elle ouvre une maison pour hé-

berger et soigner les pauvres. Or, depuis longtemps existe à Montréal, sur la Pointe à Callières (aujourd'hui Place d'Youville), l'Hôpital Général pour orphelins, vieillards et infirmes, tenu par les Frères Charon. Ils y sont depuis cinquante ans, quand à la suite de difficultés financières, l'âge avancé de quelques frères seulement qui restent, l'établissement menace de tomber. Mère d'Youville et ses compagnes, avec l'approbation des autorités civiles et religieuses, en prennent la direction et le relèvent complètement.

Elles reçoivent les femmes et les filles de mauvaise vie; visitent les malades en ville et à l'Hôtel-Dieu; prennent soin des enfants trouvés; reçoivent les personnes qui tombent du haut-mal; celles qui sont attaquées de lèpre, chancre ou autres maladies qui ne sont pas admises à l'Hôtel-Dieu. En temps d'épidémie, particulièrement lors de la petite vérole en 1755, les soeurs ne craignent

pas les périls de la contagion et ouvrent leur maison aux femmes atteintes. En 1756, lors de la guerre entre la France et l'Angleterre, Mère d'Youville soigne les blessés des colonies au Canada, sans distinction de nationalité ni de religion; offre une salle aux prisonniers de guerre durant 5 ans, pourvoit à leurs besoins jusqu'à ce qu'ils soient en mesure de se suffire à eux-mêmes. En 1754, elle commence à recueillir les enfants trouvés. C'est la pierre d'assise de la Crèche d'Youville qui compte aujourd'hui 50,000 inscriptions depuis. Le 18 mai, 1765, l'incendie détruit l'Hôpital. Les secours venant de tous côtés permettent de reconstruire pour Noel suivant.

Mère d'Youville n'est plus. Mais son oeuvre demeure. L'Hôpital Général rue Guy, remplace celui de la Pointe à Calières depuis 1871 et hospitalise 211 vieillards. A l'exemple de leur vénérable fondatrice, les Soeurs Grises perpétuent l'oeuvre des hôpitaux au Canada et aux Etats-Unis, puisqu'en 80 ans, elles en ont ouvert 27. Parmi ceux-ci, un des plus modernes et des mieux aménagés est l'Hôpital Notre-Dame à Montréal. Son école de gardes-malades existe depuis 42 ans. Elle est affiliée à l'Université de Montréal, reconnue par l'Association des Gardes-Malades Enregistrées de la Province de Québec et se trouve l'école française la plus considérable du Dominion. Elle a fourni des infirmières de qualité dans

les différentes sphères du Nursing en Amérique.

Pour résumer les points saillants de la profession mis en relief par Mme d'Youville, disons: qu'elle a essentiellement fait du Nursing dans les trois grandes divisions qu'on reconnaît actuellement, à savoir qu'elle a été une éducatrice incomparable, une infirmière de chevet parfaite, une brave hygiéniste publique. Elle a fait du service social, de la pédiatrie. Enfin, elle a été la première canadienne-française à fonder un hôpital en ce pays. Elle est donc pour nous une gloire nationale et professionnelle à la fois. Dans un pèlerinage historique à son tombeau dans la crypte de la Maison-Mère, il y a quelques mois, nous déposions l'hommage de notre reconnaissance d'infirmière et de Montréalaise. A cette occasion, il nous fut donné de voir la Chambre et la Procure de Mère d'Youville reconstituées depuis la croisée jusqu'aux meubles qui lui servirent.

Au lendemain des célébrations de son deuxième centenaire, il convenait qu'une de ses élèves éloignées, comme je m'honore de l'être, retrace cette grande figure dans l'organe officiel de notre Association d'Infirmières Canadiennes, faisant repasser dans leurs coeurs un peu de feu sacré qui anima Marguerite d'Youville.

EVELYNE GAUVIN

GOOD TEAMWORK

For the past three years the Manitoba Hospital Association has met jointly with the Manitoba Association of Registered Nurses, for the annual meeting of the former. This event has always been of particular interest in that it affords an opportunity of sharing and exchanging the problems and policies affecting both groups. This year we met jointly at the Royal Alexandra Hotel, Winnipeg.

AUGUST, 1939

The morning sessions were given over to the annual meeting of the Hospital Association. Included among the reports was that of the special committee, who under the convenorship of Mr. J. Milton George, has studied the costs and incomes of hospitals. As a result of this study it was decided that the hospitals were giving the best possible service at the lowest possible cost and that they were deserving of further aid. A

recommendation for an increase in the grant by municipalities to hospitals in the province, will be presented at the next Legislature.

Questions of interest on statistical and report forms were presented by Mr. F. Appleby, chief accountant, Winnipeg General Hospital. The Manitoba Hospital Service Association, its present activities and future possibilities, was ably presented by Mr. Phillip Dawson, enrolment secretary. Dr. H. Coppinger, assistant superintendent of the Winnipeg General Hospital discussed the admission, retention and discharge of a public patient and the collection of the account.

The afternoon session began with a paper on the eight-hour day for student and graduate nurses by Miss Evelyn Mallory, president of the Manitoba Association of Registered Nurses. Miss Mallory listed shortage of personnel as an obstacle to its adoption and maintained that the desired solution was not in increasing the student body, for the hospital has an obligation in the preparation of the nurse. One solution would be to employ more graduate nurses and more maids with activities confined to non-nursing duties. Because nursing is definitely a community service, education of nurses should be subsidized by taxation, she asserted.

The executive secretary outlined living and working conditions for student and graduate nurses in hospitals in Manitoba. The important factors which contribute to desirable working conditions for student and graduate nurses include: adequate equipment to make good nursing possible; good supervision, equally important for the graduate and the student; a reasonable load of work, not more than can be done well in the time allotted; an eight hour day; vaca-

tion with salary; a fair salary.

Miss Gertrude Johnson led the discussion on the question of whether the graduate nurse should be permitted to do intravenous, deep muscle injections, gastric drainage and carbon dioxide administration. Lively discussion followed. Dr. Harvey Agnew, secretary treasurer of the Canadian Hospital Council and president of the American Hospital Association, suggested it was quite feasible to prepare graduate nurses for this service. Adjutant Chapman, superintendent of nurses, Grace Hospital, assisted by Reverend Sister Clermont, educational director St. Boniface School of Nursing, discussed the disciplinary powers of superintendents of nurses. Miss P. Brownell, director of the Manitoba Nurses Central Directory, led the discussion on the responsibility of the hospital in limiting its graduates, pointing out that the private duty field was not overcrowded with well prepared nurses. The physician and public are becoming more selective in their demands, seeking the services of a nurse with qualifications suited to their particular needs.

Dr. Harvey Agnew gave an address on the trends towards socialization of medical and hospital services, commenting on the rapidly developing hospital service plan. He stated that it was becoming increasingly necessary to develop this plan on a broader basis—one which will include those below a certain income level. Dr. Agnew felt that some type of compulsory insurance was the solution.

Several musical selections were rendered during the dinner meeting by Mr. Victor Scott and this brought to a close the sessions which, it was generally agreed, had all been well worthwhile.

GERTRUDE M. HALL,
Executive Secretary, M.A.R.N.

Insects in Relation to Health in Alberta

E. H. STRICKLAND

Department of Entomology, University of Alberta

Had I been asked, ten years ago, to speak on this subject I think I would have replied that there was little to say regarding it. Today, however, the situation is very different, particularly if we include with insects their close relatives, spiders and ticks and, with scientific accuracy, refer to the entire group as Arthropods. During the past few years many residents of Alberta have suffered severely in health as a result of arthropod activity while several deaths must be attributed solely to the same causes.

A list of such arthropod-caused disorders must include tularaemia, plague, spotted fever, tick paralysis, black widow spider bites and myiasis. In addition there is the possibility that the horse disease, encephalomyelitis, has been contracted by man in Alberta through the medium of a blood-sucking fly, while the house-fly will always constitute a dangerous mechanical disseminator of enteric and other diseases. Even a list of this length does not include the temporary annoyance which is caused by the bites of a host of mosquitoes, gad flies, black flies and those minute but painful blood-suckers which are so appropriately named by the Indians as "No-see-ums", nor the added humiliation of the discovery of bedbugs or lice in one's house or on one's person.

In appraising the menace of arthropods to human health it may be advisable to classify their activities according to the various methods whereby they cause distress, either directly or by the dissemination of pathological organisms. First of all there are the *venomous* arthropods which, normally, do not at-

tack man in order to feed on him. Although scorpions, which belong here, are native to southern Alberta the only representative of this group which is of serious importance in our province is the Black Widow Spider. In recent years this spider has been found, in large numbers, to about as far north as the Red Deer River. Several residents of Alberta have been "bitten" but none, fortunately, with fatal consequences. The spider is shining black—not hairy as many others. Its body is of about the same size and shape as a boot-button. The most definite identification mark is an hour-glass shaped spot on the under side of the body. These spiders are not savage. Though I am not recommending it, they can be picked up and handled safely. They rarely enter inhabited houses but live in odd corners of out-houses and wood-piles, where they spin a very irregular web. Here they lie in wait for their prey—small beetles or young grasshoppers—the capture of which is announced by the vibrations they set up in the web in their efforts to disentangle themselves. The spider rushes to the seat of the commotion and sinks its poisonous fangs into the victim. If accidentally the bare skin of a person comes into contact with the web and vibrates it, the spider reacts in its normal manner when procuring food and uses its fangs on the cause of the disturbance, sometimes with fatal results.

The most effective treatment for a black widow bite is, apparently, to take a prolonged hot bath and, above all, to keep the site of the bite in hot water for an hour or more. Far more drastic

measures have been employed by some doctors who believe them to be essential safeguards, but on this question there is considerable difference of opinion.

Among the *simple carriers* of disease are those insects which visit, and feed upon, a great variety of substances. Though many insects breed in most objectionable materials from a human point of view, nearly all of these visit very little else and are therefore, of little importance in connection with human health. The house-fly is, undoubtedly, the worst offender with respect to feeding on everything that is filthy and, with equal readiness, on food prepared for human consumption as well as upon the human body whether the skin be broken or not.

Everyone should realize that, from their peculiar method of feeding, house-flies inevitably deposit a small amount of their last meal on any food they are about to eat. For your own peace of mind you may hope that the fly which just alighted on a piece of bread or a lump of sugar flew into the house or restaurant direct from an ice-cream parlour but your faith, probably, is ill-founded. I need not enlarge on the fact that enteric diseases are most frequently spread by house-flies.

Among the arthropods which can cause severe reactions not excluding death as a direct result of feeding, ticks are of the greatest importance. With them, as is the case with blood-sucking flies "the female of the species is more deadly than the male". In so far as mosquitoes, black-flies and gad flies are concerned the males are strict vegetarians. As such they are perfectly harmless. This is not true of ticks but it is a rapidly feeding female, only, which can produce tick paralysis. This is a little understood disorder. An animal can be infested with literally hundreds of feed-

ing ticks and suffer from no worse symptoms than an evident discomfort. On the other hand, a single tick can kill another animal or man in a very short time. Tick paralysis may start almost as soon as a tick inserts its mouth-parts through the skin and begins to feed. It is first observed at the extremities, creeps towards the head resulting in death, usually in about three days, unless the tick has finished feeding and drops off or it is removed by force. Removal brings about recovery, which is usually complete, and which requires about the same time, in reverse order, as the development of the symptoms. Vital statistics reveal the high probability that several residents of Alberta have died from tick paralysis even though the symptoms have been attributed to other causes, such as concussion. It is more common among children than it is among adults. Since ticks usually attach to the back of the neck, this is the first place to examine if a patient shows signs of paralysis. They may, however, have attached themselves to other parts of the body with equally fatal results. Fortunately, the ticks which produce paralysis here are fairly easily removed. Simply turn them more or less up-side-down and pull gently and repeatedly till they withdraw their mouth-parts of their own accord.

Insects which disseminate human diseases of bacterial origin are termed *intermediate hosts*. These are not diseases of the insects themselves. As blood-suckers, they simply take up the pathological organisms with their food when they are feeding on an infected man or animal and inoculate the victim of a subsequent meal. Fleas, as disseminators of plague, belong in this category. As is now well-known, plague, which is essentially a rat disease, was accidentally introduced into San Fran-

cisco about 1900. It was hoped that promptly applied measures against rats and their fleas would eradicate it. It was, however, found that gophers, in addition to rats and man, are susceptible to the disease and that fleas, leaving the dying rats, had transferred it to them. About six years ago it was discovered that right along the Rocky mountains, as far as Alberta, gophers were dying from flea-transmitted plague.

Since one of the species of fleas which breeds freely on gophers transfers readily to man, it is realized that human plague has become a real menace in Alberta. There is some doubt as to whether there was not at least one fatality during 1938. The situation is, however, far less alarming than it might be. For reasons which are not entirely understood the European rat has never been able to live in Alberta. Rat populations are almost entirely confined to cities and when plague appears among them it is inevitable that their fleas transfer in large numbers to man. The contaminative fleas which leave plague-stricken gophers are far more likely to transfer their attentions to some other country-side dweller than they are to man.

An intermediate host of the rabbit disease, tularaemia, caused two deaths in Alberta in 1938. This is one of the smaller types of gad-fly, known as a deer fly. It may feed on wild rabbits which are dying from this disease, and later on man. In this manner it transfers this sometimes fatal disease to him.

Both of the victims to the bite of this fly were children living in the southern part of the province but the disease itself is rampant among rabbits as far north as the province is inhabited. Tularaemia has been contracted in the north from handling diseased rabbits,

but there are no cases on record of its having, there, been transmitted by flies.

Arthropods which transmit their own non-bacterial diseases to man are termed *vectors*. These diseases, generally speaking, cannot live for very long in the absence of the arthropods. The best known example of an insect vector is the anopheline mosquito, vector of malaria. Anophelines are abundant in parts of Alberta. Fortunately, they feed far more freely on animals than they do on man here. It is improbable that many have ever fed on a man who has the malarial organisms in his blood, for such "carriers" are not common in Alberta. The likelihood that any which may have done so would have an opportunity to feed, some days later, on a healthy person and thus transmit the disease to him, is remote. In the light of recent events, however, it does not appear to be impossible that our local anophelines are capable of spreading malaria should they be given the opportunity so to do.

The most dangerous arthropod vector in Alberta is the tick. For many years it has been known that ticks inhabiting the Bitter Root valley in Montana were capable of disseminating a very fatal human disease known as Rocky mountain spotted fever. Though the same species of tick is abundant in many of the mountainous regions of southern Alberta, and is present in smaller numbers on the open plains, a bite from this tick appeared to be harmless in so far as this disease is concerned. During the past few years, however, this belief has had to be revised. Three deaths from spotted fever have occurred in the province within the two last years. It is now realized that several species of tick can disseminate this disease and that it has been confused with other complaints.

Finally we are faced with a rather serious situation in connection with the apparent steady increase in cases of *myiasis* in Alberta. The name *myiasis* refers to the infestation of wounds or other sores with maggots of blow-flies. Occasionally the maggots will even attack otherwise healthy skin. Fly maggots are peculiar in that they have no heads, and therefore no mouth-parts. They feed by pouring a highly digestive saliva on flesh, which is digested outside of their own bodies. They then drink as much of this liquefied food as they desire. There are many different species of blow-flies and their larvae vary greatly in their digestive abilities. The saliva of many can digest only flesh which is already dead. Such larvae are of great value in cleaning up infected wounds and in osteomyelitis. In the case of others, unfortunately, the saliva can digest living flesh. Flies of these species are attracted to sores of all kinds. They place their maggots in them and these begin, immediately, to liquefy everything in their vicinity. Cases of *myiasis* are becoming so disturbingly frequent in Alberta that there are grounds to fear that this habit is increasing among the flies which inhabit this province.

Unfortunately, we do not know which of our many flies are implicated. The victims of *myiasis*, which is excessively painful, never waste much time in having the maggots removed. Frequently the doctor cannot extract them without first killing them but I have all too often received maggots, pickled in alcohol, with a request somewhat as follows: "Please identify these maggots which were removed alive from the ear (the nose or the chest) of a patient". This always means that another opportunity to gain valuable information has been wasted. No one can identify the maggots. We must have them

alive, sent to us with a small piece of meat, with a little soft paper to take up excess moisture, in a fairly tight container. We can then breed them through to the adult flies. We want every living maggot which is extracted from the flesh of a patient, together with a brief account of the history of the case. Only by obtaining such material and such data, and through the definite identification of the species of fly involved, can we hope to ascertain where the offenders usually breed, where they congregate and whether we can take any practical steps towards suppressing the growing menace of *myiasis*.

From all I have said, I fear it may appear that Alberta is not quite so perfect a part of the country to live in as some of us feel it to be. You will, however, realize that, for a number of years, I have been collecting data on these unpleasant arthropods and their ways. Personally, I have never suffered from any of them and it is most unlikely that any of us, as individuals, are in any danger of so doing. By your profession, however, you are brought into contact with human ailments in a concentrated form and, for this reason, I need make no apology for having presented a rather gruesome assortment of infrequently encountered types of human suffering, all of which have occurred in Alberta, and for which arthropods have been responsible.

EDITOR'S NOTE:

This article is the text of an address given by Professor Strickland at the February meeting of the Edmonton Graduate Nurses Association. This meeting was the first in an interesting series, which will be resumed on September 15. The schedule is planned well in advance and each member of the Association is given a copy of the programme. The meetings are usually held at the various hospitals in Edmonton, thus affording an opportunity for social contact.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

EMERGENCY NURSING SERVICE

Within recent months approximately twenty-five hundred young women have graduated from the schools of nursing of this country and have secured their status as registered nurses in their respective Provinces. For the information of these new members of provincial associations of registered nurses as well as to remind older members, reference is made again to the Plan for National Enrolment of Nurses for Emergency Service.

There is no question that, should disaster or war occur there would be an immediate rush by nurses to answer "The Call" for their professional services; how much better to have a well-organized plan ready to be put into prompt operation under warranted direction.

The logical procedure by which the nurses of Canada can be prepared to answer "Ready, aye Ready" to any emergency call is for each member of the nine provincial associations of registered nurses to see that her name and address, with any special professional qualifications she possesses, are recorded with the Joint Enrolment Committee for her Province. Regulation application forms can be secured from the offices of the provincial registered nurses associations.

The National Joint Committee on Enrolment of Nurses for Emergency Service, which is the "parent organization" of the Plan, has classified enrolment as: *Class "A"*: Nurses enrolled

for war and disaster; *Class "B"*: Nurses enrolled for war only; *Class "C"*: Nurses enrolled for disaster only; *Class "D"*: Reserves, including nurses over the age of forty-five.

Reference is again made to the issue of "King's Orders and Regulations" which were amended in 1938 in regard to qualifications of nurses who, from time to time, may be appointed to the Permanent Force of the Royal Canadian Army Medical Corps. A nurse must be a British subject, physically fit for military service; under thirty years of age; unmarried or a widow without children; a graduate of a school of nursing approved by the Canadian Nurses Association and registered in a provincial association of registered nurses. Appointees to the Non-Permanent Force must meet the same requirements except that the age limit is forty-five years. It can be anticipated that in all emergency calls for nursing service, regulations similar to those demanded by the Federal Department of National Defence would be applied by all authoritative bodies.

Today, in Canada as elsewhere, there are reported to be plans for the voluntary registration of all adults, the services of whom can be depended upon in the event of war or wide-spread disaster. In view of the well-planned and operating arrangement by which nurses are privileged to register themselves for emergency service, it does seem that each nurse who holds her national mem-

bership affiliation should not delay any longer in consulting the secretary of her provincial association and in seeing that her name is listed with the National Enrolment of Nurses for Emergency Service. It must be emphasized that the readiness of Canada's nursing service for any emergency call depends on YOU, THE INDIVIDUAL NURSE.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

A.A., Lamont Public Hospital, Lamont	\$ 5.00
Married Nurses of Alberta	9.00
Nursing Education Section, Alberta Association of Registered Nurses	10.00
Private Duty Section, Alberta Asso- ciation of Registered Nurses	5.00

Ontario:

Student Nurses, Toronto General Hospital, Toronto	60.00
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Nursing Staff, Hospital for Incur- ables, Toronto	4.00
Florence Nightingale Nurses Asso- ciation, Windsor	5.00

Prince Edward Island:

Registered Nurses Association of Prince Edward Island	50.00
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Quebec:

A.A., Children's Memorial Hospital, Montreal	5.00
A.A., Montreal General Hospital, Montreal	50.00
L'Association des Gardes Malades Graduées de l'Hôpital Sainte- Justine, Montreal	5.00
Staff Nurses, Saint Mary's Hospital, Montreal	10.00
Student Government Association, Montreal General Hospital, Montreal	35.00
Montreal Graduate Nurses Association	5.00

Saskatchewan:

Saskatchewan Registered Nurses Association	128.85
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Annual Meeting in P.E.I.

The eighteenth annual meeting of the Prince Edward Island Registered Nurses Association was held at Charlottetown on June 15 with fifty-five members present. During registration applications were made or renewed for National Red Cross Emergency Service and subscriptions taken for *The Canadian Nurse*.

In opening the meeting the President, Rev. Sister Stanislaus referred to the Royal Visit on the previous day, and urged the nurses to carry over the same enthusiasm they had shown on that occasion into the various phases of their work throughout the coming year. The

need for greater encouragement of the younger nurses in obtaining post-graduate training was also mentioned. She expressed our appreciation of the visit of Miss Grace M. Fairley, the President of the Canadian Nurses Association, which was all too short. The fact that her first official visit as president was made to this Province was a source of pride to our nurses. Sister Stanislaus then welcomed Miss Ethel Johns, editor of *The Canadian Nurse*, and official representative from the national organization. Miss Johns brought us greetings from the national President.

Miss Anna Mair, chairman of the

ANNUAL MEETING IN P. E. I.

Nursing Education Section, referred to the refresher course held last Fall, the principal feature of which was a symposium on communicable diseases, with discussions led by Miss Katharine MacLennan of the Alexandra Hospital in Montreal. A resolution to the effect that the annual meeting be combined with a refresher course in 1940 was passed. Progress on the eight-hour day and the fact that the two Charlottetown Hospitals were adding a series of public health lectures to their training school curriculum was reported.

Miss Ina Gillan, in reporting for the Public Health Section, stated that five of the six public health nurses in Prince Edward Island were carrying on a generalized educational health programme. The new work undertaken this year included a series of T. B. skin testing by the "patch" method. Miss Gillan demonstrated the application of the "patch". The success of the diphtheria immunizing clinics being conducted in about four hundred of the schools was shown graphically, picturing the decrease in incidence and mortality since the inauguration of these clinics.

The Private Duty Section reported frequent meetings and their endeavour to follow the programme outlined by the National Office. Miss Bessie MacKenzie, publications convener, gave a most encouraging statement, showing that 40 percent of our members are now subscribers to *The Canadian Nurse*. After expressing her appreciation for the opportunity of being in Prince Edward Island during the Royal Visit, Miss Johns traced the development of the *Journal* from its humble beginning thirty-five years ago, to the present time, when it provides a medium by which the nurses of the nine provinces "may talk to each other".

A discussion on the proposed amend-



Between Sessions

ments to the Registered Nurses Act and by-laws was led by Sister Stanislaus. The principal changes anticipated have to do with the eligibility of new members, and the power of the Association to make its own by-laws.

Miss Mona Wilson, convener of the National Enrolment of Nurses for Emergency Service, reported that sixty-five of our nurses were enrolled, showing an 8 percent increase over the required quota. The Florence Nightingale Memorial report was given by Miss Mae King who stated that the usual financial support had been forwarded to the national treasurer.

Dr. G. G. Houston, member of the medical staff of the Prince Edward Island Hospital, then gave a very interesting and instructive talk on "Deafness", dealing with the different types, causes, complications and prevention.

The following officers were elected for the coming year: President, Miss Ina Gillan; vice-president, Miss Anna

Mair; secretary, Miss Bessie MacKenzie; treasurer and registrar, Sister Mary Magdalen. The chairmen of the Sections are as follows: Nursing Education, Miss Anna Bennett; Private Duty, Miss Mildred Gamble; Public Health, Miss Ruth Ross.

A dinner meeting was held in the evening to which the medical members of the Registered Nurses Examining Board were invited. A musical programme was much enjoyed. This was followed by an enlightening address by Sister F. Loyola of the Charlottetown Hospital, who showed the necessity of correlation between the general and professional education of nurses. Training in thinking and in the sciences, and enjoyment of cultural opportunities were all valuable assets to the nurse, who in continuing her education seeks to preserve open mindedness and plastic sympathies, leading to a delight in living and fulfilment of duties to God and Man.

An address by Miss Johns followed in which she discussed the present problems, trends and ambitions of the nursing profession. The rapid advance of

medical science has made it increasingly difficult for the nurse to keep her training up-to-date, making it necessary for her education to be a continuous process, either by private study, refresher courses, or post-graduate work. The problems resulting from the economic maladjustments of the past few years were still to be worked out satisfactorily. She believed that the organization and classification of subsidiary workers who would practice under the supervision of the Registered Nurses Association itself, would fill a long-felt want. Miss Johns particularly stressed the role of the private duty nurse in the profession today. She should be given all possible support and encouragement in training herself to reach a maximum of personal and professional efficiency, perfecting herself by study, specialization, and maintaining those high standards which befit the importance of her place in the nursing world. Dr. Yeo, secretary of the Examining Board, in extending a hearty vote of thanks to Miss Johns, expressed our appreciation of her address. The 1939 Convention was then brought to a close.

BESSIE MACKENZIE

OBITUARIES

EVA GRIEVE died at the Guelph General Hospital on June 24, 1939. She was a graduate of the School of Nursing of the Guelph General Hospital and members of the Alumnae Association wish to express their sympathy with her family in their sad bereavement.

SARA MISCAMPBELL died recently at her home in Saskatoon. Mrs. Miscampbell was the first nurse to graduate from

the School of Nursing of the Saskatoon City Hospital, and during her professional career rendered excellent service as a private duty nurse.

DORIS E. PALMER, wife of Nile Nolt of Woodbridge Manor, New Jersey, died on March 7, 1939. Mrs. Nolt was a graduate of the School of Nursing of the Toronto General Hospital and a member of the Class of 1920.

STUDENT NURSES PAGE

Don't Miss Your Chance

MARY CLONEY

St. Joseph's Hospital, Toronto

Our affiliation training at the Toronto Hospital for Consumptives at Weston consists of two weeks surgical and two weeks medical nursing, one week post-operative nursing, about four days on the admitting ward, and one to two weeks with the children, including three days at the Davies Cottage for babies. On our first day we were instructed in the prophylactic measures taught and carried out by the nurses, especially in the "uniform" technique. On the lower floor of the Residence there are linen rooms, one for soiled and one for clean linen. In the former is kept all linen worn on duty, and in the latter all linen worn at meals and in the Residence. When coming off duty the nurses remove their soiled linen, scrub their hands in a room equipped for the purpose, and cross the hall where they put on their clean uniforms. This technique is carried out by the nurses not only for their own protection, but for the protection of their associates as well. Next we were taken to the X-ray department where each nurse had a chest X-ray.

Following this an I.C. test was done, which was read in forty-eight hours. In the cases which proved to be positive the nurses were advised to take added

precautions and especially to have plenty of rest and fresh air. The negative tests were repeated at the close of the term. Before going on the wards, personal prophylaxis was taught such as wearing of paper masks which can easily be disposed of after caring for each patient. Although this measure is not compulsory and is left to the nurse's own judgment, it is insisted upon while giving treatments such as nasal sprays, throat swabs, or caring for seriously ill patients. The necessity of frequent washing of hands is stressed, and of keeping our hands away from our mouths and faces.

Personal hygiene is emphasized. The nurses are on eight-hour duty, to ensure that plenty of rest is taken. A large skating rink is available in winter, and several tennis courts in summer, so that the nurses may have plenty of exercise in the open air. All nurses are encouraged to report any illness early so that the necessary treatment may be administered in time.

The general nursing care of the patients is much the same as in our own Hospital, but of course, their routine differs. During the afternoon every patient rests for two hours. I believe what surprised me most during my course

was the knowledge and thorough understanding that each patient has of his own case, and very often of his neighbour's as well. This, of course, is due to the fact that the patients remain in hospital over quite a period of time and since everyone is suffering from the same disease, the conversation often drifts to questions related to it. The physician-in-chief broadcasts a lecture to the patients once a week, and each patient has a receiving set. Then too there is much literature, dealing with tuberculosis, available to the patients.

The patients are taught, beginning in the admitting department, to take the necessary precautions to protect themselves and those around them by covering the mouth and nose when coughing or sneezing, and by the proper disposal of sputum. They are taught to wrap the container in several thicknesses of paper and tie it with string, so that the nurse or attendant may catch the string and avoid touching the paper. This education is continued in the wards as long as is deemed necessary.

Authorities say that through numerous surveys it has been shown that the incidence of tuberculosis among nurses is higher in general hospitals where the cases of tuberculosis are undiagnosed and where the rigid technique used in Sanatoria is not carried out. I repeat

that more cases occur in these instances than in the same age group in sanatoria for tuberculous patients. Apart from the fact that I now have a better understanding of tuberculosis and its treatment this course has other advantages. I believe, first of all, that I am now what may be termed as "tuberculosis conscious". It has taught me the need of medical asepsis, not only in tuberculosis but in every walk of life and of the necessity for the application of the rules of personal hygiene. This training gives the nurse a complete picture of tuberculosis in all its phases and we soon discover that tuberculosis is not, as is the opinion of so many, strictly a disease of the lungs. It points out what a good medical examination consists of, and the necessity of an early diagnosis.

Last, but far from least, I believe that each nurse with this training behind her becomes a real health teacher. She realizes more fully her responsibility as a health teacher, not alone in the cure, but in the prevention of disease and this is the aim of each one of us. I can truthfully say that I have enjoyed every minute of my affiliation course, and may I suggest that when you are asked if you would like this affiliation do not reject the offer, but instead say: "I was so afraid I wasn't going to be asked".

JOURNALS FOR SALE

Miss Mary Sewall, San Joaquin General Hospital, French Camp, California, has for sale bound volumes of *The Canadian Nurse* for the following years:

1918 - 1924
 1919 - 1925
 1920 - 1926
 1921 - 1929

1922 - 1930

1923 - 1931

These volumes are guaranteed by the owner to be in good condition. They are bound in blue, and have no personal name or stamp upon them. The price is two dollars per volume, plus freight charges. All correspondence should be addressed to Miss Sewall at the address given above.

A Valiant Heart

One dreary winter afternoon about five years ago a tall woman dressed in black, walked into our untidy office and emptied the contents of a large knitting bag on the editorial desk. Leaves of a dog's-eared manuscript, some of it in long hand, fluttered in all directions, and as we struggled to retrieve them, their owner chuckled at our look of dismay—"It's alright", she said, "I don't want you to publish it in the *Journal*. I just wanted *one* editor to read it. None of the rest did".

We had never met Mabel Clint until that day but the look in her eye made it clear that we had better read that manuscript whether we liked it or not. When we asked whether she had a carbon copy she replied quite casually that she hadn't. "But what if some of it gets lost?" we asked. "Oh, it won't," said she, and picking up her ebony cane, she departed.

That evening the manuscript went home with us and at midnight we were still deep in the most vivid narrative of nursing experience we had ever read. Out of the wild confusion of the pages we happened to pick up a sheet which told this story of her pilgrimage to the Pyramids and of her first encounter with a camel:

The Pyramids themselves I visited twice. Once, only once, on a camel. Some profess to like this mode of transportation. I don't! I was not quite settled in the clumsy and unclean saddle, when the beast had a convulsion on the left (or right) front corner. I dived to the other side, clutching the pommel wildly, but before I was righted a plunge and a kick on the off hind-leg all but unseated me. Another heave at the front, and a final disjointing of the remaining leg completed the uprising. Mounting a camel is an acquired habit and I decided then and there not to acquire it! The



MABEL B. CLINT, A.R.R.C.

beast was up, turning to leer at me, its protruding eyes rolling, lips drawn back, and long yellow fangs within an inch of my knee. I never liked camels in a circus, and I liked them, especially this one, no better in their native habitat. The dragoon's son, a youth of twelve or so, began to walk nonchalantly ahead, allowing the reins to droop gracefully over his shoulder, while I had visions of myself being borne swiftly and smoothly across the desert in the general direction of the Victoria Nyanza. I intimated to my boy that there would be no baksheesh unless the camel was led properly (at this moment the brute again lunged at my boot) and told in his own language, *not* to do that.

Next we chanced upon descriptive

writing of such power and beauty that even brief excerpts are evidence of its unusual quality:

A picture of Lemnos is before me—the splendid harbour, anchorage of the Greek Fleet during the siege of Troy; the stony plain, broken by irregular ridges and rocky mounds, practically treeless, in the clefts of which white square-roofed villages clustered; the water towers on every elevation and in the centre of all, the peak of Mount Therma from which tradition says the Greeks used to signal to Mount Athos on the mainland during the ten years of the Trojan War. It was a desolate scene, and a primitive people who were popularly supposed to be taking money from both sides and to have various ways of notifying the Turks of departures from the harbour.

This then was our new sphere of duty—one of the four locales of ancient legend and origins of human history—in which Empire troops fought. The officers and orderlies of our Unit had gone ahead of us on another vessel and spent four blistering days unloading stores and baggage, pitching tents, and trying to organize some sort of system of food supply and sanitation. Minor actions and raids still went on at intervals but for the next six months it was disease that decimated the army on Gallipoli.

There are no piers at Lemnos, so we and our light luggage had to be landed in small boats from a warship, the Navy as usual being on hand for every emergency. Deposited on the beach, we piled suitcases and started on foot for the camp a mile or so away. The rough dry ground, for it had not rained for many months, the sparse scrub, the arid untilled soil, stones, dust and colourless monotony made the walk a long one. Surely since the Lemnian women killed off their husbands, or Jason's Golden Fleece expedition appeared, no stranger procession had wended its way over the inhospitable island. It was a meeting place of the Antipodes, Australians, New Zealanders, Newfoundlanders, Canadians, Irish mingled with the 29th Division of the Regular army, and other Divisions of the Motherland. Indians were there and Greeks and Egyptian la-

bourers, and Turkish prisoners. Mesopotamia and the Dardanelles poured out rich libations of foreign blood to the old gods, Egypt as of old was a refuge and storehouse, and Palestine the happy exception to the tale of failure and gloom.

Men of the "Base Details" and rest camps stared at this odd feminine invasion. A few of the sick wandering aimlessly about, saluted, and seemed to look a little cheered. We heard one of them mutter: "No place for Sisters". Marquees for two sisters each were up, but as someone had looted a brand-new cot, I personally spent the night on the earth. Classic it may be, but I am ready to certify that it was composed of volcanic rock, through which jagged lumps of lava pushed up in spots. Sanitary conditions were appalling, food scarce and bad, heat great. Small quantities of water had to be brought a long distance daily, till engineers had sunk wells in camp, tested and purified them. A scant quart was all we could get to wash in and it had to be used all day. Our first patients with high temperatures were strictly limited for drinks and often could not have even their faces washed for twenty-four hours.

And the frightful plague of flies! With horror and disgust we recall them. We had cut off our sleeves for comfort and coolness, and arms were black with flies and bites. Six months later we still bore the marks of them and of the fleas and vermin which lived with us, apparently having evacuated the Greeks for a new diet. It was difficult to eat or drink without swallowing flies, the tables swarmed with them. Every patient's dressing when removed required someone to stand by fanning vigorously, as a cloud of pests prepared to settle. Pus and maggots abounded and wounds would not heal.

Then one by one the officers, sisters, and orderlies succumbed to dysentery, till only three out of thirty-five nurses were on duty. Canadians seemed to feel the change of climate particularly, but the lack of food, water, and the general environment was the determining factor. Everyone was temporarily or permanently poisoned at Lemnos.

No. 3 suffered still more. They were situated half a mile away, on ground proved to be most unhygienic, an old Turkish war camp. Within a few days of each other, their Matron and a Sister fell victims to the scourge. As the little cortège of those well enough to attend followed the flag-draped coffins on wheeled stretchers with the Sisters' white veil and leather belt laid on them across the dusty brown track, some of the patients in my ward were moved to tears. It always seemed a tragedy to them that anything should happen to the Sisters.

It was expected that other nurses would die, and on the sick returns being sent in to the A.D.M.S., the order went forth that extra graves must be ready for eventualities. So a trench, to hold six, was dug in the officers' lines. A laconic notice-board bore the legend: "For Sisters only". Whether or not the hilarity with which the premature preparation was received cured our invalids I know not, but no more deaths occurred in the Canadian hospitals. Before we left the area two stone crosses were erected for the Sisters, and the men decorated the mounds with designs in white pebbles. So that there is in that desolate foreign Island, close by the Greek church, a corner that is forever Canada.

A few days later the author came in to ask what we thought of her work. She was touched by our enthusiasm but refused to listen to well-meant advice about cutting and trimming and pulling into shape so as to beguile the wily publisher. "As it is, or not at all", said she, with the result that the book was printed privately without benefit of editing or even expert proof-reading. If she had been willing to compromise even a little the book could have been exploited commercially and would have had a larger sale. As it was, relatively few copies were sold and far too many were given away. Nevertheless a day will come when "Our Bit" will be recognized for what it is—a nursing classic. Its humour, its pathos, its passionate denunciation of official stupidity and cruelty will

no longer be ignored but will stir the heart and fire the imagination of every nurse who turns its pages.

In "Our Bit" the author refers to one of her comrades at Lemnos in these words:

We were fortunate in having in the Unit an energetic and capable "Home-Sister" who by dint of driving round the Island discovering what could be obtained, visiting the liners in harbour and getting a preliminary stock from them, sending orders to Egypt and Malta to be delivered by next transport, provided us with sufficient and palatable meals.

This capable "Home Sister" was E. Frances Upton, R.R.C., and it seems fitting that this tribute to the memory of Mabel Clint should close with a word from the kindred spirit who shared her great adventure:

Mabel Clint knew many people and was known of many. Few were so fortunate as to know her intimately for she was one of those great souls of whom one stands in a certain awe. It was my privilege to have been closely associated with her during the Great War and the years that followed, and to have lost human contact with so inspiring and vivid a personality is truly a great loss. We worked, she and I, side by side in France during that memorable experience of St. George's Day and subsequently in 1915 when for the first time in the history of war, hell was let loose in chlorine gas with its resultant ghastly pneumonia and suffering. Again, through those awful months at Lemnos, it was through mutual experience that one learned to admire the magnificent way she applied her nursing knowledge and her ability to face personal hardship and suffering in order to render to the men who were defending us the best she had to give.

On the Island of Lemnos in 1915, our hospital was housed in British-Indian tents, arranged in a line connected together in twos with the "service" tent in the centre of the "line", otherwise the "ward". These lines accommodated approximately 130 patients, the sister-in-charge of line "C" being Miss Clint, her staff consisting of two

nursing sisters and two orderlies. The beds were the so-called "Egyptian" type, of bamboo construction about ten inches high, upon which were placed army "biscuits" (two-piece mattresses). The floor beneath us was good old mother earth, covered with army tarpaulin.

Our patients were the men of the immortal 29th British Division, mostly from Australian and Irish regiments. Many were badly wounded, and, in addition, were suffering from dysentery. For weeks not a day or a night passed without three or four deaths. Morphia being routine treatment, as many as a hundred hypodermic injections had to be given every three hours—and *there was only one syringe available.*

Fresh water was a luxury and was carried to us in barrels for a distance of four miles. Drinking cups and bed pans were at a premium and, because of the water shortage, clean linen was treated with the utmost respect. Night-shirts, thanks to the British Red Cross, were available although a time came when we lacked even these necessities. Because of the low beds, our nursing duties were mostly carried out on our knees until, one by one, Medical Officers and Sisters succumbed to the disease from which our patients suffered.

Very few in our unit lost more than a day or so in an effort to pull ourselves together and continue to carry on and while no special provision was made for relief from the strain (and it was a strain) all understood that time off daily was in order. But Mabel Clint gently and firmly refused to leave, until at the end of fourteen or fifteen hours of constant service she would drag herself to bed. To us she would say—"You may go off duty if you like, you know the situation and the work to be done". Never at a loss to know what to do, she was too well prepared by sound education and training to shrink at anything that presented itself. Nothing mattered except the welfare of those under her care, and never was a nurse more grateful for the knowl-

edge she possessed. She did not conceal her disapproval of the actions of the powers that be, and though this made things a bit hard for her it would have been easier to have moved Gibraltar itself than to have changed her opinion.

In her story of our war experience, she remarks that a Florence Nightingale was badly needed to straighten out the mess of the Gallipoli campaign. In my humble opinion she was there, that second Florence Nightingale, in the person of Mabel Clint, but that fact was not recognized except by those without power to say so.

To my mind, her devotion to God, her King, and the Empire, was her outstanding characteristic and the one which coloured her life and work. She was "all of one piece", yes, one massive piece of truth and dependability. Devoted to duty in time of war to a degree that robbed her of her health, she had no patience with the martyr of a peace-time regime, yet she believed in a shorter and happier working day for nurses and would have helped to fight for it had she been spared. Because of the ill health which was a direct result of her war services, her active nursing career came to an end ten years ago and by this unfortunate circumstance the Canadian Nurses Association lost a highly valuable member. Her service to the British Empire during the War years was officially rewarded, her personal devotion to His Majesty's troops being known only unto God and those who shared it. Of her, as of the fighting men she served so faithfully, it may truly be said:

*They shall not grow old as we that are
left grow old,*

*Age shall not weary them nor the years
condemn,*

*At the going down of the sun and in the
morning*

We will remember them.



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BREAKING THE TRAIL

If anyone were to ask Elizabeth Ross what she most enjoyed doing she would probably say "Putting things in order!" She is a born organizer and, in the many responsible positions she has held, has found full scope for her ability to do a hard job well. In addition to a fine record of military service (which won for her the Royal Red Cross) she has been director of nursing in the Minneapolis City Hospital, the University of Pennsylvania Hospital, and the Olean General Hospital.

Nor has her career been limited to the United States. A graduate of the School of Nursing of the Montreal General Hospital, she has rendered valuable service as superintendent of nurses from 1921 to 1924 at the Victoria Hospital, London, Ontario and, during the past two years has done

notable work as superintendent of nurses and principal of the School of Nursing at the Homoeopathic Hospital, in Montreal. When recently she decided to resign this position a delightful buffet supper was given in her honour by the student nurses at which the superintendent of the hospital and the staff nurses were also present. Miss J. Morris, president of the Class of 1939, presented Miss Ross with a handsome desk pen as a token of appreciation from both staff and students.

Miss Ross will spend some time in rest and study in New York before tackling her next project. Whatever it may be, she will surely bring to it the courage, energy and wide experience which have enabled her to do such excellent work throughout her whole professional career.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments and changes of the Victorian Order of Nurses for Canada:

Miss Edith Richardson has been admitted to the Timmins staff, and *Miss Marjorie Cameron* to the York Township staff.

Miss Anne M. Walker has been appointed to the Prince Albert Branch. The vacancy was due to an increase in the staff.

Miss Ruth Morrison will take charge of the Sackville Branch.

Miss Rita Myers, formerly employed on the Moncton staff, has just completed the public health course at the School for Graduate Nurses, McGill University, and will report for duty on the Halifax staff.

Miss Elizabeth Reed, formerly in charge of our Newcastle Branch, who has just

completed the public health course at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the New Glasgow Branch.

Miss Flora Breese, who has been on leave of absence from the Border Cities staff, has just completed the course in public health nursing at the University of Western Ontario, and will resume her duties in the Border Cities.

Miss Joyce MacDonald has resigned from our Sackville Branch.

The following nurses have resigned from the Victorian Order of Nurses for Canada to be married: *Miss Ethel Roberts*, *Miss Elizabeth Rutherford*, and *Miss Jean Chrysler* from the Toronto staff; *Miss Eva Sherritt*, from the Timmins staff.

NEWS NOTES

BRITISH COLUMBIA

NELSON:

At a recent meeting of the Nelson Graduate Nurses Association, subscriptions were entered for the Canadian Tuberculosis Association, and the Society for the Control of Cancer. The Association welcomed Miss Laura Gutteridge, graduate of the Royal Columbian Hospital, and Miss Gladys Malcolm, graduate of the Royal Inland Hospital, to the Hospital staff and to the Association. Miss Vera Eidt represented the Association at the Provincial Convention in Vancouver.

The June meeting took the form of an annual dinner with about forty members and guests present. The regular business meeting followed the dinner. An innovation in the programme included anecdotes from members, each being asked to come prepared to give her best. This social gathering proved an enjoyable wind-up for the year's activities, and all members expressed satisfaction with the year's work. A successful tea was held recently and a home-made candy booth, realized an appreciable sum for the treasury.

Married: On June 6, 1939, Miss Velda Annette Patience (Royal Columbian Hospital, New Westminster) to Mr. Adam Calvert Broomfield.

Married: On June 6, 1939, Miss Sarah Elwert Maywood (Regina General Hospital) to Mr. Maurice E. Mitchell.

Married: On June 7, 1939, Miss Aimee Edna MacDougall (St. Joseph's Hospital, Victoria) to Mr. John Fraser Piper.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

The graduation exercises of the Class of 1939 took place recently. Miss Frances Waugh delivered the valedictory, and Dr. D. S. MacKay addressed the graduates. Following the exercises a reception was held.

NEW BRUNSWICK

MONCTON:

The regular meeting of the Local Chapter of the N.B.A.R.N., was held recently

with the president, Miss Honeywell, in the chair. After the routine business, a very interesting half-hour was enjoyed when five of the student nurses each read an article from *The Canadian Nurse*. As this was the closing meeting until September plans were made and conveners appointed to start the usual activities in the Fall. A delightful social hour followed.

NOVA SCOTIA

VALLEY BRANCH, R.N.A.N.S.:

The regular meeting of the Valley Branch of the R.N.A.N.S. was held recently at the Swedish Inn, Chester. Reports of the annual meeting were read by Miss K. Harvey. Regular meetings were cancelled for the summer months and an invitation has been extended to the Branch to meet at Middleton in September. A vote of thanks was extended to the hostess of the Inn.

