

THOUGHTS ON HOSPITAL

MATTERS.

TO THE EDITOR OF THE RECORD :

Sir,—In looking over the recently published Hospital Report, I am moved to say a word.

In the Medical Superintendent's Report, the number of Hospital cases is given as 104 "public," and 462 "dispensary," a most serious falling off from former years. What is the cause? Can it be that in the wide field covered by our physicians there are no more poor and suffering ones who can be taken in and treated, and the superior methods of our practice shown; or is it because the apathy of our own people denies the support needful to carry on this expensive charity, and the attention of the management is perforce inclined towards the revenue-bringing private wards to the neglect of the main object of the Hospital's existence? The gratifying returns from the private wards, and their unprejudiced use by an increasing number of outside physicians, are encouraging; but recent public discussion has shown the urgent demand for private ward hospital accommodation, and our service need only be maintained at the highest standard and made widely known to ensure its use and the mutual satisfaction of Hospital and patrons. If, however, this source of revenue were exploited to the full, there would still remain the need for public support of the public wards—the more fully occupied the greater the need. There should be no fear of overtaxing the attending staff in this respect—the prestige of Hospital appointment carries Hospital duties. Moreover, full wards are a three-fold boon—to the many sick who are benefited; to the doctors and nurses who are interested in the care and study of diversified medical and surgical cases; and to patients to whom doctor and nurses bring, in private practice, the knowledge and improved skill acquired in public service. The devotion of the Medical Board, the loyalty of the Committee of Management, and the enthusiasm of the Woman's Auxiliary are known to all and beyond praise, but where does the bystander come in? Aside from one special donor, and a number who subscribe from a laudable desire to aid any good cause, the subscription list discloses not only lamentably few names but the

sad fact that about \$500 represents the annual cash contribution of the Homoeopathic public to the support of its Hospital!!

Were all awake to their full duty and great privilege, instead of a deficit of over \$200 on maintenance account, the Treasurer's next annual statement might report settlement of ALL liabilities, the cash payment of all bills monthly, and a handsome surplus towards needed improvements, with possibly the Medical Superintendent's Report showing five times the number of cases successfully treated in the wards and Dispensary. If not, why not?

GOVERNOR.

GRADUATE NURSES TAKE NOTE.

TO THE EDITOR OF THE RECORD :

Sir,—At various times, graduate nurses have complained of lack of cases. This evening I required a nurse and received from the Hospital the names of three marked "In." On telephoning I found all of these three out. The Lady Supt., I am sure, does all possible to help the graduates in obtaining cases, but if the graduates themselves do not take the trouble to keep the Hospital informed when they are "Out" or "In," they have themselves to blame if outside nurses are employed.

Yours truly,
HUGH PATTON.

APPROVES HOMOEOPATHY

Modern Medical Science, under the caption, "Minimizing the Calomel Dose," prints the following, which will please every homoeopathic physician who reads it:

"Intelligent physicians of all schools now agree that different degrees of potency vary the effects of at least many drugs, in an unaccountable manner, sometimes even to reversal. Dr. Edwin W. Pyle (not a homoeopathist) gives the Medical Summary the following clinical facts, which 'cast a shadow before' of the ultimate reconciliation of some violent medical controversies.

"It is the physician's duty to eliminate all unnecessary elements in medicine and to administer the least quantity that will produce the desired results. Calomel