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Report of Proceedings

OF THE

Fourth Annual Convention of the Hospitals of British Columbia

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Held at Kamloops, B. C.
in the High School
on July, 6th, 7th and 8th
1921

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G. A. Roedde, Ltd., Printers, Vancouver
1922

PREAMBLE

The British Columbia Hospital Association was formed following the convention held in Vancouver, June 26th, 27th and 28th, 1918.

The objects of the B. C. Hospital Association are:—

(a) To serve as a means of intercommunication and co-operation between the hospitals in British Columbia;

(b) To establish, maintain and improve standards of hospital work;

(c) To promote the efficiency of all hospitals in the Province;

(d) To stimulate intensive and extensive hospital development;

(e) To make all hospitals of more community service.

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President ..... Dr. H. C. Wrinch, Hazelton
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Miss Frances Henry

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REPORT

WEDNESDAY, JULY 6th, 1921

10.00 a. m.

The first session of the fourth annual convention of the B. C. Hospital Association met in the High School, Kamloops, B. C., on Wednesday, July 6th, 1921, at 10:00 a.m., Dr. H. C. Wrinch, President, presiding.

DR. H. C. WRINCH, Hazelton—

I cannot tell you how pleased I am to see such a splendid attendance here at the beginning of this convention of our Hospital Association. You know, some of us were very divident about calling a convention away in this central point of British Columbia. We were afraid we could not get the people to come so far for the reason that we were not able to get the people to come to the city from here. We are satisfied now that it was a wise move—your presence here assures that. We are delighted with the attendance. The convention will mean to us largely what we each put into it. Our committee has made the programme as practical as possible and we want you all to discuss each paper freely.

The first paper on our programme is by Miss Jessie A. Morrice, R. N. on "The Nursing Care of Tuberculosis Patients."

MISS JESSIE A. MORRICE, R.N., Tranquille—

It is not necessary for me to say anything to you about the value of a nurse, or the nurse training; though we often forget that without the careful conscientious nurse, there would be no hospital. In no field is the nurse more needed than in the care of tuberculosis patients. We are told that one-tenth of those who die, die of tuberculosis and of these fifty per cent are between the ages of seventeen and thirty-five, so the field of work is very wide.

In this vast country of ours the nurse is invaluable and her work covers so much ground. In the old days we had the "Hospital" and the "Private" Duty" nurse; now, with these, we have "Public Health" and "School Nurses," "Social Service," "Community Centre" and the District nurse of the City, and the nurses who, in our Mission hospitals thirty or forty miles from a doctor, are in their small hospitals doing wonderful work. These in their daily work see hundreds of people, especially children and young people, that no doctor has seen or will see, unless some one calls his attention to them or advises them to "see the doctor."

We have in British Columbia a law that each municipality must take care of its own tubercular cases, and every hospital receiving a grant must take these cases—a splendid law. But how many of our hospitals have suitable accommodation for tubercular cases? I speak from experience, for I have had these patients in both the large and small hospitals, and I am sure I voice the thought of every hospital superintendent when I say that it is with a feeling of absolute dismay we admit a tubercular patient to the hospital. None of our small hospitals, and few of the large, are planned to take them, and practically every case that goes to the hospital is an advanced case. We could not possibly take suspect or incipient cases and give up any of our usually crowded quarters to them for three to six months.

How many of our nurses in training ever see a patient who is treated as a suspect or incipient case? Speaking recently to one of our most prominent hospital superintendents, she said: "To me the tubercular case is

what we see in Ward O at the Vancouver General Hospital, and most nurses feel the same." Nearly every nurse regards the tuberculosis case as hopeless. What we need is the nurse who has been so taught that she will realize as a pneumonia case, left till a day or two before the crisis, or a case of septic infection allowed to run on for a week or more without care, is practically hopeless, so is the tubercular case. My plea is for a nurse who will be able to assist us to "catch them early," one who will be able to recognize the danger signal and give the warning that will put the patient under a doctor's care, or give the advice that will be of use to those who are out of reach of a doctor.

The care of the suspect or incipient case, is so simple, one feels the very simplicity makes it harder for the patients to "take the cure."

It has been felt by everyone that the Public Health and District nurse should know and understand something, not only of danger to others of the Tubercular but should know how to advise him and watch over his case, for we all know it is not where it is done, or who does the work, but when and how the cure is undertaken.

If we could only get the cases early we would have so much less difficulty in effecting, not a cure, unless the case is really only a suspect, but in the incipient case, arresting the case and saving the patient. Last summer two teachers, about the same age, one in the city and one in a small country school, strangers to each other, had a little cold, a slight cough, feeling tired all the time, a pain in the side that hurt when drawing a deep breath. The city teacher was advised to take a holiday, get away from school, change of scene and environment would do her good. She went away, did a little mountain climbing, played a little tennis, went for a few long walks, ate a lot of eggs and drank lots of milk supposedly a sure cure. She went back to school still tired, and broke down, later went to the Clinic and tried to get into the Sanatorium but there was no room. Finally, she was admitted and is making a good fight on a long uphill road, but hers will be an arrested case. The little country teacher came in contact with a nurse who had had a few months Sanitorium experience; she advised her to see our former superintendent, and was advised by him to take the cure. Pretty hard to give up a long looked for holiday, but she did; she put in two hot months in bed, and when school began, with fear and trembling we saw her start back to her duties. But she had learned to take the cure, had learned the hard lesson of resting. This summer she shows no active disease, she finished her school year in better health than for a long time, and has gone happily off for her much delayed vacation, still knowing to take the cure.

You, of course, understand what I want. Every nurse while taking her training should be given two or three months in Sanitoria that she may have an opportunity to observe, not only the treatment of the case, but the case. That she may see the suspect and the incipient case and learn how to advise, learn how simple is the cure if begun in the very early stages, learn that three months in the beginning will do more than three years at the end of the three months, if the case is allowed to run. The nurse who has been trained in Sanitoria to care for the suspect and incipient case, will know how to care for the advanced case in the hospital, the home or in her Public Health or District work. The patient is nearly always hopeful, but the long days and nights are hard to bear, and we need a nurse who is helpful and hopeful and who can understand. A nurse who understands the simple precautionary measures of cleanliness and carefulness, who realizes it is useless to sterilize a cup or a spoon and then throw cigarette ends, fruit pits, soiled handkerchiefs etc. carelessly about, useless to cough into a loose handkerchief and then allow that portion to come in contact with fingers or clothing. A nurse who understands, and who can help the patient and family to understand that to rest means rest every day, not a good jolly time today and make up for it tomorrow, not rest today and then just for once go to a dance or a din-

ner, not even a long motor ride or a game of tennis. I saw the wreck of four years of cure by one long hard game of tennis. So we need the nurse who knows "The Cure" rest and simple food, rest and cleanliness, rest and carefulness, always and everywhere rest. And when she has herself found out these truths she will be able to teach her patients so they may know that doctor and nurse are of little use unless they take the cure. No one can do the work but the patient; their recovery depends on themselves. Many apparently very bad cases do recover a large amount of strength and are able to carry on in a normal, if careful life. It takes time and care. The nurse can teach them that no child should be kissed on the lips, that no one should drink from a glass and then allow another, especially a child, to drink from it. That the mother must not taste the food and then use the same spoon for the child. That the family must sleep in the open if possible, but in any case must have fresh air; that plain simple good food is necessary, not over-crowding, not dozens of eggs and quarts of milk, but a sufficient amount of good nourishing food. Teach the use of folded gauze, the sputum cups and pocket flasks, the use of fire to destroy infected material. Teach the fact that a tuberculous patient is never a cure, but is an arrested case, and may, with care, live a long, happy and useful life. But he must take the cure, must rest, must live the careful life—careful for himself and for others.

One reason for the need of an educated nurse. is, as I say, the inside field they cover, the people with whom they come in contact, and the growing confidence of the public in the nursing profession. We are told we have two hundred and fifty children in the Province who have incipient tuberculosis and another two hundred and fifty among our Indian children. How many of these could be saved if the School nurse and the Mission nurse understood the idea of the cure.

My plea is why wait until, when a year, or two years, after she has finished her training, a nurse decides she will do public health, district or school nursing, or decides to go to some of our Mission hospitals or community centres, thirty, forty or fifty miles from a doctor, then give her a hurried course of lectures wonderful though they are to the nurse who knows really so little of the work. But, why waste the years, why wait, why not, during her training send the nurse to the Sanatorium which is under the care of the Province, whose duty it is, therefore to care for all tubercular cases and who will be glad to do anything to relieve the patient, save the family, and at the same time lighten the burden of public expense by caring for the patient in the early stage, and what is more, preventing the spread of the disease.

Therefore, send the nurse in training to the place where she sees the suspect and incipient case, finds out how simple is the cure; where she will get also the benefit of the weekly or semi-monthly lecture which in every well regulated Sanitorium is given to patients and staff. Also, she would have special bedside instructions, have instruction in the laboratory, and see the work in the X-Ray room. We do not promise to make her perfect in the work of the laboratory, but to give her some idea of that side of the work. We could not teach her to do the X-Ray work—our apparatus is too valuable, but have her given some instruction that she might see the rapid advance of the disease and the slow cure, and so know why it is so essential to "catch them early." Help her most of all to feel that "just a cold" if continuous, that tired feeling all the time, and so many minor ills, are the little things that need attention—the foxes that spoil the vine; the signs of one of the most appalling diseases our new country has to face.

Now I hear your objection and that of the parents of the pupil; they object to the nurse being exposed to the danger of infection. May I be allowed to say—there is less danger of infection among two hundred patients in a properly conducted sanitorium than with two in your public ward of the hospital. Also, may I say, if you send your nurses to us,

those who came could teach the rest in your school how to treat the case, the little things that make for safety.

Another thing, something must be done and that soon, to protect our nurses, not those in Sanitoria but those in general hospital work. There are too many cases developing among nurses. Our average of nurses among women patients is too high. What is the cause? Who is reasonably responsible? What can be done? Are the hours too long, food not sufficiently nourishing, or is the nurse too tired to eat; are her sleeping quarters what they should be? Has she with her twelve-hour day either time or inclination for recreation? Here is a suggestion which would, of course have to be taken very carefully into consideration: would it be possible to send some of these young nurses to the Sanitorium for light duty, possibly save the nurse, and at the same time educate her? A rash proposition for me to make, but something must be done to save our nurses as well as the general public from this disease.

DR. H. C. WRINCH, Hazelton—

That is a very excellent and practical paper and I hope will elicit free discussion.

DR. L. G. HOULE, Kamloops—

It has seemed to me that in the past our general hospitals have been shirking, to a large extent their responsibility with regard to the tuberculosis question. We know that they have their problems of lack of accommodation and financial difficulties and that sort of thing, but is tuberculosis not as important a disease problem as any of those which the hospitals are at present meeting. Tuberculosis is the cause of a very large proportion of the deaths in every country. It is not necessary for me to emphasize to a body of people who are dealing professionally in medical matters the amount of tuberculosis that exists in the country and the seriousness of the whole question. Up to date there seems to have been an attitude displayed on the part of the general hospitals that tuberculosis is not a part of their responsibility or that it is the last of the diseases to be taken care of by the hospital. The attitude has been too general: "let the sanitorium do it." The sanitorium is doing a very useful work all over the country. Up to date I think the anti-tuberculosis effort has been largely confined to the work it is able to do, but after all, it is only one link in the chain of anti-tuberculosis effort. The sanitorium has its limitations. The trouble has been that too much has been expected of it and the results have been disappointing. The tuberculosis death rate has been reduced on this continent materially and the sanitorium has had a very important part in that reduction, but not infrequently we hear the question raised as to whether the present machinery for dealing with tuberculosis is accomplishing the work that is to be expected of it. I think that too much is being expected of the sanitorium. The sanitorium is primarily adapted to the treatment of cases of disease which have been discovered sufficiently early for some benefit to result from the period of treatment. The sanitorium is a highly specialized institution, located usually at a distance from sections of population and particularly applicable in the Province of British Columbia, and in my opinion should be reserved entirely for the treatment of favorable cases of tuberculosis, the hopeful case for which something can be done. I am very glad to see that the provincial institution, since it has been taken over by the government is being held more and more for that type of case. The government, I believe, is taking the attitude that only favorable cases are to be admitted. In the past it has not been possible to take that point of view for the reason that according to the terms of the Anti-Tuberculosis Society made with the government in view of certain financial assistance that was rendered the institution, the Society agreed to practically not refuse any type of case, for the reason that the government was at that time finding difficulty in providing for these more advanced cases. That greatly handi-

capped the policy of the institution, inasmuch as many cases for which nothing could be hoped had to be taken in for lack of other accomodation, with the result that the institution practically became filled with this type. There are patients there now who have been there years; there is one who has been there nine years; simply filling up the beds and keeping out patients who should have them and for whom something might be hoped in the way of rest cure. The difficulty with the present machinery for dealing with tuberculosis is that all the effort is being concentrated in more or less one direction in this country. There is a great deal of good work being done in Vancouver by the Rotary Clinic. That is very promising. A great amount of effort and money is being spent on the one institution in Tranquille—there is not too much accommodation, but I do think that it would be highly beneficial if the other side was more emphasized, and as I said in the beginning, if the hospitals assumed greater responsibility for tubercular cases. After all the way to cope with any problem is to get at the cause. When Dr. Grogas went to Panama to organize the work there he went into the cause of things, and wiped out the malaria and yellow fever by attacking the mosquito which is responsible for the disease, and the result was that the United States Government put him in charge of the medical work. In tuberculosis the cause of the prevalence of the disease is undoubtedly the spread of infection from the open case of the disease which is expectorating in public places and in the home, and, which to my mind, should be institutionalized to a greater extent than is being done at present. That is the cause of the disease, the origin of the persistence of the infection. I do not think the sanitorium is the place to institutionalize that patient. There are many cases who are not suitable for sanitorium treatment and many others who are suitable for whom accommodation cannot be found, and those people very often are the heads of large families living under congested conditions; also, they may be well enough to do but simply unfamiliar with the necessary precautions they should take to prevent the spread of infection. The ideal way, but perhaps not practical, is to deal with tuberculosis as other great plagues have been dealt with: by the absolute isolation of all cases of the disease. That is, of course, out of the question, because of the enormous number of people who are infected—it is purely a matter of guess work to say how many cases there are in this Province, no survey has ever been made, but I would hazard the estimate that there must be probably one or two thousand at the very least, active cases. Many of these are potential carriers of the disease. The difficulty is that the hospital lacks accommodation for the number of cases that present very often. Then again they may not have suitable accommodation, they have not proper wards for the treatment of tuberculosis. I agree that tuberculosis should not be treated in general medical wards with other cases, but I do think that with a little more appreciation of the responsibility of the general hospital with regard to tuberculosis they would find a ward or corner for the treatment of a certain number of cases of tuberculosis. I believe in the province of Saskatchewan they have ruled that all hospitals receiving government aid must accommodate ten per cent, of their beds to tuberculosis. Ten per cent. is a reasonable basis to start on. Provision for the necessary separate accommodation for the disease is essential, and there should also be, I think, provision for the sterilization of dishes, used by the patients, with steam. With those two difficulties met I see no reason why tuberculosis could not be satisfactorily treated in our general hospitals. There is just one other obstacle or excuse, that is that the attendants in those hospitals are not familiar with the treatment of the disease and therefore are not able to protect themselves very often from infection. Miss Morrice has suggested a way out of that difficulty, and I may say that the question of a certain period of the nurse's training to study tuberculosis in sanitoria was considered some years ago by the sanitorium. Dr. Vrooman, the then medical superintendent, it was, who first brought the matter forward. He began, I believe, to sound the various hospitals in the province on the matter of

having their undergraduates spend a certain part of their three years in the sanitorium, and circular letters were sent out to the various hospitals in the province, that then had training schools, and replies received. As I remember it, only two or three regarded it at all favorably, others raised objections and some were frankly against any idea of this being carried out but that is more or less I think what we expected because it takes a long time to get an idea like that into practice. I am hoping that after the paper that Miss Morrice has just given this morning this meeting will feel somewhat differently toward the question. The matter, of course, of arranging or deciding as to whether the nurse should go during her undergraduate training to the sanitorium or whether it should be after she has graduated, how long should be spent etc., are matters for the future, but the principle of having all nurses given some special training in tuberculosis I think should be generally accepted. It is commensurate with the importance of the tuberculosis problem. Tuberculosis, as I said earlier, is as much entitled to the attention of the general hospital authorities as is any other disease, and looking at it from the public health point of view it is a far more important disease than many of the cases which are treated in the hospital. A man gets appendicitis or heart disease, goes to the hospital, takes up a bed there, gets treatment, whereas one with tuberculosis is denied admission, and which is the more serious problem from the standpoint of the general public health? The man with tuberculosis perhaps dies and infects before he dies probably a dozen—we do not know how many, whereas in the case of heart disease or appendicitis, if the patient lacks attention he is the only one who suffers. Another advantage of the training of undergraduate nurses in the sanitorium is, I think, along the lines of propaganda. The number of nurses we estimated that it would take to staff the sanitorium, if undergratuates, each spending two months in the institution, was in the vicinity of about forty. Forty nurses would pass through the institution during the year and that would mean forty tuberculosis missionaries being sent out all over the province. That is no small matter; education on the subject of tuberculosis is next to provision of accommodation for advanced open cases which cannot and should not be accommodated in a sanitorium.

Dr. Charles Whit, who is a Canadian and is at present in France as chief of the Tuberculosis Section of the American Red Cross, writing in one of the recent numbers of the Physicians and Medical Students Journal said:

"The question of teaching undergraduate physicians having been solved, an attempt was made to secure teaching instruction for undergraduate nurses. This was a more difficult problem, but we finally arranged with three of the large general hospitals in the city to send their undergraduate nurses for six months during their three years of training to the hospital of the Tuberculosis League. The attempt failed, which was distressing at that time, but amusing to look back upon. The first three classes were withdrown because the physicians on the staffs of the general hospitals warned the directors of their institutions that their nurses would become infected with tuberculosis in any institution devoted to the care of this disease. Not discouraged however, we next offered postgraduate courses for nurses. These were successful from the start and were conducted with excellent results for nine years—up to the beginning of the war, when the great draft on the supply of nurses of the country brought this work to an end.

Since the war we have made a new start, and in conjunction with the University we have renewed our former attempts which met such failure thirteen years ago. We now have classes of forty undergraduate nurses taking training in tuberculosis work, including bedside care, home instruction and public health administration. In addition to this, the facilities of the hospital are used by the Public Health Nurses' Association of the community for instructing its workers and regular employees in the problems connected with this malady. The classes are in groups numbering sixty nurses in all.

Undergraduates have been chosen for instruction because of the difficulty

of conquering the almost insurmountable barriers to the mind and interest of those who have already been granted diplomas for their life's work.

The mortality rate in Pittsburgh is one of the lowest among large cities. For 1909 the rate of all forms of tuberculosis per 100,000 was 117.5. Whether it is due to this type of work I am not sure, but at least we have the satisfaction today of knowing that so widespread through the community is the knowledge of how to care for tuberculosis that we seldom meet with the distressing circumstances which confronted us a few years ago. It has been the only persistent effort made here for the past thirteen years."

I hope that some good will result from this paper and discussion in the establishing of the principle of requiring all undergraduates in the training schools of British Columbia to spend a certain amount of time during their training in the Provincial Sanitorium at Tranquille.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

I would like to say a few words with regard to this paper as to the care of tuberculosis patients in the homes in district nursing. I do not think I have ever heard a paper on the care of tuberculosis that interested me as this one has by its extreme simplicity and the valuable points. As to her emphasizing the need of the education of the nurse—I think we are finding this out, that a woman to do successful district nursing must be educated in this special line in her training school. What we find in district nursing is this: the nurse goes out into the district and there she finds the majority of her incipient cases, and unless she can recognize these—they are hiding from the physicians, especially mothers, they do not want to admit that they are afflicted with this disease—the nurse should come forward, she must have this necessary training and it must be given in the hospital. She must not only care for but educate the people in the home. If the nurse has not this very necessary education how can she give that necessary instruction in the home? She must have practical bedside care in some institution where it is carried on, in such a way that she is qualified then to go out into the homes of the people and above all, to educate the people in the prevention and the cure, to prevent the spread of the disease.

MR. J. T. ROBINSON, Kamloops—.

A committee of three should take this up, go over all this information, and thereby be able to submit a report to this convention at some future session, say tomorrow or the following day, on the tuberculosis problem and how other provinces handle it, also the financial side.

In regard to the paper, I want to congratulate Miss Morrice on such an excellent paper, and I want to say that if it is a sample of the papers that are to be read here and the discussions that are to take place, then you justify certainly your existence as an Association, as I believe the work of discussing questions such as Miss Morrice has brought before us today is one that this organization can give the very best attention to.

Speaking as a layman, as one who has been associated with hospital work some twenty-two or three years, I may say also associated as a director and as a life member of the institution at Tranquille, I feel that what Miss Morrice has said in her paper is something that we all, as laymen or professional people, in the interest of health can take up and act on to the advantage of the whole province. Now what I want to say is in regard to the treatment of tuberculosis in general hospitals: We, here, are situated in what is spoken of as the "dry belt" and where for a number of years people have been advised to come who are afflicted with tuberculosis. I believe the climate is alright, but climate alone is not going to cure tuberculosis—it has got to be treated in the sanitorium or hospital; but the point I want to make is simply this, that the general hospitals, as I know them in British Columbia are not built in such a way that tuberculosis can be treated to the best advantage. Take our own general hospital here—it is the largest hospital in Canada in a town of five thous-

and population. We have a good institution, we have a training school there, and I want to say that we flatter ourselves that we have a very excellent executive staff, but our institution is so laid out that it is next to impossible for us to treat tuberculosis there. True, we look after two or three, but at the same time, if this was to be carried out in the general hospitals the government must come to the rescue and advance enough money to attach an addition to the hospital so that tuberculosis cases could all be confined to that particular wing. If that was done, in order that dishes etc. would not be mixed with others, then I think it could be carried on successfully, but not otherwise. There is also the other important point raised by Miss Morrice, that of training of nurses. In my long association with hospitals, there are very few of the graduate nurses we have been able to get who understand or know anything about tuberculosis, and I think if it is to be effected that cases are to be looked after in general hospitals, then the suggestion is made that the Sanitorium act as a training school for British Columbia, and make it so that every nurse taking the course in the general hospital should be given three months, either as post-graduate or three months, before finishing her training. If the nurses are trained so they are able to look after tuberculosis patients, and hospitals remodellled or additions built as I have suggested, then I see no reason why we could not have them in a general hospital. At present it is impossible, it is not only a menace to our nurses but to other patients.

DR. H. C. WRINCH, Hazelton—

The poor nurses, they are loaded down with all kinds of stuff they should, and should know of course, but has it occurred to us just where the instructions for the care of the patients in the hospitals are coming from. Are the nurses given authority to go on and carry out treatment, or are they under the direction of the doctor? The doctors should have all this knowledge at their finger ends. If ten per cent of deaths is due to tuberculosis, surely our doctors should be able to give direction as to treatment.

Announcements made by Dr. M. T. MacEachern:

Get-together luncheon at 1.15 p. m.

Word received from Hon. J. D. MacLean that he would be unable to attend, also wire from Miss E. I. Johns regretting her inability to be present at the convention.

All delegates are welcome to make use of the Golf Grounds

Re the firms exhibiting, asking the delegates to spend as much time as they could in looking over the exhibits.

The evening meeting will be held in the Methodist Church, commencing at 8.00 p. m. sharp.

Invitation from the Royal Inland Hospital to inspect the hospital from seven o'clock on Friday evening.

MR. J. T. ROBINSON, Kamloops—

I have gathered from the provincial secretaries of the various provinces of the Dominion and States of the Union, information as to how they finance their hospitals, also information of how they look after tuberculosis, and would like to place it at the disposal of the committee, from which they might be able to glean a great deal of information as to how this question is handled.

Moved by Mr. G. McGregor, seconded by Dr. E. C. Arthur. THAT the President appoint the committee. —Carried.

DR. H. C. WRINCH, Hazelton—

Next we have a paper by Miss L. S. Gray, Superintendent of the Chilliwack Hospital, on "Nursing Service in Hospitals employing Graduate Nurses only."

MISS L. S. GRAY, Chilliwack—

I do not intend to make a paper of this, but being interested in this service and having been in close touch with it in our own hospital for over two years, I have wondered many times if other superintendents of such hospitals meet with problems in this particular line.

If the nurse is to carry out the wonderful pledge she takes when she graduates, the care and comfort of her patient should be her chief aim and object, so if good service is to be maintained a few points are worth considering and then an exchange of ideas might help us all.

First—To what extent should discipline be maintained in the hospital employing graduate nurses only? Should it be necessary to have rules and regulations hung? That the superintendent have a code of discipline for her staff of graduate nurses is obvious, otherwise there would be a lack of that law of order which goes towards the smooth running of a hospital. To go about this and not offend the graduate nurse's dignity is the difficulty.

Secondly—Methods: Should one method for each line of treatment be adopted by the graduate nurse in the hospital she is working in? That she should adopt the methods of the hospital as far as possible seems in my idea better policy, and what is of far greater importance—is better for the sick ones under her care. In the smaller hospital the patient cannot always have the same nurse treat him or her.

Thirdly—Salaries: Then, again, the question of salary; should there be any grading? This has in some places, no doubt, been a vexed question. My idea is that one of the staff, at least should be a little higher salaried—if she be found capable. Then she is ready and willing at any time to take the superintendent's place when off duty or on holidays. All cannot be first and all cannot be left in charge, even if each in her own individual way shows herself capable. Is the nurse who has had many years experience and shows herself capable, not worthy of a higher remuneration and responsibility than the nurse just newly pledged and who has yet to prove her capabilities?

Fourthly—Staffing of hospitals employing graduate nurses only, is a difficult question also and must be arranged, not only with regard to the numbers, but according to the range of disease, emergencies, maternity work etc. in the neighborhood where the hospital is situated. For instance the agricultural district does not have the emergency cases that a mining district has and yet the range of disease in the first mentioned may be more varied and might call for an extra number of staff for the same average of patients. A hospital with a smaller number of beds might need a larger staff in proportion to a hospital with more beds

Many more points might be raised. I have merely thrown out a few suggestions for discussion and should very much like to have the ideas and exchange of opinions of others who have experience along this line.

DR. H. C. WRINCH, Hazelton—

Discussion on this paper is to be opened by Mrs. Johnson.

MRS. M. E. JOHNSON, VANCOUVER

Miss Gray has charge of a public hospital with graduate nurses; I have a private hospital with graduate nurses. I have just about the same problems, and I find that a certain amount of discipline has to be maintained even with a graduate nursing staff, yet it is very much less than that with pupil nurses. As far as salary is concerned, my operating room nurse I make head nurse and she is responsible when I am not there; I pay her a larger salary than the others. Then I have three nurses on the same salary doing the same work. I may say that my nurses are all on eight-hour duty, which necessitates another nurse on the staff, but I find that the routine work is so much better and I am relieved myself. As to methods, there is one thing about conducting a private hospital—it is for the interest

of the one in charge, and I always try to impress on the staff that our patients must be satisfied; in order to make it a success we must send them away with the best nursing care.

MR. G. BINGER, Kelowna—

Might I ask Mrs. Johnson how many beds there are in her hospital?

MRS. M. E. JOHNSON, Vancouver—

Twelve. And I can take care of fifteen patients. I have four graduates and two attendents; a maternity ward with accommodation for ten babies.

DR. H. C. WRINCH, Hazelton—

In the absence of Miss Johns, Mrs. Johnson has consented to take her place. We will ask Mrs. Johnson for the report of the Committee on Nursing Problems of British Columbia, especially dealing with the questionnaire sent out during the current year.

Report on Questionnaire regarding Teaching Conditions in Training Schools in British Columbia

Questionnaires were sent to twenty hospitals in the Province which were reported to be conducting training schools. Only ten replied as follows:

Nanaimo General Hospital, Nanaimo
Nicola Valley General Hospital, Merritt
St. Joseph's Hospital, Victoria
Hazelton General Hospital, Hazelton
Royal Inland Hospital, Kamloops
Queen Victoria Hospital, Revelstoke
St. Joseph's Hospital, Comox
Royal Columbian Hospital, New Westminster
Prince Rupert General Hospital, Prince Rupert
Kootenay Lake General Hospital, Nelson

An analysis of replies follows:

Regarding Affiliation

Hazelton General Hospital: suggested that the period of affiliation be reduced from one year to eight or six months.

Nicola Valley General Hospital: objected to affiliation on the ground that it removed the pupils from the hospitals during the most useful period of their training. This hospital also urged that the period of affiliation be reduced to six months.

The following subjects were recommended to be taught during the affiliation year:

Nursing in diseases of the Eye, Ear, Nose and Throat
Gynaecological nursing
Obstetrical nursing
Dietetics
Dispensing
Operating Room service
Pediatrics

A suggestion was made that the affiliating period be changed from the senior to the intermediate year.

Arranging for lectures and Classes

Enquiry was made as to whether difficulty was being experienced in making satisfactory arrangements for teaching certain subjects. Six replied that they had no difficulty and three stated they had. Dietetics was especially mentioned as being a difficult subject to teach satisfactorily.

Travelling Instructor

The question was asked, as to whether the services of a travelling instructor who could remain at each school for a month or six weeks and teach certain subjects would be of assistance. Five replied that they approved of such a plan. Two stated they could not use such a person, and three expressed no opinion.

Lesson Plans

It was suggested that lesson plans setting forth the method of presenting each subject might be of use. Nine expressed themselves as approving. One was doubtful .

Uniform examination in Basic Subjects

The question was raised as to whether uniform examination papers could be sent for all schools in the Province in the basic subjects. Eight thought this possible, one disapproved and one did not answer.

Regarding a Short Course in Training School Administration and Teaching

Six expressed themselves as heartily approving of such a course, two were doubtful, one would be unable to attend and one gave no reply. A most thoughtful answer to this question was sent from St. Joseph's Hospital, Victoria, and is quoted in full:

"I believe a course in administrative work would be valuable as a normal course is good for a teacher, but only those with natural administrative qualities should be allowed to take it. No amount of training will make some people capable of managing more than one person."

Respectfully submitted,
E. I. JOHNS, R. N.
Member of Committee on Nursing Problems
in British Columbia

DR. H. C. WRINCH, Hazelton.

I wish more hospitals would answer the questionnaires sent out.

The report of the Committee on Standardization will have to be passed over as the committee did not find it possible to gather anything worth while taking your time.

The discussion on the papers just read on these nursing problems is set for this afternoon under the chairmanship of Miss MacKenzie of Victoria, and it was thought that we might probably run on into the subjects for the next session because there are a large number which we cannot possibly get through.

Miss J. F. MacKenzie, R. N. Victoria, presiding.

MISS J. F. MACKENZIE, Victoria—

There are a great many phases to this question which we would like settled, particularly the length of affiliation. Possibly I had better explain just what affiliation is. There are a number of small hospitals throughout British Columbia on Vancouver Island and on the Mainland, who are not able to give a full course of instruction to their training school, and arrangements have been made with the Vancouver General Hospital on the Mainland and with the Provincial Royal Jubilee Hospital on the Island for affiliation. I have found out that two years is the shortest time I can possibly go through in taking those pupils. The superintendent has too much to do, consequently the pupils go on with a very meagre amount of training. I cannot do it in less than two years. The Vancouver General Hospital has one year. In the paper read today some recommend eight months I cannot possibly see how you could crowd in the subjects that have been recommended to be taught. I think it is impossible.

MISS H. RANDAL, Vancouver

I would like to enlarge a little on what Miss MacKenzie has said about affiliation. The great need for affiliation was not felt only in theory; in small hospitals they do not have the clinical material necessary. The reason why we started this affiliation scheme was to give the pupil who entered

the small hospital an equal chance with the pupil who entered the larger hospital. We thought we were helping the smaller hospitals as well as the nurse. The graduate nurses were sponsors of this affiliation. If you want the right material in your training school you must give a fair equivalent for the young woman's time she spends in that institution. In my opinion you are not entitled to claim three years of a young woman's life without giving her the equivalent. I think it helps the small hospital. In that way they can bring in young women and give then the necessary training. I consider a young woman who has spent two years in the small hospital and one in the large is a better all-round nurse than the nurse who trains in the large hospital. One of the great weaknesses in the small hospitals is the few medical cases they get. These affiliated students have done remarkably well. These young women going back with the diploma of their small hospital is going to bring in more pupils in that hospital and create a better feeling all round.

MISS J. SCOTT GRAY, Prince Rupert—

Could there be any method of exchange? Could the larger hospital pupils not have a short time in the smaller hospitals, because very often graduate nurses who are trained in the large hospitals are not very well suited to the work in the smaller hospital where they take up work?

MISS H. RANDAL, Vancouver—

I think that is the idea, that is what we are working for. I think it could be done if one will only start it.

MISS J. F. MACKENZIE, Victoria

I am quite in line with Miss Randal. I am always glad to see an affiliation pupil come in because they are a perfectly splendid example for my own girls. They are often more capable than our own.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

I am particularly interested in this question of affiliation. The Victorian Order of Nurses when I first took charge of it, had about thirty-five small hospitals ranging from seventy-five down to ten beds. In many of these there were training schools, which were merely exploiting a body of very valuable young women. These training schools were all removed and there are no training schools now in hospitals under thirty beds. Where the removal of training schools of this size would work a hardship we have resorted to the affiliation scheme. There is a great deal of credit due the British Columbia Graduate Nurses' Association for their forward movement in affiliation In the East it is more difficult; in Northen Ontario you have a number of small hospitals that do a perfectly invaluable work, who serve a large country The work they do is away beyond what we can estimate in number of beds. We were anxious to get affiliation which would not send the nurse into the large city from which she would not return again. The experiment of Miss Boscoe was entirely satisfactory in the Kingston General Hospital. Her answer was "You can send as many as you want, they are having a very wholesome effect on our nurses; they do not want the nurses to come in from the small hospital and out do them." We can get affiliation with almost any medium-sized hospital. We prefer them. Hospitals in Winnipeg will do anything to help the smaller hospitals in the proper training of their pupil nurses. That is what we want—the best possible person to go out into the outer districts with the necessary knowledge. I wish the nurse in the large hospital could go out into the small hospitals that are doing very good work—she would be a much better nurse when she is through and much more valuable to the community than she is today. I hope affiliation will be gone into by this very progressive organization. The time has come when we must send our nurses to some hospital such as the King George in Winnipeg, where they get such a training as they do under Miss Martin and the medical men in connection with

that hospital. Training in King George's is three months, given either to under-graduates or graduates. They pay the nurse's travelling expenses.

MISS J. A. MORRICE, Tranquille

The Winnipeg General Hospital also sends their nurses to the King Greorge, they get an excellent training there.

MISS H. RANDAL, Vancouver—

I think this principle of sending pupils from the large hospitals to the smaller might very easily be started, by not commencing on too large a scale. I think it could be managed in the second year, when she could take the place of the one whose position she is taking. One of the objections is that the nurse is taken away from the small hospital during her third year. At the end of her second year the nurse in the small hospital is really more capable of taking charge than the nurse in her second year in the large hospital—she has been thrown on her own responsibility.

MRS. M. E. JOHNSON, Vancouver—

We have a large Tubercular hospital in British Columbia and I would like to see a training school there. I do not know whether it has been thought of or not. I do not know how many nurses they have there.

MISS J. A. MORRICE, Tranquille—

At present we have fourteen.

MRS. M. E. JOHNSON, Vancouver—

Why not have a training school in the Tubercular hospital and then send the nurses to the general hospital for six months, and the nurses in the the general hospital go to the Tubercular hospital for the same length of time. I think it is necessary that there should be a training school in our Mental hospitals in order that we could give our graduate nurses an all-round experience. There is no more danger in a nurse taking care of patients in a tubercular hospital than there is in a general hospital, in fact, not so much.

MISS H. RANDAL, Vancouver—

In Quebec this year the question was brought up as to making the third year broader than it has been in the past. There was a feeling that the third year should be allowed them to go to Mental and Tubercular hospitals; then we would have what we want, a real nurse. It is not fair to send out these young women with only a limited knowledge of surgery, medicine and obstetrics, without giving them an opportunity to have a course in Tuberculosis and Mental nursing.

Mr. J. T. ROBINSON, Kamloops—

Looking at it from the financial standpoint—the directors of the hospital which I represent take this view. After the second year the nurse is just becoming valuable to the hospital, we must consider the financial end, she is able to relieve the graduate nurse. It is, perhaps, the wrong way to look at it but we have to face facts—that we are short of money. The directors feel if they can give the training, that the nurses should take the three years course in the small hospital. If you take them away after the second year it means that you have to have more graduate nurses—therefore, the expense goes up considerably, That is the stand they take: that if the small hospital can give the required training and fit them for their service as graduate nurses that they, the small hospital, ought to be able to give the full course.

DR. E. C. ARTHUR, Victoria—

I feel very strongly that every institution, big or little, should not be permitted to give the nurse her whole training; she should have experience in more than one school, whether it be large or small.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

I do not think it has been proven by those hospitals who have tried affiliation that it does effect the efficiency of the hospital to allow their nurses to go out and affiliate with the larger hospital. I think they have been benefiting rather than losing—they bring to that hospital a great deal more than they take away. The whole thing, as the directors of the hospitals told Miss Randal when she saw them a few months ago, is a question of finances; if they could get the money they are willing to further the interests of the hospital, and until they get the money they cannot do anything and they have to hold tight.

MR G. BINGER, Kelowna—

I think it would save the small hospital expense in any case, because we should have to have fewer graduate nurses and more probationers, and thus make the work all round easier for everybody, provided we have the proper accommodation for a training school and send our nurses for the final year to one of the larger hospitals. I think as far as finances are concerned, it would help us out a great deal.

MISS J. F. MACKENZIE, Victoria

The next point for consideration is: Uniform examinations and basic subjects.

MR. G. BINGER, Kelowna—

Is there not a regular form of examination paper for every nurse in the Province?

MISS J. F. MACKENZIE, Victoria—

That is only for registration. Some training schools, as I understand it, give a full set of examination papers at the end of the three years. At the end of each lecture, after that course is finished, I give an examination and the subject is finished with.

MISS H. RANDAL, Vancouver—

I think the question has been discussed quite freely as to the advisability of having uniform examinations, not only in the third year, but for each year. That takes time. In the wording of our Act we have arranged that this can be done for their final year, but the one examination may do if the hospital boards so wish and the examination committee agree. It seems that we ought to treat this subject in a broader light than we have in the past, and if the ordinary schools in everyday life require that there should be uniform examination, then we ought to do the same thing. It will take time and consideration as far as the final examination is concerned, but I do not think there will be much difficulty.

DR. H. C. WRINCH, Hazelton—

In regard to examination: someone suggests that examination be set by the school at the end of the course of training; those are the registration or council examinations? Are there two examinations?

MISS H. RANDAL, Vancouver—

At the present time each hospital has its own final examination and the council sets its examination.

DR. H. C. WRINCH, Hazelton—

Is the nurse expected to take her own hospital examination as well as the councillor's examination? Must she present a certificate to the Examining Board that she has passed her school examination before coming up for council examination?

MISS H. RANDAL, Vancouver—

At the present time she has only to show a certificate that she is within six months of graduation, then she can take the examination.

MISS J. F. MACKENZIE, Victoria—

I would suggest that you ask each of the schools what they consider a fair examination for each year, now that you have put the curriculum practically on a uniform basis.

MISS H. RANDAL, Vancouver—

I feel that there is a great deal that should be left to the Graduate Nurses Association, because really, we put the Act and the curriculum through. If the Association desired to make any recommendation I think it would be alright. The training school in this way would have an idea of the subject matter they would be able to cover and they could tell whether they could give the necessary training.

DR. H. C. WRINCH, Hazelton—

I have been looking over an announcement from the Graduate Nurses' Association to the hospitals in regard to examinations. It seems to me that examinations and regulations for examination should come as an order from the body that has the power to grant the certificates. We are told that it is being considered. It has been decided and arranged that we ask for suggestions. I feel that this order should come from that body. I think we should pass a resolution asking them to submit to us a schedule of examination and ask opinions of the training schools. not that we have any right, but if they feel it would help them we would be very glad to make the recommendation.

MISS H. RANDAL, Vancouver—

I know that it was not definitely stated, I asked the opinion of the hospital boards. The general opinion was in favor but it was not put through so definite instructions could not be sent out to the training schools this year.