ONTARIO

DISTRICT 1

CHATHAM:

District 1, R.N.A.O., recently held a meeting in the Public General Hospital, Chatham, with Miss Doris Shaw, Sarnia, chairman, presiding. The Invocation was given by Rev. Charles Malcolm, and the address of welcome by His Worship, Mayor J. J. Zink. Dr. Wallis Charteris also welcomed the nurses, and referred to the many ways in which he had been associated with them during his career. The business meeting followed with gratifying reports from the different conveners. Dr. H. I. Reid gave an interesting talk on the uses of sulphanilamide and the progress that has been made with its use. The Rev. Ray Mess spoke feelingly on religion in the nurse's life. A refresher course was discussed, to be held in the fall. The report of the resolutions committee was presented by Miss Head.

The executive were guests of the Public General Hospital at a delightful luncheon and at the close of the meeting the nurses were the guests of the St. Joseph's and the Public General Hospital Alumnae Associations for tea, after which they were taken on a tour through the new wing of the Public General Hospital.

DISTRICTS 2 AND 3

GUELPH:

Guelph General Hospital:

The graduating exercises of the Guelph General Hospital were held recently at the Ontario Agricultural College, when fourteen nurses received the diplomas and the pins of the School.

The president of the Board of Commissioners, Dr. W. J. R. Fowler, presided. The Superintendent, Miss Campbell, gave an interesting report on the activities of the School and the hospital after which the speaker of the evening, Dr. B. T. McGhie, Deputy Minister of Health and Hospitals for the Province of Ontario, addressed the graduating class on public health measures. After the ceremony, a reception was held when a large number of friends and relatives of the Class gathered.

Prizes were awarded to the following: Miss Alma Foreman, for operating room technique and for general proficiency; Miss Hilda Barber, for highest standing; Miss Elsie E. Gemmell, for obstetrical nursing; Miss Ivadale Jackson, for surgical nursing. In the intermediate and junior years, Miss E. Marriott, and Miss P. Gordon were awarded prizes for practical nursing and ethics. The Women's Hospital Aid presented each graduate with a beautiful bouquet of red roses.

The Alumnae Association held a banquet while the guests of honour were the graduating class. The speaker of the evening was Miss Byrne Hope Saunders of Toronto, who gave a most delightful talk on her work in the journalistic field.

Miss L. Ferguson, president of the Association, presided and the toast to the Class was proposed by Miss Madeline Orr and responded to by Miss Margaret Doughty. Miss Jean Laidlaw proposed a toast to the Training School and this was responded to by Miss S. A. Campbell, superintendent. Musical numbers were contributed by Miss Dorothy Young, violinist.

Miss Nora Kenny, of Acton, Ontario, has just completed the University of Toronto Course in public health nursing.

Miss Orr, ward supervisor, Miss Featherstone, obstetrical supervisor, and Miss Smallshaw, instructress, all on the staff of the Guelph General Hospital, have just completed the Refresher Course at University of Toronto in supervision in schools of nursing.

Miss Jeanette Watson has just completed the University of Toronto Course in teaching and administration in schools of nursing and has been appointed ward instructor in the Woodstock General Hospital.

DISTRICT 4

NIAGARA FALLS:

There was a good attendance at the regular meeting of District 4, R.N.A.O., held recently at the General Hospital, Niagara Falls, with Miss I. McIntosh in the chair. Miss Matilda E. Fitzgerald, executive secretary of the R.N.A.O., gave an interesting address on "A day in the R.N.A.O. Secretary-Treasurer's Office." A delightful tea was served. The next meeting will be in the Fall.

DISTRICT 5

TORONTO:

A warm welcome and the lovely surroundings at Weston Sanatorium, together with an instructive and interesting programme, made the spring meeting of District 5, R.N.A.O., thoroughly successful. Such was the unanimous opinion voiced by the group of one hundred and fifty members who were present. The afternoon session began with the privilege of observing a spinal fusion operation performed by Doctor I. R. Harris, after which a tour of the hospital conducted by members of the staff, was held. This was followed by a business meeting at which Miss Irene Weirs, district chairman, presided. "Tops" among the splendid reports were the résumé of the provincial annual meeting presented by the official delegate of District 5, Miss P. Morrison, the final report of the Arrangements Committee (an outstanding example of work well done) and also worthy of special mention, district membership to date showed an increase of 64 over last year, now totalling 1,128 members.

After an enjoyable supper, the meeting was again called to order for the evening session. Doctor W. J. Dobbie, as guest speaker, spoke on "Anti-tuberculosis efforts in Ontario." An added treat followed when Miss E. MacPherson Dickson and Miss J. Neilson, pioneers with Dr. Dobbie at Weston, told of some of their early experiences at the hospital. A vote of thanks presented by Miss Agnew carried with it the sincere and hearty appreciation of all.

TORONTO:

Toronto Western Hospital:

A pleasant feature of the first reunion dinner of the combined Alumnae Associations of Grace Hospital and the Toronto Western Hospital was the presentation to each of the graduating class of a New Testament especially issued to commemorate the Royal Visit to Canada. The presentation was made by Mrs. C. J. Currie, honorary president of the Alumnae Association. Each copy contained a picture of Their Majesties, and an excerpt from the King's



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message to the youth of Canada, which seemed a happy and appropriate one. This read as follows:

"Life is a great adventure, and every one of you can be a pioneer, blazing by thought and service a trail to better things. Hold fast to all that is just and of good report in the heritage which your fathers have left to you, but strive also to improve and equalize that heritage for all men and women in the years to come. Remember, too, that the key to all true progress lies in faith, hope and love. May God give you their support, and may God help them to prevail".

A copy of the New Testament, accompanied by a letter, was sent to the King and the following acknowledgement was received from his secretary:

"Their Majesties send their best thanks for the copy of the New Testament which you have sent on behalf of the nurses of the Toronto Western Hospital who finished their training recently".

Toronto East General Hospital:

The graduation exercises of the School of Nursing of the Toronto East General Hospital were held recently and the seventeen graduates wearing shoulder bouquets made

a pretty picture as they filed to their places. The class was addressed by Dr. B. T. McGhie, Deputy Minister of Health for Ontario, and the valedictory address was given by Miss Jean Kendall. The winners of the prizes and scholarships are as follows:

Gold medal for proficiency, Miss Edith Carefoot; silver medal for proficiency, Miss Jessie Fry; prize for highest standing in surgery examination, Miss Beatrice Bradley; prize for surgical technique, Miss Jessie Fry; prize for highest standing in gynaecology, Miss Beatrice Bradley; prize for anaesthetic technique, Miss Noreen Harper; prize for highest standing in examinations, Miss Beatrice Bradley; prize for proficiency in bedside nursing, Miss Catherine Stanford; prize for kindness, sincerity, and tact, Miss Jean Kendall; prize awarded to the nurse losing least time during the course, Miss Elva Bracken. The prize for surgical nursing in the second year was awarded to Miss Dorothy Golden.

The Alumnae Association recently entertained the graduating class at a delightful supper dance.

Members of the bowling league will be glad to note that Miss Helen Rose and Miss Dorothy Dean were winners for the sea-

son. The team won the honours for the highest scoring team, the members being as follows: Miss Helen Rose (captain), Misses Betty Gibson, E. MacLean, Anne Morrison, Florence Cleland, Mmes Bawtenheimer and Purvis.

Miss Noreen Harper, a recent graduate, is now in charge of the Genito-urinary department.

Married: On June 23, 1939, Miss Faye Cunnings (T.E.G.H., 1937) to Mr. Fred Griffiths.

DISTRICT 6

LINDSAY:

A meeting of Chapter C, District 6, R.N.A.O., was held recently at the Ross Memorial Hospital with the chairman, Mrs. Rundle, presiding. Miss Flett introduced Dr. Hall, of Little Britain, who gave a most interesting lecture on Sir John A. Macdonald. At the business meeting which followed the convener of the finance committee handed in eleven dollars to the treasury which had come from bridge parties and donations.

Miss Hogan's report on eight-hour duty was read, and a majority on the vote taken decided to continue eight-hour duty. A part of Miss Baker's report on Central Registries was read and discussed.

Methods for increasing subscriptions to *The Canadian Nurse* were discussed, and Miss Tarpey, having resigned as convener of the nominating committee, Miss Flett was appointed to take her place. An invitation to the graduating exercises at Lindsay Hospital was extended by Miss Reid and arrangements were made to hold our annual picnic. A social hour gave the members from the different hospitals an opportunity to become better acquainted over a cup of tea.

BELLEVILLE:

Belleville General Hospital:

Graduation exercises were held on June 2 and twelve nurses received their diplomas and pins. Dr. McGhie, Deputy Minister of Health, was guest speaker and Dr. Gibson, president of the medical staff, addressed the Graduating Class. The Class was entertained at afternoon tea by the Hospital Auxiliary, at a dinner by Mr. Friesen, the administrator, at a theatre party by the undergraduates, and at afternoon tea by Dr. Lily Mathieson. The Alumnae Association held their annual dinner in honour of the Class and an interesting western travel talk was given by Dr. Lily B. Mathieson.

The Alumnae Association recently held their last meeting for the summer with Miss

Fitzgerald in the chair and eleven members present. A theatre night was held recently and the Comedy Theatre Players presented G. B. Shaw's comedy, "Candida". The proceeds are for a pediatric ward in memory of Dr. Emma Connor.

Miss Olive Bush has accepted a position on the staff of St. Michael's Hospital, Toronto. Miss Ruth Tyers, (B.G.H., 1939) has accepted a position at Smith Falls Public Hospital. Miss Marjorie Doolittle has accepted a position in the Shriners Hospital, Montreal.

DISTRICT 7

KINGSTON:

A meeting of District 7, R.N.A.O., was held at the Ontario Hospital, Brockville, on June 19 with Miss Ann Baillie presiding. Miss Dempster gave an interesting report of the annual meeting of the R.N.A.O., and "Occupational Therapy in Hospitals" was presented by Miss Rapsey, therapist at the Ontario Hospital. After the meeting the members were entertained at afternoon tea by Miss Ardill.

The Alumnae Association of the School of Nursing, Kingston General Hospital, entertained the graduating class at dinner and Mrs. Wallace gave a pleasing and instructive address.

Married: Recently, Miss Dorothy French (K.G.H., 1935) to Mr. G. A. Hutchinson.

Married: On June 2, 1939, Miss Violet Robertson (K.G.H., 1935) to Mr. John Cliff.

Married: On June 5, 1939, Miss Sybil Berry (K.G.H., 1939) to Dr. John MacDonald.

Married: On June 10, 1939, Miss Helen Gordon (K.G.H., 1931) to Mr. Gordon Crawford.

Hotel Dieu Hospital:

In a prettily arranged setting in St. Joseph's Hall seventeen young ladies entered the ranks of the Hotel Dieu Nurses' Alumnae on June 12, 1939. His Worship, Mayor H. A. Stewart presided, Rev. Father Sullivan, chaplain of the Hospital, presented the graduates with their diplomas, and afterwards delivered a splendid address. The Hospital Emblem Pins were presented by Mrs. H. B. Lawler, president of the Alumnae Association. Following the exercises, the members of the graduating class and their friends were entertained at a tea given by the Hospital, arranged by the Alumnae Association and presided over by the Alumnae president, Mrs. W. H. Lawler, and the past president, Mrs. W. G. Elder. In the evening the Association held a dance in their honour. The student nurses enter-

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VOL. XXXV

NUMBER 9

SEPTEMBER, 1939

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EDNA L. MOORE

Learned at Manchester Square

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MARGARET DUFFIELD

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

SEPTEMBER, 1939

NUMBER NINE

The Red River Cart

At the annual meeting of the Registered Nurses Association of Ontario a symposium took place entitled "How may we provide nursing service for all who require it?" Miss Edna Moore set the ball rolling by presenting an excellent report of the study, recently made in Ontario, of the extent to which nursing service is available in the homes of the people. Miss Kathleen Russell followed with a keen analysis of the preparation needed for such service, and Miss Madalene Baker gave a masterly presentation of the problem from the private duty angle. Miss Jean Gunn, after summarizing the findings in all three addresses, linked them together in a logical statement which clarified the whole issue.

Obviously the value of such a symposium is by no means confined to Ontario and, therefore, two of the principal addresses appear in this issue. Miss Moore's article is not easy reading — facts and figures seldom are — but it

does provide a sound factual basis which hitherto has been lacking.

Miss Baker contends that the methods now used in making *skilled and continuous* nursing service available in the home are as obsolete as the creaking Red River Cart in this day of Trans-Canada Air Lines. In many centres, nursing service of a high order is provided in the home by visiting nurses. But this service, though highly skilled, is not continuous. Subject to the limitations of their training, valuable service can be given by non-professional workers. But this service, though continuous, is not highly skilled, and therefore is inadequate in cases of acute illness.

Private duty nurses (and they alone) can offer service which is *both continuous and highly skilled*. And yet it is common knowledge that they are steadily losing ground in a field which is peculiarly their own. What might be done to regain it? We think that Miss Baker has found the answer.

The Nursing Needs of the Community

EDNA L. MOORE

*Chief Public Health Nurse,
Ontario Department of Health*

A community is a body of people living in the same place under the same conditions. In pioneer days Ontario communities, being cut off from outside contacts, were closely united and the members of the group were much more dependent upon one another for help than is the case in Old Ontario to-day. In the northern and western districts, however, pioneer conditions still prevail in a number of communities. Many of us have been thrilled by tales of courageous women, brave men and stout-hearted children who shared the dangers of cold, hunger, illness and raids by hostile Indians as well as the joys of clearing the land and making homes where virgin forest had stood. We have heard of good neighbours who sat up night after night with the sick, who shared the sorrow of the bereaved by preparing the dead for burial and making a sturdy pine coffin, who took to their homes the motherless infant, who divided their stores and gave of their knowledge and skill in poulticing, bleeding and tooth pulling in true community spirit.

The years passed and the trails that connected the settlements with the outside and each other became roads. Churches and schools were built, mills came, and villages sprang up about them. Townships were organized, a few mill villages became towns while others disappeared when the lumbering was over. Some towns grew into cities. Meanwhile the census enumerator, the assessor and tax collector made their way up and down the improved roads. Moreover, doctors had come and their coming had brought joy and a certain

sense of security to the people. In the large urban centres hospitals had been established with training schools for nurses. But only the very ill went to hospital from a distance and very few families had trained nurses in their homes and apparently those who had once had either experience considered it sufficient for a life-time. Soon these growing communities became too complex in their development for neighbourliness to take care of the social needs. With the growth of responsible government through the years, responsibility for the sick, the poor, the needy orphan and widow, neglected and dependent children, the children of unmarried parents and the dependent aged, have become to a considerable extent the concern of the community.

Community nursing needs have not been conceded recognition in social legislation. And, although organized nursing and medicine have given the matter serious thought in recent years, there has been no demand from the public to indicate that nursing service is recognized as a social need in Ontario communities. It is true that visiting nursing is subsidised locally and, to a slight degree, provincially, but this type of service while available in some fifty urban and semi-urban centres cannot be termed a provincial service. Facing facts is recognized as a healthful procedure. We all advise it. Let us do it.

In 1937 the estimated population of Ontario was 3,711,000. There were 61,645 births — 30,824 of them in institutions and 30,821 in homes. The total number of deaths in 1937 was 38,475. Of these 14,910 were in insti-

tutions and 24,285 in homes. (1) It is estimated that probably three per cent of the population — in Ontario in 1937 this represented 111,330 persons — are ill, on the average, every day, (2) while doubtless the remaining 97 per cent (3,599,670) should receive the benefits of public health nursing service.

Disabling illnesses lasting one week or longer were found to occur at the annual rate of 172 in each 1000 of the population by the National Health Survey conducted in the United States (3) In Ontario the number of disabling illnesses calculated on this basis would exceed 630,000. We know that in 1937 hospitals — public, private, convalescent and incurable and sanatoria — treated 312,245 patients, (4) a number of whom remained in hospital less than one week. Roughly 80,000 patients are hospitalized for periods of six days or less in public hospitals in Ontario. Correcting the figure for total patients hospitalized during 1937 for these short-stay cases gives 230,000 as a fair estimate of the number of cases of disabling illness (5) treated in hospitals during the year. On this basis, therefore, the total number of disabling illnesses occurring at home may be taken to be roughly 400,000 each year.

It is reasonable to assume that every case of illness lasting a week or longer would or should have a physician in attendance either for observation or for treatment. In their replies to the questionnaire concerning the distribution of nursing service in Ontario sent out in 1935 and 1938, physicians indicated in the gross that 22 per cent of the non-hospitalized cases under their care needed the services of trained nurses. In 1935, thirty per cent of the 22 per cent were reported to be receiving such care, while in 1938 forty-two per cent were reported to be receiving it. Of those receiving skilled nursing care 48

per cent had nurses in the home, 51 per cent were attended by visiting nurses and 1 per cent had other care. (6) It should be remembered that Hamilton, London, Ottawa and Toronto were not included in the study.

Applying the proportion 22 per cent to the 400,000 cases of disabling illness in the homes gives 88,000 patients. Considering the fact that the survey was not limited to disabling illnesses but included all home cases under care, and that the large cities were not included in the survey which yielded the 22 per cent, doubtless twice 88,000 or 176,000 is a reasonable estimate of the number of cases of disabling illness occurring in the homes of Ontario and which were in need of nursing care during the year 1937.

The number of nurses registered in Ontario in 1937 was 12,068. (7) The number engaged in hospitals was 2,940 and the number registered but not practicing or living in Ontario was 500. Approximately 500 nurses are engaged in public health work in addition to 200 with visiting nursing organizations. There were, therefore, 8,128 nurses to care for 400,000 cases of disabling illness in homes. The Visiting Nurse organizations gave care to 43,297 cases, leaving 7,928 nurses to give care for an estimated 356,000 illnesses lasting one week or longer.

The London Nurses Registry reports that 80 per cent of the calls answered in 1937 were for hospital special duty. The Toronto Registry reports that 90 per cent of the years' calls were for hospital special duty. (8) Taking 85 per cent as the proportion of nurses engaged in hospital special duty, there is left 15 per cent of 7,928 or 1,189 nurses in private practice to meet the nursing needs in the homes of Ontario.

One thousand one hundred and eighty-nine nurses working 300 days in

the year could provide 356,700 days of nursing service. It has been suggested that there are roundly 176,000 cases of illness lasting a week or longer in need of nursing care annually in the province. The 356,700 nursing days available would allow an average of approximately two days to each case.

Let us consider merely the obstetrical and pneumonia cases as a means of estimating the extent of the present problem. Surely no one will dispute the need of skilled nursing in either of these fields.

There were 30,821 births in Ontario homes in 1937. Five thousand nine hundred and eighty-three confinements were attended by visiting nursing organizations. (9) This number represents 19 per cent of the births in homes and it leaves 24,838 to the care of nurses in private practice. If each of these 24,838 maternity cases in homes not cared for by visiting nurses received on the average, 7 days of nursing, it would require 173,866 nursing days.

Roughly 60 per cent of deaths from pneumonia occur at home. (10) Add to this total the cases taken to hospital after several days illness at home and we have a startling picture of nursing need in connection with one type of illness in which nursing care is of the utmost importance. Sixty per cent of the pneumonia deaths represents 1,350 persons. Calculating the nursing need at a minimum of 5 days for each fatal case, on the average, gives 6,750 nursing days. The estimated annual number of cases of pneumonia in Ontario is 10,000 of which probably not more than 60 per cent are hospitalized. This adds a further 20,000 days or more to the nursing needs in this disease alone. Thus for pneumonia and obstetrical cases only, the total estimated nursing days needed are about 200,000, or more than half the available nursing days (356,700.)

Let us now look at the deaths from all causes. There were 38,475 deaths in Ontario in 1937. Of these 24,285 occurred outside hospital. Excluding pneumonia cases, suicides and fatal accidents there are about 20,000 fatal home illnesses to consider with respect to nursing needs. If we take five days on the average as a conservative estimate, the need would stand at 100,000 nursing days. This number added to the 200,000 days for obstetrical and pneumonia cases gives 300,000 which is roundly 85 per cent of the estimated nursing days available. This leaves 56,700 nursing days for all other non-hospitalized disabling illnesses including paediatric, orthopaedic, communicable disease, medical and surgical cases, mental illness, cases of alcoholism and drug addiction, the chronic invalid and the aged.

These, excluding home obstetrical cases, pneumonia cases and deaths occurring at home, and deaths from other causes in the home from the 400,000 estimated disabling illnesses in the home annually, number well over 325,000. Then, too, there are posts in physicians' offices and in clinics to be filled by nurses.

What do physicians have to say concerning the nursing needs of 58 per cent of their non-hospitalized cases not receiving nursing care? As noted in the Report on the Study of the Distribution of Nursing Service it was this: 36 per cent of them needed a nurse in the home; 47 per cent of them would have been adequately served by a visiting nurse; and 16 per cent should have been in hospital. It was said of the three groups that 13 per cent of them had a practical nurse in attendance, while the remaining 87 per cent were cared for by members of their families.

There are approximately 500 nurses engaged in public health nursing in Ontario under official auspices, industry and

commerce and 200 with visiting nursing organizations. In Sweden the ratio of public health nurses to population is one to 3000. In the United States the standard advocated is one public health nurse to each 2000 of population. If Sweden's attainment obtained in Ontario we would have 1200 nurses in the field of public health instead of 700.

The 1931 Census showed that 39.27 per cent of Ontario's population was gainfully employed. In terms of people this means 1,346,214. Of these 965,607 or 71.7 per cent were wage earners while 83.7 per cent of these wage-earning families had incomes below \$1,950. This maximum income of \$1,950 represents \$5.34 a day. However, the size of the families and the income of each person would need to be considered in any detailed study of income in relation to health.

Consulting again our Study of the Distribution of Nursing Service, we are reminded that the physicians, in indicating why 58 per cent of their patients who needed nursing service were without it, gave "inability to afford" in 72 per cent of the cases, "scarcity of nurses" in 6 per cent and a variety of reasons classified as "other" in 22 per cent of the cases. These points are raised in order to introduce the economic approach to the question under discussion.

From the comments submitted by the physicians who co-operated in our Study it is evident that some thought is being given to the problem of securing adequate nursing care to meet the social needs of the people of Ontario. Time does not permit that the statements be quoted but a summary of them, taken from the Report, follows:

1. There is need for public education with respect to the value of skilled nursing service.
2. There is need for part-time nursing service which would permit the patient to

pay for requisite periods of service and remove in many instances the necessity for providing accommodation, meals, etc. for the nurse.

3. There is need for community organization to provide nursing service, full-time and part-time.

Addressing nurses in 1918, Adelaide Nutting, then Professor of Nursing at Teachers' College, Columbia University, said "We are on trial before the world, being tested, not for our zeal and devotion, but for our judgment and good sense and knowledge of our own situation." Addressing nurses in 1938, Michael M. Davis, Ph.D., who is chairman of the Committee on Research in Medical Economics said "The American Nurses Association, and its younger sister the National Organization for Public Health Nursing, need to move forward as rapidly as possible, because only the profession can take into account quality and standards of service, whereas the lay public will take account only of quantity." Another significant sentence is "The *Utilization* of nursing care by the people is related to the organization of nursing service." And here I repeat the third statement from the summary of comments in our own Study — "There is need for community organization to provide nursing service full-time and part-time."

Grateful acknowledgment is given for assistance from the staff members of the Divisions of Hospitals, Nurse Registration and Statistics of the Ontario Department of Health, with particular reference to Dr. A. Hardisty Sellers, who not only supplied much of the source material but gave of his time to discuss the whole subject and also in the reading of the manuscript.

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1. *Registrar-General's Sixty-eighth Annual Report relating to the Registra-*

- tion of Births, Marriages and Deaths in Ontario, 1937.*
2. *Preliminary Report of National Health Survey, 1935-36, U. S. A. Bulletin No. 1.*
 3. *Ibid.*
 4. *Sixty-eighth Annual Report upon the Public Hospitals, Private Hospitals, for Incurables, Convalescent Hospitals and Sanatorium for Consumptives of the Province of Ontario, 1937.*
 5. *"Disabling illness", where not otherwise qualified, means one which kept patients from work or other usual activity for one week or longer.*
 6. *Reports upon the Distribution of Nursing Service in Ontario, 1936 and 1938.*
 7. *Personal communication, the Director of Nurse Registration for Ontario.*
 8. *Personal communications, Miss M. Baker, London, and Miss H. Caruthers, Toronto.*
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AN INTERNATIONAL OCCASION

The ceremony of Presentation of Certificates to the students who had completed the International Courses took place in London on July 6. These courses are given under the auspices of the Florence Nightingale International Foundation and, by a happy coincidence, the meeting of the Board of Directors of the International Council of Nurses was in progress in London thus permitting official representatives from eighteen countries to share in the happy occasion. Canada was represented by Miss Grace M. Fairley, president of the Canadian Nurses Association, who had the pleasure of watching Bianca Mary Beyer, Canada's 1939 scholarship student, as she took her place among her twenty-one fellow-students, drawn from fifteen different countries.

Sir Arthur Stanley was in the chair and addresses were delivered by Miss Jebb, Principal of Bedford College, and

by Miss B. G. Alexander, president of the South African Trained Nurses Association. Count John Limberg Stirum, Netherlands Minister in London, presented the certificates and gave an inspiring address. Votes of thanks were proposed with grace and charm by two of the students, Miss Janzon, of Sweden, and Miss van Voorthuysen, of the Netherlands. The delightful reception which followed the ceremony afforded an opportunity for renewing international friendships.

The following evening the annual dinner of the "Old Internationals" Association brought the year of shared work and play to a happy conclusion. Princess Anna Schwarzenberg, executive secretary of the International Council of Nurses, who had previously been elected president of the "Old Internationals", occupied the chair, and welcomed the distinguished guests.



Around the Council Table

Two international meetings, both of outstanding interest to nurses, were held in London during the last two weeks of July. One was the interim executive meeting of the Board of Directors of the International Council of Nurses, and the other was the biennial meeting of the Florence Nightingale International Foundation.

Eighteen countries sent delegates to the meeting of the Board of Directors, Canada being represented by the President of the Canadian Nurses Association. It was an extremely important conference because many of the matters dealt with had an international bearing. Throughout the discussions, one was impressed by the great sympathy and tolerance displayed by all who took part in them. In the course of fulfilling her obligations to her own National Association, each delegate had evidently come closely into touch with the prob-

lems which are facing every country at the present time. This silent but deep understanding brought the member countries very close together.

The business of the Council was dealt with impartially, and we have reason to feel proud of the leadership given by our President, Miss Effie Taylor. The Founder of the International Council of Nurses, Mrs. Bedford Fenwick, was present at all meetings and, as ever, expressed herself forcefully and with conviction. At the opening session the President, in the course of her introductory address, said that the members of the Board of Directors were honouring themselves in honouring the Founder and amidst applause presented Mrs. Bedford Fenwick with a magnificent bouquet of red roses as a token of respect and affection.

The list of delegates, and the National Associations which they repre-

sented, included the following: The President, Miss Effie J. Taylor, Mrs. Bedford Fenwick, Founder, Great Britain; Dame Ellen Musson, treasurer; Miss B. G. Alexander, second vice-president, South Africa; Mlle. de Joaninis, third vice-president, France; Miss J. Stimson, United States of America; Frau Oberin H. Blunck, Germany; Miss G. M. Fairley, Canada; Miss Kaae, Denmark; Miss V. Snellman, Finland; Miss Knottenbelt, Holland; Miss D. Hartley, India; Mlle. M. Damman, Belgium; Miss G. E. Stephenson, China; Miss B. Helgestad, Norway; Miss Baticka, Poland; Miss Vogel, Sweden; Miss Samsing, Australia; Mme. Costres, Roumania; Miss Hoffman, Switzerland; Dame Alicia Lloyd Still attended by special invitation.

Many opportunities were afforded, through the hospitality of the various Matrons of local hospitals, and British members of the Council for the renewal of old friendships and for welcoming members who were attending for the first time. A delightful reception was given by Miss Hilliers, Matron of St. Thomas's Hospital, in the historic Nightingale Home, a pleasing feature of which was a group of old English songs rendered by the Student Nurses' Glee Club.

The meetings of the Florence Nightingale International Foundation were held at St. Thomas's Hospital — a fitting place to discuss a Memorial to Miss Nightingale. The sessions were presided over by the retiring president, Dame Alicia Lloyd Still. The teaching staff has been materially strengthened and there is no doubt that the Board of Management has a ready ear for suggestions whereby the various courses may be improved. There has been marked development during the past few years which the "Old Internation-

als" are conscious of, and strongly approve.

Miss Ruby Simpson, chairman of the Canadian Florence Nightingale Memorial Committee, was represented by Miss Grace M. Fairley, and the second Canadian delegate was Miss Elizabeth L. Smellie. The new President of the F.N.I.F., Miss B. G. Alexander of South Africa, took office at the concluding session. It is gratifying to record that the following generous donations were made toward the Endowment Fund:

The South African Trained Nurses Association	£2,000.
The American Nurses Association	£2,136.
The International Council of Nurses	£1,000.

The delegates attended the ceremony (described elsewhere in this issue) of the Presentation of Certificates to the students who had completed the International Courses given under the auspices of the Foundation. Here again one was conscious of the warm and affectionate understanding prevailing among the students from fifteen different countries, who for many months had lived and worked together. Miss Astrid Janzon, of Sweden, in proposing a vote of thanks from the students, said that the whole experience had been like passing through a beautiful garden in which she had found seeds to sow in the new field of her future work. The value of understanding and friendship, irrespective of creed or nationality, had been made clear to her and would remain the finest lesson she had yet learned.

Even in these difficult and troubled times, the spirit of courage and tolerance displayed by these young students may serve as an inspiration to the International Council of Nurses in its sacred task of fostering goodwill among the nurses of the world.

G. M. F.

Learned at Manchester Square

MARGARET F. BUCHANAN

Hospital for Sick Children, Toronto

Much has been written about the Florence Nightingale International Course regarding the various courses and educational activities but I would like to point out something which those of us who have taken the Course feel is one of the most important things we gained from it.

We arrived in London — twenty-one students from twelve different countries — all with our own ideas, and all with the firm conviction that those ideas were the best. To a disinterested on-looker, seeing us all return from our various observation trips to hospitals and public health organizations during the first few weeks, I am sure it would have appeared that we scarcely needed the Course — so much better were our own hospitals and public health organizations. The conversation ran as follows: — “Do you know what I saw?” “They actually do” “Now, in Denmark we don’t do that way, we . . .” and before the better points of Denmark’s methods could be elaborated, another voice “Do you really — why in United States we . . .”, and so on and so on.

Other things, too, seemed very strange and assumed mountainous proportions. Holland, for instance, would not wear a hat! Of all things! And Canada and the United States were given to riding in taxicabs! Ridiculous! Each had her own little peculiarity which, to the other twenty, was hard to understand. It is a peculiar adjustment one has to make — living in such close contact with others from many lands for an entire year. And it was very interesting to see how we grew, one and

all, and broadened our viewpoint until one found Canada championing Denmark, Sweden “battling” for China, and a gradually growing tolerance for everyone’s habits and methods.

A community of interest also grew, and many weighty problems were settled over an evening of knitting and sewing in the lovely old drawing room. Varied were the articles we made, and we helped each other, but somehow there were many failures despite the industry applied. A collection displayed at the end of the year amidst great merriment included a bed jacket that would always lack a sleeve, a blouse that for some reason would not go over the head, several sweaters started bravely and stopping short at the armholes, and a baby’s shawl that would just not go square! The work was wasted, perhaps, but never those evenings spent together.

Various excursions taken together helped to form close friendships. One of the days which will always be a happy memory was Christmas Eve — a day that commenced at three in the morning when a few courageous souls awakened a few others and all crept sleepily into “Finland”, where a gay table lighted with fat Finnish candles was set for breakfast with coffee in “Finland’s” copper pot and Danish pastry. Shivering, we all set forth — China and the United States, Germany and Canada, Holland and India, England and South Africa — bound for Covent Garden Flower Market. All London seemed to sleep save for a few friendly Bobbies, one or two revellers returning home — and us! However, as we left the West End and penetrated farther

into the older and less fashionable London we found activity beginning as cars rumbled over the pavements and vendors with pushcarts rattled by. Covent Garden was a veritable hive of industry and we stood fascinated and open-mouthed amongst the rows and rows of flower stalls while the amiable Cockneys rushed by, balancing on their heads huge crates of flowers and shouting friendly insults at their fellows. Having dodged about for an hour or so amongst the fragrant flowers and being by this time, almost as laden as the sellers themselves, we set off for home. By this time London was humming with the early workers and the "Tubes" were running. We clambered into one and sat with our flowers poking at a charlady's bonnet. Apologies elicited a good-natured "Awlright dearie — enjoy yerselves while yer young!" Sleepily, the weaker

souls climbed into bed as soon as we arrived at Manchester Square, while a few of the sturdier ones repaired to the basement where there is the most truly international gathering place in the house — the laundry. There hung garments from all countries and great were the mysteries regarding them until finally we grew to recognize by sight "Sweden", "Holland" and "U.S.A." And many were the heated discussions which took place while we toiled to remove the London fog and soot!

All Christmas Eve an air of mystery pervaded the house. The drawing room and dining room were closed to us and we gathered for tea in Miss Dorsey's room — an exciting tea not just bread and butter and jam. We were surrounded by cards and gifts from *old* students in almost every country in the world who had once sat on Christmas



THE "INTERNATIONALS" OF 1939

LEARNED AT MANCHESTER SQUARE



A beautiful interior at 15 Manchester Square. Through the archway leading from the drawing room, a group of students may be seen hard at work in the library. The classic elegance of the woodwork is characteristic of the style of the famous Adam brothers.

Eve in this very room as we did now! At seven-thirty the doors of the dining room were opened to us and we had dinner — a real English Christmas dinner. Then came the tree — a magnificent tree reaching to the lovely ceiling of the drawing room! Much merriment ensued while gifts were given out — a miniature French dictionary to an aspiring French student, a small deck of cards to a new bridge enthusiast and a picture of the Royal Family to an ardent admirer. The day ended for some as soon as the party was over, but others bravely started off for Midnight Mass at Westminster Cathedral before parting for the holidays. And as we parted, twenty-one people who four months before had never heard of one another, one would have thought we were lifelong friends, so close had been the relationship during that short time.

The Easter term made the relation-

ship all the more close and great was the excitement and interest in each other as we all returned from our Easter field trips. But now something was lacking from our descriptions of the places we had been — the destructive criticism, the unfavourable comparison with “our own”. The Summer term was shadowed with the feeling that parting was very near and many countries and many different beliefs began to close in on us once more. Over Europe hung war-clouds, and it seemed almost a dream that during one whole year twenty-one people from twelve different countries had so completely merged their differences in a common cause with a tolerance and understanding from which had grown one of the most valuable gains of the year — the knowledge that one thing may be done by many different people in many different ways with an equally good result!

We Could Increase the Demand

MADALENE BAKER

Private duty nurse, London, Ontario

A not so elderly gentleman remarked the other day that he could remember the time when one might enjoy quite a long spell of sickness at a very moderate cost, but that in this day and age, illness has become a luxury which very few of us can afford. A trade journal recently carried this slogan, "You can't do today's work with yesterday's methods and expect to be in business tomorrow." Don't you thing there is a direct connection between these two statements? When you stop to think of it, is it not true that many necessary commodities we purchase today, if we had to acquire them through the business channels of twenty-five years ago, would prove luxuries which very few of us could afford?

It is only too true that illness under the present set-up is in the luxury class. Unfortunately, it is equally true that illness refuses to remain in luxurious environment and it is on those financially unable to cope with it, that it seems to fall the heaviest. Nurses are far from over-paid, but surely there must be some means by which we can serve those in need at less cost to them. I think this slogan, "You can't do today's work with yesterday's methods and expect to be in business tomorrow", is a splendid place to start in attempting to outline the part which organized registries could play in meeting the nursing needs in any community.

The foundation stone will be the establishment of an understanding relationship and division of responsibility between the various nursing groups. My own group—private duty nurses—must realize that they cannot remain sealed

in their own ideals and attitudes. They must look beyond these walls to the need of the people they serve. If they do this, they will rally in a unified professional effort to set up co-ordinating agencies through which an attempt would be made to supply all types of nursing service to all the people, rich and poor.

No programme can be planned without definite objectives. I believe that two primary objectives of any worth-while registry programme should be first, to render nursing service to the public in a broad sense — adequately meeting their needs. Second, to provide the registrant with the maximum amount of economic security. These objectives create problems which cannot be completely solved by the nursing profession alone. A community nursing service will never prove adequate if we continue to foster an attitude of individualism. It is not our responsibility to see that all sick people are cared for, but it is our responsibility to set up and promote a varied, extensive service that when offered to the public, will more adequately take care of their nursing needs.

To set up such a service we need to establish representative boards, embodying not only members from all groups of the nursing profession, but active participants from the medical profession and the lay public. The professional nurse members would be elected by the membership. All board members might be elected in this manner, or the physicians and the lay group could be appointed by the elected board. Dr. Jones should not be selected because he is so handsome, or has such a nice voice, or

Mrs. Smith because she is president of some organization. In every community we have citizens interested in health who will give of their brains and their time to promote the good of the community in which they reside. We should endeavour to select these key men and women.

You may ask, "Why have other than nurses on the board?" We can never fully understand the public need of nursing service, nor promote a co-operative community spirit until we establish representative boards. Such boards would provide a meeting ground for the discussion of problems affecting nursing service from the point of view of all concerned rather than from the viewpoint of one isolated group. Such representation would serve as a connecting link between the community, the registry providing nursing service, and the nurse who gives the service, and thereby establish sound public relations. It would seem best to have a small executive committee appointed to take care of routine business, with the full board meeting regularly for discussion of important problems and progressive policies.

The board now established faces the difficult task of selecting a competent director. The success of the project depends largely on the suitability of this person, who forms a very vital part of every registry. Supervisory experience should be included in her credentials, because of the responsibility she must accept in guiding the young nurse into a path of service where she may become self-supporting and an asset to her profession. She is going to need to be a paragon to broaden our understanding, deepen our acceptance, and strengthen our capacity to limit ourselves to the area of work for which we are professionally qualified.

If we would meet the public need in

nursing, then I think very broad principles of nursing policies will have to be set up, and I am of the opinion that the details should not be specific to the point of limiting freedom of action on the part of any registry director and her advisory committee, but rather that the standards should point the way to ultimate achievement.

In the past, and even today, registries function only as a clearing house for private duty nurses. For the most part they are a matter of telephone calls — hospital registries particularly. Do not mistake me, I am not complaining about the way hospital registries are managed, and I want to say about this arrangement, we are not, and never have been, justified in expecting hospital authorities to gratuitously assume the responsibility of our (the private duty nurses) business office. Let us stand on our own feet and establish organized community registries. Where there is only one hospital, the office may have to be maintained within, but if possible at all, set it up in a central part of your community, preferably in the downtown area, and equip it with adequate and efficient personnel.

The ideal registry would embrace visiting nursing organizations, and work in close relationship with all other public health nursing services and hospitals. The ideal situation would be one where the graduate, on completing her course at the school of nursing, would first pass through the channel of this visiting nursing organization, thereby gaining field experience under careful supervision, into the placement service from whence she would be sent to service the community.

A registry that will actually service the community should incorporate in its programme every type of nursing service (not taken care of by organized public health) that might conceivably

be demanded of such an organization. As it is, if we require other than graduate nursing service, we telephone all our aunts and our cousins to ask if they know and can recommend a practical nurse. By the time we think we're sure that we have heard of a good one, we have had a chill or are in a fever. The nucleus of registrant membership will, by virtue of numbers, be registered private duty nurses, but practical nurses should be included in the set-up. There is a real need for the type of service they are capable of giving, and we trained women should learn to work with them.

One of the policies of every registry should be to provide service in amounts required by the public, from an hourly basis up to eight, ten, twelve, and even a resident service. If we ever hope to bridge the gap between the service we have to offer and the people needing but not receiving it, then we should not expect them to engage us for eight hours if they only require us for one or two. We need to develop a flexible service and a flexible group of workers. The combination of the registered nurse on an hourly basis, working in correlation with the full time practical nurse, the home-maker, or the visiting housekeeper, as the need may be, would go a long way toward overcoming economic ills of the great middle class, and would prove equally beneficial to nurses since such an arrangement would undoubtedly develop hourly nursing and step up the demand for our service.

There is the question whether or not registries sponsoring lay workers should assume some responsibility for their preparation and subsequently for supervision. I think they should, and furthermore I believe it to be in the best interests of professional registrants that they be supervised. There need be no apprehension of supervision if we

would remember that supervision is not "snoopection", not a matter of fault finding and undue checking, but rather a helpful hand to assist us in our weaknesses and to encourage good work. All successful organizations, institutions, and industries function under supervision. Permit me to point out the success of the public health organizations where the entire structure rests on the supervision of the service which is rendered to the public. Visiting nursing associations, which like ourselves, are concerned with bedside nursing, are subject to supervision and thrive on it.

Education in service is essential, and responsibility should be assumed by registry boards whereby registrants could avail themselves of such education. My reason? Because, if a community nursing service is going to recommend its registrants and authorize them to collect a stated uniform fee, they should provide the best up-to-date service. Procedures and treatments are changing, and new drugs are coming into the lime-light all the time. How much good would a nurse be who was called for a pneumonia case where an oxygen tent was in use if she had never seen one before? True, she is instructed when she takes over her duties, but there should be no need to waste the time of the ward supervisor or to utilize the time for instruction that the patient is paying for nursing service, and what would she do if she met with a similar problem in a home? Therefore, the board should seek to develop the registrant for the sake of her individual growth and increase her usefulness to the community by arranging lecture courses and institutes with practical demonstrations. They should not just be arranged—they should be attended.

Included in every registry policy should be a very definite record system of registrants, patients, publicity and

finance, in fact of the service in general. There should be a personal record in the individual nurse's folder that would begin when she made application to identify herself with the service and end when she resigned. It might include her professional qualifications; academic standing; post-graduate studies; languages she speaks. There should be a report from the superintendent of nurses of the school from which she is a graduate, and not one that says Miss Jones is average but a frank confidential report that will prove helpful in finding for that nurse the type of work for which she is best suited. The nurse's own selection of the work she prefers; the experience she has had; records of casework, of commendations and condemnations; her attendance at regularly arranged educational programmes, and many other records the knowledge from which would prove very beneficial: *To the Registrar*, because it would enable her to produce the best person for the work and equip her to be of invaluable assistance to the registrants as advisor, counselor and friend.

To the Nurse, because we all do better work when engaged at something we prefer to do.

To the Hospital, because of the saving of time by the provision of a nurse familiar with specific work.

To the Public, because of more efficient service.

To the Doctor, because of keener observation, understanding and greater efficiency.

It would broaden the future scope of nursing service immeasurably if records set out, without guess-work, just what types and amounts of service are given by who to whom, and showed that Mrs. So-and-So could never get along with a Miss Yes-Yesser, while Mrs. Thus-and-Such may be coaxed but never driven. Think of the heartache and

nerve-strain it would save patient and nurse alike to be able to tell from the card index that Mr. Smith abhors nurses with red hair, or Mr. Brown has chronic asthma that complicates all his other ailments. Think of the brain-rack saved the board to read that this type of publicity was a failure, while that method of approaching the public brought results. The keeping of carefully compiled records would provide concrete evidence that the nurse's part in restoring patients to health from serious illness is a vital factor in our health programme of today.

Now a word about finance. Doubtless some of you from smaller centres believe you cannot afford to organize a registry. This may particularly be the echo from the private duty group, and to them I would say, we cannot afford NOT to. In centres where eight-hour duty is being done by the private duty group, employment has increased. But it will not last. No one would like to see the students have an eight-hour day more than I would, and I hope this can be accomplished during the coming year. Nevertheless, we must face the fact that just as soon as the supply is increased, our registries will again be flooded. *What we need is organization to increase the demand for our services.* A properly organized registry will step up the demand which would not only mean increased income but experience that leads to greater efficiency, efficiency that is bound to mean more frequent employment, and in this way we shall be afforded an opportunity to extend our clientele.

There are many sources from which revenue may be procured. The most staple one, of course, is the annual fee paid by registrants. When registries embrace visiting nursing organizations, revenue would be forthcoming from this source. Such an amalgamation

would also curtail expenditures since there would need to be only one set of records which would be made available to all groups, one office staff and one equipment. If integration of these services is not accomplished in the beginning of the set-up, then approach the visiting organization for the privilege of taking their night and holiday calls. Another source of revenue is from physicians who may wish to list the registry telephone number in the directory, along with their regular number. This service is becoming most popular and is proving quite satisfactory. There could also be assistance from community chest funds, Government and municipal grants, life insurance companies and organizations or persons interested in the betterment of community health, associate memberships at a small annual fee, and from the raising of funds by group effort.

We may organize and finance a registry, and in time offer the various services to the public, but if we do not advertise we will never sell ourselves as we should. One of the great weaknesses in the operation of registries is the lack of publicity. The grocer who arranges his goods at the back of the shelves or under the counter plays no part in educating people to use new products. He wonders why opposition across the street is always busy, while he spends considerable time craning his neck to see if the next passerby is going to come in and make a purchase. The man across the street is prosperous because he stocks what the people need, sells to them the quantity they desire and, above all, he advertises. He has made it his business to inform the public of the commodities he offers for sale, with the result that he sells them. We need to copy his pattern—stock what the people need, sell them the quantity they desire, and *advertise*.

What methods of publicity should we adopt? First of all, education needs to begin within our own ranks. The nurse, of all the medical group, has the most prolonged and intimate relationship with the people, therefore registrants should know and fully understand the workings of their own business office. These personal contacts reach tremendous numbers annually. They can be the best informative source of any. Second, women figure in a large percentage of all purchases made. We must reach them with information. Arrange with organizations and clubs for speakers. Third, contact the medical body through their local associations and hospital staffs, as well as personally. Follow this up with information by mail. Fourth, distribute circulars to industrial plants and stores. Fifth, provide exhibits for doctors, hospital and nurses conventions; local community health drives; women's club meetings; church bazaars. County fairs and exhibitions provide opportunities for displaying attractive exhibits. Sponsor films, and, of course, the medium of the press is always good, but costly. Publicity will produce results.

Community registries should preferably come under the direction of a Provincial Bureau of Nursing. If we are interested in being employed at the type of nursing we most enjoy; if we are interested in rotation of services, not only types but hours, holidays; if we are interested in supervision and classification which would provide opportunity for professional advancement in earnings and responsibility; if we are interested in meeting the nursing needs of the public; if we are interested in working on a salary basis—yes, I will even mention a retirement pension—well, let us get busy and work toward the establishment of a Provincial Bureau of Nursing.

