

to all emergencies for a city of 25,000 population, even to smallpox, its nursing, and the conducting of public vaccination stations. The principal features which I find advantageous in such a plant are:

1. The ability to hold one able person responsible for entire expenses accruing to the work in her charge. I find, owing to six beds usually being occupied by two sick patients and four convalescents, a single nurse, with the assistance of the convalescents, requires no extra help.

2. The preparation of food on the ward and the distribution of supplies direct to the ward removes all possible necessity of freedom of movement from one part of the building to another of materials or people.

3. Economy in food supplies from use of separate kitchens where all returns from the table, where possible, can be utilized; no wasteful maids or high-salaried cooks; electric stoves, being fireproof, without odor, and cheap, averaging at 4 cents per kilowatt, 1 cent a meal per capita, all contribute to this.

4. The small wards make excellent retention wards for the first three days. New patients are admitted, awaiting development of any cross-infection, before entering the large ward.

5. Six-bed ward is largest I would favor, owing to reduced number of patients exposed in case of cross-infection developing.

I am inclined to favor this method of management for isolation hospitals of any capacity, composed of units independent of one another, containing two or more small wards and one other no larger than six beds.

Francis lock, Fort William.

*THE TREATMENT OF OTITIS MEDIA PURULENTA CHRONICA.

By Dr. J. PRICE BROWN, Toronto.

GEORGES MAHU, of Paris, divides chronic non-deaf otorrhœics into two classes—those in which the only important symptom is purulent discharge, and those showing disturbing signs which indicate labyrinthine or cerebral complications. In the latter he says that our hands are forced, and we must scrupulously practice an extensive excitation, while in the former we have leisure to reflect longer, in order to completely elucidate the case. He adds that no patient suffering from simple chronic purulent otorrhœa should be operated upon without first receiving careful and persistent treatment of the tympanum and attic by the meatal route for a considerable length of time.

* Read at the annual meeting of the Ontario Medical Association, Niagara Falls, May 31, 1911.