

CANADIAN OUT-DOOR LIFE.

A MAGAZINE DEVOTED TO THE GOSPEL OF OUT-DOOR LIFE
IN THE TREATMENT OF TUBERCULOSIS, AND THE VALUE
OF FRESH AIR AND HYGIENIC LIVING FOR EVERYONE

VOL. I

TORONTO, CAN., APRIL, 1907.

NO. 6

Fighting Consumption in Canada.

The Treatment of Tuberculosis at the Nova Scotia (Provincial) Sanatorium.

By W. S. WOODWORTH, M. D., KENTVILLE, N. S.

THE latter decades of the nineteenth century are replete with literature, both practical and theoretical, upon the treatment of tuberculosis, yet it remains for the twentieth century to achieve anything like a certainty in the prevention, arrest, or cure of the dreaded disease. When we recall the work of Jenner, in ameliorating, at least, if not wholly preventing, that fearful scourge, small-pox, by vaccinia, or view the wonderful victories won by Serum Therapy over diphtheria and allied diseases; when we consider the light and knowledge, which may be given us by the microscope in bacteriological research, we take heart and believe that in the near

future, we will have become victorious over this great White Plague.

OUT-DOOR TREATMENT IN THE FORTIES

As far back as the forties, Dr. Sydenham of England, established for himself an almost national reputation for curing consumption, by outdoor treatment, conjoined with horse-back riding. In the sixties and seventies, the late Dr. J. B. S. Jackson, lecturer on Pathology at Harvard, held and demonstrated to his classes, that many cases of advanced tuberculosis, were healed and cured by a life in the Western wilds. Many will remember his specimens of the lungs of the cadaver, with large cavities cicatrized, the

adjacent tissues vitalized and healthy, giving the subject years of usefulness and eventually succumbing to the power of another affection or mayhap to accident. His subject was dry and to many uninteresting, and he gained the soubriquet from his classes of "Morbid Johnny." But his insight into the nature and working of this disease was as logical and correct as that of to-day. I have grateful remembrance of his instruction upon this subject.



PROVINCIAL SANATORIUM, KENTVILLE, N. S.

The fact of the contagiousness of the disease having been established, is the most potent factor in preventing the spread of the affection.

The possibility of arrest or cure of the disease has caused patients to resort to all climes and to climb to all heights. The Isles of the Sea have been the resorts of some, the dry atmosphere of the far inland has been sought by others.

Cod liver oil and whiskey have had their votaries; oil alone by some, whiskey more.

PATENT MEDICINE FAKIRS

The uncertainty in the past, as to the best method of treatment to be adopted for the arrest and cure of the disease, has given license to that arch fakir of civilization, the patent-nostrum vendor, to conjure with the credulity of the public, so that charlatans have become millionaires, and builders of cities in the name of benefactors forsooth!

But whilst these fakirs are heaping up their filthy lucre, the energy of the grey matter of the medical scientist is being exhausted in the endeavor after truth and light. Great personal sacrifices have been, and are being made, the world over by men of power in the medical profession along these lines, solely for the good of mankind.

The past has taught us that cases have and do recover under various conditions and various treatments. The nostrum vendor can trumpet his wares through the press, by word and photo showing that many have survived in spite of his fakes.

The scientist sees that all climes, all altitudes have their votaries, all proving the one and the same fact, *vis medicatrix naturae*.

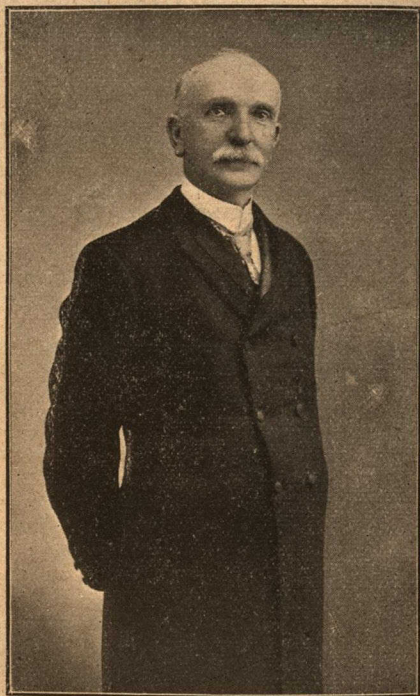
[Thus is it that one and all turn to the East and endeavor to assist nature in her mighty work of restoration. Thus it is we swing back to a primitive method of living, choose our food rich in cell and tissue reconstructives, seek the sunlight, and breathe, day and night, the pure oxygen of heaven; procuring, if possible needed rest for mind and body, freedom from worry and apprehensions, and above all a hopeful and cheerful environment. So arises the sanitorial treatment throughout the civilized world. America has not been laggard in assisting in this great work, as is evidenced by the establishing of sanatoria in most all States of the Republic. Canada also has her associations for caraying on this work, and no section of this great Dominion has been more active in this interest than the medical brethren down by the sea.