We cannot accomplish this work in a day. It will necessitate perseverance over a period of time to realize the full extent of benefits that can be developed from such an arrangement. Establishing community registries is a step in the right direction. No group can obtain a

complete set-up all at once. Each begins at a crucial point and develops as fast as circumstances will allow. Local conditions and opinion will have to determine the order of procedure, but let our slogan be—*Begin, and go as far as we can.*

The Hospitals of the World

This month, in the city of Toronto, a practical demonstration will be given of international co-operation and goodwill. From September 19 to 23 under the presidency of Dr. Malcolm T. MacEachern, the International Hospital Association will hold its meetings in the Royal York Hotel and, judging from the official programme, every phase of hospital activity will be discussed by experts. The magnificent contribution made by Dr. MacEachern to the development of hospital service in all its branches is known and appreciated in every country in the world. Canada, his native land, is proud of him and as Canadian nurses who have worked with and learned from him, we congratulate him on having attained the highest honour which the International Council has to give.

At the first plenary session, which will be held on the evening of September 19, a Pageant of Nations is to be presented under the sponsorship of the Canadian Nurses Association, the details of the production being under the direction of District Five, Registered Nurses Association of Ontario. This Pageant, which promises to be both beautiful and inspiring, will surely be an auspicious beginning for an international Congress of such great importance. Un-

der the caption of *Notes from the National Office* in this issue of the *Journal*, detailed information is given concerning the educational exhibit prepared under the auspices of the Canadian Nurses Association by a committee working under the joint convenership of Miss Jean S. Wilson, Executive Secretary of the Association, and Miss Matilda Fitzgerald, secretary of the Registered Nurses Association of Ontario.

Immediately following the International Congress and equal to it in importance and magnitude, comes the convention of the American Hospital Association which also takes place in Toronto from September 25 to 29 inclusive. Details concerning the programme are not available at the time of writing but all signs point to stimulating and worthwhile sessions. Another Canadian, Dr. G. Harvey Agnew, will in his capacity as President of American Hospital Association direct the deliberations of this vast assembly. One whole morning is to be devoted to a discussion of hospital administration, as directly related to nursing, in which several Canadian nurses will take part.

During these eventful weeks Canada will be the centre of the hospital world and may confidently be counted upon to rise to this unique opportunity.

IN AN AFRICAN JUNGLE

In our recent African trip we covered about three thousand miles in fifteen days. The roads for the most part were quite good and we travelled at between 50 and 70 miles an hour but had one flat tire and got into a bog where we stayed for about three hours. We were on our way to a Hippo Pool and knew we were within a few miles, so while our driver snatched forty winks the natives dug out the car and the three of us started walking to the Pool through the jungle. We were not at all frightened as we started out, but after encountering kudu and monkeys, and either hearing or imagining we heard stealthy stalkers, we became almost paralyzed, but went nobly on. When we finally arrived at our destination we found no hippo. Another car, thinking we had been gone long enough, came after us. We were surprised to see by the speedometer that we had walked two miles through the jungle. On the way back we encountered a large group of baboons.

In the Game Reserve we came upon all kinds of game—impala, kudu, giraffes, jackals, warthogs, springbok, duiker, zebras, wildebeest, steenbok, klipspringer, and two lions right beside the road. It was simply thrilling. We all got some quite good pictures. My lions are really vicious-looking. We saw many birds too—a great many vultures. We stayed for two days but could not sleep there on account of the danger of malaria. Then we went on to Zimbabwe Ruins. It is most fascinating, full of mystery. I think I liked it best of all. We spent almost two days there and went leopard hunting in the moonlight! But we did not see any.

It makes you think hard when you see and examine the stone-work of both the Acropolis and the Temple. It must have taken thousands of slaves hundreds of years to built it. But no one knows how long ago or for what purpose. Then we saw several mines. The country is very rich in mineral—copper, tin, asbestos, gold, coal and emeralds. We were taken through a copper mine by moonlight and saw the whole process.

From Bulawayo in Southern Rhodesia, we went to Rhodes' Grave in the Matopos Hills. It is a magnificent location. He is buried in a massive rock, surrounded by boulders just as nature left them, and commanding a view which can hardly be imagined. It is all too wonderful for description. Then on to Victoria Falls. It, too, cannot be described, nor can it be compared with Niagara. The whole setting is so different—tropical growth, with monkeys and baboons playing about. The continuous sunshine makes a constant rainbow and then there is the lunar rainbow by night! The Victoria Falls Hotel is the last word as to service—service with a broad black smile. We took a trip through the rain forest, clad in our rain coats, and in spite of them we were soaked. But it was beautiful—a perfect trip—long to be remembered.

Editor's Note:

This article is an excerpt from a letter written by Miss Eugenie M. Stuart to Miss Jean E. Browne, and with Miss Browne's courteous permission, appears in the *Journal*.

From "Down Under"

My student nurses and myself are appreciating *The Canadian Nurse* very much. The nursing papers are a great and valuable international link and a bond of union between all nurses. It is a splendid inspiration to read of the great leaders in our noble

profession even though we have no personal touch with them.

ELIZABETH M. GILLESPIE,
*Westland Hospital,
Hokitika, New Zealand*



Nursing Education at "Western"

MILDRED I. WALKER

*Chief: Division of Study for Graduate Nurses,
University of Western Ontario*

The University of Western Ontario, located at London, Ontario, offers many inducements to the student who is seeking post-graduate courses in the science of nursing. London is a city of approximately 75,000 inhabitants and has long been recognized as the educational centre of Western Ontario. Primarily a residential city in which a large proportion of the residents own their own homes it is also remarkable for the number and variety of its industries; its public, secondary and technical schools; its university with its affiliated institutions and its hospitals. The University which is familiarly known as "Western" has recently celebrated its sixtieth anni-

versary and during these sixty years has become firmly established amongst the institutions of higher learning in Canada.

The University of Western Ontario is made up of three Faculties—Arts, Medicine and Public Health, each separate and independent from the other, besides being affiliated with several colleges located within the fourteen counties of Western Ontario which comprise the constituency of the University. The Faculty of Public Health is housed in the Institute of Public Health which is situated almost opposite the Medical School and directly adjacent to Victoria Hospital and the War Memorial Children's Hospital. The Division of

Study for Graduate Nurses is one of the Divisions of the Faculty of Public Health.

The Institute of Public Health was established in 1912 by the Provincial Government of Ontario in the aid of medical education and particularly for instructional and practical work in public health. From the outset it was believed that an important step in the promotion of general public health knowledge was to provide adequate public health training to the undergraduate nurses in the Hospital Training Schools. With this object in view the professional staff of the Institute undertook to provide such training for the undergraduate nurses in the Training Schools of the local hospitals and this has been continued to the present day. In the meanwhile the Institute staff conducted public health courses in the Faculties of Arts and Medicine and obtained an official connection with organized public health in Ontario through the establishment of a Branch Laboratory of the Provincial Department of Health in the Institute. This laboratory serves as a health centre for South Western Ontario and has grown to such an extent that it now reports on more than 100,000 laboratory examinations each year. The teaching staff of the Institute therefore consists of individuals actively engaged in public health work of an official character.

The Division of Study for Graduate Nurses was established in 1920 in response to a growing demand for graduate nurses especially trained in the field of public health. At the present time the nursing courses offered by the Faculty of Public Health include a five-year course leading to the degree of Bachelor of Science in Nursing and one-year courses leading to the certificate of public health, certificate of hospital administration or the certificate

of instructor in nursing. The Faculty of Public Health also assumes responsibility for the course in Public Health and Preventive Medicine given to the undergraduate students in the Faculty of Medicine and for regular lecture courses to the undergraduate nurses of Victoria, St. Joseph's and the Ontario Hospitals.

The educational programme of the Faculty of Public Health is greatly facilitated by the proximity of the Medical School, Victoria Hospital and the Children's Hospital. The headquarters of the local branch of the Victorian Order of Nurses and of the local Child Welfare Association are housed in the Institute itself. Although St. Joseph's Hospital, the Ontario Hospital and the Queen Alexandra Sanatorium are located at some distance from the Institute of Public Health all of these institutions are used for teaching and observation in the courses for graduate nurses.

The popularity of the nursing courses is indicated by the fact that it has been necessary to limit registration in the course leading to the degree of Bachelor of Science in Nursing to fifteen candidates per year. One finds, as has been observed elsewhere, that many candidates too young to enter training upon completion of high school are entering the nursing profession through the degree course. Each year we accept as many students in public health nursing as can be provided with satisfactory field work and the graduates from this course seem to be readily absorbed in its different branches. At the present time students of public health nursing are obtaining supervised field work covering the generalized and specialized fields in the cities of London and St. Thomas while the generalized programme of the smaller community is demonstrated in the towns of Ingersoll

and St. Mary's. Practical training in the work of the Victorian Order of Nurses for Canada is provided through the local staffs of this Order in the branches at London, Windsor and Kitchener. With these varied fields available for practical experience the student is fitted to serve in the generalized or specialized field of public health nursing, either in a city or in a small community.

The number of graduate nurses reg-

istered in the Faculty of Public Health for the academic session of 1938-39 was 27 while the number of undergraduate nurses receiving regular courses of instruction through this Faculty was 187. It seems apparent that the close cooperation which exists between this Faculty and the staffs of the Training Schools for Nurses of the local hospitals serves to stimulate registration in the post-graduate nursing courses offered by the University.



Why Draw the Line?

MARGARET DUFFIELD

President, Registered Nurses Association of British Columbia

Like the Irishman who always answers a question by asking one, I intend to begin by asking two or three. First, I should like to know whether, as public health nurses, we should make a distinction between curative and preventive medicine? Second, what is our conception of the inter-relationship between public health nurses, public health doctors, and private physicians? Third, what will be the scope of public health services in the future? All these are basic questions.

It seems to me that we should work toward a generalized programme of work, not a restricted one which omits

nursing care. Opportunities for service would then be opened up which would still further broaden our scope. In the last analysis, it is the duty of the medical officer of health, the private physician and the public health nurse to see that the people of their community receive such services as lead to the promotion of health, early diagnosis, and the preventive and curative treatment of disease. This is why we must obtain not only the support of the lay member and the health officer but also that of the private physician, for unless we have his co-operation we fail in our attempt to give service to all who need it.

It would seem to be the responsibility of the health officer to work out a plan with the medical profession and public health nurses whereby the public may benefit from all that is best in the art of healing. Even under existing conditions it is no longer possible to draw a sharp line between prevention and treatment, for the members of the public have become so well versed in health matters that they are quite aware of their health needs. They have learned through propaganda issued by the health agencies, the radio, the press and other sources of publicity, that it is no longer necessary to have measles or mumps in childhood. And they know that medical and nursing care in the early stages of illness often prevents the development of serious disabilities and epidemics. What finer opportunity for teaching could the nurse have than that presented to her in the incipient stages of illness where she is giving bedside care?

Originally, public health work was chiefly concerned with the sanitation of the community; then its emphasis shifted to the control of infectious diseases, and again, to personal hygiene. Through each of these periods emphasis was still primarily on prevention, and the line which separated prevention from treatment was sharply drawn. Since a broader conception of public health has been developing, the line has become fainter, and all trends point to a broader public health programme, both from the medical and nursing angle. As far as can be judged, we should be prepared to abandon the separation between prevention and cure, for, as Dr. Parran, Director-General of Public Health in the U.S.A., says:

I think we need to face the fact, however, that appropriating bodies, politics aside, are generous to concrete services and little impressed by theoretical benefits. Public health nurses had their beginnings in the

care of the sick poor. In many places nowadays they have swung so far in the opposite direction that they are of no earthly use to the sick poor. Suppose we get back to the middle of the road and combine both the concrete and the educational functions of a nurse in one valuable person. I think you would find it easier to get more nurses where we need them, and to carry the lamp of public health nursing into the dark places. Suppose, too, we detour the nursing specialists from direct work with the family and gently but firmly keep them in their useful place as consultants to the community nurse. I firmly believe that not only the quantitative but the qualitative aspects of public health nursing, both the scope and the impetus of the whole public health movement would gain greatly by the simple expedient of following through consistently on the whole principle of the generalized nursing service. Let the public health or rather the community nurse be the answer to St. Paul's exhortation to be all things to all men. It is a large order, but she has filled large orders before and done it nobly.

Public health nursing is the newest branch of the profession and consequently has had many advantages over its older sisters in hospital and private duty services, but let us not get away from the fundamentals of our work in becoming rigid in our interpretation of what public health nursing should be. First, we must wipe out that fatal line which threatened to grow thicker, and not have one public nurse in the field who confines herself to conversation and has swung so completely in the opposite direction that she now rather despises the public health nurse who cares for the sick and attempts to educate by example as well as by precept. There are times, as we know, when techniques assume too great proportions and consequently they obscure the human factor. We then become too detached and are apt to forget that we are dealing with life and its functions as regards maintaining health.

We are all in the field of nursing for one purpose, which is to maintain health and prevent disease, and while we have been calling ourselves health teachers and developing preventive techniques, let us remember that the very people whom we have been teaching have started to demand certain services to the need of which they have been awakened by the teaching which they have received. Health needs have become highly diversified, and no longer is the public health nurse who restricts herself rigidly to conversation able to convince as easily as the public health nurse who cares for the sick and educates by example as well as by precept. So let us look at ourselves and take stock of our credits and debits before the lay public do it for us.

It has already been made clear to us by the public that we cannot any longer continue to think of the "separateness" of preventive and curative efforts to reduce death and disease. Each contributes to the health of the individual and the nation; all are parts of the same entity. They do not always function smoothly, but if we are concerning ourselves with health we must see that they run as a team and have no dividing line between them. We must be prepared to meet the demands made upon us and not be afraid of change, or cling to something which we imagine increases

our prestige. For this reason, we must have fearless leadership, and I will again quote from Dr. Parran who says:

It is not that we do not think we are doing everything to gain popular support. During the last decade our techniques have included salesmanship. May I be forgiven for saying that sometimes it is too suave, too tactful, too self-conscious for effective functioning? I would only remind you that among the reasons why the light from the lamp of Florence Nightingale shone far was because she was known to be perfectly ready to throw it at anybody who stood in the way of righteous progress. She is remembered for the good works because she had a clear eye, a pungent tongue, and a heart so filled with wrath at needless suffering that she spared no one, no matter how highly placed, who might be responsible for it. Individually, there are few of us who can be Florence Nightingales. Our little voices would be lost in the contemporary din. Compositely, through the organizations which represent us, we can all have part in leadership. If we lead fearlessly, our good works also will be remembered.

So to achieve our goal that all may have an equal opportunity for health and good nursing and medical care, we should see that there is an increasing degree of wholehearted co-operation between health officers, private physicians, public health nurses and the welfare agencies of the community.

"MISS MARY'S TOOK BAD"

Along a coastline of some seventy miles there were only two of us to answer all the calls at the dispensary and pay visits to the homes. When it was not a baby coming, there would be Jim D's wife with a terrible cough, a pain in her side and "feelin' wonderful hot" or simply the call, "Do come, Miss Mary's took bad".

All day Friday I had been busy—first thing in the morning a fisherman had arrived at the door with his arm in a sling, wrapped from fingers to elbow like a baby. The unwrapping disclosed a hand all swollen out of shape, a bread poultice offering food and moisture to the infection in his thumb. "Yes Miss, a fish-hook did it three days

ago". Hot soaks, with a nap or two in between, kept him all day at the Station. Half a dozen children trooped in for their third dose of diphtheria toxoid. A tired little mother trudged four miles carrying her baby for us to weigh, and advise her about feedings. Two chubby, but not too clean, little lads came in with suspicious scabs on their chins. "Any others in your school like that, Mac?" "Yes Miss, three of the girls". Treated and advised they marched off, promising to send the girls in tomorrow. Then a couple of men came to get teeth "hauled". One protested loudly all the while, but the other saying little, quietly slid to the floor in a heap as the last tooth came out.

Between patients' visits, there had been one or two insistent telephone calls from a mother about twelve miles away asking repeatedly that a nurse come to "sound" her sixteen-year-old daughter. No details could be extracted, but just "I'd like you to come, Miss". Each time I explained how busy I was, tried to tell her that without some more details of the trouble I could not go. It did not really sound serious, and I had somehow almost forgotten her as I sat enjoying a good dinner before the fire in our shabby but comfortable living-room. Then as a bearer of bad news Johanna, our little handmaiden, brought in a note from a boy at the door. Many such notes coming to us are difficult to understand, but in this the serious details startled me. I hurried out to question Sam, age nineteen, husband of the sixteen-year-old subject of many telephone calls. I asked about mode of travel. "No Miss, we ain't got no boat". The state of roads and the route to take were hastily discussed as I pulled on a pair of rubber boots, grabbed my bag and flashlight and started off just at dusk, with a stiff breeze blowing, to walk the twelve miles. Sam avowed that if we crossed the "mesh" it would cut off three miles. I was dubious—knowing little of the trackless, boggy marsh. However, three miles of facing into the wind changed my mind, and as Sam kept repeating "I knows every step of the way, Miss", I hesitatingly turned off the road just as dark descended upon us.

On we tramped, sometimes tripping over fallen logs, several times going into boggy holes over our knee boots; but not till I heard a suspicious sound from my guide were my fears aroused. On questioning the noble Sam I got between sobs "I ain't right lost Miss, I just can't find the path. She's gone!" We floundered about through ponds, low brush and into bogs and out again until I was too tired to care where we were. The only redeeming feature seemed that we were in a sort of natural basin and out of the wind. Finally I said "Now Sam, I'm going to be pilot for a while. We're both lost but I believe if you follow me we'll come out somewhere". I felt the courage of my convictions because in the distance I thought I could dimly hear the surf on the land wash. With that sound before us we started off, and what a tramp through thick brush and undergrowth till out we came, almost at the door of the houses in Little Bay, two miles only from where we had left the road five hours before!

I was tempted to go into Uncle Ab's for a rest but I resolutely set my face into the wind and on we went, following the shore line for the ten miles we still had to go. We arrived before daylight, and I staggered across the door-step of a completely darkened house. Everyone was in bed and asleep, but on rousing the mother I was calmly informed that her daughter had taken castor oil and was "all well". The note she had sent me had been written two years before describing the symptoms of an aged aunt!

I turned limply to Sam and said, "Young man, build it, steal it, or borrow it, but get a boat to take me home, in two hours. I'm going across the road to old Aunt Polly's for a nap". Sure enough a motor boat was produced and I was taken home in state, arriving in time for a bath and several cups of coffee, to brace me for another busy day.

Editor's Note: The author of this article is Miss E. G. Graham, secretary of the Grenfell Labrador Medical Mission. It first appeared in the Year Book of the Alumnae Association of the Calgary General Hospital and is reprinted by their courtesy.

A New Way with Fractures

Countrymen will note with satisfaction that industry is solving one of its gravest problems by a wise interpretation and application of country-life principles in a district as far removed as possible from the countryside. In Dockland an interesting and successful experiment is being carried out which recreates as far as possible for sailors and dock-workers conditions which will accelerate their rehabilitation after they have been injured, and the inspiration for the experiment came from a comparison between conditions and results in similar cases when these were divided between town and country.

Apart from the distress and inconvenience of sustaining an injury the chief source of anxiety for the workman is worry whether he will be able to get a job afterwards. Otherwise the chance knock which has temporarily incapacitated him may be only the first in a series of misfortunes ending in the misery of permanent unemployment. To avoid that men are often tempted to seek work before they are physically fit, with the result that they are often thrown badly back on the path of recovery. The extent and nature of the whole problem of rehabilitation after injury began to be realised a few years ago when Mr. H. E. Griffiths, the well-known Harley Street surgeon, investigated an insurance company's records of a large series of industrial injuries. The gap between the discharge of an injured man from hospital and the date at which he again took up remunerative employment was a disturbingly long one—sometimes as long as four years. The second fact that emerged from the analysis was that townsmen, even when they had the benefit of treatment at the most up-to-date hospitals were much slower in returning to normal life

than countrymen. It was an estimate of the principles involved in this contrast that led to the successful experiment now being carried out by the Seamen's Hospital Society at the new Albert Dock Hospital which was opened recently by Queen Mary. The conclusion arrived at was that the difference between the recovery of the townsman and the countryman was a reflection of the difference in their diet and in the way they spent their enforced leisure.

The countryman, faced with the prospect of living on a modest weekly allowance of compensation money, enjoys his first advantage to the fact that he is often to a large extent self-supporting. He grows his own vegetables, perhaps keeps fowls, and gathers his own firewood. His rent is less and his food is cheaper. Not only does he benefit in diet. He finds himself in circumstances which compel him to take gentle exercise almost involuntarily—and that is the secret of rehabilitation. His first movement, as he sits outside his cottage after leaving the hospital, may be to stoop down and pluck up a weed. He certainly does not think to himself, "the process of rehabilitation has begun" but it has, and it is carried farther with every odd job which he does about the house and garden, or every time he strolls down to the village, unconsciously exercising the injured limb.

The townsman by contrast has to meet all his needs from his compensation money. Without a garden he often has to go without necessary nourishment and misses also the beneficial exercise, for whether he goes to the cinema, the dog-races, the football match or the dirt-track, he spends money and gets no exercise. When the money is spent he sits at home and is easily a prey to anxiety neuroses. That is the situation

which the Albert Dock Hospital is designed to meet, and the principle which is being applied is that getting fit is a whole-time job. It is a principle which seeks to reverse John Abernethy's famous 150 years old dictum: "Keep the injured part at rest" and to substitute for it the advice: "Keep the injured part at work." The model fracture-clinic at the Albert Dock, based on this idea that getting fit is a whole-time job, cares for the injured man from the moment he meets with his accident until he is fit to return to his full pre-accident work. Since the hospital is situated in Dockland the authorities have to make it their job not only to set fractures and get limbs working again, but to see that the patient is properly fed. Normally hospitals deal with many cases in their out-patients' department which are slow to progress and consequently tend to become unemployed simply because of undernourishment. At the new fracture-clinic patients are fed at the hospital.

If a man who has entered the rehabilitation period wants breakfast he arrives at 8.30 a.m., otherwise at nine o'clock. He is kept busy in the gymnasium till 4.30 p.m. every day. Ostensibly all he is encouraged to do is to play games under the eye of an instructor. Actually, like the countryman, he gets exercise without realising it. The ample mid-day meal includes free beer! This is supplied by a rota of voluntary hosts who are interested in the experiment. The cost of breakfast and the mid-day meal is not deducted from a man's compensation pay, and the hospital extends its duties by employing a fracture secretary to ensure that each man finds work as soon as he is fit. A visitor to the gymnasium, which is well equipped with locker room and shower baths, sees the men engaged in an interesting variety of activities. But the gymnasium is not equipped with the ordinary type of ap-

paratus. All the exercise which the men take is in the form of games, which are all as far as possible, competitive. This is well illustrated by the rowing-machines. The ordinary machine is fixed, and the job of rowing it is not only dull but can also be very strenuous. In the clinic the rowing-machines are mobile. With each complete stroke they progress about one inch, and the rower can eventually travel from one end of the gymnasium to the other. When relay races of four a side on two machines are arranged the event may still fall short of the Derby in thrills, but interest verges on excitement, as they say on the Stock Exchange. Another feature of the machine is that very little effort has to be made to work it, the aim being to achieve rhythm of muscular movement rather than exertion.

Many of the other new features at the hospital are of great interest. The hospital possesses, for instance, its own ambulance, with special stretchers fitted with slings so that they can be lowered by a derrick into a ship's hold. Accident cases are driven direct into a heated "shock room," the stretcher is drawn on to a couch and a thermostatically controlled radiant-heat bath, suspended over the couch, can be lowered over the patient as soon as he is brought in. A striking feature of one of the operating theatres is the dark room where films can be developed, which have been taken during the operation, and displayed for the surgeon to see without being brought back into the theatre. They are exhibited from the dark room on a screen which can be seen from the theatre. In this way a radiogram required in the course of an operation can be taken, developed and displayed in 85 seconds.

The fracture clinic at the Albert Dock embodies much experience gained in America, particularly at Pittsburgh, under O'Neill Sherman. Sherman is the

head of the medical service of the Carnegie Illinois Steel Trust, and his great success there is in part due to two material advantages which he enjoys. In the first place the men he treats are kept on their full wage during their period of incapacity, and secondly, as soon as he thinks they are fit to do any form of work he is able to find them the ideal job because of the dictatorial powers he enjoys, which enable him to ring up the mills, and name the job he wishes the man to do. This job, then, has to be found. In its main features, however, the Pittsburgh clinic resembles its counterpart at the Albert Dock, in that both embrace the whole of the organisation

for handling the man from the time of his accident until he is back at work.

In England the Shipping Federation and the National Union of Seamen are giving the project their active support, and without it the clinic could hardly hope to succeed, for men will not put their heart into efforts to get well if success only means joining the ranks of the unemployed.

Editor's Note: This interesting sidelight on a new way with fractures is quoted from an article written by Frank Singleton which appeared in the famous English periodical, "The Spectator".

By Precept and Example

Among our nursing leaders are some women whose influence makes itself felt not only by their professional competence, but also by virtue of the sincerity and beauty of their daily lives. In such a company Gertrude Garvin has an honoured place, and upon the occasion of her retirement her friends and fellow-workers gave ample proof of their gratitude and affection. Among the many social events at which she was a guest of honour was the dinner tendered by the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital to the graduating class of 1939. Upon this happy occasion, representatives of two other Alumnae Associations also participated, namely the Lady Stanley Institute, and St. Luke's Hospital. All three Associations united in paying a tribute to Miss Garvin which sums up the splendid contribution made by her during the later years of her professional career:



GERTRUDE P. GARVIN

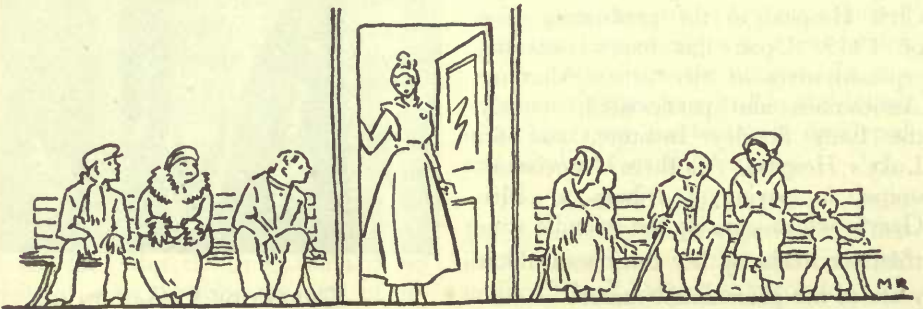
We realize and appreciate your outstanding contribution to nursing in the actual care of the patient, the training of the nurses, and the nursing activities in which you took an active part and in which you encouraged many of us to be interested through our Nursing associations and post-graduate preparation. In your work as assistant superintendent and instructor of nurses at the County of Carleton, Protestant General Hospital, and as superintendent of nurses at the Strathcona Hospital, the nurses who were trained by you, some fifteen hundred at least, know that you always stood for high ideals, good honest work, sympathetic kindness and attention to patients. You taught us how absolutely necessary it is to be observant and ready to meet the danger signals in the acute infectious diseases of little children. We also know that you have meant much to the parents who have had to go down into the shadows.

You have always been in the fore-front of public health teaching and community activities for the welfare of the public, as evidenced by your work in the Y.W.C.A., as President of the Board of the Shernfold School, as a member of the Daughters of the Empire and of the American Red Cross, and the Overseas Nursing Sisters Association. In asking you to accept this silver tray as a token of our gratitude and affection, our very best wishes are extended to you and we hope that you will have many happy days in which to enjoy your friends,

the things you want most to do, and the beauties of this world.

Miss Garvin was born and educated in Ontario and is a graduate of the School of Nursing of the Boston City Hospital. From the outset she was much interested in psychiatric nursing and, after taking a post-graduate course, later became superintendent of nurses at the Boston Psychopathic Hospital. When the United States entered the world war, she enlisted with the A.E.F. military nursing service in the psychopathic division, and rendered outstanding service as Chief Nurse of a Base Hospital in France devoted to the care of psychopathic patients.

In 1920 she accepted the position of Lady Superintendent at the Strathcona Hospital in Ottawa and the record of that twenty years has already been set down here by her associates. During those years it was her privilege and pleasure to take an active part in planning a residence for nurses which is a model of simplicity and comfort. It stands in a lovely garden, sloping down to the Rideau River. Many of the trees and flowering shrubs Gertrude Garvin helped to plant with her own hands. Nothing could be more characteristic of the woman.



STUDENT NURSES PAGE

A Lesson in Humanity

M. S. WATSON

St. Boniface Hospital, St. Boniface, Man.

She laid back against her pillows and gazed up at me bravely. Ever since the doctors had examined that hard lump in her breast, and said "cancer", her eyes had held the haunted expression of one who has at last been brought face to face with the realization that her days are numbered. Pale and weak, she lay there, fighting for every breath, a woman who should be in the prime of life, a woman with a devoted husband and lovely daughter, a woman who had earned by dint of great self-giving every right to happiness and comfort. But instead she is yet another victim of that dread marauder who menaces the lives of countless thousands.

What was that she was saying? I leaned forward that I might catch every word "such a little thing . . . just a tiny lump, that's all, nurse . . . you would not think it was anything to be alarmed about, would you? And I? What was there I could say? She had told me earlier how she and her husband had struggled to put their only daughter through college, in order to give her the education which they themselves had been denied. And it had been well worth-while for recently Ruth had obtained work which offered splendid

opportunities for advancement; her future, at least, would be secure. But meanwhile that little lump had been growing. Whatever could it be? Doubtless nothing much, for she felt alright. Perhaps it would be wise to ask the doctor about it anyway. But there were so many expenses to be met that month, and Ruth's tuition fees had taken all their savings. Next month, perhaps business would be better.

But next month business was not better—nor the next—and so four months went by. Four months out of a lifetime. What difference could it make? Why, it had taken years to realize some of their fondest hopes and ambitions. They had worked hard and they knew life's joys and sorrows. Sickness and poverty were not unknown to them. They had learned to wait, and hope. No, there was no need to worry. Still, it would be just as well to see what the doctor had to say.

Cancer? Far-advanced? She could hardly believe her ears! This must be somebody else, it could not be happening to her. True, Mrs. Brown across the way had died last year from cancer—but that was Mrs. Brown. "O God, don't let this happen to me!" Why

hadn't she come earlier to see the doctor! Why? Because she did not have the money? If she had only known what it was she would have managed somehow. Was it already too late? Was not there something the doctor could do? How was she to know what it was? Was she now to be robbed of all that she had worked for, just when it was almost within her grasp?

How many others have met a similar fate? More than you think. Time and again, we find the seeds of sickness and misery have been sown in poverty and ignorance. There are many people with false standards — people who have learned too late that money is not everything — that health cannot be bought or bargained for. And then too, there are those pitiful cases where ill-health has resulted from ignorance, coupled with the inability to think and act constructively. So many people who "don't know", people who are ever waiting to be told what to do, people who put off too long the seeking of competent advice.

Are we then, as nurses, such superior beings? Are we going to remain aloof from those less fortunate, or are we going to turn and lend a helping hand to those who are climbing up behind us.

It is our duty to realize that any uplifting of our fellow-men can only be achieved by broadening their horizons, by showing them how to live life to its fullest, with a maximum of health and happiness. No human being was ever intended to live in fear and misery, in want and suffering.

Nurses, I say to you: "Both by what we do and by what we say, let us *teach*". One small suggestion of ours may seem such a little thing, almost too insignificant to even bother about. But remember that life is made up of little things. Don't let any one of them pass unnoticed. Of course there will be times when you are at a loss as to what to say—times when you don't know. Believe me, therein lies your opportunity. Take advantage of the opportunity to find out, for you have ready access to whatever it is you want to know. Now is the time to pursue your search for knowledge, and it won't be simply in order to make a pass on your examination paper. Your purpose will be far more glorious than self-renown—it will mean showing people how to live, teaching them real values in life. It will mean doing away with poverty and ignorance. It will be a lesson in humanity to all mankind.

OBITUARIES

ADA JACKSON STRICKLAND died after a short illness, on July 22, 1939, at her summer home at Bellevue, Lac Nominingue, P.Q. Mrs. Strickland was a graduate of the School of Nursing of the Western Hospital, Montreal and a member of the Class of 1922.

LYLE DORIS WILLIS died on July 19, 1939, after a brief illness. Miss Willis was a graduate of the School of

Nursing of the Montreal General Hospital, and a member of the Class of 1930. After completing a course in public health nursing at the McGill School for Graduate Nurses she was appointed to the staff of the Montreal Branch of the Victorian Order of Nurses for Canada. She will long be missed by her associates in the Order and by the families in Montreal to whom, for five years, she gave such devoted service.

Treasurer, Miss Ruby Dickie, 103 Chestnut Street; *Committee Conveners: Programme*, Miss Constance Lethbridge, 877 Grosvenor Street; *Membership*, Miss Florence Stratton, Winnipeg General Hospital; *Alumnae Club*, Miss Eleanor Henderson, Winnipeg General Hospital; *Journal*, Miss Annie Taylor, Winnipeg General Hospital; *Archivist*, Miss S. Pollexfen, Winnipeg General Hospital; *Visiting*, Miss E. Deacon, 144 Yale Ave.; *Representatives to: Registry*, Miss Alice Nicholson, 371 Furby Street; *The Canadian Nurse*, Miss Elizabeth Crichton, Winnipeg General Hospital.

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A.A., Saint John General Hospital, Saint John

Honourary President, Miss E. J. Mitchell; President, Mrs. A. L. Donovan; First Vice-President, Miss K. Lawson; Second Vice-President, Miss S. Hartley; Secretary, Miss Helen Wry, Saint John General Hospital; Treasurer, Miss R. Wilson.

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President Mrs. W. B. Manzer; Vice-President, Mrs. P. Colwell; Secretary, Mrs. Elmer Arnold, Connell Street, Woodstock; Treasurer, Mrs. Fred Dunham, Connell Street, Woodstock; *Executive Committee*: Mrs. Wendall Slipp, Mrs. Allan Wort.

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Halifax Infirmary, Halifax

President, Miss H. Harnish; Vice-President, Miss M. K. McDonell; Recording Secretary, Miss D. MacDonald; Corresponding Secretary, Miss O. Jackson, 7 Rose St., Dartmouth, N. S.; Treasurer, Miss M. Bayle; *Committee Conveners: Entertainment*, Mrs. L. McManus; *Press*, Miss D. Gaudet.

A.A., Victoria General Hospital, Halifax

Pres., Miss Miriam Ripley, 303 Morris St.; Vice-Pres., Miss Alma Power; Sec., Miss Jean Nelson, 74 Jubilee Rd; Treas., Miss Helen Joncas, Victoria General Hospital; *Committee Conveners: Entertainment*, Mrs. J. Stewart; *Refreshments*, Misses Gervais, Greig; *Visiting*, Miss Cox, Mrs. Gormley; *Private Duty*, Miss G. Porter.

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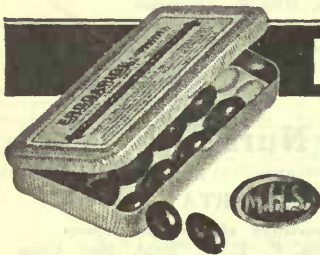
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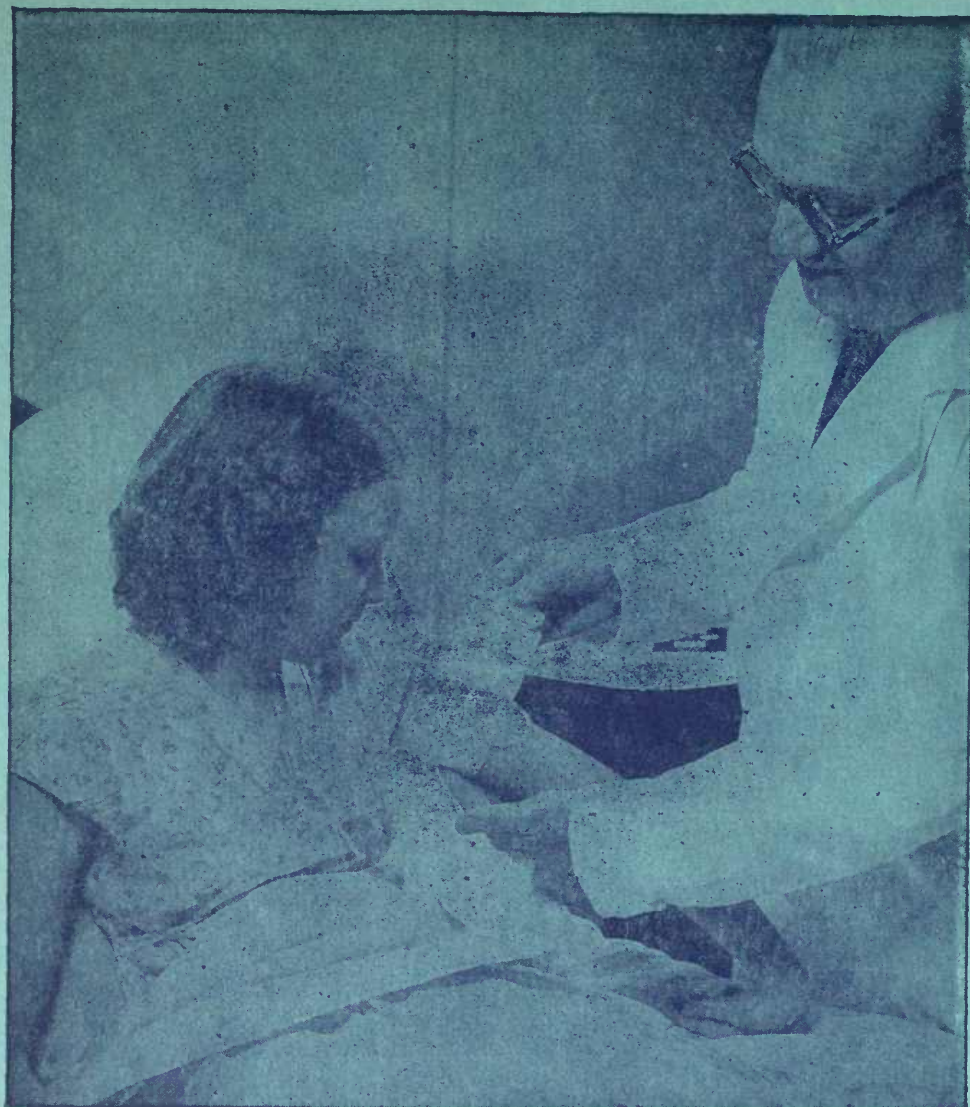
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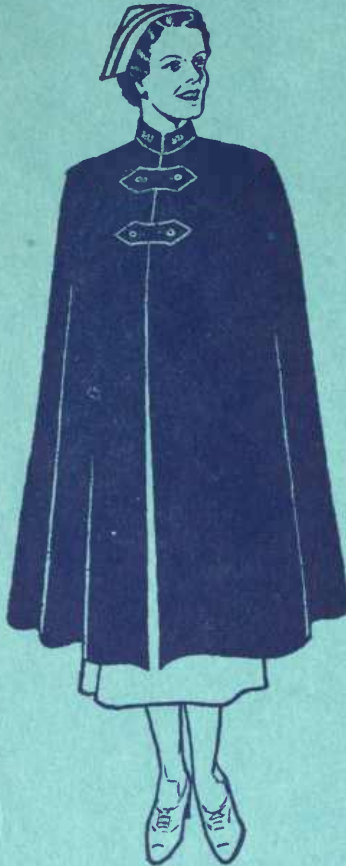
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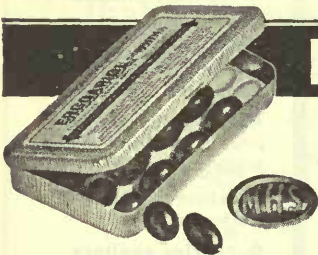
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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

OCTOBER, 1939

NUMBER TEN

A National Emergency and National Service

A message from the President of the Canadian Nurses Association.

"For the second time in the lives of most of us, we are at War" — These words, spoken by His Majesty, the King, could not fail to stir the emotions of all who heard him. The National Emergency that we had all so fervently prayed might pass is with us, and we as members of a profession so eminently prepared by training and experience are likely to be called to Service.

Whether that Service will be at home or abroad, one cannot, at this early date, foretell. The Canadian Nurses Association will follow the paths of its members with deep interest and affection, knowing that whatever duty lies ahead they will do it.

Words are so inadequate in times like these that one can do no better than quote again from the King's address to his people:

"I ask them to stand calm and firm and united in this time of trial . . . and reverently commit our cause to God. May He bless and keep us all".

Military Service

Once again, the call for military service has come to the nurses of Canada. At this time, it is not possible to foresee to what extent nurses will be needed for military service. Until this is decided by the Royal Canadian Army Medical Corps, under the direction of the Department of National Defence, the best and only preparation that the nurses of Canada can make is to indicate their willingness to serve if needed.

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- (b) Under forty-five years of age. Unmarried, or a widow without children.
- (c) A Graduate of a School of Nursing accredited by the Canadian Nurses Association, and registered in a Provincial Registered Nurses Association.

The enrolment of nurses throughout Canada under the Joint Enrolment plan of the Canadian Red Cross Society and the Canadian Nurses Association is most important at this time. The complete list of nurses enrolled under the Canadian Red Cross Society is at the Headquarters Office of the Royal Canadian Army Medical Corps in Ottawa, and in the administration office of each Military District in Canada. These lists are kept up-to-date by the Headquarters Office of the Canadian Red Cross Society in Toronto.

Perhaps before this issue of *The Canadian Nurse* is in the hands of the nurses, definite plans may have been undertaken in different parts of Canada. If so, all calls will find the nurses of Canada ready and anxious to serve.

This statement is released for publication in "The Canadian Nurse" by the Canadian Nurses Association.

JEAN S. WILSON,
Executive Secretary.

Guarding the Flame

On the first page of this *Journal*, the President of the Canadian Nurses Association tells us in simple and moving words that the time has come when we must be ready to render National Service in a National Emergency. On the page opposite to Miss Fairley's message is a picture of the famous statuette of "The Lady with the Lamp", which

many Canadian nurses have seen in its original setting in the Sisters' dining room of St. Thomas's Hospital, in London.

Look at this quiet woman, guarding the flame of the Lamp and then turn to "The Crisis and the Nurse", an article which appeared in *The Nursing Times* on the day before war broke

out. Could we have a better example than our English sisters have set for us here? The qualities of steadfastness, courage, devotion, are implicit in every line—and the watchword is *discipline*.

For many years the Canadian Nurses Association, in conjunction with the Canadian Red Cross Society, has consistently carried on National Enrolment

of nurses for emergency service. More than three thousand nurses thus enrolled are now ready to be called upon for service in an orderly manner and without delay. But the ranks of this National Enrolment must be strengthened *now*. Is your name on the list? *Are you willing to guard the flame?*

E.J.

The Crisis and the Nurse

This article appeared in "The Nursing Times", Journal of the Royal College of Nursing, on September 2, 1939.

Nowhere, perhaps, has the present crisis been felt more and the threat of war seemed nearer during the last few days than in the hospital world, especially in our large cities. Black blinds, black paper, black paint or dimmed lights, coupled with sandbags filled at speed by everyone available, wooden shutters which can be quickly fitted over windows on lower floors and other special devices are to be seen on all sides. The Middlesex Hospital has gone to the trouble and expense of fitting mattresses in wooden frames to its lower windows as protection against flying fragments of glass.

Meanwhile the Minister of Health has already instructed hospitals to take certain preliminary steps connected with the reception of casualties. As a result, a certain number of beds are already empty — a step which, by relieving the staff of some of their ordinary duties, enables them to give extra time to valuable preparations.

None the less we seemed to catch the spirit of cheerful, calm efficiency which comes when every moment of every day is filled with the doing of something worth while — a spirit which still fills our hospitals in spite of the selfishness and materialism with which the modern world is supposed to be charged and which the world of fiction has shown invading our hospital walls.

The crisis has also affected the nursing world outside the hospital and brought many members forward to give their services where they are needed. *Unfortunately, many have waited for the condition to become acute before they have taken any steps, with the result that the Civil Nursing Reserve, the most recent of all branches of Government service, is now receiving so many applications that there must inevitably be some delay in dealing with them. Nevertheless, this delay should not prevent others from making application at the earliest moment. The need will*

most assuredly be greater than the supply and the most useful step for the nurse not engaged in essential nursing duties is to join the reserve as a mobile member.

In this new service we hope that every member of the nursing profession will allow discipline to be her master and will put service before convenience. For obvious reasons the hospitals in the centre of London will become mere shells, with a minimum number of beds to deal with the more urgent work. The bulk of the patients and therefore the bulk of the nursing personnel must be removed to regions of comparative safety.

As a result the nurse must be as ready as the soldier himself to give her service where service is most needed. Personal ties, all-important from the

personal view-point, may make this difficult, but other servants of the State have to fit their convenience to the country's needs as best they may, and nurses must be prepared to do the same.

On the nursing profession a great responsibility will rest. Their efficiency in dealing with the situations which may have arisen even before these words appear in print will be an important force in maintaining the morale of others who have not had that contact with the world of accident and disaster in which the nurse spends her life and which she can therefore face calmly. Fear is readily banished by the forgetting of self in the need to give physical, mental and moral support to those dependent on the lead which, perhaps, she alone can give in the circumstances of her work.

Not in Vain

The cancellation and indefinite postponement of the International Hospital Congress which was to have been held in Toronto in September has been announced by the President, Dr. Malcolm T. MacEachern. In a statement expressing his deep regret, Dr. MacEachern says:

The spirit of this conference was to be world unity in the care of the sick and injured, with the promotion of better understanding between all the countries represented. Extensive plans covering every aspect of the meeting had been carried on over the past two years and were virtually complete when the war situation made cancellation necessary.

The most remarkable of these arrangements was that made for presentation of

the talks in the five languages which were to predominate at this world parley of hospital people — English, French, German, Italian and Spanish. The Filene-Finlay Telephone Translator System was secured by means of which each listener at the plenary sessions could dial the language in which he wished to hear the presentation. Also, printed volumes of the Study Committee reports were to have been obtainable — each language in a separate and complete volume containing the thirty-nine reports — a veritable text-book of information on hospital subjects of all kinds.

Aside from the educational value of the various sessions, many plans were made for the entertainment of the delegates, the most extensive of these, perhaps, being for the Pageant of Healing which was to officially open the Congress. With beautiful cos-

tumes, this Pageant, presented by the nurses of Canada, was to portray the advancements in the care of the ill and injured from olden times to this day of modern efficient hospital care.