Dr. H. C. Wrinch, President, resumed the chair

DR. M. T. MacEACHERN, Vancouver—

The discussion so far has resolved itself into definite phases: one in which it is desired that the nurses from the general hospitals go to the sanitorium, and that Tranquille should establish a training school whose pupils should go in turn to the general hospital for training. This is going to impose a great deal on our nurses. Not every girl wants to take up this special course.

DR. E. C. ARTHUR, Victoria—

You do not excuse any nurse from going through the operating room. For the same reason I think that no nurse should be excused from going through the tuberculosis training, for her own protection as much as anything else—she does not know how to protect herself.

MR. G. McGREGOR, Victoria—

Are not all hospitals receiving government aid compelled to look after tubercular cases?

DR. H. C. WRINCH, Hazelton,

Yes.

MR. G. McGREGOR, Victoria—

As far as I can see. if general hospitals have to send their pupils to the sanitorium—would it not have the effect of keeping girls out of training in that hospital? If the tubercular wards are not what they ought to be it seems to me that they should be put in a condition they should be; it comes down again to the question of finance. If the government forces the hospital to take these patients, the hospital should be properly financed. If the pupil and graduate are not properly trained to take care of these patients, then there must be something wrong with their training. It is a very serious state of affairs.

DR. H. C. WRINCH, Hazelton.

I was a little surprised at the remark made some time ago: that the nurse should be taught that tubercular dishes should not be mixed up with general dishes. There are much more dangerous diseases. They are taught from the very beginning the protection of themselves against these diseases.

Mr. G. McGREGOR, Victoria—

There is one suggestion I would like to make: I think the supervisor of the tubercular wards should have a special training. Now, just where this supervisor would get a special training, would have to be no doubt, from a sanitorium or a hospital specially for that purpose. I think out of fairness to the general hospital the supervisor should have a special training.

MISS J. F. MACKENZIE, Victoria—

I do not think the trouble has been so much the training they have received in general hospitals, but the patients are not properly segregated. We have a very good tubercular ward and a supervisor who has had special training.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

The hospital at Weston has had one of the greatest struggles of any in Canada. Miss Dixon undertook to train nurses there. They said she could not properly train nurses in a tubercular institution. and they are still doing what I said before: having to go to the United States to get affiliation. Weston is one of the few hospitals that gives an absolutely splendid training which is so necessary in Canada. I think the point is not that the nurse should be trained to protect herself from infection from this disease, but that the nurse should be taught during her training to be able to interpret to the people the care that is needed in tubercolosis, that simple care that Miss Morrice told us about this morning; it is so simple that none of us know it. The majority of nurses when they meet a tubercular case know how to prevent infection but they do not know how to treat the patient.

MISS J .F. MACKENZIE, Victoria—

That is the difficulty in hospitals exchanging pupils. I have had parents come to me and say: "Don't you put my daughter there," but I have told them that I have never put a nurse in that deparment yet who has not gained from ten to twenty pounds.

Adjournment for get-together luncheon at 1.15 p. m.

Afternoon Session— Wednesday, July 6th, 1921

Round Table Conference "A" conducted by Miss J. F. MacKenzie, R. N. Victoria, B. C.

Travelling Instructors:

MISS P. ROSE, Nanaimo—

As far as I am concerned I think it would be a very good thing. I do find difficulty in having dietetics taught. In what way would the instructors be managed in going around?

MISS J. F. MACKENZIE, Victoria—

We have not quite worked that out. We have several plans. We have so many hospitals that are in no way prepared to pay a dietitian, or have dietetics taught. We could have a combination of trained nurse and dietitian, and have her spend a certain number of weeks in each place, go from place to place.

MISS H. RANDAL, Vancouver—

We have discovered that there is a very decided need for travelling instructors; not only in dietetics but in other subjects.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

Isn't one of the most important points with reference to this travelling instructor the economical one? You have so many little hospitals who cannot supply this information. Isn't that a principal point—besides the nurses getting this instruction, its much the more economical way? Perhaps larger hospitals would use these instructors and make it easier for the smaller hospitals.

MISS J. F. MACKENZIE, Victoria—

That was one of the points, yes.

MR. G. McGREGOR, Victoria—

If you tell us where to get the money we are right with you. Anything we can do for any small hospital we are only too pleased to do it. I do not see why you should not have travelling instructors. I heard the remark made today that any hospital taking a girl for three years who cannot give her the proper training, is robbing her of those three years. I see no reason why you should not have one, and every advantage in having one.

Moved by Dr. MacEachern, seconded by Mr. Binger,

THAT the B. C. Hospital Association endorse the principle of travelling instructors, which has been proposed by the B. C. Graduate Nurses' Association, and will do everything they can to support it when it can be found to be carried out in a practical and working manner.—Carried.

DR. E. C. ARTHUR, Victoria—

I would beg leave to move a resolution in reference to the uniformity of examinations:

RESOLVED THAT The B. C. Hospital Association approve of the principle of uniform basic examinations for the training schools, and would suggest that a plan of same be submitted to the train ing schools by the Graduate Nurses' Association of British Columbia.

Seconded by Mr. Henry Woods.

Carried.

MISS J. F. MACKENZIE, Victoria—

Living conditions for staff and pupil nurses in British Columbia hospitals is the next phase of our round table conference.

MISS H. RANDAL, Vancouver—

In making my survey of the training schools I have seen a great deal of the housing conditions of the staff and the pupils in this province and they run to extremes (as we do in most things) from the very comfortable in every sense of the word, to conditions which should not be permitted in any hospital or in any place where women are expected to work and do their very best for the institution. The great fault lies in the fact that when hospitals are built the one thing thought of is the number of beds for the patients. As a rule the building committee had not considered that the patient required anything but a bed to sleep in and accommodations for the nurses almost lost sight of. The only satisfactory condition for nurses is a separate home. The idea of having nurses in wings, basements and various parts of the hospital proper does not tend either to the fitness of the nurse or to the good care of the patient. She has to have proper recreation, she must have a chance to laugh and sing. Nervous breakdowns are traced to being so near the patients at all times. I know that you can go through your training and leave the training school a stronger and better woman in every sense of the word than when you went in, but you have to have proper living, housing and working conditions. Two nurses in a room is not right. One may be of a studious nature and the other may wish to have a good time. Food is a great source of complaint, the monotony of it, not

always served as it should be. I do wish you would thoroughly understand that you cannot have good work done and cannot have good nurses unless you provide them with a suitable home.

DR. E. C. ARTHUR, Victoria—

I wish Miss Randal had just gone a little farther and made that apply to the hospitals that do not have training schools and that house their graduate nurses in the cellar and in the attic, which is perhaps not equally bad, but it is certainly objectionable.

MR. G. McGREGOR, Victoria—

Who is responsible for these conditions?

MISS J. F. MACKENZIE, Victoria—

Boards of Trustees.

MR. J. T. ROBINSON, Kamloops—

I think the Board of Trustees in most hospitals do a large amount of work that the people possibly do not appreciate. It is alright to suggest certain things but it is another thing to get the money required to run a general hospital. I do think if we are going to have efficiency in our hospitals and particularly in our training schools, we have got to provide suitable accommodation for those who are nursing or training in the hospital but in dealing with this question we have to look the matter fairly and squarely in the face. In this up-country we live in an unorganized district —for sixty or seventy miles there is no municipality around here. Most of you have seen the Royal Inland; as I said this morning, it is the largest general hospital in Canada for a population of five thousand. A great number of our patients come in from the unorganized district and we have to provide extra equipment and accommodation to take care of them. I hold that in this province of ours, having the most wonderful resources of any province in the Dominion, we could go to the Government at Victoria, show them what we are doing in the way of looking after the public health of the community in this or in other districts and show them that it is absolutely necessary to have a nurses' home. I think the Province of British Columbia has resources enough to pay for the accommodation that is most rightly asked for. I believe that nearly every hospital board in British Columbia has been working overtime in order to keep the finances and the conditions of their hospitals up to a standard, and yet we are face to face with a dead wall when we ask for money to build a nurses' home. When I went to the Government and asked for help they told us that not one dollar would be contributed to a nurses' home.

MR. G. BINGER, Kelowna—

I endorse the last speaker most emphatically. If you want to build a nurses' home and go to the Government for assistance they say: "We cannot help you."

DR. H. C .WRINCH, Hazelton

While I am ever ready to shoulder on the trustees or directors all the responsibility of financing the hospital, I wish to show them that we appreciate very heartily the position of the trustees and the work that they do without remuneration at all; it is the most disinterested work that is done for the hospital. I will never be a party to building another hospital without having a nurses' home as part of the plan, and whether or not we get the nurses' home that we should have, we can at least make that resolution, and never start a plan without having a nurses' home part of it. It is more than a disgrace, it is a hardship, I wish we could get a solution to this difficulty.

Round Table Conference "B" Conducted by Mrs. M. E. Johnson, R .N. Vancouver, B. C.

Registration and Examination of nurses in British Columbia from a Hospital Point of View

MRS. M. E. JOHNSON, Vancouver—

Registration for nurses reports from all over Canada and the United States show that the interest taken in young girls training for nurses is not the interest that was shown ten or twenty years ago. The object of the provincial registration of nurses is to safeguard those who have qualified by graduating from an approved training school and are entitled to register, and to protect the public from inadequately trained nurses. When a nurse has registered, that is a guarantee to the public that she has graduated from an approved training school. She may not be a competent nurse but she has had the training to make her one. Many nurses who are not entitled to register may take excellent care of the sick, but they are not supervised in any way. Let us hope the day may soon come when every one who practises the profession of nursing in any capacity will be under some law which will recognize them for what they are and prescribe when and how they may practise.

In regard to the hospital point of view: I wrote several letters to superintendents of training schools of from thirty to two hundred and fifty beds, and the replies showed that they felt that examination and registration of nurses in British Columbia would be an incentive to all training schools to give the very best training to nurses that was in their power to give, affiliating with larger schools when necessary. There is a satisfaction in feeling that their graduates are approved and competent to accept positions requiring executive ability or to give intelligent care to private patients.

I want Miss Randal to tell us about the first provincial examination that was held this year. The Nurses' Board is practically the same as the Medical Association.

MISS H. RANDAL, Vancouver—

Before I speak about the first examination I would like to explain the Board. It is not obligatory for the nurse to register. We would like to have it so because it is to the advantage of everybody. The Examing Board is composed of two doctors who are appointed annually by the College of Physicians and Surgeons of British Columbia, and four nurses . Our idea has been ever toward standardization from the many requirements of the smaller hospitals. The larger hospitals will look after their own qualifications pretty well. We have always wanted to help the nurses graduating from the small hospital, and the small hospital itself. In speaking of the Examining Board, the four nurses are chosen by the Graduate Nurses' Association from four different parts of the Province—all women who are well qualified to act. We impress upon them that we do not want it to be an examination that a medical student would pass, that it would not disqualify any one from the small hospital. We had thirty-two nurses write on the examination this year. Results were remarkable, showing that the examination was very fair and what we want to prove that they were well trained. The average marks would be about seventy-five. The highest mark was eighty-five and one-half. All passed excepting one, which is rather doubtful but who, I think, will pass. We always have to start a thing then work up, find out our deficiencies then correct them.

DR. H. C. WRINCH, Hazelton—

"There is no profession or course of training leading to fitness in some useful position in life that is beset with so many difficulties as that of preparation as at present laid down for the degree of R. N. in our Province." "More is expected of a young woman taking this course than of one in preparation for any other sphere of usefulness."

The foregoing are two very strong statements that demand explanation, but they are made advisedly and after very careful consideration.

The nurse in training is required to prepare within the period of three years for difficult examinations in the principles and theory of many highly technical subjects. At the same time and for the same period she must be employed almost continuously under very close supervision in the performance of exceedingly strenuous and highly exacting work for the full time working day for six and one-half or seven days every week She is in the unenviable position of being obliged to satisfy two masters, each demanding faithful performance of duty in two very different methods of endeavor. She has entered upon her training with her mind set upon the lofty and noble purpose of spending three years in fitting herself to render services to her fellows that rank with the purest and best of which human endeavor is capable. She has perchance read of the life of Florence Nightingale and of the mavellous success that followed her first brave efforts to relieve the sufferings of the wounded soldiers of the Crimea, ending with the account of a great nation heaping laurels upon her grave and immortalizing the memory of one of the noblest women who ever lived. She borrows from nurse friend a text book upon the high ethics ot the nursing profession, another describing the marvellous structure of the human body, a third upon the properties and action of certain medicines, the effect of one or other of which may be expected to give instantaneous relief to every ill that flesh is heir to. Her ambition is fired, her determination made—she must become a nurse. She applies for admission to a good training school, is accepted and presents herself for duty. It is at this point the embryo nurse meets her two masters and begins to realize the difficulties of the course she has chosen. Under closest supervision by nurses of more or less greater experience than herself, she is kept actively employed for a sufficient number of hours every day to use up almost every atom of physical energy in her body, leaving her when evening comes, glad to throw herself upon her bed in absolute relaxation of every tired muscle. But during the day, upon or on perhaps two occasions, she has hurried from ward to lecture room, listened to a lecture and then hurried back to her busy work. Now, at the end of the day, in a tired condition of body and mind, she must take up her text book and endeavor to store in her memory facts and data upon which within the fixed time she must write an examination. At the end of three years of this uninterrupted round of mixed physical and mental effort, she comes up for examination in these highly scientific subjects and is expected to give a good account of herself. To do justice to such a course under such circumstances is a physical impossibility.

As one of the task-masters the hospital takes the point of view that its patients must receive adequate nursing service. The hospital exists for that purpose. It must have it. The hospital believes that three years is not too long a time for pupil nurses to spend in a hospital in becoming thoroughly and safely conversant with methods and practise of nursing as it is required in carrying out treatment according to the present practise system of medicine and surgery.

The hospital has been accused of exploiting the pupil nurses, of sometimes availing itself of their services to nurse its patients without giving them an adequate return. This, as hospital executors, we resent. The hospital is anxious to see its nurses do well and succeed. It is willing to have its wards used as teaching ground for a useful and highly scientific and humanitarian service. It is willing to keep sufficient trained nurses to give the practical teaching to the nurses in training, in fact it has to do it for its own self protection and to ensure that its patients receive the service required. It is willing to have its routine more or less upset and inconvenienced as is necessarily the case in order to teach beginners in nursing. But the hospital is beginning to question whether it is quite fair that it should be expected to furnish board, lodging, laundry, uniforms, classrooms, teaching

apparatus, paid instructors with a monthly allowance, and all required time for study up to the full time of graduation of its pupil nurses into a so highly developed as that of nursing has become under the curriculum laid down by advanced nursing organizations. In other words the hospital is beginning to wonder whether it is not being exploited itself rather than the reverse. The hospital, in exchange for what it affords the pupil nurse of practical experience in its wards, together with other forms of emolument above referred to, believes that it is entitled to the service of its pupils for the time necessary for them to become thoroughly conversant with practical nursing methods. It believes in good training of nurses, both practical and theoretical, with thorough examination upon the work taught, and in registration of those who satisfy the required standards. But it believes that more time is required to be given to lectures and to study to fit the pupils for examinations upon the subjects laid down for them than can reasonably or possibly be expected of the hospitals during a three-year course.

The suggested solution of the deadlock involved in these two points of view is this:

1. Delete from the curriculum to be followed during the three years practical course in the hospital as many as possible of the more theoretical and more advanced studies now in the course.
2. Make the practical teaching as thorough and as complete as can possibly be done within the three years.
3. At the end of the three years let the nurse be examined by the school in which she has trained and given their diploma as a "Registered Practical Nurse." Upon this certificate the nurse will be legally qualified to do private nursing in home or hospital and to receive the highest fees paid for such service. She might also hold executive positions in private hospitals or general hospitals not operating training schools, if they choose to engage her.
4. Provide a course of study covering the subjects deleted as referred to above from the course to be taken in the hospitals. This course of study to be taught by lectures in some teaching institution and to cover a period of from three to six months, in a manner similar to the course of normal training for the teaching profession. The examination at the end of this course of teaching shall admit the successful candidate to the diploma of "Registered Executive Nurse" (or some such designation.)
5. Hospitals operating training schools shall be required to engage only nurses holding the present degree of R. N. or nurses holding the last mentioned certificate of Registered Executive Nurse, for any of those positions on their staff for which graduate nurses are at present required, and in which positions the nurses had to do with the training of pupil nurses.

I am aware that this proposal is somewhat new. We have had the question of practical nurse brought up in this convention, we discussed it previously but never got anywhere with it. We have a standard held up to us and towards which we are aspiring, that of a highly trained young woman.

MRS. M. E. JOHNSON, Vancouver—

I wrote a number of the superintendents of training schools of different sizes, to know how registration and examination would affect them, and I would ask Miss Stott of New Westminster to speak for her school.

MISS K. STOTT, New Westminster—

At first the nurse thought of examinations as a terrible bugbear. I might say in our training school I do not think it as proven so at all. The standard curriculum with registration was a wonderful help. With the curriculum we have to govern us now the pupils find it very much easier. I know, having charge of a school, I find it very much easier to arrange

the work. The examinations are not the terrible bugbear we expect them to be.

MISS P. ROSE, Nanaimo—

My sentiments are about the same as Miss Stott's. I find nurses are taking more interest in their studies since this examination has come up, and I think the doctors are taking more interest in teaching the nurses. In our hospital the doctors are going deeply into it, going above, I may say, our hopes altogether. I find it is helping them greatly in every way.

MISS A. MACARTHUR, Nelson—

I am of the same opinion as Miss Rose.

DR. M. T. MacEACHERN, Vancouver—

I think, Dr. Wrinch, that the university provides the total course as referred to.

DR. H. C. WRINCH, Hazelton—

No, the idea of my proposal was to reduce the study laid down for the nurse within which time she is required to get her practical training, also for her somewhat wide theoretical knowledge, which, to my mind is almost impossible. Any other course of study requires a lot of theoretical and practical work at the same time we require it in the present course to work physically after a fairly full day, and we also require them to get up a course of theoretical training. My suggestion was to teach as little as possible of the theoretical work, eliminate some of the higher subjects of study which she might take at her option later on after she has completed her practical training; in other words, a course very similar to that of the teachers' profession, for those who desire to go on with the teaching later or fill executive positions as, teachers, dietitians etc.

MISS H. RANDAL, Vancouver—

Shorten her hours—I think that is the idea if you have the eight-hour duty of actual work in the wards, then the nurse has the proper time to do her study without encroaching on her night.

DR. H. C. WRINCH, Hazelton—

In answer to that I would say that my consideration is for the nurse. I do not want to see a lot of young women being crowded more and more with theoretical work while they are doing heavy practical work continuously . I expected this would meet with criticism. It is not with any idea of gaining for the hospital any more of the nurse's time; it is suggested for your consideration. I am quite prepared to have it criticized.

MISS H. RANDAL, Vancouver—

Can you tell us off-hand what you consider the extra subjects taken in that should be left off?

DR. H. C. WRINCH, Hazelton—

I do not propose to go into that. I have not the curriculum beside me. The lectures by specialists that the nurse can only receive at the larger hospital where there are specialists lecturing to the nurses, such as she cannot get at the ordinary hospital.

MISS H. RANDAL, Vancouver—

Was she able to get the full course and diploma with the three year's work? That was the point I wanted to bring out.

MRS. M. E. JOHNSON, Vancouver—

Is it your idea to have the nurse take the three year's course and not take the provincial examination?

DR. H. C. WRINCH, Hazelton—

My idea is not to have her take the provincial examination. She would take the practical examination at her own school under the provincial regulation.

MRS. M. E. JOHNSON, Vancouver—

The examination is not compulsory now.

MISS K. STOTT, New Westminster—

I think the report that the Registrar gave us today, that average marks were 75 per cent., speaks not too badly that the course cannot be too extensive, when this is the first examination.

DR. H. H. MURPHY, Kamloops—

I want to say to Dr. Wrinch that I am with him absolutely. It is a fine thing to see those who are in charge of training schools at the present time stand up and tell us that they handled that course and handled it easily, and I believe they did; but there is not one of those superintendents who will come to us and tell us they are getting the same class of pupil nurse as they got in their day. The difficulty is too, I believe, that we try to turn out a specialist instead of a general practitioner. I believe that there is an opening for nurses turned out with the same necessary knowledge, but I view with a great deal of alarm the increasing length of time required to become a nurse, when at the end of that time you are only prepared to pay her $30.00 a week. In proportion to the work and time she puts in I consider she is very inadequately paid at the present time. At present in the Royal Inland Hospital we take routinely every pupil nurse and give her a course in the operating room. We have a paid nurse in that department who stands by and supervises. The nurse goes on green with everything concerning the operating room, including the technique and by the time we have her trained to be of some assistance she goes to the maternity department or to the third floor. A pupil nurse who has had her operating room training and who at the end of that time is allowed to take charge of certain minor operations, knows what sepsis and asepsis means, but may never expect to be placed in charge of a major operation or abdominal section for instance. I am not asking for one minute to lower the standard that any nurse may attain to, but if a girl wishes to take up special work in surgery or dietetics I believe in her going ahead and taking that course as a course of after study, and I believe that the standard we are raising at the present time in our training schools is one of the factors that is holding us back. I do think it is something we cannot lightly cast aside without a very adequate discussion.

MISS K. STOTT, New Westminster—

The last speaker said that today we have not as good material in our training schools. As far as I am concerned I consider that I have if anything better material than I had two or three years ago in my training school.

DR E. C. ARTHUR, Victoria—

Does that apply both mentally and physically?

MISS K. STOTT, New Westminster—

Yes.

MISS J. F. MACKENZIE, Victoria—

I have at the present time eight nurses with teaching certificates, physically fit also.

MISS J. A. MORRICE, Tranquille—

The nurse with the hightest qualifications is the one that is most wanted.

DR. H. H. MURPHY, Kamloops—

The best nurse that I ever had was a graduate of two years standing. She graduated from a small hospital. She knew enough to do absolutely what she was told; she would stay up day and night; she never knew when she was beaten. I would like to know if there is as high a standard of pupils applying now as there was ten years ago. Are they as good or better type mentally, morally and physically?

MRS. M. E. JOHNSON, Vancouver—

The nurse is really expected to know more now. It seems necessary that their curriculum should be a little broader than it was fifteen or twenty years ago. There are more specialties now than at that time, but as I say, there is more demand.

DR. H. H. MURPHY, Kamloops

Some of the superintendents are in the fortunate position of finding the morale of their class improved and I am glad to hear it. I am speaking of the general standard and I merely asked for an expression of opinion.

MISS H. RANDAL, Vancouver—

Speaking for the Province of British Columbia—in going around I have gone thoroughly into their work ,and I think we have fully as high a standard entering training schools today as we ever had.

DR. H. H. MURPHY, Kamloops—

I am glad to hear that. Don't you think raising the standard will increase the calibre of the applicant?

MR. G. McGREGOR, Victoria—

Perhaps providing better accommodation and shorter hours will increase the number of applicants.

MRS. M. E. JOHNSON, Vancouver—

During five years of war there was difficulty in getting applicants, but in Canada since the war is over that has improved very materially. I believe hospitals are having a good many applicants and there is very little shortage. I think in the United States they are having some difficulty but they have increased their work so in the United States and called for so many public health nurses that that is the reason for the shortage there.

MR. J. T. ROBINSON, Kamloops—

I am not in favor of lowering the standard, but this is the point: in travelling through this vast Province of British Columbia there are certain places along the coast, sparsely settled and scattered, and those are the people that are doing pioneer work, they have a very hard time to make both ends meet; their lives are just as precious as yours or mine. I want to know if we cannot provide some solution by which those people would get the benefit of a better class of nurse that probably would not be so highly trained as the standard set, that would go out there and nurse those people. They cannot afford to hire a nurse at $30 or $35 a week. Could we not provide some way to give them this service? The medical man is fighting an uphill battle alone, he goes out and treats his patients but has no one to help him.

MISS H. RANDAL, Vancouver—

I think the Red Cross peace programme and the Victorian Order of Nurses is assisting in that.

DR. M. T. MacEACHERN, Vancouver—

Dr. Young will answer that in his address tonight.

MRS. M. E. JOHNSON, Vancouver—

In sending a nurse out there she would have to be efficiently trained. Would it be wise to send her out there where she has no supervision and more responsibility if not fully and properly trained?

MR. J. T. ROBINSON, Kamloops—

I think the people in the outlying districts would take it as a very great favor if you could solve that problem.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

For twenty-two years the Victorian order of Nurses for Canada has been doing that work. You can understand that one organization in a field as large as Canada does not get very far, the reason being that we lack workers, but I think if there is one place that needs the highly trained woman it is in the outlying districts. It is the small hospital that provides us in many cases with the worker. She is very sympathetic towards the needs of the rural communities, especially in obstetrical work. We are losing hundreds of young mothers and hundreds of thousands of babies in Canada every year because we are not taking care of them. We must have women of a very fine character, good education and very highly trained to go out because when we want a doctor he may be fifty miles away. I will give you an instance: a nurse in Saskatchewan in a faraway district discovered five cases of Small Pox. If she had not been a thoroughly educated woman and a very highly trained nurse, all that would have got ahead of her. We should see, as citizens of Canada, that pioneers have at their disposal thoroughly good highly trained women, and some way must be found to finance them. These nurses are not extravagant in what they demand; they must have a place to live in. In speaking of accommodation, I cannot help but think of some of the places our nurses sleep in. Transportation is another thing. A Canadian nurse will go anywhere you send her if you give her a comfortable place to live in, a car to travel back and forth in and a reasonable salary.

Round Table Conference "C" conducted by Miss Pauline Rose, R. N. Nanaimo, B. C.

Institute in British Columbia for Superintendents of Hospitals and Training Schools

MISS P. ROSE, Nanaimo—

I am afraid this is a subject I do not know really very much about and I am going to call on someone to tell us what they know of it.

MRS. M. E. JOHNSON, Vancouver—

Miss Johns has handed me her remarks on this subject, which are as follows:

Regarding a short course for Superintendents of Nurses, Instructors and Staff Nurses in Hospitals

In April of this year the writer attended the convention of the American League of Nursing Education in Kansas City. Considerable discussion took place concerning ways and means whereby a short course of instruction could be given to the group mentioned above without the necessity of their travelling long distances involving expense and prolonged absence from their duties. At present the only opportunity for instruction along these lines which is available in Canada is at McGill University, Montreal. Several nurses from different parts of the United States described the various experiments that are being made in this connection.

The following plans are now in operation or are in process of being arranged,

(A) Institutes

In some states the local chapters of the League of Nursing Education were conducting institutes lasting from three days to a week. The co-operation of the local hospitals was enlisted and a series of lectures was arranged. This plan gave some good results but it was felt that the time was too short and the work too superficial to justify the expense involved

(B) Some of the universities where departments of nursing existed were offering or arranging to offer a short course varying in duration from three to six weeks. This included lectures, demonstrations, excursions to the

local hospitals and numerous conferences. Those who had attended courses of this kind were well satisfied with the help they received. They stated that the expert educationalists attached to the university staffs had been very helpful in relation to problems of teaching, such as lesson plans and planning curricula.

In British Columbia there appears to be great need of some such course as that outlined above. The replies to the questionnaires sent out by the special committee of the Association were almost unanimous in approving such a plan and a number of the younger graduate nurses also feel that they would be willing to avail themselves of such a course if it were possible to arrange it under the auspices of the Department of Nursing in the University of British Columbia.

Superintendents of nurses all over this Province will agree that it is increasingly difficult to obtain assistants who are capable of directing and teaching others. The truth of the matter is that few of them have had either the instruction or experience which fits them for real responsibility.

It is suggested therefore, that steps be taken by this Association to consider the formulation of such a course, and if deemed advisable, that the University be approached concerning the same.

Respectfully submitted,
E. JOHNS, R. N.

MISS P. ROSE, Nanaimo—

I took this up from a different standpoint from the one Miss Johns has taken. I thought if the superintendents could get together, meet at certain times to discuss their different problems—that is the point I thought was to be brought up. Miss Johns thinks the University should give a certain course.

MISS J. F. MACKENZIE, Victoria—

I have taken the same viewpoint as Miss Rose, from the programme. I thought it possibly meant a conference of two or three days where you could discuss various training school problems. The other came up in my mind also and I think we should have in the University of British Columbia a course for nurses who wish to take teaching. Our nurses need it badly.

DR. H. C. WRINCH, Hazelton—

It has occurred to me that we might have something in the nature of an institute for discussion amongst hospital superintendents or matrons, perhaps in connection with our annual hospital convention, a day or two before or after the session. We must not make these conferences too numerous. I would suggest that it be referred to the standing committee on nursing, and may be worked in at next year's convention.

MISS J. F. MACKENZIE, Victoria—

I think possibly the proper time would be the time of the annual meeting of the Graduate Nurses' Association, when all the nurses are present at that time.

MRS. M. E. JOHNSON, Vancouver—

I think when this round table conference came up there was a question asked as to how training schools in the province could be brought more closely in touch and mutual understanding. I think if we had a travelling instructor going around from one school to another it would help to keep the schools in touch, also our Graduate Nurses' Association. Then, if we could have an institute conducted along similar lines as the teachers' course is conducted now, it would help to bring our hospitals more closely in touch.

MISS P. ROSE, Nanaimo—

That would be open to the superintendents as well as those who wished to take up institutional work?

DR. M. T. MacEACHERN, Vancouver—

Yes. It might be well, as far as our Association is concerned, to leave it in the hands of our Nursing Committee as Dr. Wrinch has suggested, or to have a committee from the Nurses' Association to confer with us, as it concerns nurses mostly.

MISS J. F. MACKENZIE, Victoria—

I would second Dr. Wrinch's motion then, that we refer this matter to the standing committee on Nursing in our Association, with the understanding that they would act in conjunction with the Council of Nursing.

Round Table Conference "D" conducted by Mrs. M. E. Johnson, R. N. Vancouver, B. C.

Affiliation Problems:

MRS. M. E. JOHNSON, Vancouver—

We had this subject up this morning. I think Miss Bligh of Hazelton has a paper on the question of affiliation.

MISS E. BLIGH, Hazelton—

In attempting to say anything on the affiliation of training schools from the viewpoint of the small hospital. I realize that every available means should be provided to teach and instruct our pupil nurses in the career upon which they enter.

The small hospital assuming the care of the sick, owes to the community the highest standard of efficiency possible. An accident case, to whom the matter of a few hours is life or death, the obstetrical patient who is obliged to enter our small hospitals owing to the fact that she is unable to procure the services of a graduate nurse, look upon the small hospital as a responsible institution. Therefore, the hospital must render the best of service by providing intelligent care and nursing.

Hospitals with a training school should be able to treat and care for all cases, both medical and surgical, in order to provide the nurses with every opportunity during their training in all branches of the work. Therefore, the hospital has a large contribution to make to the education of the nurse in furnishing the field for her practical work.

The introduction of affiliation in our training schools, necessitating a two-year course only, coupled with the shortage of applicants for training is a complex problem, which today confronts our small hospitals, which are absolutely essential in the rural communities. In order to meet the requirements of an accredited training school in a small hospital the usual studies, lectures and demonstrations are given so that at the end of two years we may stand ready to turn over our nurses to a larger school in order that they may acquire a broader training through a more ample and widespread experienec.

Affiliation from the point of view of a small hospital has marked disadvantages. The knowledge and experience of our third year nurses is absent; we have to rely on the second year nurse for the same duties in connection with the operating room and obstetrical wards that in the larger hospitals are entrusted to the third year nurse. This necessitates a special effort to teach and instruct for this branch of nursing towards the end of the first year, in order that we may safely entrust the nurses with the care of these cases and the duties connected with the operating room. Is it fair to the nurses to demand extra studies, as well as the practical work, and expect them to be as proficient and capable as the third year nurses in our larger hospitals? What of the surgeons in the small hospitals? They too, hope for good results and expect adequate trained assistants in their work. This assistance has too often to be entrusted to nurses who have not completed their lectures and demonstrations in surgical and obstetrical technique. If this system of affiliation is to continue under the present arrangements, the

small hospital will be obliged to supplement the loss of the third year nurses by the employment of graduate nurses in order to measure up to the standard of efficiency of our larger hospitals, otherwise the probabilities are that the better class of patients will crowd to the larger hospitals where more skillful nursing may be obtained.

Another question is raised provided our small training school cannot continue. Is it possible for the larger schools to admit and train a sufficient number of nurses to meet the increased demand for the graduate nurse which would necessarily be made by the small hospitals? On the other hand, how many of our small hospitals are on a sufficiently sound financial basis to stand or produce the greatly increased expenditure which would be necessary by the employment of the graduate nurses?

If it is found necessary for the nurses of the small hospital to have the widespread experience of the larger hospital, would it not be possible to introduce some system of exchange, whereby the third year nurses of the larger hospital may have the advantage of the more practical and individual experience afforded owing to the closer relationship with the patients and the duties connected with our small hospitals?

MRS. M. E. JOHNSON, Vancouver—

This opens up the subject again for discussion.

DR. H. C. WRINCH, Hazelton—

You know, I believe we gain more by not patting ourselves too much on the back and just telling one another how well we are doing things and how well they are running.

In regard to the matter of affiliation, I find that the universal opinion expressed was that affiliation was good, but I cannot find that we heard from any hospital that was on the other side. I gather that the feeling of satisfaction came from the nurses, from one viewpoint, who went from the smaller hospitals and also the larger hospitals who received these well developed girls as assistants to their staff. It is not purely selfish on the part of the small hospital who have spent two years in primary work and who are now able to take care of the more elaborate and more difficult work which has to be carried on. We must nurse these serious cases and they must be nursed by nurses of less than two year's experience when they affiliate in the third year. Therefore, we crowd more into their third year. After having crowded into their two years as much as they can get in the first two years, they go on to the third year work into the hospital with which they affiliate, hardly knowing what they shall take up, so there is the difficulty. This may be met in more than one way. The paper suggested it could be met by the hospital with which they affiliate sending back to the small hospital a nurse of equal standing, and give the small hospital an equivalent of what they give up, if the pupils in the larger hospitals are willing to do that. The public ask us: don't you think you are hurting the hospital by giving up your third year pupils, and the Board ask us the same question. I asked the superintendent of a large hospital if he could refer to us any candidates and he said: "Well we have plenty, but we cannot persuade them to go out." In the same way they cannot obtain the third year pupils for us. I think if they did they would have a broader training. If we follow that question out we must have a nursing commission that will be the Nursing Council All applicants for nursing in the province shall be referred to this commission, which will say to these candidates: "Vancouver General needs fifteen or thirty on the first of such and such a month; Kelowna needs so many. After you have spent so much time there then you will proceed to affiliation where told." Then the commission would supply others to take their place. That would be a fair arrangement. We are going to seriously mix up the training when affiliating. I admit that this is not compulsory with small hospitals and may not be necessary. We have an expression already from the medical profession. I know of cases where the medical profession has

opposed the affiliation of nurses from the medium sized hospital because they were going to lose the more qualified nurse.

DR. M. T. MacEACHERN, Vancouver—

Dr. Wrinch wants the larger hospitals to send their nurses to the smaller hospitals in exchange on the affiliating system. If the smaller hospital cannot give the third year to their own pupils, how can they give it to the pupils from the larger hospital?

MISS H. RANDAL, Vancouver—

Dr. Wrinch's hospital is not a fair demonstration because his hospital is not really small. In speaking to him when I was up there about affiliating his pupils, I said I thought it was not necessary, and he said he thought the training would do them a great deal of good.

DR. W. ARBUCKLE, Vernon—

A short while ago, we in Vernon had that question put up to us to send our pupil nurses to the Vancouver General Hospital. I am speaking as Dr. Wrinch, from the hospital point of view only, not with respect to the advantage to the nurse. Just about the time we thought they would be of some use to us we would have to send them away for the reason that the nurse would get a better training in operating room and in maternity work. I cannot see that. Until a few years ago we ran a training school in Vernon with a matron and two graduate nurses, and our third year pupil nurses took operations in the operating room completely by themselves. abdominal work and all other major work. In the maternity department third year nurses were left with maternity cases—no other nurses there at all. In that three or four months they would get thirty or forty cases. How many graduate nurses that a big hospital turns out can take a big operation after they graduate? We have had nurses from big hospitals after a three year's course had to confess that they never took a maternity case by themselves or were never in the operating room themselves. There are certain things they would pick up in Pediatrics, but on the whole I do not see very much advantage in it.

MR. G. BINGER, Kelowna—

I think the only thing that the nurse in the small hospital does not get is the isolation experience in infectious diseases that they would get in the larger hospital, otherwise I think that any training school can teach them just as much as they provide in a larger hospital. They get more experience and do more on their own initiative.

MISS E. BLIGH, Hazelton—

I would like to ask if the curriculum was as fully complete when affiliation commenced as it is now?

MISS H. RANDAL, Vancouver—

Yes, just the same, but we felt we did not have the clinical material to give them.

DR.H. C. WRINCH, Hazelton—

There is a phase of our form of affiliation which has been suggested that might help us and that is, that the affiliating nurse might go to the large hospital during her second year instead of her third year. It is the experience that we are depriving the hospital of, that is the note of contention. I can see where that might work out to the advantage of the small hospital and I do not see why it would interfere materially with the work of the larger hospital—and give them those subjects which the smaller hospital cannot supply, then let them come back and complete their course in the small hospital. That would be much more satisfactory to the small hospital.

MISS H. RANDAL, Vancouver—

When affiliation was suggested the difficulty was with the big hospitals not the small ones; it was the big hospitals who thought they were putting themselves out in affiliating. It was the small hospital that really seemed to want it. Are you going to have a training that covers all the clinical material that is covered by the Nurses Registration? The point is: if you have the material for a training school, you do not need to affiliate. If you have not, what are you going to do?

DR. M. T. MacEACHERN, Vancouver—

I may say that when this question came up a few years ago the large hospitals felt they were extending a helping hand to the smaller hospitals in training their nurses. Some wanted a certificate from our institution but we insisted that they have their own. Now we give them a certificate that they have spent a year in our hospital. Affiliation, I think, is one of the best things ever introduced. The nurses who are going through with this course as far as I know, have been pleased and satisfied. Possibly they do not get the individual responsibility that Dr. Arbuckle says they get in the smaller hospitals; at the same time it is compensated for by a larger range of clinical material. She goes away a bigger and broader woman, just the same as here, we go away bigger and broader from having rubbed up against each other. I think it is a decided advantage to those training schools who are not so fortunately placed as others. It is obviously our desire to clear away any difficulties in the way of affiliation in the province and we only want those hospitals to take advantage of it who want it. Of course there are disadvantages to the hospial, but there are lots of advantages. I think you will get a better class of applicants to take nursing in your hospital if you give them the necessary advantages.

DR. H. H. MURPHY, Kamloops—

I fail to be able to reconcile all the statements about it . Miss Randal tells us that under the Graduate Nurses' Association if you are not able to give training in all the departments then your pupil nurse cannot become a registered nurse. Dr. MacEachern tells us that you do not have to affiliate unless you want to. It seems to me that once the standard is set if the small hospital is not giving the necessary instruction, then the choice of affiliation has been taken away from them. It is no longer a question of choice, you must either give up your training school or affiliate.

MISS H. RANDAL, Vancouver—

It is not compulsory that a nurse should register, but if she does not register of course she cannot have R .N, after her name.

DR. H. C. WRINCH, Hazelton—

If the larger hospitals would consider the matter of having affiliates take affiliation in the second year instead of the third, I see where that would solve a good many of the difficulties arising. Could the Association give that consideration?

MRS. M. E. JOHNSON, Vancouver—

One suggestion Dr. Wrinch made as to whether it was possible to have a central bureau of nursing where all applicants in the province could apply and be located in certain hospitals. I think that has been tried in the United States and has worked out very well.

MISS H. RANDAL, Vancouver—

In the various army schools they formed, the nurses were sent to various hospitals to take their course.

MRS. M. E. JOHNSON, Vancouver—

I think that is one point that can be taken up by the Nursing Council. There was also a question this morning about affiliating with Tubercular and Mental hospitals.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

What care is given to patients at the Mental Hospital in British Columbia?

MRS. M. E. JOHNSON, Vancouver—

By attendents, I believe. I think I am right in saying they have no graduate nurses.

MRS. J. CHARLOTTE HANNINGTON, Ottawa —

What training do those attendents have?

MISS K. STOTT, New Westminster—

They have no graduate nurses there. I think they have hopes of establishing a training school in connection with the Mental Hospital and a good deal of instruction is now being given attendents and I think they intend to give a certificate of two year's training.

