The Hospital Board reserved the right to have placed uniform institutional beds in all the private rooms and wards.

The operating room was fitted up and furnished by the Board at a cost of over \$500, and is certainly very complete for so small

a hospital.

The "White line" operating table, No. 2, was secured with the Mayo instrument rack attached. The sterilizer, which cost \$190, and, in fact, all the furniture in the operating room, excepting one small table for dressings, was manufactured by the Scanlan-Morris Co., of Madison, Wisconsin, and has proven to be very satisfactory. Since opening the hospital, Dr. D. M. Gordon, of Lucknow, has kindly donated an additional porcelain-top instrument table.

It is estimated that building, grounds and furnishings are

worth in the neighborhood of \$15,000.

A Ladies' Auxiliary of nearly three hundred members has greatly assisted the Board in furnishing linen and many other necessary supplies. The hospital has accommodation for twenty-five patients, and is open to all physicians in Wingham and the surrounding country. Over sixty patients have been admitted since the opening in February last, and at the present time twelve patients are under treatment in the institution.

Miss Katherine Stevenson, of Orangeville, a graduate of Buffalo Hospital, is Lady Superintendent. She is ably assisted by Miss Eva Kelly, a graduate of St. Joseph's Hospital, London, and Miss Annie Densmore, a graduate of Bellevue Hospital, New York. In addition to these nurses, two probationers have re-

cently been added to the nursing staff.

Wingham is justly proud of its hospital, and the opinion is freely expressed that before long it may be found necessary to enlarge the building for the accommodation of patients.

To Dr. J. P. Kennedy, who took the initiative in the matter,

largely belongs the credit of its successful establishment.

If a patient gives a history of "sprained wrist" that has remained feeble and painful in spite of appropriate treatment for sufficient time, and if the wrist presents thickening and tenderness at its radial aspect, a diagnosis of fracture of the scaphoid should be entertained. Colles' fracture must be excluded, by the relation of the two styloid processes and the location of the deformity. Fractures of the radius and scaphoid may, however, co-exist.—American Journal of Surgery.