A Conservation of Health Meeting had been arranged for the public of Toronto, to introduce to them some of the outstanding hospital authorities not only of the United States and Canada, but also from England, Belgium and Switzerland.

It is a matter of sincere regret to all who were concerned with the plans for the Congress that they could not be realized at this time with undoubtedly rich results in the betterment of hospitals the world over. However, let us look forward to the day

when an even greater unity of hospital people will bring to us a meeting like the one planned, and we shall feel our efforts will not have been in vain.

Canadian nurses had eagerly looked forward to the Congress and are keenly disappointed by its cancellation. Moreover, they have a high appreciation of the unstinted energy and magnificent executive ability with which Dr. MacEachern has striven for hospital betterment. His task has not been in vain and perhaps the day is not far distant when "the unity of hospital people" may once more be demonstrated.

To the Nurses of Poland

Early in 1919, almost at the moment of the Signature of Peace, the famous English periodical, "Punch" published an anthology called "Mr. Punch's History of the Great War." In its pages may be found famous cartoons, verses grave and gay, comment witty and wise, which heartened England during four long years. From this History we quote the following lines, addressed "To Any Soldier".

If you have come through hell stricken or maimed,
 Vistas of pain confronting you on earth;
 If the long road of life holds naught of worth
 And from your hands the last toil has been claimed;
 If memories of horrors none has named
 Haunt with their shadows your courageous mirth
 And joys you hoped to harvest turn to dearth,
 And the high goal is lost at which you aimed;
 Think this — and may your heart's pain thus be healed —
*Because of me some flower to fruitage blew,
 Some harvest ripened on a death-dewed field,
 For these great things know your reward is sure.*

Although the kind permission of "Mr. Punch" has not been asked, we think he would approve this unauthorized dedication of his lines to the Nurses of Poland. Tireless in their devotion to their country in times of peace, in war they uphold its honour — and their own.

All's Well with the World!

WINNIFRED ASHPLANT

Victorian Order of Nurses, Kitchener, Ont.

Scanning the programme for the afternoon's work, our V.O.N. found that Baby G. was due to receive a post-natal visit. So, with the Little Black Bag in hand she started off and arriving at the home of Mrs. G, found a very doleful individual sitting outside on the steps, gazing vacantly into space. The nurse greeted the gentleman with a cheery "good afternoon", but a grunt was his only response.

Tapping at the front door, the nurse noticed the window blind being raised a fraction of an inch and heard a loud whisper — "Mum, it's the Nurse". The door was gently opened just far enough to allow the nurse to enter. The Doleful One raised one eyelid, and continued to gaze into space. Upon entering, the nurse found wild disorder. The whole of their household effects were being hastily moved out of the back door. Eight children, varying in age from two years to seventeen, pushed carried or otherwise propelled some article of furniture to the rear exit. Pandemonium ceased for a moment while a space was

quickly cleared on the table and a newspaper was laid out for the nurse's bag while one little lad proudly folded a paper bag.

The nurse suggested that, as they appeared to be very much upset, it might be more convenient if she postponed her visit for a day or two and then called at their new home. However, Mrs. G. decided she would rather have the visit completed as they were moving outside the city limits and there were several questions she wanted to ask, as well as having the Baby weighed.

Eight pair of eyes followed the nurse as she washed her hands and laid out the necessary articles. Baby was duly weighed and was found to have gained no less than seven ounces. Eight broad grins lit up the room: *The baby has gained, all's well with the world.* After a review of health habits, the nurse wished them good luck in their new home and departed.

But the Doleful One sat on — HE WAS THE BAILIFF.

AN ESSAY ON STYLE

This then is Style. As technically manifested in Literature, it is the power to touch with ease, grace, precision, any note in the gamut of human thought or emotion. It comes of endeavouring to understand others, of thinking for others rather than for yourself—that is, of thinking with the heart as

well as the head. It is richly careless of thanks or applause, not being fed by these but continually refreshed by an inward loyalty to the best. Like character, it has its altar within; to that it retires for counsel, from that fetches its illumination.

Sir Arthur Quiller-Couch

A Canadian in New Zealand

DOROTHEA SHIELDS

When I arrived in New Zealand on March 6, 1939, I was given a week in Auckland in which to visit the different hospitals and the numerous health organizations, and become somewhat familiar with the different types of health work done. It was a very pleasant break and it gave one an opportunity to become orientated, and here I might add that when a nurse gets ambitious ideas of doing exchange work in another country she must be fully prepared to make many minor adjustments which will enable her to fit adequately into her different and unusual surroundings.

Upon my arrival in New Zealand, I discovered that all traffic travelled on the left hand side of the road which is contrary to all the rules of the road that one has ever been taught and I still find myself in terror of being run over every time I step off the pavement. New Zealand has rightly adapted many Maori names for its cities, towns, and streets and these names are extremely musical, but to the unaccustomed ear they are somewhat difficult and I will admit that I had some difficulty in Auckland trying to explain to the tram conductor to let me off at Karangahapi Road, which is one of the main streets.

My first two months were spent in the small city of Hamilton on the North Island but as I expect to spend more time on the North Island toward the end of my year, I will leave that part of my experience for a later report. During May, Miss Lambie, who is Nurse Director, suggested that I move to Dunedin, a very beautiful city on the southern part of the South Island.

While there I have had some opportunity of visiting the local hospitals and have been interested in learning something of the training of nurses in New Zealand. The entrance age is nineteen years. The first month of the nurse-in-training is spent in preliminary class work and not until her fourth week does she spend a whole day on the wards. The nurse rises at 5 a.m. and has bread and butter and tea before proceeding to the wards at 5.40 a.m. At 8.30 a.m. she is given her allotted half-hour in which to have breakfast. This morning shift comes off duty at 3 p.m. The afternoon nurses arrive on duty at 2.30 p.m. and remain till 10.30 p.m. The night nurses start at 10.30 p.m. and are off duty at 7 a.m.

A nurse's general hospital training consists of three years and three months, but in some cases it may be necessary for her to remain in hospital an added three months as she is not allowed to leave the hospital before writing her final hospital examinations and these are set twice a year, in May and in November. After completing her hospital training she may remain as a staff nurse for one year's experience, after which she may be appointed to the staff and become a hospital sister, which is a decided step up in the scale of nursing.

The nurse's general training does not include experience in obstetrics and for this it is necessary to take an added six-months course at one of four specialized maternity training schools. During her maternity training it is necessary for her to assist at five deliveries. After getting her maternity certificate the nurse usually continues and spends an

added six months at one of the designated hospitals to enable her to get her midwifery certificate and during this period it is necessary for her to assist at twenty deliveries.

Now this nurse, with three certificates to her credit, will usually consider taking her "Plunkett" training in infant welfare. This is a four-months course and the only centre where it is given is the Karatone hospital in Dunedin. If the nurse still continues to further her education in nursing, she may take the public health course, which is a six-months course given in Wellington. So far, with only a small percentage of the nurses having taken this course, it is not considered essential prior to obtaining a position with the Health Department. However, the Health Department is now granting from three to five bursaries a year to enable their staff to take the public health course.

I was fortunate in having a week's observation in the Queen Mary Maternity Hospital which is a new and very up-to-date one of twenty-six beds. As Dunedin has the only medical school in New Zealand, this hospital is kept exclusively as a training school for medical students. Six students are in residence at a time. Each student delivers four cases and must witness twenty-four cases in all. Their stay usually varies from two to three weeks.

There is a large out-patient department and the nurse has a clinic three mornings a week, at which time she obtains all the necessary information, does urinalysis and takes careful note of any unusual symptoms. The honorary doctor has a clinic two afternoons a week and all patients are then examined during their last six weeks of pregnancy, at which time the doctor lectures to his medical students. They have a very excellent screening arrangement which

screens off the patient's head and shoulders and gives her a certain amount of privacy while the doctor is conducting his clinic.

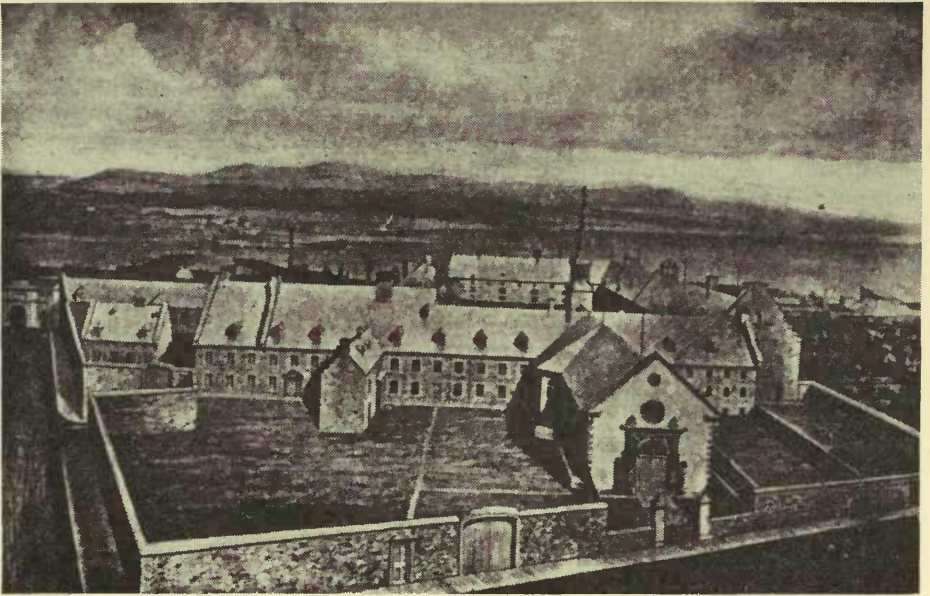
I was present at a number of deliveries and was interested in seeing that all obstetricians have their patients in the lateral position for delivery.

Connected with the Dunedin Public Hospital is a massage department which is a training school for students where they give a two and a half years' course. Connected with this department is a member of the staff who has recently returned from post-graduate work in London, England. While there she spent considerable time studying the Margaret Morris Method of exercise for pregnant women, both ante- and post-natal and this has recently been inaugurated into their maternity work.

The patients are encouraged to attend the out-patients' department as early in pregnancy as possible and are at once started on simple leg and abdomen muscle contraction exercises. These are gradually increased till by the time she is due for her delivery, the patient has already spent many months exercising and developing the different muscles used during her delivery, thus enabling her to make more use of her pains and assisting her to have a shorter and less painful delivery. The patient is less likely to be confronted with the terrible soreness of muscle strain which so often follows delivery.

Editor's Note:

The author of this article, Miss Dorothea Shields, is a member of the nursing staff of the Metropolitan Health Committee of Greater Vancouver. Under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association, she is now spending a year in New Zealand and is studying public health nursing in that country.



THE HOTEL-DIEU DE QUEBEC, ABOUT 1816.

All illustrations used in this article have been prepared from photographs of pictures which are in the possession of the Department of Public Archives of Canada, and are published by the courteous permission of the Deputy Minister, Mr. G. Lanctot.

History of the Hôtel-Dieu de Québec

W. B. HOWELL, M.D.

On the morning of the fourth of May, 1639, a procession of carriages passed through the narrow streets of the little Norman town of Dieppe. Six nuns, escorted by a number of noble patronesses, were on their way to the harbour, to embark for New France. The townspeople thronged the route, eager to catch a glimpse of the departing travellers and to bid them God-speed. The perils of the voyage were well known to the people of Dieppe. Every year they saw ships limping back, with hulls battered and masts and rigging broken by the fury of the North

Atlantic, with gaunt crews who told how scurvy, dysentery and fever had reduced their numbers. Every year some ship set sail for the banks of Newfoundland or for the fur-trading station at Tadousac, and when she rounded the neighbouring headland, disappeared forever.

Of the six nuns, three belonged to the nursing order of Les Religieuses Hospitalières de la Miséricorde de Jésus and three to the Order of Saint Augustine, the oldest religious nursing order in the world. They were leaving the ancient Hôtel-Dieu at Dieppe to found

a new Hôtel-Dieu at Quebec. The venture had originated in the mind of the Duchesse d'Aiguillon. This devout woman was not only providing money herself for the undertaking, but had obtained a grant from the French king through her uncle, Cardinal Richelieu. She had already secured land at Quebec for her hospital. The three women whom she was sending out were Mère de Saint Ignace, the Superior, Mère Anne Lecointre de Saint-Bernard, and Mère Marie Forestier de Saint Bonaventure de Jésus. The eldest of them was twenty-nine years old and the youngest twenty-two. With them went a humble and fervent creature who was to act as their servant for ten years on the sole condition that at the end of that time she was to be made a lay sister. Her name was Catherine Chevalier.

On that May day of 1639 the weather was fine and the wind favorable when the Dieppe fleet set sail for New France. The women passengers were on board the little flagship, St. Joseph. For all their high purpose they would have been less than human if they had not felt some sinking of heart as they watched the shores of their native land receding from their view. Scarcely had the fleet gained the open sea than the direction of the wind changed, a gale sprang up and it became necessary to turn back. The St. Joseph anchored in a roadstead exposed to the waves where for fifteen days she rolled and pitched, while her passengers had their initiation into the miseries of seasickness and the dirt and discomfort of a life on board a ship.

When the weather changed, another start was made. There was war at the time between France and Spain. The little fleet sighted a squadron of Spanish men-of-war in the channel and only escaped after a prolonged chase. There was fog in the Gulf of St. Lawrence

and the ships had to grope their way with only the most primitive charts to show the course; finally after two and a half months they anchored at Tadousac. Twelve days later the voyage was resumed on board another and much smaller vessel, and four days were spent in tacking along the beautiful north shore of the St. Lawrence.

Quebec was *en fête* to celebrate their arrival. The governor of New France, Mons. de Montmagny, sent his state barge, decorated with flags to meet them, and as they stepped ashore, bade them welcome. The soldiers fired a salute with cannon, swivel guns and even muskets. The citizens formed a procession and conducted the newcomers through the little settlement to the upper level where stood the church of Nôtre Dame de la Recouvrance. There the nuns gave thanks to God for their safe arrival. The company of the Hundred Associates had placed at their disposal a six-roomed house in the upper level, close to Fort St-Louis. It contained no furniture except two benches and a table, the top of which was a single plank. As their effects had not come ashore they obtained some fresh spruce boughs which, being covered with caterpillars, made uninviting beds.

Shortly after their arrival the nuns went to look at the site which the Duchesse d'Aiguillon had secured for them. They were bitterly disappointed. The approach was difficult, the ground rocky and uneven, there were no springs. All water would have to be carried from the river St. Charles up a steep bank. The distribution of the buildings was badly planned. Work had begun but had not proceeded beyond the laying of the foundations. After some consideration the nuns decided to stop the work and abandon the situation.

Among the first tasks which they undertook after their arrival was the study of the Indian language. They had not long to wait for opportunities to apply their knowledge, for that autumn an epidemic of malignant smallpox broke out among the Indians. Until the following spring, the hospital was crowded with savages desperately ill, some of them raving in delirium, some waiting for death with sullen patience. The fetor due to the disease and to the overcrowding was little mitigated by ventilation, for the windows were kept tightly closed to exclude the bitter cold of the winter air.

Early in the epidemic the kitchen was converted into a ward, and birch-bark huts were erected around the hospital for the accommodation of more patients. The lower-class women in the town were too much afraid of infection to do the hospital washing, so the nuns had to do it themselves. All the water had to be carried by hand up the steep bank of the river as there was no cart in which to transport it. When the supply of material for bandages and dressings gave out, the nuns cut up their own linen, even sacrificing their veils.

In June 1640 the nuns gave up their house in Quebec to the Jesuits, whose residence had been burned down. Having come to the conclusion that their services were needed more by the Indians than the French, they moved to Sillery, a settlement three miles from Quebec, inhabited by Algonquins and Montagnais Indians, with a Jesuit mission in its midst. While a hospital was being built for them they occupied a house with three rooms, one of which was used as a ward, one as a chapel and one as a combination of kitchen, refectory, and dormitory. At the beginning of the winter they moved into their new building, though it was by no means ready for them. The work had

been done so hastily and unskilfully that everywhere between the boards of the floors and wall were chinks which admitted the icy winds and the drifting snow. The suffering of the nuns from cold were aggravated by hunger, for food was expensive and money scarce. It is not to be wondered at that three of them fell ill. One of these was Mère St. Ignace, another was Mère de Sainte Marie who had arrived from France the previous summer. Before the snow melted, she was dead.

When the number of sick Indians became so great that they could not all be taken into the hospital the nuns visited them in their lodges, the filth and confusion of which were a sore trial to the orderly minds of women who looked upon dirt in any form as an abomination. They quickly found that the white robes of their order were unsuited to such surroundings, and dyed them grey because that is a colour less easily stained.

At this time the Iroquois were becoming more and more bold in their attacks upon the French and the Algonquin and Huron Indians. Bands of warriors, fifty, a hundred or two hundred strong were roaming about New France massacring, scalping and carrying away prisoners for the purpose of torturing them. When the danger of an attack seemed imminent, the Indians of Sillery removed their huts from the neighborhood of the Jesuit mission and erected them around the walls of the hospital, thinking it an easier place to defend because the grounds were surrounded by a wall. The danger of the nuns, consequent upon the isolated position of their hospital, became a cause of grave anxiety to the authorities in Quebec and to the Jesuits.

One day two Jesuit missionaries came to visit them and to warn them of their danger. One was the gentle scholarly

Isaac Jogues, the other Jean de Brebeuf, a scion of a noble family of Normandy, a lion of a man in strength and courage. Much as they differed outwardly they were alike in this—that each knew in his heart that he would sooner or later fall into the hands of the Iroquois to be tortured and murdered—and both were right. There was a long conference. The two men spoke of the probability that Sillery would have to be abandoned. It was a grievous blow to the nuns. They had spent so much of their little capital in building their hospital and now it might all be lost. Finally they agreed to resume building on their land in Quebec.

Jogues, as he said good-bye to the Mother Superior, asked for the prayers of the community. He was starting off again for the Huron mission, a thousand miles away. Within a few days he was a prisoner in the hands of the Iroquois and was being tortured. Part of the skull of Brebeuf is to this day a treasured relic in the possession of the community of the Hôtel Dieu.

It was not till 1644 that the Iroquois came close to Quebec. One day in the month of May news was received that a war party had attacked the settlement at Cap Rouge, and was on its way to Sillery. M. de Montmagny sent a messenger to the nuns, ordering them to come at once to Quebec. Their answer was characteristic. They could not, they said, leave their patients. They asked to be allowed to stay and share their fate. The governor did not insist. Instead he sent six soldiers, all he could spare from his little garrison. The Indians at Sillery had built, round the hospital, houses like those of the French. When the attack came it was hoped that the settlement would be able to hold out until help arrived from Quebec. Day after day and night after night went by in momentary expectation of the

sound of the war-whoop. Vigilance was relaxed a little and a party of French and Algonquins, moving through the forest in the neighbourhood, fell into ambush and were nearly all killed or taken prisoners.

This disaster had a demoralizing effect on the Indians left in Sillery. They promptly decamped, leaving the nuns and the few other white people to look after themselves. Mons. de Montmagny himself, now came to urge the nuns to return to Quebec. He told them that their services were urgently needed among their countrymen and offered to lend them a house. The departure of the Indians from Sillery having removed the chief reason for staying there, they consented to comply with the wishes of the governor. They left on May 29, 1644.

They embarked with their effects in a large open boat, but a high wind drove them past Quebec without giving them an opportunity to land. They finally reached the shore at Beaupré and had to walk back six miles to Quebec. Late in the evening they arrived, tired out, at the building which the governor had offered to them; and found that it was nothing more than a dilapidated hut full of frogs. It was long before they could bring themselves to lie down on the ground and sleep.

The construction of the new hospital was proceeding slowly and the walls were not completed. In order to hurry on the work these indomitable women worked as navvies. They collected stone, loaded and pushed wheel barrows; they turned the handles of the windlasses; they cooked for the workmen; they helped to clear the ground around the hospital of trees lest these might afford cover to attacking Iroquois. The new hospital was opened for patients in 1646. To their great



The women's ward in the Hôtel-Dieu de Québec, about 1877.

satisfaction the nuns were then able to resume the white robe of their order.

During this time a small house in the neighbourhood was used for the French patients. The sick Indians were nursed in huts which the nuns allowed them to put up in the courtyard of the unfinished hospital. For several years after the hospital was opened, these huts contained families of Algonquin and Huron Indians who were prevented from going into the forest to hunt by fear of the Iroquois, and would have starved but for the charity of the nuns.

Existence in Quebec was full of peril, hardships and deprivations; the whole colony was in constant danger of extermination by the Iroquois; the people were desperately poor and could afford to import only the barest necessities of life. From November to May the colony was cut off from all communication with the world. When navigation opened, ships arrived with letters from friends and relatives in France, letters long anticipated and greatly longed for.

In the same ships were men ill with infectious diseases which spread all over New France and sometimes far beyond, even to the Pacific coast.

As Quebec grew the demands upon the Hôtel Dieu became greater. There was a steady increase in the amount of accommodation for patients. The nuns forming the community became more numerous. At first they were recruited from France, but in time, Canadian ladies aspired to join the order and were accepted. The first woman of Canadian birth to become a hospitalière was the daughter of Robert Giffard, who besides being a physician was seigneur of Beauport.

The year of 1660 was one of the most critical in the history of New France. The water-ways were infested by bands of Iroquois on the lookout for opportunities to massacre the settlers or to carry them off into captivity. The situation of the Hôtel-Dieu made it particularly exposed to attack and, at the earnest representations of the gov-

error and the Bishop of Quebec the nuns consented to take refuge at night in a building lent them by the Jesuit fathers. Three nuns, however, remained every night on duty to the hospital with a guard of soldiers.

The year 1665 was a busy one at the Hôtel Dieu. This was partly owing to an increase in the number of settlers who came from France, and partly to the arrival of a regiment with many of its personnel ill with what was described as "malignant fever", probably typhus. When the second half of the regiment arrived, one hundred and thirty sick soldiers were admitted to the hospital in one day. Of the fourteen nuns who constituted the community of the Hôtel Dieu, seven contracted the disease.

The same year arrived Jean Talon, the intendent sent by Louis XIV to reorganize the affairs of the colony. One of his first acts was to pay a visit to the Hôtel Dieu. He appreciated the importance of the work being done there and during his term of office did all he could to encourage it. Besides building a new pavilion and new wards he installed a laundry and arranged for an adequate water supply. The water was brought from a considerable distance through conduits of lead and wood. There was a tap put in the men's ward and one in the women's. One of the pipes, an iron one, passed through a chimney, so that warm, perhaps even hot water, could be obtained day and night, if the wards were not too cold. If the nuns began now to pride themselves on having an up-to-date hospital they were not without some justification. The wards of the Hôtel Dieu were always full. To gain admission all that was necessary was to be poor and ill. Infectious cases lay side by side with non-infectious, and the symptoms of both were in winter accentuated by scurvy and starvation.

The incidents which relieved the lives of the nuns from monotony were all tragic—epidemics which took a toll of their lives, famines, wars and fires. There is a history of the Hôtel Dieu, written by one of the Sisters, Francoise Juchereau, and published in 1751 which gives much interesting information about the pestilences which scourged the people of Quebec, and indeed of all New France. Of the first epidemic of typhus she says: "The last vessels of the season were infested with malignant and contagious diseases . . . almost the whole country was infected, and the hospital filled with sick." The people of Quebec were comparatively healthy in 1664, for "there were no diseases except those brought over by the vessels of the King. There died about a hundred of those who disembarked."

The year 1665 was distinctly unhealthy:

There were so many sick in this ship that soon the wards, the chapel, the barns, the chicken run, and all the hospital grounds, wherever a place could be found for them—even tents were put up in the yard—were filled. We redoubled our efforts to serve them and they had great need of our help—fevers, terrible and burning; delirium and much scurvy. There came into our hospital more than three hundred sick; the women's ward was filled with officers of quality. At the beginning twenty died—we took them in half-dead."

This epidemic was typhus.

On the tenth of October 1690 the routine of the Hôtel Dieu was suddenly interrupted. The nuns, their women servants, and the men employed about the grounds were to be seen moving about in a state of feverish activity. They were hurriedly collecting whatever was valuable and movable and were loading it upon carts. In a quiet corner of the garden three or four nuns were furtively burying the church plate.

News had arrived that a fleet of thirty-three ships, most of them transports carrying troops from the American colonies, was on its way up the St. Lawrence, under the command of Sir William Phips, to attack Quebec. Count Frontenac, the governor, was away and the town major, François Prévost, anticipating a bombardment, had given orders to the nuns to evacuate their hospital and go to Indian Lorette. In the midst of the preparations the fiery old governor arrived from Montreal. He immediately sent word to the Hôtel-Dieu asking the nuns to remain.

The bombardment began on the seventeenth of October. Many cannon balls fell in the hospital grounds. In one day no less than twenty-six were picked up. These were carried off to the French gunners to be fired back, for ammunition was scarce. None of the sisters was killed or wounded although there were some narrow escapes. Hungry soldiers stationed around the Hôtel Dieu received food from the scanty store of the nuns and repaid them for their kindness by carrying off fire-wood, vegetables and fruit which had been set aside for use during the coming winter. In addition, the military authorities requisitioned rafters and boards belonging to the hospital for strengthening the fortifications of the city. The nuns had good reason to be discouraged. However, Phips' attack was a failure and on October 21 the people of Quebec looked down upon his squadron as it weighed anchor and sailed off towards the east.

During the last thirty years of the seventeenth century the physician of the Hôtel Dieu was Timothée Roussel. It was he who decorated the front of his house with the carved "Chien d'or" which is now to be seen over the entrance of the Quebec Post Office. Rous-

sel died of influenza during the epidemic of 1700.

One of the worst epidemics of small-pox during the French régime occurred in 1703; it was started by a solitary Indian who was sickening with the disease when he landed at Quebec from his birch-bark canoe. A kind-hearted citizen, seeing that he was ill, took pity upon him, brought him into his house and cared for him. Next day the Indian's skin was covered with the eruption of small-pox and soon afterwards he died. The disease in its most malignant form broke out in his benefactor's family and spread through the town, and then all over the country. Whole families were stricken at the same time. There were not enough priests in Quebec to minister to the dying and to read the burial service over the dead. Corpses were hurried to the churches and unceremoniously buried in pits which held from fifteen to twenty. Most of the nuns of the Hôtel Dieu contracted the disease and five of them died. The ladies of Quebec volunteered to help, and were employed, being inexperienced, to look after the sick nuns. The nuns who were well, gave their time and the benefit of their training and experience to the public patients.

There was an epidemic in 1710 of what is now believed to be yellow fever. It was known among the French as "maladie de Siam". That summer a ship, the "*Belle Brune*" arrived at Quebec with a number of her crew ill with a fever. Several had died during the voyage. Surgeons from the Hôtel-Dieu had visited the ship and had satisfied themselves that the disease was not infectious. The sick sailors were taken to the hospital and the healthy ones allowed to mingle with the townspeople. In a short time the disease became an epidemic and spread throughout the

country causing a great many deaths. The Hôtel-Dieu was soon crowded. Twenty-four of the nuns fell ill and six died.

In 1718 the country was ravaged by a "malignant fever" and in 1734 there was a severe epidemic of what Heagerty thinks was haemorrhagic small-pox. That year died Michael Sarrazin de l'Étang, after serving the Hôtel Dieu faithfully for forty-five years as surgeon. He was one of the most gifted, and is the best-known of the early doctors of Canada. He was a physician as well as a surgeon, a biologist and a botanist.

In 1740 a ship, the *Rubis* brought to Canada a disease which was supposed to be plague. Two hundred and forty-one cases were admitted to the Hôtel Dieu and of these, twenty-five died. In view of the low mortality Heagerty thinks that the disease may have been influenza. "I have never seen so many patients here," wrote Mère Duplessis de Saint Hélène, "the halls, the attics (greniers), the parlours, all are full, and we can hardly pass between the beds. All become black as negroes when they die."

By the middle of the eighteenth century, the Hôtel-Dieu had become an institution of considerable importance in the colony. It was not only a civil hospital, but a naval and military one as well. The community of nuns had increased in number to fifty. In the summer of 1755 there was fighting between France and England in North America, though war had not been formally declared. There was a large garrison at Quebec and many of the French King's ships and merchantmen lay at anchor in the harbour. The hospital was at its busiest, when on June 7, it caught fire. The whole collection of buildings burned to the ground. One nun was killed and another escaped only

with the greatest difficulty. At the same time were destroyed many important documents and interesting records, as well as a picture by Raphael.

Immediately after the fire, the Jesuit fathers placed a wing of their building at the disposal of the nuns and the Bishop of Quebec, Mgr. de Pontbriand, lent them his palace to use as a hospital. By July 16, they announced that they were ready to receive patients again. They had two wards and these were quickly filled. Their difficulties in resuming their work were increased by an epidemic of small-pox. Eight of the nuns fell ill and one died.

The nuns were now in a state of great perplexity. Their advisers were against re-building; the future was uncertain. On account of the war, labour was scarce and expensive. But the nuns, after careful consideration, decided to rebuild.

In the summer of 1756 the French frigate, *Leopard*, carrying troops from France, arrived at Quebec with plague raging on board. The sick soldiers and sailors were sent to the temporary Hôtel-Dieu in such numbers that the nuns found themselves obliged to turn their dormitory and common room into wards, and to occupy a cloister, which was too small for either comfort or health. The epidemic robbed the hospital of its physician, Jean François Gauthier, a man of some mark in the scientific world; an authority on meteorology, natural history and botany.

The hospitalières moved into their new buildings on August 1, 1757. They had hardly got settled when there was a great influx of typhus patients. One day they received no less than eighty-four. In the space of three months they had ninety-seven deaths. As usual the community of nuns paid toll for the privilege of looking after

fever patients. Twenty-two became ill and five died.

In the summer of 1759 Admiral Saunders' naval guns and Wolfe's batteries at Point Lévis pounded Quebec for two months. The Hôtel-Dieu, being in an exposed position, had to be vacated at the beginning of the bombardment. The Sisters took refuge at l'Hôpital General, leaving five of their number to act as caretakers. The General Hospital was situated on the right bank of the St. Charles river and was crowded with sick and wounded French soldiers, and with refugees from the town. Barns, stables, outhouses and garrets were occupied. The nuns from the Hôtel Dieu helped to look after the patients and from the upper windows of the main building were able to see the battle on the Heights of Abraham. After the battle, they worked over the hundreds of wounded which were brought in.

After Quebec had capitulated and the British army had taken possession, the Sisters returned to the Hôtel-Dieu. It was a sad homecoming. The walls of the hospital had been pierced by projectiles, some of which had exploded inside it. The courtyards and garden were furrowed by cannon balls. The trees in the orchard had been broken down. The cattle had all disappeared, requisitioned to supply food for the soldiers.

Next spring there was war again. At the battle of St. Foye the British sustained heavy losses and were obliged to retreat into the town. For a month the French besieged the city. Both sides realized that the fate of Quebec, even of Canada, depended on whether French or English ships would be the first to appear in the river. On May 9 the nuns looked down upon the river and saw a man-o-war approaching with



LA DUCHESSÉ D'AIGUILLON

her decks cleared for action. They waited in an agony of suspense to see what colours she would display. As she came to anchor she raised the Union Jack.

After peace was signed between France and England the Duchesse d'Aiguillon, grandniece of the foundress of the Hôtel-Dieu, wrote to William Pitt, then Prime Minister describing the plight of the hospital and the nuns, and implored his help. The following is a translation of his answer:

Mr. Pitt is flattered by her Grace the Duchess of Aiguillon's expressions of goodwill. He considers himself fortunate in being able to help in a matter which besides having a claim on his humanity, gives him the privilege of carrying out her commands. As regards the Hôtel-Dieu of Quebec he has the satisfaction of being able to assure her that the nuns have been treated with the respect which is so eminently their due, and that they receive from our officers every consideration that pity for their mis-

fortunes and gratitude for their kindness to our sick and wounded can suggest.

The affairs of the Hôtel-Dieu were now at a low ebb. On March 26, 1762 the Sisters held a meeting to consider what was to be done. They owed 107,185 francs, a sum which must have seemed to them colossal. They had no provisions left; flour, meat, vegetables, all had been consumed. They had not even any fire-wood. There were no prospects of replenishing their stores. Their creditors were pressing them. The situation seemed hopeless but the hospitalières never knew when they were beaten. They sold the silver belonging to the community and raised six hundred and eighty francs. Half of this sum went as a sop to their most urgent creditors—one of them a butcher. Next they sold their great clock; this brought in one hundred and ninety-two francs. Later they sold some of their land. They earned money by taking in washing for churches, by baking bread for the Seminary and by letting rooms to boarders.

It was not until 1784 that the nuns were relieved of the presence of troops billeted upon them. They then opened two wards, one of ten beds for men, the other of eight for women. The work of the hospital increased steadily though the struggle for means to finance it continued for many years. By 1816 the wards had become so crowded that sick people had to be turned away from its

doors. The nuns, though they had only forty-eight hundred dollars on hand laid the foundations of a larger building. This was partly paid for by public subscription and partly by the government. So slowly did the work proceed that it was not finished until the autumn of 1825.

The Hôtel Dieu played its part during the many epidemics of the nineteenth century. Like the other Quebec hospitals it was crowded to excess in the great cholera epidemics of 1832 and 1834; and in the lesser ones of 1849, 1851 and 1854. Typhus filled its beds in the great epidemic of 1849 and influenza in 1826, 1830 and 1889.

As the wealth of Canada has increased during the last hundred years, so have the affairs of the Hôtel-Dieu steadily become more prosperous. The little log cabin of 1639 had become a large hospital—a living memorial to the courage and devotion of the women who have carried on the work from generation to generation, during three centuries.

EDITOR'S NOTE:

This article is the substance of an address delivered by Dr. W. B. Howell before the Antiquarian and Numismatic Society of Montreal. The manuscript was made available for publication in the *Journal* through the courtesy of Miss Mabel K. Holt, Superintendent of Nurses, The Montreal General Hospital.



On Duty

The Canadian Nurse is the official organ of the Canadian Nurses Association and, therefore, in the present crisis is called upon to publish all statements which that Association may see fit to release from time to time.

In this issue will be found a message from the President of the Canadian Nurses Association, immediately followed by a statement regarding Military Service which has been duly authorized for publication by the Association. Information regarding the Enrolment of Nurses for Emergency Service appears on page 550.

Yesterday's Newspaper

Someone has said that there is nothing so old as yesterday's newspaper and, with that melancholy fact in mind, we have been turning the pages of the September issue of this *Journal*. International co-operation was its main theme and one illustration shows representative nurses from eighteen countries taking counsel with one another even in the shadow of the approaching storm. Then there is a picture of a quiet library where nurses from all the world used to work and study together. On yet another page, our greetings are extended to the great International Hospital Congress we had so proudly hoped to welcome to Canada.

It seems now as though these pleasant things were only the fabric of a dream and never really happened at all. But they did happen and they will happen again. In the meantime, let us be proud

that it was upon English soil that the Board of Directors of the International Council of Nurses met in friendly conference and that Canada stood ready to welcome the hospitals of all the world.

Three Hundred Years

During the last days of August, the celebration of the tercentenary of the Hôtel-Dieu de Québec took place in the grey old city whose winding streets are so closely bound up with the early history of Canada. The occasion was marked by appropriate festivities for which the well equipped modern hospital provided a magnificent setting. Although not much of the original fabric of the buildings is left, parts of the cloister wall and of the foundations are still standing. In the pharmacy, gay with sunlight and flowers, we were even allowed, for a moment, to hold in our hands two silver funnels brought out from France in the very early days. The well kept wards were filled with patients who, it was quite evident, were receiving the excellent nursing care for which through the years, the Sisterhood has become famous.

By way of tribute to a noble tradition, this *Journal* contains an historical sketch of the Hôtel-Dieu de Québec, based on an address delivered by Dr. W. B. Howell before the Antiquarian and Numismatic Society of Montreal. This authoritative record is in itself a glorious page in the History of Nursing in Canada. To read it, in these days of trial, is to find new courage and inspiration for the task which lies ahead.

McGILL SCHOOL FOR GRADUATE NURSES

Miss Clara Aithenhead (Teaching and Supervision, 1939) has been recently appointed to the staff of the Port Chester Hospital, N. Y.

Miss Muriel Andrews (Teaching and Supervision, 1939) has been recently appointed to the staff of the University of Alberta Hospital, Edmonton.

Miss Anna Bennett (Teaching and Supervision, 1939) has been recently appointed instructor at the Prince Edward Island Hospital, Charlottetown.

Miss Isobel Cation (Teaching and Supervision, 1939) has been appointed instructor at the Hospital for Sick Children, Toronto.

Miss Betty Coe (Teaching and Supervision, 1939) has been appointed instructor at Royal Columbian Hospital, New Westminster, B. C.

Miss Eva Hamilton (Teaching and Supervision, 1939) has recently been appointed to the staff of the Saskatoon City Hospital as instructor.

Miss Ella Howard (Teaching and Supervision, 1939) has recently been appointed

to the teaching staff of the Nicholls Hospital, Peterborough, Ontario.

Miss Helen MacKay (Teaching, 1939) has been appointed in charge of the Teaching Department at the Women's General Hospital, Montreal.

Miss Kathleen McLaughlin (Teaching, 1939) has been appointed to the teaching staff of the Regina General Hospital.

Miss Edith Weston (Teaching, 1939) has been appointed to the Teaching Staff of the Saskatoon City Hospital.

Miss Joyce MacDonald (Public Health, 1938) has recently been appointed to the staff of the Public Health Clinic, Dalhousie.

Among the visitors to the School during the summer were Miss Phyllis Brown (Teaching, 1938); Miss Blanche Anderson (assistant superintendent of nurses at the Ottawa Civic Hospital); Miss Helen Saunders (Public Health, 1936).

Miss Margaret Inness (Public Health, 1935) was married recently to Mr. Robert E. McClearn.

REFRESHER COURSE IN MENTAL HYGIENE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in mental hygiene. This course will be given October 18 to 21, in the School of Nursing, University of Toronto. The course will include lectures and discussions on various aspects of mental hygiene, and will deal with the field as a whole and in relation to the various age groups. The following will contribute:

Dr. C. W. Hincks, director, Canadian National Committee for Mental Hygiene.

Dr. C. B. Farrar, professor of psychiatry, University of Toronto.

Dr. W. E. Blatz, professor of psychology, University of Toronto.

Dr. G. H. Stevenson, superintendent, The Ontario Hospital, London.

Dr. C. R. Myers, assistant professor of psychology, University of Toronto.

Dr. J. D. M. Griffin, associate medical director, Canadian National Committee for Mental Hygiene.

Round table discussions have been arranged which will deal with the application of mental hygiene in the hospital and the public health field. Observation visits will be arranged to certain centres in Toronto, such as the junior and senior auxiliary classes and the Institute for Child Study.

If sufficient applications are not received within a reasonable time, the course will be withdrawn. Refunds of money paid can be arranged, in case of inability to attend, up to the first day of the course. No credits will be given for this work, nor will any certificate be awarded. The fee will be \$5.00.

Applications should be addressed to the Secretary, School of Nursing, University of Toronto, Toronto.

Nursing Care in Bronchoscopy

REGINA REID

*Operating Room Supervisor,
Saint John Tuberculosis Hospital, Saint John, N. B.*

Bronchoscopy is a term applied to peroral endoscopic examination of the bronchial tree. By direct vision and with the aid of bronchoscopic lights, Dr. Chevalier Jackson says: "One can 'look and see' rather than 'wait and see' the cause of many symptoms of the respiratory tract". Before undergoing bronchoscopy, the patient is always given a physical examination, including laboratory analyses and X-ray. There are few contra-indications for bronchoscopy when bronchoscopic examination seems desirable. In practically all diseases of the lungs and tracheo-bronchial tree, bronchoscopy may be indicated though not in every case.

It is a very important diagnostic procedure and should not be overlooked when diagnosis is not otherwise clear. The first indication for its use is when there are such symptoms as cough, wheeze, or bleeding the cause of which is not explained by any other definite diagnosis. For instance, in the haemoptysis caused by pneumonia a bronchoscopy would not be indicated.

The second use to which bronchoscopy may be put is for treatment such as the removal of a foreign body. Although originally bronchoscopy was developed for this very purpose, at the present time a very large percentage of cases are done for diagnosis and treatment of disease of other origins. It is now possible to extract opaque foreign bodies, such as common pins, from the most distal portions of the lung, and with the aid of special forceps almost any object may be disimbedded and removed.

When a foreign body is suspected to

have been aspirated into the bronchus, care must be taken to reassure the patient so that he will not become panicky. Do not try to remove the foreign body without the aid of a bronchoscopist; it is almost certain to be pushed down further into the trachea if an attempt is made to remove it with the fingers. Dr. Louis Clerf has written: "It was generally recognized as early as 1850 that while an aspirated body usually went into the more distal portions of the airway it might be stopped at the very entrance of the larynx and produce suffocation." We should try to remember that removal of foreign bodies in the bronchus is never an emergency, but if the foreign body has lodged in the larynx or trachea, a tracheotomy is indicated as soon as possible.

It is possible that a patient may aspirate a foreign body and have choking symptoms and a feeling of suffocation for a short time but months may elapse before any pulmonary symptoms are evident. The approximate size and shape of any opaque foreign body in the tracheo-bronchial tree may be determined by X-ray, and the bronchoscopist may practise on a similar object in a mannequin board made especially for this work. This is for the purpose of determining which forceps would be the correct ones to use when attempting to remove the object. A number of forceps are in use which have been made for specific types and sizes of objects. Ball forceps are used for holding hard smooth-surfaced objects, such as beads. There is a special type of forceps for closing and removing a safety pin

which may have lodged in the bronchial tree.

Tumours, both benign and malignant, may cause bronchial obstruction. The only means by which tumours of the bronchi can be diagnosed early enough to be effectively treated through the bronchoscope is by biopsy of a section, taken through the bronchoscope, sufficiently early to warrant certain surgical procedures. In cases of asthma, bronchoscopic aspiration of the viscid secretion may be done. This generally benefits the patient greatly, and the effects may last for a surprisingly long time. In cases of post-operative atelectasis there is "massive collapse of the lung," that is, an airless lung. A plug of secretion which the patient may be unable to cough up may cause him to become cyanotic and to suffer from air hunger. By aspiration, great relief is obtained and usually one aspiration is sufficient though occasionally two are needed. For patients suffering from chronic cough and profuse sputum due to bronchitis, bronchoscopy may be indicated as a means of ruling out the possibility of an obstruction such as a foreign body or tumour.

In bronchiectasis, bronchoscopic drainage is much more complete than by posturing the patient and the productive cough may be relieved considerably. In pulmonary abscess, in order to exclude the possibility of a foreign body, tumour or other conditions, as well as in tracing the stream of pus to the particular branch bronchus from which it comes, bronchoscopy is of diagnostic value. While the pleura cannot be drained through a bronchoscope, in cases of empyema a bronchoscopy may be indicated. In some cases the removal of a bronchial obstruction may hasten the cure even though it has been necessary to perform an external operation.

If a tuberculous patient should have signs of obstruction a bronchoscopy may

be indicated unless the larynx is also involved. The obstruction may then be removed or treated. Another reason for doing bronchoscopy in suspected cases of tuberculosis is to secure a specimen of bronchial secretion or tissue from the bronchus of the diseased lobe. This may lead to a positive diagnosis of tuberculosis when repeated sputum examinations have been negative. Before a patient undergoes a thoracoplasty, if there should be any signs or symptoms of a condition of the tracheo-bronchial tree, a bronchoscopy may be indicated to rule out the possibility of tuberculous tracheo-bronchitis. This would be a contra-indication for thoracoplasty.

In electrical shock a clear airway may be obtained by introducing a bronchoscope, and oxygen could be administered in this way. If the patient were suffocating as in drowning, oxygen could also be given in this manner by a bronchoscopist.

Before a bronchoscopic examination is made the absolute confidence of the patient must be secured. He must not become alarmed. In the Saint John Tuberculosis Hospital routine procedure includes the following preparatory measures:

Five hours fasting beforehand.

An hour and a half previous to going to the operating room, a sedative is given as ordered by the physician.

The mouth is cleansed by using a tooth brush and mouth-wash.

In the operating room everything must be absolutely in readiness before the patient arrives in order to avoid any talking or unnecessary confusion which may disturb him. The persons in the operating room are: the operator; the assistant for holding the patient's head and supporting his shoulders (preferably a doctor if available); the

"scrub-up" nurse; an orderly to hold the patient's shoulders in the correct position on the table. A nurse (not "scrubbed-up") must be ready to start suction, turn lights on and off, or be of any other assistance. Sometimes it is necessary to have a second orderly to hold the patient's hands, or to exert a little pressure on his knees to discourage kicking. While bronchoscopy is not a brutal procedure and the tissues should not become traumatized to any extent, still it is distressing.

It is necessary to have absolute teamwork in the operating room. After the local anaesthetic has been applied, the patient should be placed on the operating table with the top edge of the table at the middle line of the scapula—that is the head and upper half of the scapula are over the top end of the table and supported by the first assistant. The room is darkened but not absolutely dark. The procedure is not a long one if for the purpose of examination alone but if a foreign body is to be removed a longer time might be required. Usually from four to six minutes or perhaps a little less would be sufficient time for examination through the bronchoscope.

The following equipment is included in the set-up:

Cap, mask, sterile gown and gloves for doctors and nurse; covers for instrument table and sterile sheet for patient; suction apparatus; oxygen set-up always in readiness; batteries for lights; laryngoscope and lights; bronchoscope and lights (the size of these depends on whether the patient is a child or an adult); special cross-section forceps; bite-block; atomizer for spray, aspirators; any bronchoscopic forceps which the doctor wishes to use; long bronchoscopic sponge-holders; special small bronchoscopic sponges; a few large gauze sponges; rubber covered cords for connecting the lights to the batteries, specimen collector; suction tubing and tubing for oxygen; tracheotomy

set always in readiness; Lipiodol, an oil made up of 40% iodine in poppy seed oil sometimes instilled for diagnostic aid with X-ray afterwards; medicine glasses and medicine dropper.

With very few exceptions bronchoscopy work is not done under a general anaesthetic. In adults the type of local anaesthesia to be used depends on the preference of the operator. Cocaine 4 percent and 10 percent have been used by the operator at the Saint John Tuberculosis Hospital; adrenalin (five to eight minims per ounce) is added to the cocaine.