MRS J. CHARLOTTE HANNINGTON, Ottawa—

I do not think there are many such institutions in Canada. I had occasion to write perhaps the highest authority on Mental diseases in Canada, to know where I would put a patient who required modern treatment and I received an answer that there were several places; there was an institution at Guelph, but this specialist did not know of any other organization in Canada that gave modern treatment for mental cases which covered nursing as well as medical care. It does not seem to me a very progressive attitude on the part of Canada to have in our mental hospitals. After all, when we go out into either private practice or public health work so much does depend on the mental condition of the patient; and in social service work it is almost necessary to have a knowledge of mental hygiene. I see no better place than in British Columbia.

DR. M. T. MacEACHERN, Vancouver—

Referring again to the need of giving special training to nurses in tubercular nursing, probably it could be recommended that a training school be established at the Provincial Sanitorium, Tranquille. As I underhas a supervisor from Miss Dickson's Sanitorium in Weston. I do not see stand it today, the hospital over on the Island has very good quarters and why they should have to send their nurses to Tranquille. In Vancouver we intend to open very shortly a hundred bed institution which will be up-to-date in every respect, one floor for incipient cases for transfer to Tranquille, the middle floor for moderately advanced, and the lower floor for much advanced cases. We intend to put it under resident medical supervision and also under competent nursing supervision. We should be able to handle our training school, whereas a training school of three hundred would clog up the Sanitorium. It would meet the needs of the rest of the province. I think it would be proper for us to recommend that nurses should have training in mental hygiene also. I do not know whether I am prepared to recommend a training school or not at the Provincial Mental Hospital. I understand they built a nurses' home and it looks as though they are trying to start a training school there.

DR. H. C. WRINCH. Hazelton

I will move THAT the matter of the Provincial Sanitorium establishing a training school, and the question of affiliation be considered and be referred to our nursing committee for conferring with proper authorities, when general hospitals were so arranged that they could handle the cases.

Seconded by Dr. MacEachern.

MR. J. T. ROBINSON, Kamloops—

I believe Mayor Burton wished to speak on this question and I think he will be here in a minute or two.

I oppose any further cases of tuberculosis being admitted to general hospitals unless a separate wing is built or other accommodation provided.

DR. M. T. MacEACHERN, Vancouver—

We are obliged to look after them, according to government regulations

MR. G. McGREGOR, Victoria—

Hospitals that were equipped might be swamped with cases and those that were not prepared to take them would not take any.

Adjourned to meet again at 8.00 p. m.

Evening Session, Wednesday, July 6th, 1921, 8.00 p. m.

Public meeting held in the Kamloops Methodist Church

Dr. H. C. Wrinch, President, presiding

Meeting opened by prayer. (Pastor of the Methodist Church)

DR. H. C. WRINCH, Hazelton—

We are glad to see so many present tonight. We are glad to welcome you and hope you will find it both interesting and instructive. I will call on the Mayor for an address of welcome.

MAYOR S. C. BURTON, Kamloops—

Mr. Chairman, Ladies and Gentlemen:

I can assure you it is a very great pleasure tonight to welcome the delegates of the fourth annual hospital convention to the City of Kamloops. It is especially pleasing because among those delegates are quite a number of ladies. It is not very often we have ladies visiting our conventions here. It is also usual for the Mayor of the city to present the keys of the city to the members of the convention. I am rather interested to see what use the ladies in this convention will make of the keys of the City of Kamloops. On Friday night I will tell them just what use I think they have made of them. I want to tell the ladies, also the gentlemen, that the City is open to all of them. I hope they will have an enjoyable time and if there is anything the citizens of Kamloops can do towards that end they will only be too glad to do it. I think it is very appropriate that Kamloops should be chosen for the convention. Kamloops is a hospital city. We have in the Royal Inland Hospital the largest hospital away from the Coast, and in addition we have the Sanitorium at Tranquille. The latter institution is probably the most up-to-date of any in the Dominion, the last word in the treatment of tuberculosis. Tomorrow we will have the pleasure in taking you all down there and I am certain you will be all very much interested in what you see there. We also want you to look over our own hospital and we will be glad to have your criticisms and comments if you feel we deserve any. We have something like a population of five thousand five hundred and a hospital of 102 beds. In addition to that we have a large outside territory—I think it is about the second largest hospital territory in British Columbia. For that reason we have been compelled to build a rather larger hospital than is usual in a city the size of Kamloops. Our convention at this time must be of great assistance to municipalities and I want to say a few words from that point of view. First of all, as regards tuberculosis. The fact of having a sanitorium within such a short distance of Kamloops has advertised the fact that we have a splendid climate for the treatment of that disease, and the result is that we get many patients from all parts of the Dominion and from all parts of the United States as well, who come to Kamloops for treatment. I am sorry to say that a good many of those patients are unable to pay for the treatment personally, and as you know, Tranquille Sanitorium will not admit any patients outside the Province of British Columbia. These poor indigent patients drifting into Kamloops for treatment for tuberculosis very often fall on the City, or on the Provincial Government if they happen to be outside the radius of the city. I can give you an instance of how Kamloops is affected by those cases. About six

months ago a doctor sent a patient to Kamloops who was in the last stages of the disease. As you know, in the Hospital Act, anyone who has been living in the city for thirty days becomes a city patient and the city is liable for the keep of that patient. In the case of the patient I am speaking of there was only one thing to do—we simply paid his fare back to Toronto. There are many similar cases. There is a point this convention might take up with a great deal of usefulness to the City of Kamloops: Patients from other provinces coming into British Columbia should have credentials with them or money to show they are able to pay their way or have somebody behind them who can do it for them, and it seems to me the Governments could work between themselves so that if a patient from their province came to this province the Government of the province from which they came should make provision for their keep while here. It is a great shame that we should have to stand the expense of them, it is a hardship on the community.

Regarding hospital financing, this is the most serious question the hospital has to face today. It is also a serious question for the municipality. At the present time there are four sources from which hospital revenue is derived: patients' fees, donations, assistance from municipalities and government grant. The government grant today is 50c per capita, the same as it was in 1910, notwithstanding the great increase during the last several years in the cost of patients' keep. I have advocated for many years the system of a hospital tax whereby everybody in this province needing hospital attention could secure it without the great expense it entails at this time.

If a tax of this kind was imposed it would mean the hospital would be placed in a good financial position. The hospital runs along for several years, gets a number of thousands of dollars in debt, the directors meet, decide they will send a delegation to Victoria to ask for a government grant. They interview the Government, try to prove to them that their per capita cost is lower than any other in the province, that they are not extravagent, that they are entitled to $15,000.00. It is not pleasant to have to go to Victoria to ask for a government grant. I do think it is up to the Government, with the assistance of the municipality, and also with suggestions from this convention, to form some scheme whereby hospitals can know that their finances will be looked after, then there will be no need to worry as at present. The present system is not fair on the merchants of the town or anyone carrying on business with the hospital. I know in many cases we have had to let our bills run for two, perhaps three years. That should not be, the hospital should be able to pay cash for its provisions, drugs etc. When bills run it means a bigger expense, interest etc. Merchants cannot be expected to carry a hospital without having some increased cost for the goods.

As you have some very interesting speakers after me I am going to be very brief. Just one thing I want to call your attention to: when you go to Tranquille tomorrow take notice of that large tract of land on the left hand side. In this district providence is very good to us in respect to sunlight and splendid soil, but we have to assist providence by pumping the water to put on the land. Our hydro-electric system of Kamloops is supplied through water pumped. All that land out there was just sagebrush land once.

As I said, I hope the delegates will have a very enjoyable time. There is only one remark I have to make about the programme: you have too much work—I would like to have seen more recreation. Perhaps some can stay over and if so, we will be glad to provide the motors for you. I hope you will all have such a good time you will not want to leave us.

DR. H. C. WRINCH, Hazelton—

We have next the privilege of listening to an address by Mr. J. T. Robinson, Chairman of the Board of Directors, Royal Inland Hospital, welcoming the convention on behalf of the hospital.

MR. J. T. ROBINSON, Kamloops—

His Worship the Mayor has practically voiced the very remarks I had to make, On behalf of the Royal Inland hospital I am very pleased that this convention is being held in the City of Kamloops and I hope that your stay in our City will be so profitable that at an early date when you are again arranging for a convention you may remember the City of Kamloops. I hope that during your stay here you will be able to pay a visit to the Royal Inland Hospital, it is an institution of which we are all very proud. As I told you, we boast of having the largest hospital of any town of its size in Canada. I am pleased tonight that my good old friend Dr. Young is here because I want to pay him a compliment. I think there is a great deal of credit coming to Dr. Young in regard to the Royal Inland, because it was largely through his good graces and through his kindness that the Government finally came through with sufficient money for us to build the institution. I am pleased to see him here tonight and I hope he will feel such a friendly wave for the city of Kamloops that he will assure us that there will be $40,000 placed in the treasury for the nurses' home.

I am glad to see so many outsiders here tonight; even our citizens see what we are doing and what I told you tonight—that this hospital of ours is classified as A-1. I think we have something to boast of in the City of Kamloops. I hope not only the visitors, but the citizens will attend the hospital and help to entertain. On Friday evening there is an entertainment at the Royal Inland. We hope you will all be there. We will be glad to give you a good time.

DR. H. C. WRINCH, Hazelton—

On behalf of the medical profession of your City we will have the privilege of listening to Dr. H. H. Murphy in an address of welcome.

DR. H. H. MURPHY, Kamloops—

I am very pleased to join with the Mayor and Mr. Robinson in welcoming you to Kamloops. We all felt sure when we heard that you had made this choice that you would find this a successful convention. I understand tonight that you have more hospitals represented than you have had at any previous convention. Holding your convention here signifies your appreciation of the position the Royal Inland Hospital has attained to in this province It is a compliment to the Board of Directors, and for the benefit of those not directly connected with the hospital. I will say that these men are giving their time gratis to a duty well performed. Not only is it a tribute to the directors of today, but since the first director was appointed, December 9th, 1884, when a directors' meeting was held to decide on the building of the hospital at Kamloops. The actual cost of the first hospital building was $3,677.24, and that you will realize how quickly it became a real hospital, I might mention that at the first annual meeting one year later there was a deficit of $335.00. The first medical superintendent was Dr. J. C. Tunstall, then followed Drs. S. Lambert, A. S. Munro, A. P. Proctor, and the last in that system was Dr. J. S. Burris, who is chief of the profession in Kamloops. In 1900 a wing was added and in 1912 the hospital was moved up to the present grounds. This Hospital Association exists ,as I understand it, for the purpose of unifying the hospitals of this province, for raising their standard of efficiency, for solving the difficulties that are common to all the hospitals of the province, and those special ones that may be due to special location or geographical limits. Speaking of the difficulties, the question of finance and the question of securing pupil nurses arises. As regards the question of finance, everyone feels that before the autumn legislature meets there will be some definite policy of government aid to hospitals decided upon, and I have heard that this Association does not leave Kamloops until they have definitely formulated some scheme that will be the result of constructive discussion amongst its members, that it will be so thought out and worked out that it will be beyond criticism and I expect you will appoint a delegation to present that at

Victoria in such a way that it will become the keynote of the government policy . There is one thing I feel the hospitals of this province must do before they could look to government aid to solve their financial problems, and that is, that the hospital might be put on a cost plus basis. At present in the Royal Inland the public ward rate is $2.00 per day, the same as when it opened in January, 1886, and I feel, to a certain extent, the government of this province is quite right when we go and ask them for money, they say: "You have not got your hospital on a business basis, you are giving away to people for $2.00 a day what is costing $2.70 to produce, and you are looking to us to carry the burden.

As regards nursing problems, I am asking you to lay aside the theoretical side, the spirit of self-sacrifice, the spirit of idealism and the spirit of altruism which separates it very largely from the work-a-day world. When you pause to consider for a moment two girls who are starting out in life: one is entering a business career and the other nursing, and at the end of a few months the one girl is ready to take up her work and can go just as far as her ability will let her. The nurse spends three years and graduates to take up nursing. At the most she gets $35.00 a week. Twenty years ago she was getting $20.00 a week, when $100.00 was considered a good salary for a professional man. The solution lies in certain changes in training—it lies in shortening the hours, in equipping our hospitals with labor-saving devices, and in giving our nurses in our hospital all the assistance that can be given to relieve her of the work of that building. When I came to British Columbia in 1912, thanks to Dr. Young, who is with us tonight, this province was famous, not only in its own boundaries, but throughout Canada, for its educational system. I believe through the guidance of The British Columbia Hospital Association convention meeting regularly in the upper country and the coast, that it will come to stand in the forefront of Canada and the world for its hospital system, for the care of the sick, for the fineness of its nursing, for the general good equipment of the whole hospital system throughout the province. In 1283 a man named Al Mor donated to the city of Cairo a hospital fully equipped. When the hospital was ready for opening he said: "I finance this institution for the soldiers, for the people of my equal, for people beneath me, for men, women and all." This, ladies and gentlemen, is the hospital ideal. I believe that ideal will foster and develop in British Columbia.

DR. M. T. MacEACHERN, Vancouver—

Mr. President, ladies and gentlemen:

It affords me great pleasure to accept on behalf of the Association the words of welcome which we have received tonight. They hardly need to extend to us such a welcome because they have demonstrated that already. The speakers tonight are important men in this community; His Worship Mayor Burton is a busy man in State affairs but is attending our convention and taking an active part—it is very pleasing to have men like him take part. Mr. Robinson belongs to a body of men whom we all very highly respect. We criticise our directors, perhaps, once in a while, but we should not; they are men who are doing the work for the love of it. I want to pay a word of tribute to the Board of Directors of the Royal Inland Hospital. The spirit which they display is most gratifying to one who is interested in hospital affairs. I spent a week end here recently and I found that all the directors made it their duty to visit the hospital Sunday to disperse words of cheer to the staff, and the spirit which I saw around the institution impressed me very much indeed. The same thing applies to the medical profession as represented by Dr. Murphy here tonight. The professional men of the City are taking care of the professional work in their City, they are interested in their hospital. On behalf of the Association to these gentlemen I want to express our thanks and appreciation of these words of welcome. The only thing we have had to restrict is the kindness of Kamloops to entertain us. Our bringing the convention to Kamloops was an experiment but this proves beyond doubt that it is a very great success

and I feel that this is going to be the most important convention of all We are taking up the nursing problems, medical services in our hospitals perhaps the most important of all, hospital finances, and tonight that subject is going to be discussed.

Mr. G. McGregor, President Provincial Royal Jubilee Hospital, Victoria, took the chair

MR. G. McGREGOR, Victoria—

I may say when I heard the convention was to be held here my point of view was quite skeptical in regard to the success of it. I think it is well advised for the Hospital convention to meet once on the Mainland and once in the Coast cities, then there will be no jealousy or dispute in the matter I think that is a good attitude to take, then you have a policy to follow. I have much pleasure in asking Dr. Wrinch, our President to address the meeting.

DR. H. C. WRINCH, Hazelton—

Ladies and Gentlemen:

I would gladly have been excused had I had my choice. The privilege of presiding at a number of the sessions and taking part in the discussions has seemed quite sufficient, but the word of our Programme Committee is law. It is customary that the President should present an address on somewhat of a review. I hope it will not take too long because the address of the evening is yet to follow, and when that speaker comes to the floor we want to give him all the time he wishes

In the endeavor to prepare this paper that may be expected to open for your consideration the principal features of interest to the hospital world, more particularly as they affect the hospitals of our Province and their work at the present moment, as well as their development for the future, one is overwhelmed by the wide range of subjects to be covered and by many aspects and points of view from which each subject may be approached and discussed.

It may be noted that the institutions of our Association are not limited in scope of service to small or special classes of people, as are associations of members of some individual professions, trades, corporations or special interests of varying character. Our hospitals have a very vital connection with and interest in the individuals of all classes of every community. They must be prepared to render service to anyone of any class at any hour of the day or night. And while it may be claimed that the nature of the service to be rendered is limited to the requirements of health or physical and mental well-being of the individual, yet the possible methods of deviation from health are so numerous and varied and the methods of endeavor towards restoration to health are still more numerous and varied, that the service to be expected of the modern hospital is almost unlimited in range and possibilities.

Hospital work moreover, must be considered from various standpoints one naturally thinks first of the patient, who goes to the hospital in the hope and expectation of being relieved of his suffering. Obviously he is of the opinion that the hospital exists for that particular purpose. And in the main he is right in that assumption. The subject must therefore be viewed from the standpoint of the patient and due consideration given to his requirements as to accommodation, food, nursing and medical or surgical attendance.

To supply all this requires an army of attendants of varied qualifications training and experience, who in their turn must be provided with accommodations, food and service together with means, materials and facilities for rendering their particular service to the patient. This involves problems of administration requiring executive ability of the highest type in order that the various services may be co-ordinated and the whole force work harmoniously and effectively to bring about the desired

result to the patient. Hospital administration also, therefore becomes a subject of the highest importance. But the patient looks upon the medical or surgical service he is to receive when in the hospital, as of prime importance. This must be received at the hands of the practitioners who work in conjunction with the other services more directly under control of the hospital executive. There must, therefore, be carefully prepared arrangements whereby the physicians' services shall be available as required for the patients, and means provided for carrying out the special treatments advised for them.

Again, because diseased persons are assembled in greater numbers in hospitals than anywhere else, for the reason that they can there best receive the care they require, the hospital becomes the ideal place for physicians-in-training to obtain the experience that will fit them to render the best service to which their present and future patients are justly entitled. Hospital work therefore must be considered, at least in the large institutions, in its capacity as an educational agency. This, of course, must be accomplished without prejudice to the interest and well-being of the patient.

The same principles must hold in relation to providing nursing service for the patient, and on the other hand and at the same time, taking in the raw material and turning out fully trained nurses capable of going into the homes of the people in time of sickness, producing order out of chaos, inspiring the patient with hope and the other members of the family with cheer and confidence that all is not yet lost because the light of the home, or perchance its mainstay, is sick. Yet another very important department with its own peculiar problems is found in the very commonplace duty of feeding the multitude of patients and attendents in and about the hospital. The principle enunciated by the great general who stated that "Every army travels on its stomach" is quite as applicable to the hospital army as the military. There is this distinction, however, that the army stomach asks very few questions, taking its rations three times a day (if it can get them) or philosophically tightening its belt another hole or two whenever the issue fails to get through. The hospital stomach, however, quite a different affair, which demands individual consideration and must in many cases be petted, cajoled and made love to as many as six, eight or even ten times a day.

But underlying all the problems suggested in connection with these various phases and departments of the hospital work, and the additional problems incidental to their correlation without friction, is the one upon the successful solution of which depends the success of every other interest and responsibility of the hospital. This is the matter of finance. Just here it is sufficient to remark that in our province we have by no means yet arrived at its successful solution.

Out of the innumerable subjects for the profitable consideration of this convention, suggested by this brief review of the hospital complex, time will only permit of suggestions upon a few of the apparently more important. It may well happen that at the close of this imperfect presentation, one and another of the delegates will ask; why has no reference been made to this, that or the other very important issue of the day. In acknowledging the justice of such criticism my only apology will be the impossibility of reviewing or even touching upon all the salient features of so extensive a subject within the limits of a single discussion.

Just here, in looking over the events that have transpired since we were assembled one year ago, we are sadly reminded of the uncertainty of human existence. We have to bow to the inexorable decree of the great reaper, and to record our sense of deep and irreparable loss in the passing beyond the bounds of time of two of the most valued workers of this association. Mr. R. S. Day, of Victoria, was probably one of the most widely known men in the province. He was one who had only to be known to be deeply beloved. For many years he was Chairman of the

Board of Directors of the Provincial Royal Jubilee Hospital, Victoria, B. C. and was regarded as a father and a kind friend of all in that institution. He was present and took a most active part in the organization of this association and never missed its sessions since. He was elected to the office of first vice-president of the Association at its first convention, and held the position continuously until his death. He was one we could ill afford to spare. Dr. R. W. Large, superintendent of Port Simpson General Hospital, was one who had taken a warm interest in the affairs of the Association since the idea of the organization was first mooted. He was prevented from attending its sessions until last year, but on that occasion contributed greatly to the interest of the gathering, and was given an important place upon one of the permanent committees. It is with a feeling of deepest regret that we give expression to our sorrow that these valued associates will be no more with us.

Perhaps the most far-reaching event of the year in the hospital world, and certainly the most spectacular, was the remarkable rapidity with which the Hospital Day suggestion spread the length and breadth of the continent within the short period of about six weeks. It culminated on May 12th in an almost universal observance of the day by the eight thousand hospitals of the two countries. Our executive have endeavored to obtain information from our hospitals showing how they observed the day and indicating the results that have so far accrued to them from the effort. We regret that these reports have not so far been returned in sufficient number to enable us to tabulate results with any certainty that they would accurately represent the true situation. What we do know, however, is that the idea of a "National Hospital Day" caught the hospitals and also the public, and that it "ran like wildfire." Some institutions and communities were not satisfied with a day, but spread their event over a week, and in some cases even more than that. The feature of this event which augurs most for the future of the hospital situation, was the readiness and even enthusiasm with which the general public accepted the challenge and rendered invaluable assistance in making it so widely successful in each community or hospital centre. It is surely an event that has come to stay. It is fraught with such wide possibilities of value to the hospitals that we would urge every institution to make early and thorough preparation for its observation from year to year, so that it may count for the most possible in establishing and developing the spirit of enthusiastic co-operation between the public and the hospital, which has already reached a point never before attained. In larger centres where there were several hospitals, reports brought out the pleasing fact that the former attitude of rivalry or aloofness has been replaced by a relation of friendly co-operation among the whole group. So prompt and thorough was the response of the public to the appeal of the Day that it would seem that conditions are almost reversed, and instead of the hospitals making strenuous appeals to an irresponsive or lukewarm public, the latter are urging and pressing the hospital into a broader and more aggressive policy of more direct and general support from resources under public control. It behooves us as hospital workers not to be found lagging behind the friends outside the walls of the institution who have manifested such a readiness to co-operate with us.

For several years past the problem of financing our hospitals has been growing more and more acute. The point has been reached where at least seventy-five per cent of them in this province are working under an incubus of a constantly recurring deficit for ordinary maintenance. Do what they may it has become impossible to give reasonable service and provide for its cost out of usual legitimate sources of income. And in this condition our province does not differ from other provinces of the Dominion or States across the international boundary. The condition is practically a universal experience. There is not the time within the limits of this paper to discuss why or how this condition has come about. The causes of the

increased costs are natural and justifiable. Many and various have been the efforts made by hospitals to supplement the income from legitimate sources. Money thus obtained has been applied to reducing accumulated debts, and the situation has been relieved for the time, only to recur again and again and be again dealt with in a similar unsatisfactory manner. Even these special efforts are becoming increasingly difficult and we are less productive of result from year to year. It has been thoroughly proven that it is impossible for those only who receive the hospital service, to meet the full cost of maintenance of the institutions. There remains but one means by which the reguirements can be met. It is so simple, so absolutely fair and reasonable that one wonders that it has not been adopted long ago. A hospital tax ,apportioned in an equitable manner and levied upon our whole population, would provide a reasonable equipment and cost of maintenance that would make the hospital service available for everyone needing it and would bear heavily upon none.

These facts were made quite clear at our last year's convention. Conditions were closely observed by your Executive until time for their business meeting in February. It was seen that the only change was that matters of hospital financing were becoming increasingly difficult and had reached a time where some hospital boards were even considering closing their hospitals or handing them over to the government or the municipality. The Executive asked as many hospitals as possible to send delegates to meet them in special session to formulate a definite presentation of the situation to the provincial government then in session and from them seek advice and relief.

A careful analysis showed that in a very large majority of hospitals the management were struggling with an adverse disproportion between income and expenditure, which they were unable to remove. In the few instances where expenditure did not exceed income, it was admitted because the institution was doing without some equipment or was neglecting necessary repairs and was seriously handicapped in its service on account of not having funds to keep themselves up to their proper state of efficiency.

Your Executive obtained an audience of the Executive Council and presented the following memorial bearing upon this very serious situation:

WHEREAS the public hospitals of our province have almost without exception come to the point where they are confronted with heavy deficits or else are seriously handicapped in their work from lack of suitable buildings, equipment or staff.

AND WHEREAS this very grave condition has supervened in spite of every effort having been made to provide sufficient funds by all the usual methods,

AND WHEREAS under these conditions it is obviously only a matter of a very short time before further credit will be refused the hospitals by banks and tradesmen,

AND WHEREAS it is inconceivable that such a contingency should be permitted to occur,

WE, The British Columbia Hospital Association, respectfully turn to your Honorable Body with the following proposals as the only reasonable solution to our problems,

Firstly— That the Provincial Government be requested to disburse forthwith the deficits of the public hospitals of British Columbia until such time as a better and more permanent financial policy for financing said hospitals is adopted,

Secondly— That the present scale of per capita grants from the Provincial Government be doubled until such time as a measure is brought in providing for a more permanent and adequate system of financing hospitals.

Thirdly— That the Government be requested to bring in a measure at the earliest opportunity to provide by a universal basis of taxation for the adequate financing of all hospitals receiving aid under the "Hospital Act."

In presenting the memorial the delegation made it quite clear to the Premier and ministry, that the case for the hospitals could not be met by any slight modification or increase of the present per capita grant, but that in their estimation its only solution was by a revenue to be derived directly from the people, that is to say, a hospital or service tax. They expressed also their firm conviction that such a tax would meet with the approval of the people of our province.

This memorial has been taken up and endorsed by various representative organizations of the province and has been followed up since. No definite announcement has yet been made as to what the government's future policy towards hospitals shall be. We are becoming more and more certain that a hospital tax would be acceptable to all thinking people and believe it to be the only permanent solution of this most serious bar to efficiency of our hospital service.

The standardization of our hospitals has been receiving much attention during the past two years. At first sight it may have appeared to many as too visionary a matter to be worth considering by the rank and file of our hospitals. But, like many another advance movement, as it becomes better understood, opposition or indifference fades away, and its earlier critics become its most ardent advocates. At first it was planned to endeavor to introduce it only in hospitals of 100 beds or upwards. Now it is being carried into hospitals of half that capacity. There is no reason why many of its essential features should not be made effective in every hospital in the land. In its operation it can be productive of nothing but good results. The putting into effect of the principles of hospital standardization is doing more than any other agency has done or can do to raise the standard of the medical service in the hospitals. Each attending physician or surgeon as he sees the record of his work, together with the progress and results accruing, and then compares case with case in his own practice, as well as in comparison with those in the service of other attending practitioners, is automatically impelled to the laudable endeavor to use every available means to obtain still better results from month to month and from year to year. These principles, faithfully carried out, may be safely trusted to continue to produce the very best results in the successful treatment of our patients

Problems in regard to our nursing service, like the nurses themselves are always with. We are glad to have them, in fact could not do without them—that is the nurses, not the problems. We are glad that the nurses attend the conventions so faithfully. It is only by considering the various questions from the standpoint of the nurse, as well as that of the hospital, that we may hope to work out a satisfactory basis of operation. A very large proportion of our programme this year is devoted to the nursing question. And rightly so. If, by devoting the entire time of this convention to the consideration of this phase of its work a satisfactory basis of adjustment could be reached, the time would have been well spent indeed. The nursing question in this province is in a state of transition. We are feeling our way, as is the case in other provinces. We believe we are as advanced as any and that eventually we will evolve a system of practice and training satisfactory to all the varied interests concerned. But we realize that the task is by no means an easy one and may yet take more time than we like to think.

I am prepared to admit that some of the pictures presented in this address are by no means rose colored, but to have made them such would have been at variance with true conditions. Notwithstanding this, I would hasten to record my conviction that we have abundant cause for congratu-

lation upon the advancement made in hospital methods and conditions during the recent past. But it is no time for sitting in placid and self-satisfied contemplation of what has been accomplished. Much yet remains to be done. Fellow delegates to this fourth annual convention of the British Columbia Hospital Association, the responsibility is upon us to add our quota to the further improvement of hospital conditions in our province.

MR. G. McGREGOR—

I am sure we are highly indebted to Dr. Wrinch for his able address. As he says, some of it is not rosy and some of it is. I am sure the Association appreciates a man of his type being their president.

Dr. H. C. Wrinch, President, resumed the chair

DR. H. C. WRINCH, Hazelton—

It affords me great pleasure to ask Dr. H. E. Young, Provincial Officer of Health, Victoria, B. C., to address you on "Health Tax."

DR. H. E. YOUNG, Victoria—

Before coming on the platform tonight I remarked to Dr. McEachern that it was a great pleasure to come to Kamloops. I have always felt myself a welcome visitor, but I said it was especially pleasant since I was in a position now that they could not go after me for money. As time passes we change our views, and I am also glad to note that age is having a sobering effect on Mr. Robinson; it was only $40,000 00 he asked for tonight. Mr. McGregor has answered the question for me by defining my position in the Government—I have not got control of the purse-strings.

I take exception to Mr. McGregor placing the responsibility on the Government. You are the government and whatever the government does is simply giving expression to public opinion that may be properly represented, and it rests with such bodies as yours representing the hospital interests of British Columbia to so present your case to the Government as will demonstrate to them the fact that you are presenting the public opinion of British Columbia, that the minds of the people have become imbued with your ideas and that through you as a mouth piece are asking the government to give effect to them. Health tax means a health service to all, if you are agreeable to that idea, to so organize the finances which are devoted to health work in British Columbia as to distribute the burden in a more equitable manner to produce better results ultimately, and to carry on the work through a sense of duty, devoting their time to management of hospital affairs.

When I was asked to say something on the question of "Health Tax" I accepted with a great deal of mental misgivings, because I know that there is nothing at the present time that will instinctively place people on their guard, than to approach the question of what, on the face of it, may mean increased taxation. With an enormous national and provincial debt to be met by the present and succeeding generations, and knowing that we, the great mass of the people, are the ones to pay, a paper on how to decrease taxation would undoubtedly be received with approval, but I hope to show you that what a "Health Tax" means is the plan usually adopted by all business men, and that is, to spend money in order to save money.

You as a convention, are more immediately concerned in the question of the administration of the hospitals of the country ,and in connection with the hospitals you are feeling the effects of increased cost of maintenance; the increased cost of equipment; the greater demand for hospital space on the part of the public, without a corresponding increase in your income, and with the knowledge that there is no realization on the part of the public as to what their demands for increased hospitalization means to you. Voluntary contributions, which formerly could be relied upon in any financial emergency, have become woefully meagre, owing to the great demand upon the people by the present taxes levied to pay our national

debts, and hospitals are forced to depend upon Governmental and Municipal aid to supplement the income from the patients.

There never has been any definite scheme upon which Governmental and Municipal assistance was granted, except that in some instances a per capita grant was made, but this grant was based upon running costs as applied fifteen or twenty years ago, and there has not been any attempt on the part of the authorities to readjustment of these grants to meet the increased costs of the hospital.

In British Columbia a very decided effort has been made during the past year to convince the authorities that if the hospitals are to be conducted upon modern and efficient lines some means will have to be devised to meet the increasing cost.

A Government appropriates within the limits of the funds available, largely according to the apparent popular demand for each of its activities and until our people generally become awakened to the absolute and relative value of health work our legislature cannot be expected to grant the funds necessary on a reasonably adequate scale.

I may be allowed to digress here to discuss the phase of the question that appeals to the Government.

With the great advances in medical science necessitating the enlargement of our hospitals by an increase of the number of departments, involving increased cost for the installation of expensive apparatus together with the higher salaries necessary to pay experts to look after these departments, and also from the fact that the people are patronizing the hospital to a much greater extent than in former years, the Government is being forced to recognize that, at the same ratio of increase in cost of maintenance and increase in number of patients, the hospitals would become such a burden on the general revenue of the country as to prevent the Government from financing them on the same basis as they are being financed, and it is becoming more apparent to all governments that the question of hospital support must be dealt with in a radical way

Now, as Public Health work affects all the people, it appears logical for it to be conducted essentially as Governmental business. The establishment and maintenance of reasonably adequate governmental health agencies properly co-ordinated to function in a common-sense businesslike way in every community in Canada is so logical, in fact, that its realization eventually may be expected. That the cost of Public Health activities be met with funds obtained from equitable taxation of the people seems right.

We have been depending upon the voluntary organizations for assistanc, but do not lose sight of the idea, and the Government is alive to the fact, that this work will pass, and pass very rapidly to the tax payer. The underlying principle that must be emphasized at present is this: We must secure the co-operation of the people by admitting them to the management of their own affairs, with the handling of their own finances, always with the idea predominant that this work must be made self-sustaining, they will adopt the easiest way of making it so by instructing the Government to impose a voluntary tax which will be known as a "Health Tax," just exactly as we impose a school tax today Six percent. of a community are alawys in need of medical attention.

Fifty years ago taxation for education was just beginning to be discussed and met with great opposition. The fact that the state owed an education to every child was disputed, but in looking back it seems impossible to say that there ever should have been a thought of opposition. And has it paid? Has it paid our nation to have spent the millions that it has done to educate the children of our state? You have only to look around at the virile population of Canada to get your answer, and the arguments that were used against free education are being used today against the imposition of a health tax that will provide for a mentally alert people, the physical body that should go with the active mind.

Is it good business to spend, as the Government today is spending about three million dollars a year for educating the rising generation that is one-third physically defective? Not only is the Government spending that amount but there are other millions being spent by the municipalities for the schools.

If we are to get the best return from our educational system we should be able to produce a generation that will be physically able to give effect to their mental attributes, and we have to confess that as a nation we are below par. One-third of our men were rejected as being unfit to fight. If they were not fit for the army they are not fit for civilian life, that is, they are not an asset to the state because they can barely do more than support themselves, and there is no thought of their being able to produce anything over and above their own support to increase the national wealth.

We are allowing the children to grow up to become charges upon the state. In other words, we are not preventing physical defects and the result is that last year we spent for hospitals, insane asylums, industrial schools and care of the sub-normal, a million and three-quarters of money from the Government revenue of the Province, besides what the municipalities spent.

It was shown that 80% of the men who were rejected as being unfit to fight, could have been cured of their defect if they had been looked after when they were children. In other words, we are spending millions of dollars trying to cure defects and keep people alive who are not an asset to the state ,when we could, by judicious investment, prevent this waste. In other words, the question of a health tax resolves itself into the question of Prevention versus Cure.

Our hospitals are overloaded with cases of disease that should never have reached the hospital, simply because we failed to recognize the fact that the human being is the greatest national asset we have.

If we are to increase our wealth by developing our national resources, our forests and mines, we must have men fit and able to carry on the work. Every man who is earning has at least three to five dependents. If he cannot work he becomes a burden upon his friends or upon the state and those who are dependent upon him lose all the advantages that should belong to them. Not only are they a direct burden upon the taxes, but they are an economic loss from the fact that they cease to be producers. How can this be remedied? By an extention of the knowledge of what prevention means. We paint our houses, we repair our automobiles, we patch our clothes and shoes to preserve their usefulness, and we do this as soon as there is a suspicion of wear, yet we neglect to patch ourselves.

When I speak of health tax, I do not mean the tax to be applied to hospitals alone. I mean a sum of money to be raised through the medium of the health tax that will provide for the care of the child through childhood and on through life.

The advance in medicine has been such that we can detect the beginning of disease and so order our lives that we can prevent the disease developing We can increase the usefulness of a man's active life from ten to fifteen years. This means the expenditiure of money in the establishment of larger and better hospitals, fully equipped with all the modern departments, manned by experts to be paid by the state; the establishment of health centres, which will act as clearing stations for the hospitals, acting as a sieve, and providing treatment for many cases which need not go to the hospital. Many of our bed cases in the hospitals are cases that should not be there.

In the diagnosis of the cases medical men require the help and assistance of these highly developed special departments. The average man cannot afford to pay for this, but he has a right to it and the state should provide such facilities that your family practioner can send a patient to the central hospital to have his diagnosis completed when he is in doubt. A million-

aire can afford it, a charity patient can get it, but the graat majority of the tax-payers, who abhor charity, do not get it although they are already paying for it.

The hospital should be built and equipped and the salaries of the permanent staff paid by taxation of the people. A part of the taxation should fall on the state at large, while another portion should fall upon the people of the community concerned. The equipment and facilities should be furnished for men and women to be able to have an examination of themselves made at least once a year for the detection of the beginning of disease. In other words, prevention should be the key note to the whole scheme.

What is the use of building expensive sanitoriums for tuberculosis when the beds are crowded with patients whom we know have not the slightest chance of living. The time to treat tuberculosis is in its incipient stage and the state should provide facilities for the detection of Tuberculosis in that stage. Our Sanitorium at Tranquille is costing hundreds of thousands of dollars and the burden will increase, but there is no appreciable decrease in the number of cases of Tuberculosis

I may illustrate the soundness of the business investment of such a health tax by quoting a sum of money spent in connection with our Insane Asylum at New Westminster.

Twenty-five per cent. of the cases at New Westminster are due to the effects of Veneral Diseases. There are sixteen hundred patients in the asylum this year. Ten per cent. of these, one hundred and sixty, are due to the effect of acquired Syphilis. They cost the country, at a low estimate, $400.00 per year each. That is, one hundred and sixty patients cost the tax payers of this Province each year $64,000.00. Now, we know from experience that the average life of these patients is from ten to fifteen years. In order to be on the safe side, I will say that we are providing for these patients for eight years. Multiply $64,000.00 by eight and you have $512,000 00 actual cash outlay by the taxpayers to support these one hundred and sixty men for the eight years, added to which is the economic loss to the Province of these men as producers, and to which you may add the cost of the maintenance of their dependents. At a very low estimate it is costing the Province between three-quarters of to one million dollars for the eight years.

The Government has established clinics for the treatment and care of Veneral Diseases. My Department has been criticised for the expenditure during the past eighteen months of between thirty and forty thousand dollars for the establishment of these clinics. Yet, if we had these one hundred and sixty cases when they became infected we could have cured them at an average cost of $50 00 each. In other words, for an expenditure of $8,000.00 I could have saved the Province three-quarters of a million dollars. Does prevention pay?

What I am spending for these clinics is practically a health tax. The figures that I have given you cannot be gainsaid, and if the particulars apply in the case of the insane, how much more do they apply to the hospitals in general in our Province.

Why cannot the people of British Columbia recognize a business proposition the same as men who are engaged in money-making schemes have recognized it?

The Metropolitan Life Insurance Company is a cold-blooded business organization. They are running their company to make money. They derive their income from the amounts that their policy-holders pay them, and the longer they can get the policy-holder to live the more money they get from him. The policy-holder bears the same relation to the prosperity of the company that the citizen bears to the state. The Metropolitan some years ago recognized that their success depended upon the longevity of their policy-holders, and they established a Department of Welfare work which has cost the company hundreds of thousands of dollars. They convinced

themselves that it paid. Their policy-holder is visited by a health worker once or twice a year. They have published the results lately of their efforts, judging from a business point of view as an investment. They say that between 1911 and 1919 there was a reduction of 2.8 deaths per thousand in the company's experiences. That meant the saving of 27,500 lives during the year 1919. The actual saving in death claims was over $5,211,000.00. If we assume that only one-half of these were due to welfare work we may state that as a result of the campaign which the superintendents, agents and nurses carried on, there was a saving of $2,605,625.00 in 1919 to the company. Does it pay? The statisticians of the company compared their death rates with the general registration of deaths of the country as a whole. In the women policy holders it was shown that the reduction in the death rate was 12 per cent. Between the ages of twenty-five and thirty-four, the child-bearing period, female industrial policy-holders showed a reduction in the death rate of twenty per cent, whereas in the general registration the reduction was only 3 per cent. That is, the saving of life amongst the policy holders under the preventive measures was five times greater than in the general public, who had not been looked after. Such a difference cannot be explained by chance, but rather by the very effective work of the nursing service.

If the Metropolitan Company, who are not doing this from any humanitarian motive, but for cold-blooded business reasons, can produce such results, why cannot the people demand that the Government shall produce the same results amoungst its citizens?

The Government is willing to do so but it must have the means. The Government is paying today as much of the consolidated revenue as it can possibly pay out and to meet the increased demand for hospitalization there must be more means provided. This will mean reorganization of the hospital system. This can be done by the imposition of a health tax, which will mean ultimately saving millions of money by reducing taxation; increasing the length of life; increasing the productive capacity of the human asset; decreasing sickness and misery, and bringing about the culmination of national prosperity, produced by a happy, healthy, contented people.