PIONEERS IN NOVA SCOTIA

Some years ago the late Dr. Edward Farrell, of Halifax, was appointed a delegate for our Provincial Government to a conference on tuberculosis, held at Berlin. A man ever ready to promote the best interests of the public, progressive in thought and action, and a benefactor to his native land. "His works do follow him."

I doubt not that the influence of his address on his return from that conference, was in a great measure instrumental in inducing our Provincial Government to establish at Kentville a sanatorium for the treatment of tuberculosis, the first state building for the purpose in Canada.

In 1903 our Provincial Government purchased a plot of land, eighteen acres, lying to the north of the Cornwallis River, near the Town of Kentville, and in June of the following year erected and completed a very artistic and well appointed building for the treatment of pulmonary tuberculosis.



W. S. WOODWORTH, M.D. KENTVILLE, N. S.

The grounds are gravelly and the soil porous, drying very quickly. The primeval forests of pine and oak which once covered its surface, have met their fate at the hands of the woodman's axe. A smaller growth now studs the ground.

The buildings will accommodate from 18 to 20 patients, and faces the south. Extending along the south side are two piazzas, one upper, one lower. The dormitories open upon these piazzas by folding doors, sufficiently wide to allow the beds to be drawn out. Running through the building from west to east, are wide corridors, well lighted and airy. A spacious hall and reception room give a homelike effect to the building. It is electric lighted, and procures its water supply from the town of Kentville.

CHARGES IN NOVA SCOTIA

Patients are admitted by application to the Superintendent, Miss Bertha Elliott. Special medical examiners have been appointed by the Government in different towns of the Province, for the accommodation of applicants. The uniform charge of five dollars per week is required, this being less than one-half the actual expense to the Government, making the institution semi-charitable.

On admission a full clinical history of the patient is taken and recorded. A thorough examination is made by the visiting physician and a diagram and notes taken. Pocket or hand cuspidors are provided each patient, and scrupulous care is exercised by the nurses in keeping these receptacles sterilized.

RULES AND REGULATIONS

The rules and regulations are in detail as follows:

The doors of dormitories, which have been open all night, are closed at 6 a. m. and the rooms heated. Patients arise at 7, take a sponge bath or cold plunge, dress and breakfast at 8, are outside till 10.30, then lunch, at which time the nurses take the pulse rate and temperature, which are recorded upon the chart of each patient, to which the visiting physician has access, before making his round to the patients. Outside life until 12. Dinner at 12.30. Rest, reclining, from 1.30 to 3 p. m., then lunch of egg, cream or milk, and pulse and temperature taken. Then outdoor amusements or continued rest as patient feels disposed until tea at 6, after which the patients are permitted to go in or out, engaging in music, plays, games, writing or talking as they are disposed, until 9.30 when they retire.

This is the routine of life at the sanatorium. When patients suffer from a chill or have temperature of 100, they are advised to remain in bed until the temperature is reduced.

There is 'phone connection with the visiting physician in town, night and day, and he is notified of any noticeable changes in condition of patients. There is no routine drug treatment and but few stimulants are used. Individual symptoms are treated as they

arise. For coughs, the Terpen Hydrate and Herion mixtures are occasionally prescribed.

As bacillicides, I prescribe Guaiacol Carb. or creosote in a menstrum of wild cherry and hypophosphites, the beneficial action of either as bacillicides being questionable.

The sympathetic and psychological factors, in most cases, are underestimated and by many wholly ignored, greatly to the detriment of the patient. Their condition demands and deserves the fullest sympathy and support of all with whom they come in contact. Brethren, give them your sympathy.

WORK OF THE PHYSICIAN-IN-CHIEF

Recognizing, as we do, either a constitutional predisposition to disease, or an impairment of the natural resistance, either constitutional or local, we endeavor to assist the body corporal to regain its lost powers, and repair the breach made by tubercle bacilli.

In order to accomplish this, it is necessary that the physician have a definite knowledge of the habits, environment and even the mental and emotional forces, which in the past may have influenced the patients' health. Worry and depression must be supplanted by cheer and hope. So much depends upon the mental and emotional condition of the patient in some instances, that I am disposed to minimize the severity or seriousness of the affection, in order to strengthen the hope of recovery.

Having from sixty to eighty patients admitted during the year, with an average of from sixty to eighty pay-days each, a daily visit from the visiting physician, say from one to two hours, is not sufficient to accomplish the work he feels should be done. He should have time to give daily supervision to each case, in regard to diet, physical exercise, deep breathing and mental occupation. Even daily visits are proscribed during this season of the year, for want of shelter for the physician's horse.