All instruments, with the exception of lights and their carriers and the rubber covered cords, are sterilized by boiling. The lights and carriers are immersed in a 70 percent alcohol bath for one-half hour. Cords are wiped thoroughly with an alcohol sponge. Before passing any instruments to the operator it is the duty of the "scrubbed-up nurse" to check all lights and to see that they are screwed on correctly. It is also necessary for her to know the correct way to pass the bronchoscope to the operator when he wants it so that he will not have to take his eyes off his work. Stools are provided for the operator and his assistant, and a box with rubber covering on all sides is placed under the head of the table on the floor upon which the first assistant can place his foot. We use a box 10" x 12" x 14" to give different heights. The correct height of the operating table from the floor is 32".

When the patient is taken to the ward from the operating room he should be kept warm. He is not given anything by mouth for from two to three hours, depending upon the time it takes for the effect of the anaesthesia to wear off. If the patient should have symptoms of suffocation, oxygen should be adminis-

tered. Steam inhalations (probably with tr. benzoin) will help to relieve any irritation in the throat. Too much cough sedative should not be given because then the patient would not be able to cough up any excess secretion which might be blocking the respiratory tract. The patient should stay in the hospital overnight so that he may be kept under observation.

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VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments and resignations of the Victorian Order of Nurses for Canada:

Miss Beatrice Larson has resigned from the Burnaby Branch and from the Victorian Order of Nurses for Canada. Miss Larson resigned to be married.

Miss Mary MacIvreen has resigned from the Lachine Branch.

Miss Janet Cunningham has resigned from the Kingston Branch and from the Victorian Order of Nurses for Canada. Miss Cunningham resigned to be married.

Miss E. Annette Martin has resigned from the Carleton Place Branch of the Victorian Order of Nurses.

Miss Marion Kidney has been transferred from the York Township staff to the posi-

tion of nurse-in-charge of the Carleton Place Branch.

Miss Evelyn Logan and *Miss Helen McMorran*, both recent graduates of the course in Public Health Nursing, University of Western Ontario, have been appointed to the staff of the Victorian Order in East York and York Township respectively.

Miss Lucille McAllister, a graduate of the course in Public Health Nursing, McGill University, has been appointed to the Victorian Order staff in Burnaby, British Columbia.

Miss Mary G. Wade, a graduate of the course in Public Health Nursing, University of British Columbia, has been appointed to the staff in Victoria, British Columbia.

A WORD OF THANKS

The firm of Abbott Laboratories Limited, Manufacturing Pharmaceutical Chemists, with headquarters at 388 St. Paul Street, West, Montreal, has consistently demonstrated its belief in the value of this *Journal* as an advertising medium. Under the terms of contract, the *Journal* is obligated to place the Abbott Laboratories advertisement opposite the first editorial page

but upon the occasion of the Royal visit, the firm kindly allowed us to alter this position so that the portrait of Their Majesties might be appropriately placed. Once more a similar privilege has been accorded us, and thanks to the courtesy of Abbott Laboratories, "The Lady with the Lamp" has pride of place in this issue opposite the message from our national President.

The Life of the Party

JEAN MACDONALD, R.N.

St. Paul's School of Nursing, Saskatoon, Sask.

Activity is a sign of life. That which has no movement, except from extrinsic sources, we call dead. A stone is dead, so is a log. We attribute deadness to inactivity. A hockey player or a baseball player who is lackadaisical in his play, calls forth the expression, "Oh, he's dead!", meaning, of course, that aliveness, and awareness of his position is at a low ebb. A gathering of people can be dead and to become a little more personal, I would say that these meetings of ours are sometimes "dead".

Now it cannot be disputed that a group gets its life from the individual members constituting it. If each member is a live entity, has a sense of responsibility and feels that on her shoulders rests the obligation of contributing a spark of life, then an organization is really alive. But it is the sad truth that the feeble spark of life is kept glowing by the efforts of a few individuals and, no matter how enthusiastic they may be, their activity must in time flicker out and die from lack of responsive action on the part of their fellow-members.

We all love our profession and realize that we are contributing to the betterment of humanity. We know that we are living in accord with the commandment which Our Divine Saviour teaches as next to love of God Himself, that is, love of our neighbour. It is not pride but knowledge which tells us that we are well-nigh indispensable. Knowledge of the pain we have eased, the children we have mothered, the old people whom we have cared for, the joys shared, the sorrows halved, the death agonies eased, tell us that our profession is not a job but something higher, nobler, more elevat-

ing—it is a vocation. Once we lose the concept of the nobleness of our calling and work purely for gain we cease to be true nurses, forfeit the respect and love of our patients and become hirelings.

Now the periodic meetings of our nursing organization are calculated to keep alive and foster in us the spirit of our calling. They are meant to keep us aware of the fact that we are graduate nurses willing and eager to better ourselves in our chosen work, willing to learn and eager to profit by the experience of others. None of us is so foolish as to imagine that passing our R.N. examination signifies that we have thereby achieved the summit of knowledge. There is no profession in the world which is not continually bettering itself and ours is no exception. Continually, by lectures, by reading, and by personal experience we are learning to become better and more proficient nurses. At no time can we say, "Now I know it all." We are anxious to learn and we are just as anxious to give to others the benefit of the lessons we have learned. We are all intelligent beings—surely then we must have something worthwhile to say. It cannot be that in any meeting of a nursing organization there are not many who could help with suggestions or constructive criticism.

It is not awe of our surroundings which seals our lips, or mental stagnation or lack of love of our calling. What, then, can it be? It is simply lack of personal responsibility. It is that blameworthy habit of leaving the work to others and nothing is better calculated to murder an organization or a meeting than this. To sit back and look and act

like a graven image is the surest way of killing enthusiasm. Socrates himself could not wax eloquent when speaking to statues. The most ambitious of us is stricken dumb when our words fall on deaf unresponsive ears and no responsive flicker of interest or enthusiasm is aroused in the listener. Our meetings, whilst partaking of the social, are by no means wholly of such a nature. Our primary object is betterment, it is to learn something, to untangle problems, to keep alive the spirit of the nursing profession, to weld closer the bonds uniting us to one another and to our work.

Socially we do not need such meetings, professionally they are indispensable. Hence the necessity of making the meetings interesting, making them something to be looked forward to is a matter of personal obligation. Those in charge do their share, we for whom they are working must do ours. How? By taking an intelligent, wide-awake interest in all that goes on. For example, one member reacts favourably to a suggestion, knowing from experience that it is good, but fails to express that approval or substantiate it with the proof of her own experience. By remaining silent a golden opportunity is lost for showing that she is alive. Another hears a suggestion or reads a pertinent article, but figuring that all have heard the same suggestion or read the same article she also remains silent, forgetting that her reaction may not at all correspond with the reaction of the majority of those present. Another opportunity is thus lost for contributing to the "life of the party." And so it goes on.

I have only one suggestion to make and all others more or less hinge upon it. We must develop our sense of personal responsibility for making our meet-

ings interesting. Do not leave it to Miss Dash or Miss So-and-So, however capable they may be, but dig in yourself and help things along. Help with practical suggestions, help by taking a part in discussion, help by asking questions which have puzzled you, help by airing your doubts and difficulties and by voicing reasonable objections, help in a hundred and one other different ways which your own good common sense dictates.

Instead of squirming through the meetings, or sitting passively and *sufferingly* through them, instead of reckoning them as so many hours to be gone through, a sort of necessary evil, we should develop a "chip on the shoulder" attitude towards them. By this I do not mean a carping spirit of fault-finding, all too ready to take offense, but rather a feeling of "Well, I'm not going to be dead. My suggestions, plans or what-have-you may not be over bright, but who cares? I'll show, at least, that I am taking an intelligent interest in affairs." This is the frame of mind that I should like to see at our meetings. And, personally, I think that this is the only attitude that is going to get us anywhere. To sit back looking pretty may delight the sight of an artist, but here we want action. Action is the surest sign of life. Action betokens to all and sundry that we are intelligent, ambitious beings. Action is the only thing which can keep these meetings of ours from becoming stagnant pools of wasted time. Action can only be achieved by the united effort of all members. Because we are all parts of one living body let us be *alive*, and let us develop that much needed, that much to be desired sense of personal responsibility. Then, and then only, will our meetings be a pleasure and not a bore.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The activities of the Canadian Nurses Association for the biennium 1938-40 include a number of studies, the reports of which will form part of the programme of the General Meeting in 1940. Some of these activities have been initiated at the request of the Provincial Associations while others have originated in the Executive Committee of the C.N.A. It is suggested that during the winter months local groups of nurses might study some of these projects, as follows:

1. *The securing of an Act of Incorporation for the Canadian Nurses Association.* Will such an Act prove advantageous to the Provincial Associations of Registered Nurses as federated units of the National Organization? The findings of the Legislation Committee relative to the benefits of incorporation to the C.N.A. have been submitted to the Provincial Associations.

2. *The re-naming of the three National Sections of Private Duty, Nursing Education, Public Health.* In the opinion of certain groups of nurses these three Sections do not provide Section classification for all nurses. The by-laws of the C.N.A. allow for the formation of a section by any group of members interested in a special branch of nursing, providing the same is approved in a general meeting. Is it advisable to form one or more additional Sections or can all nurses be accommodated in three sections?

3. *The securing of the means by which an eight-hour day shall be ob-*

tained for graduate and undergraduate nurses. There is a representative from each Provincial Association on the Committee appointed to make this study. By concerted action of the nurses in each province can an eight-hour day be secured? What is to hinder nurses from taking concerted action?

4. *The obtaining of data for a History of Nursing in Canada.* The Committee that is directing the accumulation of data includes a representative from each Provincial Association. Enthusiasm on behalf of the objective of this Committee should be readily aroused by reading the correspondence which appears on page 530 of the September number of the *Journal*, under the caption of "Monomania".

No doubt other questions relative to these subjects will present themselves. All of which should assure an attendance at the General Meeting of well informed members, which in turn will facilitate expression of opinion and the making of well advised decisions.

In Appreciation

Upon her return to Canada, Miss Bianca Mary Beyer addressed the following letter to the Executive Secretary of the Canadian Nurses Association:

Now that a very happy and profitable year at the Florence Nightingale International House, London, has been completed, may I once again thank the Canadian

Nurses Association for making it possible for me to enjoy the course of studies there. The year was filled with rich experiences, chief among them being the opportunity to observe nursing in many countries and to meet members of the nursing profession throughout the world. The course is so satisfying, and stimulating as well, that I wish it were possible for every Canadian nurse to experience it. Because I realize its value, I am more fully aware of the honour conferred on me when I was chosen to represent Canada in England during 1938-39. I thank, sincerely, all members of the Canadian Nurses Association for so great a privilege.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Miss Christina C. Murray
(Endowment Fund) \$25.00

Manitoba:

Private Duty Nurses 1.50
Staff, Provincial Department of
Health 8.25

Ontario:

Nurses-in-Training, Victoria Hos-
pital, London 15.00

A WELL MERITED HONOUR

In Halifax, Nova Scotia, on August 23, 1939, the University of King's College celebrated the one hundred and fiftieth anniversary of its foundation. King's College is the oldest English University in the British Dominions and, during the impressive ceremonies which marked the occasion, a greeting was read from the Archbishop of Canterbury who, under its Royal Charter, is its Patron.

The honorary degree of Doctor of Civil

Law was bestowed upon a number of distinguished persons, among them being Kathleen Russell, Director of the School of Nursing of the University of Toronto. Miss Russell is herself a graduate of King's College, and the honour conferred upon her demonstrates the high esteem in which her contribution to the education of nurses is held by her own University, as well as by her fellow nurses in every part of the Dominion.

THE MABEL F. HERSEY SCHOLARSHIP

Announcement has been made by the Alumnae Association of the Royal Victoria Hospital School for Nurses, of the award of the Mabel F. Hersey Scholarship for post-graduate study in nursing to Miss Edna M. Hattie, of Caledonia, N. S. This scholarship is awarded annually by the Alumnae Association and was established by them in grateful appreciation of Miss Hersey's services to the Royal Victoria

Hospital School for Nurses and to nursing in Canada for more than thirty years.

The scholarship may be used for post-graduate work either in a hospital or a university. Miss Hattie, who graduated from the Royal Victoria Hospital Training School for Nurses in 1937, has since been doing general duty. She will take the course in public health nursing at the School for Graduate Nurses, McGill University.

STUDENT NURSES PAGE

Keeping Fit

MARGARET HINCH

Hôtel Dieu Hospital, Kingston, Ontario.

For the past six months, we have been introducing into the School a physical training organization under the capable direction of Dr. Ted Coffey, a graduate of Harvard and of the University of Cambridge, who has taught physical training in several educational institutions and is now junior basketball coach at Queen's University.

Physical training is important for student nurses, because it aids in having good health which is most essential, otherwise a great deal of time and money is lost each year by illness. The student is not required to have a medical examination before entering upon the course, but great care is exercised to see that she does not select activities that are too strenuous for her.

Everyone knows that poor posture is a great hazard for a student nurse. This is influenced by fatigue and by the type of work she does, such as bending over beds, lifting, carrying and studying. Students are inclined to develop round shoulders, flat chests, forward heads, and protruding abdomens. Corrective exercises, properly applied and executed as we are doing in our physical training classes, aids us to overcome poor posture.

During the first month of our phys-

ical training classes, basketball, tennis, and softball proved valuable exercise. We had our tennis court enclosed on three sides with wire netting to a height of fifteen feet and the uprights used for this were so placed on the ends that they served also to support the brackets for basketball baskets. Now we may use the court for either tennis or basketball. We played softball on the space adjoining the court and when these activities became out of season marching, exercises, folk dances and drills were taught.

One of the students donated a victrola and a number of records which can be used for all classes requiring musical accompaniment, but so far we are fortunate in having students who are good pianists. About three dozen broom handles were converted into wands by sanding the wood and applying a coat of varnish paint. Two dozen Indian clubs were purchased, and the winding and swinging of these have added greatly to our training. Two table tennis sets complete our equipment at the present time but the Alumnae Association of the School has become interested in our physical education programme and has promised to help our restricted budget. They have already purchased a new radio for us and paid for our Indian

clubs. Exclusive of the radio, our physical and recreational programme has cost about one hundred and twenty-five dollars.

The entire programme of physical training must be very flexible and yet rigid enough to assure every student her required gym work each week. It is difficult to fit it into the nursing schedule but the ultimate success of the whole programme depends solely upon the interest of the students in the activities

rather than upon compulsion. Regular classes are held twice a week for capped students in the evening, and in the afternoon for preliminary students. The first half of the period is given to gym work and the remaining time to the recreational part of the programme. Attendance is not compulsory but so far our physical training has been a splendid success and we hope that it may become one of the leading activities of our School.



ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Marie-Alice Cloutier (St. Charles Hospital School of Nursing, St. Hyacinthe, P. Q. and University of Western Ontario Public Health Nursing Course) has resigned from the staff of the North Bay department of health. She has been succeeded by *Miss Rhea Lalonde* (Ottawa General Hospital School of Nursing and University of Toronto Public Health Nursing Course).

Miss Donna Huffman, B.Sc.N., (Victoria Hospital School of Nursing, London, and University of Western Ontario Public Health Nursing Course) is leaving her position. *Miss Annie Smith* (Hamilton General Hospital School of Nursing and University of Toronto Public Health Nursing Course) will continue the public health nursing programme in Burlington.


Miss Oleavia Chant (Buffalo City Hospital School of Nursing) who has served as industrial nurse at Beatty Bros. Ltd., Fergus, for several years, is giving up her position in order to attend the University of

Toronto Public Health Nursing Course, 1939-1940.

Miss Louise Riggins (Buffalo General Hospital School of Nursing and Ontario Department of Education course in School Nursing, 1920) has resigned from the staff of the St. Catharines Department of Health Nursing Service. *Miss Riggins* was a pioneer in Ontario School Nursing and began her work under the Board of Education of St. Catharines in 1918. Later an amalgamation of services brought about a generalized programme to which *Miss Riggins* continued to make a fine contribution.

Miss Gertrude Hanmer (Toronto General Hospital School of Nursing and University of Toronto Public Health Nursing Course) has joined the nursing staff of the St. Catharines Department of Health.

Miss Doris Storms (Kingston General Hospital School of Nursing and University of Toronto Public Health Nursing Course) has accepted a position with the Kingston Department of Health.



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Neurology and Nurses

S. E. C. TURVEY, M.D.

Vancouver, B. C.

I like to think that modern nursing began with Florence Nightingale about 1853 or thereabouts, and that the beginnings of neurology as a separate branch of medicine began about the same time. In 1837, Romberg in Berlin began systematic neurological examinations and clinical diagnosis. He wrote the first book on nervous diseases in 1840. We perpetuate his memory in the use of "Romberg's Sign", and about the same time, Duchenne in Paris began neurology, to be followed by the more famous Charcot, who created the greatest neurological clinic of modern times. These three men built the material framework of neurology from which Hughlings Jackson of England projected the functional and even the philosophical portion of modern neurology. In 1891, Quinke began to perform lumbar punctures. Certainly by 1900 neurology was well established as a specialty in medicine and in most medical schools and hospitals.

I am asked frequently, "What is neurology?" and I confess I have difficulty in defining it. Broadly interpreted, it is the study and treatment of diseases of all the nervous tissues of the body; but, as every part of the body is controlled by nervous impulses, this would imply that neurology embraces all other medical specialties. This is true in some measure, for there are affections of the heart that are neurological, and of the stomach, the intestines, the bladder and the blood vessels as well. The endocrine glands are largely under the control of a portion of the brain.

On the psychological aspect, neurology fades so imperceptibly into the field of

the psychiatrist, that none can draw the boundary line with finality. The fascination of neurology is partly in this catholicity of interest, and partly in the fact that the nervous system is the organizer and co-ordinator of all phyletic and ontogenetic experience. The preservation of the individual and the phylum are functions of the nervous system, for it alone enables the organism to adapt itself to environment.

Neurology, more than any other division of medicine excites our wonder, reverence and even awe, for the marvelous structure and complex mechanism of the human frame. The incomprehensible powers of the mind, the impulses of the nerves, the ability of the central nervous system to control the entire body must stir the depths of your admiration. The exquisite functioning of the wonderfully designed parts of this machine is "life", and whether this "life" to you be an adherence to a theological dogma in hope of advancement in the next world, or whether it be fidelity to an inner principle of your own, the miracle of this nervous system never lessens.

For practical purposes, the nervous system can be divided into three levels of activity: the vegetative, the sensorimotor, and the psychic. The vegetative level is the lowest and is concerned with the physical and chemical processes of the maintenance of life, such as the glandular, gastro-intestinal, genito-urinary, vascular, respiratory, muscular, cutaneous and bony systems. It controls growth, nutrition, development and involution. The sensorimotor level is the next higher, and the term "neurology"

is often limited to this level but quite erroneously. This level provides that all the multitudinous parts of the human machine should work harmoniously together, including sensory, perception and motor activities. The psychic level is the highest or most complex, insofar as it no longer confines its attention to the individual but is concerned also with the relation of the individual to his environment, both physical and social. It is divided into a comparatively small portion called "consciousness" and a much larger, much more important portion which furnishes the psychic motivation of conduct, the "unconscious".

I wish to stress one further conception. Any of these three levels of the nervous system may be: (1) functioning too little; (2) functioning too much; (3) not functioning at all. To illustrate; a person is paralyzed following a "stroke" because part of his brain is not functioning at all; the arm and leg are stiffened because another portion of the brain over-acts when the restraining influence of the higher, but destroyed, portion is removed.

The patient who is worrying intensely over an unsolved problem of life has an over-functioning of the psychic level. Alcohol causes an under-functioning of this psychic level and has no stimulating action on the brain but only releases the lower vegetative levels from the higher restraining levels. The higher levels control and modify the functions of the lower levels, and as most of our sins and excesses are due to the lower or vegetative level, these are properly interpreted not as over-action of that lower level, but as under-action of the restraining psychic level. Fits of rage, lack of emotional control, loose morals and unreasonable conduct of all kinds are evidence of this same principle. Any disorder of these three levels is within the proper domain of the neurologist.

So much for neurology. The nurse is unwittingly a skilled neurologist for no one sees more deeply into the ramifica-

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tions of the patient's nervous system than she does. Solomon asked that he might be given an understanding heart, and I often think he passed it on as a perpetual legacy to your profession. A dark mood is often more exquisite pain to a sensitive mind than the aching of a wound, and the greater delicacy and finer sentiments of woman are potent weapons in your armamentarium. This understanding, this insight, this sympathy of yours is the common bond that I would wish to have with you.

There is one part of neurology where this infinite understanding of the nurse can be of special value, and that is in the functional nervous disorder or neurosis. This implies that no physical lesion exists to explain the symptoms. Whereas the psychotic person lives in a world of fantasy, the neurotic lives in the real world, and though its difficulties are far greater for him than they are for normal people, they are the same difficul-

ties which all of us have. These people are ill, and it is useless to admonish them "to pull themselves together", or "to exert their will power" or "to get away from themselves". If they say they are exhausted all the time, yet are physically fit, they nevertheless still feel ill. If they say they have a pain, one must believe them for there is no such thing as an imaginary pain unless the person be a liar. This type of ailment probably comprises two-thirds of all complaints in medical practise and your patience as nurses is most sorely tried by these patients. Yet they need understanding, faith, and hope, and you can give these to them. The neurologist tries to discover why they have lost faith in themselves and what means can restore it to them, and how they can be given hope again.

This is the last word I would leave with you: that you foster their hope and faith in themselves.

AN INTERNATIONAL APPOINTMENT

Miss Yvonne Hentsch has been appointed Chief of the Nursing Division of the League of Red Cross Societies and will be attached to the headquarters of the League in Paris. Miss Hentsch is a graduate of the School of Nursing of "La Source", Lausanne, Switzerland. In 1935 she took

the International Course given under the auspices of the Florence Nightingale International Foundation and, upon its completion, served for a year as a member of the headquarters staff of the International Council of Nurses at Geneva thus obtaining valuable experience in international work.

OBITUARY

UNA GALE, a graduate of the School of Nursing of Jeffery Hale's Hospital, died on August 12, 1939, after a brief illness. Miss Gale was a member of the Class of 1912. For a number of years she held the position of night supervisor in the Jeffery Hale's Hospital and subsequently became assistant superinten-

dent of that Hospital. Later on she decided to give up institutional work and accepted an appointment as school nurse in the city of Quebec. Although at the time of her death Miss Gale had retired from public life, she was loved and respected by all with whom she came in contact.

NEWS NOTES

BRITISH COLUMBIA

Miss Geraldine Homfray has been appointed to the position of Field Work Supervisor in the Department of Nursing and Health at the University of British Columbia. Miss Homfray is a graduate of the Vancouver General Hospital and the University of British Columbia, and recently completed a post-graduate course at Peabody College, Nashville, Tennessee.

Recent appointments to the staff of the Metropolitan Health Committee in Vancouver, include Miss P. McDiarmid, Miss Evelyn Maguire, Miss Pauline McMartin, Miss Florence Jackson, and Miss Margaret H. Hay.

Married: Recently, Miss Betty Snowsell (Kelowna General Hospital) to Mr. Charles H. Geen.

Married: Recently, Miss Evelyn Jane Wilson (Royal Jubilee Hospital, Victoria, B. C.) to Mr. Gerald Manion Wilmot.

Married: Recently, Miss Elizabeth Stodart (Vancouver General Hospital) to Mr. Harry J. C. Walker.

Married: Recently, Miss Olive E. Walker (Vancouver General Hospital) to Mr. Frederick Stevenson.

Married: Recently, Miss Mary Wollaston Greene (Vancouver General Hospital) to Mr. George P. Echlin.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Tuberculosis Hospital recently invited the public to inspect its new surgical wing and other recent additions and renovations which are the culmination of the steady expansion during the past ten years. In the last decade the hospital has advanced from an institution of 150 bed capacity to one that can accommodate 272 patients. In 1930 the Nesbitt Memorial wing for children was added as the munificent gift of Mr. A. J. Nesbitt of Montreal,

As the institution changed with changing ideas of the proper environment for those whose malady confines them to bed for long periods, so its services have had to be expanded to meet the new methods of treatment of tuberculosis. Surgery has stepped into the forefront and the Saint John Tuberculosis Hospital with its thoroughly up-to-date surgical wing has already provided the operating theatre where 74 thoracoplastic,

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VOL. 40 NO. 6, 1935

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five phrenicotomy and many minor operations have already been performed. Practically all the major chest surgery being done in New Brunswick is done at the Saint John Tuberculosis Hospital.

ONTARIO
DISTRICT 7

BROCKVILLE:

Miss Helen Robertson of the Ontario Hospital, Brockville, has recently completed a course in teaching and supervision at the School of Nursing of the University of Toronto and has joined the teaching staff of the School of Nursing of the Ontario Hospital, Brockville.

Married: Recently, Miss Irma Isobel Ellerbeck (K.G.H., 1935) to Mr. George Allan Gilmour.

DISTRICT 9

NORTH BAY:

Miss Marie A. Cloutier, who has been public health nurse in North Bay for the past five years, and has also served as chairman of the North Bay Chapter, District 9, R.N.A.O., has been appointed organizer of home nursing classes by the Red Cross Society in Montreal, and assumed her new duties in September.

Married: On August 8, 1939, Miss Reta Williamson (Hospital for Sick Children, 1932) to Mr. Albert King.

Married: On August 5, 1939, Miss Mary Garvin (Lady Minto Hospital, New Liskeard) to Mr. Walter E. Haines.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

Miss K. Jamer (R.V.H., 1927) has been appointed to the nursing staff of the Montreal Neurological Institute.

Miss K. Harding (R.V.H., 1935) has resigned from her position as one of the stewardesses of the Trans-Canada Air Lines and Miss Louise Tandy (R.V.H., 1939) has been appointed to that service.

Miss Margaret Heeny (R.V.H., 1933) has resigned from the staff of the Trail Tadanac Hospital and is now in charge of the Con Hospital at Yellow Knife, N.W.T.

Miss Beatrice Fatt (R.V.H., 1932) has been appointed to the nursing staff of the Bell Telephone Company.

Married: Recently, Miss Jean I. Calder (R.V.H., 1929) to Mr. R. Doland.

Married: Recently, Miss Minnie T.

Pointed Questions and Apt Answers

•

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Question: Who owns and publishes the *Journal*?

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Question: And what use is it to me?

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The CANADIAN NURSE



VOL. XXXV

NUMBER 11

NOVEMBER, 1939

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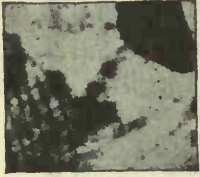
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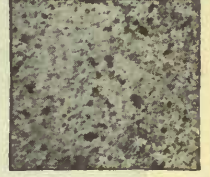
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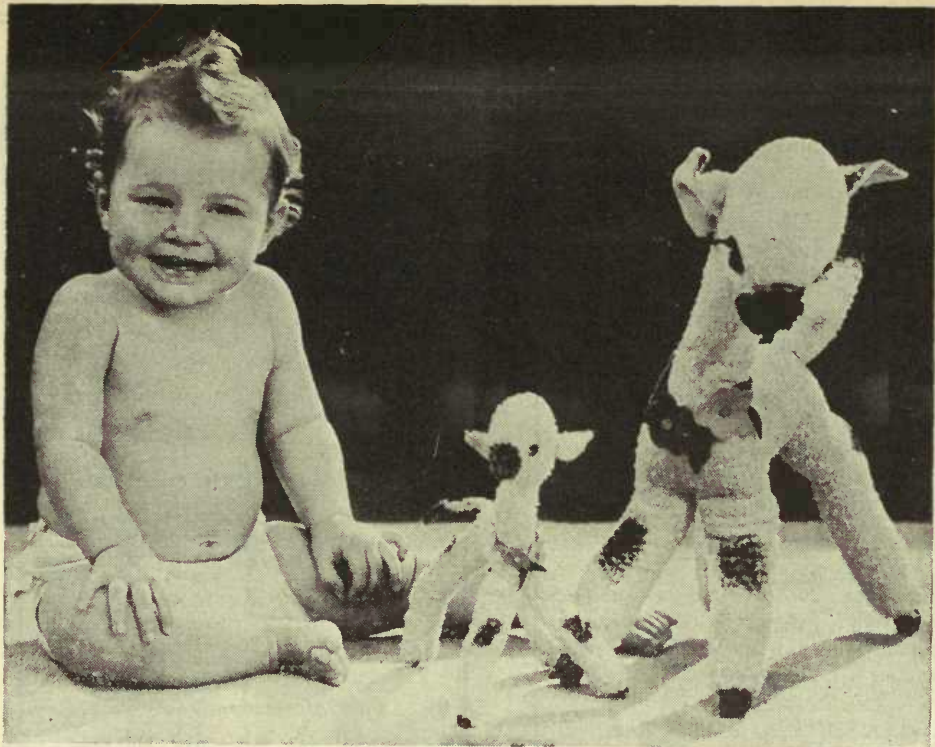
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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with The American Journal of Nursing, \$5.25. Cheques and money orders should be made payable to The Canadian Nurse. When remitting by cheque 15 cents should be added to cover exchange.

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

NOVEMBER, 1939

NUMBER ELEVEN

The Canadian Red Cross Society War Council

On invitation from the Canadian Red Cross Society, the Canadian Nurses Association has appointed Miss Elizabeth L. Smellie, first vice-president of the Association, and Miss Constance Brewster, president of the Registered Nurses Association of Ontario, to represent the Canadian Nurses Association on the recently formed War Council of the Canadian Red Cross Society. Miss Smellie attended a meeting of this War Council which was held in Toronto on October 23, but Miss Brewster was unable to be present. In her capacity as a member of the Central Council of the Canadian Red Cross Society, Miss Jean Gunn was also in attendance.

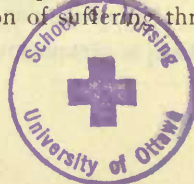
The chairman, Mr. Norman Somerville, K. C., stated the purpose of the meeting, and described the general policies of the Society as set forth in the following outline:

The Canadian Red Cross Society is a National Voluntary Organization incorporated by Act of the Canadian Parliament for the following purposes:

1. To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the conference of Geneva of October, 1863, and also of the treaty of the Red Cross or the treaty of Geneva of August twenty-second, 1864, to which Great Britain has given its adhesion;

2. To perform all the duties devolved upon a national society by each nation which has acceded to said treaty, but in affiliation with the British Red Cross Society;

3. In time of peace or war to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering throughout the world.



The present policy of the Canadian Red Cross Society is as follows:

1. To carry on the peace-time activities of the Society throughout Canada, recognizing that they are of great importance to the health and welfare of the Canadian people.

2. To provide out of voluntary funds, assistance such as hospitals and equipment, ambulances, medical and surgical supplies and comforts of all kinds to the sick and wounded in time of war.

3. To provide assistance to Canadian prisoners of war in safeguarding their health and welfare.

4. To provide comforts for Canadian and British armed forces on active service.

5. To provide assistance in co-operation with other Red Cross Societies for refugees of the countries of our Allies.

The chairman referred to the close relationship existing between the Canadian and British Red Cross Societies, and expressed the hope that both organizations might receive hearty co-operation and strong support in carrying out their beneficent work.

About twenty national agencies were represented, at the Council meeting, some as observers only. During the course of the discussion, the representative of the Canadian Nurses Association made it clear that members of the nursing profession in Canada are ready and willing to render any national service which may be required of them.

This statement is released for publication in "The Canadian Nurse" by the Canadian Nurses Association.

JEAN S. WILSON,
Executive Secretary.

Training Must Go On

The training of nurses must go on and every would-be nurse should be encouraged to enter the profession by the regular channel of routine training. The danger lies in the fact that there are so many other channels open to the would-be nurse which sound more exciting and appear on the surface to make her more immediately useful to the nation's sick and wounded whom she wishes to serve. To the lay mind — even to minds which have been much in contact with nursing — it does not seem to be obvious that a probationer in training is a more efficient unit in any hospital ward after four, eight, or twelve weeks in a preliminary training school than another woman, who in place of the regular routine training, has had a certain number of lectures

and a small amount of practice and practical experience.

There are many women who do not really want to be nurses but want to help the nation during the emergency of the war. These are the people who should choose these other channels and help for the moment as V.A.D. nursing auxiliaries, first aid post workers, and so on. They will serve a very valuable purpose and will enable the nursing profession to give a higher standard of nursing care to a larger number of patients than could be coped with in any other way. The young girl who enters hospital for training at the moment need not think she is serving her own ends before she is serving her country. As a matter of fact she will also be making sacrifices.

—“*Nursing Times.*”



Flying with the "T.C.A."

ROBERT AYRE

Publicity Department, Trans-Canada Air Lines

Aviation brings new problems to be solved and new men to solve them. It provides new opportunities for women, too. Amelia Earhart is only one example (though perhaps the outstanding) of women in aviation; another is Mrs. Lindbergh, who specializes in the important work of radio. Canada has its women pilots, and is proud of a distinguished woman aeronautical engineer, but when it comes to regular transport service such as that of the

Trans-Canada Air Lines, women have a different part to play, one for which they are peculiarly fitted—they are the stewardesses. Every woman could not become a pilot, nor for that matter every man. Handling a plane requires special qualities of brain and nervous system. At the same time, every woman is not possessed of the qualifications to become an air line stewardess.

The first thing the T.C.A. asks a girl who applies for such a position is:

"Are you a Registered Nurse?" If she isn't, the interview ends there. Now this does not mean that the T.C.A. considers flying hazardous. It is simply a recognition of the fact that, in spite of statistics, in spite of widening experience, there are still travellers who think it is. One reason the stewardess is a nurse is because nurses inspire confidence. Practical and poised women, cheerful and tactful, they are experienced in the art of helping people to forget their nervousness and of making them feel at ease.

The T.C.A. stewardess must be a girl of good education and she must have a pleasing and courteous manner. These things naturally follow when she is a nurse. It follows, too, that she will be in excellent physical condition. The T.C.A. is strict about this and the stewardesses report for medical examination every three months. The regulations say that a girl must not wear glasses and they add definite specifications regarding her height and weight. She may weigh as little as ninety-five but no more than one hundred and twenty-five pounds. She must not be below five feet tall nor above five feet five inches. She must not be under 21 nor over 26 years of age. Married women are not acceptable as T.C.A. stewardesses even if their husbands are dead or divorced. Only Canadians are engaged.

When a girl answers to all these requirements and is engaged, she goes to Winnipeg for training, under the general direction of the Supervisor, Miss Lucille Garner. On the ground and in the air (in the company of a girl already in service) she learns the routine. Then she is assigned to duty, usually on a "run" that has one of its terminals close to her own home. For example, nearly all the stewardesses on the line

between Montreal and Toronto are bilingual, a fact which is appreciated by French travellers.

It should be pointed out, perhaps, that the word "hostess" is never used on the Trans-Canada Air Lines. "Stewardess" seems more apt in identifying the functions of the young lady whose task is to serve the public.

What are her duties? Well, in the first place, she receives her passengers at the door of the plane, sees that they find their proper seats and disposes of their wraps, hanging overcoats out of the way. When the pilot lights up the sign indicating that he is about to take off or land, it is the responsibility of the stewardess to make sure that cigarettes have been extinguished and seat belts fastened. During the flight, she helps adjust the swivel chairs, provides cushions, perhaps tucks a blanket round a passenger's knees, explains the operation of the air-conditioning vent, passes out chewing gum (swallowing relieves the pressure on the ears), offers magazines or the materials for correspondence, produces maps of the route and does a hundred and one other little things to make her passengers feel at home. She can answer questions, too, for her training includes the assimilation of knowledge about the aircraft — how fast it goes, how high, what the horsepower of the two engines is, what is meant by such terms as "variable pitch" and "full-feathering" propellers — and about the route. She can point out places of interest along the way; she knows her time-table, she is familiar with connections with other air lines and with railways; she can help the traveller make reservations. One of her most important duties is the serving of meals. These are freshly prepared at terminals and sent on to the plane in boxes. The stewardess serves them on

FLYING WITH THE "T.C.A."

light-weight trays. Coffee comes in large vacuum bottles.

Sometimes she has children among her passengers. Most of them travel with their parents but with a stewardess at hand, a mother can relax and enjoy the flight without worry. A stewardess can be a great help in such matters as babies' bottles. And babies do travel by T. C. A. Some of them have been as young as a few weeks old. Under two years of age, they travel free. The first twins to fly in a Trans-Canada plane caused a moment's perplexity. With their mother, they flew from Regina to the coast, all three on one ticket. The problem was how to fit the three into one seat. They were just one day below the age limit.

The Trans-Canada Air Lines has more than two score stewardesses in service along the line between Montreal, Ottawa, Toronto, North Bay, Winnipeg, Regina, Lethbridge and Vancouver, between Vancouver and Seattle and between Lethbridge, Calgary and Edmonton. At present there is a daily transcontinental flight from Montreal and Toronto to Vancouver and one in the opposite direction; two daily round trips between Lethbridge and Edmonton and two between Vancouver and Seattle and an additional daily service connecting Montreal, Ottawa and Toronto. The schedules are soon to be extended from Montreal to Moncton.

The T. C. A. was incorporated by Act of Parliament in April, 1937, capitalized at \$5,000,000. It was stipulated that a majority of the stock must always be held by the Canadian National Railways and that any other shares sold must go to Canadians only or to companies incorporated under the laws of the Dominion. At present, the C. N. R. is the sole shareholder. S. J.



WELCOMING THE PASSENGERS

Hungerford, Chairman and President of the railway system, is president of the air lines, and the C. N. R. has four directors on the board. The Dominion Government has three. While the T. C. A. naturally has its own separate operating and traffic departments, the railway provides such services as legal, secretarial, medical, purchasing, advertising and publicity, to avoid duplication and for the sake of economy.

Commercial operations began as early as September, 1937, less than six months after the air line was organized, with the acquisition of a service already existing between Vancouver and Seattle. In the following March, an experimental daily mail service was begun between Winnipeg and Vancouver. This became a regular over-night mail service in October, when the



THE SUPERVISOR
MISS L. GARNER
AT THE RIGHT,
AND
MISS P. ECCLESTONE

Lethbridge-Edmonton line was also opened. The T. C. A. began carrying mails between Montreal and Vancouver on an experimental daylight basis on December 1, 1938. In March, 1939, over-night air mail service between these two cities, on opposite sides of the continent, became a matter of routine and a month later the T. C. A. began carrying passengers.

The two years between the Act of Parliament and the first passenger flight were crowded with activity. The "airway" (airports and landing fields, radio range stations, meteorological service), for which the Department of Transport is directly responsible, had

to be brought up to date and extended. The air line had to gather its staff and put it through a stiff training course, had to assemble its fleet, conduct survey and experimental flights, had to build hangars and shops.

If you were a passenger on a T. C. A. plane and you asked your stewardess about the aircraft, these are some of the facts she would tell you. It is a Lockheed Super Electra, with twin engines generating 850 horsepower each. It has a cruising speed of 209 miles an hour and a maximum speed of 244. It has seats for ten passengers. There are two pilots in the cockpit (really three because of Charlie

A GROUP OF
"T.C.A." STEWARDESSES
SURROUNDING THE
PROPELLER OF THE
GIANT PLANE.



McCarthy, the automatic pilot) and they are equipped with four complete radio sets and with all the gyro devices, for telling them where they are.

The T. C. A. pilot flies a course set for him by radio and he never leaves the ground without a flight plan based on weather reports. Transport flying is a science rather than an adventure, a science that has settled down to a routine.

The T. C. A. has, in two short years, become an essential part of Canadian life. When you know that you can board a plane in Montreal at nine o'clock at night and can be in Vancouver — across 2,411 miles of forest,

lakes, prairie, foothills and mountains — in time for lunch next day, you realize what a change wings and propellers have wrought in the business and social life of the broad Canadian Dominion. When you look at those gleaming metal birds, at the quiet, dependable pilots and the pretty, dependable stewardesses in their smart uniforms, you have a new understanding of the word efficiency.

Readers of *The Canadian Nurse* may be interested in knowing who the Trans-Canada stewardesses are, here is a list, with their places of birth and the hospitals where they received their training:

<i>Name</i>	<i>Place of Birth</i>	<i>School of Nursing</i>
Garner, L. (Supervisor)	Qu'Appelle, Sask.	Royal Victoria Hospital, Montreal.
Allan, E. V.	Dauphin, Man.	Holy Cross Hospital, Calgary.
Beeber, M. J.	Bassano, Alta.	St. Joseph's Hospital, Victoria.
Brass, M. J.	Yorkton, Sask.	Royal Alexandra Hospital, Edmonton.
Brunelle, A.	Weedon, Que.	Nôtre-Dame Hospital, Montreal.
Brunelle, G.	Weedon, Que.	Nôtre-Dame Hospital, Montreal.
Cornwall, N. K.	Edmonton, Alta.	Hospital for Sick Children, Toronto.
Cowan, R. E.	Outremont, Que.	St. Mary's Hospital, Montreal.
Crispin, E. V.	New Westminster, B. C.	St. Paul's Hospital, Vancouver.
Danby, L. M.	Richmond, Ont.	Ottawa Civic Hospital, Ottawa.
Ecclestone, P.	Vancouver, B. C.	St. Paul's Hospital, Vancouver.
Finlay, L. I.	Killarney, Man.	Misericordia Hospital, Winnipeg.
Haibeck, C. M.	Lethbridge, Alta.	Galt Hospital, Lethbridge.
Keeping, N. T.	North Sydney, N. S.	Woman's General Hospital, Montreal.
Leslie, R. A.	Winnipeg, Man.	St. Boniface Hospital, St. Boniface.
Levac, M.	Grondines, Que.	Nôtre-Dame Hospital, Montreal.
McNamara, P. A.	Sault Ste. Marie, Ont.	St. Michael's Hospital, Toronto.
Mongeau, G. R.	Montreal, Que.	St. Mary's Hospital, Montreal.
Price, D. J.	Orillia, Ont.	Wellesley Hospital, Toronto.
Shanahan, F. C.	Winnipeg, Man.	Misericordia Hospital, Winnipeg.
Vallance, A. J.	Kerrobert, Sask.	Vancouver General Hospital, Vancouver.
Wallace, N. T.	Orillia, Ont.	Medicine Hat General Hospital, Medicine Hat.
Wilson, M. M. W.	Winnipeg, Man.	Misericordia Hospital, Winnipeg.

Samuel Bennett, Seth Alden, and the Lag

This article is the substance of an address delivered before the Conference of Public Health Nurses and Medical Officers of Health at Vancouver, British Columbia, April, 1939, by C. E. DOLMAN, M.R.C.S. (ENGLAND), M.B., B.S., M.R.C.P., D.P.H., Ph.D. (LONDON), Professor and Head, Department of Bacteriology and Preventive Medicine; Acting Head, Department of Nursing and Health, The University of British Columbia.

In the year 1674, during the reign of the "Merry Monarch", Charles II of England, one Philip Bennett wrote in his kinsman Samuel Bennett's recipe book (now in my possession) the following prescription:

Against epidemicall diseases, as the plague, &c . . . One quart of Redd Muska-dine, one pint of white wine Vinegar, half a pint of Angelica Water, One ounce of London Triacle, half an ounce of Nutmegges, two Races of Large Ginger, half an ounce of Cinamon, half an ounce of Congo pepper, one handful each of Elder-croops, Bramble Leaves, Rodd Sage, Wormewood, Rue, and a little Angelica. Boyle it altogether till halfe thereof bee wasted, then strayne it (with fower spoonfulls of English Honey) into a Glasse . . . Take one spoonfull of the medicine every morneing, and then walk abroad and follow your affaires, &c: I used only this water and wormewood Ale in the great plague last in London and (by God's blessing) escaped, yet some of my ffriend's were infected and I kept them company.

In 1767, nearly 100 years later, only a few years before the outbreak of the War of Independence, one Seth Alden, (a direct descendant of the John Alden who came over on the Mayflower) became apprenticed to a physician and surgeon of the city of Norwich in Connecticut. In his notebook one finds the following reassuring statement:

Contagious or pestilential fevers seem to owe their malignity, universality, and dele-

terious nature to animal salts dissolved and sublimed, by putrefaction, fermentation, sublimation, and again Attraction uniting into Large Clusters suddenly and violently. All epidemical, infectious, and eruptive distempers are but lesser degrees of pestilential ones caused by these animal salts weakened and diluted . . . Hence by an easy and natural piece of Natural Philosophy, all epidemical infections and pestilential distempers may be accounted for . . .

Samuel Bennett and Seth Alden became prosperous and respected citizens in their respective communities, and doubtless built up a reputation for oracular wisdom on a foundation of fancy prescriptions and obscure platitudes such as the above; and we may well reflect with astonishment and gratification upon the advances made, since their day, in our knowledge of the causation and prevention of "epidemical diseases", and in the changes of habit and outlook to which the partial application of such knowledge has given rise. In Samuel Bennett's day, a person had to be unusually lucky or tough to survive his thirtieth birthday; while a century later, in Seth Alden's time, the expectation of life, at birth, was barely 35 years. Today, in this country, the baby boy has at birth an average chance of living to be 62 or so; and, for some rather unsatisfactory reason, the baby girl is permitted to survive a couple of years longer. But there is another aspect to the public health picture drawn in terms of historical perspective, which is just as

remarkable, and merits equal attention.

In 1546, Fracastoro wrote a monumental work on Contagion,—“De Contagione”—full of accurate observation and of prophecies since fulfilled; and this was 132 years before Samuel Bennett’s prescription against the plague. Nearly 50 years before Samuel, William Harvey published his classic on the circulation of the blood; while Anthony van Leewenhoek, whose “little animals”, seen through his home-made microscopes, we now know to have been related to the causal agents of the plague and other “epidemicall diseases”, was a contemporary of Samuel’s.

Again, in the very year 1767 that Seth Alden was to recommend the following treatment for a man “sick of a pulmonary consumption”: . . . “Hold a cat to his mouth so that he may breath into the Cat’s mouth when he is asleep for the space of half an hour at a time ” . . . John Hunter, founder of the experimental method and inductive logic as applied to medicine, inoculated himself with gonococcal pus in an attempt to prove that syphilis and gonorrhoea were one and the same disease; and thus gave himself not only gonorrhoea, from which he soon recovered, but also a primary syphilitic sore, of a type still known as a “Hunterian chancre”, the precursor of the aortic aneurysm of which he prematurely died. And Edward Jenner, Hunter’s pupil, whose marvellous contribution to preventive medicine, smallpox vaccination, can hardly be over-praised, died nine years before Seth.