My establishment of the Venereal Clinic for British Columbia is a health tax, but it is coming out of the consolidated revenue. In the Workmen's Compensation Act the employer and the government are contributors. why cannot you do the same thing in a health tax for the general purpose and take everybody and, as Dr. Wrinch said tonight, make it an equitable tax and have no dodgers. If you are going to put your hospitals where they should be, provide increased equipment and increased efficiency with increased facilities for training your nurses, incidentally you will soon bring about the proposals made by Dr. Murphy tonight, which are very good indeed in regard to the nursing service. Divide your country into districts, make your hospital a centre, have the state provide the more costly part of it from the consolidated revenue. Tax your people who are in that district to maintain the hospital in that shape, and everybody will contribute. If it is logical to take the children and examine them once a year and discover defects, why is it not just as logical to go into the home and say: How are you feeling? Are you fit to continue your responsibility as parents? Are you able to carry on these children until they become self-sustaining? What will be the answer: Give me a chance; tax me. I want to see these children grow up as they should. Health tax means prevention of disease, in the last stage a comfortable home and place to die in—that is what a hospital should be, for the care of them, not to go through the wards and see people who should be active in the business of the community.

I thank you.

DR. H. C. WRINCH, Hazelton—

It is entirely unnecessary for me to say how much we appreciate Dr.

Young's paper. We thank him most heartily for the effort he has made in coming to us and giving this splendid paper.

We would like to have opinions on this subject. It is a big question, the most important that has been presented for a long time.

DR. M. T. MacEACHERN, Vancouver—

I do not think I can add anything to what Dr. Young has said, and all of you who have listened to our minutes of meetings during the past year will realize that The British Columbia Hospital Association has been most active in moulding the health policy for the province. I want to congratulate Dr. Young on his excellent paper. I believe that the health tax, as he has outlined it, is a solution to hospital and other questions of an economic nature. With regard to the influenza question, it is true that if we had had our hospitals, our facilities and staff ready for that we could have saved a tremendous amount of money in our province. The Influenza epidemic is the most serious thing that ever came in our day. Such things as that may come and we must be prepared to meet them. I am glad the Hospital Association is real active in its affairs; it is making itself heard and is going to make itself heard on hospital finances. There is no question but that we should present a policy at the coming meeting of the legislature. The time is ripe when we should have a showdown on this and it is up to our Association to take the lead in it.

I am going to seize this opportunity to announce to the people that you are welcome to come to all our meetings in the high school or here, and to tell you that tomorrow night you will have two of the most interesting talks on our work, one particularly will show you the lumber industry in this province. Possibly you have never seen it before through the lantern. The other will tell you about the tremendous national movement that Dr. Wrinch has mentioned, hospital standardization . British Columbia hospitals led all of Canada last year and every State in the Union, in having the highest percentage of hospitals of one hundred beds and over meeting the requirements of standardization, and this year the competition is more keen than ever, and we hope to have every hospital of fifty beds and over in the list. Tomorrow night we are going to run over all the hospital standarization movement, and whether you come from a five or five hundred bed hospital, we want you behind this movement, and we want everyone in this province to demand that the hospital standardization is in some live way adopted in every hospital.

DR. H. C. WRINCH, Hazelton—

I think we will defer further discussion on this until tomorrow or the next day. We will not detain you any longer tonight.

Meeting adjourned— to meet the following morning at 9.00 a. m.

THURSDAY, JULY 7th, 1921, 9.00 a. m.

Miss K. Stott, R. N., New Westminster, presiding

Nursing Questionaire:

1. Should each nurse-in-training have a room to herself?

Ans. It is most desirable that each nurse-in-training should have a room to herself. Failing this, not more than two should occupy one room, due provision being made for proper space, air, light and sitting room accommodation. The dormitory system of four, six or more, was condemned.

2. What time should be allowed a nurse-in-training for illness?

Ans. Three weeks appeared to be the period most generally adopted.

3. What length of holidays should be given the following:
   (a) Official nurses on staff?
   (b) Graduates or head nurses in charge of wards or doing floor duty?
   (c) Nurses-in-training?

Ans. (a) One month,
(b) One month.
(c) Three weeks.

4. What should be an average salary for each of the following:
(a) Superintendent of hospital of 75 beds who is a graduate nurse?
(b) Graduate nurses in charge of wards or floors in any hospital?
(c) Nurses-in-training in any hospital?

Ans. (a) A minimum of $100.00 per month with room, board and laundry.
(b) $75.00, $80.00 and $85.00 per month respectively, for the first, second and third year salaries, with room, board and laundry.
(c) An allowance (not a salary) of $8.00, $10.00 and $12.00 per month respectively for first, second and third year, with room, board and laundry.

5. Should the superintendent of nurses be the final authority in disciplinary matters and the consequences to be meted out?

Ans. Yes, but it is deemed advisable to always consult with the superintendent or superior officer responsible for the hospital, and if there is no such person other than herself, she may confer with the member of the Board to whom such matters are usually referred.

6. Should our hospitals only engage and allow to nurse therein such nurses as have the R. N?

Ans. Hospitals should only engage registered nurses, but under the present British Columbia Nurses' Registration Act it is not compulsory that every graduate nurse be registered, and therefore, they cannot be prevented from nursing in hospitals if they are properly qualified.

7. Should twenty-four hour duty for special nurses be allowed in hospitals?

Ans. No.

8. Should the hospital furnish the nurse-in-training with uniforms, books, stationery and shoes, in addition to board, room and laundry?

Ans. Many hospitals furnish uniform material, text and note books, while others furnish only uniform material. It is generally agreed, however, that hospitals should supply uniform material, text and note books at least.

9. What is a reasonable proportion of patients to each nurse in a general hospital, considering both day and night separately, and different types of cases, such as private, semi-private and public?

Ans. One nurse to every two and a half or three patients. A distribution as follows works very well:

Day Duty—One nurse to every five patients in public ward,
One nurse to every three patients in private ward,

Night Duty—One nurse to every ten patients in public ward,
One nurse to every five patients in private ward.

10. What is the best division of duty hours for nurses in order to establish an eight-hour day system?

Ans. Four groups as follows:

Group No. 1—7.00 a. m. to 7.00 p. m. with four hours off.

Group No. 2—3.00 p. m. to 11.00 p m.

Group No. 3—7.00 p. m. to 7.00 a. m. with four hours off

Group No. 4—11.00 p. m. to 7.00 a. m.

This combination seems to work out best of all and give an overlapping service, thus minimizing disturbance to the daily ward routine.

Morning Session, Thursday, July 7th, 1921 — 10 a. m.

Dr. H. C. Wrinch, Hazelton, President, presiding

DR. H. C. WRINCH, Hazelton—

The first item on our programme this morning is the report of the Medical Committee on standardization.

Dr. McEachern reported for Dr. R. H. Mullin, that the Committee had no report to make.

DR. H. C. WRINCH, Hazelton—

Now we have a paper by Dr. G. S. Purvis, Superintendent of the Royal Columbian Hospital, New Westminster, on "The Hospital and the Medical Staff."

DR. G. S. PURVIS, New Westminster—

James Drake, M. D., Fellow of the College of Physicians and of the Royal Society, England began the preface of his new system of Anatomy, which was printed in London after his decease, in the year 1907, as follows:

"It has been customary for authors (even of the highest repute and the most conscious of their own worth and abilities) to offer something to their readers in justification, or by way of apology at least, for their undertaking to take off the imputation of presuming to be wiser than the rest of the world to, and for whom, they wrote. What was decent modesty in such men is perhaps necessary in me. The meanness of the whole performance may seem to call loudly for an apology."

Mr. Chairman, Ladies and Gentlemen:

I will merely leave out the word "perhaps" and continue my story .

The definition of the word "staff" as outlined in the minimum standard by the American College of Surgeons is as follows:

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed" nor need it affect the various existing types of staff organization. The word staff is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," the "visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) competent in their respective fields and (b) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibed.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations and policies governing the professional work of the hospital; that these rules, regulations and policies specifically provide:

   (a) That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.)

   (b) That the staff review and analyse at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analyses.

The rules and regulations regarding the staff of the Royal Columbian Hospital, and accepted by the Fraser Valley Medical Society, read as follows:

Physicians and surgeons practising in the Royal Columbian Hospital New Westminster, B. C .having organized as a staff, and holding regular meetings, adopt the following rules:

1. Case records of all patients treated in this hospital shall be taken in an accurate and careful way, and filed in an accessible manner
2. That the membership of the staff be restricted to physicians and surgeons (a) competent in their respective fields, (b) worthy in character and in matters of professional ethics, and that the practice of divisional fees be condemned
3. That the staff, with the approval of the governing board of the hospital, adopt rules and regulations and policies governing the professional work of the hospital, these rules, regulations and policies specifically provide (a) that a staff meeting be held at least once a month, for the purpose of reviewing and analyzing experiences of the staff in the various departments of the hospital. (b) that special laboratory facilities be available for studies and diagnosis of patients, these facilities to include at least chemical, bacteriological, serological, histological, radiographic and fluoroscopic.

I am going to tell you a few points we have been up against in our hospital, the duties the staff should perform, with what success we have met, and through what we have passed and last of all, the ideal co-operation we ultimately expect to obtain.

The duties of the staff should be to supervise the class of work done by all physicians and surgeons who practice in that hospital. They should have a constructive policy constantly before them and keep in mind first and always—the patient, and should dispense their advice with this in view. It should be their privilege, or I should say, their duty, to examine the hospital analysis sheet from month to month and to see that every patient is getting proper treatment. If a mistake in treatment has been made, to have a free discussion on the subject, and the man who committed the mistake should be glad to receive suggestions from the staff in an open-minded manner and not in a spirit of antagonism.

If a series of infection occur it should be discussed with those in charge of the institution and with their co-operation traced to its source and eliminated at once. In fact, anything pertaining to the better care and treatment of the patients should be their aim. However, I do not think any staff should presume to overstep their rightful duties and pass judgment on matters which they know little or nothing about, because in the words of Bacon: "There is nothing makes a man suspect more than to know little."

From the beginning we have been enthusiastic over the minimum standard for our hospital.

Our great mistake at the Royal Columbian Hospital during the first year of standardization has been to have a staff too cumbersome for any practical value. We held our staff meeting on the same evening as that of the Fraser Valley Medical Society. Our first duty was supposed to have been an open discussion on the monthly analyses report. We had several enthusiastic and helpful discussions which were of real practical value. This, however, was not always the case, as there was usually an interesting paper on some medical or surgical subject, which took up most of the evening and in consequence the staff discussion suffered.

Fee Splitting

The staff of our hospital passed a resolution condemning the division of fees. This, I think, in our community is sufficient, because from close observation of relations between the city and country doctors I have never discovered any evidence of commercializing the profession. I do not know of any case being slated for operation by any surgeon, or a case referred to him, or brought in by a country doctor ,without first carefully examining the patient by himself, and when possible, in consultation.

Records

Our records have been somewhat cumbersome during the past year, because in ordering forms I was new in the institution, the system was

new, and so, of necessity, there has been a certain amount of duplication and overlapping in forms that can be eliminated. The hospital, as well as any business organization, requires a strict account of all financial expenditure and receipts, also a financial audit. The medical case record system is the health audit of our institution. At the end of each month our statement shows the number of patients admitted and discharged from each department, the result of treatment in cured, improved, unimproved, admitted for diagnosis only, to return for secondary operation, died and the cause of death in each instance, also the number of maternity cases, normal and otherwise. It is the essential duty of the staff to see that every man practising in the hospital keeps his records up-to-date.

HISTORIES

We have a competent record stenographer on duty from 9.00 a. m. until 5.00 p. m. whose duty it is to take down in shorthand detailed histories, reports of operations and so forth, from the visiting physicians and surgeons of all cases that pass through our institution. The medical men having made their physical examination, received their laboratory and X-ray reports and having made a diagnosis or at least a provisional diagnosis, all they have to do is to sit in an easy chair and tell it to the stenographer. She does the rest. Yet, there are some who invariably make the excuse; "I am too busy." A man who is too busy to write a full and accurate history of every case entrusted to his care is, in my humble opinion, too busy to practice medicine. One man made the remark that his histories were of very little value to himself or anybody else. Granted, but wherein lies the fault? If we would pause for a short time and look at the histories written in such minute detail by the late Sir Wm. Osler, how many of us would have the presumption to say we are too busy to write histories? Deep down in their heart I think every physician and surgeon recognizes the benefit of keeping histories and all he requires is a little persuasion on the part of those who are in charge of the records, with the earnest co-operation of the medical staff. If he has not made a physical examination and does not know sufficient about his patient to write a history, then he has not been giving to the patient the care that he or she has a right to expect.

The idea, I shall but set down briefly. The staff should be made up of men big enough to overcome all petty jealousies, who would always work for the best interests of all patients, who would give the best that they have towards creating a stronger spirit of good-will and co-operation between all branches of the profession, also a greater co-operation between the hospital and the profession. The staff should have regular monthly meetings and consider the analysis sheet in conjunction with the histories, laboratory and x-ray reports etc. If they should discover any mistakes in judgment in the treatment of patients, histories not fully and properly written, they should call a meeting of all the medical men, and especially invite the one in question, and have an open discussion on the case at point. If this were done without prejudice everyone concerned would benefit, and the same error in judgment would not likely occur again. Likewise, if they discover a particularly interesting case, well written up, sound judgment shown in the treatment etc., would not everyone benefit from a discussion of such a case? The day should be passed when men of the medical profession are always at loggerheads with themselves, and with the institutions in which they do their work. When the staff becomes a real advisory committee to the hospital executive in connection with the welfare of the patients, and the executive heads are willing to accept that advice and act upon it as far as is compatible with the best interests of the hospital, then the staff will enter upon a real sphere of usefulness.

I am sorry that I have wandered over the whole field of standardization but from my limited experience I did not feel that I could stick to my text and give anything of practical assistance. Once more apologizing for this

feeble effort, and trusting that a discussion of this paper will bring out some points of value.

DR. H. C. WRINCH, Hazelton—

We will now have a paper from Dr. L. G. Houle, of Kamloops, on "Medical Records in our Hospitals."

DR. L. G. HOULE, Kamloops—

I cannot hope to offer anything original on a subject which has already been treated so exhaustively before this Association by Dr. T. R. Ponton of The Vancouver General Hospital at the last two annual meetings. Perhaps, though, I may be allowed to review the problem of hospital records very briefly in the hope that some useful discussion will develop as the result of another years' experience in getting a satisfactory system working especially in the smaller hospitals which lack the services of an interne.

There is no one, I think, who will deny the great value of permanent medical records in every hospital. Good organization and system are indispensible to the smooth and efficient operation of any institution. But it is not alone the hospital that benefits by having satisfactory records kept of all its patients; to my mind the advantage to both physician and patient is still greater if the records are seriously and carefully kept as they should be. It is my own experience, and I think there are many who will agree with me, that I am apt to be a good deal more careful about my diagosis and the steps leading up to it if I sit down and write a permanent record of the case, and thereby the patient and all concerned are benefited. The average medical man, however, who is engaged in general practice, finds so many seemingly more pressing and more agreeable things to occupy his time that he is inclined to evade his responsibility in this respect. This is especially apt to apply to the practitioner of many years standing whose hospital training and case reporting days are well removed, and who has formed certain habits of work. It would therefore seem advisable not to undertake too ambitious a system of records at the beginning, especially in the smaller institutions where internes and medical stenographers cannot be provided, lest the amount of clerical work required discourage the busy doctor and entirely defeat the object desired.

At the Royal Inland Hospital the records adopted are anything but elaborate and yet, I think, answer the hospital standardization requirements fairly well. They are as follows:— A combination register-ledger in which general data concerning the patient is entered on admission and a serial case number assigned which is placed on all his records. Later, when the patient is discharged the amount of his account and any deposit made on same is entered on the same line as the rest of the information, under debit and credit columns. This book contains an alphabetical index according to name. There is also made out a summary card containing personal information, dates of admission and discharge, diagnosis and result. This card is kept in the ward while the patient is in residence. The remainder of the record consists of a b. i. d. chart on which the highest and the lowest temperatures are recorded each day; also the urinalysis reports. This chart is kept in all cases. A four-hour chart is used only in cases running a temperature above normal. There is a sheet for standing orders and another for daily medication and nurses' notes. A history form with spaces allowed for recording the history, physical examination, progress notes, operations or other special reports, diagnosis and result, is used and is practically the same as that suggested by Dr. Ponton as a summary sheet. It consists of a single sheet and is placed on the face of the chart and kept there until completed, when it is moved to the back, so that the doctor sees it every time he takes up the chart. In this way he is constantly reminded of his responsibility until he has filled it in. The usual forms for enumeration of clothing and valuables are also used. When a patient

is discharged all records are returned to the office where the medical man in charge of the case enters the final diagnosis and result on the summary card and history sheet and the whole is filed away in a folder.

A monthly meeting of the medical staff at which all deaths, infections occurring in hospital and cases of special interest are reviewed, furnishes a further stimulus to the keeping of satisfactory records.

Altogether, it would seem if we are willing to make a little extra effort to cultivate the habit of keeping these records it would become less and less of a burden and merge eventually with the general routine of work.

Have someone go over the records when the patient is discharged, and see if any of the blanks are left unfilled, and if so, have the attending physicians fill them in. Someone should be responsible to see that the records are completed before filing away.

DR H. C. WRINCH, Hazelton—

In this connection in the Royal Inland Hospital exhibit room you can see a full display of all these charts.

Announcement re special exhibits by exhibitors.

DR. H. C. WRINCH, Hazelton—

Our next paper is one from Dr. G. F. Strong, Assistant Superintendent of The Vancouver General Hospital, on "Laboratory Service in Hospitals of less than One Hundred Beds."

DR. G. F. STRONG, Vancouver—

In the past few years the hospitals of our continent have been most thoroughly impressed with the importance of laboratory work, and recognizing this and the many difficulties connected with carrying out the service, I have been prompted to present this brief paper, designed to set forth in as practical a manner as possible the essential minimum laboratory service which should be found in every hospital caring for the sick. It presupposes co-operation between the large and small hospital laboratories, especially in relation to the training of technicians and the performing of certain complicated technique which cannot be carried out in the smaller laboratory.

The laboratory service probably represents our most efficient aid in proper diagnosis, and includes besides the Clinical Laboratory—the X-Ray, the Electrocardiograph, the Respiration Calorimeter and other such instruments. I shall consider only the Clinical Laboratory and shall outline the requirements of such in a hospital of less than one hundred beds. I will try to set forth the fundamental and minimum service which every hospital should give. Larger hospitals should have a much more highly organized laboratory department than that which I am describing.

The object of any laboratory service is, of course, to aid directly in making or confirming a proper diagnosis, thus so guiding the treatment that the patient may be returned to health in the shortest possible time and in the best possible condition to be of use in the community.

MUST HAVE CO-OPERATION

There are certain essential requirements that any laboratory must fulfill. It's work must be accurate, the clinicians must be able to depend absolutely on the laboratory reports. It must be so organized and maintained that it can report its findings promptly. The service must be accessible to all. The laboratory depends for its existence on the intelligent use of its facilities by the clinicians. Such use can only come when the clinicians are well acquainted, not only with the laboratory procedures and their constant improvements, but with the technicians who are carrying out these procedures. Close co-operation, therefore, is to the advantage of all.

EXAMINATON OF URINE

The laboratory must be equipped to examine urine. The examination must include the determination of specific gravity and the reaction, the tests for albumin and sugar and the microscopical examination of the sediment. Specific gravity is especially important in certain forms of chronic nephritis in which this factor tends to become fixed. Albumin is most commonly found in the nephritides also it is especially important as an early indication of renal trouble in pregnancy. It is sometimes necessary to determine the amount of albumin excreted. This can be done with a sample from a 24-hour specimen. Sugar is present in a number of conditions. Its continued presence in the urine is usually diagnostic of diabetes mellitus. In some conditions it is desirable to know the amount of sugar excreted each day and this is easily determined.

The nature of the sediment, as determined by microscopical examination, is very helpful in diagnosing acute infections of the kidneys, ureters and bladder, and the chronic nephritides. The examination of the sediment for tubercle bacilli is the only positive test for tuberculosis of the kidney. Sediment for examination is best collected by centrifuging a freshly voided specimen. It may be obtained by allowing the urine to stand for some time, but the centrifuge offers a much quicker and more certain means of collecting all the sediment. There are many cheap and efficient centrifuges on the market; some run by water power, others by electricity, and others by hand. Of the other than routine tests, the most important is the test for diacetic acid. This subtance is important when it can be taken as a sign of acidosis and, in the treatment of diabetes mellitus, it is quite essential that it be tested for daily. Another test that might be demanded in certain cases is the test for bile. Though this is by no means as simple as the previously named test, it may be done in the small laboratory and the results will occasionally justify the effort.

I do not beleive that the other more complicated urine tests, such as the one for urea, diastase, total nitrogen etc., should be attempted. There are very few cases in which these tests are absolutely necessary for a diagnosis, and in such event the cases had better be sent to the more fully equipped laboratory center.

There are the functional renal tests however, which must not be overlooked. The phenolsulphonephthalein test is the most important simple test we have to give us an accurate idea of renal function. The technique is extremely simple and the result very valuable. Another functional test that is exremely useful is the Mosenthal test or a modification of it. For the small hospital the simpler technique of the so-called two-hourly test is more apt to be properly carried out and is quite as valuable in its results.

BLOOD EXAMINATIONS

The first requisite for a blood examination is a technician who can count blood corpuscles with accuracy. The degree of error of such count must not exceed four per cent. Such proficiency can only be attained by practice; for this reason, a non-medical technician who is able and willing to spend a great deal of time at this work is superior to a physician. Next it is necessary to have a properly standardized hemocytometer and a reliable microscope. The most important test in the majority of cases, is a white and differential count. This is essential in acute surgical conditions especially those involving the abdomen. The red count and the examination of the red cells in a blood smear to determine any abnormalities of morphology and to detect the presence of any abnormal red cells, is of importance in the anaemiaes, as is also the estimation of the hemoglobin contents of the blood. This latter determination is done in many ways. The simplest, and perhaps the best method for small laboratories, is the so-called Tallquist method which is also the cheapest means available. For more accurate results, especially in low hemoglobin findings, a more accurate apparatus must be used, such as the Sahli Hemoglobinometer. A complete

blood count, consisting of a red and white count, a differential, an examination of the morphology of the red cells and a determination of the hemglobin, might well be done as a routine on medical cases. Where time for such a complete examination is not available the following procedure is helpful:— It has been found that for practical purposes, if the hemglobin is above 75 per cent, and if the case is not one of anaemia of some form, the red blood cells will always be within normal limits. Also, it has been found that in non-acute conditions, if the white cell count is within normal limits, a differential is not necessary. Thus, in many cases, a practically complete blood examination may be performed by determining the hemglobin and the white cell count. A blood count, when not an aid in making a positive diagnosis, is helpful in ruling out certain diseases. The examination of blood smears for parasites is essental, especially in districts where maleria is encountered.

Blood cultures should not be attempted because proper incubating facilities cannot be installed owing to the relatively large expense. By "relative expense" I mean that in considering laboratory equipment we must consider the use that will be required of such equipment. For example: an incubator can be obtained at less cost than a microscope but a microscope is absolutely essential and will be used at least once for every hospital case, whereas an incubator might not be needed except for one case in ten. An incubator, then, is relatively more expensive than a microscope. Serological work, including Wassermann tests, Widals etc., should be handled in the large divisional laboratories. Blood chemistry is also somewhat too complex to be attempted without a skilled technician specially trained in this work; besides, the apparatus required is too expensive for the small hospital.

BACTERIOLOGICAL EXAMINATIONS

For the bacteriological work there must be facilities for the examination, microscopically, of sputum and discharges of various kinds. Further than this, the small hospital should not attempt to go, as it involves the expense of proper media and incubators. There should be the necessary stains for examining smear's for tubercle bacilli, gonococci and the organisms of Vincent's angina.

PATHOLOGICAL EXAMINATIONS

The pathological work cannot be done in the small hospital on an adequate scale. The surgical pathology should by no means be neglected on this account. Tissue removed at operation on which a pathological diagnosis is required, can be sent to larger institutons for a report by the pathologist. The tissue so sent, if large and thick, should be cut serially into thin slices so that it will be well hardened. If small, as appendices etc., it should be left intact. This material should be sealed in a small bottle containing a preserving and fixing solution and mailed promptly to the central laboratory. The cost of this service should be met by some flat rate based on the bed capacity of the small hospital.

SPINAL FLUID EXAMINATIONS

A laboratory of any size must be able to examine spinal fluid—a cell count and the determination of the gobulin are the important tests. The Wassermann on the spinal fluid should be done, with the rest of the serological work, in the central laboratory. The cell count is performed by means of the hemocytometer used in blood counting, with the difference in the degree of dilution used. An increased count always indicates inflamation of some kind. In the acute forms of menigitis there is a high count of mostly polymorphonuclear cells; in the chronic forms, tuberculous and syphilitic, there is usually a lower count and the predominating type of cells is the mononuclear. In syphilis of the brain and cord, as well as syphilitic meningitis, there is an increased cell count. Globulin also usually means inflammation.

EXAMINATION OF STOMACH CONTENTS

The examination of the stomach contents after a test meal, is frequently very important and should be done more often. The use of this simple test will sometimes obviate the necessity of an X-Ray examination, thus saving the patient time and money. This is specially to be remembered in those institutions without an X-Ray outfit. The routine examination of stomach contents collected one hour after an Ewald or similiar test meal, consists of the determination of the degree of digestion as judged from macroscopic appearance; the estimation of the amount of free hydrochloric acid, of the total acidity, of the presence of lactic acid and of occult blood, and the Boas-Oppler bacilli. These tests are quite easily done and do not require technical skill nor elaborate equipment. The results are valuable, not only in gastric disease, but in general disease with some secondary functional or organic gastric disorder.

EXAMINATION OF FECES

The examination of feces is so simple as to require a mere mention, and yet it is an invaluable diagnostic aid. The examination should be made macroscopic and microscopic in the search for parasites or their ova. Occult blood may be important in chronic intestinal cases. The presence of unusually large amounts of fat points to some disturbance of the external secretion of the pancreas.

This completes the list of laboratory examinations that may properly be made in the smaller hospital. I have outlined these tests only very briefly, as it has been my intention merely to suggest the possibilities and limitations of the small laboratory rather than discuss laboratory technique. Any small text on laboratory methods will give in detail the above mentioned tests.

CO-OPERATION BETWEEN THE SMALL AND LARGE LABORATORIES

The small hospital laboratory becomes, then, in a sense, an outlying branch of the large laboratory. The smaller laboratory, as it grows in volume of work, would be able to take more and more of the necessary procedures unto itself, thus finally becoming an independent unit with a complete staff. The plan of large central laboratories co-operating with the smaller hospitals in the execution of the complicated tests, offers a solution to the problem of furnishing proper means for correct diagnosis in the small isolated hospitals. This whole scheme, of course, applies principally to the small hospital in the small city, town and district, where a larger bed capacity is impossible and where facilities should be afforded the clinicians for good work.

LABORATORY TECHNICIANS

As to the means for providing such laboratory service, I am convinced that, wherever possible, the non-medical technician should be employed. In view of the fact that in the larger centers it has been found advantageous to use non-medical workers, it seems to me even more imperative that this be done in the small hospitals. The objection that the expense of such technician will be too great must be met. In the hospitals of fifty beds or more, such a technician can be provided who will also look after the case records and the X-Ray department. For the smaller hospitals it will frequently be possible to train a ward nurse to perform these simple tests, while at the same time she might carry on some ward work. The non-medical full-time laboratory worker is, of course, the ideal towards which all hospitals should strive, as it is only when their laboratories are in such hands, directed, naturally, by the physician in charge, that they will achieve the best results. The interpretation of the results of laboratory tests must rest with a graduate in medicine. The technician fit to carry on this sort of work should be trained in one of the large laboratory centers where it is possible to work under the supervision of the highly paid physicians who

have specialized in laboratory technique. Technicians having had such training are competent to properly carry out this laboratory technique. Accuracy and speed can only be attained by long practice under proper supervision, and both accuracy and speed are essential in a laboratory technician. It is not to be expected that graduate physicians can be employed for such work—the remuneration would be too low and the work too mechanical to justify them in such expenditure of time. Technicians for this work can only be properly trained in the larger hospital laboratories, and in this connection I may add that there has been inaugurated a technician's course at the Vancouver General Hospital that will fit a nurse to do the laboratory technique as outlined, also the necessary X-Ray work, as well as giving her a fundamental knowledge and experience in connection with medical records, particularly as to obtaining, classifying and filing same. A graduate nurse, after such a course, extending over ten months, during which time she spends two months on records, four months on laboratory work and four months on X-Ray work, should be the ideal person to handle these three services which are so essential in all hospitals today.

COST OF LABORATORY SERVICE

The cost of a laboratory service as I have outlined will, of course, vary with the size of the hospital. The minimum initial cost should not be over $300.00, which I have itemized in the attached list. The cost of upkeep of the equipment and supplies would be between $50 and $60.00 per year. The salary of the technician would amount to $100.00 per month and keep (which would mean $135.00 per month). This would bring the total cost per month to about $140.00, which amount could be reduced in proportion to the time so spent, if the technician was working part time on records or other services.

The cost might be met in two ways; firstly, by making a charge for each laboratory test; and secondly, by collecting a flat rate of so much from each patient per day. The latter of these is, I believe, preferable. The former tends to lay a heavy burden on the few that need a great deal of laboratory work, while the second plan divides the burden so that it is really not felt by anyone, yet it is no injustice because all patients will benefit by the laboratory service in the hospital. For example: in a hospital averaging fifty cases per day, there are fifteen hundred treatment days each month; a flat rate of 10 cents per day will yield $150.00 per month, or more than enough to provide such laboratory service. In those smaller hospitals not maintaining a full-time technician, the cost would be proportionally less.

This, therefore, sets forth, briefly, the fundamental and essential minimum laboratory service which should be found in every hospital desiring to do competent work and to take good care of their patients. From such a basis can be developed a much larger and more highly organized laboratory system as the institution grows in size, till finally, the various departments such as pathology, bacteriology, serology, clinical microscopy, blood chemistry etc., are each organized, having a competent director and staff and giving an efficient maximum service to all hospitals.

LIST OF EQUIPMENT FOR LABORATORY FOR HOSPITALS OF 100 BEDS OR LESS:

1 gross test tubes, 5x⅝, without lip	$ 3.00
1 gross test tubes, 8x1, for urines	7.00
Tincture bottles, xx glassware, ground glass, stoppered, 12-4 oz.	1.80
Tincture bottles, xx glassware, ground glass, stoppered, 12-6 oz.	2.20
Flasks, Erlenmeyer, 4 100 c. c.	.60
Flasks, Erlenmeyer, 4 250 c. c.	.60
Flasks, Erlenmeyer, 4 500 c. c.	1.00
Flasks, Erlenmeyer, 2 1000 c. c.	1.20
3 Evaporating dishes, diameter 3 in.	1.50

2-lbs. assorted glass rods	.50
2-lbs. assorted glass tubing	.50
2 Burettes, Moher Shellbeck, capacity 50 c. c. Grad. 1/10 with pinchcock	2.40
Pipettes, grad 1/10 c. c. to tip, 6 1 c. c.	2.10
" " " 4 5 c. c.	1.60
" " " 4 10 c. c.	1.80
Pipettes, volumetric, 3 5 c. c.	.66
" " 3 10 c. c.	.75
" " 2 20 c. c.	.80
" " 2 25 c. c.	.90
" " 2 50 c. c.	1.00
Cylinders, measuring, 2 10 c. c.	.65
" " 2 50 c. c.	1.00
" " 2 100 c. c.	1.10
" " 2 500 c. c.	2.20
6 T. K. Dropping bottles, capacity 60 c. c.	1.50
2 gross microscopic slides	3.00
2 oz. coverslips, sq. 24 m.m.	2.00
2 Well slides	.50
2 Buntzen burners (or equivalent, depending on gas supply)	1.00
2 Iron Tripods, 3 inches in diameter	.80
4 Pieces wire gauze with asbestos, 4 inches sq.	.56
1 Centrifuge	45.00
1 Hemacytometer	24.00
1 Hemoglobinometer, Sahli	8.75
1 Hemoglobinometer, Tallquist	2.50
2 Esbach Albuminometers	1.50
2 Urinometers with cylinders	2.00
1 Microscope, B. & L., B.B.H. or equivalent	156.00
2 Casseroles, capacity 150 c. c.	1.20
2 Forceps, dissecting, with fine points	1.00
2 Forceps, dissecting, medium heavy, straight points, 115 m. m. long	1.20
2 Forceps, coverslip	2.00
4 Pencils for writing on glass (Blaisdell)	.20
1 Colorimeter (Dunning)	7.50
1 Platinum loop	1.50
Total Expense	$300.57

NOTE: This includes equipment only; supplies are not included.

DR. E. C. ARTHUR, Victoria—

I was just looking at that centrifuge you have on display, which seems to be equipped for electrical operation. Now, there are several hospitals in this province where they have no electric light or gas, where their only lighting is by oil lamps—so that cannot be applicable. However, I wish I had had notice of this when I was preparing some of these forms in the adjoining room, I could have given you the number of hospitals, approximately correct, that have no laboratories at all today, and some of them are comparatively larger hospitals in the interior. There are several of the hospitals that have no laboratory facilities of any kind, where all the work that is done is done in the office of the local physicians. The same applies to X-Ray. There are several hospitals without an X-Ray plant. Another thing, as Dr. Strong mentioned, there are many places where the physicians are not qualified to do more than the simple laboratory work. When I say that I am not casting any reflections on the local physicians, they have not the time and have not had that training to do blood counts and things of that kind, but there is a distinct tendency to improvement in this matter. Some of the hospitals are endeavoring and are succeeding in establishing small laboratories, they are making a beginning. Several hospitals are making an effort to keep records that were not doing so last year, they

may not be the best, but it is astonishing what good records are kept in some of the small hospitals that depend on the local physicians; they are so busy they cannot write them, but in nearly every case "cannot" means "will not." They can all keep some records if they want to, but it looks today as though it will only be a few years till all these fellows will be shamed into it and we will have certain records kept in every hospital. Now, there is another thing, even in hospitals where reasonably good records are kept there are many that have not proper provision for filing. They get records but what is done with them? Well, at the end of the year they are put away in a box somewhere. Some day or other perhaps they will get proper filing systems and we will have those records filed. They cannot do it at the present time. There is just one other thing. in this province you all know the distances are so great, the means of communication so limited in many instances, that we are greatly in need of more fully equipped hospitals, for instance: there are, I suppose, only two or three hospitals in the province that have properly equipped laboratories. Now these are needed in several places in the interior. I hope the day will come when we will have something, not like the scheme of district hospitals, but where Kamloops, Nelson, Cranbrook, and Prince George will have well equipped laboratories to which the smaller hospitals round about or the physician that is practising away out alone perhaps away from any hospital, can send his specimens in a short time and get a quick return—that is very much needed. But even in the last two years I can at least say there is a distinct improvement noticeable in both these lines, and I hope that in another two or three years we will get very much better results and greater improvement.

DR. M. T. MacEACHERN, Vancouver—

I am particulasly anxious to put something over to you that you can take home. Dr. Purvis has absolutely put the responsibility in the right place when he says the doctors in the community should take a constructive interest in the hospital to make it efficient, that they should stand only for good work in that hospital, that they should get together and co-operate. We know perfectly well throughout this province when we go to the small places there are differences between medical men that should not be. We want the medical men in all the small places to pull together, to pull for their hospital. They may have to do laboratory work in their office. Recently we have established a technician's course for nurses in the Vancouver General Hospital. The nurse starts in the records office, takes instruction under our record clerk who teaches her the different forms, filing, how these records are secured; she then goes to the operating room and watches how records are secured there; then to the X-Ray department and to the laboratory, takes a special course in admitting patients. She spends two months in the medical records, three or four months learning to do tests in the laboratory, and the remainder of the ten months in the X-Ray, and I warrant you we can send her to any hospital in the province and she will give excellent service. She can do the X-Ray work but the doctor will have to interpret the plates. The value of the records is that the hospital will do better work and the medical men will inevitably do better work. It is decidedly to the advantage of the doctor to write proper histories and make good examinations.

DR. H. C. WRINCH, Hazelton—

There is a matter I want information on: the relation of the doctors to the Board. There is no use denying the fact that the Board and the doctors do not see things alike. It is easy where you have a number of doctors—they can have an advisory board, but where there is only two or three and they are antagonistic to the Board, what is the practise in regard to the doctor having a seat on the Board—as a member of the Board or in an advisory relation to the Board? The Board, when they begin their work do not know much about hospital work and need advice. What should be his relation and if there are several, would you advise or approve of several doctors having a deputation or representatives to meet the Board?

MR. J. A. BROWN, Cumberland—

We in Cumberland have one of the doctors on the Board and find it a great help. I believe in small hospitals if that was practised it would be a great help to the Board.

DR. G. S. PURVIS, New Westminster—

We have two representatives from the medical staff on the Board with full rights, and find it of very great assistance. They are elected by the Medical Society and have full standing with the Board.

MISS P .ROSE, Nanaimo—

We have two doctors on our Board and one on the House Committee.

MR. J. A .BROWN, Cumberland—

Our doctor is on the House Committee too, appointed by the Board.

.MR. L. E. MORISSEY, Merritt—

We in Merritt have a doctor there as member of the Board, although he is not eligible for any committee work nor does he have a vote, but is there in an advisory capacity.

MR. J. T. ROBINSON, Kamloops—

In Kamloops our custom has been that no doctors are allowed on the Board, in fact we would not have them on a bet, we do not want them. We found for a number of years that they did not work harmoniously in connection with hospital matters, but within the last two years they got together and formed a Medical Association and they have a rule by which one of their members are sent to the Board meeting every month and whenever required, and if they have any suggestions they bring them before the Board and any matters from a technical or medical point of view. We find that works out very satisfactorily; we have the utmost harmony. The doctors work in co-operation with the Board and the Board runs the hospital on what we hope are business lines. I am in favor of an act being passed that neither doctors or ministers have a position on a hospital board at all, because I think it creates more or less friction. Let your board be a purely business board run on business lines, and if they want techincal advice let the doctors in the city get together and advise them accordingly . I believe running a hospital is like running any business—it must be on a business basis.

DR. E. C. ARTHUR, Victoria—

Sometimes I think hospital boards need advice when they do not want it.

MR. G. McGREGOR, Victoria—

At the present time we have four doctors, full members of the Board. Sometimes they are alright and sometimes they are a perfect nuisance; they are not good business men. I think it is necessary to have them, I think it should be compulsory that every board should have a medical man at least we find them very valuable. I contend they ought to be thtre. It is up to the Medical Society to put the best men the-- have there. I think it tends to more harmony.

MR. G. BINGER, Kelowna—

We find the best way is to run our own show and if we want any advice we go to the doctors and ask them. They are very willing to say what they want and are always wanting something . We try to keep them off the Board but do what we can to help them out in any way possible. We think the proper way to run the hospital is in a businesslike manner.

DR. E. C. ARTHUR, Victoria—

Thirty years ago when we were organizing the Kootenay Lake General Hospital I was one of those who had the drafting of the constitution and bylaws, and it was a provision in the bylaws that no physician could be

on the Board. That is still in force. There were only two of us and we were, as usual, not particularly good friends, and neither wanted the other on the board. I do not think that it is a good plan in the smaller places for medical men to be on the board, but they should be consulted, and nearly always, in my experience, there is apparently the best possible conditions existing between the medical men and the hospital board.

DR. H. C. WRINCH, Hazelton—

The medical men are desirable to the board then in an advisory capacity.

MR. J. T. ROBINSON, Kamloops—

Might I suggest that in a town the size of Kamloops the board be run on purely business lines and that their doctors organize in an association such as we have and follow the same lines. In that way I think there will be the utmost harmony and will work most efficiently to the advantage of the hospital and the health in general of the community.

DR. M. T. MacEACHERN, Vancouver—

I would suggest that a committee of three be appointed, one doctor from the Medical Association and two from the Board of Directors, and peruse very carefully the literature you will get so that you can work out a more constructive policy in hospital standardization.

ANNOUNCEMENTS: Re get-together luncheon, and trip to Tranquille.

Meeting adjourned to meet again at 2:00 p. m.

AFTERNOON SESSION

THURSDAY, JULY 7th, 1921—2.00 p. m.

Dr. G. S. Purvis, New Westminster, presiding

Round Table Conference "A" — Anaesthesia in hospitals:

DR. G. S. PURVIS, New Westminster—

I will ask Dr. W. Arbuckle of Vernon, for his paper on "Anaesthesia in hospitals."

DR. W. ARBUCKLE, Vernon—

I have been asked to open the discussion on anaesthetics and I propose doing it by giving the routine we follow at the Vernon Jubilee Hospital and some of the troubles we have.