In conclusion, let me say, that as a public educational factor, the Provincial Sanatorium is of incalculable benefit to Nova Scotia. From the physician's practical standpoint it is inadequate to the demand. As viewed from a scientific standpoint it is nil.

Letter From a Chinaman.

He is Interested in the Work for Consumptives.

THE following characteristic letter from a Chinaman is given just in the manner and style in which it was written. At the Muskoka Free Hospital for Consumptives are to be found

patients of many different nationalities, creeds and colors. The Indian is there, and so the Chinese. At the present time one of the most interesting patients in the institution is Hosang, a Chinaman. On his arrival

he was rather a sick patient, but to-day he is in fine condition as a result of his out-door life and treatment. Here is the letter of Charlie Suey :

ACTON, Dec. 15, 1906.

DEAR MR. GAGE:—

Your letter at 15th in monning 10 o'clock was pleased in my hand and to know that matter. As understood of it. Is it do good and kind to help the sickly of hallowed, and to help the poor. As a good people in the world to do it. This matter is wherever is having and I am giving the best care to attend of in our Canada. I feeling have a book or certificate from Muskoka Free Hospital for Consumptives, Canada's greatest

charity. So that I would like to try to sent that book to around to every Chinese peoples and will. I write a few good words and kind to tell of them. May be they will give some for this matter. Therefore I request that you will give me a book or certificate, and I'll write a few Chinese line to try get some. If you will let me try, I am quite able to attend.

Yours sincerely,

CHARLIE SUEY,

Acton West, Ont.

P. S.—I am Christian to joining Knox Presbyterian Church, Acton, of our Canada. I am British subject of in Canada. I was lived in Hong Kong of China., so that I may understood to Chinese line.

The Scope and Value of the Sanatorium in the Anti-tuberculosis Movement

By HERBERT MAXON KING, M. D., Physician-in-chief of Loomis Sanatorium, Liberty, N. Y.

THE role of the sanatorium in the anti-tuberculosis movement may be considered from three more or less distinct viewpoints. First from that of its relation to the cure of the disease as it exists; second, from that of its educational value in the community at large, and third, from that of its relation to the study of the various phases of the disease and its complications.

Before entering upon a discussion of these three relations in which the sanatorium stands to the crusade against tuberculosis, it may be well to inquire just what the sanatorium is. Notwithstanding the prominence which has been given to the subject in recent years, the most hazy, and often erroneous ideas, still exist, not only among the uninformed laity, but even among a considerable proportion of medical men as well, as to the combination of conditions, which make up the tuberculosis sanatorium. In a broad sense, any health resort is a sanatorium, and in such wise, as applied to tuberculosis, it is of course correct to refer to whole district as sanatoria, as for instance Davos, Arosa, and St. Moritz in Switzerland, Saranac Lake, Asheville, Colorado Springs, Liberty, etc., in this country. However, the term is now better understood to refer to special institutions devoted to the care, treatment and education of tuberculous invalids.

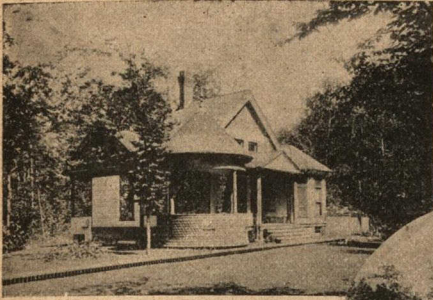
Of these there are two classes—the open and closed sanatorium. The former comprises such institutions, public or private, as open their doors to patients bringing with them their own methods of treatment, or employing as physician whomsoever they will, and, while there is not infrequently in such establishments a resident house

physician, he is without authority, and usually employed to meet emergencies only. Thus it follows that often of two patients occupying adjoining apartments in an institution of this character, one may be found adhering closely and conscientiously to an ideal régime, while the other may be doing quite the contrary. Obviously, therefore, such institutions can scarcely be considered as more than medical boarding houses. They can have no educational value worth mentioning, and can offer no advantages for scientific investigation.

The "closed" sanatorium, on the other hand, is under the absolute government, so far as the treatment of patients is concerned, of its medical officers. It is here and here only, as I shall have occasion presently to illustrate, that we find that system, discipline, and method essential to the best results. Under such conditions not only is the effect of treatment more certain, but, through constant demonstration of its value and the comparative reliability of its statistics, the sanatorium carries an incomparable educational influence out into the community at large; and finally, as I shall later endeavor to point out, more especially we find in such an institution both the material and the facilities for scientific investigation into the causes, nature, and treatment of the disease.