The point I am trying to make is that the pioneer always has been years ahead of the practitioner. In the field of preventive medicine, there is a lag ranging from two to two hundred years, with twenty years as perhaps a

fair average, between the experimentation, the viewpoint, and the teaching, of the laboratory worker, and the application of this knowledge to the benefit of mankind by the public health worker, whether doctor or nurse. What factors have caused this lag, to what extent can it be reduced, what has been accomplished despite it, to what extent have these accomplishments changed our objectives, and what new techniques should we, as practitioners of preventive medicine, attempt to acquire? These are some of the questions which I think we ought to face squarely.

First let us sketch briefly what has been brought about by preventive medicine in recent years. We need not go back in time to even 100 years ago, when, on this continent, epidemics of cholera, typhus, typhoid, malaria and smallpox, swept over the human scene at only too regular intervals, carrying away in their adult or adolescent years communities of people who, by chance or through an unusual hardihood, had survived the then appalling hazards of infancy, and the infections peculiar to childhood, such as diphtheria, scarlet fever, measles, and whooping cough. Let us rather go back a mere 25 years, to a time well within the memory of most of us here—to the Coronation Year let us say of the late King George the Fifth.

We find infant mortality today is well under half what it then was. The mortality rates of children under 5 years have been reduced by three-quarters. Diphtheria has practically vanished, scarlet fever has become benign; tuberculosis has fallen from first place as a cause of death to seventh; typhoid fever from sixth place to thirtieth; cholera, malaria, yellow fever, plague, typhus fever, smallpox, and rabies, are

of course scourges not only of the past, but — as we are prone to assume in our unguarded moments — scourges of the dim and distant past, which cannot fall again upon us.

We may justly reflect with pride upon the fact that in this brief generation, covered by the lifetime of us all, the application in the field of the discoveries of the pioneers has made it possible for the average baby of today to expect a 10-year longer life-span than we ourselves had a right to anticipate at our birth. We have become so accustomed to the benefits accruing to the public health through application of knowledge relating, for instance, to the nutritional requirements of the human body, and to the sources and varieties of the aberrations of the human mind, that it seems scarcely credible that the role of the vitamins in diet was first scientifically demonstrated as recently as 1912 by Hopkins, while Freud's great work, "The Theory of Sex", was not published until 1910.

School hygiene, mental hygiene, industrial hygiene, what were these 25 years ago? Yet today the bandy-legged toddler no longer runs on the streets of our cities, people air their complexes and disclose their inhibitions with resolute abandon, while not only the medical, but also the legal profession has benefited—along with the workman—from the operation of the Workman's Compensation Act. Women have exchanged the wasp waist for the franchise, and got rid of chlorosis and "the vapours" in the process.

The practice of birth control has become fashionable, among those for whom fashion counts, though there are no official facilities for preaching and teaching it to those who need it most. Eugenics, though practised very little

more today than in the time of Ancient Greece, is preached by many earnest Societies. Mendel has at least been heard of, and one day soon we may begin consciously to apply the science of genetics to the improvement of the quality of human stock, to the same extent as to our horses, cattle, and household pets. Again, the diabetic, and the patient with pernicious anaemia, can now live long and useful lives with the help of insulin and liver extract—both unreamed of when I started out as a medical student.

So much for the credit side of our balance sheet. What of the other side? A generation ago, the great majority (some four-fifths) of all deaths occurred from the communicable diseases. Today this same overwhelming majority of deaths are attributable to the so-called degenerative, non-communicable diseases. Cardio-vascular diseases now cause more than twice as many deaths as the next highest cause of death, which is Cancer. Pneumonia, nephritis, and accidental deaths now exceed tuberculosis in mortality rates in Canada. And we are faced with the disconcerting paradox that while mankind's expectation of life at birth may have considerably increased, his expectation of life at fifty years and at older age levels appears actually to be somewhat less today than at the time of the American Civil War. What are we public health officials doing about these problems?

If, instead of looking at the causes of death as indices of the state of public health, we turn to the extent and types of disability, there is little comfort to be derived from the findings of two recent surveys conducted in the United States. In one survey, 2 per cent. of persons insured by the Metropolitan Life Insurance Company (necessarily a group in which some process of selec-

tion had operated), or three-quarters of a million policy holders, were estimated to be suffering varying degrees of incapacitation or invalidism from chronic rheumatic, digestive, circulatory, respiratory, nervous, or pervic disorder. As a result of the other survey, it was estimated that up to 12 per cent. of the total population of the State of Massachusetts was suffering disabilities of like nature. What are we, as public health officials, doing to remedy such situations?

A further analysis of some aspects of the foregoing problems might prove profitable. Let us consider cardiovascular disease, for instance, which is now certified as the cause of death of more than one-quarter the total annual deaths in Canada. We all have to die when our hearts stop beating, and since we now live longer, more persons might be expected to die each year from wearing out of the heart and arteries. Yet senility, of which we all have a right to die, was recorded as the cause of death of only 15.4 persons per 100,000 population in Canada in 1936, less than one-sixteenth the number dying in the same year from diseases of the heart and arteries, and from cerebral haemorrhage; while more than one-quarter of these deaths occurred in the age group 40-60 years, which is nowadays far from being regarded as synonymous with senility. In fact life begins, we are told, at forty. Many of us must be eagerly looking forward to the experience.

Endocarditis resulting from acute rheumatic infection probably accounts for 25 per cent. of all deaths from heart disease. Syphilis is responsible for 10-15 per cent. of cardio-vascular deaths, while another 25 per cent. of such deaths are perhaps due to myocardial degeneration resulting from acute alcoholism, goitre, and chronic sepsis,

and from such infections as diphtheria and typhoid fever. There remain some 35-40 per cent. of deaths in this category, which are associated with a degenerative hardening of the arteries and with hypertension. Nephritis (resulting, for instance, from scarlet fever or from focal sepsis), diabetes, obesity, dietetic deficiencies — all these make their contribution here. Further, it can hardly be doubted that some proportion of cardio-vascular deaths associated with hypertension are due in part to the stresses and strains of our modern mode of life—to major and minor worries and excitements, from missing the street-car to financial or domestic disaster—against which, as good Anglo-Saxons, we strive to appear imperturbable.

We may then summarize the situation by stating that a great many of the apparently increasing deaths from cardio-vascular disease are a paradoxical consequence of advances made in recent years in our care and treatment of rheumatic fever, syphilis, diphtheria, nephritis and goitre, so that persons may now die in early or late middle age of the delayed effects of these diseases upon the cardio-vascular system, instead of dying at, or soon after, the original attack. In proportion to the success of our efforts at preventing these diseases altogether, we may expect a diminution in the death rate from cardio-vascular disease in this category. Again, that group of cardio-vascular deaths which may be attributed to premature and selective degeneration of tissues of the circulatory system, arising from dietetic excesses or deficiencies, from chronic focal infection, or from other factors, represents — to whatever extent we may learn to prevent these predisposing factors — a group of avoidable, or at least postponable, deaths.

Finally, there are those cardio-vascular deaths which seem primarily due to the accelerated tempo, the emotional traumata, the Mars-Moloch-Mammon worship, of our day. These, it seems to me, can only be expected to diminish as mankind becomes adjusted and reconciled to the new civilization which has so hastily and exhaustingly grown up around us in this past generation. Such comments on mortality rates from heart disease should not conclude without the observation being made that while we may reasonably expect organized public health to bring about, perhaps fairly soon, some diminution in recorded deaths from cardio-vascular disease in the age groups 40-60 years, there is not the slightest likelihood of man attaining physical immortality in the near future. In other words, until senility becomes more popular as a certifiable cause of death, the general mortality rates from cardio-vascular disease may continue to mount, as an expression simply of man's increasing tendency to survive until his hardest-worked organs give out. Let us not be stampeded into further worry by loose interpretations of statistics.

Turning for a moment to cancer, we may well ask ourselves again whether or not the recorded increase in the annual mortality rates from this disease represents an increased susceptibility of human tissues to cancerous degeneration at a given age. The evidence is not yet clear on this point. There seems a definite tendency for an increased relative incidence of cancer of the lungs, the gastro-intestinal tract, and the female breast, which is not wholly explicable in terms of improved diagnostic facilities; while cancer of the skin, and of the buccal cavity, appear to be declining in incidence. But apart from such trends as these, it seems doubtful

whether the susceptibility to cancer of the average man or woman of 45 to 60 years is any higher than it was a generation ago. The increased expectation of life, so that more persons are living to the age when their tissues are prone to undergo cancerous degeneration; the steadily-improving control of other causes of death; a medical profession more alert, and equipped with better diagnostic facilities for the detection of cancer; more frequent biopsy specimens, and a higher autopsy rate; and finally, certain regulations relating to the certification of causes of death, whereby cancer, if present, is given priority on the certificate—all these factors may combine to account largely, if not wholly, for recently increases in the recorded mortality rates from cancer.

While the cancer problem is serious enough, nothing is gained by a semi-hysterical approach to it. After all, the condition occurs throughout the animal kingdom. The only fish I ever caught in Canadian waters had a large epithelioma on its tail. Cancerophobia is perhaps as sad a calamity as is cancer itself. We should take comfort in the facts that the public is growing more educated to the importance of early diagnosis of the disease, and that surgery, radium, or X-rays, or a combination of these, can offer a good likelihood of cure in a high proportion of cancers in certain sites, when treatment is early begun. Your chief responsibility as public health officials interested in the control of cancer, must be to educate the public as to what may be the early signs and symptoms of the disease. And I know of no more economical way of spending public funds on cancer control than that which I have persistently advocated in our own Province; that facilities should be provided, under the auspices of the Division of Labora-

tories of the Provincial Board of Health, for the laboratory examination at a nominal fee of biopsy material sent in from suspected cases.

Now a few words about pneumonia, which is exceeded only by cardio-vascular disease and by cancer as a cause of death in North America. It is strange how long we have taken to give due recognition to the high morbidity and mortality rates of pneumonia. Far more deaths are certified each year from pneumonia than from pulmonary tuberculosis, yet our Provincial Board of Health, like most Boards of Health, assigns very considerable sums to tuberculosis control, but spends not one cent specifically upon pneumonia control. Again, although pneumococcal pneumonia is a communicable disease, many hospitals continue to nurse patients with such infections in general wards. Despite recent interest in the chemotherapeutic treatment of pneumococcal pneumonia, it seems likely that specific anti-pneumococcus serum will remain an indispensable factor in the reduction of deaths from this disease. Province-wide facilities for pneumococcus typing, and provision for free distribution of anti-serum for all cases in which the pneumococcus type is known, would seem to be long overdue.

A few comments on violent and accidental deaths would appear to be in order. Deaths in this category surpassed pulmonary tuberculosis as a cause of death in Canada in 1936, while accidents now share with tuberculosis the dubious distinction of being first or second cause of death in certain age groups of the highest economic importance. Accidental deaths, whether they occur in the home, at work, or on the road, are in the last analysis all avoidable deaths. In British Columbia, in 1936, automobile accidents alone were

responsible for a mortality rate of 13.5 per 100,000 population; while a total mortality rate of only 9.2 per 100,000 population was recorded in the same year in this Province, from the following diseases combined: measles (2.5), whooping cough (2.3), cerebro-spinal fever (1.2), poliomyelitis (0.9), typhoid fever (0.8), diphtheria (0.7), scarlet fever (0.7), and smallpox (0.1).

Perhaps the time has arrived already for attempting to cure ourselves of a tendency to become preoccupied with counting, in self-congratulatory fashion, the lives we are "saving" by preventive medicine. It has been well said:—"If we save a man from death by tuberculosis, we save him for death by something else. We may postpone death, but what we really *save* is health. That is eminently worth saving, whether life be prolonged or no. Indeed the mere prolongation of life without the conservation of health may well become a disaster, social no less than personal—By 1975, the population 20-44 years of age will have increased by only 6 per cent; but the population 45-64 years of age will have increased by 69 per cent. Unless the generation now in high schools and colleges can be delivered from the invalidisms of middle age they will become an intolerable burden upon the community."

Indeed, the burden of middle-aged invalidism is already a serious enough drain upon the resources of the community. The time is past for narrow public health enthusiasms, for fields of vision no broader than those revealed by a high power microscope objective, no deeper than the bottom of a potentially-polluted well, or concerned with nothing more comprehensive than the health of the child at school. The time has surely come for us to consider in what ways organized public health may

best apply the resources of preventive medicine to reducing the incidence of those chronic degenerative conditions referred to above, by which apparently more than one person in ten may be found incapacitated at any given time in the average North American community.

The inevitable lag between pioneer and practitioner in the conveyance of knowledge, and the imparting of techniques appropriate to a campaign against the chronic degenerative diseases, is being minimized through a changing university curriculum, and by attendance at such conferences as this. But to what extent are you, the practitioners of preventive medicine, reducing the lag between your acquisition of the appropriate knowledge and its effective application to the needs of an eager, anxious, and on the whole co-operative public? I do not propose to dwell upon the argument possibly arising in your minds, that the public is not eager, anxious, or co-operative — that there are a depressing number of conceited anti-vaccinationists, foolish cultists, and irresponsible morons in our midst.

By and large, it is doubtful whether there has been, since the time of Ancient Greece, a greater interest in health for its own sake than is manifest today. Nor is this the occasion for an analysis of the superstitions, the courageous fatalism, almost one might say the affinity for death, of so many of our people; which, superadded to their pathetic self-esteem, their obsession with the doctrine of personal liberty, and their leanings towards the practice of *laissez faire*, make them so difficult to persuade to action in their own interests. Again, we can neither deny nor ignore the fact that the three major obstacles to our achieving the full benefits of a complete programme of preventive medicine are

human ignorance and folly, and the poverty so often resulting from these. Admittedly, the fact that, for instance, one-third of United States citizens stand badly in need of medical care, but are quite unable to pay for it, is an appalling example of mal-distribution of essential services; but I find it a scarcely less appalling fact that one-third of the automobiles in the United States should be operated by persons earning less than twenty dollars weekly.

No doubt human failings such as these hamper our efforts at every turn; and public health officials cannot hope, in one generation, or even in one century, to enlighten ignorance, to absolve from the fruits of folly, and to assuage the burden of poverty. But the cry is mounting, from an increasing number of the articulate, for us to make the attempt, at least insofar as health is at stake. We doctors and nurses who are employed by the State to serve the interests of public health should have responded earlier to this cry.

We have already missed many opportunities. School children are now taught health by teachers who are themselves uninstructed in this field. Physical recreationists are springing up to divert into dancing, games, and physical exercises, the vigour of the young, and even of the middle-aged—an excellent arrangement; and to preach, in many instances, that good food, sound sleep, and vigorous exercise, will ensure abounding health to all — a dangerous fallacy. Social service workers, dieticians, and visiting housekeepers, have become organized to help cope with the consequences of the fact that, although health is purchasable, those who most need this commodity have not the means to purchase it. The services rendered by these groups were, and still are, necessary. Many fine men and women — intelli-

gent, keen, and sympathetic, — are serving their communities in these various ways. But none of these groups fulfils a function for which you, with some additions to your basic public health training, would not have been better equipped. How long are you to continue preoccupying yourselves almost exclusively with the health of the school child — undeniably wonderful though this privilege may be? And can you not make an end to these unseemly wranglings over whether a specialized or a generalized public health nursing programme is preferable? After all, this matter was thoroughly threshed out 15 years ago in the United States. Again, the question of the overlapping functional territories of the public health nurse and the social service worker, which exercises you so much, will not be settled by any general statement covering all contingencies in 15 years from now. And in order to solicit public support for our own particular field of interest, is it necessary that we should in turn proclaim, for instance, that tuberculosis, or venereal disease, or the provision of adequate laboratory facilities, represents the chief problem in public health today? If such claims are confusing to us, especially when considered in conjunction with what we

have just said about cardio-vascular disease, cancer, pneumonia, and accidental deaths, it can hardly be doubted that the public must be doubly confused thereby.

If there be any paramount problem before us, it would seem to be that of persuading public health workers to view public health as a whole, in all its proper relationships, and not from standpoints of personal predilection, or of prophylaxis against extinction.

Finally, I would point out that further big advances in public health must depend, as always, upon continuing research in the laboratory and in the field, and upon carefully-selected personnel, as well as upon efficiently-organized and adequately-financed public health services. There is no dearth of the fruits of research: in fact there is a surplus awaiting absorption and application.

In closing, I want to express the special hope that you will all be patrons of the arts and crafts in your various communities, and adepts at one or more of them—devotees of the abundant life. Most of all, I hope you will not be discouraged by delays and difficulties. Remember what has been accomplished already. Remember Samuel Bennett and Seth Alden, and the lag.

AWARD OF MERIT

For the first time in its history, at the recent Congress in Toronto, the American Hospital Association made an Award of Merit to a person who had "done the most to advance hospital welfare in the United States and Canada." That person could be none other than Dr. Malcolm T. MacEachern, director of the hospital activities of

the American College of Surgeons and President of the International Hospital Association. Throughout his entire career, Dr. MacEachern has devoted his unusual capacity for organization and administration to increasing the usefulness and efficiency of hospitals, and to promoting their interests in the community at large.

Duty and Privilege

The overseas mail which brings us *The British Journal of Nursing* is always eagerly awaited and though the September issue was delayed in transit it was doubly welcome when it finally arrived.

In its leading article the editor, Mrs. Bedford Fenwick, quoted the entire text of the King's Message to his people at home and overseas. It is indeed significant that the President of the Canadian Nurses Association, Miss Grace M. Fairley, should have turned to the same source of inspiration when preparing the message which appeared in the October issue of *The Canadian Nurse*. No more striking proof could be given that the nurses of the British Commonwealth of Nations stand ready to accept the duty and the privilege which are theirs, by virtue of the nature of their calling.

Flying with the T.C.A.

Every evening, at the appointed time, the great "ship" of Trans-Canada Airlines takes off for its epic flight from Montreal to Vancouver. As it roars through the sky, the people in the streets look up for a moment at the red and green lights at the tips of the wings and watch them as they disappear over Mount Royal, like twin meteors.

The plane goes right over our house, and on clear nights we can see the lighted windows of the cabin in which a Canadian registered nurse is on duty in her capacity as a member of the crew. It made us so proud to think of this that we asked Mr. Robert Ayre, of the pub-

licity department of Trans-Canada Airlines, whether he would prepare an article for the *Journal* describing the work of these young nurses. His response was most cordial and in this issue we proudly present "Flying with the T.C.A."

Nursing—and the Lag!

Every now and then an article comes along which is so thoroughly provocative and stimulating that it rejoices the editorial heart. "Samuel Bennett, Seth Alden—and the Lag" definitely belongs in this category, and whether you entirely agree with him or not, the fact remains that Dr. Dolman has given us something to think about. In addition to a masterly analysis of the present state of public health in general, Dr. Dolman challenges our complacency by suggesting that most nurses are blissfully unaware of the "time-lag" which exists between "the acquisition of appropriate knowledge and its effective application." He tells us quite plainly that, while we wrangle about non-essentials, we have allowed other workers to assume functions for which nurses might have qualified themselves. And if we are honest with ourselves, we must admit that this statement applies in other fields of nursing practice than that of public health.

Dr. Dolman is far from being an unkind critic and it is quite apparent that he has a sincere respect for nursing and for nurses. But he thinks it is time that we remembered "Samuel Bennett, Seth Alden, and the Lag."

A Dual Responsibility

Elsewhere in this issue, under the caption of the Victorian Order of Nurses for Canada, it is officially announced that Miss Winnifred Dawson is acting temporarily in the dual capacity of Provincial Supervisor associated with the Department of Public Health Nursing and as supervisor of the Victorian Order of Nurses in the Province of New Brunswick. Miss Dawson is a graduate of the School of Nursing of the Winnipeg General Hospital and has also taken the course in public health nursing offered by the School of Nursing of the University of Toronto. Upon her return from military nursing service overseas, she joined the staff of the public health nursing service of the city of Toronto. In 1925 she was offered an appointment as supervisor of a public health nursing demonstration centre, established in Rio de Janeiro, Brazil,

under the auspices of the Rockefeller Foundation. This experience, which lasted for three years, proved most stimulating from a professional point of view and also afforded Miss Dawson an opportunity of indulging in her favorite sport of mountain climbing. She can proudly claim to have made the ascent of "Itatiaya" — the highest mountain in Brazil.

In 1928 Miss Dawson returned to Canada and rejoined the Toronto public health nursing service. In 1930 she became Eastern Supervisor of the Victorian Order of Nurses for Canada, a position which she held until she assumed the dual responsibilities mentioned above. Miss Dawson will find full scope for her powers in a new task which offers such exceptional opportunities to a woman of her outstanding ability and broad experience.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to and resignations from the Victorian Order of Nurses for Canada:

Miss Winnifred Dawson, Maritime Supervisor of the Victorian Order of Nurses for Canada, has been released from her duties in Nova Scotia and is temporarily acting in the dual capacity of Provincial Supervisor associated with the Department of Public Health Nursing and as Supervisor of the Victorian Order of Nurses for Canada in the Province of New Brunswick.

Miss Electa MacLennan has been granted leave of absence from the Montreal staff and is acting as Supervisor of the Victorian Order of Nurses for Canada in the Province of Nova Scotia.

Miss Harriet Broad, *Miss Jean Axford* and *Miss Elsie Carter*, graduates of this year's class in the Course in Public Health Nursing, University of Western Ontario, have been appointed to the York Township,

Kingston and Kirkland Lake Branches, respectively.

Miss Jean Scrimgeour, graduate of the Public Health Nursing Course, University of Toronto, has been admitted to the North York Branch.

Miss Eva Annette Martin, formerly in charge of the Branch at Carleton Place, has been admitted to the Hamilton staff.

Miss Claire Rochez, who has been on leave of absence from the Victorian Order of Nurses for Canada, has returned to the Order and on October 1 took charge of the Ste. Anne de Bellevue Branch replacing *Miss Gareau*, who has been transferred to the Montreal Branch.

Miss Phyllis Boden has resigned from the Kirkland Lake Branch and is on leave of absence from the Victorian Order of Nurses for Canada. Miss Boden resigned to take postgraduate work.

STUDENT NURSES PAGE

Helping Reta to Get Well

ELNA K. NIELSEN

Student Nurse

The Hospital for Sick Children, Toronto

A sturdy, fair-haired child of five years of age, Reta, was admitted to hospital in February, 1936. Nine months previously she had been burned severely about the lower face, neck, arms, abdomen and chest. The burn had healed slowly with the formation of a dense cicatrix which had contracted progressively and distorted and marred the young child's body. She had lost the use of her arms because they were bound by their upper parts to her body so that she could not abduct them more than forty-five degrees. The left arm was flexed at the elbow. Her neck was practically non-existent for a thick sheet of scar tissue extended from her chin to the lower abdomen and her lower lip was turned completely inside out.

The tremendous task of the plastic surgeon was to restore the use of the arms, to release the lower lip and anterior part of the neck, and to attempt what practically amounted to the formation of a chin. There seems to have been ample justification for the series of fourteen operations, because they have relieved physical deformity to a great extent and have aided Reta in

gaining self-confidence, and will prevent her from becoming introspective regarding the great scarring with its resulting disfigurement.

It will be impossible to describe each operation. Mainly, a combination of Ollier-Thiersch grafts and z-shaped plastic operations were employed. Z-shaped incisions were made near the axilla to release her arms thus allowing them to be drawn away from the chest wall. The skin flaps were arranged to best advantage and the remaining denuded area covered with a Thiersch graft taken from the anterior flank. In this instance, when a position of abduction was to be maintained, the arm and shoulder were encased in light plaster. Variations of the procedure just described were carried out elsewhere on places where more freedom of movement was required, as at the elbow and the neck. Areas disfigured by scar tissue were excised sharply by dissection and re-covered with a Thiersch graft. Owing to the extent of the burns, the surgeon was continually hampered in his work by having to take small pieces of skin from wherever available.

Following each operation, came the period of recovery in which the nurse played the most important part. It was her duty to care for the delicate work the surgeon had performed by carrying out his instructions and reporting any departure from the desired effect. The nursing care involved three main points:

First, the promotion of healing with the minimum of infection by employing strict aseptic technique in dressings and by insuring immobilization of parts where movement might hinder or prolong healing.

Secondly, it was imperative that Reta's general physical condition be kept as fit as nursing care could make it by special attention to diet, elimination and



BEFORE TREATMENT

rest. Her diet varied from the post-operative fluids in large quantities to a full diet as convalescence progressed. Supervision at mealtime was required to make certain that she received sufficient nourishment and frequently her position necessitated her being fed. She was given two drams of cod liver oil three times daily and a compound containing iron when her blood haemoglobin fell below the normal. During the winter she spent a few minutes each day under an ultra-violet lamp to build up her resistance and to promote healing.

The daily bath so necessary to Reta's health and well-being was given with special attention to bony prominences and, areas where the weight of the cast might irritate were inspected for signs of pressure or interference with circulation. She was made comfortable with pillows, where required, to relieve weight or strain. Reta herself directed the placing of these and did it very well.

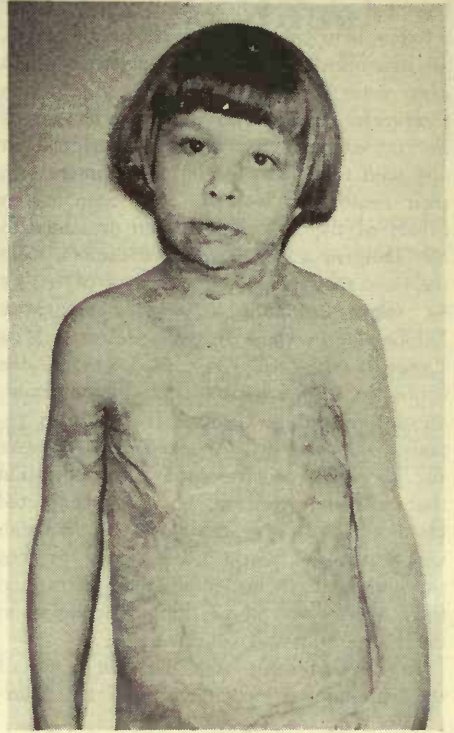
Thirdly, and undoubtedly the most important point of all was to safeguard Reta's mental health. She had a happy and attractive nature and it would have been a pity indeed had ministrations resulted in improving her physical condition to the detriment of her mental state. It was inevitable that she should suffer and was sometimes in great pain during her stay in hospital. It was here that the nurse could be of greatest help if by her sympathy and gentle handling she could win the child's co-operation and trust. When the painful dressings were over Reta's mind was diverted from her condition by books and games and after her wounds had healed sufficiently she was allowed to be up and about the ward. She had a natural interest in the other children and played

A BELOVED SUPERINTENDENT

well with them, with a child's happy forgetfulness of past suffering.

The surgeon's work and the nurse's care were repaid with gratifying results. The grafts healed well for the most part, although following two operations there was considerable supuration. Reta is now in excellent physical and mental condition. She has full use of her arms and flexion of her neck, her lip is in normal position and her chin well formed. There yet remains something to be done to further repair the ravages of the burn. This task will go on for some years and it is the hope and belief of Reta's friends in hospital that she will one day be as nearly like others as a surgeon's skill and nursing care can make her.

It is impossible for a nurse to care for a patient such as this or for any of the many burned patients who are admitted to hospital without realizing the great need for preventive teaching in this respect. In the majority of cases it is a moment's carelessness on the part of an adult because of which a child spends long months in pain and perhaps becomes permanently disfigured. It is preventable and we who best



AFTER TREATMENT

know the unforgettable results should be the first to teach and warn the guardians of the young.

A BELOVED SUPERINTENDENT

HATTIE M. SABINE

An event of much interest to graduates and friends of the Hamilton General Hospital Training School was the reception held on October 3, at which Dr. and Mrs. Langrill were guests of honour of the Alumnae Association. After thirty-five years in the capacity of Hospital Superintendent, Dr. W. T. Langrill is retiring from active service, and this was one of many

affairs recently given in his honour. The senior nurses' residence, bright with a profusion of autumn flowers and foliage, was thronged with graduates of many years, all of whom had received their training under Dr. Langrill's kindly superintendency. Receiving with Miss Irene Mayall, president of the Alumnae, was Miss Constance Brewster, superintendent of nurses and

principal of the School of Nursing. After a happy hour of greetings and reminiscences, all assembled in the reception room where Mrs. John Stephen, a graduate of 1909, in a graceful speech told of the affection of the nurses for the retiring superintendent and paid tribute to his unflinching interest in their health and welfare. Mrs. Stephen, on behalf of the Association, then presented to Dr. Langrill a moving-picture camera, with the hope that in his coming years of leisure he might cultivate a new hobby. Miss Dilpon, of the class of 1935, presented Mrs. Langrill with red roses in token of the continued admiration and love of all graduates of Hamilton General Hospital. In replying, Dr. Langrill thanked the Alumnae for the gift chosen—surely an indication that, although retiring, he is not expected "to occupy an easy chair on the verandah and watch the world go by." He assured the nurses that his interest in them and their affairs and in all things pertaining to the Hospital would continue.

In a reminiscent vein, he told some of the little-known, early history of the flour-

ishing institution of which he has been the head. In 1852 it had its humble beginning in a group of huts built to house immigrants suffering with typhus fever. Even in 1905, when Dr. Langrill became superintendent, the buildings were inadequate and the equipment meagre. Some of the contrast with the present-day conditions were almost unbelievable but then, as now, the care and comfort of the patient was always the first consideration. Dr. Langrill paid tribute to the women who have always been at the head of our School—Miss Bowman, Mrs. House, Miss Madden, Miss Fairley, Miss Rayside and Miss Brewster—all women of outstanding ability and of broad vision to whom the nursing profession owes much.

Supper was served in the classroom, beautifully decorated for the occasion, and presiding at the charmingly appointed table were Mrs. D. G. McIlwraith (1902), Mrs. Lannin (1914), and Mrs. Silverwood (1913), who had come from London for the occasion and was warmly welcomed by many friends.



ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Alice G. Stafford (Hamilton General Hospital and University of Toronto Public Health Nursing Course) has accepted the position of public health nurse for the town of Dundas.

Miss Mary Schaffter (Birkenhead General Hospital and University of Toronto Public Health Nursing Course) has resigned as public health nurse at Wallaceburg and accepted a position with the Sudbury Board of Health where she will succeed Miss Antoinette Chevrefils, who for several years has been the social service nurse for the venereal disease clinic. Miss Schaffter

will develop a tuberculosis nursing programme also.

Miss Alpha Marchand (St. Michael's Hospital and University of Toronto Public Health Nursing Course) has been appointed public health nurse at Penetanguishene.

Miss Rossie Densmore (Plummer Memorial Hospital, Special Course, University of Michigan) has succeeded Miss Gertrude Way as social service nurse for the venereal disease clinic at Sault Ste. Marie. Tuberculosis nursing will be included in Miss Densmore's programme.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

The Executive Committee of the Canadian Nurses Association held a meeting in Vancouver on September 16, 1939. Those present were Miss G. M. Fairley, President; Misses A. Cavers, M. Duffield, C. T. Motherwell, M. Teulon and Kathleen Sanderson, of Vancouver, and Miss Agnes Macleod (Chairman of the Nursing Education Section) of Edmonton.

General Meeting in 1940

The question of holding the General Meeting as scheduled for June 24-29, 1940, was discussed. It was recommended that plans for that meeting should be continued and the question again reviewed at the next Executive Meeting if the international situation so indicates. The unanimous opinion of the members present was that during the present period in the Dominion's history every effort should be made to maintain all educational standards and for this reason, if at all possible, the General Meeting should be held as arranged.

Special Committees

The National Committee on Education reported further study of the Curriculum with the purpose of expansion and enrichment of certain sections.

The Committee on Eight-hour Duty for Nurses questioned its continuance in

view of a probable shortage of nurses later on and difficulty in maintaining the shorter hours of service. It was felt the Committee should remain active so that the excellent ground gained in several provinces should not be lost and that when opportunity arises in any province to establish better working conditions, every effort should be made to do so.

The report on *Health Insurance and Nursing Service* noted that "greater activity in the development of hospital benefit and insurance schemes seems to be superseding actual health insurance interests".

The Exchange of Nurses Committee reported that well developed negotiations for an exchange for two Canadian nurses with two in New Zealand have been postponed for a year, at least.

It was decided that the canvassing of funds by the *Florence Nightingale Memorial Committee* should be deferred until a definite announcement concerning the Florence Nightingale International Foundation had been received. (Since the Executive meeting, word has arrived that the International Courses have been discontinued indefinitely and International House closed.) The C.N.A. Scholarship student had been advised by cable that she is free to ask for post-graduate experience elsewhere.

In her report, the secretary of the *National Joint Committee on Enrolment of Nurses for Emergency Service* stated that "in view of the present

emergency I think it is well to recall the resolution passed at the biennial meeting of the C.N.A. in Halifax in 1938, providing for complete solidarity of the Canadian Red Cross Society." The resolution referred to is:

That in order to sustain the entity of the National Joint Committee on Enrolment of Nurses for Emergency Service, appointments of representatives be made for a period of two years, this period to begin at the time of the General Meeting of the Canadian Nurses Association, 1938, and that the chairman and secretary be appointed by the Committee alternately from the representatives of each organisation.

Sections

An early conference is planned between the chairman of the *Nursing Education Section* and the convener of the *Committee on Eight-hour Duty for Nurses* as a means toward development of the educational programme for the current year.

The report from the *Public Health Section* noted "that whereas in 1914, approximately one-third of our Empire's man power were found to be physically unfit, figures recently released in Britain demonstrate that public health practices have reduced that figure to less than 15 per cent."

Pageant of Nursing

A most excellent report on the preparations of the Pageant of Nursing was submitted to the Executive and appreciation expressed to District 5, Registered Nurses Association of Ontario, for the tremendous effort put into preparation of the Pageant. (Due to cancellation of the Congress of the International Hospital Association, the Pageant was not presented as planned, much to the great regret of the C.N.A.)

Florence Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Nurses Association,
Lethbridge \$10.00

Manitoba:

Nursing Staff, Children's Hospital,
Winnipeg 5.50
Nursing Staff, Portage la Prairie
Hospital, Portage la Prairie 2.60
Private Duty Nurses25

Ontario:

Staff and Students, Brockville
General Hospital, Brockville ... 10.00

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

The Canadian Florence Nightingale Memorial Committee have been advised of the action taken by the Committee of Management of the Florence Nightingale International Foundation following the outbreak of war. The following action was taken:

1. The International Nursing Courses 1939-40 have been cancelled.
2. Those students already in England have been assisted to return home.
3. Those students remaining in the country have accepted temporary positions on the staffs of hospitals

out of London and will return to their own countries as soon as possible.

4. Money received in advance on behalf of the 1939-40 students is being held to the account of bodies from whom it was received.
5. The house at 15 Manchester Square has been closed and the furniture has been packed and warehoused.
6. All the staff have been temporarily released.
7. The archives of the Foundation, i.e., one complete record of all minutes and reports, copies of the constitution and by-laws, copies of curriculum, lists of addresses, account books, and all records of financial transactions together with a record of the Minutes of the Old Internationals Association, have been placed in a strong box and deposited safely.
8. A skeleton Committee consisting of Mrs. Carter, chairman; Mr. High Wycombe; the Hon. Sir Arthur Stanley, treasurer; and Miss Olive Baggallay, secretary, has been formed to act for the Committee of Management during the war or until such time as the Foundation can re-open.
9. The Current Account at the bank has been closed as from September 30, 1939, and an audit has been taken.
A copy of the audited accounts March 31st — September 30th, 1939, will be circulated later.
10. The Trustees of the Foundation have undertaken to pay any standing charges such as ground rent and insurance during the period.

The above information is taken from a letter dated September 27, 1939, and signed by Mrs. Maynard Carter, chairman, and Miss Olive Baggallay, secretary, of the F.N.I.F. The concluding paragraphs of that letter are quoted:

The Committee hope that this action will meet with your approval and would like to take this opportunity of thanking you for your support and interest in the work.

They are confident that the affairs of the Foundation have been so arranged that it can be brought into active work again, when times allow, with the least possible loss of efficiency.

It is with the greatest regret that we have to make this final report of the cessation of work that is not only of the greatest importance to nursing as a whole but is also a contribution to world understanding and international friendship.

Miss Mary Henderson, the Canadian Nurses Association Scholarship Student who enrolled for the International Course 1939-40, returned to Canada on October 15. On discontinuance of the course Miss Henderson was sent to Addenbrooke's Hospital, Cambridge, and later was advised by Foundation authorities to return to Canada. Miss Henderson will continue her studies in Public Health Nursing at the School of Nursing, University of Toronto.

Miss Vera L. Armstrong, Scholarship Student from New Zealand, accompanied Miss Henderson to Canada. Miss Armstrong, who is Assistant Matron, Wellington Public Hospital, had enrolled for the Course for Administrators and Teachers in Schools of Nursing. While awaiting the first sailing by which she can leave for New Zealand (November 22) Miss Armstrong is spending the intervening weeks in observation in Canadian hospitals and schools of nursing.

Miss Laura Lambe, of Toronto, who had enrolled for the Administrators and Teachers in Schools of Nursing Course, is at The Infirmary, Cambridge, for the present. Miss Lambe's mother who accompanied her daughter to London returned with Miss Henderson and Miss Armstrong.

BOOK REVIEWS

PROFESSIONAL ADJUSTMENTS IN NURSING, by EUGENIA KENNEDY SPALDING, M.A., R.N., Instructor, School of Nursing Education, Catholic University of America, Washington, D. C.; Assistant Instructor, Department of Nursing Education, Teachers College, Columbia University, New York, 1932-1934. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. 422 pages and index. Illustrated. Price, \$3.00.

The need for personal and professional guidance of students in schools of nursing is a constant curriculum problem. To assist the senior student with her approaching problems of professional adjustment as she enters the nursing field, the author has succeeded in assembling a wide range of useful information relating to trends, opportunities, organizations, professional procedures and adjustments in nursing. This book should prove of value also to graduate nurses in any field of nursing by making them better informed in relation to many professional matters.

The author's interest in vocational guidance over a long period of time, as applied to schools of nursing, and her participation in the construction of the course entitled "Professional Adjustments" in the Curriculum Guide of the National League of Nursing Education, have stimulated the writing of this useful source book. The book is a reflection of much thought and experience. The material is arranged under particular units or sections. While several topics, including statistics, charts, etc., relate specifically to nursing situations in the United States, such as the American Nurses Association, the National League of Nursing Education, and the American Red Cross, other sections deal with situations of a more general nature. Examples of this kind are, "The Alumnae Association;" "International Nursing Relationships;" "Public Relations in Nursing;" "Nursing and Related Legislation."

Under a topic entitled "Education and Professional Growth," the author refers to "Catholicism in Education," and utilizes a chart in which religious education forms the central pivot. In view of the fact that the religious philosophy of any group has a bearing upon ethical standards of personal and professional conduct, this particular section will be of interest to other groups who are also concerned with harmonizing spiritual and professional ideals, whether they are provided for within the professional curriculum or through other avenues or agencies.

This book should serve as a very useful library reference in schools of nursing for both students and teachers.

MARION LINDEBURGH,

*Director: School for Graduate Nurses,
McGill University.*

THE PRINCIPLES AND PRACTICE OF NURSING, by BERTHA HARMER, R.N., A.M., late Director of the School for Graduate Nurses, McGill University, Montreal; and VIRGINIA HENDERSON, R.N., A.M., Instructor in Nursing Education, Teachers College, Columbia University, New York City. Fourth edition, revised and reset. 973 pages, with appendix and index. 100 new illustrations. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price, \$3.00.

In 1934, when the third edition of this book appeared, the present reviewer commented upon it as follows: "No other nursing text compares with it in comprehensiveness and sound scientific thinking. The essential philosophy of the book remains what it has always been and is based on a conception of nursing as a field of service and a personal growth, the student sharing in responsibility for both. Emphasis on the preventive aspects of nursing is consistently

maintained throughout and there is reflected in every chapter that deep and sympathetic understanding of the patients' needs which makes nursing an art as well as a science." No higher praise could be given to the new edition of this book than to say that this appraisal still stands. Miss Henderson set herself a most difficult task and she has attained a high degree of success. In spite of the drastic revision which was necessary from a technical standpoint, she has (to use her own words) "preserved its spirit and general characteristics". The memory of Bertha Harmer is held in honour in her native Canada and it is gratifying to find that her keen and original thinking still dominates the book which bears her name.

It is only fair to admit, however, that its value has been substantially increased. New chapters have been written; modern techniques described; the general arrangement has been changed to conform with the recommendations of the Basic Nursing Curriculum as authorized by the National League of Nursing Education for use in the United States. As a result of this reorganization the book now has five parts: nursing and community health service; fundamentals of nursing care; assisting with diagnostic procedures; assisting the physician with therapeutic measures; introduction to medical and surgical nursing.

This arrangement of subject matter may require the instructor to select chapters from various parts and to present them parallel with one another, but we agree with Miss Henderson that Part One, which is an orientation to nursing and health work, should be studied first. By so doing, the student is encouraged to look beyond the narrow environment of the hospital toward the wider horizon of the world beyond its walls. More and better illustrations have been provided and the format has been modified so as to confine the book to a manageable size and weight. The obvious drawback to a book of this kind is that technical procedures change so rapidly that detailed descriptions of them may become obsolete before they appear in print. Nevertheless, the underlying principles upon which they are based remain the same and the value of this book lies in the clarity

and soundness with which these are set down. In this connection, Chapter Four deserves special mention because it contains an admirable plan of care which is sufficiently comprehensive to touch upon all the needs of the patient and to suggest how they may be met. An excellent outline of the nurse's responsibility for health teaching will be found in Chapter Seventeen.

—E. J.

NURSING PROCEDURES, a pamphlet published by the School of Nursing of St. Joseph's Hospital, Hamilton, Ont.

This pamphlet gives clear and concise directions concerning basic nursing procedures, each being discussed under the headings of purpose, equipment, method, special points, necessary precautions. There is much to be said for a simplified text of this kind. It is capable of expansion by means of classes and demonstrations and, being relatively inexpensive, can be revised without undue expense. This pamphlet bears on every page the imprint of two exceptionally well qualified teachers of the nursing art — Sister M. Monica and Sister Mary Grace.

A TEXTBOOK OF OBSTETRICS (with special reference to nursing care), by CHARLES B. REED, M.D., F.A.C.S., associate professor of obstetrics, Northwestern University Medical School, head of obstetrical department, Wesley Memorial Hospital; and BESS I. COOLEY, R.N., supervisor and instructor, Department of Obstetrics, Wesley Memorial Hospital, Chicago. First Edition. 476 pages. 209 illustrations. Published by the C. V. Mosby Company; Canadian Agents: McAins & Co. Limited, Toronto. Price \$3.00.

The aim of the authors of this book may best be stated in their own words: "In this book we have tried to put in concise and uncomplicated form the present-day attitude toward obstetrics as an art and as a science. Such a plan means that the nurse should have not only a basic knowledge of her own highly important duties but also a reasonable comprehension of what the

doctor is aiming to accomplish so that she can furnish practical assistance in routine procedures and be prepared as well for emergencies." The authors point out that the nurse must acquire a general understanding of obstetrics "without that knowledge of the basic sciences which is presented in a purely medical course." The first two chapters are therefore devoted to a review of anatomy, physiology and embryology which are clear, concise, and admirably illustrated. Succeeding chapters deal with normal pregnancy and with various aspects of pre-

natal and post-natal care. When discussing the management of labour, the authors strongly recommend that patients shall be hospitalized wherever possible. The various technical procedures and methods of meeting emergencies are dealt with in a clear and comprehensive manner. No mention, however, is made of the important role of the visiting nurse in the field of obstetrics. The book is well printed on good paper and in its general typography and arrangement contrasts agreeably with the cluttered pages of many nursing texts.

APPOINTMENTS

The Reverend Sister Mary Grace, R.G., has been appointed Superintendent of Nurses at St. Mary's Hospital, Kitchener. Sister Mary Grace graduated from St. Joseph's School of Nursing, Hamilton, in 1934, and for two years was surgical supervisor. In 1936 she was sent to the School of Nursing of St. Joseph's Hospital, Hamilton, as instructress. Sister Mary Grace has availed herself of every opportunity to keep in step with the progress of nursing education, and previous to entering the community of the Sisters of St. Joseph visited many of the places in Europe which are intimately associated with the history of our profession. Her pupils and many friends will wish her every success in her new and responsible task.

Miss Victoria Belier has been appointed superintendent of nurses in the Strathcona Hospital, Ottawa. Miss Belier is a graduate of the School of Nursing of the Ottawa General Hospital and for some years has been a member of the nursing staff of the Strathcona Hospital. She recently undertook post-graduate study in New York which gave her an opportunity of observing the latest methods in the nursing care of communicable disease and also of taking special courses in teaching principles and methods.

Miss Katharine MacLennan, has been appointed supervisor of nursing at the Provincial Sanatorium, Charlottetown, P. E. I. The Provincial Department of Public Health is housed in the same building as the Sanatorium, and is carrying on an energetic campaign for the control and prevention of tuberculosis.

A native of Prince Edward Island, Miss MacLennan received her early education at Prince of Wales College, Charlottetown, and later obtained her B.A. degree from McGill University. She is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and also holds the certificate for teaching given by the McGill School for Graduate Nurses. Prior to her recent appointment, Miss MacLennan served as instructor and assistant superintendent of nurses at the Alexandra Hospital, Montreal, and the experience in the nursing care of communicable disease thus acquired will surely prove most valuable to her in her new work. She has taken an active part in committee work and has held office in various organizations including the Association of Registered Nurses of the Province of Quebec and the Alumnae Association of the McGill School for Graduate Nurses. Although they are sorry to lose her as a colleague, her many friends in Montreal wish her every success in the work she has undertaken in her native Province.

A Tragic Loss

As the result of the sinking of the *S.S. Athenia*, a number of valuable lives were lost including that of Ina Duncan who was on her way home when she became the victim of this cowardly and cruel submarine attack upon a defenceless ship and its innocent passengers.

Miss Duncan received her education at the Salisbury Superior School and then entered the School of Nursing of the Moncton City Hospital, graduating with the class of 1931. The following year she was appointed to the staff of the Saint John Tuberculosis Hospital at East Saint John, N. B., and held this position until early in 1939, when she was given leave of absence in order to undertake post-graduate study in Great Britain. For three months she was a member of the nursing staff of the Papworth Village Hospital, near Cambridge, and then undertook further study in London.

The news of her death came as a severe shock not only to her family and friends, but also to all with whom she had been associated in her work. The members of the Saint John Chapter of



INA DUNCAN

the New Brunswick Association of Registered Nurses have expressed their sincere sympathy with Miss Duncan's relatives and their sorrow that so promising a career should have come to such a tragic and untimely end.