To begin with, we try to get our operation cases in the morning of the day before the operation. This allows all the prepartion to be done in the day time and the patient can have a good night's rest before the operation. This giving a patient a big dose of castor oil late at night and then waking them up at five in the morning, if perchance they have gone to sleep, to give them two or three enemas is a poor preparation for a long anaesthetic. Our patients for ten o'clock operation are not disturbed until six o'clock and then just a simple enema is given. One half hour before the anaesthetic morphine and atropine are given hypodermically. This we have found does away with the struggling when the patient is going under and there is no filling up with mucous as is so often seen in ether cases.

As to choice of anaesthetics, we have none. We give nothing but ether. There has not been an ounce of chloroform used in our operating room for years. We use ether on an open mask. An ordinary open mask with four thicknesses of gauze wrapped around with warm moist towels. These towels are frequently changed so that no frost gathers on mask. For some time we have been starting with fifteen to twenty drops of ethyl chloride which puts the patient under quickly and smoothly. We used to think we could not give ether to some of our patients, to old people, to young children and to those with a chest condition—but we gradually got into the habit of giving ether to all cases and so far have never had cause to regret it. Looking back to the days when we gave chloroform and chloroform and

ether mixtures and ether by Clover inhaler and different cone methods, we certainly have less trouble in the operating room now than we had then. We rarely give a patient a stimulant on the table and we practically never have to do artificial respiration. What we do get are chest complications, a case of pneumonia now and then, and quite a number of cases that have a rise in temperature, a troublesome cough and a nasty expectoration. We do not know if we have more of these cases than we should have but we certainly have more than we wish to see. We have done everything to guard against this complication. The moist towels around the mask are kept warm so that the patient is never breathing through a frozen mask. We have tried dry masks, changing them frequently. We used to use Squibbs ether entirely but on account of the cost we began to use cheaper makes, and then switched back to Squibbs again and we could see no difference. Our patients are kept well covered on operating room table, our operating room is warm, a dry gown is always put on before patients leave the operating room, and they are wrapped in extra blankets on way to the ward and put into a warm bed and a nurse stays to see that they are kept covered until they are completely out of the anaesthetic, and yet we get these chest troubles. Fortunately we have never had a fatality from a post operative chest complication but we have had cases that gave us a great deal of concern and certainly it is a most troublesome thing for the patient. A long abdominal incision and a short hacking cough is not a pleasant combination. Now, these cases that get chest complications are not patients that some might think choloroform would be a better anaesthetic for than ether—they are not cases that give a history of chest trouble, they are generally long abdominal cases with a clean history as far as their chest is concerned.

Now I do not want you to get the idea that all our post operative cases get pneumonia or some other chest complication, for they do not The percentage that do get chest trouble is very small. But it is the one thing about anaesthetics that we are not satisfied with and we will be glad to gain from the experience of others here something to help us with this problem.

DR. C. J. WILLOUGHBY, Kamloops—

While I quite agree with Dr. Arbuckle on his use of ether as used in the Vernon Hospital, and I think we all agree that ether is the best all-round anaesthetic we can use for hospital purposes, of course the question of economy arises. As far as anaesthetics are concerned it depends a great deal on the patient, as well as the anaesthetic; if the patient is able to pay for the anaesthetic why cannot the hospital provide that anaesthetic. I think Gas-Oxygen is the ideal anaesthetic. We only use it in cases where patients are able to afford it; the patients are given the option of having it. We figure the cost of Gas-Oxygen runs us between $7 and $10 an hour—the average operation does not take longer than an hour, and if a patient is willing to pay the extra the hospital can well clear itself in charging a good fee for Gas-Oxygen anaesthesia. There is no doubt in chest cases that Gas-Oxygen is a very fine anaesthetic. There is also another very fine anaesthetic—Cotton Process ether. We tried it out and had some startling results. We took it up with the hospital and they decided to put it in. The cost is about 75 cents quarter pound can. It is more expensive than Squibbs. There is no irritation, no mucous, and nausea is very much decreased. I feel very strongly in favor of Cotton Process ether. We use the Clark gas apparatus.

DR. G. S. PURVIS, New Westminster—

Do you use Morphia and Atropin with the Cotton Process ether?

DR. G. J. WILLOUGHBY, Kamloops—

Yes, I always like to have Morphia and Atropin given before the operation. It does away with excitement and produces a better condition on entering the operating room.

DR. M. T. MacEACHERN, Vancouver—

I think a very important point that Dr. Arbuckle made is the fact that they prepare their patients as well as they can before operation. They get them in the hospital ahead of time and try to get them adjusted to hospital conditions. I believe a large number of people have bad results on account of not being in long enough before operation to get hospitalized. It is advantageous in every respect. Gas-Oxygen is certainly the most satisfactory anaesthesia. There is a new machine out, the McKesson, which seems to be very efficient saves a great deal of gas—being regulated by an automattic valve which opens and closes with the respiratory act. It is splendid for maternity work. The tendency is to stick to the old methods. With the apparatus and the methods that Dr. Arbuckle has outlined a great deal I think, depends on the anaesthetic as to the kind of anaesthetic, as well as the patient, as to the after result. The point I got up to make, however was the fact that Dr. Arbuckle emphasizes the need of preparation before anesthesia and the need of getting the patient adjusted to conditions. I would like to ask whether the patient should be anaethetized in the operating room or before going in.

DR. W. ARBUCKLE, Vernon—

We have never had much trouble with patients going under; they are covered up and do not see anything.

DR. G. J. WILLOUGHBY, Kamloops—

I feel where it is possible that an anaesthetic room is a big advantage In preparing for an operation there is a lot of work going on, with nurses rushing around. The quieter it is around the easier it is for the anaesthetist to put a patient off, it means a good induction, and a good induction means a good anaesthetic.

DR. G. S. PURVIS, New Westminster—

I think that is a very important matter. I think those of us working around anaesthetics do not look at it sufficiently from the patient's point of view. Anyone who has an anaesthetic and had it in the operating room where everyone is bustling around, and had to have another, would prefer to have it before entering the operating room. I think the patients appreciate an anaesthetic room to a great extent.

DR. G. H. WILLOUGHBY, Kamloops—

I think it has a great deal to do with the climate. I am sure that any person coming from Vancouver, who started to give anaesthetics here would notice a great difference, the reason being the tremendous evaporation here—you have to use twice as much anaesthetic to get the same results as in Vancouver.

DR. G. S. PURVIS, New Westminster—

Is there any discussion on training nurses to give anaesthetics?

DR. W. ARBUCKLE, Vernon—

I think the nurse should have some idea as to giving anaesthetics; nurses leaving the city and going to the small places very often have to give anaesthetics. I think it would be a splendid thing for every nurse to have an idea as to the methods of giving an anaesthetic.

DR. R. W. IRVING, Kamloops—

Our office nurse has been giving anaesthetics for five years and very satisfactorily, more so than a medical man. It seems advisable to have nurses in the outlying districts thoroughly trained in anesthetics. I know it works out very satisfactorily and there is precedent to justify this. At the Mayo Clinic they give anaesthetics and give them satisfactorily. I think it is something that is going to grow. I think it is advisable. The surgeon is responsible for everything in the operating room.

DR. M. T. MACEACHERN, Vancouver—

Our surgeons have ruled otherwise, they claim the anaesthetist is responsible for the condition of the patient.

DR G. J. WILLOUGHBY, Kamloops—

Our rule here is that the surgeon is in full charge and responsible for everything that goes on in the operating room. What is the legal status?

DR. R. W. IRVING, Kamloops—

The journal of the American Medical Association reported a legal action taken against a surgeon for something that happened in the operating room. I believe at that time a nurse was giving the anaesthetic, and the courts in that state held that the surgeon was entirely responsible for all that took place in the operating room and he had to bear the responsibility of the anaesthetic.

DR. W. ARBUCKLE, Vernon—

Morally, the surgeon is responsible for the operation, the anaesthetist for the anaesthetic, and the nurse for the technique.

MRS. J. CHARLOTTE HANNINGTON, Ottawa—

So many of our nurses have to go out into country places where very often they have to assist the doctors and they are the only ones who can assist them. If a nurse has to give that anaesthetic without any training she naturally is nervous, her nervousness is conveyed to the doctor, who has responsibility enough, and to the patient. It seems to me one thing the nurse should have is some simple instruction and enlightenment on the fundamentals of giving an anesthetic. It is a mean thing to go up against if you have not some confidence in yourself.

DR. G. S. PURVIS, New Westminster—

A nurse in her training takes a certain length of time attending patients taking anaesthetic. I know several nurses who trained as anaesthetists and there were none better.

DR. H. C. WRINCH, Hazelton —

Dr. Willoughby mentioned finding a difference in patients taking anaesthetics, especially in heavy climates; we have the same condition in the North. I usually have an assistant and invariably they find a difficulty. Have you developed any particular method of technique that will overcome that any more than usual?

DR. G. J. WILLOUGHBY, Kamloops—

I think that the most trouble in giving anaesthetics in the dry belt is allowing too much air. The more air you allow in the less ether you are going to get, and the closer you wrap your towel the more ether you are going to get. Two or three layers of gauze, good hot towel, wrapping that round the mask, leaving less than a square inch open. Do not wrap the towel around until you get the patient fairly well started.

DR. E. C. ARTHUR, Victoria—

I will not have anybody dictate to me what anaesthetic I am going to use. When a surgeon asks me to give an anaesthetic I decide what it will be.

DR. G. S. PURVIS, New Westminster—

Don't you think any anaesthetist should have the privilege of choosing whatever anaesthetic he wants?

DR. R. W. IRVING, Kamloops—

I think any man who knows anaesthetics and has studied them at all must have his choice, because one man is successful in one method and another in another. I have known men who are apparently just as safe and sound in using chloroform as ether; it depends on their training, experience and power of observation.

DR.H.C. WRINCH, Hazelton—

I hold that the anaesthetist should have his choice of anaesthetics.

DR. G. S. PURVIS, New Westminster—

We have trained anaesthetists—men who do nothing but give anaesthetics all the time; I should imagine they would be responsible for the patient, that is, the anaesthetic end of it.

The next subject on our programme is "Tuberculosis problems and our general hospitals." We were to have had a paper by Dr. M. A. Archibald of Kamloops but regret he is not here.

DR. M. T. MACEACHERN, Vancouver—

The discussion yesterday brought out one fact, that is: that under existing legislation in the Province of British Columbia general hospitals receiving a grant from the government are requested to give one-tenth of their bed accommodation to advanced tubercular cases of that municipality that is, in the Royal Inland Hospital, for instance, you should devote ten beds to advanced tubercular cases, if you live up to the Act. Mr. Robinson told us this was impossible, that you can only take two. It resolves itself into this,— we are obliged to do it but we have not the accommodation—tubercular cases having to be segregated, especially the advanced cases. Hospitals have not the separate accommodation. Again, hospitals that have separate accommodation, it is usually improper and inadequate. Another point is the fact that our nurses are not getting training in tuberculosis. First is our obligation to do this work for our government; the second point is we have not sufficient accommodation, and the third point is that the accommodation we have throughout the province is inadequate and improper, not fair to the patients and certainly not fair to the staff, because owing to the unsanitary conditions which exist in wooden buildings the staff is exposed to greater dangers.

MAYOR S. C. BURTON, Kamloops—

I imagine the reference to the condition in connection with the per capita grant—that we have to treat a certain number of tubercular patients, we have to do it— but as an ordinary layman I object very strongly to it. I take the view that we in Kamloops Hospital, for instance, are not in a position to do justice to our patients. The same applies to the nurses, they have not had that special class of training, and further, we cannot give the patients the open air treatment which is so very necessary. We have a couple of balconies we can make use of, but beyond that we cannot go, and it seems to me if the government insists on us taking that class of patients, they have got to assist us in making provision to accept them. The idea of giving nurses certain training in tuberculosis is a good one I am glad to hear that it has been practically decided upon at the session yesterday. I think we should go further in this tuberculosis question too, we ought to take some action to prevent that class of patients coming into the Province. It seems to me ridiculous that we should go to the extent of providing a sanitorium for treatment, yet patients can come in here indiscriminately and swamp the accommodation we have. All patients coming into this city should be compelled to report to our medical officer—if they do that the district nurse could take charge, visit and instruct them; that would remove a certain menace from the rest of our citizens. I may say we have been very fortunate indeed in keeping our own citizens clear of tuberculosis. I have been here some twenty-four years and I can only recall two cases who contracted the disease in Kamloops who were bona fide residents of the City. That, of course, is a compliment to the climate. I am afraid of these patients coming from all parts of the country—they expectorate on the streets. I do wish the government would formulate regulations regarding these cases coming from other provinces.

DR. R. W. IRVING, Kamloops—

You are dealing with a subject which has been very near to me for a

good number of years. It was on the 10th of November, 1907, that I came to Kamloops to open a sanitorium and at that time the work in tuberculosis in this country was just in its infancy, being fostered through the early stages by the late Dr. Fagan, Dr. Procter and Dr. Stevens of Vancouver and several others, and since that time the people of British Columbia have made wonderful strides in handling the situation. They are taking a great step when they suggest tuberculosis becomes a subject to be handled by the government. The situation becomes, to my mind, not one that should be dealt with by an Association of this kind which is dealing with general hospital work, but becomes a broader subject, one to be dealt with by the Health Department of the Province. That is being demonstrated in Manitoba, Saskatchewan and other places. The stand to take, I should say, would be: we will not handle tuberculosis, and put it up to the government and the Provincial Health authorities. Tuberculosis is too big a thing for us to handle in our smaller or even our larger hospitals. I may say that all advanced tuberculosis cases should be handled near at home. I think Tranquille should be reserved for the incipient cases, where those who have an opportunity of getting well will receive the benefit. Every hospital should have near it a separate building constructed and operated by the Health Department, directed by the Board, but in no way associated with or interfering with the management of the general hospital.

MR. G. McGREGOR, Victoria—

Judging from the remarks, it appears to me that hospitals taking care of tubercular cases should receive greater assistance from the government for what they are doing. I consider that Kamloops must be very fortunate when they haven't any cases of tuberculosis in their hospital; in fact, they never made provision and therefore, cannot look after them. If the government forces advanced cases of tuberculosis on general hospitals they should be paid for same, because they cost more to keep. Make the government realize the fact that they should pay for those advanced cases of tuberculosis out of fairness to the patient so that the hospital can give them every attention they want. The directors know, perhaps more than others, that it is a very expensive part of the hospital, particularly when you have a separate building—you have to have a special graduate nurse, also night nurse to take charge, and many other extras, and in all it becomes very expensive. I maintain that the government does not provide sufficient money to run those institutions.

(Here Dr. MacEachern explained to Mayor Burton the arrangement decided on yesterday to train nurses in Tranquille Sanitorium).

DR. J. KEARNEY, Tranquille—

As the man in charge of Tranquille Sanitorium, I do not feel that I can let the resolution pass without challenging it regarding affiliation of Tranquille nurses with other hospitals with a view to giving nurses expert training in tuberculosis work. At the present time it is quite impossible. It is not practical, we could not have girls out at Tranquille who have not attained a high standard of professional service and dignity. We are dealing with some one hundred and twenty to one hundred and fifty male patients; sometimes our discipline is not as good as it should be. It is not fair to the hospital or to the nurse to have to carry on the duties which should only be carried on by a nurse who can maintain perfect discipline in the ward. The question of tuberculosis nurses as applied to the nursing profession in general is not as important as one would imagine. After all, the principles of ordinary every-day cleanliness is the essential part—if we ask a man to be clean and if he is clean, that is all we expect. A nurse at Tranquille, if Tranquille were an ideal sanitorium, which probably it will be when problems are settled, has primarily one object in view, and that is the question of discipline. A sanitorium is a place where cases of tuberculosis are taken in and treated. The primary duty of a nurse is discipline.

I am opposed to the resolution passed yesterday.

Moved by Dr. H. C. Wrinch, seconded by Mr. G. McGregor,

THAT this Association memorialize the Provincial Government in regard to the requirements made of all hospitals receiving government aid that they must be prepared to receive tubercular patients, showing the injustice of the present regulations in their effect upon many such hospitals, and asking that regulations be modified so as to safeguard the interests of both patients and hospitals involved, by making provision for adequate and separate accommodation, and a further increase in the per capita grant to meet the full cost of care of such patients.

The resolution was referred to the Resolution Committee.

DR. L. G. HOULE, Kamloops—

I would like to see the convention go on record, representing as it does, the various hospitals in the the province, as recognizing the propriety and importance of providing in their hospitals for advanced cases of tuberculosis. Up to now I do not think that has been the case, I think most hospitals have taken the stand, or at least a great many of them, that tuberculosis is a problem for the sanitorium and no business of the hospital. That, I think, is not the correct way of looking at it. It is true that practically all of the hospitals lack suitable accommodation. The idea would be to have scattered over the country at intervals institutions for the care exclusively of advanced cases of tuberculosis. It is a matter of economic administration to have these institutions administered by the staff of the general hospitals of the province, where it is as a separate building or separate wing or ward. I think it would go a long way to clarifying the matter if that could be included in this resolution—a clause to the effect that the Association recognizes the fact that tuberculosis in the advanced stage, not being a sanitorium matter, should be treated in the general hospital but that at the present time, owing to lack of proper facilities for the care of these cases, that matter is a difficult one to carry out, and suggesting possibly that the government furnish further assistance as part of the tuberculosis campaign in British Columbia, instead, for example, of adding more and more beds to Tranquille, let Tranquille be cleared out of beds for ill cases and let them be taken care of in the general hospitals and in order to provide accommodation of that kind let the government spend or vote money for the assistance of the hospitals in providing this kind of accommodation.

Dr. H. C. Wrinch reread the resolution with additions,

Motion Carried

DR. G. S. PURVIS, New Westminster—

I will ask Dr. J. J. Gillis of Merritt, to discuss the question of "Infections in our hospitals."

DR J. J. GILLIS, Merritt—

I cannot talk on infections—we have no infections in Merritt. We do meet with infections occasionally, fortunately we have a low grade infection that does not cause very much trouble. I have lived in British Columbia nine years and have never yet seen a virulent form of cellulitis or infection. The last case I saw was at the Royal Victoria Hospital, Montreal, the ordinary form which we call staphylococcus infection. Of course now and again we get after operation what is ordinarily known as a stitch abscess —sometimes we blame the catgut, but I think if we look into our own technique we will find there is some little fault in the technique which causes such infection. I know some of the cases we had of low grade infection, where we blamed the catgut, were later investigated and no cause found. In those cases I think the fault was our own.

DR. M. T. MacEACHERN, Vancouver—

The doctor has opened the subject. There may be a few questions you would like to ask—that is the idea of this conference. Regarding cases coming into the hospital contracting scarlet fever, measles, etc. It

would also be interesting to know of any hospitals which keep track of post-operative infections. Though the doctor says his infections are minor, I think he will agree with me that they keep the patient in the hospital from five to ten days longer. If it is a charity case it is a burden on the hospital. If it is a pay case it is a national loss, because that patient is not back to productive capacity as soon as he or she should be.

DR. E. C. ARTHUR, Victoria—

We asked that question in our annual report and all the information we received from something like forty-five or fifty of these hospitals is tabulated under the heading Medical, Surgical and Maternity infections. I may say we did not get information from very many.

DR. G. S. PURVIS, New Westminster—

Staff meetings are a mighty good thing for tracing out these infections. We, in our hospital, had a colon infection, we followed it up, talked it over with the surgeon operating. He said the appendix was twisted around the colon and was not sure whether the end of the appendix was cut or not. In operating he might have nicked the colon. We blame the catgut for a lot of things I think we should not.

DR. J. J. GILLIS, Merritt—

There is just one thing—I was down East six weeks ago and I noticed that most of the large hospitals are paying more attention to keeping a heavy sterile sheet over the instrument tray. I do think in a certain proportion of the cases that we get a little infection from the instruments, for example: the doctor uses the needle, throws it down on the table on an ordinary towel which is not sterile. That was done in Montreal and certain cases of infection were traced back to that and they are now using, I understand, a very thick linen sheet that the needle will not pierce.

Dr. H. C. Wrinch, Hazelton, presiding

MEDICAL QUESTIONNAIRE:

1. Why should unqualified maternity homes be licensed by the government and patronized by the general public?

Ans. Unqualified maternity homes should not be licensed by the government or patronized by the public. The Act of Parliament respecting this matter should specify definitely such conditions as will insure competent personnel, proper and safe accommodation, with good facilities and equipment. The present regulations in British Columbia make it far too easy to start hospitals and it is hoped that more stringent regulations will be adopted.

2. Should not the public ward be abolished in hospitals?

Ans. No, but the public ward of 6. 8, or 10 beds is more desirable than the large ones of twenty or thirty beds which today are found in many hospitals.

3. Should not each doctor be responsible for the complete medical record of the patient and this record be left in the hospital?

Ans. Yes, he should either do it himself or see that it is done by someone else.

4. How far is the Board of Directors or Trustees responsible for the kind of work done in the hospitals?

Ans. Though not legally, yet the Board of Directors or Trustees of any Hospital is morally responsible to the public to see that each and every patient treated therein receives competent care so as to bring them back to health if possible in the quickest and most comfortable manner. They must make sure that all the work carried on is efficient and that good results are being obtained. They are responsible to the

public for supplying good accommodation, proper facilities and equipment, and above all, a competent personnel as the staff of the hospital. Usually the Board of Directors or Trustees is spending public funds, therefore they have an obligation to fulfill, to see that such funds are spent in the best possible manner.

5. What cases, other than the so-called infectious diseases, should be isolated in general hospitals?

Ans. Typhoid Fever, Pulmonary Tuberculosis, Anterior Poliomyelitis, Epidemic Cerebro-Spinal Meningitis, Contagious skin diseases as Impetigo, etc., Erysipelas, Lethargica Encephalitis, Septicaemia, Tonsillitis, Venereal Diseases, Ophthalmia, Trachoma, suspects of all kinds, mental cases, drug addicts, alcoholics and cases which are obnoxious owing to odor, appearance etc.

6. What is the minimum laboratory work that every hospital should be prepared to carry on?

Ans. Urinalysis; Blood examinations, as white and red cell counts and haemoglobin; smears for Bacteria; examination of spinal fluid; examination of stomach contents; examination of feces; preservation of tissues for pathological investigation elsewhere. For further information regarding this question see Dr. G. F. Strong's paper delivered at the morning session.

7. Could a graduate nurse acquire sufficient knowledge and training anywhere in eight or ten months to fit her to carry on the laboratory, X-Ray and medical record work necessary for a hospital of less than one hundred beds?

Ans. Yes, the Vancouver General Hospital offers a course of ten months, apportioned as follows, medical records 2 months, X-Ray 4 months' laboratory 4 months. This would give sufficient knowledge to undertake the work in a hospital of one hundred beds or less. This course, we understand, is at present limited to candidates from British Columbia.

8. How can better relations and more co-operation be established between our hospitals and the medical profession?

Ans. It should not be necessary to ask a question of this kind. However, it is unfortunate that in some instances we do not find the best co-operation between the medical profession and the hospital. The following are a few suggestions:

1st. The hospital should offer the doctor an efficient service for the treatment of his patient.

2nd. The entire hospital staff should manifest a keen interest in the patient's welfare.

3rd. There should be conferences at regular intervals between the doctors and the hospital authorities. The attending doctor should be consulted in hospital matters, and indeed, the appointment of advisory committees for different phases of the work will develop a more constructive interest.

4th A thorough understanding between the hospital authorities and the doctors, with a frank co-operative spirit.

9 How can we increase the interest of the profession and the community in hospital standardization?

Ans. Keep hospital standardization before all constantly in its actual application. Use every occasion to carry it home to both the doctors and the people in the community and apply it most strictly in the hospital. The placing of literature in their hands from time to time will help to get the interest worked up. One of the best methods is to have a standardization committee consisting of professional and lay members.

10. Should a monthly report be sent to the Board of Directors or Trustees, and, if so, what should it consist of?

Ans. Yes. Monthly report to the Board of Directors or Trustees should indicate the following:

(a) Volume of work done during the month in each department.
(b) Results obtained.
(c) Special consideration of,
  1. Unimproved
  2. Deaths
  3. Infections or untoward results.
(d) Investigation made,
  1. Professional care of patients.
  2. Administration problems and complaints.
(e) Recommendations

TRIP TO TRANQUILLE SANITORIUM

Sharp at 4.00 p. m. a large number of motor cars were waiting at the Kamloops High School to take the delegates and their friends to Tranquille Sanitorium. A most enjoyable ride was participated in by all through the vast areas of irrigated farms on both sides of the Thomson River. The delegates and friends were received by the medical superintendent, Dr. J. Kearney, and the superintendent of Nursing, Miss J. A. Morrice. After making a careful and interesting inspection of this splendid institution all assembled in the dining room at a very enjoyable dinner. At the close of the dinner a very hearty vote of thanks to the management of Tranquille Sanitorium was ably moved by the President, Dr. H. C. Wrinch, and seconded by the Secretary, Dr. M. T. MacEachern, and most unanimously carried. All returned home immediately after to be present at the evening session in Kamloops. The trip and visit was declared by all to be one of great enlightenment and pleasure.

EVENING SESSION

THURSDAY, JULY 7th, 1921, 8.00 p. m.

Held in the Kamloops Methodist Church

Dr. H. C. Wrinch, President, presiding

Session opened with invocation by Rev. Mr. Hinchcliffe, Kamloops.

DR. H. C. WRINCH, Hazelton—

I must apologize, the gentleman who should have given the address on Hospital Standardization has been detained for some reason, and Dr. MacEachern has kindly consented to give us a few words on this subject.

DR. M. T. MacEACHERN, Vancouver—

Ladies and Gentlemen: Dr. H. R. Storrs, Superintendent of St. Paul's Hospital, Vancouver, promised to be present tonight to deliver this address. He has not arrived so far, and therefore, you have to listen to me with quite an unprepared address.

Hospital standardization is a local, national and international movement which has been going on all over the continent during the past five or six years. It is a standard of hospital service guaranteeing the patient competent diagnosis, efficient treatment and the best results possible. This is a very moderate and reasonable offer inasmuch as today we recognize that every man, woman and child has the right to be well. Health and production are important economic factors in the community life and being so, it is incumbent on us to return the sick to productivity in the quickest, most efficient and comfortable manner. Hospitals, business or commercial concerns must render a good service, otherwise they cannot succeed in the light of present-day knowledge and demands.

The movement we are discussing tonight commenced through a need for better hospitals, better service and efficiency therein. Investigation of recent years revealed the fact that hundreds and even thousands of the hospitals on this continent were merely boarding houses for the sick, and some of them indeed not very good at that. Appalling revelations were made by experts who gathered information through personal visits to hospitals, through correspondence and consultation with hospital superintendents, trustees, doctors, nurses and others. A mass of data was thus assembled by the American College of Surgeons. This was all analyzed, and out of it grew up the minimum requirements for hospitals as embodied in the five requirements or clauses which are well known to you all. To sum these up in a very few words, these clauses demand that every hospital have an organized staff of medical men, ethical, honest and competent, who shall meet monthly to carefully and seriously analyze the medical work of the hospital and see that it is up to the degree of quality, to see that every patient has the opportunity of receiving a careful and competent diagnosis, efficient treatment throughout with a final objective being reached of the best results obtainable. They shall so scrutinize the work that they will be able to explain all infections that have occurred, why cases were discharged unimproved, and finally, they shall investigate every case of death in order that their judgment may be guided as to whether or not the hospital and the doctor is doing everything possible to safeguard the health of the patient. In short, this means a medical audit inaugurated and carried on by the medical staff, which should become an important factor in the success of every institution of this kind. All hospitals, from time immorial, have had financial audits. The question now arises: why not a medical audit?

The analysis of what has transpired in the past shows that this great movement is the inevitable expression of clear thinking minds inspired by the best interests of the patient. Members of the American College of Surgeons realized that they, as a body of men, must do something to improve medical practice, scientific medicine and especially surgery. Recognizing hospitals as their workshops, they have been good enough to crystalize this splendid movement into a definite clear-cut policy to be presented to every hospital on this continent. They have not only done so in theory but they are carrying it out in practice through their field work, and further, they are financing a great deal of it themselves personally. The programme has, therefore, quietly and humbly for eight years been at work, particularly active during the past four or five years. To say the least, it has revolutionized hospital service in eight thousand institutions in Canada and the United States, and is bringing better service to the patient.

This standard lays down or implies certain requirements and these may be divided into three main divisions:

Firstly— Medical organization, as already stated. It demands that the staff be ethical and competent men who are allowed to practise in the hospital. These men must cast aside all bickerings and jealousies and must be willing to meet together at regular intervals in the so-called staff conference, for the purpose of group study and to review and audit the medical work of the hospital . This means a great deal to the success of the work of the institution, but such study cannot be carried on without the necessary data, and hence the second requisite was necessary and that brings me to the question of medical case records.

Secondly— Medical case records. The medical case record, as you all know, is an orderly, systemized, simple, practical description of everything that bears on the case so far as illness is concerned. The record reveals past illnesses, family history, how the present illness commenced, description of the illness, examination of the patient and a record of every special examination made. It is a story of the patient. It is only right to expect that every patient should have all this data put down. It is impossible for me to go into the many advantages of such a record, but

let me mention a few. It is of great importance to the patient, to the doctor, the hospital and to the community at large. It is the basis of review or analysis of the work of the staff. It means better diagnosis through better study of cases, and thus more comprehensive treatment. When a person has to write down all they do or all they find, they will be more careful what they do. It is a most valuable document in case a patient returns to the institution for further treatment or goes to another hospital where it is difficult to make a diagnosis. The former data may in many cases help arriving at a correct conculsion in subsequent cases. Such recorts embody sound data for scientific research. From the hospital standpoint it is most important medico-legally in case of court action. It is a means of stock-taking of the work of the staff and a gauge as to how the hospital organization is really functioning. Many other advantages of the medical case record could be enumerated, which time and space does not permit, but all our institutions today must regard the care of a patient more or less incomplete and liable to be incompetent without the record to fall back on.

Thirdly— Laboratories and special treatment facilities. The need of laboratories and special treatment facilities is to assist the doctor in making and in confirming his diagnosis and in supplying the most modern and effectual treatment. There are several kinds of technical laboratories today such as x-ray, clinical, pathological, bacteriological, serological, blood chemistry and other important branches which are rapidly developing, such as Basal Metabolism and Cardiology. These departments are all necessary to assist the doctor in making a more accurate and competent diagnosis. Likewise there are several kinds of special treatment facilities and departments, such as the physiotherapy with its various branches, the x-ray with its various branches, the clinical laboratory through its serum, the operating rooms, radium etc. These, therefore, are the requirements:

(a) Staff organization for staff review.
(b) Medical records.
(c) Laboratories.

In fact no hospital can exist as such, without these three things.

How is this programme being presented to the hospitals? Briefly, in this manner: The College sends out specially selected visitors to cover the field. These are young men of experience, having certain personal and professional attainments. They must have a pleasing personality, they must be tactful and diplomatic. They must not go as detectives or spies but as persons willing, prepared and anxious to help the hospital, without a tendency to force anything on them. They must have something to present to the institution and show them how it can be used to their advantage. They must bring the programme to the hospital and help to have it introduced. To do this they must hold conferences with the superintendents, boards of trustees, doctors and others interested. Having covered the locality, the special visitor reports to headquarters at Chicago. Further follow-up is carried on. When the review is completed a list is published at each annual meeting showing all the hospitals which have met the standard requirements.

In the introduction and carrying out of the programme some difficulties have been met but these are very few. Occasionally we meet a doctor opposed to the programme. We do meet apathy and a desire to follow the line of least resistance in some places, as well as opposition to changing the custom of doing things. In some instances trustees have been afraid of extra cost. This programme does not cost extra money but means in the long run a saving to the institution.

The movement up to date has made considerable progress. Three surveys have been made as follows, 1917-1918, 671 hospitals of 100 beds and over in Canada and the United States visited, 89 meeting the standard. 1918-1919, out of these 671 hospitals 189 meeting the standard. 1919-1920, out of these 671 hospitals 404 meeting the standard. In 1920-1921 of these 671

hospitals it is hoped that some 600 will meet the standard. It is pleasing to note that many of the medical associations in Canada are endorsing this movement. The Ontario Medical Association, one of the strongest units in Canada, is most enthusiastic over the promotion of this programme, likewise the Canadian Medical Association endorsed it at the last meeting in Halifax.

The Canadian survey has been carried on this year by a Canadian and 162 hospitals of fifty to one hundred beds will be visited by September 15th. This message of better service and better care of the patient has been carried to every one. A good showing is expected. There has been a splendid response from all, especially the smaller hospitals. There is this year, to say the least, a renewed interest in Canadian hospital affairs, and I believe more marked progress will be made in our institutions .

The advantages of such a program as mentioned are numerous:

(a) To the patient— it means better and safer diagnosis with better and safer treatment, a shorter illness, a better final result and a complete record for future reference if required.

(b) To the doctor— it means better work, more intensive study of all his cases, greater stimulation to scientific research and advancement, and a much larger clientele, because such a procedure demonstrates clearly to the patient that the doctor is taking more interest and better care of his case.

(c) To the hospital— the trustees know how their money is being spent because they have a better means of stock-taking. They know how they are discharging their duties to the community. It means a better confidence in the hospital, giving better health protection to all, thus being a national advantage from an economic standpoint.

The future outlook of hospital standardization points clearly to the fact that many hospitals now inefficient will either meet the standard or close up. The public are being rapidly educated to such a point that they will not go to any hospital which is not meeting the standard. Money will not be available for such hospitals as do not meet the standard as laid down. Municipal and provincial governments will not contribute towards the support of hospitals that cannot meet the requirements. At the same time the movement carries a great deal of propaganda which will educate the public to a more constructive interest in hospitals for the future.

DR. H. C. WRINCH, Hazelton—

I think you will all agree with me that we are fortunate indeed in having one so well able to step in and give us such a concise review of the conditions of this wonderful movement. We do not accept any apologies from Dr. MacEachern, but we thank him for his kindness of heart in helping us out on the programme and giving us such a splendid address.

We have another address now, illustrated, by Rev. J. Antle. Mr. Antle is Superintendent of the Columbia Coast Mission, having three or four hospitals out on our coast, doing work in a quiet way, equal in value to the work done by the celebrated Dr. Grenfell in Labrador . We have often felt that we hardly gain credit for what we do—our mission boards or our various organizations working along that dangerous British Columbia coast, in isolated sections, mining camps, fishing camps and lighthouses, are doing just as noble work as that being done on the Eastern coast. I think it is worth our while to get a glimpse of that and learn that we are doing our share, and I know that you will listen to Mr. Antle with the greatest pleasure.

REV. J. ANTLE, Vancouver—

Before I begin my little story which is going to be my contribution to this convention I would like to say how pleased I am to be a member of your Association. I lost a whole day yesterday because a man came down from here and I asked him if it was warm in Kamloops and he said: "It's

as hot as Tophet up there," so I stayed in Vancouver. I am sorry now I did.

While the Columbia Coast Mission is under the auspices of the Anglican Church, it is incorporated, and its hosptals are open and undenominational First of all there is the holding of the religious services. Then there is the social, chiefly hospital work, the rendering of services, and it is about the rendering of services, not the holding of services, that I am going to talk of. I am going to divide that into two parts. First, there is the logging industry, the chief industry on the coast and the other is the hospital work among the loggers and settlers, and in order to introduce you to the industry I am going to take you a trip up the Coast. Some years ago there was four thousand men working on this part of the Coast and the nearest hospital from fifty to two hundred and fifty miles distant. I was a clergyman in Vancouver, and what stirred me up was the fact that once when the weekly boat came in it had four dead men on board. One died waiting for the boat to come, one died in an open boat, and two died on the boat coming down. It was possible to have saved the lives of all of them if they had had surgical attention within a reasonable time after the accident. This stirred me up, as I said, to make an effort. The Diocese of New Westminster and the Diocese of Columbia were consulted. After two years these two Dioceses united to form the Columbia Coast Mission . In 1905 the first boat was built called the "Columbia." It was equipped for medical and surgical work with library and arrangements for church work. It had also a doctor on board. In the same year the first hospital was built at Rock Bay. Not long after this hospital was burned and a new one, the present St. Michael's Hospital, was erected. Shortly after that a call came from Van Anda, a mining district, and the Columbia Hospital was erected and equipped there. Later still another hospital was erected at Alert Bay, in the heart of the Indian and logging district. Two years ago the lumbermen of Drury Inlet, in the Cedar District combined to raise funds to build a small hospital at Cariboo Bay. In 1910. the first Columbia being too small, a new boat was built, fully equipped with hospital X-Ray and other modern appliances for rendering surgical and medical aid on the Coast.

There were two conditions we found on the Coast which we had to fight, and fight to the finish, namely, the liquor traffic and the social evil in the way of Indian encampments of women at almost every important logging camp on the Coast. The former was a very long and hard fight, on account of which the Mission has suffered a considerable amount of unpopularity amongst those engaged in the traffic, but the result has been definite and final.

In the second case the situation was cleared up in a year. The authorities were interviewed and every possible influence brought to bear and within one year there was not a single encampment of that kind on the Coast, nor has there been one since.

The Mission has stood from first to last for the well-being of the lumberman and the settler on the Coast, both physically, intellectually and spiritually.

Mr. Antle's address was illustrated by a beautiful series of colored slides showing the logging and mining industries and hospital activities of the Coast, in fact Mr. Antle was told by the head of the Forestry Department in Ottawa that his was the finest set of slides in Canada of the development of the lumber industry in British Columbia.

DR. H. C. WRINCH, Hazelton—

I cannot find words to express my satisfaction and pleasure at having been permitted to listen to the address describing the work that has been done on our Coast, and I believe that you will endorse what we now know to be true.

DR. M. T. MacEACHERN, Vancouver—

We would like to have everybody come down at nine o'clock tomorrow morning. We are starting our business session and it is very important for people taking part in the business programme to listen to the minutes of our emergency and executive meetings held last February.

DR. H. C WRINCH. Hazelton—

I want to express our indebtedness to Mr. Day, manager of Chandler & Fisher, Limited, for loaning us the lantern and operating it for us tonight; it is part of his exhibit in our convention hall. I wish to also express our appreciation to the pastor of the church for giving us the use of it for the evening.

Meeting adjourned at 10.30 p.m.

MORNING SESSION, FRIDAY, JULY 8th, 1921, 9.30 a. m.

Dr. H. C. Wrinch, President, presiding

DR. H. C. WRINCH, Hazelton—

This is our business session, and we will ask the Secretary for the minutes. You all have copies of the annual report and minutes of last year's meeting are contained therein. We cannot read them all over again today—you should have done that through the year.

Moved by Mr. G. McGregor, seconded by Mr. G. Binger,

THAT the minutes be adopted as presented.

Carried.

Minutes of Emergency meeting held in Victoria, read by the Secretary as follows:

MINUTES of Emergency Meeting of the British Columbia Hospital Association, held at the Empress Hotel, Victoria, on February 11th, 1921, at 10.30 a. m.

Dr. H. C. Wrinch, President of the Association was in the chair and in opening the meeting explained that this was the annual meeting of the Executive but in sending out the notices it was deemed advisable by the Executive to call an Emergency meeting of the Association to discuss the distressing financial conditions most of the public hospitals in British Columbia were facing.

There were present the following persons:

Dr. H. C. Wrinch, Hazelton; Dr. W O. Rose, Nelson; Mr. Anketell-Jones, Chemainus; Mr. E. M. Cook, Chemainus; Mr Smith, Chemainus; Mr. Henry Woods, Vernon; Dr. G. S. Purvis, New Westminster; Mr. E. S. Withers, New Westminster; Mr. Thos. Mordy, Cumberland; Mr George McGregor, Victoria; Dr. H. B. Rogers, Victoria; Dr. E. C. Arthur, Victoria; Miss Jessie F. MacKenzie, Victoria; Sister Mary Mark, Victoria; Sister Mary Good Shepherd, Victoria; Sister Mary Kathleen, R. N., Victoria; Mr. Chas. Williamson, Victoria; Mrs. H. A. S. Morley, Duncan; Mrs. L. H. Hardie, Duncan; Mrs Anne Mathieson, Duncan; Dr. Brown, Nanaimo; Mr. A. Foreman, Victoria; Mr. Crawford, Victoria; Mr. Wells Gray, New Westminster; Mr. Menzies, Comox; Dr. M. T. MacEachern, Vancouver; and others who did not register.

The meeting was fairly representative. References of regret were made by many regarding the death of two very valued members of the Association, Mr. R. S. Day of Victoria and Dr. R. W. Large of Port Simpson, both of whom had died during the past year. The President made very appropriate remarks as to the great service and life of usefulness these two men had lived, and especially in its application to hospital work.

