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To Breeders of Dairy Cattle

We want to take this opportunity of introducing to our dairy breeders throughout Eastern Canada the new Live Stock Representative of Farm and Dairy—

Mr. C. G. McKillican

Mr. McKillican has been brought up in one of the districts of Ontario noted for its advanced dairy interests. He is thoroughly experienced with dairy cattle and with the dairy breeders' problems, being himself a partner in his father's pure-bred herd.

Mr. McKillican will be in Western Ontario during the coming few weeks, in connection with our ANNUAL CHRISTMAS AND BIRTHDAYS' NUMBER of Farm and Dairy, and we are anxious that he should get acquainted with as many of our breeders of pure-bred dairy stock as possible.

Should you desire Mr. McKillican to give you a call in the next few weeks, we shall be glad to have you drop us a card to

Live Stock Department

Farm & Dairy

Peterboro, Ont.

Homely Hints for the Home Nurse

Marion Dallas, York Co., Ont.

A SHOCKING tragedy was enacted the other day in one of our eastern towns. A young woman took a dose of carbolic acid in mistake for the medicine ordered by the doctor. Of course she died. This incident brought forcibly to mind the fact that in many rural communities where the mother in the home has to act as both doctor and nurse in the family, there are many homely "don'ts" for the sick room with which all of us might do well to become familiar. Here are a few of them:

Don't keep medicine and poison on a table within reach of the patient. Label all bottles clearly and put them on separate shelves kept strictly for that purpose only.

Don't whisper in the sick room; unconsciously the patient strains his ears and nerves in the attempt to catch the thread of conversation.

Don't rattle dishes or shake the floor when you walk.

Don't say to a patient "you care for this or that to eat?" With your knowledge of their condition prepare the dish and surprise them: if you have never tried this plan with a patient whose appetite is capricious, try it and you will be more than delighted with the results.

Don't allow a strong light to fall upon the eyes of the sick one.

Don't tell or allow any one else to tell gloomy stories.

Don't use a feather bed in nervous diseases or in any illness of long duration. If the patient is very weak the weakness will be augmented.

Don't collapse in moments of sudden change in the patient's condition. Assume self possession if you do not feel it; your assurance means much to the patient in a critical moment.

Don't cross a patient, especially in delirium.

Don't taste a patient's food in their presence.

Don't leave milk or other foods standing in the room. The desire to partake of food upon which you have watched the dust settle, is not very keen.

Don't leave traces of the meal around the bed. Remove the crumbs.

Don't have heavy carpets or hangings in the sick room.

Perhaps in reading these "don'ts," the writer hears some one say, "Why any person who cares for the sick would never make any of those mistakes." Perhaps not, but there are many people who have so little knowledge of disease that if the duties of nurse are suddenly thrust upon them they are nonplussed, and have no idea as to the easiest and best methods of nursing, and if they do not take a special interest, the patient suffers much needless pain and inconvenience.

Every "Don't" has come under the personal notice of the writer. One in particular impressed me. "A young woman in Toronto had a prescription for a cold filled. By a mistake strychnine instead of quinine was put in. The mistake was noticed immediately after swallowing the capsule. After several hours' hard work the doctors (four in number) were able to save her life. She was progressing favorably when one afternoon a friend called. "Oh," the visitor remarked, "did you know that young woman has just died who was poisoned in a similar manner to you." Then seeing the distress on the patient's face she exclaimed, "My, I should not have told you, but you will forget it, won't you?" Did she forget, or her heart-broken mother and friends who listened to her pitiful pleadings when in the delirium ran high, as she begged

them not to allow her to die. That happened some years ago, but the woman has never forgotten and hopes if she is ever ill again she will be protected from such friends—"Advance agents for the undertaker" some one has designated them.

Everyone is aware how fitful the appetite becomes during illness. A case of typhoid fever came to my notice recently. At stated times milk and water were brought to the patient's bedside. If they felt like taking a drink all right. If not, it was left on a little table near the bed, sometimes for hours. At last the patient requested that it be brought in in smaller quantities or else put out of sight.

What could be more deplorable than to see a woman dying of consumption, sweating for five months on a feather bed? The doctor remonstrated but could not make the friends realize what harm was being done, until it was too late and the patient too thin and wasted to sleep on a mattress. Night after night the fatal sweats came on and between the struggle of rubbing dry and changing the damp clothing and re-arranging the feathers, the patient was exhausted. In fact all resources were used up in this way and none left to fight the disease.

Many physicians will tell you that the reason some patients make such progress toward recovery is, because the average sick room gets so little light and fresh air.

If a room has heavy curtains, upholstered furniture and a closet full of clothing, it will not only require thorough, but constant cleaning. Add to this a dressing table littered with more things than can be readily dusted every day, draw down the blinds to hide the dust and it is easy to imagine the state of mind of not only the patient but the nurse.

Contrast with this a room where there are no carpets, therefore easily swept without a cloud of dust, no curtains, or light washable ones, and dark heavy blinds to keep out the strong light of the sun, a cheerful picture or stereo on the wall, placed just where the patient can see them easily, a dainty white cover on the dresser, when possible flowers, and the whole atmosphere will suggest hopefulness and promote a strong desire on the part of the patient to get up and out into the fresh air. This is half the battle for the return of strength. The keynote of all sick rooms should be brightness and cheerfulness.

One more "don't." Unless you want to be a long sojourner in the sick room, don't rush into the air, should you have the misfortune to set fire to your clothes. Roll on the floor if you have them on, or wrap yourself in a blanket, or rug, or any heavy garment handy, and crush the flames from the mouth downward.

Trivial as these "don'ts" may appear, we realize that life is made up of trifles and a knowledge of the ordinary rules of the sick room will prove most conducive to the comfort and health of all patients, whether they be strangers or members of our own household.

Parson Wilder, who had a small church in a little western town, was about to go away for a two-weeks' vacation. The Sunday before he started he announced from the pulpit:

"The preacher for next Sunday will be Mr. Judson, and if one of you won't you?" Did she forget, or her heart-broken mother and friends who listened to her pitiful pleadings when in the delirium ran high, as she begged