OBITUARIES

HELEN ELLERINGTON died on August 7, 1939. Miss Ellerington was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1910. For more than twenty years she was employed by the T. Eaton Company in Winnipeg. Her kindly and efficient service was rewarded with the trust and affection of the members of the

staff and she was beloved by a host of friends for her womanly qualities.

VIOLET ISOBEL FLETCHER died after a long illness, on August 19, 1939, at the Royal Jubilee Hospital, Victoria. Miss Fletcher was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and a member of the Class of 1931.

NEWS NOTES

ALBERTA

EDMONTON:

The regular monthly meeting of the Edmonton Association of Graduate Nurses was held recently at the Royal Alexandra Hospital. Miss McLeod presided and there was a goodly attendance of over sixty-five.

It was announced that an eight-hour day for private duty nurses would go into effect immediately with the complete support and co-operation of the four city hospitals. This was a culmination of the summer's work, and a step forward.

Following the business meeting, a social hour was enjoyed, the Junior group of the 1941 class presenting a skit entitled "The day the Probies took charge."

BRITISH COLUMBIA

KELOWNA:

The Graduate Nurses of Kelowna have recently formed a local association. The acting members of the society are as follows: Honourary President, Mrs. M. E. Wilmot, Superintendent of Kelowna General Hospital; president, Mrs. K. Standbridge; vice-president, Mrs. K. Brunette; secretary-treasurer, Miss W. A. Grigg; executive committee, Miss D. McKenzie, Miss A. B. Thompson, Miss M. MacLeod.

VANCOUVER:

The September meeting of the Vancouver Graduate Nurses Association was held recently with the president, Miss Mabel Gray, in the chair. The speaker of the evening was Miss Grace M. Fairley, her subject being the recent International Conference in London. Miss Fairley gave her listeners an intimate glimpse of places she had visited, and people she had met while in London.

The staff of the Metropolitan Health Committee, honouring the memory of their late beloved Supervisor of Nursing Miss Elizabeth Breeze, recently placed her photograph in the office which was hers. This was done with an absence of ceremony and will be an inspiration to those who carry on in her stead. The small brass plate attached, giving the dates during which she served as Supervisor of School Nurses, and as Nursing Supervisor of the Metropolitan Health Committee, is a reminder of her magnificent contribution to the

cause of public health during her long years of service.

Married: On September 16, 1939, Miss Margaret Fyvie Helen Young (Vancouver General Hospital) to Dr. Harold Harcourt Heal.

Married: Recently, Miss Aileen Osborne-Smith (St. Joseph's Hospital, Victoria) to Mr. Arthur Gray.

Married: Recently, Miss Muriel Fisher (St. Joseph's Hospital, Victoria) to Mr. Robert Buller.

Married: Recently, Miss Miriam Ryall (Royal Jubilee Hospital, Victoria) to Major W. S. Oliver.

Married: Recently, Mrs. Maisie Gilmour McLean (St. Joseph's Hospital, Victoria) to Mr. William A. Walters.

MANITOBA

BRANDON:

The opening meeting for the season of the Brandon Graduate Nurses Association was held recently with Mrs. D. L. Johnson, the president, in the chair. Fifty graduate nurses were present and during the business session a committee was chosen to attend the Red Cross organization meeting. The social hour was in charge of the General Hospital group and Miss M. Parrott presented the guest speaker, Mrs. Robert Darrach, who discussed "The Role of a Nurse in War Time" as experienced during the years of 1914-18 in France and England. She also gave many suggestions and helpful ideas for nurses in this day of anxiety. Miss Christina McLeod fittingly thanked the speaker for her splendid talk. A social hour concluded the evening.

Married: Recently, Miss Charlotte Kettles to the Rev. D. D. Millar.

WINNIPEG:

Winnipeg General Hospital:

A regular meeting of the Alumnae Association of the School of Nursing of the Winnipeg General Hospital was held on October 4. Dr. E. Adamson was the speaker of the evening.

The regular monthly meeting of the private duty and the nursing education sections are to be combined for the coming year. The four sections are planning on having their first meeting for the fall term at an early date.

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4. Who makes Navitol—a Vitamin A and D preparation as rich in these vitamins as halibut liver oil with Viosterol and costing only half as much?
5. Who makes the product containing Vitamins A, B₁, D, and G as well as Viophate-D and liver extract (Navitol Malt Compound)?
6. Adex Tablets is the trade name for what manufacturer's Vitamin A and D tablet?
7. Whose vitamin line includes products supplying Vitamins A, B₁, C, D, E, and G (B₂)?
8. What Biological Laboratory tests and standardizes each lot of its entire line of Vitamin Products?
9. Who makes Viophate-D with Viosterol—the first product to supply calcium, phosphorus, and Vitamin D in therapeutically effective quantities?
10. Whose fish liver oils are prepared under special patented processes which include treatment with carbon dioxide to exclude the air?

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NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter of the N.B.A.R.N., was held recently with the president, Miss Emma Honeywell, presiding.

It was a great shock to Moncton nurses to learn of the tragic death of Miss Ina Duncan who lost her life in the sinking of the *Athenia*. It has been learned that through her unselfish efforts in assisting others to safety she lost her own life. Miss Duncan was a valued graduate of Moncton Hospital.

About fifty nurses met at the home of Richard Fillnoir recently, where Miss Tillith Read was the guest of honor. Miss Read was presented with numerous gifts, after which refreshments were served.

Married: Recently, Miss Tillith Read (Moncton Hospital) to Mr. James Peacock.

SAINT JOHN:

The Saint John Chapter of the New Brunswick Association of Registered Nurses recently held the first meeting of the season at the Saint John General Hospital with the president, Miss Margaret Murdock, in the chair. This meeting was called for the purpose of considering emergency services the nurses might render. They have volunteered for first-aid stations and to help the Red Cross in making dressings. It was also decided to knit socks and make pyjamas for the soldiers.

A minute of silence was observed at the beginning of the meeting in memory of Miss Ina Duncan, a member of the Association who lost her life in the sinking of the *S. S. Athenia*.

At the formal opening of the new surgical wing of the Saint John Tuberculosis Hospital, East Saint John, Mr. A. J. Nesbitt of Montreal, donor of the Children's Wing, was the chief guest. After the reception which was held on the lawn the main building as well as the wings and beautiful gardens were inspected by the guests.

Married: Recently, Miss Marjorie White (Saint John General Hospital, 1933) to Mr. Roy Fryers.

Married: Recently, Miss Georgina Wellington (Saint John General Hospital, 1933) to Mr. Cyril McWilliams.

Married: Recently, Miss Helen McDormand (Saint John General Hospital, 1929) to Mr. Walter Cunningham.

Married: Recently, Miss Florence Nugent (Saint John General Hospital, 1935) to Mr. John Davidson.

ST. STEPHEN:

At the regular meeting of the Alumnae Association of the Chipman Memorial Hos-

pital, one hundred dollars was voted to be given to the Red Cross Society. Members of the Alumnae Association and of the Local Chapter, N.B.A.R.N., under the convener'ship of Miss Jessie Murray, V.O.N., volunteered to teach classes in Home Nursing organized by the Red Cross Society. Groups of nurses are also working with the public in preparing emergency relief supplies and soldiers' comforts.

Miss Anita Grimmer is the winner of the Alumnae award of ten dollars for the student leading the graduating class.

Mrs. Charles Anderson, anaesthetist of C.M.H., has returned from Toronto, where she attended a convention.

Married: Recently, Miss Jennie Sinclair to Mr. Charles Anderson.

Married: Recently, Miss Ruth Caldwell to Mr. Charles Ferguson.

Married: Recently, Miss Bella Marie Green to Mr. Julius Ingersoll.

Married: Recently, Miss Eva Martin to Mr. George Perks.

Married: Recently, Miss Madeline McAlpine to Mr. Merle Gibson.

NOVA SCOTIA

AMHERST:

Two prizes of ten dollars each were given by the Cumberland Branch of the Registered Nurses Association of Nova Scotia to the nurses leading in the recent R. N. examinations. The winners were: Miss Frances Hastings, Highland View Hospital, Amherst; and Miss Ethel Wilson, All Saints Hospital, Springhill.

The July meeting of the Cumberland Branch, R.N.A.N.S., took the form of a picnic held at the summer home of Miss Muriel Barker in Tidnish.

HALIFAX:

Victoria General Hospital:

The first fall meeting of the Victoria General Hospital Alumnae Association was held on October 3, and plans were discussed for the coming season, including a banquet in honour of the graduating class. The war work which is to be undertaken will be decided later.

The following appointments have recently been made:

Miss Grace Knox (V.G.H., 1934) has been appointed to the staff of the Nova Scotia Sanatorium at Kentville.

Miss Jean Nelson (V.G.H., 1932) has been appointed Nursing Sister and has

joined the staff of the Cogswell Street Military Hospital in Halifax.

Married: Recently, Miss Claire Marryatt (V.G.H., 1938) to Dr. Charles J. Macdonald.

Married: Recently, Miss Lillian B. Ford (V.G.H., 1933) to Mr. George Young.

Married: Recently, Miss Margaret E. Benham (V.G.H., 1939) to Mr. James C. Cullen.

Married: Recently, Miss Marjorie P. Weir (V.G.H., 1939) to Mr. C. R. Hamilton.

Married: Recently, Miss H. Audrey Purtil (V.G.H., 1932) to Mr. Rohan C. Duchemin.

ONTARIO

DISTRICT 1

PETROLIA:

District 1, R.N.A.O., recently held a meeting in the Charlotte Eleanor Englehart Hospital, Petrolia. The chairman, Miss Doris Shaw of Sarnia, presided at the business meeting. The Invocation was given by Rev. Wilfred Robarts, and the address of welcome by His Worship, Mayor F. L. Braybrook. Dr. S. B. Fraleigh also extended a welcome to the nurses. Dr. R. P. I. Dougall spoke on health preservation in the middle period of life and Miss Margaret MacPhedran gave a paper on the nature and use of the newer drugs.

The Refresher Course was discussed but was left over until a future date. An Extension Course in mental health will be arranged at the different centres if possible. The report of the resolutions committee was presented by Miss Doris Williamson. The Executive Committee were guests of the Charlotte Eleanor Englehart Hospital at luncheon and at the close of the meeting the nurses were the guests of the Nurses Alumnae Association at a very delightful tea.

Miss Vera Damon of the Ontario Hospital, London, has entered the Margaret Hague Hospital, Jersey City, for post-graduate work.

DISTRICTS 2 AND 3

KITCHENER:

Under the leadership of the convener, Minnie Hackett, the public health section of Districts 2 and 3, R.N.A.O., recently held a one-day refresher course on tuberculosis at the Freeport Sanatorium. Owing to very inclement weather, much sickness and war-time activities, many who had planned to

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attend were unable to get away from their district. The early comers donned gowns and watched some pneumo-thorax treatments for the first time, this gave them an opportunity of seeing at first hand, treatments about which they had known for years. An interesting talk on pathology, as pertaining to tuberculosis, was given by Dr. Whalley of Kitchener. Dr. E. N. Coutts, Medical Superintendent of the Freeport Sanitorium, extended a cordial welcome and gave an excellent address on tuberculosis in industry. This was followed by discussion and questions. An informal luncheon was served by the nurses of the Sanitorium and the arrival of more nurses in the afternoon brought the attendance up to twenty-five.

After a brief business meeting, Miss A. Bingeman, superintendent of nurses of the Freeport Sanitorium, gave an instructive demonstration of care of the patient. Groups of nurses were then taken through the hospital, to meet in the X-ray room, where Dr. Coutts showed films and illustrations of some of the topics discussed in the morning. The day was brought to a close with a delightful dinner and we parted, conscious of time well spent, and of a fellowship which was greatly appreciated. Arrangements are to be made for a supper meeting and for a guest speaker in May, 1940, when mental hygiene, with special reference to industry, will be the topic.

DISTRICT 4

ST. CATHARINES:

The regular quarterly meeting of District 4, R.N.A.O., was held at the Leonard Nurses Home, with the chairman, Miss I. M. McIntosh, presiding. Reports were read from the various Committees showing keen interest in the work of the District. A most informative address on "Modern Trends in Nursing Education" was given by Miss Margaret Dulmage, Reg. N., of the Toronto General Hospital. Miss Dulmage most enthusiastically emphasized the many uses to which our Journal, *The Canadian Nurse*, could be put to great value and advantage.

Miss E. Ebbage, chairman of *The Canadian Nurse Committee* for District 4, gave an outline of a very comprehensive programme to be carried out in order to increase the circulation of the magazine.

After the meeting a delightful tea was served by the superintendent, Miss Anne Wright, and the staff of the St. Catharines General Hospital, at which there was a great deal of discussion as to ways and means of increasing the circulation of our magazine.

The next meeting will be the annual meeting and will be held in Hamilton.

HAMILTON:

St. Joseph's Hospital:

The Alumnae Association of St. Joseph's Hospital, Hamilton, recently held a successful mid-season dance. The committee in charge included the Misses A. Williams (convener), D. Crossley, A. Smith, M. Mitchell, E. Hart, Z. Warren, and F. Nicholson.

The Alumnae Association of St. Joseph's Hospital held their first Fall meeting at Undermount with the president in the chair. The 1939 graduates were accepted into the Alumnae. After the regular business a very enlightening lecture on drugs was given by Sister M. Ancella who is head of the Pharmacy at the Hospital.

Married: Recently, Miss Jean Costy (St. Joseph's Hospital) to Mr. Jack Sullivan.

Married: Recently, Miss V. Bassindale (St. Joseph's Hospital) to Mr. J. H. Martin.

DISTRICT 5

OSHAWA:

It was literally a "colourful" meeting held in Oshawa on September 16, by District Five of the Registered Nurses Association of Ontario. May we offer a good formula for the start of any nurses gathering?

One glorious early autumn afternoon

Acres of velvety lawn

Playing fountains and flower borders

A blaze of colour, in formal and informal gardens.

Then add nearly 200 Ontario nurses. Mix well together and allow guests to wander at will for the afternoon, after meeting a gracious hostess, Mrs. R. S. McLaughlin, of Oshawa.

It was the lure of supper, being served in the nearby Oshawa Collegiate Institute by the nurses of Chapter One, that finally drew us from the lovely gardens. Miss Frances Matthews, vice-chairman of District Five, presided at the business meeting when, following the Invocation, the visitors were heartily welcomed to Oshawa by His Worship, Mayor J. A. Coleman. Reports included that of the Membership Committee, reporting a present membership of 1,314 nurses.

"Through the Years with a Student Nurse" was the film then presented by a well known Toronto surgeon, Dr. A. I. Willinsky, one of Canada's finest amateur ciné-photographers, and with his intimate knowledge of hospital life, makes no mistakes in his presentation of a difficult subject. From the day when pretty Margaret Malcolm wistfully watched the nurses passing in and out of the Toronto Western Hospital doors, to the day when she was happily "capped" and finally graduated, we

enjoyed and shared her experiences. This is a film we believe would be enjoyed by nurses throughout the Dominion. Then, for added measure, we spent the day in Toronto with Their Majesties the King and Queen! This film was rich in colour, and made us thrill to the beauty and dignity of Majesty as nothing has done since we fairly tingled from head to foot, at our first glimpse of the beloved royal couple.

To complete an already splendid evening, Miss Nettie Fidler, of the School of Nursing of the University of Toronto, gave the meeting her impressions of nursing in Europe and England, in 1939. We heard of the struggle to maintain high nursing standards in Poland; of the efforts to lessen hospital transportation difficulties in Sweden by the use of the Ambulance planes of the Swedish Red Cross; of piled up gas masks, and many new problems now confronting English nurses. All these things seemed more real and personal when described by a keen observer who was privileged to visit these countries on a Rockefeller fellowship, just prior to the outbreak of war.

As several chartered buses and numerous cars carried nurses back to their various duties, many nurses were heard to remark that the meeting had been unusually interesting and enjoyable. The programme committee of District Five and Chapter One Oshawa nurses are certainly to be congratulated on the success of the September gathering. It is planned to hold the next meeting of District Five in November, at the Hospital for Incurables, Toronto, when the care of the chronic patient will be the subject given special emphasis.

DISTRICT 7

KINGSTON:

Married: Recently, Miss Hazel Peever (K.G.H., 1937) to Dr. Douglas Pollock.

Married: Recently, Miss Elizabeth McEachern (K.G.H., 1936) to Mr. Gilbert Padley.

Married: Recently, Miss Mary Hendren (K.G.H., 1937) to Dr. Percival Young.

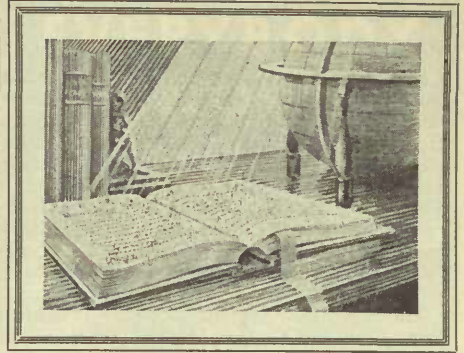
Married: Recently, Miss Caroline Lockridge (K.G.H., 1936) to Mr. William C. J. Reid.

DISTRICT 8

OTTAWA:

A meeting of the private duty nurses of District Eight, R.N.A.O., was held on September 25 with Miss Dorothy Ogilvie presiding. Mrs. C. D. Howe, chairman of the Ontario Division on War Services of the Red Cross Society, addressed the meeting and spoke of the need for supplies. Plans were then made for members of the group to start knitting socks and sweaters for the Red Cross.

NOVEMBER, 1939



TEXTBOOK RECOMMENDATION

Sollmann "A Manual of Pharmacology"
On the Action of Magnesium Oxide—

"Antacid action extends into the intestines with but little interference with the stomach . . . is converted in the alimentary tract into the soluble and therefore cathartic magnesium bicarbonate. Magnesium oxide is preferred to the usual alkaline carbonates when the stomach should not be burdened with excess CO₂."

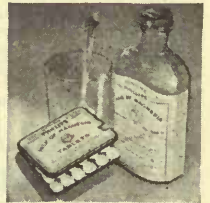
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Ottawa Civic Hospital:

Miss Lois Danby has recently accepted a position with the Trans-Canada Air Lines. Miss Julia Prindville has left for Sloan's Hospital, New York, to take a post-graduate course in obstetrics. Miss Goldie Thorpe has left for Montreal to take a position in the Alexandra Hospital. Miss B. McKeracher has resigned from the teaching staff of the Ottawa Civic Hospital. Miss Bessie Jackson has been appointed to the teaching staff of the Ottawa Civic Hospital.

Married: On September 9, 1939, Miss Doris Ashfield to Mr. Morley Arbuckle.

Married: On September 16, 1939, Miss Jean Taylor Craig to Mr. Herbert F. Clark.

Married: On September 11, 1939, Miss Helen K. Thompson to Lieut. W. S. Edwards.

Married: On September 2, 1939, Miss Laura McKay to Mr. John Baker.

Married: On June 18, 1939, Miss Bertha Waldron to Mr. George Young.

Married: On September 9, 1939, Miss Evelyn Jeffrey to Dr. Ernest Young.

Married: On August 19, 1939, Miss Dorothy Thomas to Mr. Ralph Hallebone.

Married: On September 9, 1939, Miss Marguerite Slaughter to Capt. Wm. Williams.

Ottawa General Hospital:

Rev. Sr. Flavie Domitille, Superintendent of Nurses, and Rev. Sr. St. Veronica, Superintendent of the Ottawa General Hospital, spent the month of July at the University of St. Louis where they took a course in hospital administration.

Miss Victoria Belier has been appointed superintendent of nurses at the Strathcona Hospital, Ottawa.

Miss Rhea Lalonde (O.G.H., 1937) has completed a course in public health nursing at the University of Toronto and has been appointed a member of the Victorian Order of Nurses in North Bay. Miss Jeannine Coupal (O.G.H., 1937) has completed a course in public health nursing at McGill University and is now on the Victorian Order of Nurses staff in Montreal.

Graduation exercises were held recently under the joint auspices of the School of Nursing of the Ottawa General Hospital and the University of Ottawa. Seven Sisters and nine young nurses received their diplomas.

The Ottawa General Hospital Alumnae Association recently presented one of its pioneer members, Rev. Sr. St. Denis, O.B.E., with a gold chalice on the occasion of her golden jubilee as a religious. Sr. St. Denis has been a member of the staff for the past forty years. At a reception held in her honour by the Association, the guests, who numbered 250, included members of the

Alumnae, doctors and their wives, as well as representatives of Religious Orders and clergy.

In honour of Miss Gertrude Garvin, retiring superintendent of nurses of the Strathcona Hospital, the O.G.H. Alumnae Association held a delightful tea. The guests were received by the president, Miss Mae Landreville, and the conveners, Miss Florence Lepine and Miss Lucille Brulé. Presiding at the tea table were Miss V. Belier and Mrs. A. Kavanagh. A gift was presented to Miss Garvin by Mrs. Racine and an appreciative address was read by Miss Joan Stock.

St. Luke's Hospital:

The officers of the Alumnae Association for the coming year are as follows: honorary-president, Miss E. Maxwell, O.B.E.; president, Miss K. McIlraith; vice-president, Miss N. Johnston; secretary, Miss Isobel Allan; treasurer, Miss Mima McLaren; the committee conveners are: press, Mrs. J. Powers; representatives to Central Registry, Misses N. Lewis, M. Wilson; flowers, Misses Stella Johnston, M. Wilson; programme, Miss Irene Johnston; refreshments, Misses M. McLaren, B. Sproule, Irene Johnston; nominating committee, Misses Heron, Carmichael, B. Sproule; representative to local council of women, Miss G. Wood; *The Canadian Nurse*, Miss M. Drummond.

DISTRICT 9

KIRKLAND LAKE:

The fifteenth annual meeting of District 9, R.N.A.O., was held in Kirkland Lake on September 23. The seven Chapters were represented as follows: Sault Ste. Marie, Miss A. McGregor; Temiskaming, Miss Elsie Franks; Gravenhurst, Mrs. Olga Myles; Timmins, Miss Juliette Richer; North Bay, Miss Katherine MacKenzie; Sudbury, Miss Jane Thomas; and Kirkland Lake, Miss Winnifred Walker. At the opening meeting greetings were extended by the Mayor of the City, and by Dr. Harris, Medical Health Officer. Miss Winnifred Walker, in the absence of Mrs. North due to illness, welcomed the delegates on behalf of the Kirkland Lake Chapter.

Reports of chapters and sections showed activity, and the financial affairs of the District were never in better condition. It was decided to continue contributions to the Florence Nightingale Memorial Fund, and that the District would continue to assume responsibility for having its announcement included in the Official Directory of *The Canadian Nurse*. It was also decided that the Chapter quota be reduced to \$20. per

year. Keen interest was manifested in the National Red Cross enrolment; Miss McEwen was present and was able to answer questions asked by the nurses.

The executive committee and the visiting speakers were the guests of the local Chapter at lunch and at the afternoon meeting Miss Mary Millman, as guest speaker, gave an interesting and stimulating address on the Registered Nurses Association of Ontario, stressing its achievements and aims. Miss Greta Ross, of the Ontario Society for Crippled Children, addressed the meeting on the after-treatment of poliomyelitis. The chairman, Miss H. Elizabeth Smith, in her address reviewed the work of the chapters, the district, and the provincial organizations, showing how closely they are knit together for the common good of all. A banquet was held in the evening when Miss Millman addressed the nurses on new developments in the nursing world. Mr. R. Hopper, of the Ontario Society for Crippled Children, spoke of the Society and its work. Miss A. McGregor on behalf of the District thanked the retiring chairman and secretary for their untiring efforts in the interest of the District.

The officers and conveners for the coming year were elected as follows: Chairman, Miss Jean Smith, Gravenhurst; first vice-chairman, Miss Florence Kruger, Sudbury; second vice-chairman, Miss Katherine MacKenzie, North Bay; secretary, Miss H. Elizabeth Smith, New Liskeard; treasurer, Miss Robena Buchanan, Sanitarium Post Office, Ontario; Conveners of Committees: membership, Miss Rossie Densmore, Sault Ste. Marie; nominations, Miss Katherine MacKenzie, North Bay; public health, Miss Winnifred Walker, Kirkland Lake; private duty, Miss Cliff Sudbury; *The Canadian Nurse*, Rev. Sister Superior, St. Joseph's Hospital, Sudbury; National Enrolment, Miss Sylvia Howard, Gravenhurst.

It was agreed that this very successful meeting was due to the excellent speakers and the representation from all parts of the District. A cordial invitation was accepted from North Bay where the next annual meeting will be held on September 21, 1940.

NORTH BAY:

North Bay Chapter, District 9, Registered Nurses Association of Ontario, met at St. Joseph's Hospital recently for a combined business and social event. Miss M. A. Cloutier, chairman of the North Bay Chapter, presented her resignation because of her impending departure from the city to assume her new duties as organizer of Home Nursing Classes with the Red Cross Society in the Province of Quebec. Miss K.

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Ste. 402, 1411 Crescent St., Montreal, P. Q.

MacKenzie was appointed chairman pro tem of the North Bay Chapter. Mrs. J. W. Lee presented Miss Cloutier with a lovely farewell gift from the nurses and voiced their regret at losing a valued member of the organization. Miss Cloutier expressed her thanks and appreciation for the courtesy and co-operation extended to her during her term in office. Two delightful vocal selections were rendered by Miss Nellie Morgan, and Miss Margaret Scott amused the audience with two humorous readings. Miss H. Elizabeth Smith and Mrs. Robert Davidson poured tea.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

The first quarterly meeting of the Graduate Nurses Association of Prince Edward Island was held at Dalvay House on August 1, forty-two members being present. The vice-president, Miss Anna Mair, presided in the absence of the president, Miss Ina Gillan. The standing committees were elected for the year. Sr. M. Stanislaus, re-tiring president, was elected to the Executive.

QUEBEC

MONTREAL:

Montreal General Hospital:

The following resolution was passed at the October meeting of the Alumnae Association

of the Montreal General Hospital:

In view of the present international situation, the Golden Jubilee Celebration, as originally planned, shall be postponed to an indefinite date, but that suitable recognition be made of the occasion at the time of the graduation exercises of the 1940 class; also that the Committee continue to get in touch with all graduates of the School so that complete records may be on file for immediate use when needed.

Montreal General Hospital:

Miss Juana H. McCosh, recently appointed as assistant to the Sister-in-Charge of the Nurses' Home, has been recalled home to Scotland on active service. Her place has been taken by Mrs. John Reid (Ethel Young, M.G.H., 1913).

The following nurses have been enrolled for a year's course of instruction in the School for Graduate Nurses, McGill University: Hazel A. Brokenshire, (M.G.H., 1930), Provincial Scholarship; Lillian M. B. Baird, (M.G.H., 1931), Mildred Hope Forbes Scholarship; B. Claire Franckum, (M.G.H., 1931); Phyllis W. Snow, (M.G.H., 1934), Mildred Hope Forbes Scholarship; H. Edythe Cole, (M.G.H., 1936), M.G.H. Alumnae Scholarship; Margaret E. Dixon, (M.G.H., 1938); Mildred Hope Forbes Scholarship.

Married: Recently, Miss Marjorie Warwick (M.G.H., 1933) to Mr. John Jackson Miller.

Married: Recently, Miss Mary Norma MacQuarrie (M.G.H., 1938) to Mr. William G. de Belle.

St. Mary's Hospital:

The graduating exercises of the School of Nursing of St. Mary's Hospital took place recently in the auditorium of Loyola College. Twenty-two nurses received their diplomas. Major D. J. O'Donohoe presided, and the address to the graduating class was made by the Rev. Canon Whalen. Attention was brought to the fact that among those receiving their diplomas was a pair of identical twins, the first in the history of St. Mary's School of Nursing.

The Alumnae Association of St. Mary's Hospital held a highly successful dinner dance in honour of the class and the new graduates were formally introduced into the Association at the general meeting in October.

QUEBEC CITY:

Jeffery Hale's Hospital:

Married: On August 26, 1939, Miss Edith C. Scott (J.H.H., 1938) to Mr. Bertram J. H. Marchant.



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The School of Nursing of the University of Toronto is planning a Refresher Course for registered nurses who are interested in hospital administration. This course will be given November 6 to 25 in the School of Nursing of the University of Toronto. The course will include lectures and discussions on various aspects of hospital administration. Among those contributing will be:

Dr. Malcolm MacEachern, of Chicago.

Dr. Harvey Agnew, Secretary Department of Hospital Service, C.M.A., Secretary, Canadian Hospital Council.

Miss E. M. McKee, superintendent of the General Hospital, Brantford.

Mr. A. J. Swanson, superintendent of Toronto Western Hospital.

Miss H. T. Meiklejohn, superintendent of Women's College Hospital, Toronto.

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Mss G. L. Rowan, supervisor, Private Pavilion, Toronto Western Hospital.

Mr. Carl Flath, superintendent, Wellesley Hospital, Toronto.

Mr. G. A. Friesen, administrator, Belleville General Hospital.

Round table discussions will deal with various problems arising in hospital administration. Observation visits will be made to a number of Toronto hospitals.

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In addition to the evacuation of nearly 650,000 people in good health, 5,000 patients from the Council's hospitals were moved to towns 50 or 60 miles out of London. Among them were 1,500 children who were not well enough to be sent home for evacuation and were sent to the Council's hospitals in safer areas. Blind people and expectant mothers were moved by coach, others by railway

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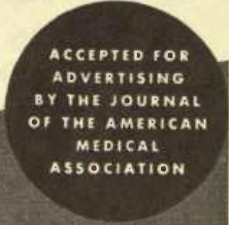
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Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with *The American Journal of Nursing*, \$5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE

DECEMBER, 1939

NUMBER TWELVE

On Christmas Day in 1939

Most nurses agree that a hospital is a happy place to spend Christmas. The evergreen garlands never seem incongruous nor the sparkling Christmas trees out of place. Sometimes the Feast must be kept in the shadow of suffering and anxiety and yet the gaiety is neither forced nor brittle. Indeed, the Day itself takes on a deep significance which is harder to come by outside hospital walls.

It is under this shadow that the British Commonwealth of Nations must celebrate Christmas in a year marked by such terrible events. Nevertheless the English, according to their ancient custom, will hang up holly and mistletoe, sing carols, greet their friends, and eat as much plum pudding as rationing cards permit. The overseas mails may be a bit late but, thanks to the British Navy, will arrive in due season. There will be fewer trains than usual, but Aunt Mary will come in from the

country for dinner, gas mask on one arm, and knitting bag on the other. Tall young adventurers from the Dominions, wearing the uniform of the Royal Air Force, will be marched off to Early Service by proud hostesses, like so many captives of war.

Events move so swiftly these days that before the ink is dry on the paper, the written word may have lost all meaning. We do not know what may happen between mid-November and Christmas Day but, if with a gentle gaiety they keep the Feast in England, we surely can do no less in Canada. Although we are still too far away to feel the full impact of the terrific forces now let loose upon the world, every day brings a keener realization of their strength and magnitude. Nurses, better than anyone else, know that even in everyday life it takes courage to be gay. This is Christmas Day in 1939—yes—but Christmas just the same.

New Headquarters for the "I. C. N."

In July of this year, the President of the Canadian Nurses Association, Miss Grace M. Fairley, attended a meeting of the Board of Directors of the International Council of Nurses, in London. At that time, it was hoped that the crisis might be averted but the outbreak of war has made it necessary to take measures which will protect the interests of the International Council of Nurses.

Greatly to the regret of the Board of Directors of the International Council of Nurses, its very able Executive Secretary, Miss Anna Schwarzenberg, has found it necessary to request an indefinite leave of absence. Under these circumstances certain adjustments became necessary and the following announcement has been made by the President of the International Council of Nurses, Miss Effie J. Taylor:

Taking all things into consideration it was deemed advisable to act upon the suggestion made at the Board Meeting, to transfer headquarters to a neutral country. Since the President was resident in the United States, and Miss Banwarth, the Assistant Secretary, is an American citizen, it seemed, according to our best judgment, wise to set up a temporary office in this country, with the official address that of the President, 310 Cedar Street, New Haven, Connecticut, U.S.A. Accordingly, Miss Calista Banwarth sailed for America with the necessary records and equipment to carry forward the essential work of the I. C. N. and arrived safely in this country on October 22 after a long and anxious voyage.

While for the time being it will not be possible to engage in much of the creative and research work outlined by our able Executive Secretary and the Chairmen of Committees, it is our desire to keep in touch with our members. We trust this will be accomplished by frequent correspondence

and in spite of dissension among the several nations of the world, we may not forget, that as nurses, we are International in spirit and in our purpose.

The October issue of the 1939 International Nursing Review is now at the printers and should be delivered to all subscribers in a short time. It is doubtful that any other issue will be forthcoming in the near future. As a means of imparting information and keeping alive the interest in the I.C.N., a letter will be issued from time to time and possibly a small pamphlet if conditions warrant this undertaking. Subscriptions which have been received for the coming year will be carefully entered and placed to the credit of the subscriber towards the future issues when the publication of the Review will again be possible.

As far as possible the President and the Acting Secretary will keep the member countries informed of what is accomplished. It is also requested that in as far as possible, each country will keep the I. C. N. office acquainted with the activities that are carried on in the respective countries, and in addition suggest means as to how Headquarters can be of most help and service during this time.

The objectives of the International Council of Nurses are clearly defined, far reaching and inclusive in their implications. With courage, loyalty and vision we will uphold our ideals until, God willing, we may clasp each others hands and meet again.

It is good to know, in these troubled times, that the headquarters of the International Council of Nurses are established in an environment where the Council may function effectively now that the perilous voyage is over. Best of all, the intangible treasure of the International Council of Nurses is in the capable hands of a woman who understands its spiritual significance. Our International President, Effie J. Taylor, will hold it in her keeping as a sacred trust.



Nursing on the Gaspé

ADELAIDE M. HAGGART, M.A.

In the June issue of *The Canadian Nurse*, Mrs. Philip Carrington, wife of the Lord Bishop of Quebec, described the origin and organization of the Mary Shaw Barrow Nursing Service which is operated in connection with the Anglican Mission at Malbay on the Gaspé peninsula. In this brief article I will try to give you an idea of the nature of the work which has been done since I took charge in June of last year.

To begin with, all preconceived notions as to the line of attack had to be disregarded because each situation was unique and therefore had to be worked out as best I could. The prime reason for starting a nursing service was to help the English Protestants, living in

the district served by this mission, to attain a higher standard of healthful living. Maternity work, both pre-natal and at the time of confinement, was a major objective and this service was to be made available for English and French, Protestant and Roman Catholic.

It was somewhat disconcerting to find that the homes of the people were widely scattered along the winding road which follows the coast-line fairly closely, and that there were, therefore, no villages. This meant that there was little hope of holding meetings, because many of the people have no means of transportation other than their own feet. Some mothers had too many children to leave — as well as too much work — and bad

weather puts a damper on most activities. House-to-house visiting appeared the most practical method of learning about the housing conditions and the economic status of the people. Such visits also made it possible to estimate the number of pre-school children, and to establish contacts for maternity work.

The Malbay mission extends over a distance of about thirty-two miles in length, and how was I to visit all these scattered families? I began by using the oldest method known to man: I started out on foot, and since then have walked hundreds of miles and, though you may not believe it, this strenuous exercise does keep one in good physical condition.

The mail couriers were very obliging, and when travelling with them transportation charges were not nearly so high as by automobile. Rail service was available for each end of the district,



TRANSPORTATION BY OX-CART

but this meant staying all day or even over-night. Please do not imagine that such travel is comparable to the Montreal-Toronto flier. The swaying and jolting belongs to this line alone, I am sure, although the picturesqueness of the landscape helps to while away the dreary hours of a tedious journey.

What were some of the things I discovered? Well, on the whole, I found that the larger the family, the smaller the living quarters. It is fairly common to find quite large houses in which only two or three rooms are fit for occupancy. Sometimes there are three generations living under one roof, or even as many as three or four families. I have seen eight persons dwelling in one room, fourteen in three rooms, and have heard of even worse situations. It is customary in some families to have a new baby at least every twelve or eighteen months. The largest Protestant family I have met numbers twenty-one, nine of whom are dead. The head of another family (by two wives) has twenty-two living children.

Some families cannot clothe themselves suitably to meet the severe climatic conditions, and many of them, especially the children, seldom go out-of-doors in winter because of this lack. Schooling suffers as a result, and cotton clothing and bare feet are a common sight in many homes even on the coldest days.

The soil is not very fertile — perhaps because it has been farmed for so many years and little in the way of fertilizer has been put back into it. Fish-heads and herring are used for this purpose in some places and the odour of rotting fish is indescribable — one has to “feel it” in order to experience it — and the breeze carries it for some distance, too. Much of the land is boggy and drainage would be necessary to make it fit for cultivation. The land is divided in such

a way that many families have not sufficient pasture to keep a cow. The lack of farm animals is very evident and, in fact, one could scarcely call this farming as compared to other areas in the Province or the Dominion. Frequently, the vegetables are all used up by the end of March and bread becomes the staff of life. In some families, white bread and molasses appear to be the chief diet all the year round. The price of fruit is almost prohibitive for most people as there is such a long haulage from the large centres. There are some wild fruits and these are gathered in season, but much more could be done in the vegetable line if the people would only realize it and put forth the necessary effort.

Partly due to mal-nutrition, dental caries is very prevalent. Even two-year-old children have teeth decayed almost to the gums, and teen-age youngsters begin to consider false teeth. Since there is only one dentist to care for a territory of over sixty miles, one certainly cannot expect much else than extraction. Of course, great numbers could not afford dental care in any case, and so the situation goes on.

These conditions are not all due to lack of effort on the part of the people themselves, but are partly economic in character. Last summer, fishermen received \$1.85 for two hundred and thirty-four pounds of codfish, and many would not break even at the end of the season were it not for the bonus offered by the Government. This bonus is granted to those who bring in more than a specified amount of fish during the season.

On property after property there is an utter lack of toilet facilities of the most rudimentary kind, and in August a form of dysentery is prevalent. Some call it the "St. Lawrence fever" and say that it starts up as soon as the fresh vegetables



THE WINDING ROAD

are ready to be eaten. Why should this be? There seems to me to be a connection between the lack of toilet facilities and this disease, which may be paratyphoid. Flies are more than plentiful and no doubt these insects have their share in the spread of the malady.

The poverty which results in mal-nutrition, over-crowding in homes, and the lack of proper care of physical health makes a fertile soil for tuberculosis. Quite a number of active cases were found, several suspicious cases requiring a check-up, and a history of many deaths from the disease. I found that the disease either had been or was present in practically every house. In one family there had been four deaths, all under thirty years of age, in the past five years.

There is a County Health Unit at Gaspé, and one of the doctors specializes

in tuberculosis. Every second and fourth Friday in the month, free chest examinations are available, including X-ray, but it is surprising how difficult it is to persuade people to make use of these opportunities. Some think that if they find out that they have the disease they are, therefore, doomed to die of it. Predestination seems firmly fixed in the minds of many, and I have seen a few patients who give up all hope and pass on without giving medical aid a chance to help them. Few tubercular cases realize how they endanger the lives of others by their careless habits. Last summer I happened to enter a house where such a person was having his noon meal. A swarm of flies arose from the table, and the sugar bowl must have been half full of them. No amount of persuasion could make this person see the benefit of sanatorium care — he would rather die at home. However, I did manage to send one young lad to an institution where he is now progressing favourably.

It is logical to suppose that work done among the rising generation will be more profitable and since September, 1938, each of the five Protestant schools in the mission district has been visited monthly. One aim is to inculcate health habits and some progress has been made. In two schools, considerable under-

weight was noted and, thanks to donations received from friends of the nursing service in Quebec City, it was possible to provide biscuits and cocoa (made from Klim) each morning. Unfortunately, the plan was discouraged in one school so the children lost the opportunity, but in the other the experiment showed there had been a gain of weight in almost every case. One might wonder why Klim was used — it was simply because sufficient milk was not available. Few homes have the amount they ought to have, and some have none at all.

Considerable pre-natal visiting is done but at the time of confinement, although a large number call upon the doctor, they cannot seem to realize that the presence of a nurse would also be beneficial. If the doctor be not available, neighbour women carry on. This phase of the work has, therefore, been rather discouraging, but one cannot force the issue.

In the course of my travels I have come across defects in children which can be remedied by surgery, and the Junior Red Cross has been a marvelous help in placing these children where they may receive it. Quite a number have had tonsil and adenoid operations through the good office of the same Society, and improvement in health has been noted in practically every case. It required much persuasion to make some parents see the value of such measures although very little responsibility, financial or otherwise, rested on their shoulders. Caring for ten children of various ages on the third day after operation during a rail journey of two hundred miles is not altogether a pleasure trip. The Red Cross Society and the Provincial Chapter of the I.O.D.E. also sent a liberal supply of cod liver oil. There are some cases of rickets, and I should like to see the Government take over the



TREES MARK THE TRAIL

NURSING ON THE GASPE

distribution of cod liver oil by selling it at cost price to the people on the coast.

In September of this year I made my first visit to Bonaventure Island, which lies in the Gulf of St. Lawrence about two miles from Percé Village. The west side, facing the village, is sloping ground, and is used for farming, while the remainder of the island is heavily wooded with evergreens. Eleven families, mostly French, live here. The far shore and the northern portion of the island have rugged almost perpendicular cliffs, some of which are two hundred and fifty feet above sea level. This island is a bird sanctuary, and gulls, gannets, auks, and cormorants may be seen. The number of gannets is estimated at over nine thousand. They are much larger and heavier than the gulls and have long black-tipped wings, and a yellow area about the neck. The gannet belongs to the pelican family, as does the cormorant which is entirely black in colour. Only the most rugged parts of the cliffs are used by the birds as nesting places. The narrow sandstone and conglomerate ledges are white with them, while in the air many are circling and screaming. If you turn off the motor, you can hear the rush of wings and the hoarse cries of thousands of birds and, if you watch carefully, you may see an old bird carrying fish to its young on a ledge. The young gannets are awkward and heavy and even the adults cannot rise gracefully from the water as does a gull. Certainly this Island is a refuge far removed from the haunts of man where sea-birds may safely rear their young.

It is always difficult to get people who might benefit from the nursing service to avail themselves of it. It is understood that people should come to me if they desire assistance, but even when they have no means of transportation they seldom use the telephone. However, there are some fine families in this dis-



IN WINTER GARB

trict who realize the value of a nursing service in the community and frequently make use of it. Once the snow comes to Malbay, cars have to be put away and the horse and sleigh or the dog-sleigh, comes into action. As a rule, when it snows here there is a veritable blizzard, for the winds are fairly constant. How the snow drifts! I have seen horses up to their necks, and have been in myself up to my shoulders.

It is not a pleasant sensation to have snow freeze to one's face, and to have your eyes freeze shut as happens sometimes. To retain body heat, one has to dress in such a way as to prevent the penetration of the wind. "Woollies" form a basic foundation, and travelling would be almost impossible unless one wore slacks. What a blessing zippers were in shirts and vests, the latter chamois-lined! For walking, a plush-lined

leather coat and helmet with ear-lugs was sufficient (see illustration) but for driving a fur coat had to be donned on top of all this. I did look almost as broad as I am long. Foot-wear was also a problem but I found that two pair of woollen hose and moccasins with sheep-skin fillers provided a solution.

The roads are "blazed" with ever-green trees and, as the snow mounts, more trees have to be added. Unless this is done no road bed could be followed. This is indeed a part of our country where winter comes in earnest, and where Canada may justly be named "Our Lady of the Snows".

"Queens and Sweets"

CHARLES K. P. HENRY, M.D., C.M.

Montreal

The theme of my address is "Fats and Pickles, Queens and Sweets, Obesity and gall stones". The first physician to describe gall stones was Gentile de Foligne, born towards the end of the thirteenth century, who became a professor at Padua and died in 1348 of the plague. He performed many autopsies and I quote from a report of one of these records: "In the gall bladder many stones were seen in a certain woman, (and) in the duct of the gall bladder at its mouth, a stone tending to green, from which with right (he) remarks that there was jaundice present". Undoubtedly, this is a case of obstructive jaundice due to a stone impacted in the common duct.

Gall stones were first described by Gentile *in a woman*—and ever since surgeons have been finding them in what is usually considered the "sweeter sex", and, unfortunately too, the "fatter sex"! Gall stones are, moreover, no respecter of persons. In 1528 it is reported "a *noble woman* was troubled

many times during the day with a pain arising in the neighbourhood of the liver (the gall bladder obviously), had consulted many doctors, moreover by no aid could she escape this malady". She died, and the autopsy reports she had many stones, of different sizes, shapes and colours, "marked with red, yellow and white spots". Another *noble lady*, Diamantes by name, died of the same disease and in her body in the walls of the gall bladder, in little pockets were found gall stones, and a great many in the gall bladder cavity.

In 1581, I find an excellent account of obstructive jaundice; the observant clinical nurse will recognize the accuracy of this description:

The obstruction is either in the duct by which the bile is led away from the liver (the hepatic duct) or of that by which it is discharged from the gall bladder into the intestine (the common bile duct). In both, the bowels are obstinate and sluggish, faeces whitish, the urine is reddish and thick, so that it frequently becomes dark, the bile diffused with the blood throughout the

whole body disfigures the skin with jaundice.

Is that not a good description, written over 350 years ago, of a case of obstructive jaundice due to stone?

Now, these ancient writers offered a suggestion that gall stones were often found in those who were prone to anger and outbursts of violent temper, hence our word, "choleric" or "choleric"—anger, heat or hastiness of temper, as given in the dictionary. But all the pathologists report that the stones are found "chiefly, in women, who are pretty far advanced in life." Remember, that in those days, (1300—1500) "advanced in life" meant far from what it does today, when the span of life has been advanced well beyond the three score years and ten. In those days 40 years was old, and in women over 40 years of age today we find that about 40 percent have gall stones. It would be most unwise for me to suggest that violent tempers are the cause of gall stones even though they occur three times as often in women as in men!

However, another observer in 1769 or thereabouts, accounts for the frequent calculi of the gall bladder, which he "found in criminals who had been long confined to prison", to the lack of muscular action. He adds another interesting observation: "that a great part of the women in the lower classes of the people do not lead a very sedentary life" and, as a corollary, gall stones are more common in the *noble* women. High living, a fat and fulsome diet, little muscular exercise and a sedentary life—these cause more gall stones than all the fierce passions and outrageous fits of temper. Hence, our "Queens and sweets, their obesity and gall stones."