Moved by Mr. McGregor of Victoria, and seconded by Mr. E. S. Withers of New Westminster, THAT a resolution of sympathy be sent by the Secretary to Mrs. Day on behalf of the Association.

Carried.

Moved by Mr. McGregor of Victoria, seconded by Dr. R. B. Rogers of Victoria, THAT a resolution of sympathy be sent by the Secretary to Mrs. Large at Port Simpson on behalf of the Association.

Carried.

Certain correspondence was disposed of at this juncture, none of which had any particular business arising therefrom.

The question of hospital financing was introduced at this time by the chairman who stated:

Firstly— That the present method of financing hospitals in British Columbia was unsatisfactory and inadequate to meet present day needs.

Secondly— That almost every public hospital in the Province was facing a very serious financial crisis.

Thirdly— That unless financial assistance was forthcoming the hospital could not carry on.

Fourthly— That the Association should make an earnest and emphatic appeal to the Government today for more assistance

He also announced that the Secretary had asked for a conference with the Government for 11.00 a. m. the next day .

Mr. McGregor of Victoria, spoke very emphatically on the whole question of financing, and though much along the same lines as Dr. Wrinch, in addition pointed out.

Firstly— That the Government places certain obligations and additional obligations from time to time on the hospitals without providing additional financial assistance.

Secondly— That there is no extravagance in our hospitals today but, on the other hand, a good deal of living without things that are necessary, in order to make ends meet.

Thirdly— That we must most emphatically impress the Government with our case that action be taken.

At this juncture Mr. Anketell-Jones of Chemainus, asked Dr. MacEachern to report recent interview with the Government, and Dr. MacEachern reported as follows:

> "A committee from The Vancouver General Hospital recently interviewed Hon. J. D. MacLean and Hon. J. W. deB. Farris concerning hospital affairs, and laid before them the distressing financial conditions of other public hospitals in British Columbia, This was admitted by them, and especially by Mr. Farris, who had learned much about the hospitals in the Province during the recent election campaign in various parts of the Province. It was therefore unanimously conceded by the members and the committee that financial affairs in our province had reached a serious climax. Our request for further assistance was at first distinctly declined by Dr MacLean.. After various discussions, suggestions and arguments, it was intimated by our committee that the hospitals could secure assistance from the Government without additional burden on the consolidated revenue by using the new revenues or a portion thereof, such as the increased motor revenue or the Moderation revenue when established. In regard to the latter it was pointed out to be a very popular method of disposal of profits from same. It was pointed out to them how all the per capita allowances could be increased at least twenty-five cents per

day, with no additional burden to the Government. This would assist our hospitals in future financing. Both Hon. Dr. MacLean and Hon. Mr. Farris approved of the suggestion and promised to give it consideration and support. The question of an hospital tax was also outlined but Dr. MacLean stated that nothing would be done at this session but promised that at the next legislature a bill of some nature would be introduced to put the hospitals on a sound financial basis."

Mr. McGregor, Chairman of the Provincial Royal Jubilee Hospital, Victoria, stated how very serious finances were in their own hospital and cited the instance of the milk supply, when members of the Board had to give their personal bonds to the dealers in order to keep the supply up.

Mr. Woods of Vernon, thought the per diem allowance should apply to beds rather than patients, but was not supported in this suggestion.

Mr. Mordy of Cumberland, thought money should be provided for hospitals in a similar manner to that of schools. He stated that Cumberland Hospital was free from debt, but this was only possible by depriving themselves of many things they should have, as for instance, better staff accommodation. He explained the system in Cumberland, an industrial centre, where each person pays $1 50 per month for hospital and medical attendance. It is an approved scheme working in with the Workmen's Compensation Board, and has been very satisfactory.

Dr. Brown of Nanaimo, spoke of their hospital, stating that it was in bad condition for buildings and accommodation, though financially sound. The latter was due in a great measure to the fact that the people there were educated up to paying their hospital bills, but besides these there were so many transients, chronics and incurables that additional burden was made financially on them. Much money, in their case, was needed at once for buildings and improvements. He emphasized the need of sound business principles in our hospitals.

Mr. Williams of Victoria, spoke on this matter also, showing that fees from patients were now at their limit, the municipalities would not give further assistance, and more obligations were being constantly assigned hospitals. In Victoria the Board would soon have to resign and turn the hospital over to the municipality or the Province if the present state of affairs continued.

Several others present expressed themselves along similar lines and the meeting was agreed unanimously that action of an earnest nature was needed.

Finally a committee was appointed to bring in a report based on the lines as discussed during the morning.

Moved by Mr. Anketell-Jones of Chemainus, seconded by Mr. Mordy of Cumberland, THAT a committee of five, appointed by the chairman, bring in a report on the matter for presentation to the Government.

Carried.

The chairman named the following for the committee:

Mr. G. McGregor, Victoria.
Mr. E. S. Withers, New Westminster.
Mr. T. Mordy, Cumberland.
Mr. Menzies, Comox.
Dr. M. T. MacEachern, Vancouver.

The meeting then adjourned to meet again at 2.30 p. m. when the committee would be prepared to report.

Meeting was called to order by the President, Dr. H. C. Wrinch, at 2.30 p. m.

The findings of the Committee were discussed and they were briefly as follows:

Firstly— That almost all the public hospitals in the Province were facing a serious financial crisis and must have immediate relief.

Secondly— That the present per capita grant was not sufficient to carry on with and there should be an immediate increase in same.

Thirdly— That there should be some definite financial basis worked out for the future and this possibly best in the form of an equitable tax.

Accordingly the committee brought in the following report to be submitted to the Government, which was adopted by the meeting and ordered submitted to the Government.

To The Hon. Premier Oliver,
and members of the Executive Council,
Of the Government of British Columbia.

Gentlemen:

At a meeting of The British Columbia Association held yesterday in Victoria the following resolutions were passed pertaining to hospital financing:

Whereas the public hospitals of our Province have almost without exception come to the point where they are confronted with heavy deficits or else are seriously handicapped in their work from lack of suitable buildings, equipment or staff.

And whereas this very grave condition has supervened in spite of every effort having been made to provide sufficient funds by all the usual methods:

And whereas under these conditions it is obviously only a matter of a very short time before further credit will be refused the hospitals by banks and tradesmen.

And whereas it is inconceivable that such a contingency should be permitted to occur:

We, The British Columbia Hospital Association, respectfully turn to your Honorable Body with the following proposals as the only reasonable solution to our problems:

Firstly— That the Provincial Government be requested to disburse forthwith the deficits of the public hospitals of British Columbia until such time as a better and more permanent financial policy for financing said hospitals is adopted:

Secondly— That the present scale of per capita grants from the Provincial Government be doubled until such time as a measure is brought in providing for a more permanent and adequate system of financing hospitals.

Thirdly— That the Government be requested to bring in a measure at the earliest opportunity to provide by a universal basis of taxation for the adequate financing of all hospitals receiving aid under the "Hospital Act."

Respectfully submitted,

On motion of Mr. Mordy, Cumberland, seconded by Mr. Anketell-Jones, Chemainus the following committee was appointed to interview the Government:

Dr H C. Wrinch, Hazelton; Mr. G. McGregor, Victoria; Dr. Brown, Nanaimo; Mr E. S. Withers, New Westminster; Dr. G. S. Purvis, New Westminster; Mr. Williams, Victoria; Mr. Foreman, Victoria; Mr. W. Gray, New Westminster; Dr. M. T. MacEachern, Vancouver.

It was also recommended that as many as possible of the others not on the committee accompany the delegation .

Other business came before the meeting and was taken up before adjournment .

Appointment of First Vice-President to fill position left vacant by the death of Mr. R. S. Day:

Mr. Geo. McGregor, Victoria, and Mr. Charles Graham, Cumberland, were nominated, and the result of a ballot showed Mr. McGregor elected.

Mr. McGregor made a few appropriate remarks, referring to the honor conferred on him and his realization of the responsibility he was assuming.

Informal discussion followed concerning The B. C. Hospital Association, place of the next convention meeting, fees, programme etc. The chairman endeavored to get the suggestions from the general meeting that would be of benefit to the Executive in making its arrangements. Many valuable suggestions were adduced and noted.

Mr. Cook of Chemainus, introduced the discussion concerning the Workmen's Compensation Board, stating that some of the hospitals were having a little trouble now and again in a fair settlement of their accounts; also that the fees paid were not the same all over, and in many cases inadequate to pay for the cost of service rendered.

Many present brought up difficulties they were having and particularly referred to the Workmen's Compensation Board refusing to pay hospital bills on the grounds that the patient was in too long.
This was considered very unfair because the hospital could not discharge the patient—that was entirely up to the doctor in charge. It was felt by all that there should be a better acquaintance and understanding between the Workmen's Compensation Board and the hospitals in our Province To that end Dr. MacEachern stated that he was arranging for the Workmen's Compensation Board to be represented at the next convention, where all these matters could be cleared up. This was heartily approved of.

Several other matters came up, these particularly bearing on fees and contract prices in hospitals. The committee promised to leave time on the programme of the next convention for a thorough discussion of same.

On motion of Mr. McGregor, seconded by Mr. Anketell-Jones, the meeting adjourned.

Moved by Dr. E. C. Arthur, seconded by Mr. G. McGregor, THAT the minutes be adopted as read.

Carried.

Minutes of the Executive meeting held in Victoria, read by the Secretary as follows:

Minutes of the Executive meeting of The B. C. Hospital Association held in Victoria at the Provincial Royal Jubilee Hospital on February 11th, 1921, at 8:00 p. m.

Present: Dr. H. C. Wrinch, President; Miss J. F. MacKenzie, Victoria; Mr. Geo. McGregor, Victoria; Dr. H. B. Rogers, Victoria; Dr. G. S. Purvis, New Westminster; Mr. E. S. Withers, New Westminster; Mr Henry Woods Vernon and Dr. M. T. MacEachern, Secretary.

The meeting was called to order by the President to discuss particularly the coming convention.

It was shown by the plebescite taken from the various hospitals that Kamloops was the choice, and it was moved by Mr. E. S. Withers, seconded by Mr. Geo. McGregor, that Kamloops be selected for the coming annual convention.

Carried.

Moved by Mr. Geo. McGregor, seconded by Dr. H. B. Rogers, that the convention be held on Wednesday, Thursday and Friday, July 6, 7, and 8th, 1921. Carried.

Moved by Miss J. F. MacKenzie, seconded by Dr. G. S. Purvis, that the usual division of the programme be carried out this year, Nursing, Medical Business and that convenors of sections be appointed to prepare the programme. It was further suggested that as far as possible all the papers come from outside of Vancouver and Victoria. This was approved by all.

Moved by Miss J. F. MacKenzie, seconded by Mr. E. S. Withers, that Miss E. I. Johns of Vancouver be convenor of the Nursing section.

Carried.

Moved by Dr. H. B. Rogers, seconded by Mr. McGregor, that Dr. G. S. Purvis of New Westminster, be convenor of the Medical section.

Carried.

Moved by Miss J. F. MacKenzie, seconded by Mr. G. McGregor, that Mr. E. S. Withers of New Westminster, be convenor of the Business section.

Carried.

In connection with the coming convention the following suggestions were made:

That the committee appointed should bring in a report on Hospital Accounting.

That the following subjects, particularly should be discussed: Purchasing, Collections, Workmen's Compensation and contract work, hospital standardization, nursing problems including affiliation etc.

It was thought advisable to not have much entertainment but provision might be made for an afternoon and evening only. A trip to Tranquille Sanitorium was suggested. It was felt that as much time as possible should be given to the work of the convention so that all would have a profitable time.

It was considered that Kamloops should supply sufficient accommodation for all the delegates and that the local committee would take care of that.

Many other valuable suggestions were made regarding the convention such as the following: That all sessions be open to the public; that, if possible, two interesting meetings be held at night, when the public would be specially invited; that the programme be limited in number of papers and a good deal of time given to round table discussion; that the hospital people in the province be written to immediately with a view to having them send in any suggestons and subjects for the queston drawers.

A wire was received from Dr. W. A. Young, Editor of the Hospital World, Toronto, asking that his journal be made the official organ of the B. C. Hospital Asociation. After discussion, moved by Dr. H. B. Rogers, seconded by Dr. G. S. Purvis, that we adopt the "Hospital World" as the official organ of our Association.

Carried.

In adopting this motion Dr. MacEachern urged that the hospital people of the province manifest their good intention and interest in this by supporting the journal with articles, and assist in every possible way to make it more interestng.

Discussion arose over the question of fees and it was clearly shown that the hospitals were not paying up as they should, and as a result a deficit would again occur this year. It was suggested that the hospitals be written regarding the meeting held in Victoria, pointing out the splendid work the Association is doing by way of laying their claims before the government, and even for such alone the Association should have all the financial assistance that is necessary.

Meeting Adjourned

Moved by Mr. G. Binger, seconded by Mr. G. McGregor, THAT the minutes be adopted as read.

Carried.

MR. G. R. BINGER, Kelowna—

Do you not think it advisable, if we are so hard up for funds, to draw on the hospitals who have not paid their fees?

DR. H. C. WRINCH, Hazelton—

I would be sorry to do anything to antagonize them.

Report re interview with the government.

DR. M. T. MacEACHERN, Vancouver—

We interviewed the government the day following the emergency meeting according to our instructions, together with a large representation from the Association which remained over. As usual, we had a very courteous hearing. The subject was introduced by our good friend the President, and I had the honor and privilege of introducing the resolutions and Mr. McGregor and others spoke to them. Our case was presented clearly and in a businesslike manner. The Premier gave us his stock-in-hand reply, as we expected, but nevertheless, I think they realized that we were up against it and needed assistance, but as to how to get it—he did not give us much encouragement; he told us the people of the province were not willing to pay. However, he said it would have consideration but he could not make us any definite promise. The Union of B. C. Municipalities asked our Association to accompany them a few days later, and we did—Mr. McGregor of Victoria, Dr. Purvis of New Westminster, and myself, and again we presented the case on behalf of the hospitals with the Union of B. C. Municipalities, as they were interested in hospitals and education. The Union of B. C. Municipalities have absolutely fallen in and adopted our recommendations. The matter was taken up with them the day previously and they were heartily in accord with our recommendations. Other organizations took it up, such as the United Boards of Trade of the province, and presented the case. Now, the only result of all this is the clause in the Moderation Act expected to give temporary assistance, with which you are all familiar. It reads as follows:

> One-half of the net amount shall be apportioned and paid to the several municipalities in the province in proportion to their respective population, and of all moneys so paid to each municipality one-half thereof shall be placed to the credit of a special account in the municipal treasury, and shall be paid thereout only for maintaining or granting aid to hospitals in that municipality, or for such other purposes of municipal expenditure as may be approved by the Lieutenant-Governor in Council.

That is all that has been done, but I feel the coming legislature will possibly deal with this question in a sympathetic and businesslike manner. The greatest constructive interest we had was from Mr. Farris, who spoke with a desire to do something and I think it is through him that we have obtained even this small help which is so problematical. The rank and file of the members were all very much in line.

MR. J. A. GILL, Kamloops—

Would that affect rural districts, such as outside of Kamloops in regard to the liquor revenue.

DR. M. T. MACEACHERN, Vancouver—

If you are a municipality you would get your proportion according to your population. The Act says: "Municipalities," so that eliminates unorganized districts.

DR. E. C. ARTHUR, Victoria—

There are four or five outside of company hospitals that are not in municipalities—Princeton, Campbell River and Quesnel, that I can think of.

MR. G. R. BINGER, Kelowna—

A great number are in municipalities and have outlying districts which are served by them.

REV. MR. HINCHCLIFFE, Kamloops—

I think if the Secretary had fully explained the Act in regard to the profits our friend here would not have troubled to ask his question. In the the first place, all the permit money goes to the government. In the second place, from the proceeds that accrue from the sale of liquor the government first of all bolsters up the Reserve Fund—they may put all the credit to that fund, any amount, all the proceeds if they think fit, then the balance is to be divided fifty-fifty between the municipalities and the hospitals, and I think it would be very unwise for any municipalty to look forward to any assistance from the working of that Act, this year at any rate.

DR. H. C. WRINCH, Hazelton—

Regarding hospitals outside of municipalities, have they to be at the mercy of the government in regard to the share in the proceeds? I assume where profits when derived from this unorganized district would be turned directly into this fund, they would be divided between the government itself and the district, the same as if that district was organized.

Correspondence read by the Secretary.

DR. H. C. WRINCH, Hazelton—

We will ask Mr. Binger for his paper on: "The present inadequate method of financing hospitals."

MR. G. R. BINGER, Kelowna—

There is an old adage which says great minds think alike. I am going to change that slightly and say great minds and a small one think alike, for I am afraid that this paper is simply a repetition of the sentiments which have already been expressed in a much more able manner than I am able to express them. However, such an important subject cannot be rubbed in too strongly so I will adminster a little massage.

Mr. President, ladies and gentlemen:

I feel it a great honor to have been asked to read a paper on what, I am sure you will all agree, is the most vital question which faces our hospitals at the present time, and I am only sorry that it is not in the hands of one more competent than myself to put the case before you. However, I hope that it may lead to a full disscussion of the situation and that some plan will be evolved which will help us out of our present very difficult position.

Every year makes it more difficult for the directors to make ends meet. The great advance in the science of medicine calls for more efficient equipment of our hospitals and higher salaried staff. The cost of all supplies is double and in many cases more than double what it was in pre-war days, which, of course, has necessitated the rising of the rates to patients, until at the present time they are almost beyond the means of many who would like to enter the hospital where they would receive the proper care and attention which is necessary and which they are unable to get in any other way. These people either go into the hospital and do not pay or are treated at home, where in many cases their surroundings are anything but what they should be. This is altogether wrong. It is not fair on the hospitals which are at the expense of attending and feeding such patients, and it is not fair on the patients who might suffer for the rest of their lives from not being able to afford to pay for the necessary cure and attention.

The greatest asset any country can have is a strong healthy population and this can only be secured by taking care that everything possible is done to keep the standard of health at the highest possible level. Who should be responsible for seeing that sufficient funds are forthcoming to enable the hospital to give this service? We at once say the government. Who are the government? You and I, Ladies and Gentlemen, and every taxable soul in this Province.

At present the very small minority of the population do not pay one cent to the upkeep of the hospitals, whereas everyone should pay their share.

I would not advocate free treatment for those who are able to pay, but some system of taxation which would meet deficits and thus prevent the present very wrong system of making the merchants wait for their money. A very important question is: where is the money to come from for additions, improvements, equipment, etc.? Take the case of our own Kelowna Hospital. The population of the district has increased to such an extent that our accommodation is altogether inadequate. We have had to turn the nurses' quarters into wards and rent a house which at any moment may be sold. It is an absolute necessity to have a nurses' home, which to properly accommodate our staff, would cost, at least $10,000.00. Our maternity wing is far too small and we have to refuse patients, and have no facilities for the isolation of infectious cases. There are a hundred and one things we want to do and SHOULD DO but are not able. Doubtless there are many hospitals in the province in the same position.

We cannot expect to make the rates high enough to pay for all this and are lucky if the cash received from patients, contributions and government grant put together enable us to pay our bills.

Some of us may, by dint of careful management, show a profit on the yearly working, but alas this profit is only on paper; it walks out of our doors with the patients who do not and never will pay their bills. If the hospitals are situated in a municipality an allowance of $2.50 per day can be collected for indigents, but there are very few who can really be classed as such and the great majority of the non-payers would be very indignant if their accounts were sent to the authorities for payment. I was told that the government grant is given to meet such cases, but it is quite inadequate and only helps to enable us to meet our obligations for upkeep.

The general public do not understand how much it takes to run a hospital and judging from the small attendance at the annual meetings, do not seem to want to understand it, and the work and expense falls on the few regular subscribers, and until it is made compulsory for all to give their support and pay their share I can see no daylight ahead. At one time I thought that government ownership would be the only solution but have since come to the conclusion that there would be too much red tape and a host of government supporters would be clamoring for positions and this would greatly increase the expenses. I think the present system of local directors, who give their services free and are men who know local conditions, and who should be chosen from the level-headed business men of the district (by business men I do not mean only professional men and merchants but the rancher who has shown by the way he has conducted his own business that he has business capabilities) with proper government supervision, would be the best and cheapest way of management.

The government supervisor or inspector should make himself thoroughly conversant with the needs of each hospital he visits, and see that only such expenditures as are necessary for efficient service and accommodation for patients, are made. The present system of inspection is futile. The inspector comes in and spends perhaps half an hour in the hospital and goes away without knowing anything about local conditions. He does not know if the accommodation is sufficient for the population the hospital serves and the nature of the work done by the staff and, therefore, cannot say if the hospital is over or under-staffed.

Then we come to the question of finance, and this is the real question that we have to consider. We all know that our municipalities are in the same financial straits as we are and that very little help can be expected from them from funds at their command. The Federal and Provincial governments appear to be in the same position and for political reasons are unwilling to put further taxes on the people, but to enable the hospitals to give efficient service it is absolutely necessary that everyone should be taxed and the sooner the government harden their hearts and tax everyone who is taxable, the better, as sooner or later this will have to be done or some of us will be forced to close our doors. The system of drives is wrong on principle—some give liberally and the majority reluctantly put their hands in their pockets, bring out a dollar or two and think they have done their share. A drive tides over present difficulties perhaps,, but what is wanted is a steady income, something that the directors can depend upon in order that they may feel secure. A director who is worth his salt worries a good deal when accounts cannot be paid and he sees many things left undone which should be done.

I will not keep you much longer as the time is only too short to get through the business which is before the convention and will just suggest what may be a remedy if properly worked out; but the details I will leave to those more competent than I am to deal with.

Briefly, my plan would be along these lines: that the government be urged to form hospital areas or municipalities and that a tax of one per cent. be levied on all incomes without any exceptions, this tax to cover schools and hospitals. For residents it could be collected in the same way as the school taxes are at present; and for the transient the employer would deduct one per cent from the wages of the employee. Thus it would catch every class and would work no further harship on the present tax payer, as the school tax would be reduced by the inclusion of those who now go gaily through life without helping to support either schools or hospitals and their name is legion.

Doubtless there are many present here today who have other and probably better solutions to offer, but the main point is that something has to be done and that without delay, to relieve the hospitals of British Columbia from the financial difficulties under which they at present suffer.

I will now conclude by thanking you for the attention you have given me and trust that a way out of our present state of chaos may be found before we leave this convention.

DR. H. C. WRINCH, Hazelton—

We are going to hear all the papers ,then open the discussion on all at one time, as the discussion very often overlaps. Having the papers before us makes the discussion easier and better in every way. We will ask Mr. Henry Woods to present his paper on "Standardization of financial and other records in our hospitals."

MR. HENRY WOODS, Vernon—

After two years experience in hospital work, I feel assured that it would be another big step towards hospital efficiency if there was a recognized uniform system of keeping financial and other records in our hospitals. By records, in this instance, I do not mean medical records but statistical and permanent records which do not, at present come under the hospital standardization scheme.

All hospitals from time to time require information to make comparisons, either with the previous year's business or the workings of other hospitals. The government requires at the end of each year certain information which I doubt could be given accurately unless a uniform and thorough system is installed. It is no use having the information in books unless the same is tabulated and summarized at the end of certain periods.

A very valuable and useful reference book could be provided for each hospital and a systematic recording made in it at the end of each month of all operations and transactions connected with the institution so that if at any time information is required this book will furnish every detail at a glance. At the end of each year the workings of every hospital in the province might be published. This would be an interesting reference for the directors of the various hospitals who at present know very little of the workings of any other hospital but their own.

To obtain the information for compiling these records it will be necessary for each hospital to keep accounts and patients' particulars on standard prescribed forms. These forms will have to be drafted to meet all requirements and along practical lines with the maximum of information and a minimum of work, because a small hospital has usually to rely on one person to keep all these records.

I would suggest a committee being appointed comprised of a representative body from the large and small hospitals and the government representative, to go into the matter and draft the necessary forms and books. Included in this committee there would have to be at least two qualified accountants with hospital experience, because it appears that in quite a number of our hospitals the accounting is anything but satisfactory.

Referring again to the annual government return, I think that all the required information could be given if the government would state what they are going to require at the end of the year. This would give the secretary or person in charge of records something to work on. The method at present adopted is that a single form is sent to all hospitals by the Provincial Secretary at the close of the year, asking for information which it was not previously known would be required. The result is that a great many hospitals are unable to furnish all the information and the government return is incomplete.

Regarding previous year's records in hospitals, the result of not having a thorough system is that very useful information is not obtainable. Presumably, whoever was doing the work did not see the use of summarizing anything other than that which affected the annual statement and director's report. They were not to blame because it takes a long time to become familiar with the efficient working of an institution and persons newly taking over the work have had little to help them. This difficulty would be overcome by the means I have suggested, namely, a uniform system of keeping financial and other records.

DR. H. C. WRINCH, Hazelton—

We are glad to have with us this morning Mr. E. S. H. Winn and Dr. G. A. B. Hall of the Workmen's Compensation Board. I would like to tell them that the Association desires to work in the utmost co-operation with the Workman's Compensation Board. I have not discovered any spirit of antagonism whatever or on the part of the hospital towards the Board. I think, indeed, down in our hearts we believe we have the best Compensation Board in Canada. I was on the other side of the line at the Mayo Clinic when they were discussing their Compensation Board. I wish I had had the courage to get up and tell them something about our compensation Board.

I will ask Mr. Winn to present his paper on "The Workmen's Compensation Act and our Hospitals."

MR. E. S. H. WINN, Vancouver—

Any difficulties that have arisen between the members of your Association and the Workmen's Compensation Board during the past four and a half years have been due, we believe, to misapprehension as to the position of the Board in its relation to the hospitals. In practically every case these difficulties have disappeared when the Workmen's Compensation Act was more fully understood.

According to the various Courts of Appeal in several Provinces and States where it has been discussed, the Workmen's Compensation Board adjudicate among other things upon the rights to compensation of injured workmen engaged in a limited number of industries covered thereby who have met with accident arising out of and in course of their employment. It is created by a special Act of Legislature and has been held to be a Court.

It is well that we should understand how the moneys are collected, with which to carry out the Act's requirements. There are two main divisions, first. that relating to Compensation, and secondly: that relating to Medical Aid. The moneys for payment of Compensation are collected entirely from employers by means of assessments based upon a percentage of payroll, the amount of the percentage being dependable upon the hazard of the particular industry in which the employer is engaged. The moneys collected for Medical Aid are collected from the workmen, the employer deducting from his employees' wages the sum of one cent for each day or part of a day worked. If the amount collected is insufficient for the requirements, then the Act requires the employers to supply the deficit. It is therefore generally true to say that the employers pay Compensation and the workmen pay for their own Medical Aid. You are alone interested in the Medical Aid branch.

The Board, under Section 21 of the Act, has authority to furnish or privide injured workmen with such medical, surgical and hospital treatment, transportation, medicine, crutches and apparatus, including artifical members as it may deem reasonably necessary. A very general consideration of the Act will convince you who have a knowledge of the industries outlined therein that,

(1) There are many workmen not covered by the Act.

(2) That the Board has no authority to compensate for any accident which may happen to those outlined in (1).

(3) That there are a great many disabilities suffered by workmen arising out of their employment that the Board has no authority to deal with.

Assuming that a workman engaged in an industry covered by the Act meets with an accident arising out of and in course of his employment the Board, under Section 67 "has exclusive jurisdiction to enquire into, hear and determine all matters and questions of fact and law necessary to be determined in connection with compensation payments and the administration thereof," and in dealing with compensation the term is deemed to include medical aid. In other words, the Board is created for the purpose of administering.

(1) Funds collected from employers for the payment of compensation.

(2) Funds collected from the workmen for the payment of necessary doctors and hospitals and for expenses relating to necessary medical treatment.

Under the Act the workman has the authority to select his own doctor and his own hospital. The doctor and hospital are therefore appointees of the injured workman and the position of debtor and creditor exists between these parties. This condition existed prior to the coming into effect of the present Act and still exists with this additional condition, that the Board has supervision and control which they may exercise if they consider the workman is not being treated properly. The hospital's right of collection for hospital services rendered is still against the patient. The Board, may however, pay the doctor and hospital when it is proved that the disability is a compensable one and that the services rendered were necessary. It will thus be seen that the Board in handling medical aid is a third party that pays out of a fund collected from the workmen such amounts as may be deemed a fair charge for the services rendered. Under the old system the workman would sue his employer for compensation, medical and hospital expenses. If the court allowed the claim it would by its judgment order

the employer to pay the amount to the workman, who would then pay his doctor and hospital. Our position is not different to the courts under the old system; we are in effect a particular court for the handling of a particular class of cases. In order to meet the convenience of all parties concerned we pay the doctors and hospitals direct in place of through the workman as was done under the old system. If a hospital wished the old system continued we would pay the workman and he in turn would pay the hospital.

The question naturally arises as to when an injured workman is entitled to be a hospital patient and, if so, the period of time that he is entitled to an allowance for hospital services. After consulting a number of our prominent medical men and hospital superintendents the Board adopted this broad definition: "A hospital case is one where proper and sufficient treatment cannot be obtained outside."

When an account is presented for hospital services, the whole file is carefully examined by the medical department, which in turn, report its findings to the Board and an award is accordingly made. If objection is made to the amount awarded the whole matter is reconsidered and if necessary the complete file is then submitted to a committee of leading medical men engaged in practice in the class in which the case comes under. Their opinion is then considered by the Board. In every single case so submitted it has been found that the hospitals have received more than these men considered was a maximum allowance. Our main difficulty with you seems to be whether or not the patients are remaining in the hospitals an undue length of time. It is agreed that the patients should not remain in the hospital when they can be treated as well outside, or as an outpatient . To permit any other course to be adopted would be placing the hospitals in the infirmary class or making them boarding houses. Because a patient has no home to go to is not sufficient justification for allowing him to remain in the hospital. If that were permitted the general effect would be an additional award to the workman who does not have the cost of a home to maintain. Compensation is paid to a workman for his maintenance during disability and if a single man is permitted to remain in the hospital when he should be an out patient he is getting his board as well as his maintenance allowance. Last year an approximate daily average of 147 workmen were in hospitals. Should each patient remain one day longer than necessary, you will get some idea of the amount of unnecessary cost. Back injuries and hernias present two of our chief difficulties. Under the conditions prior to the coming into effect of this Act, the Employers Insurance Companies looked upon this class of injury with doubt, the medical practioner suspicion, the lawyer with uncertainty and the court with an open mind as the circumstances permitted. Many surgeons of the very highest standing have stated that the vast majority of the alleged sprained-back conditions are undoubtedly due to constitutional disturbance. From a perusal of the records of other Boards and court cases it would appear that that has been the general experience. The Board is often puzzled by conflicting statements and contradictory reports. It is only by careful examination of the file in each particular case that one is able to give even an approximate opinion as to whether or not the workman is suffering from a personal injury by accident arising out of and in course of his employment. Then again, a great many medical authorities seem to agree that hernia may very rarely, if ever, be due to a single strain. The study of statistics on this subject forces one to the conclusion that not one in five hundred cases of hernia is due to injury by accident arising out of and in course of employment. We would therefore strongly advise the members of your Association that in the case of alleged strained back or hernia there is a possibility of the Board disallowing the claim.

It may be of interest to you to know that we have disbursed for hospital services since January 1st, 1917, the sum of $368,098.59. Also, over $135,-000.00 has been paid for X-Ray, laboratory and special nursing, making a total of over $503,000·00. There has been disbursed for medical aid, which covers doctors, hospitals, drugs, as well as surgical apparatus and artificial members, a total of $1,269,332.75 during the four and a half years of the Board's operations.

The members of the Board and their Medical Department have, we believe, visited practically every hospital in the province in an endeavor to explain the workings of the Act and advise as to how certain difficulties might be overcome. Our reception has at all times been most pleasant and we believe that after such visitation our respective obligations were better understood As the Act becomes better known the troubles will become less each year. This has been particularly noticable in the case of the hospitals. We wish to express our appreciation of the opportunity granted us of explaining the general effect of the Workmen's Compensation Act where applicable to hospitals. We also wish to tender our thanks for your hearty co-operation in the past and express the hope that it may continue.

Since coming into the Assembly Room this morning I have been asked why it is not possible to use some of the present reserves for the payment of increased amounts to hospitals. With your permission I should like to explain what the reserves of the Workmen's Compensation Board really mean, as such a question is an evidence of misunderstanding. In all cases where pensions have been awarded to dependents of workmen who have been killed, or pensions awarded to workmen whose injuries have resulted in permanent disability, the present value of the pensions for their expected term has been placed in reserve and the funds invested in government securities in accordance with the requirements of the "Trustee Act," as is required by the Workmen's Compensation Act. By this means the entire present and future cost of all accidents which happen in any year is borne by the employers who were engaged in industry in each of the several classes in that year. No burden therefore, is thrown upon the employers in future years on account of past accidents.

After four years operation of the Act the reserves made up in this way amount to $1,715,854.02. This amount includes an item of $15,000.00 per year, now amounting to $60,000.00, which has been set aside as a catastrophe reserve against a possible catastrophe that may occur and which may not be attributable to or be a proper charge against any single class of industry. The amount of the whole reserve may be expected to increase yearly until such time as the expiration of pensions occur as frequently as pensions are awarded. The investments are therefore made in as long term bonds as are available for purchase. In other words, we have taken out of the general Accident Fund, that is, the fund from which all compensation is paid, and placed in the Reserve Fund the capitalized value of each accident so that we be able to pay the monthly pension to dependents and permanently disabled workmen. In the ordinary case of accident where the workman is able to return to work we pay him in full, but where the workman leaves dependents or when he is permanently disabled we are enabled by computation from Tables of Expectancy and Disability Degree Tables to say just how much that particular accident is going to cost. We therefore pay for that accident by withdrawal of the amount necessary from the Accident Fund and placing it in the reserve. In effect the placing of the amount in reserve is paying for the cost of that particular accident.

DR. H. C. WRINCH, Hazelton—

We must thank Mr. Winn for that frank and complete presentation of the attitude of the Board . Personally, I am very glad of that last explanation he has made regarding the surplus they have put away. They provide

for permanent compensation. What becomes of the surplus when the workmen dies before the period of expectation? Does it remain there or is it put back in the General Fund to help relieve the present situation?

MR. E. S. H. WINN, Vancouver—

No, the amount is allowed to remain in the Reserve. The law of average deals with that situation. One must necessarily have a number of cases before the law of average actually prevails, however. In some cases the dependent may die ahead of time, in others he or she may considerably outlive his or her expectancy. Our Table of Expectancy takes care of that situation.

DR. G. S. PURVIS, New Westminster—

I would like to add a word of appreciation of what the Board is doing. Personally, I have had the privilege of meeting Mr. Winn and all our difficulties have literally vanished. However, there is a point I would like to raise—that of the patient remaining in the hospital for a certain length of time and the Workmen's Compensation Board not allowing the claim. Personally, I think the doctor in charge of that case should be the man to look to, because if I had a patient in the hospital and the authorities came to me and told me I would have to get him out I would not thank them. The principle we work on is this—I do it once a month: have a list of the names of the Workmen's Compensation patients in the hospital, go through and look over their histories and if I think a certain patient would be just as well outside I report to the doctor, discuss it with him, ask if he cannot get that patient out. There are times in my opinion, that the patient would be just as well out but the doctor does not see fit.

MR. E. S. H. WINN, Vancouver—

I think that is about the only real difficulty you have. That is why I tried to lay emphasis on the viewpoint that we were purely and simply an adjudicating body; that the contractual relationship of the doctor and patient and of the hospital and patient still exists. Your right of action is against that particular patient. Your hospital board in that case should say: this patient is going to have to pay. That is going to bring home to the doctor that he is putting you in a wrong position. You bring that up to the doctor and it just means when the case is turned out you can say: "I told you so," and I think you will find that he is not going to be in that position on more than two or three occasions. There is no better way of working it out. There is one hospital that has a great deal of trouble in getting the men to leave. It is a beautiful hospital, fine sun rooms with pianola, victrola, card games going on. We visited that hospital and advised the matron that there were at least seven men that should not be there. We came back two months later and found four of these men still there; we told her we could not pay for them.

MR. H. WOODS, Vernon—

In regard to the case described, is the case referred back to the attending doctor before the claim is disallowed?

MR. E. S. H. WINN, Vancouver—

No, we feel that it is a matter between ourselves and the docter. When it comes back to the hospital the Secretary or the Superintendent can get in touch with the doctor and the matter can be sent back to the Board. If the additional time can be justified when you take it up with the doctor and the information comes back to the Board, then we can possibly allow the claim. That is what I have tried to drive home—that we are an adjudicating body, that there is no direct relationship, so that I say to you: take it up with the doctor, furnish us with additional information and we can deal with the matter. It is up to you to supply the information.

MR. H. KEDDELL, Penticton—

We have had a number of cases where reductions have been made. The

first time it happened I took it up with the Workmen's Compensation Board and they at last came through with the difference, but I have never been able to get them to do that since. I have one case here for instance, an account for $20.00 which they have only passed for $12.50, and we have had several others. There is one point which I think the Workmen's Compensation Board ought to take into consideration and that is the question of dressings. Many of these cases require quite a lot of dressings, and the $2.50 rate that we get barely covers the cost of maintenance, so I think the Board ought to take that up, because at the present price it is quite a serious item and especially when we run the chance of getting reductions made on our accounts.

DR. W. ARBUCKLE, Vernon—

In sending some accounts they were sent back and the Board deducted eight or ten days off them. We showed them to the doctor—in every case we wrote the Board and explained matters fully and I think every account was paid. It is just as Mr. Winn says, they do not have sufficient information.

MRS. A. MATHIESON, Duncan—

Is any allowance made for out patients attending the hospital for treatment?

MR. W. S. H. WINN, Vancouver—

Yes.

MR. G. McGREGOR, Victoria—

The hospital I represent had a real fight with the Board, but we have had no disputes since and our business dealings have been a real pleasure ever since that and I think out of fairness it is my duty to mention the Jubilee Hospital had several disputes at long distance. I think Mr. Winn will agree that we have been particularly good friends ever since. I can see the point of view in regard to cutting off the bills, that is causing all the dispute. I take the same stand as the others. However, there are two sides—we have to consider the Board as well. They are protecting the employers. I think in most cases the Workmen's Compensation Board might give a little more consideration before they cut the bill in two. They have not the information, but I suppose the idea is to make sure at first and if they get the information later are willing to adjust it.

MR. G. R. BINGER, Kelowna—

There is one thing Mr. Keddell brought up and that is the question of dressings and operating room expenses. I am sure that you will acknowledge $2.50 is not sufficient to cover the expenses. I think if you ask any hospital doctor or matron they will tell you that $2 50 will not be sufficient to care for a man and his operating room expenses also.

DR. J. J. GILLIS, Merritt—

With regard to a doctor sending a patient to the hospital—if he considered this patient was a case under the Workmen's Compensation Act, the patient is in say a week or ten days and you discharge him. The bill is sent to the Workmen's Compensation Board—they decide it is not a compensation case, the man has gone, probably left the country. Is there any provision made by the Board to pay the hospital in that case:

MR. E. S. H. WINN, Vancouver—

We are absolutely without authority to pay it. If it comes under the Act we have authority to pay the bill. If there is any doubt apparent at an early stage we always try to advise the hospital and medical men of that so they may endeavour to collect their own bills.

DR. J. J. GILLIS, Merritt—

The reason I ask was at the present time I wrote Dr. Hall regarding a man who was working and lifted a heavy stone or rock and by so doing

sprained his back—he had to quit work right then. That is a man that you know would not put up a story, and after he has been discharged a week or two the bill is sent in and turned down by the Borad. I do not know but I think there ought to be some provision made for the hospital. Of course, the doctor has lots of money—he has to lose that, but the hospital is a charitable institution and we have to provide for it.

DR. H. C. WRINCH, Hazelton—

Could not the Board perhaps notify. even before giving a decision, that this case is one they will at least question, so we may have recourse against the patient before he leaves; or a list of questionable cases sent around to the hospitals?

MR. E. S. H. WINN, Vancouver—

We have taken a great deal of testimony on strained backs and examined many reports. The general concensus of opinion is that ninety-nine percent of the alleged strained conditions are due to Myalgia, etc. In regard to Dr. Wrinch's suggestion, we have considered from every view point and have taken the matter up with like bodies who have this same difficulty, but without result. The thing to us is so clear that it cannot be handled in the way that you would like to see it handled and we would like to handle it. The Board is an adjudicating body and has to carry on the same way. When you consider strained back cases you hear only one side. We hear the employer's side, plus possibly the witnesses present— we have more data. I want to tell you the case referred to by Dr. Gillis has been allowed. It is the last case we dealt with last night.

MR. J. T. ROBINSON, Kamloops—

I wish to compliment the speaker on behalf of the Royal Inland Hospital on our experience with the Workmen's Compensation Board and those who are administering it. Our experience has been very satisfactory and we have only had to call their attention to a matter to have it adjusted. I wish to make that public statement on behalf of our Board. However, I wish to disagree with Mr. Winn on one point. Throughout the whole of his address he has been using the term "adjudicating" and assuming the position that it was solely in the position of a court. I take issue to his policy. We neither admit nor discharge a patient—our lady superintendent does not admit or discharge a patient, neither does our Board of Directors nor our Secretary admit or discharge a patient; patients are admitted solely by the practising physician in that hospital and they are discharged when the doctor thinks they are fit. Therefore, if the doctor admits that case under the Workmen's Compensation Board and if that case should remain there five or six weeks, then why should the hospital be penalized for keeping that patient? I want to get Mr. Winn back to the administration part of his duties. You can easily see what a hardship it would work on our hospital if we went along and kept a patient in the hospital say three months and then the Board would only pay us for three weeks. It would not be fair to the hospital and that is the point I want a little more light on.

MR. E. S. H. WINN, Vancouver—

I still contend and in support of my contention I refer you to the Courts of Law of British Columbia, Alberta, Manitoba, Ontario, Nova Scotia and the States of New York and Massachusetts, where it has been held that Workmen's Compensation Boards are specific courts, created as specific courts of adjudication on damage or compensation cases in the case of injury by accident arising out of and in course of employment. Your rights are the same as in the case of a general patient; you are the creditor, the workman is the debtor. That condition existed before our Board came into existence and it still is the same. You still have the right of collection against that person. If you admit a patient who is not under the Workmen's Compensation Board and if he remains too long, what do you do? Collect from the doctor? No. You collect from the patient.

DR. H. H. MURPHY, Kamloops—

It seems to me there are arguments on both sides. A certain number of cases come to us absolutely unidentified. A man says he pays to the Workmen's Compensation Board. As far as I know the Compensation Board has no mark of identification for their patients. If in some wav we could have a definite indentification of injured workmen-possibly issued to those hiring men and covered by the Board, certain identification slips that would be signed by the workmen in the presence of the foreman, then the doctor could ask for his signature. At present a man comes down with a broken leg, tells us he is covered by the Compensation Board. We admit him under the Compensation Board and we report him and what ever the difficulty is, I have know the man to be well and out of the hospital and gone dear knows where before we had word from the Compensation Board that that man was not covered by the Act. The other question that sometimes arises is over men remaining longer in hospital, has been that very same question of delay in identifying a claim and a certain amount of slowness in the workmen's money coming through.

MR. E. S. H. WINN, Vancouver—

My paper dealt with that last question. He wants the Board to become a charitable institution, because the man has not the means to pay. He wants to turn the hospital into a hotel; that is in fact what some of those unfortunate conditions mean, where he has not any money, no place to go and no identification. Thirty-five percent of accidents met with are not met with in the course of employment, they may be either going to work, at home or coming from work. We would like to be able to identify these men as being under the Act—it would clear up possibly twenty-five percent of our difficulties. When a man comes into the hospital you should say: this man is a debtor, he owes me for his treatment, but if you get the money from the Board you are so much ahead. The municipalities and unorganized districts have to look after their indigent cases—there are many cases you cannot charge the Board with.

MR. J. T. ROBINSON, Kamloops—

What percentage of the amount is paid by the employer and what amount by the employee?

MR. E. S. H. WINN, Vancouver—

I explained that the fifty-five percent compensation is money contributed by the employer—no part of the Workmen's Compensation is collected from the workmen. The money we pay to the hospitals and doctors is money the man himself pays; in other words, that is his contribution to the Act; he pays for medical aid and the employer pays compensation.

MR. J. T. ROBINSON, Kamloops—

Would it run forty percent employees and sixty percent for employers?

MR. E. S. H| WINN, Vancouver—

We have disbursed about $7,000,000.00 during the past four and a half years.

MR. J. T. ROBINSON, Kamloops—

How much of that has been received from the employees and how much from the employers?

MR. E. S. H. WINN, Vancouver—

Roughly speaking $6,500,000.00 collected from the employer and say $750,000.00 from the workmen.

MR. J. GILL, Kamloops—

It costs a patient $3.00 we will say for argument, without incidentals added to that. How is it that you only allow $2.50 per day?

MR. E. S. H. WINN, Vancouver—

What is your ward rate?

MR. J. GILL, Kamloops—

$2.00 per day.

MR. E. S. H. WINN, Vancouver—

All right then, that man, if he were not under the Workmen's Compensation Act would pay you $2.00. If he were an injured workman and came in you would charge him $2.00 . We pay you $2.50.

MR. J. GILL, Kamloops—

That is alright. We are giving the patient the benefit of the 50c we receive from the government.

MR. E. S. H. WINN, Vancouver—

These men are now paying something. Some of them never paid before.

DR. H. C. WRINCH, Hazelton—

We must not forget we have another member of the Board present. We appreciate the patience of Mr. Winn, and while we are thinking more of this I am going to take the liberty of asking Dr. Hall to address you on the medical side of the work.

DR. G. A. B. HALL, Vancouver—

With reference to some of the points raised during discussion of Mr. Winn's paper, I feel some of these points should be further dealt with.

The gentleman from Penticton complaining of the cutting of hospital accounts, I fear is not conversant with all the facts. There are many matters of detail come into the office and are dealt with which the Chairman, Mr. Winn, does not see. It has been our practise when dealing with accounts which we feel are excessive, to communicate with the doctor in attenadnce on the case. We have invariably endeavoured to pursue a line of education; the Act was new to every person when it first came into force. We found only by writing numerous letters and pursuing a campaign of education, could the best results be obtained.

The gentleman from Penticton who spoke, said they took up a few cases which were allowed, but latterly they have not been. The reason for that is, when the first few cases found were being kept in the hospital longer than necessary, we wrote the hospital board, also the doctor, pointing out this overstay in hospital, and advising that if it continued the account would be cut down, but inasmuch as they evidently had been laboring under a misapprehension, our recommendation to the Board was that the account in this instance be allowed, and the Board, in the goodness of their heart, as Mr. Winn has said, allowed the account. As this went on for a few times and no attempt was made to have the patient discharged at the proper time, we decided not to reconsider the cutting down of the account, and I think you will admit that was only fair and reasonable.

It has been stated that cases are admitted and discharged by the attending doctor. We know that is a fact. We also know there are many cases left in hospital too long. If you discuss this with the doctors outside, nine times out of ten the doctor will tell you that he often leaves a patient in too long. The tendency is in this direction. The matron of a hospital knows when cases are not receiving treatment that would justify them remaining longer. It is quite in order for her to speak to the doctor in attendance, bringing to his attention the fact that if they remain too long there is a possibility of the account being refused by the Board. Any matron who is capable of being a matron has had sufficient experience and is quite competent in the large majority of cases, to know when patients are being kept in hospital when they might just as well be out, and if the doctor be aproached in a proper manner he will take no offence. Every hospital should have rules governing the institution if it is going to be successful in its operations, and discipline is just as necessary in a hospital as it is in school. Doctors have remarked to me: "Well, we need disciplin-

ing at times, as we are only human." After all, it is simply a matter of co-operation between the doctors and the hospital authorities, and particularly if the hospital wants to discharge them. The hospital authorities can very easily explain that the Board will not pay the account if the patient remains in longer, as he can be treated just as well on the outside, and they can also advise them that the Act only permits the Board to pay for necessary hospital care. We have invariably stood by the hospital and members of the medical profession. We have heard hospitals being hauled over the coals. I read a letter from a patient who was complaining He stated he was in the hospital forty-two days and in that time he got beans forty-three times. It is as I have already stated, that only by hearty co-operation results can be obtained. We have always tried to be fair and I will say that the medical department have been advised by the Board on numerous occasions that they want us to give a claimant the benefit of a doubt, and we have invariably done so in our recommendations to the Board. It does not matter to us whether the man or the hospital is paid, and it would be much easier for us to pursue the line of least resistance, but we cannot forget that our reputation is at stake and that the Board are trustees of funds and that they look to us us be fair between man and man and that is what we invariably try to be. If the information on file is not sufficient we try to get it, but if at a future date further information is given which puts a different light on the subject we hope we are big enough to say "Alright, a mistake has been made and we will correct it," and which we have done heretofore.

I think Mr. Chairman, this is all I have to say and I thank you for the oportunity of being present.

DR. E. C. ARTHUR, Victoria—

I visited a certain hospital where this "bean" man was. There is no hospital having better meals than this hospital, that is, while I was there.

DR. H. C. WRINCH, Hazelton—

In a case where a patient was in for treatment of fractured Clavicle, he wanted to remain longer than the attending surgeon thought was usually paid by the Compensation Board, so the account was rendered for a longer time, but he agreed if they did not pay it he would. I see now that it is hardly a right position for the hospital to take. it might cast a reflection on the hospital in concurring in the patient remaining too long.

MR. H. KEDDELL, Penticton—

I would like to know whether the Workmen's Compensation Board would not consider the question of making some stipulated allowance for dressings.

DR. G. A. B. Hall, Vancouver—

There is one point which has come up in regard to dressings. I think if the hospital boards would meet the doctors more frequently and discuss points with them they might get results. There is the question of some doctors using more dressings than required. Nine-tenths of the dressing is wasted, and if this point were brought to the attention of the doctors speaking generally, not referring to any particular one, they would not feel hurt about it. I think if that was done a very great saving might result

MR. G. R. BINGER, Kelowna—

I do not think an hospital would ask to be paid for material that is wasted, and I think the matron should see that the doctor does not use extra dressings; still, for the ordinary dressings that are used the $2.50 per does not pay for that and the anaesthetic—that is another thing, when going in the operating room we get nothing for that at all. Our public ward rate is $2.50 per day, which is not one cent too high.

MISS J. SCOTT GRAY, Prince George—

Our public ward rate is $3.00 per day, and we find the $2.50 does not

cover maintenance up in Prince George where everything is so expensive. I think in smaller hospitals they find $2.50 is not sufficient, when dressings are not paid for and operating room expenses are very heavy.

DR. H. C. WRINCH, Hazleton—

The question raised as to increasing the rate of payment I understand involves a matter of policy that has been set and partly principle. That we cannot discuss very much just here. We are all affected by it. I remember when the last increase was announced it was distinctly stated that it was to cover all the dressings, operating room expenses and so on and we accepted it on that understanding, and until the policy is changed I suppose we cannot get any further in discussing that phase of it..

Adjourned—to meet at 2:00 p.m.

AFTERNOON SESSION

FRIDAY, JULY 8, 1921—2:00 p.m.

Dr. H. C. Wrinch, President presiding

DR. H. C. WRINCH, Hazelton—

We will have the report of the committee on accounting first.

Report on Hospital Accounting by Mr. E. S. Withers, New Westminster read by the secretary in the absence of Mr. Withers, as follows:—

To Dr. M. T. MacEachern,
Secretary, B. C. Hospital Association,
Vancouver, B.C.

Dear Dr. MacEachern,

I had fully intended being present at the B.C. Hospital Convention at Kamloops, but unfortunately circumstances will not permit me to leave my post at the present time. I hope that you will have a successful and benefical gathering and would be glad if you will submit the following as a progress report on behalf of the committee on accounting appointed at last year's session.

Whilst we have not had a meeting of the committee, I have been in consultation with both Mr. Carver and Mr. Haddon and have given the matter considerable thought during the year and some results have already accrued. We have been in touch with the Provincial Secretary's department who have also been giving the matter their attention with the idea of obtaining a standardized system of accounting so that they may receive comparable monthly reports from the various hospitals of the province. I have also received considerable assistance from the Chairman of the Finance Committee of my Board who has taken a keen interest in the compilation of a comprehensive statement for the information of the Board of Directors.

Since the first of the year a quantity of my printed material and books were used up, and I had to make further provision, and consequently took advantage of this fact to put into practice methods which I had been considering for some time past, and for your information I am enclosing herewith a copy of the last report submitted to our Board of Directors, and pages 8 and 9 thereof will show you my present method of distributing expenditures, which is, I think, the most important feature of the accounting problem. This method has been adopted as a proposed method of standardization for the province. In preparing this form I took into consideration the fact that each hospital has already its own method of accounting. The system in use will always vary to some degree according to the one who is responsible for that department.

The Vancouver General Hospital cannot, of course, be taken as a criterion of accounting as it should be established throughout the various hospitals of the province, but they are a large institution with considerable experience and have a system already established, arrived at through many years of advancement and enlargement. I believe that their methods of

accounting have proved adequate and efficient, and it would therefore not be reasonable for us to advocate the installation of systems of accounting for the purpose of standardization which would conflict with and create a big upheaval in the carefully planned system of that large institution which it has taken many years to build up. I think, therefore, that we must utilize their experience as a guide and establish a standardized system based as far as possible on their principles, and it was with this end in view that the accompanying form was prepared. It will be found to conflict in no particular with the Vancouver General Hospital, and can, I think be modified to suit the conditions of all hospitals of various proportions in so far as standardization is at all possible, but it must always be remembered that **any figures from any hospital or any department thereof, mean nothing whatsoever unless we know some details as to the expenditure of that hospital or that department.** For instance, suppose you receive per capita costs of the surgical and medical departments, it will convey nothing to you unless you know what service this department is rendering, and yet a per capita cost by departments is very valuable information, so long as the necessary details are supplied and the proper means thereby provided for a basis of comparison. Under these conditions any item may be added or deleted from a department without detracting from the value of the statement from a standardization viewpoint. This is, I think, the result at which we wish to arrive, and the method of arriving at these results is entirely a matter for the individuality of the accountant.

For the information of those interested I am sending you herewith some sheets which I have just had printed for use in this office. After my monthly accounts have been checked and certified, they pass through a voucher journal. This is a loose-leaf book in which the accompanying sheets are contained, and on perusal of these forms you will see that the monthly statements for the information of the Board of Directors can be prepared directly from this voucher book, and I may say that I have found this method valuable.

Since putting this system into force I have received a draft form for monthly report which it is proposed shall be furnished to the Provincial Government by all hospitals in receipt of government aid. This draft was received only last week, and I have not yet had time to give it my careful attention, but believe that the hospitals of the province have all received copies of this draft, and doubtless it will come in for discussion at your business session. I notice, however, that they have adopted the departmental system, and in fact based this report form largely on the system in force at the Vancouver General Hospital.

This report is of necessity only one of progress, and if you so wish, and the other members of the committee are agreeable, we will continue to work on the matter, in conjunction with the accounting department of the Provincial Government, and in due course I think a system can be evolved which will be satisfactory to all parties concerned.

Yours faithfully,

E. S. WITHERS.

DR. M. T. MacEACHERN, Vancouver—

I would like to move the adoption of this report, and issue instructions to this committee to continue this work.

DR. E. C. ARTHUR, Victoria—

I would be pleased to second that motion, and in doing so I wish to state that Dr. MacLean has been working on this, and several others, for the last two months as far as I know. At the present time this is what is likely to happen: Dr. MacLean does not wish to interfere with any system in vogue, but is preparing a form or annual report we will say. I do not know just how often they may want the information, they may ask yearly, quarterly or monthly, but it is based on the Vancouver General Hospital system. We do not care how a hospital keeps such accounts so long as they can give the information asked for under the various headings on the forms. I doubt

that copies have been sent out to all the hospitals but I do not know that it has not been done. I think the committee should continue its work because I believe that sooner or later it will be necessary to have practically a uniform system of accounting as well as a uniform system of reporting.

DR. H. C. WRINCH, Hazelton—

You have the motion regarding the report of this committee on Hospital Accounting. There is a lot of work being done. I wish we could spend more time in consideration of it, but it is a matter that has to be worked out by the hospitals in association with the government before any of us feel like going to the expense of adopting it, so we will not lose any time but instruct the committee to continue working on this.

Motion carried.

We have two other papers that have been prepared for us. We will get them before us and they will then be in our report, which by the way, is a most valuable affair. It is a report of the proceedings with the papers and discussion upon them. I will ask Mr. Leders for his paper on "Purchasing in Hospitals."

MR. R. B. LEDERS, Vancouver—

At the first convention of your Association I read a paper on: Standardization of Hospital Equipment and Supplies, and last year one on: Buying by Contract. As an illustration, if you will recall the last paragraph of my last year's paper, "Storage of Eggs." A contract has been made this year as follows: 200 cp. have been placed in cold storage at a price 3c below the present day market value, on these conditions; to be kept until such time as we consider the market conditions warrant the withdrawal and use, same to be candelled, graded No.1 and 2, fan dried and stamped on the day of delivery, thereby insuring against loss or shrinkage.

I also mentioned canned fruit and vegetables. We have bought our year's supply at opening market price, and are protected against any decline, and have this year after very careful consideration, had all goods packed in gallon tins. By so doing fewer cans are handled, both in the storeroom and kitchens, or one for every four, as formerly.

As a Canadian organization, let me urge you to consider the advisability of these points in connection with your buying: First, whenever possible, patronize your local supply house; Second, a British Columbia house; Thirdly, a Canadian house. Let me qualify this, not a Canadian agent from an American house, but a purely Canadian firm registered in Canada. Fourthly, goods purchased in Great Britain. The above is mentioned for these reasons: an article was ordered from one of our local houses, which had to be secured in England, and during the placing of the order and arrival of goods it was found necesary, owing to a demand for the same article, to purchase another immediately if possible. An Eastern house was communicated with and one secured at a cost of $8.00 higher than the one ordered through the local house. Some people have an idea that the local house charges "the long price" to use the term, but our experience is different.

I will quote an article which came to my notice a short time ago,

"Giving the salesman a square deal."

Some purchasing agents foolishly regard a salesman as their natural enemy, but luckily these are in the minority. For a number of years I was buyer for a concern in the East, till one day fate put me on the road, calling on the very class of men to which I formerly belonged.

"It was right there that I resolved, if I ever returned to the fold I would try to make the lot of the visiting salesman easier. Fate did place me again in the buying position and the lesson I learned was indeed a good one. If a purchasing agent wants to know just how it feels to be on the opposite side of the desk, let him take a short trip on the road. The salesman is not the only loser by the re-

fusal of some buyers to look at his wares. It is also well to remember that when a salesman comes to town there is usually several concerns that he can sell to, while, on the other hand, there is only one concern the purchasing agent can buy his line from.

Some men make it a practice to see only the old favorite salesmen, and a new man has no chance to sell a bill. This is not by any means fair to the hard-working salesman.

Every purchasing agent knows that to buy goods carefully and well is one of the secrets, also the buyer who is forever trying to secure a lower price must give way to the man who knows the market and who is not afraid to back his confidence with goods selected. A good buyer knows when to stop buying as well as he knows when to buy; over-buying is one of the mistakes of most buyers. He must know the seasons and prepare a little in advance. He must know what is going on in the market, in other words, he must be on the job.

A purchasing agent who will give each man a pleasant smile and a hearty handshake, who looks at as many lines as possible and who tries to act like a gentleman, will be favored by salesmen when they have goods to offer. It goes almost without saying that the pleasant buyer gets first chance at the plums, where the grouch surely will be overlooked.

Buying the right goods at the right time is the supreme test of ability. The up-to-date purchasing agent must not alone know local conditions but conditions the country over, thus he must have a wide range of observation and know what is going on in the section far removed from his own. He watches the market and is always ready to look at samples of all salesmen who have goods to offer. He reads trade papers and the various sources of information devoted to the goods he buys. A buyer cannot learn this over night nor can he acquire a buyer's sense without many errors, made, as a rule, in good faith, but costly in the extreme.

A true gentleman, of course, will treat every salesman with courtesy, but men who are the very soul of honor and are as gentle as can be with the general run of humans, freeze up when they see the genus salesman and become men of ice and stone.

Some concerns have a rule that the purchasing agent can only be seen in certain hours. It is such a foolish rule that makes a salesman spend days in the city that could be worked in hours. This is the unjust part of it all. A salesman calls at a concern that has for its buying hours say from 9:30 to 11 o'clock. He gets in town at 9 a.m. and goes at once to the palnt that has this rule, finds there several men before him at 11 o'clock finds that he has wasted the day and has not seen his man and thus is compelled to wait over until the next day at a loss of time and money."

In connection with the last paragraph, I might say I have a rule and live up to it ninety-nine times out of a hundred, for this reason, that I not only fill the position of purchasing agent but act as a steward as well, so that I cannot consider the other man more than myself or I would not get a day's work done. The salesman is on the road for the good of his house and has to take his chance of finding the buyer engaged or otherwise. He is not considering you. My regulation is this: two afternoons a week, Tuesday and Thursday from 1:30 to 5 p.m.

An Eastern salesman called about two months ago and after selecting from the catalogue some articles which were not in stock in Vancouver; on his positive assurance that same could be shipped immediately on receipt by his firm of the order, a requisition was prepared and the order given. Six weeks passed and nothing came to hand. A week later a portion of the order arrived and several articles not according to selection, which, of course, had to be returned. Then again, a representative of another house, when given an order gave certain discounts which were later dis-

puted by his head office and were not granted. This is mentioned to substantiate my suggestion of patronizing the local houses.

DR. H. C. WRINCH, Hazelton—

We will now have the report of the committee re financial data.

MR. J. T. ROBINSON, Kamloops—

I tried to find out how other provinces and states in the Union had financed their hospitals, but owing to a long absence from home I was unable to take up the matter personally.

I want to say today that the committee which you so kindly appointed met for a few minutes and we realized that the subject is so large that it would take far more time than this committee has at their disposal to go into the matter, and this is our conclusion: that this Association appoint a committe of two or three for the purpose of cooperating and discussing with the authorities at Victoria this whole financial question because it is the most important thing we have to deal with and one we have got to face sooner or later. There were several reasons why the committee could not report—we had not time and there was a lot of data we could not obtain. Discuss it with your hospital board and they think the patients' fees should provide sufficient to carry on; the Government think the Municipality should provide the necessary money and vice versa. This question is such that we have to go to the root of it. I think the province of British Columbia deals fairly with the whole matter of hospital and health matters, to probably the best of their ability, and yet there is big room for improvement. It is just a question of how we are going to bring about that improvement. Some have suggested a special tax, but when we discuss it with the provincial government they assume the attitude that the municipality should do it, and the municipality assume the attitude that the provincial government should do it. I think a healthy community and citizens is the greatest asset a country can have. What is the best method? It is very difficult because our province is so scattered. I think that probably seventy percent of our people reside down around Vancouver, Victoria, New Westminster and Nanaimo, and what may be satisfactory for them there is not satisfactory in the separate districts in this great province. Those of us who live in said communities should be prepared to forego to some extent some of the luxuries we enjoy and give to those in less fortunate districts some of the advantages we have. I have attended many conventions but I am safe in saying you have displayed a large amount of common sense and a large amount of intelligence. It is our special duty to see that the people in the less favored districts are given the accommodation where they feel their health can be looked after if the condition arises. I am going to move,

> That this convention appoint a committee of three to go into the whole matter of finances, and to cooperate and discuss it with the powers that be at Victoria, the committee to gather up data then go before the legislature.

Consider it from the point of view of how best you can serve those under less favorable conditions. I ask you to deal with this from that point of view and if you do you will help others to arrive at some conclusion, and I hope they will meet in the best posible manner and solve this great problem of financing.

DR. M. T. MacEACHERN, Vancouver—

I wish to second Mr. Robinson's motion. I think it is a good motion, but I want to tell you very truly that I have been endeavoring for three or four years to get information by correspondence from our hospitals and cannot do it. I think the Hospital Association could and should, I think it is their duty, to submit plans of reorganization of finances that we want —if we do not want it do not submit anything. The government has a right to ask: what do the hospitals say about it. I think we should decide on a plan here or leave it in the hands of a committee, some machinery for arriving at a conclusion. If you hospital people will carry on as efficient

correspondence as you do discussion at the conventions, we will handle it that way, the cheapest way, it will not cost you anything; if you do not we will have to get six, eight hundred or a thousand dollars to make the trip around the province in order to make it efficient, or our third choice: do it the best we can by correspondence and not get very much,

Motion carried.

DR. E. C. ARTHUR, Victoria—

I wish to support the charge that Dr. MacEachern made about the difficulty of getting replies from hospitals. The blank lines on the sheets in the adjoining room will support everything he said. Very recently the Provincial Secretary had a questionnaire prepared which he sent to the premiers of all the provinces of Canada and to several of the States, asking for information as to how the hospitals are financed in these various provinces and states. A good many replies have been received, others are coming, and his instructions to me when I left were to return to Victoria and prepare the information thus gained. It is the intention to take up the question at the special session in November. I think that it would possibly be a very wise act for this Association at this meeting to name a committee, the best and strongest you can name to which the government could apply for a representative opinion, and which also could present the views of this Association on various points to the government when the matter comes before the House.

MR. J. A. GILL, Kamloops—

I would suggest that the committee deal with it here and get something concrete to submit to the government.

MAYOR S. C. BURTON, Kamloops—

I was very pleased on Wednesday night to hear Dr. Young's address on the question of the hospital, because I am satisfied in my own mind that the only solution to the hospital financial question is by means of a hospital tax. I take it that was an answer from the government of its policy. In connection with this matter I would like to say that this is an exemplification of the old C.P.R. system tried in the Kamloops Hospital some seventeen years ago—we got a number of the C.P.R. employees to give and we made all arrangements where each employee paid so much to the hospital, married men paid $1.25, single men $1.00; we gave them free hospital treatment for themselves and their families, and the arrangement was so successful we made several thousand dollars profit. After that we tried another means, a hospital tax of $10.00 per annum. There was a weakness about that, we found only those inclined to sickness would pay that tax—the healthy man would not bother, consequently we lost money. My idea is that every adult over eighteen years should be taxed something like $1.00 a month, which would provide their hospital treatment in a public ward. If they wanted better treatment and private accommodation they would provide for that personally. The government has promised the hospitals a proportion of the tax from the sale of liquor. I am afraid, however, that is a very small crumb. Dr. Young favored the scheme of hospital districts similar to school districts. The school district is formed by making certain boundaries within a reasonable distance of the school, and all landowners in that district are taxed for school purposes. That would probably not work out for hospitals and there is a further weakness which I can cite—in one district there were thirty-three children attending school, and out of that there was only one man sending children to school who was paying taxes. If the province is divided into hospital districts the question arises: how will you equalize the revenue for the hospital? You will have a small district with a small revenue and you may have a big hospital in that district. It seems to me the only way would be to have the government collect the tax as a whole and find some method of distributing the revenue. I would like to see this meeting endorse the principle of a hospital tax today. If we endorse the principle and appoint a committee to meet the government we should arrive at some definite conclusion.

DR. M. T. MacEACHERN, Vancouver—

I heartily endorse Mayor Burton's suggestion. We have told the government that we recommend a hospital tax and I do not think we can go back on it. I want to tell you, however, that this scheme that has been evolved in British Columbia has been printed nationally and internationally and has been considered all over Canada and the United States, and I may say they all approved of it as the best and only way to run public hospitals. I think we could have this committee appointed and in the meantime endorse a hospital tax. I would suggest the committee exist to carry along this principle, and further suggest that the Hospital Association send to the hospitals through this committee or through the secretary, a questionnaire and with it a full description of what is meant by hospital tax, with such questions as: Are you in favor of hospital tax? Are you in favor of the present status of hospitals continuing, and what other suggestions have you?

DR. H. C. WRINCH, Hazelton—

We did present this and a recommendation was read in our meeting this morning, showing that we distinctly and clearly asked for a hospital tax for the support of hospitals and did not approve of each local hospital being supported by its own district.

MR. E. S. H. WINN, Vancouver—

I am very glad indeed to have the opportunity of speaking on this matter, I believe I can throw some light on it. As far as I have been able to see I have yet to find any tangible proposition put before the government. It is all very well to call it a health or hospital tax, but until you are able to devise some method of handling this subject, then and then only are you going to get results. You want to collect from the men who are not now contributing one cent towards hospitals assistance. There has been some objection to the proposition Dr. MacEachern talked about; the other scheme he talked about is purely and simply a health insurance scheme. Your hospital is only eight percent of the total cost—you must deal with the whole thing. Is that not necessary? If we talk about health and preventive measures the preventative measures are not worth a whoop unless you have power behind to force them. What I suggest you should do is: evolve some scheme whereby you will cover the whole field—it can be covered in the way the Compensation Board covers it. I think to handle it in that form you are getting right down to business. You men who have the desire and ability to see it is carried out, bring forward a scheme along the lines of the C.P.R. Association, which has justified itself. They say all employees get all the services necesary. If such a scheme is capable of being handled by a lot of men who have not given the subject the thought you have, how much more so can you handle it who have given it so much thought. Notwithstanding the capitalistic system, we believe you have the right viewpoint and we are prepared to carry it out. You have the accident happening in the course of injury, you have the accident happening outside, then you have the sickness, yet no difficulty is incapable of solution, and so if one part is successful, surely with a little sound common sense you are going to make the two parts equally successful. We have been handling this approved plan for the past four years.

DR. M. T. MacEACHERN, Vancouver—

Your health insurance report, has it ever been submitted or considered?

MR. E. S. H. WINN, Vanouver—

It has been submitted to the Provincial Secretary and no doubt will be brought down by the next session.

DR. M. T. MacEACHERN, Vancouver—

Mr. Winn says that labor is opposed to a hospital tax. I believe labor is in favor of such a tax.

MR. E. S. H. WINN, Vancouver—

I want to say that I have talked to possibly seventy unions over this matter and frankly, I do feel that I am in close touch with the average man in this province. I do want to tell you that I believe Dr. MacEachern is in error when he thinks the people are going to stand primarily for that. They will not support the hospital tax. Our health insurance is confined to those who are earning a limited amount of money. The idea would be over and above that. The consolidated revenue funds should stand outside of that to take care of the balance. Health insurance will practically cover every single worker and salaried person in the province; the land owner, bank manager and others are outside of that.

MAYOR D. SUTHERLAND, Kelowna—

Is the health tax supposed to be an income tax, poll tax, or real property tax, or the health tax as Dr. Young has mentioned?

DR. H. C. WRINCH, Hazelton—

Our hospitals are covered under Mr. Winn's scheme. We want to reach ut to those who are not under salary. I like the Workmen's Compensation Board scheme as far as it goes, but it stops at five o'clock. We want a man, if he breaks his arm after five o'clock, to be provided for as well. Take those who have an income but are not landowners. We could catch them on the payroll, poll tax, or voters' list. Dr. Young's scheme is even broader, providing from the prenatal period till the time we are put away for all time.

MAYOR D. SUTHERLAND, Kelowna—

I am pleased to find that the matter has entered discussion on specific lines. There are certain lines of taxation which we can eliminate. Personally, I am a municipal man, being connected with municipal work for sixteen years, and I know what the municipality can and cannot stand. First of all, you may eliminate any tax which will be a further burden on real estate within the boundaries of municipalities, because at the present time, if we use the legal term of insolvency, there are very few municipalities in the Province of British Columbia which are solvent, most of them owe a large amount of money, something like $5,000,000 to their Sinking Fund; they are up against it badly, they will apply to the government for some means that will relieve them of the heavy taxation on real property which we have at the present time. As you know, in most of our municipalities the land is going back to the city—in our own little city over two thousand lots have gone back with taxes—we are getting no further revenue from these, and that process is continuing every year. The same applies to every city, so briefly, any scheme that will put additional burden on the people within the boundaries of municipalities must be eliminated. I think the government realizes that. In the second place, I think the question of a poll tax must be eliminated because the working man will never stand for a tax which is equally as large on him as on the man of wealth. We have today working men with large families who have only probably five to seven months work in the year—it would be impossible for them to pay a tax as I said equal to that which the wealthy man pays. Therefore, we must eliminate anything in the form of a poll tax. I think it is in this respect that the municipalities at their convention erred in going before the government and asking for a tax along these lines; although I was aware of that delegation I did not approve of it and cannot see how the government could support it and in taking the attitude they did they have been severely censored for it. At the present I can think of no other form excepting an income tax, not on the lines of the present Federal or Provincial government tax, but an income tax which would apply to all salaries and wages collected and passed through some machinery like the Workmen's Compensation Board, where the employer has to make the payment. In that way it will be impossible for the taxpayer to evade payment and you will get a proportion from everyone, otherwise the tax will not reach to every man that earns a salary or gets any wages. I am only talking along broad lines.

Any proposition would have to be taken up in detail, but what I wish to make clear in discussing the matter is, that two phases have to be eliminated, that is,—additional burden on taxpayers and the matter of poll tax—equal amount imposed on everyone.

MR. G. McGREGOR, Victoria—

There is one thing certain, directors cannot run the hospital without some money. The biggest difficulty has been that a deficit has occured during the war. I think the biggest fault lies with the government because the hospital authorities have been after the government and telling them they were running behind and did not see anything that would prevent that running behind. I want to state this, that the most unfortunate part of the hospital business is that you are treating men who are down and out and I do not think the hospital authorities get enough sympathy along those lines. It is true that the Workmen's Compensation Board looks after them while they are working, that is very fine; our contention is that it does not go far enough. I claim that something should be done to see that the man with a large family is taken care of in the time of sickness. I claim we have not received sufficient support from the powers that be, we hospital people. We have sympathy for these men, women and children who are not able to pay; how can we make them pay when they are not able to pay. The municipalities have come through, and it is high time; they pay us $2.50 per day. The government is not assuming their duty, they are not making the necessary provision. I claim they have a right to increase their allowance, just as the municipalities have increased theirs. It is our duty to formulate a policy to set down to the government to provide for the people. We are prepared to assist the government in every possible way to make this scheme most practical. We have a certain population in British Columbia that does not apply to any other province in the Dominion of Canada, that does not pay a cent. We have them around our hospitals, and why should the working man be obliged to pay for them who are working and earning a wage, why should they get away without paying a tax of some sort? I refer to the foreign element. I would like to see something done of a concrete nature to take back to our Boards.

DR. H. C. WRINCH, Hazelton—

We can appoint a committee but we must give them something constructive to work on.

DR. M. T. MacEACHERN, Vancouver—

There are three propositions before us: the hospital tax, presented by some hospital people; health insurance, presented by Mr. Winn, and health tax presented by Dr. Young. These three interests must get together and decide what is the best in the interests of the majority. Any committee taking this up should get closely in touch with these other authorities and decide what is the best to cover the whole situation. I would like to see an emergency meeting receive the support of this committee before it is presented to the legislature.

MR. G. McGREGOR, Victoria—

I think the most popular tax would be the health tax. It starts with the child before it is born and continues to the grave. Regarding health insurance, it only applies to the wage earner, that is from eighteen to sixty-five roughly. I do not look at health insurance as broad as the health tax. I think in health insurance the worker has the right to be treated free of charge in the most scientific way. The working man would endorse the idea of a health tax, that is their idea, that they are entitled to free treatment of a scientific nature for themselves, their families and everybody else.

MR. G. R. BINGER, Kelowna—

Would a tax like that take us out of the hole and give us enough money to make necessary improvements, pay our debts, etc.?

MR. J. T. ROBINSON, Kamloops—

I think from the discussion we have heard that it justifies the committee appointed and the resolution passed. Several have discussed this important question and I do not believe that there are two who have agreed in the main as to how the extra tax is to be put on or how the extra revenue is to be obtained. I am rather leery about asking the government for any special tax. In sending a resolution asking that the picture shows be taxed and that the money be used for certain purposes, what was the result? I think I am safe in saying that the City of Kamloops has never benefited from that taxation. We do not want to make class legislation. What I suggest is this: that this organization appoint a committee of two or three and that we might add to them, that the Union of B. C. Municipalities be asked to appoint a committee of equal number, then they can go before the government and discuss it and see if we can arrive at some solution by which the whole of the people are going to benefit and not only one class. What I want to guard against is the government passing back to the municipality the responsibility.

MAYOR S. C. BURTON, Kamloops—

The Union of B.C. Municipalities passed a resolution last year that the government take over all schools and hospitals.

MR. WM. MANTLE, Kelowna—

I think the Association should appoint a committee. If we keep on putting this off they can always find fault with them. For instance: the Dyking and Drainage systems—the case went on until the government had to put them on their feet properly. The same might apply in the case of hospitals.

DR. H. C. WRINCH, Hazelton—

Is that as far as we can go, to appoint a committee with open powers?

MAYOR D. SUTHERLAND, Kelowna—

If you are going to bring the municipality into it it would be better to mention the executive rather than a committe of three, because the executive generally work together as a whole and it is not at all likely that they would appoint a special committee from their executive. I would suggest that this committee be made a little larger and that the executive be mentioned; in that way you would have an equal number representing municipalities and hospitals.

MR. R. B. LEDERS, Vancouver—

Would it not be well for the committee to be appointed then meet the emergency meeting of the convention?

DR. M. T. MacEACHERN, Vancouver—

I am still sticking to my point—I think when you have three interests it is better that they all get together. They should get the views of the health insurance side, health tax side and work together to that end; a joint committee, if possible, would be of great value, consisting of some from the Hospital Association, some from the Union of B C. Municipalities, Mr. Winn, if he would act, and Dr. Young, all together at a round table conference; because the municipalities, the hospitals and the government are the three bodies concerned, and I think a joint committee such as that would be a good thing to talk it over, and so not talk in different directions, then by autumn consolidate and get something that is good for everybody; invite Mr. Winn, Chairman of the Workmen's Compensation Board, Dr. Young, Provincial Officer of Health, to meet committees from the Hospital Association and Municipalities, to discuss the whole problem at a date to be fixed—allowing sufficient time to have the conclusions submitted to them.

MR. E. S. H. WINN, Vancouver—

Might I be permitted to suggest that labor be represented, be requested to attend that round table conference. You are suggesting a tax on these

men who are already overburdened with taxes—I think they shoud be represented and if they were invited you would get their support.

MR. J. A. BROWN, Cumberland—

I heartily endorse Dr. MacEachern's view. I happen to be a member of the Board of Directors of our hospital at Cumberland. I am also an alderman and am mixed up in labor as well. I am not a business man, I am a labor man. I do not see any necessity of calling any labor organization into this matter at all, I think labor is thoroughly represented, both in municipalities and hospital boards, and to carry out what has been suggested by Mr. Robinson's motion will go deep enough into the matter.

MR. G. McGREGOR, Victoria—

To get over Mr. Winn's suggestion, I would suggest that at this round table conference if we want the view of any other body we can ask for it.

MR. J. T. ROBINSON, Kamloops—

If the resolution carries and the committee meets and carries out the work they are supposed to do, when the report is ready copies can be sent to every hospital represented here and also the municipalities will no doubt see that their unions are notified.

Moved that the Secretary and Chairman appoint the committee.

Carried.

Business Session 4:00 p.m.

Resolution from the Nanaimo General Hospital, read by the Secretary, as follows:—

The undermentioned subjects for discussion at the annual hospital convention were submitted by a special committee of the Board of Directors of the Nanaimo General Hospital,—

On account of the difficulty, due to lack of experience which the promoters of a new hospital or renewal of an old one, have in taking advantage of improvements in the planning of construction and other advances in general architecture, materials used, cost of same etc., which are continually being gained from time to time by the different hospital organizations throughout the province;

And whereas, the government of the province is in a position to collect this information by the present system of hospital inspection and other sources,

Be it therefore resolved that this Association request the Department of the Provincial Board of Health to undertake the planning of all new hospitals in British Columbia.

After discussion, moved by Miss J. F. MacKenzie, seconded by Mr. G. R. Binger,

THAT this resolution be tabled.

Carried.

REPORT OF COMMITTEES

Report of Committee on Constitution and Bylaws:

Notice of Motion for change in Bylaws submitted for consideration at the previous annual convention, as follows:—

Article 4 — Membership

Shall be of three classes, as follows,—

(a) Institutional
(b) Individual
(c) Honorary

(a) "Institutional" membership may be held by any hospital, public or private, carrying on work within the province. Institutional membership shall include all members of its trustee board, and all persons holding executive positions in the institution:

(b) "Individual" members shall be all persons connected directly or indirectly with hospital work who are not members of trustee boards or holding executive positions in hospitals, and shall include attending doctors, nurses and members of hospital auxiliaries:

(c) "Honorary" members shall be any persons who have ceased to take an active part in hospital work after years of faithful service.

Article 11 — Membership fees

All hospitals within the province paying the following fees shall be entitled to membership in this Association:

1. No change
2. No change
3. No change
4. No change
5. No change
6. Individual and honorary membership fees shall be $1.00 per annum.