Morgagni, famous for the valves that bear his name and the hydatid cyst that goes by his name, reported what was to

him a curious case in a woman, where he found 330 stones in her gall bladder. He also observes, but fails to note the importance of his remarks, "that she was almost sixty years of age, was not far from having an icteric (jaundiced) colour, but endowed with a very good complexion, was much given to drinking, and had been seven times married". He fails to state how many children she had had!

And now we approach our modern conception of the disease. Today a man is a poor physician unless he is a good chemist. He must account for the established fact that about 60 percent of women who become obese had acquired excess weight before the age of thirty. At the age of 40 more than three-quarters were overweight; whereas only 25 percent of men were overweight at 30 years of age, and only one-half of the men were overweight at 40 years. The Talmud states: "More diseases are caused by overeating than by hunger"—and diabetes and obesity are most common in the Hebrew race, whose sacred book I quote.

And now we advance another suggestion, the law of the conservation of energy. All obesity cases have one thing in common—a disproportion between the intake of food and the expenditure of energy. The more you eat, the more energy must be used up to prevent the accumulation of fat and weight. The chemist tells us that during pregnancy there is an undue elevation of the cholesterol in the blood and we know weight is rapidly put on too. Cholesterol is the usual nucleus of a gall stone in its earliest formation. Gall stones occur about five times as often in the woman who bears children as in the nulliparous woman.

Life insurance statistics show us that the average duration of life is steadily

increasing. In 100,000 people at age of 40, who are of normal weight, slightly more than one-half will live to the age of seventy. Of those who are 35 percent overweight a little over one-third will live to be seventy, and of those who are 50 percent overweight only a few over one-quarter will ever see seventy. Fat people are poorer surgical risks, especially appendicitis cases and those with acute inflammatory diseases requiring surgery, as boils, carbuncles and gangrene. Cancer, too, is a more difficult problem in the fat individual and I believe its incidence is higher in this class of patients.

Cerebral apoplexy, coronary thrombosis, duodenal haemorrhage may come upon you suddenly—like a thief in the night. Obesity, gall stones, diabetes, creep up slowly, usually with many a preliminary warning signal. Our railroad danger signal, with its "Stop, Look and Listen", may have its corresponding health safety signal—"Step out, eat less, cut sweets"!

And where, you ask, do the *pickles*

come in? Usually as *hors d'oeuvres*, gastric stimulants to increase the gastric flow, to further the desire for foods, and more food. Condiments, sauces and spices, cocktails and caviar, olives and celery, almonds and cheese—are not so much articles of diet as appetizers which stimulate the desire to eat.

May I recall to your minds an old childhood rhyme:

What are little boys made of?

Of snakes and snails and puppy dogs' tails!

What are little girls made of?

Of sugar and spice and all that's nice!

You see that "Fats and Pickles, Queens and Sweets, Obesity and Gall Stones", is an odd combination, perhaps, but certainly there is a close relationship between its component parts.

Editor's Note: This article is the substance of an address delivered before the Alumnae Association of the School of Nursing of the Montreal General Hospital.

NEW ZEALAND POSTPONES CELEBRATION

The New Zealand Registered Nurses Association had planned to hold special celebrations in 1940 in honour of the Centenary Year of the Dominion of New Zealand. The annual general conference of the Registered Nurses Association was to have been held in Wellington and Canadian representatives had been invited to attend.

Owing to the war, the Association has now decided to cancel these arrangements and in a letter addressed to the president

of the Canadian Nurses Association, Miss Grace M. Fairley, by the secretary, it is announced that the conference will not take place.

Canadian nurses sympathize with the nurses of our sister Dominion in their natural disappointment but we are sure that the day is not far distant when the nurses of the British Commonwealth of Nations will meet once more in unity and peace to take counsel together.

Difficult Times in China

L. CLARA PRESTON

When I think of the difficult two years the nurses of China have had, I often wonder whether nurses in Canada really appreciate their opportunities. We had just started our nursing work in Changte when the work had to be closed early in 1927. Our hospital was looted and very little was left but our buildings, and even the doors and window frames had been taken and probably used for fire-wood. In 1931, we started up again in a small way by rehabilitating our buildings and equipment. We welcomed back some of our former workers and started to train some new ones. In 1932, a central training school was started in Weihwei under the capable leadership of Mrs. Ratcliffe and our first class of three went to Weihwei for five months. Our hospital work grew in every department until, in 1937, most of our dreams seemed to have come true.

Ours was a four-year course and we graduated our first class in 1936, and our second in 1937, but before our third class could graduate the undeclared war had broken out and our hospital was in the front line of battle so our training school was closed and our pupils and nurses were scattered to many different provinces. "Scattered" is only a word — but think what it meant to our nurses. They started off not knowing where they were going, many not able to get into touch with their home-folks. They were short of money, having to travel on crowded refugee trains, living in relief camps, always in danger of constant bombing. There was not even time for them to get their records of class work and marks, and their dream of graduating and being independent and able to help their needy families could

not materialize. As the three students in our third class had already passed our hospital examinations and had had the necessary practical work, we gave them our diploma and later they received the diploma awarded by the Nurses Association of China.

For a year, during the trouble, the hospital work was bravely carried on under difficulties and when Miss Menzies (now Mrs. J. Lewis) returned from furlough, she was able to reorganize the nursing work again. Gradually students and nurses returned and when I returned from furlough in March of this year, we had four graduate nurses, two students in their third year, four girls and one boy in their second year, and a new class of six girls and two boys in the preliminary course. They were an exceptionally nice group of students, but because of crowded wards and limited staff, their class work had to take second place and they had to assume a good deal of responsibility on the wards. There was much need for nursing service and our wards served not only Chinese but Japanese and Korean patients and we had great hopes for the future.

In June, Miss Menzies was married and I was to take my holidays, leaving our senior nurse, Miss Jen, in charge. Floods came and disrupted the railway service and my three weeks lengthened out to seven weeks before I was able to get back. How wonderfully Miss Jen measured up in that difficult time! She was a real leader for those pupils and we were indeed proud of her.

Rumours were in the air but we thought they couldn't apply to us; then our hospital was picketed; patients were

not allowed to come; our staff was intimidated. A few left then but the majority of them remained at their posts. The days passed and for a few weeks, there was little change and we felt that the earnest prayers of the staff must be answered. Then the day came when all the patients had to leave, regardless of their condition. Not one of the staff, nurses or servants, were allowed to remain. It was dangerous to have any contact with us. Then our front gates were burned, bombs were thrown into the compound and our lives were threatened so that at last we decided it was best to leave. Best to leave a work that had stood for health and healing for nearly fifty years to rich and poor alike.

Although heart-sore and discouraged, the loyalty of the staff and the sympathy of the people were much appreciated. Two of our nurses had gone home earlier for their holidays and on account of floods the bus could not run, so they started out early one morning for this two-day trip on foot, accom-

panied by their mother and their aunt and a man to escort them. They had real cause to be afraid, because they started knowing well the danger of floods and bandits. Hearing of our plight after they got home, these two nurses walked back two days in the heat to offer Dr. McTavish and I refuge in their home and village, although it meant real danger to them. We only had time for a few hurried words, as we were watched by the guard, and it was with tears in our eyes that we thanked them but told them it would not be wise. We can never forget that offer, and it wasn't the only one.

What future have these nurses? When shall we see them again? That is still a question. But passing through the deep waters, has given us something prosperity could never give and we are persuaded that neither death nor life nor war, nor things present or things to come shall be able to separate us from the love of God, which is in Christ Jesus, Our Lord.

SILVER JUBILEE IN SOUTH AFRICA

The Silver Jubilee of the South African Trained Nurses Association was to have been celebrated in Bloemfontein during October and Miss Anna Schwarzenberg, secretary of the International Council of Nurses, had already arrived to take part in the happy occasion when the outbreak of the war cancelled the celebrations.

Although the high hopes of the Association were doomed to disappointment it is encouraging to note that *The South African Nursing Journal* proceeded with the publication of its special Silver Jubilee number. This proves to be a mine of information concerning the inception and early history

of the Association and in an article entitled "Yesterday, Today and Tomorrow", the president, Miss B. G. Alexander, R.R.C., gives a vivid picture of the early days. In "The Story of the South African Trained Nurses Association" the progress of the Association is traced by summarized accounts of the successive meetings of the Central Governing Board. Courage, energy, and enthusiasm shine out from every page of this honourable record and Canadian nurses hope that when the present ordeal is over, our African sisters may yet celebrate their Silver Jubilee when peace once more brings gladness.

Practical and Feasible

HELEN B. BROWN, B.A.

Instructor of Nurses

The St. Catharines General Hospital, St. Catharines, Ontario

In January 1939, at the St. Catharines General Hospital, we were privileged to discuss our public health teaching programme with the Provincial Supervisors of the Victorian Order of Nurses, the Provincial Division of Public Health Nursing and the Division of Nurse Registration. These three Supervisors are frequently consulted, throughout the Province, concerning opportunities for observation and experience for student nurses in the public health field. The aim of this conference, therefore, was to examine the existing programme for community experience "in order to visualize, in common, something *practical and feasible*." In addition to the visiting supervisors, there were present the public health nursing supervisor for the city, two members of the local branch of the Victorian Order of Nurses and the director, the assistant director and the instructor of the Nursing School. It was thought that the conference was mutually beneficial.

Before describing the plan under discussion that day, something might be said of the background against which it is carried out. St. Catharines is a city of 28,000 with a suburban population of 25,000, situated in the historic Niagara Peninsula noted for its fruit and vegetable growing, and close to the Welland Ship Canal along whose course so many industries have been established in the adjacent towns. There are forty-seven factories in the city with an annual industrial payroll of over seven million dollars. About ninety percent of the population is "Empire-born", but this includes the children of those who have come from at least twenty different

countries. Among the newer Canadians, the largest groups are of Armenian, Italian, and Polish origin. There are over five thousand children in the public and separate schools and over thirteen hundred in the Collegiate Institute.

In 1937 a generalized service, under the Department of Health in co-operation with the Board of Education, was inaugurated for a trial period of three years. Under this set-up, nurses doing school work, tuberculosis, venereal disease and general public health nursing are all brought together. The staff of the Department of Health includes the medical officer of health, the school health officer, five public health nurses (one, the supervisor of public health nursing), one food inspector, one sanitary inspector and one administrative secretary.

Others co-operating with the Department of Health are the Victorian Order of Nurses, the Red Cross, the Rotary Club, the Lions Club and the Associated Charities. A dental clinic is carried on for relief cases and those of inadequate income. The other clinics held at the Hospital include the venereal disease clinic, the mental health clinic staffed by a visiting group from the Ontario Hospital in Hamilton, and the child health and chest clinics under the Department of Public Health. This does not include the staff at the Niagara Peninsula Sanatorium, one of whose public health nurses does tuberculosis work in the city.

The programme of health teaching, described in the following paragraphs, thus varies according to opportunity where emphasis and the timing of cer-

tain experiences are concerned, so at certain points proposed changes will be indicated. The plan has been found to be workable when carried out with the co-operation of the Department of Health and others interested in the well-being of the community.

First Year: The student is introduced to her new life by hearing the story of the growth of the hospital, in its community setting, from a four-bed institution in 1865 to one of one hundred and sixty-eight beds in a city which has nearly trebled its size and which, because of its situation, provides richness of experience in meeting people with greatly varying backgrounds. An effort is made to have her think of the hospital as a place where one comes in contact with "the stages of all life", including family and community connections, rather than as a place existing merely for the care of the sick. She is told of the personnel and work of the clinics for out-patients as well as of the departments giving care to those resident in the hospital.

In teaching the principles and practice of nursing, emphasis is placed upon their application in home situations by making patients in whom the students are interested the subjects of what might be regarded as informal, verbal fore-runners of case studies. Bacteriology is introduced early in the course in order to stress its housekeeping implications and to emphasize the necessity of learning to give nursing care which will ensure safety for others and for the nurse herself. Simple experiments are done, such as making cultures from ward wash-basins and residence bath-tubs, machine-washed dishes and the cup rinsed under the tap. More detailed work is undertaken later in the junior year.

An effort is made to have the student appreciate the significance to herself of each phase of health service, such

as the physical examination, the completion of the immunization programme begun before her admission to the school, tuberculin testing, chest X-ray of positive reactors, monthly recording of weight and early reporting of illness. A discussion of health-care of one's self leads to consideration of its necessity for other age-groups in the community and to a very simple study of the health services which are available.

Of particular value to the young student are her conferences with the psychologist and the social worker of the Mental Health Clinic. These are completed during the preliminary term if possible but sometimes the pressure of "real patients" at the Clinic necessitates postponement until later. The Bernreuter Personality Inventory is given and scored by the instructor and may be discussed with the student. The psychometric findings and recommendations of the clinic are on file in the Training School Office and suggestions are available, when indicated, which will enable the head nurse to help the student adjust herself to new responsibilities. The young nurse profits from an opportunity to discuss her problems with trained people who, though outside the close integration of the nursing school, are yet familiar with it. If it is deemed advisable, the clinic follows her progress during the period of her adjustment. During the junior year, the psychologist gives a series of six lectures having to do with the student's mental health.

Communicable disease nursing technique is reviewed by the instructor and, in the course on dietetics, normal nutrition is stressed by the dietitian who requires each of the students to check her own meals for one week. Visits to the dairy and municipal filtration plant, which were formerly made in the senior year, are now planned for the first year.

The students have two days of community experience, arranged by the Department of Health, during the latter part of the preliminary term. The present plan is to have one morning spent in obtaining a bird's-eye view of the child at school and the rest of the time in making family visits. It is hoped that one-half day with a Victorian Order nurse may later be arranged. A visit to the Child Health Clinic at the hospital may be made whenever convenient. This "community experience" is much appreciated and the students' subsequent comments show the variety of impressions received. One common remark is that they have learned how far advanced recovery should be before patients are discharged to carry on under adverse home conditions.

By way of special emphasis in the first year it is hoped that, in conference with the Director of Public Health Nursing, arrangements may be made for each student to make a nursing case-study of a patient whom she has known in the hospital and visited in her home.

Second and Third Years: The health-teaching for the final two years will not be discussed separately because some of the special experience, notably the two-months tuberculosis nursing at the Niagara Peninsula Sanatorium, may come in either year. Experience in communicable disease nursing is also given in the isolation unit of the Hospital as opportunity arises.

In the second year, with its comparatively heavy curriculum, health-teaching in relation to prophylaxis is an integral part of the various subjects. The lectures in venereal disease are given by the physician in charge of the clinic, while the nurse doing social work presents her field. Communicable diseases in general are discussed by the medical officer of health, and the lecturer in paediatrics deals with the handling of

the normal child as well as with the nutritional aspects. The nurse in charge of the obstetrical ward emphasizes the preservation of health in the course of her lectures in obstetrical nursing.

The monthly checking of weight, repeated tuberculin tests, and chest X-ray continue during the second and third years. There is a special examination by the Sanatorium staff before the student goes there for her experience in tuberculosis nursing, and she has a final physical examination before leaving the school. During the third year, special emphasis on health-teaching may be found in the discussion of the prevention of mental disorders included in his course by the psychiatrist of the mental health clinic, while the psychologist gives a further course of six lectures dealing with mental, emotional and social growth, including a discussion of the needs of patients and nurse.

The medical officer of health discusses his field under the headings of records and statistics; history and local set-up; public health education, stressing the local programme; and industrial and school nursing. One-quarter of the course in obstetrics is devoted to its health-maintaining aspects by the lecturer in this subject. The medical staff and the superintendent of nurses of the Sanatorium discuss the various aspects of the tuberculosis problem and the student is made vividly aware of the part played by the public health nurse in reducing the incidence of this disease. A second nursing case study is expected during the third year.

For the past year each senior student has had a month's experience "on public health". Variations in the way the month is spent are expected to occur, but at present, the following plan is followed:

Two days from 9 a.m. to 3 p.m., and two afternoons at the chest clinic are spent with

the nurse doing tuberculosis work. This includes visits to as many different types of homes as can be arranged (possibly eight) and a discussion of records and their purpose.

Ten days in the schools. Henceforth one or two mornings at the Collegiate may be included.

Four days with the Victorian Order of Nurses, observing general bedside care and at least one delivery and two if possible, the nurse being on call if she has not opportunity to observe a case during her time on duty.

One day spent with an industrial nurse in one plant.

Experience during the remainder of the

time includes: infant and pre-school work, including a child health clinic with the public health nurse; two dental clinics; eight venereal disease clinics; two staff conferences with the Medical Officer of Health; three mornings at the desk in the Department of Health (this includes toxoid clinic and vaccinations) as well as several conferences with the supervisor of public health nursing.

By the measures enumerated—classroom, ward, and community experience—it is hoped to give the undergraduate student a background of health teaching which may be of use to her in whatever branch of nursing she later chooses to work.

Flags in the Wind

On the Day of Remembrance the skies were blue in Montreal although a bitter north wind was blowing. A new spirit was abroad—perhaps that which found expression in the Proclamation issued by the Mayors of Canada in which the significant statement was made that national interest must be put before personal profit if we are to achieve a lasting unity and purpose.

Quite early, a large crowd had gathered in Dominion Square to watch the troops take their places before the Cenotaph. The various regiments converged from the streets surrounding the Square, marching briskly to the stirring music of their bands. A goodly company of the Overseas Nursing Sisters Association proudly displayed their Service medals, and the standard bearers of the I.O.D.E. made a bright patch of colour. Two flags were borne aloft by little groups of men, silent and tight-lipped,

who held them firmly so that they streamed out in the keen wind. They were the banners of Poland and Czecho-Slovakia.

A very small boy and his mother stood beside us on the kerb, eagerly waiting for "Bill". Presently his unit came by, and his little brother gazed at him admiringly as he marched along in his stiff new uniform. "I'm glad they've got them the overcoats at last" said his mother. "His suit was pretty thin. He's a good boy and tried so hard to find a job. He tells me to cheer up because the one he has now ought to last a month or two."

The service began but we were too far away to hear more than the murmur of the prayers. Then they sang "Abide with me", with great tenderness and feeling. After that a gun was fired, the Last Post was sounded, and the Silence began. The little boy was troubled and

asked his mother why everyone was so quiet. But she could not answer him.

Then came the Reveille and the bands played "God Save the King" and "O! Canada". The Montreal Mounted Police, on their restless chestnut horses, clattered into position, dogs barked, a man's hat blew off and everybody laughed.

The regiments began to move away, and the last thing we saw was the Union Jack and, close behind it, the flags of France and Poland and Czecho-Slovakia. The wind blew harder and colder than ever, but they moved forward steadily and the sun shone on them with a glorious radiance.

—E.J.

Setting a Precedent

MARGARET L. MOAG

Superintendent, Montreal Branch of the Victorian Order of Nurses

For the first time in its history the American Public Health Association has elected a woman to the high office of First Vice-President. The woman thus honoured is an outstanding Canadian nurse, Elizabeth Smellie, C.B.E., R.R.C., chief superintendent of the Victorian Order of Nurses for Canada, and first vice-president of the Canadian Nurses Association.

Miss Smellie has been a member of the Association for sixteen years and a Fellow for twelve and having previously served on the Council of Nursing, has now been re-elected to it.

The American Public Health Association is a society of professional public health workers and is the recognized and respected leader of the public health movement on the American continent. It has over six thousand members, among whom may be found some of the most distinguished names in the field of public health.



ELIZABETH L. SMELLIE,
C.B.E., R.R.C.

Photo by Notman, Ltd., Montreal.

As Chief Superintendent of the Victorian Order of Nurses, Miss Smellie's duties have brought her into intimate contact with other professional organizations and lay groups throughout Canada. Her fine qualities of leadership and her exceptional ability in interpreting nursing to these groups has been outstanding, and undoubtedly this new office will give her further opportunity to

promote mutual understanding and interest among those who are members of the American Public Health Association.

Canadian nurses as a whole, and the nurses of the Victorian Order in particular, feel very proud of the recognition of Canadian nursing evidenced by the appointment of Miss Smellie to this high office.



VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Elaine Corbett, who has been on leave of absence taking a post-graduate course in public health nursing at the School for Graduate Nurses McGill University, has been re-admitted to the Order and is to take charge of the branch at Bridgewater, Nova Scotia.

Miss Sadie Wright has been appointed to the Winnipeg staff.

Miss Verna Huffman and *Miss Julia Moody*, who have been on leave of absence from the Order taking post-graduate courses in public health nursing at the School of Nursing, University of Toronto, have returned to the Order. Miss Moody has been appointed nurse-in-charge of the Lachine Branch and Miss Huffman has been admitted to the Brantford staff.

Miss Elizabeth MacLean has been appointed to the Montreal staff.

Miss Dorothy Cotton, who has recently completed a course in public health nursing at the School for Graduate Nurses, McGill University, has returned to the Order to take charge of the Westbank Branch replacing Miss Gowen.

Miss Edith Horton has been transferred from the Toronto staff and is now in charge of the branch at Kirkland Lake replacing *Miss Hattie Hooper*, who has resigned to be married.

Miss Viola Leadlay, who has been on leave of absence taking a post-graduate course at Teachers' College, Columbia University, has been re-admitted to the Order and is replacing Miss May Deane-Freeman as nurse-in-charge of the Edmonton Branch.

Miss Hattie Empey, formerly in charge of the North Vancouver Branch, has been transferred to Montreal.

Miss Mary Gowen has been transferred from Westbank to North Vancouver as nurse-in-charge.

Miss Ellen Linton has been transferred from the Branch at Woodstock, Ontario, and will take charge of the Branch at Canso, Nova Scotia.

Miss Margaret Adams has resigned from the Canso Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Miss Helen Paterson has resigned from the Brantford Branch to be married.

STUDENT NURSES PAGE

Saint Martha's Students

Not long ago the students of the school of nursing of St. Martha's Hospital in Antigonish, Nova Scotia, hit upon a novel way of telling what *The Canadian Nurse* means to them. Each student just sat down and wrote a personal letter to the editor and from this grand pile the editorial scissors have snipped some interesting comments and suggestions. First of all, here are a few bouquets:

I like the *Journal* because it is essentially Canadian and is written in a simple and straightforward way.

Although the *Journal* is a small and unassuming affair, it does present information in a direct and entertaining manner. I learned more from one page than I did from a whole chapter in a textbook.

The *Journal* makes the student acquainted with the nursing organizations and their leaders in all parts of the world.

The *Journal* tells us about our own Canadian leaders and about the honours paid to them.

I find the *Journal* interesting because it tells of new methods and new drugs.

I particularly like articles which tell what happens to the convalescent patients when they go home.

Some excellent suggestions were made regarding topics which might be discussed under the caption of the

Student Nurses Page. Here are a few of them:

I should like to know more about post-graduate courses and the benefit which may be obtained from them.

I think it would be a good idea to publish a series of articles on first-aid.

I should like to hear more about the nursing of patients suffering from communicable disease.

I should like to know more about the care of the new-born and about infant feeding.

It would be interesting to have more letters from other students telling about their joys and sorrows.

Tucked away among the letters dealing directly with the *Journal* was one which described the "Capping Ceremony" and which showed how deep an impression it had made on the imagination of the student:

I am sure you would have been impressed by the "Capping Exercises" which were held at St. Martha's School of Nursing, when nineteen probationers (of whom I was so fortunate as to be one) were accepted as student nurses. The six months of probation passed so quickly, but each day increased our love for the nursing profession and stimulated our desire to render true and helpful service. When we stood together to recite the Florence Nightingale Pledge, each individual truly meant the words that

were said, to be like that worthy ideal of the nursing profession Florence Nightingale, to be like our superiors who have shown us such an example of loyalty and unselfishness, to be real women, each with a woman's work to do.

The "gym" was decorated in blue and white, our school colours, and the lily-shaped programmes (the lily is our school emblem) revealed music and readings, a number of songs in English and French, and a rare treat which stirred the Scotch blood in our veins—a Gaelic lyric. Our superintendent "capped" us and gave us our pins and "our message" was delivered by a member of our group:

*But still our place is kept, and it will
keep*

*Ready for us to fill it, soon or late.
No star is ever lost we once have seen
We always may be what we might
have been.*

As one would expect in a community bearing the name of St. Martha, the support of the student group was demonstrated in a thoroughly practical way. As one student puts it: "The question arose during our class period—who owns *The Canadian Nurse*? Silence reigned, but not for long. It was unanimously decided that each of the three Classes in the School should possess a copy of its very own."

It was so ordered and continues to this day.

HAPPY OCCASION

On Sunday, October 22, members of the Alumnae Association of the School of Nursing, University of Toronto, were hostesses at a tea held at 7 Queen's Park in honour of the Director, Miss Kathleen Russell, D.C.L., and the new students enrolled in the School. The guests were received in the Common Room by Miss Russell, Mrs. George Hanna, president of the Alumnae Association, and Miss Florence Emory, associate director. Tea was served from tables gay with candlelight, autumn leaves and bronze chrysanthemums. Undergraduate students of the Class of 1939 assisted in serving.

Among the guests were the first-year students in the undergraduate course, who entered the School in September; post-graduate students in the one year courses in public health nursing and in hospital staff nursing; and the following Rockefeller Foundation Fellows: Miss M. Andrell and Miss H. Tjellstrom, of Sweden; Miss H. Berkild, Miss K. Jacobsen, and Miss I. Kjolner of Denmark; Miss A. Kansanen, of Finland; Miss M. Cleary, of the Fiji Is-

lands; Miss M. Kaneko, of Japan; Miss I. Zaphiriou, of Greece; Miss deLemos, of Portugal; Miss H. Lyttle, of Tennessee, U. S. A.; Miss H. Kilpatrick, of Vancouver.

Miss Mary Henderson of Vancouver was also a guest of the Alumnae Association on this occasion. Miss Henderson, who was to have been Canada's representative at the International Florence Nightingale Foundation course in London for 1939-40 returned to Canada recently upon the cancellation of the courses at Bedford College. Miss Henderson is now enrolled at the School in an advanced course in the administration and supervision of public health nursing.

The happy occasion of this tea afforded members of the Alumnae Association not only an opportunity of expressing their appreciation of the honorary degree so fittingly conferred upon the Director of the School by King's College during the past summer, but also of meeting the new students and welcoming them into the fellowship of their Alumnae Association.

—D. M. P.

ANNUAL MEETING IN NEW BRUNSWICK

MAUDE E. RETALLICK

Secretary-Registrar, New Brunswick Association of Registered Nurses

The annual meeting of the New Brunswick Association of Registered Nurses was held October 17 and 18 in the provincial capital at Fredericton. The meeting was originally scheduled for September, but owing to the declaration of war postponement was advisable. However, in spite of the uncertainties and anxieties of the time, we may report a very successful meeting from the standpoints of interest and representative attendance. A cordial welcome was extended by Mayor Forbes and by the Rev. Harold Taylor, pastor of St. Andrew's Church. Greetings and good wishes for a successful meeting were received from Miss Grace M. Fairley, president of the Canadian Nurses Association, and from absent members of the provincial association.

In her presidential address, Mrs. G. E. van Dorsser, referred to the difficulties which must be faced in carrying on during another world war and spoke of the progress which has been made during the past year in more than one field of endeavour. The president concluded her remarks with a quotation from the broadcast addressed by Her Majesty Queen Mary to the women of the Empire and which contained a special message for nurses.

The Secretary-Treasurer-Registrar reported a paid-up membership of 685. To the great regret of the association, six members have died during the past year, one of them being Miss Ina Duncan who lost her life in the sinking of the *S.S. Athenia*.

Reference was made to the successful working of the new by-law concerning arrears in membership and the Treasurer's report showed a satisfactory bank balance. A comprehensive programme of school visiting was outlined for the coming year to be carried on under the direction of a special committee. The opening of a nursing school for Sisters only at the Hotel-Dieu Hospital, St. Basil, was also reported.

Miss Bertha Gregory presented the report of the legislation committee and stated

that a new Registration Act was ready for presentation to the Provincial Legislature, also completely revised by-laws. The terms of the new Act were discussed in detail and the following measures approved: "Minimum entrance educational requirement for student nurses is to be Successful completion of High School (academic) course; Junior Matriculation Certificate, or the completion of a course of education recognized by the Superintendent of Education as being equivalent thereto." The Act is to be presented before the Corporations Committee of the Provincial Legislature in 1940 and the legislation committee is empowered to accept reasonable amendment or compromise in order to further passage of the new Act when presented.

Miss A. J. MacMaster, convener of the Scholarship Award Committee, announced the award of a scholarship to the value of \$250. to Miss Mary E. Squibb, of Saint John, who is a graduate of the School of Nursing of the Saint John General Hospital. A motion was carried that a similar award be made in 1940. Miss Edna Dickson reported that the obligations of the Provincial Association to the Nightingale Memorial Committee had been met for the current year. Miss Lois Smith reported an increase in the number of subscribers to *The Canadian Nurse*. Her report was illustrated and emphasized by attractive wall charts.

The reports of the Provincial Chapters were as varied and as interesting as usual. It is through these Chapters that the younger members are reached, enlightened and interested in the objectives of the Provincial and National Associations.

A most enjoyable dinner meeting was held in the evening and the members were keenly interested in an address given by Mr. Donald MacLeod, plant pathologist at the Experimental Station, on "Virus disease in Humans and Plants." Further entertainment was provided by a motion picture

in technicolour of the Royal Visit to Fredericton.

The following morning, reports were presented by Rev. Sister Kerr, convener of the Nursing Education Section, and by Miss Myers, convener of the Committee on Instruction. These reports both stated that difficulty had been experienced in arranging meetings of the educational group owing to its scattered membership. The formation of a small executive group, consisting of the two conveners and two additional members, was authorized in order to facilitate more frequent meetings. The meeting also approved the inclusion of a paper in pediatrics as part of the registration examination. It was also decided to secure the co-operation of the Department of Public Health in preparing an outline of public health instruction for use in schools of nursing.

The report of the Public Health Section was presented by the convener, Miss A. A. Burns. Thirty-two public health nurses are now on duty in the Province, all with one exception in the cities or towns. The report of the Private Duty Section was presented by the convener, Miss M. E. Kay, who referred to the need of shorter hours and of the revision of the schedule of fees. The secretary, Miss M. E. Retallick, presented the report of the Joint Enrolment Committee showing that there is an enrolment of

eighty nurses ready for active service. The committee appointed to study eight-hour duty for nurses is still seeking information by means of questionnaires relating to the establishment of shorter hours for student nurses. The following members constituted the personnel of the provincial committee on the History of Nursing in Canada: convener, Miss A. A. Burns; members, Mrs. W. S. Jones, Miss Murdoch, Sister St. Stanislaus.

The election of officers resulted as follows: President, Mrs. G. E. van Dorsser, Saint John; first vice-president, Miss A. J. MacMaster; second vice-president, Miss Marion Myers; honorary secretary, Rev. Sister Kenny; *Conveners of Committees*: Nursing Education Section, Rev. Sister Kerr; Public Health Section, Miss A. A. Burns; Private Duty Section, Miss Myrtle Kay; Legislation Committee, Miss Bertha L. Gregory; *The Canadian Nurse Committee*, Miss Lois Smith; *Councillors*: Miss Emma R. Trafton, Fredericton; Miss Sybil N. Everitt, Moncton; Miss B. M. Hadrill, Newcastle; Miss Helen Cahill, Saint John; Miss Reta Follis, and Miss Mabel McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock. Miss Maude E. Retallick was reappointed as Secretary-Treasurer-Registrar.

An invitation to hold the next annual meeting in Moncton was cordially accepted.

PATROL OF THE EASTERN ARCTIC

Health and living conditions of the Eskimos in Canada's northland are good, the population increasing, and the children vigorous. This is the report that has been received by the Minister of Mines and Resources from the Eastern Arctic Patrol which recently reached Halifax after a cruise of 10,660 miles through the ice-filled waters of the north on the R.M.S. *Nascopie*.

Members of the patrol included scientists and technical officers of the Dominion and

Ontario governments, scientific observers from the United States and Great Britain, a detachment of Royal Canadian Mounted Police, and others interested in the Arctic region. The expedition called at 22 posts, where supplies and mail were distributed re-provisioning in all 49 posts and outposts, serving a population of 6,768. At each port of call medical officers made a careful check of the health of the natives, and administrative officers investigated economic aspects of the Arctic.

Hospitals maintained at Chesterfield and Pangnirtung were found to be filling a very essential need, and convalescent and industrial homes at these points were also operating very satisfactorily. Seal, and other native foods were plentiful, but the loss of many dogs through disease was a matter of concern both to native trappers and fur-traders.

Scientific investigations were made of lower forms of animal life on land and on shallow sea bottoms and live specimens se-

cured. Information concerning the nesting and migration of ducks and geese was obtained and a study made of dental conditions among the Eskimos which it is hoped will assist in controlling dental disease among white races.

At the first murder trial ever held at Pangnirtung and the second on Baffin Island, the accused, an Eskimo charged with three murders, was adjudged insane, brought to Halifax and admitted to the Provincial Hospital for the insane at Dartmouth.

THE DAY OF REMEMBRANCE

The ceremonies held in Ottawa in honour of Armistice Day were extremely impressive because of the presence of the new army as well as the veterans. As in past years, representatives were in attendance from the national and local units of the Canadian Nurses Association, the women Members of the Canadian Legion, and the staffs and training schools of the Ottawa hospitals, who after assembling at the west entrance of the House of Commons, wended their way toward the Nurses Memorial. As the nurses filed in they formed a semi-circle around the Memorial, and Miss Smellie and Miss Anderson placed wreaths on behalf of the Overseas Nursing Sisters Association of Canada and the Canadian Nurses Association. The flowers were unusually beautiful this year and included wreaths from the Ottawa Unit of the O.N.S.A., the Women Members of the Legion, the various Alumnae Associations and others. The Rev. Logan-Veneta led in prayer and an address was given by Lt. Col. J. A. Linton, M.C., D.D.G.M.S. of the First Division, Department of National Defence, who referred eloquently to nursing in the early days in Canada and its progress

throughout the years. The procession then went to Parliament Hill and stood directly facing the Cenotaph during the Armistice Day Ceremonies.

The Ottawa nurses were glad to have with them Matron Pense from Kingston, who with four other representatives of the various nursing groups remained beside the Nurses Memorial until Their Excellencies, the Governor-General and Lady Tweedsmuir returned from the service on the Hill, accompanied by the Prime Minister, the Right Honourable Mackenzie King. As they reached the Memorial all three paused reverently before it.

The Memorial seems more beautiful each year and one wished that nurses from all over Canada might have had a glimpse of it as it appeared on Remembrance Day morning, the base almost hidden by flowers, and grouped about it representatives of the various nursing services, some in uniform and others in civilian attire, all united in paying tribute to those who had gone before and looking toward the future with a realization of the increased responsibilities likely to be thrust upon us.

—E. L. S

A World View of Diabetes

Dr. Elliott P. Joslin of Boston, world-famous for his study of diabetes, has recently published a survey of this subject. He has found it necessary to teach the patient himself all he can learn about diabetes so that he can co-operate intelligently with his doctor in leading as long and healthy a life as possible. Leaflets, articles in the newspapers, and booklets are all useful, but they are not enough. Patients must also be taught by word of mouth and by demonstration in classes preferably in hospital. A short residence in hospital enables the patient to learn what to do to avoid death in diabetic coma. He also learns how to minimize the risks of acute and chronic infections.

Females are more subject to diabetes than males at all ages, and from the fifth decade onwards diabetes is twice as common in women as in men. Overweight is an important cause and, in Dr. Joslin's opinion, accounts for the notoriously high rate of diabetes among Jews who in general have been forced for centuries to live in the city and to take a less active part in physical work and thus have been more exposed to obesity. Tallying with this theory is the fact that, in the first two decades of life, diabetes does not appear to be more frequent in Jews than in non-Jews.

Heredity is a most important factor in determining the development of diabetes. When twins are homologous, not dissimilar, the odds are that if one develops diabetes the other will also do so. But though diabetes runs in families, Dr. Joslin has come to the conclusion that the prohibition of marriages within diabetic families is indefensible even though the chances of the progeny of such stock becoming diabetic are above the average. Thanks to the improved

health assured to diabetics, the pregnancy and confinement of a diabetic woman may be happily uneventful.

What is the working capacity of diabetics? It is often excellent, and it should be encouraged, physical work in particular. Of course due precautions must be taken to suit the work to the diabetic's capacities, and employment must be avoided in which the hazards of an insulin reaction would involve the life of the diabetic and the lives of others. Diabetics should not become aviators, or motor drivers, or engine drivers.

The discovery of insulin has had a profound influence, but not yet profound enough, on the lives of diabetics, Dr. Joslin writes:

The only real trouble with insulin has been that it has not been used enough. Diabetic patients die of coma chiefly because they do not get enough insulin; the mild diabetic becomes a moderate one, and the moderate one a severe one, because he does not get enough insulin.

The fact that insulin acts for only about eight hours militates against its usefulness; patients have often found it difficult to get their injections with sufficient frequency and regularity. This difficulty has been largely overcome by the discovery of protamine insulin which acts for twenty-four to forty-eight hours, and which has thereby enormously simplified the effective control of diabetes, and has greatly reduced the risk of fatal diabetic coma.

Before 1914, the mortality from diabetic coma among Dr. Joslin's patients was 64 per cent. Since that date the mortality from coma has greatly diminished, and between 1930 and 1936 it was only 6 per cent. Since 1923, not one of the more than three hundred diabetic doctors under Dr. Joslin's care

has died of diabetic coma — eloquent testimony to the truth of the saying that, with our present knowledge of diabetes, fatal diabetic coma is avoidable.

How long may the diabetic expect to live? In the pre-insulin period, diabetes ran a rapidly fatal course in children. Now, again according to Dr. Joslin, "the duration of life of diabetic children is inadequately known because so few die." At any rate a diabetic child can now expect to enter his forty-

second year of life, and the expectation of life is still growing. Twenty years is a minimum estimate of the average duration of diabetes from onset to death for all patients developing the disease in 1938.

These are most reassuring, comforting words. But they apply only to the diabetic who takes his disease seriously and intelligently, who submits to certain restrictions in his mode of life faithfully, if not with a good grace.

The League of Red Cross Societies.

THE FOUNDER OF PSYCHO-ANALYSIS

In a recent issue of *The Winnipeg Free Press*, the life and work of Sigmund Freud is commented upon by Mr. Peter Hampton, of the department of psychology in the University of Manitoba. In view of the growing emphasis upon the psychological aspects of their work, nurses will be interested in the following excerpts from Mr. Hampton's tribute to the great scientist and fearless pioneer who died recently in London.

Freud had come to London only a year ago last June, an exile after the Nazis' annexation of Austria. His magnificent laboratory in Vienna and most of his personal effects were confiscated — for was he not a Jew? He was invited to come to London to continue his work, and so spent his last days among people who could appreciate his services to humanity. Born in 1856, at Freiberg, Moravia, he very early recognized what his goal in life was to be. Precocious and a hard worker, he completed his university career at an early age, and began to practise medicine in Vienna. To settle down to a steady medical practice was not what Freud really wanted, however. He wanted to do research work. The opportunity for this came in the person of the

Vienese physician, Dr. Breuer, who had already done some research work and had succeeded in treating successfully a case of hysteria by using the hypnotic method. He immediately persuaded Dr. Breuer to collaborate with him in a further study of hysteria and so the two physicians set out to explore the then uncharted realm of the sub-conscious.

It was to be expected that Freud and Breuer would eventually part company in their researches. Breuer became more and more interested in the study of hysteria while Freud set out to ascertain the motives underlying human actions. In his attempt to find these he used the method of free association which he later elaborated into the method now known as psychoanalysis.

Freud set up his own school of thought in psychology in Vienna. He soon obtained a considerable following and devoted himself earnestly to the subject to which he remained faithful to the very end of his life. He won many converts to his beliefs but made enemies also. It must be said, however, that in spite of all the adverse criticisms which Freud's work has received, his doctrines in more or less modified form continue to make up part of contemporary psychological thought. According

to Freud, the fundamental motive behind all our action is the sex urge, although it may be so disguised that it is not recognized as such but because of social restrictions, is repressed into the realm of the sub-conscious where it continues its existence and becomes the cause of tormenting nervous disorders.

The cure for such disorders is usually found by bringing into the open the underlying urges of the individual. The psychoanalyst cross-examines the patient by asking him to divulge his dreams and other associations of thought. By means of this

procedure the lost memories of the patient are recovered and the cause of the mental illness comes to light. The trouble is then discussed thoroughly by doctor and patient and frequently they arrive at a solution which makes it possible for the subject to face life with renewed confidence.

Freud performed an invaluable service to mankind in calling attention to the sub-conscious, where so much of our activity is motivated, and by ministering to those human ills which are chiefly mental in their origin.

BOOK REVIEWS

MICROBIOLOGY APPLIED TO NURSING, by JEAN BROADHURST, Ph.D., Professor of Bacteriology, Teachers College, Columbia University; and LEILA I. GIVEN, R.N., M.S., Professor of Nursing Education, and Director, Department of Nursing Education, South Dakota State College. Fourth edition revised. Published by the J. B. Lippincott Company, Canadian office: 512 Medical Arts Building, Montreal. 634 pages and index. Illustrated. Price, \$3.00.

Dr. Jean Broadhurst, professor of bacteriology, at Teachers College, Columbia University, a scientist of renown and always a sympathetic teacher who has known the problems of countless graduate nurses, and Miss Leila Given, a nurse and professor of nursing, wrote in 1930 the textbook entitled "Bacteriology, applied to Nursing." In a new fourth edition, this text has been revised this year and is now published under the title of "Microbiology, applied to Nursing" because the term "microbiology" expresses a truer classification of the microorganisms which need to be studied by the student nurse.

There is no wide-awake progressive educator today who does not sincerely acknowledge the nurse's need for exact and mean-

ingful information about the world of microorganisms, their part in every day life and especially in the life of the body. The code of disease prevention; the maintenance of positive well being; freedom from groundless fears; the firm belief and conscientious participation in the warfare against disease; the habit of inquiry and reasoned conduct; all are the outcomes of such study and learning.

Definite scientific background is essential to any nursing service today. Wisely, this text-book begins by presenting for awakened thought concrete nursing situations involving one or more biologic principles. Consistently throughout the text, direct nursing application in both suggested and made.

The subject matter is chosen with the practical needs of the nurse in view, whether she be at the bedside, in the home or in the community. The material is organized into well defined units of study, each of which is introduced in an interesting pre-view by simply and clearly defined student objectives and by outlines of the content. With the student thus prepared, the illustrations are numerous, clear and helpful. Charts and graphs for summaries are present. The suggested laboratory or demonstration activities are carefully discussed and guided. In-

. . . OFF . . . DUTY . . .

This is the time of the year . . . when there is much furtive tying up of parcels . . . Gay tissue paper . . . and glittering silver stars . . . adorn mysterious bundles . . . bearing the stern admonition . . . "Not to be opened until Christmas" . . . Small boys develop . . . an unseemly curiosity . . . concerning the contents . . . of the old tin trunk . . . in the basement . . . and father is told . . . that the top shelf . . . in the clothes closet . . . is out of bounds for him . . . All this stir and bustle . . . warn us that we too . . . must be up and doing . . . and we think with envy . . . about a friend of ours . . . who has the happy faculty . . . of always giving the right gift . . . to the right person . . . From a cluttered counter . . . displaying the repulsive sign . . . "Reduced for clearance" . . . she will seize . . . with unerring instinct . . . upon a good briar pipe . . . for Uncle James . . . and from a heap of crumpled handkerchiefs . . . she will fish out . . . a frivolous chiffon trifle . . . that goes beautifully with Aunt Mary's dinner dress . . . Instead of presenting grandfather . . . with a dismal pair of slippers . . . much too big for him . . . she delights the old gentleman . . . with a snappy white muffler . . . discreetly adorned in one corner . . . by a Scottie embroidered in black wool . . . The silk stockings . . . she distributes to grateful recipients . . . are invariably the right size . . . and the right shade . . . Armed with a sharp pair of scissors . . . plenty of blue and silver paper . . . tinsel cord and cellophane . . . the clever fingers . . . fold and twist and tie . . . No bulging corners . . . no uneven edges . . . no knotted string . . . no illegible addresses . . . She never loses her Christmas list . . . or misses the overseas mail . . . Her neat parcels . . . never disconcert the postal authorities . . . by coming undone . . . and spilling out . . . sticky jam or crumbling cookies . . . to the detriment of His Majesty's mailbags . . . She never has to stand in line . . . at the post-office wicket . . . but goes early in the morning . . . before the crowd arrives . . . She knows how many stamps she wants . . . and gets them . . . without driving the clerk to frenzy . . . or keeping twenty-five people waiting . . . while she decides . . . between the relative merits . . . of three twos . . . and two threes . . . On Christmas Eve . . . when we are desperately scribbling . . . incoherent last-minute messages . . . to tuck into our untidy little packages . . . she will be watching . . . the flickering candles . . . in the Cathedral . . . and quietly waiting . . . for the carol singers to begin . . . "O, come all ye faithful" . . . E. J.

THE CANADIAN NURSE

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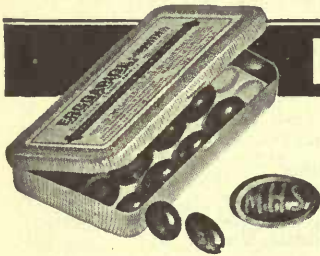
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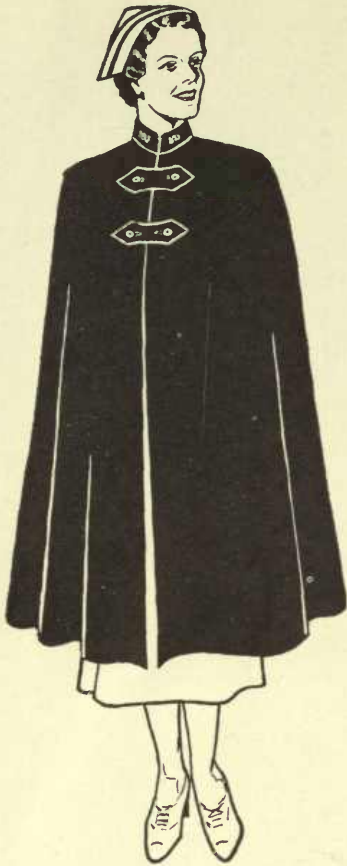
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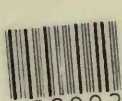
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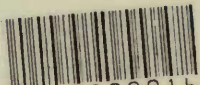
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