Article 12 — Voting

In any matter of business requiring action by vote of the Association, voting of institutions shall be in proportion to one vote for each $1.00 of membership fee: thus, a hospital paying $5.00 membership fee shall have five votes, and so forth.

The combined delegation of any hospital shall agree among themselves as to how their institution shall vote. No institutional vote shall be divided on any question. If time is required by a delegation of any institution before casting its vote, the chair shall postpone the taking of the vote for a reasonable time. After postponement for the purpose, there shall be no further discussion of the question before taking vote upon it.

Individual and honorary members shall each have one vote.

Votes by proxy will not be allowed.

Moved by Mr. G. McGregor, seconded by Mrs. M. E. Johnson.

THAT the Constitution and Bylaws be adopted as amended.

Carried.

Report of Resolution Committee:

Read by the Secretary as follows:—

The committee had three resolutions before them:

1. Resolved that we, The B. C. Hospital Association, recommend the establishment of a Training School for Nurses in Tranquille Sanitorium, where nurses may secure this special training, and that arrangements for affiliation be made by which other hospitals in the province can take advantage of giving their nurses training there along these lines.

   Your committee, after due consideration and after hearing the objection of Dr. J. Kearney, Superintendent, recommend that this matter be dropped and the resolution withdrawn.

2. Resolved that The B. C. Hospital Association, while heartily approving of and recognizing their obligation to care for the advanced Tuberculosis patient in general hospitals, impress upon the government the present inadequate and unsuitable accommodation available for segregating and treating these cases as they should, and would request that such steps be taken by the government to meet the needs before this obligation can be carried out.

   Committee approved.

3. Resolved that The B. C. Hospital Association recommend to the government that all private maternity hospitals should only be commenced and operated when certain conditions are met with, such as will insure the patient competent and safe hospital care, and involving such consideration as proper and safe accommodation, efficient and necessary facilities and competent personnel.

   Committee approved.

Moved by Mr. G. R. Binger, seconded by Miss K. Stott,
THAT the report be adopted as a whole.

Carried.

Report of Committee on Development:

This committee has no report to make.

Report of Committee on Time and Place of next Meeting:

This committee recommends as follows:—
That the time of meeting be left to the Executive.
That the place of meeting be Victoria (if the new wing to their hospital be sufficiently advanced), otherwise Nanaimo or New Westminster, and in case of choice, a plebescite to be taken as was done last year.

Moved by Mr. G. McGregor, seconded by Dr. E. C. Arthur,
THAT this report be adopted.

Carried.

Report of Committee on Officers for the coming year:

The committee have not made many changes in the officers:

Officers

Honorary President ..... Hon. J. D. MacLean, Victoria.
President ..... Dr. H. C. Wrinch, Hazelton.
First Vice-President ..... Mr. Geo. McGregor, Victoria.
Second Vice-President ..... Mr. R. A. Bethune, Kamloops
Secretary ..... Dr. M. T. MacEachern, Vancouver.
Treasurer ..... Mrs. M. E. Johnson, Vancouver.

Executive Committee

Miss E. I. Johns, R.N., Vancouver
Miss M. P. MacMillian, R.N., Kamloops
Mr. Charles Graham, Cumberland
Dr. W. E. Wilks, Nanaimo
Miss L. S. Gray, R.N., Chilliwack
Mr. G. R. Binger, Kelowna
Mr. D. G. Stewart, Prince Rupert
Rev. Father O'Boyle, Vancouver
Miss J. F. MacKenzie, Victoria
Mr. E. S. Withers, New Westminster

Standing Committee on Nursing Affairs:

Miss K. Stott, R.N., New Westminster
Miss P. Rose, R.N., Nanaimo
Miss E. I. Johns, R. N., Vancouver
Miss Ann MacArthur, R.N., Nelson
Miss E. Bligh, R.N., Hazelton

Standing Committee on Medical Affairs

Dr. G. S. Purvis, New Westminster
Dr. W. Arbuckle, Vernon
Dr. H. H. Murphy, Kamloops
Dr. H. R. Storrs, Vancouver
Dr. L. M. Poyntz, Victoria.

Standing Committee on Business Affairs:

Mr. J. T. Robinson, Kamloops
Mr. C. Williams, Victoria
Mr. L. E. Morissey, Merritt
Mr. R. B. Leders, Vancouver
Mr. Henry Woods, Vernon

Standing Committee on Constitution and Bylaws:

Dr. H. E. Young, Victoria
Dr. H. C. Wrinch, Hazelton
Mr. M. L. Grimmett, Merritt

Moved by Dr. M. T. MacEachern, seconded by Mr. J. A. Brown. THAT this report be adopted as a whole.

The hospital Accounting Committee as it stands would be included in that report.—Carried.

Treasurer's Report

This report was read by the Secretary:

STATEMENT OF RECEIPTS AND DISBURSEMENTS
For year ending May 31, 1921.

Receipts

Cash on hand May 31st, 1920		$ 159.70
Membership Fees, etc.		
Institutional	$ 645.00	
Individual and Special	109.00	
Canadian Medical Exhibits	310.00	
Government Grant	500.00	
		$1,564.00
		$1,723.70

Disbursements

1920 **Convention—**		
Stenographer	$25.00	
Mrs. McDonald (Cafeteria)	34.00	
Dominion Photo Company	6.63	
		$65.63
Rent of Ball Room (Victoria) for Executive Meeting		$ 15.00
Rent of Typewriter		74.00
Stamps and Exchange		62.30
G. A. Roedde, Stationery, Printing Reports, etc.		1,418.62
Cash on hand May 31, 1921		88.15
		$1,723.70

BALANCE SHEET
As at May 31, 1921

Assets

Cash on hand	$ 88.15
Balance	372.39
	$460.54

Liabilities

Balance of bill for printing	$460.54
	$460.54

BUTTAR & CHIENE, Chartered Accountants.

Moved by Mayor S. C. Burton, seconded by Miss K. Stott, THAT the report be adopted as read.—Carried.

The Secretary requested that the Executive Committee remain in Kamloops for part of another day in order to dispose of certain business in connection with the Association.

Mrs. J. Charlotte Hannington, Ottawa—

I wish to announce that the Victorian Order of Nurses of Canada, who are now undergoing reorganization, have decided to do away with their training centres, to turn over the training of nurses to Universities of Dalhousie, McGill, Toronto, Manitoba and British Columbia, and that they are going to bonus each nurse who takes that course $400.00 for taking it in the

University, on condition that she stays with the Order a year afterwards. They are going to make provision in the University of British Columbia for fifteen to twenty nurses. Would any nurse in the province wishing to take this course apply to Miss Brown, who is head of the Victorian Order of Nurses in Vancouver; her address is 1250 Broadway West, or get in touch with one of the nurses in your community connected with the Order.

A vote of thanks was moved by Miss J. F. MacKenzie, seconded by Mrs. M. E. Johnson, to the following:

Board of Directors, Royal Inland Hospital
Miss M. P. Macmillan, Superintendent.
Local Comittees
Mayor of Kamloops
Citizens of Kamloops
Tranquille Sanitorium and Officials
Medical Association of Kamloops
Press of Kamloops
School Board of Kamloops
Mr. T. R. Hall, Principal of the High School
Mr. Batzold and Board of Trustees of the Methodist Church
Exhibitors
Those who took part in the programme
The Secretary
Buttar & Chiene, Auditors
Miss Frances Henry, Official Secretary
Woman's Auxiliary of the Royal Inland Hospital
Officers on Committees for last year
And others.

DR. M. T. MacEACHERN, Vancouver—

This is the best convention we have ever had, it has outclassed the Victoria and Vancouver conventions. It is wonderful when the Mayor of the City can find time to attend our sessions. We want to thank the members of the Boards of Directors for their attendance at the meetings. Certainly, with the exception of the vote of thanks to the Secretary, I endorse the vote of thanks most sincerely.

MAYOR S. C. BURTON, Kamloops—

I am sure I appreciate the kind words that have been said and I would like the citizens of Kamloops to know just how the delegates have felt towards the City on their visit here. We had certain misgivings at the time the convention was arranged, chiefly on the point of weather. I think the only thing that has troubled us was the mosquitos at Tranquille. Let me say it has been a pleasure indeed to have had you here. I have thoroughly enjoyed the sessions. Kamloops will only be too happy to have you here again.

Announcement re visit to the hospital and dance tonight, by the Secretary, Dr. M. T. MacEachern.

Mr. G. McGregor, Victoria—

With regard to the business tax, I think the most unfair tax we have to put up with is that tax. We are chariable institutions and are not able to carry ourselves in the way of finances, and I think if the proper representation was made to the government at Ottawa they might see their way clear to refund that tax to hospitals. Scientific appliances sales are all refunded.

Moved by Mr. G. McGregor, seconded by Mr. R. A. Bethune, THAT the proper government authorities at Ottawa be asked to refund the sales tax to hospitals on all purchases to be taken from the invoice.—Carried.

The Secretary announced that the members of the Executive would meet here tomorrow morning at 10 o'clock.

The meeting adjourned.

ENTERTAINMENT

The delegates and their friends were the guests of the Board of Directors and Superintendent of the Royal Inland Hospital, Kamloops, for the evening. The hospital was thrown open for inspection from 7:00 p.m. on and a large number availed themselves of the opportunity of seeing this splendid institution. The convention came to an end by a most delightful dance given by the Board of Directors and Superintendent of the Royal Inland Hospital on the hospital lawn. This was one of the most delightful occasions many ever experienced. The convention was brought to a close by the singing of the National Anthem, and all left for their homes that evening or the next day, and were loud in their declarations that it was the best convention ever and that the Kamloops people could not be surpassed for their hospitality.

Another very successful feature of this convention, which we must not pass over without special mention, was the get-together luncheons daily at the Leland Hotel. These were exceedingly popular and each day increased in numbers, till finally more space had to be acquired. The community singing introduced on the last two days did much to promote enthusiasm and better fellowship and acquaintanceship.

Minutes of Executive meeting held in the Kamloops High School on Saturday morning, July 9th, 1921.

There were present: Dr. H. C. Wrinch, Hazelton, Miss M. P. Macmillan, Kamloops, Miss J. F. MacKenzie, Victoria, Mr. R. A. Bethune, Kamloops, Mr. G. R. Binger, Kelowna, Miss L. S. Gray, Chilliwack, Mrs. M. E. Johnson, Vancouver and Dr. M. T. MacEachern, Vancouver.

Appointment of Special Finance Committee—

Dr. Wrinch and Dr. MacEachern, who were asked by the Association to appoint a committee to take up hospital finance, named the following committee:

Mr. J. T. Robinson, Kamloops.
Mr. J. J. Banfield, Vancouver.
Mr. G. McGregor, Victoria

Dr. H. C. Wrinch, President, and Dr. M. T. MacEachern, Secretary, by virtue of their officers would also be on the committee.

The Hospital Association is expected to take the initiative. A full report will be made to the Association as necessary.

Association Finances—

The Secretary stated he would send around a detailed financial statement to all the hospitals.

Moved by Mrs. M. E. Johnson, seconded by Miss L. S. Gray,

THAT the Secretary be requested to make clear all the different types of membership as provided in the amended By-laws, and that individual fees equal in amount to institutional fees be secured from each hospital community.—Carried.

Budget for 1921-1922—

The Secretary presented the following budget for the year:

Printing annual report	$ 600.00
Secretarial services	300.00
Incidentals (Stationary, stamps, etc.)	200.00
Total money needed	$1,100 00

Moved by Miss J. F. MacKenzie, seconded by Mr. G. R. Binger,

THAT the budget be authorized and that the Secretary be given authority to pay $25.00 per month for secretarial assistance.—Carried.

Re Printing Report—

Dr. MacEachern stated he was going to endeavor to get the government to print our report this year. The Executive heartily endorsed this suggestion.

Typewriting Machine—

The purchasing of a machine was discussed, as the annual rent almost amounted to the value of the machine. This matter was left to the Treasurer, Mrs. M. E. Johnson, and the Secretary, Dr. M. T. MacEachern, both of Vancouver with full power to act.

National Hospital Day and Hospital Sunday—

Members of the Executive reported their experience with the day and all were most pleased. Many had gained financially by such a day.

Dr. MacEachern explained Hospital Sunday.

It was moved by Miss J. F. MacKenzie, seconded by Mrs. M. E. Johnson,

THAT the executive recommends to all hospitals that National Hospital Day be observed annually as a day of hospital propaganda, and that all hospitals also endeavor to observe Hospital Sunday, the Sunday previous to National Hospital Day.—Carried.

Hospital Produce Day—

The continuance of this was heartily endorsed and the Secretary was instructed to remind all hospitals of it this year.

Report of Proceedings to Magazines—

Dr. H. C. Wrinch agreed to send on report of convention to the Hospital World, Toronto, and also to the Hospital Management, Chicago. Dr. M. T. MacEachern agreed to do likewise for the modern Hospital, Chicago.

Annual Meeting of Executives—

The Executive Committee will not meet this year unless urgently necessary. It was stated that the standing committees could handle the programme for next year. This was agreed.

Division of Province into Hospital Districts—

The division of the province into hospital districts, similarly to the medical profession proposes, was discussed. Dr. MacEachern brought this up and suggested the following districts—

Victoria and Island
Vancouver and Coast Mainland
Fraser Valley
Cariboo-Yale
Kootenay East
Kootenay West
Grand Trunk Pacific

He pointed out that each district could nominate officers and a member for the Executive, and thought it would develop more interest. The Executive approved of this and it was moved by Miss J. F. MacKenzie, seconded by Miss L. S. Gray,

THAT the division recommended by the British Columbia Medical Association be adopted by The British Columbia Hospital Association, and that they be asked for nominations each year, either before or at the convention.—Carried.

Hospital Inspection—

Several comments were made on this, and it was felt that the present system should be altered. The hospitals of our province want constructive help in their difficulties and someone to consult with. The Executive felt that if the inspector could spend two or three days in each hospital, meeting the staff and the board of trustees, they could solve a great many of their problems. An inspector who should of necessity be a man of extensive expert knowledge in connection with hospital work, could be of real

value to any institution that he visited.

It was moved by Miss J. F. MacKenzie, seconded by Mr. G. R. Binger,

THAT the Secretary write the government setting forth the Association's views on the matter.—Carried.

New List of Hospitals—

It was suggested a new list of hospitals be secured from the government.

Drawing for Fees—

Several thought that members of the Association should be drawn on for fees each year. It was finally decided to warn them first and later draw on them if necessary.

Meeting adjourned.

EXHIBITORS AT CONVENTION

Chandler & Fisher, Limited.
B. C. Stevens Company, Limited.
Ingram & Bell, Limited.

Business Questionnaire:

1. Should the hospitals of British Columbia adopt May 12th as National Hospital Day?

Answer—Yes; as a day of hospital propaganda, inasmuch as the public needs education on hospital problems and advancement.

2. Should all hospitals publish annual reports?

Answer—Yes.

3. What should be the average charges for the following:

(a) Public wards
(b) Semi-private wards
(c) Private wards
(d) Operating Room
(e) Anaesthetic

Answer—

(a) $2.00 to $2.50 per day.
(b) $3.00 to $3.50 per day.
(c) $4.00 to $6.00 per day.
(d) $5.00 to $10.00.
(e) $10.00.

4. Should the superintendent of the hospital attend the meetings of the Board of Directors or Trustees?

Answer—Yes, always.

5. Can a common basis be established for the computation of per capita in hospitals so that it may be of some comparative use?

Answer—Yes, if a proper standard of cost-accounting system be established. The basis of per capita could be as follows: Cost of all services to patient, with or without regard for such matters as depreciation, taxes, water rates, sinking fund, interest on investment or other expenditure. A common basis could be worked out in this respect. However there must be taken into consideration the kind of service that the hospital renders to the patient, this must be more or less uniform.

6. What special economies are British Columbia hospitals effecting today which are worth while?

Answer—Several hospitals in the province are carrying out certain economies such as gauze reclamation, linen conservation and reclamation, food conservation and various other economies which may be touched on in a further round table conference. Further, some of the most valuable assis-

tance to the hospitals during the past year and which has meant a great economy to them has been,

First—Produce Day, which is usually set for a day in September, when all the hospitals are recipients of donations from the rural communities, especially of potatoes, fruit and other produce which can be utilized to great advantage by the institution. This is an annual day amongst hospitals in British Columbia, and during the past year or two has met with splendid response.

Second—Several hospitals, especially near the fruit district, put down all their canned fruit for the year. This is carried out usually by the women in the community or the Woman's Auxiliary.

Third—The Woman's Auxiliary, as organized in various hospitals, have been most valuable in raising money, supplying linen, equipment and other very necessary supplies for the hospitals.

7. Should staff, other than nurses, live in or out of the hospital and which is the most economical for the hospital?

Answer—Some hospitals find it more desirable to have all their staff, other than nurses, live out, relieving them thus of a great deal of extra equipment and trouble. However, it is generally conceded that it is more economical to keep the entire staff living in. This is impossible in many hospitals owing to lack of accommodation.

8. What is the most desirable color scheme for walls and ceilings in a hospital?

Answer—The most desirable color scheme for walls and ceilings in a hospital appears to be a cream or buff shade or light green. In British Columbia, where we have a great deal of rain, the light buff or cream walls and ceilings is the most generally used.

9. Can hospital equipment be standardized to the advantage of all our hospitals?

Answer—Yes.

10. Can the hospitals of British Columbia adopt uniform salary schedule and also a uniform length of vacation with pay for their employees?

Answer—It might not be possible to adopt an absolutely uniform schedule, but one more or less uniform could be arranged with a degree of variation for certain conditions. Such a schedule would serve as valuable information to all our hospitals and would be a working basis for each of them.

DELEGATES

Name	Representing	Address
Antle, J.	Columbia Coast Mnssion	Vancouver, B.C.
Arbuckle, Dr. W.	Jubilee Hospital	Vernon, B. C.
Arbuckle, Mrs. W.	Jubilee Hospital	Vernon, B. C.
Archibald, Mrs. M. G.	Royal Inland Hospital	Kamloops, B. C.
Archibald, Marjorie	Royal Inland Hospital	Kamloops, B.C.
Arthur, Dr. E. C.	Prov. Inspect'r of Hospitals	Victoria, B.C.
Barnhart, P. A.	Royal Inland Hospital	Kamloops, B.C.
Bell, J. K.	Royal Inland Hospital	Kamloops, B. C.
Beswick, G. T.	Saskatoon Hospital	Saskatoon, Sask.
Bethune, R. A.	Royal Inland Hospital	Kamloops, B.C.
Binger, George R.	Kelowna Hospital	Kelowna, B.C.
Blackford, Mrs.	Royal Inland Hospital	Kamloops, B.C.
Blair, Miss Helen	Royal Inland Hospital	Kamloops, B.C.
Bligh, Miss Eva	Hazelton Hospital	Hazelton, B.C.
Boggs, Miss A.	General Hospital	Penticton, B.C.
Brenton, H. J.	Royal Inland Hospital	Kamloops, B.C.
Brown, Capt. John A.	Cumberland General Hosp.	Cumberland, B.C.
Brown, Miss Mary	Cumberland General Hosp.	Cumberland, B.C.
Burnell, Miss M.	Royal Inland Hospital	Kamloops, B.C.
Burton, Miss Isobel	Royal Inland Hospital	Kamloops, B.C.
Burton, S. C. (Mayor)	Royal Inland Hospital	Kamloops, B.C.
Burton, Mrs. S. C.	Royal Inland Hospital	Kamloops, B.C.
Carver, G. F.	Prov. Royal Jubilee Hosp.	Victoria, B.C.
Cerry, J. A.		Vancouver, B.C.
Clark, Miss C.	Jubilee Hospital	Vernon, B.C.
Clarke, Miss Helen	Royal Inland Hospital	Kamloops, B.C.
Dalgleish, N. S.	Royal Inland Hospital	Kamloops, B.C.
Day, Edward L.	Chandler & Fisher, Ltd.	Vancouver, B.C.
Dinwoody, Miss L.	Cookstown Hospital	Cookstown, Ont.
Edmonds, Miss B.	Royal Columbian Hospital	N. Westminster, B.C.
Fenwick, A. H.	Royal Inland Hospital	Kamloops, B.C.
Fitzpatrick, Miss	Kootenay Lake Gen. Hosp.	Nelson, B.C.
Gillis, Dr. J. J.	Nicola Valley Gen. Hosp.	Merritt, B.C.
Gill, James A.	Royal Inland Hospital	Kamloops, B.C.
Gouldburn, E. H.	Lady Minto Hospital	Ashcroft, B. C.
Gray, Miss J. Scott	Prince George Hospital	Prince George, B.C.
Gray, Miss L. Scott	Chilliwack Hospital	Chilliwack, B.C.
Green, P. W.	Reid Bros. of Canada Ltd.	Vancouver, B.C.
Hall, Dr. G. A. B.	Workmen's Comp'n Board	Vancouver, B.C.
Hall, Thos. R.	Royal Inland Hospital	Revelstoke, B.C.
Hamilton, Dr. J. H.	Queen Victoria Hospital	Kamloops, B.C.
Hannington, Mrs. J. C.	Victorian Order of Nurses	Ottawa, Canada
Hawthorne, Miss M.	Royal Inland Hospital	Kamloops, B.C.
Hay, D. G.	B. C. Stevens Co., Ltd.	Vancouver, B.C.
Henry, Miss Frances	Vancouver Gen. Hospital	Vancouver, B.C.
Hinch, R. N.	Ingram & Bell, Ltd.	Calgary, Alta.
Hinchcliffe, J.		Victoria, B.C.
Holt, Miss Louisa	Royal Inland Hospital	Kamloops, B.C.
Holt, Miss Sarah	Royal Inland Hospital	Kamloops, B.C.
Houle, Dr. L. G.	Royal Inland Hospital	Kamloops, B.C.
Houle, Mrs. Lester	Royal Inland Hospital	Kamloops, B.C.
Hunt, Charles L.		Kamloops, B.C.
Irving, Dr. R. W.	Royal Inland Hospital	Kamloops, B.C.

Name	Representing	Address
Johnson, Mrs. M. E.	Bute Street Hospital	Vancouver, B.C.
Kearney, Dr. J. A.	Tranquille Sanitorium	Tranquille, B.C.
Keddell, Herbert	Penticton Hospital	Penticton, B.C.
Lammers, W. J.	Chase Hospital	Chase, B.C.
Lammers, Mrs. W. J.	Chase Hospital	Chase, B.C.
Leders, R. B.	Vancouver Gen. Hospital	Vancouver, B.C.
Lister, Miss Anna D.	Queen Victoria Hospital	Revelstoke, B.C.
Loyst, Miss A.	Tranquille Sanitorium	Tranquille, B.C.
McArthur, Miss A.	Kootenay Lake Gen. Hosp.	Nelson, B.C.
MacEachern, Dr. M. T.	Vancouver Gen. Hospital	Vancouver, B.C.
McGregor, Miss F.	Royal Inland Hospital	Kamloops, B.C.
McGregor, Geo.	Prov. Royal Jubilee Hosp.	Victoria, B.C.
McGregor, Mrs. Geo.	Prov. Royal Jubilee Hosp.	Victoria, B.C.
MacKay, Miss F.	Royal Inland Hospital	Kamloops, B.C.
MacKenzie, Miss J. F.	Prov. Royal Jubilee Hosp.	Victoria, B.C.
MacKinnon, Mrs. A.	Cumberland Gen. Hosp.	Cumberland, B.C.
MacKinnon, Alastair	Cumberland Gen. Hosp.	Cumberland, B.C.
MacMillan, Miss M. P.	Royal Inland Hospital	Kamloops, B.C.
Manley, Miss	Royal Inland Hospital	Kamloops, B.C.
Mantle, Wm. J.	Kelowna Hospital	Kelowna, B.C.
Mathieson, Mrs. A.	King's Daughters' Hosp.	Duncan, B.C.
Meighen, Mrs. A.	Royal Inland Hospital	Kamloops, B.C.
Miller, Mrs. H. N.	Royal Inland Hospital	Kamloops, B.C.
Morrice, Miss J. A.	Tranquille Sanitorium	Tranquille, B.C.
Morissey, L. E.	Nicola Valley Gen. Hosp.	Merritt, B.C.
Muir, Miss S.	Royal Inland Hospital	Kamloops, B.C.
Murphy, Dr. H. H.	Royal Inland Hospital	Kamloops, B.C.
Murphy, Mrs. H. H.	Royal Inland Hospital	Kamloops, B.C.
Nelson, Miss Vera	Queen Victoria Hospital	Revelstoke, B.C.
Norfolk, Miss Vera	Royal Inland Hospital	Kamloops, B.C.
Preston, U. A.	Radium Chemical Co.	San Francisco, Cal.
Purvis, Dr. G. S.	Royal Columbian Hosp.	N. Westminster, B.C.
Randal, Miss Helen	B.C. Grad. Nurses' Ass'n.	Vancouver, B.C.
Reid, Mrs.	Chase Hospital	Chase, B.C.
Robinson, J. T.	Royal Inland Hospital	Kamloops, B.C.
Rose, Miss Pauline	Nanaimo Gen. Hospital	Naniamo, B.C.
Sheldon, Miss L. P.	Nanaimo Gen. Hospital	Naniamo, B.C.
Sister Mary Dorothea	St. Ann's Convent	Kamloops, B.C.
Sister Mary Priscilla	St. Ann's Convent	Kamloops, B.C.
Smith, Miss G. A.	General Hospital	Campbell River, B.C.
Stephens, Dr. H. F. D.	King's Daughters' Hosp.	Duncan, B.C.
Stinson, Miss L. P.	Nicola Valley Gen. Hosp.	Merritt, B.C.
Stirling, Mrs. C. J.	Salmon Arm Gen. Hosp.	Salmon Arm, B.C.
Stott, Miss K.	Royal Columbian Hospital	N. Westminster, B.C.
Strong, Dr. G. F.	Vancouver Gen. Hospital	Vancouver, B.C.
Sutherland, D. (Mayor)	Kelowna Hospital	Kelowna, B.C.
Swanson, Miss M.	Royal Inland Hospital	Kamloops, B.C.
Taylor, Miss H. S.	Royal Inland Hospital	Kamloops, B.C.
Thom, Miss	Public Health Nurse	Kamloops, B.C.
Tyrell, Mrs. A. M.	Royal Inland Hospital	Kamloops, B.C.
Vickers, Miss Norah	Royal Inland Hospital	Kamloops, B.C.
Wells, Miss Blanche	Royal Inland Hospital	Kamloops, B.C.
Whitecross, Alexander	Tranquille Sanitorium	Tranquille, B.C.
Willits, P. B.	Kelowna Hospital	Kelowna, B.C.
Willoughby, Dr. C. J.	Royal Inland Hospital	Kamloops, B.C.

Name	Representing	Address
Wilmot, Mrs. M. E.	Kelowna Hospital	Kelowna, B.C.
Wilson, Miss		Minneapolis, Minn.
Winn, E. S. H.	Workmen's Comp. Board	Vancouver, B.C.
Woods, Henry	Jubilee Hospital	Vernon, B.C.
Wrinch, Dr. H. C.	Hazelton Hospital	Hazelton, B.C.
Wrinch, Mrs. H. C.	Hazelton Hospital	Hazelton, B.C.
Young, Dr. H. E.	Prov. Officer of Health	Victoria, B.C.

2

CONSTITUTION and BYLAWS

—of—

THE B. C. HOSPITAL ASSOCIATION

Article 1—Name.

The name of this Association shall be "The B. C. Hospital Association."

Article 2—Purpose.

It shall be the purpose of this organization:

(a) To serve as a means of intercommunication and co-operation.

(b) To establish, maintain and improve standards of hospital work. between the hospitals in British Columbia.

(c) To promote the efficiency of all hospitals in the province.

(d) To stimulate intensive and extensive hospital development.

(e) To make all hospitals of more community service.

Article 3—Officers.

The officers shall be:

Honorary President.
President.
First Vice-President.
Second Vice-President.
Secretary.
Treasurer.
Executive Committee of Ten.

Article 4—Membership.

The members shall be all persons connected directly or indirectly with hospitals paying the membership fees hereinafter mentioned, and such members shall be classified as follows:

(a) Institutional.

(b) Individual.

(c) Honorary.

(a) "Institutional" membership may be held by any hospital, public or private, carrying on work within the province. Institutional membership shall include all members of its trustee board, and all persons holding executive positions in the institution:

(b) "Individual" members shall be all persons connected directly or indirectly with hospital work who are not members of trustee boards or holding executive positions in hospitals, and shall include attending doctors, nurses and members of hospital auxiliaries:

(c) "Honorary" members shall be any persons who have ceased to take an active part in hospital work after years of faithful service.

Article 5—Election of Officers.

This shall take place at the annual meeting each year, and shall be by ballot. All officers shall be elected for a term of one year.

Article 6—Executive Committee

The Executive Committee shall be composed of the officers and ten other members, elected from the Association at the annual meeting.

Article 7—Quorum

Five members shall constitute a quorum of the Executive Committee, which shall meet at least once a year, and at other times at the call of the chairman or any five members. Ten per cent of the members shall constitute a quorum of the whole Association. The Executive Committee shall carry on the affairs of the Association during the year and report to the Association at the annual meeting.

Article 8—Meetings, time and Place.

The annual meeting of the Association shall be held at the time of the hospital Convention, notice of which shall be sent out to each member one month in advance. The place at which the annual meeting and convention shall be held will be decided on at the annual meeting or convention of the previous year.

Article 9—Amendment to Bylaws.

Bylaws may be amended at any regular meeting by a two-thirds vote of members present.

Article 10—Recommendations.

All recommendations and suggestions must be sent in in writing to the Secretary of the Association, who shall lay same before the Executive for discussion and consideration previous to the annual meeting of each year.

Article 11—Membership Fees.

All hospitals within the province paying the following fees shall be entitled to membership in this Association:

1. Hospitals of ten beds or under, $5.00 per annum.
2. Hospitals of ten to twenty beds, $10.00 per anunm.
3. Hospitals of twenty to fifty beds, $15.00 per annum.
4. Hospitals of fifty to one hundred beds, $20.00 per annum.
5. Hospitals over one hundred beds, $25.00 per annum.
6. Individual and honorary membership fees shall be $1.00 per annum.

Article 12—Voting.

In any matter of business requiring action by vote of the Association, voting of institutions shall be in proportion of one vote for each $1.00 of membership fee: thus, a hospital paying $5.00 membership fee shall have five votes, and so forth.

The combined delegation of any hospital shall agree among themselves as to how their institution shall vote. No institutional vote shall be divided on any question. If time is required by a delegation of any institution before casting its vote, the chair shall postpone the taking of the vote for a reasonable time. After postponement for this purpose there shall be no further discussion of the question before taking vote upon it.

Individual and honorary members shall each have one vote.

Votes by proxy will not be allowed.

DATED at Vancouver, B. C., this 28th day of June, A.D. 1918.

HOSPITALS IN BRITISH COLUMBIA

Name and Address	Public or Private	Number of Beds	President or Chairman of Board	Secretary of Board	Superintendent
Anyox General Hospital, Anyox	Public	16	A. J. Bone	L. R. Thomas	L. Broe, M.D.
Armstrong Nursing Home, Armstrong	"	6			
Ashcroft and District General Hospital, Ashcroft	"	9			
Avenue Hospital, South Vancouver	Private	4		O. V. Witt	Mrs. A. C. Witt
Bass Maternity Home, Victoria	"	4			Mrs. Mary Bass
Bella Coola Hospital, Bella Coola	Public				
Britannia Beach Hospital, Britannia Beach	"	10			
Bute Street Hospital, Vancouver	Private	15			Mrs. M. E. Johnson, R.N.
Campbell River General Hospital, Campbell River	Public	27	R. J. Walker	F. J. Hamilton	Miss G. A. Smith R.N.
Chase Hospital, Chase	"	10	W. F. Lammers	R. R. Mason	D. J. Barclay, M.D.
Chemainus General Hospital, Chemainus	"	17	Henry R. Smiley	E. M. Cook	H. N. Watson, M.D.
Chilcotin General Hospital, Alexis Creek	"	4	Alex Graham	T. C. Lee	I. H. Wright, M. B.
Chilliwack Hospital, Chilliwack	"	29	Rev. G. A. Reynolds	Peter J. Brown	Miss L. S. Gray, R.N.
Corbin Hospital, Corbin	"	10	E. L. Warburton	F. W. Reger	Robert Elliott, M.B.
Columbia Coast Mission, Inc. (St. Michael's Hospital, Rock Bay, St. George's Hospital, Alert Bay)	"		The Right Rev. The Bishop of British Columbia	T. F. Barton	Geo. H. Watson, M.D.
Coquitlam Hospital, Coquitlam	Private	25		G. A. Sutherland, M.D.	G. A. Sutherland, M.D.
Cumberland General Hospital, Cumberland	Public	30	Charles Graham	T. Mordy	Miss M. Browne, R.N.
Enderby Hospital, Enderby	"	8	Charles Hawkins	Rev. John Stott	Mrs. Sarah McPherson.
Fernie Hospital, Fernie	Public	48	A. B. Trites	Edith Kirkpatrick	E. L. Garner, M.D.
Golden Hospital Society, Golden	"	20	H. B. Cornell	W. Ayres	P. Ewart, M.D.
Grand Forks Hospital, Grand Forks	"	50	C. M. Kingston, M.D.	C. M. Kingston, M.D.	Margaret J. Kingston

HOSPITALS IN BRITISH COLUMBIA

Name and Address	Public or Private	Number of Beds	President or Chairman of Board	Secretary of Board	Superintendent
Grandview Hospital, Vancouver	Private	17	Marjorie C. Newton	Francis E. Newton	Marjorie C. Newton
Hazelton Hospital, Hazelton	Public	35	S. H. Hoskins	H. C. Wrinch, M.D.	H. C. Wrinch, M.D.
Hedley General Hospital, Hedley	"	7	G. P. Jones	R. S. Collin	Miss S. I. Peers, Matron.
Kelowna Hospital, Kelowna	"	27	A. A. Ballard	George R. Binger	Mrs. M. E. Wilmot, R.N.
King's Daughters' Hospital, Duncan	"	25	Wm. H. Elkington	E. W. Carr Hilton	Mrs. Anne Mathieson, R.R.C.
Kootenay Lake General Hospital, Nelson	Public	80	J. A. Irving	G. Johnstone	Miss Ann MacArthur, R.N.
Lady Minto Gulf Island Hospital, Saltspring Island (Ganges)	"	7	Edward Walter	C. S. Stuart Holmes	Miss Ruth Wood, R.N.
Ladysmith General Hospital, Ladysmith	"	26	T. A. Spenston	Arthur P. Glen	Miss Grace Kerr, R.N.
Mater Misericordiae Hospital, Rossland	"	40		Sister M. Stephen	Sister M. Scholastica
Michel Hospital, Michel	"	9	B. Ball	R. C. Weldon, M.D.	R. C. Weldon, N.D.
Miners' Union Hospital, Sandon	"				
More Maternity Home, Victoria	Private	1			Mrs. C. More, Matron
Murray Convalescent Home, Vancouver	"	4			Miss Esther Murray
Nakusp Hospital, Nakusp	Public	6	Frederick W. Jordan	Ralph Islip	E. H. S. McLean, M.D.
Nanaimo General Hospital	"	50	G. Bell Brown, M.D.	John Shaw	Miss Pauline Rose, R.N.
Nicola Valley General Hospital	"	22	M. L. Grimmett	A. R. Carrington	Miss L. P. Stinson, R. N.
North Vancouver City Hospital, North Vancouver	"	18	Corporation of the Dis. of North Van.	John G. Farmer Clerk to Council	Miss G. M. Currie, R.N.
Ocean Falls Hospital, Ocean Falls	"	21		Wm. Money	John Christie, M.D.

HOSPITALS IN BRITISH COLUMBIA

Name and Address	Public or Private	Number of Beds	President or Chairman of Board	Secretary of Board	Superintendent
Penticton Hospital, Penticton	Public	20	Major I. H. Stevens	Herbert Keddell	Miss A. L. Boggs, R.N.
Port Essington General Hospital, Port Essington	"	20	John Flewin	Wm. Sager, M.D.	Wm. Sager, M.D.
Port Simpson General Hospital, Port Simpson	"	30	John Flewin	Wm. Sager, M.D.	Wm. Sager, M.D.
Prince George Hospital, Prince George	"	26	A. Wimbles	D. G. Williams	Miss J. S. Gray, R.N.
Prince Rupert General Hospital, Prince Rupert	"	60	D. G. Stewart	G. E. Gibson	Miss Charlotte Black, R.N.
Princeton General Hospital, Princeton	"	18		H. E. Whittaker	Mrs. Gray
Provincial Royal Jubilee Hospital, Victoria	"	150		G. F. Carver	H. B. Rogers, M.D.
Queen Victoria Hospital, Revelstoke	"	60	T. Kilpatrick	Thomas Steed	W. H. Sutherland, M.D.
Quesnel Hospital, Quesnel	"	10	Rev. T. A. Elliott		Florence J. G. Lott, V.O.N.
Royal Cariboo Hospital, Barkerville	"	5	L. A. Dodd	F. J. Tregillus	M. Callanan, M.D.
Royal Columbian Hospital, New Westminster	"	250	A. W. Gray	E. S. Withers	
Royal Inland Hospital, Kamloops	"	115	J. T. Robinson	R. A. Bethune	Miss M. P. Macmillan, R.N.
Roycroft Private Hospital, Vancouver	Private	16			
R. W. Large Memorial Hospital, Bella Bella	Public	25	R. W. Cairns	Miss Eunice Wilson	George E. Darby, B.A., M.B.
Salmon Arm General Hospital, Salmon Arm	"	12	J. L. Jackson	Rev. J. D. Hobden	Miss E. J. Merrill, R.N.
Salmon Maternity Home, Cranbrook	Private	8			Mrs. A. Salmon
Shulus Hospital, Shulus	Public	8			The Ven. Archdeacon, E.W. Pugh.
Silverton Hospital, Silverton	"	14			
Slocan Hospital, New Denver	"	22	Colin Campbell	Angus McInnes	Wm. E. Gomn, M.D.
Summerland Hospital, Summerland	"	16	H. C. Mellor	Thos. H. Riley	Miss J. Johnston, R.N.
Sunnyview Sanatorium, Kamloops	Private	20		S. C. Burton	R. W. Irving, M.D.

HOSPITALS IN BRITISH COLUMBIA

Name and Address	Public or Private	Number of Beds	President or Chairman of Board	Secretary of Board	Superintendent
St. Andrew's Hospital, Atlin	Public	10		John Williams	Sister Dorothy M. Taylor
St. Eugene Hospital, Cranbrook	"	75	R. E. Beattie	Sister Mary du Cenade	Sister Tancrede, Superior
St. Bartholomew's Hospital, Lytton	"	15			
St. Joseph's Hospital, Comox	"	25	James Carthew	Sister St. Edmund	Sister Zephyrinus
St. Joseph's Hospital, Victoria	"	150	W. T. Barrett, M.D.	A. E. McMicking, M.D.	Sister Mary Mark
St. Luke's Hospital, Powell River	"	16			A. Henderson, M.D.
St. Luke's Home, Vancouver	"	10	Bishop DePencier	Sister Frances	Sister Frances
St. Mary's Hospital, New Westminster	"	60		Sister Cassilda	Sister M. Nazareth
St. Paul's Hospital, Vancouver	"	275	H. R. Storrs, M.D.	W. D. Keith, M.D.	Sister M. Clarissa
Telegraph Creek Hospital, Telegraph Creek	"	8	H. W. Dodd	Fred P. Thorman	
Trail Hospital, Trail	"	18		John May	
Tranquille Sanatorium, Tranquille	"	230	Edward Mahon		J. Kearney, M.D.
Vancouver General Hospital, Vancouver	"	1200	R. S. Somerville	George Haddon	M. T. MacEachern, M.D.
Vernon Jubilee Hospital, Vernon	"	70	G. A. Henderson	Henry Woods	Miss E. C. Clark, R.N.
Victoria Private Hospital, Victoria	Private	14		Miss M. Archibald	Miss J. B. Archibald,
Victorian Hospital, Kaslo	Public	18	W. E. Zwicky	W. H. Burgess	
West Coast General Hospital, Port Alberni	"	20	Robert F. Blandy	George S. Pearse	Miss D. Anfield, R.N.
Windermere District Hospital, Invermere	"	14	A. G. Cuthbert	A. E. Fisher	Miss Margaret Pedden, R.N.
Ymir General Hospital, Ymir	"	16			