For the present purpose, therefore, I shall use the term sanatorium in its most restricted sense, as applied to the "closed" institution for the treatment of tuberculosis, under the exclusive medical government of its resident staff of physicians.

The sanatorium must necessarily restrict the admission of patients to such as give fair

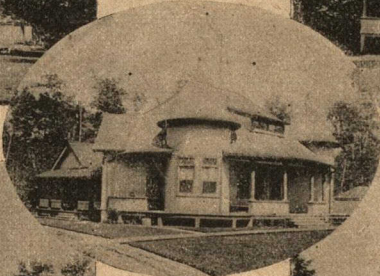
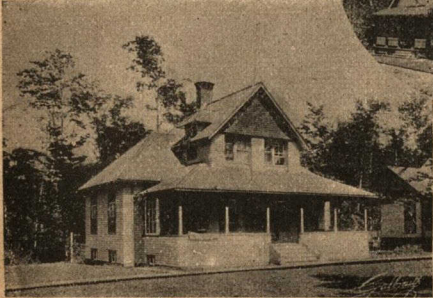


THE ROSEMARY COTTAGE

MUSKOKA
COTTAGE
SANATORIUM

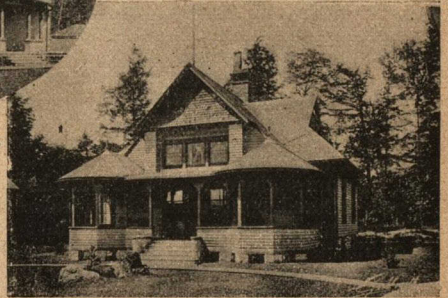


THE WM. DAVIES COTTAGE

THE WM. CHRISTIE
COTTAGE

THE JESSIE MAVER COTTAGE

Cravenhurst, Ont.



THE B. FRANK BULL COTTAGE

FIVE OF THE HANDSOME COTTAGES OF THE MUSKOKA COTTAGE SANATORIUM

promise of material improvement, or else it inevitably degenerates into a home for incurables, and utterly destroys its *raison d'être*. Failure to comprehend the necessity for preserving an unsentimental adherence to this principle is the cause of much misunderstanding on the part of outside physicians and an emotional laity. For similar reason the sanatorium is often misunderstood, and more or less bitterly criticised for discharging a patient because after fair trial the latter shows no response to treatment, thus giving rise to the unjustifiable idea that the chief, if not the sole object of the sanatorium is to make a fine show of statistics.

It must be borne in mind that the sanatorium is an institution whose chief function is to restore health so far as it is possible to do so, but that the possibilities in this direction have their limitations, and that when these limitations have been reached in individual cases, it becomes the duty of those in charge to substitute for such cases others whose condition justifies admission. This is especially true of state and other charitable sanatoria whose applications for admission far exceed the capacity of such institutions, and where the greatest good to the greatest number is the object sought.

In a word, the sanatorium is an institution intended to provide for the tuberculous invalid, who is susceptible of cure or improvement, the most approved means for combat-

ing his disease and restoring his health. Such institutions do not necessarily depend upon special climatic advantages, nor upon specific methods of treatment, though both of these may often serve as valuable assets. Their chief advantages, and paramount therapeutic value, however, lie in a carefully-studied régime and the superior facilities which they offer to individualize systematically the treatment of a considerable number of consumptive invalids.

Having now, I hope, reached a common ground upon which we can all agree as to just what the sanatorium is, let us consider its scope and value in the present widespread movement against tuberculosis.

I have pointed out that this relationship may be considered from three points of view, of which let us consider, first, that of its therapeutic value. It is no doubt true that many tuberculous invalids recover health outside the precincts of the sanatorium, and it is equally true that failures are not uncommon within those precincts. But I must contend, notwithstanding, that when success attends the struggle in the former case, it is very largely a matter of chance. It must indeed depend upon a no less happy than rare coincidence of superior intelligence on the part of the patient, wise judgment on the part of the physician and friends, and a fortunate choice of environment, a combination which I am sure you will agree is not

often found. Whereas failure to succeed under the conditions which prevail in a well-appointed sanatorium may be ascribed to inherent causes beyond our ability to control in the present state of our knowledge, and these failures in no wise weaken the argument in favor of the so-called sanatorium method.

The individual who for the first time learns that he has developed tuberculosis is in the vast majority of cases shocked, and to some extent demoralized. He does not necessarily *feel* sick, and is often resentful of the diagnosis. Very naturally he has little or no information on the subject of the disease or its treatment, and the suggestion of a sanatorium arouses a storm of protest. Thus, at a time when he is most in need of special instruction and vigilant skilled supervision, he compromises with the situation, and more often upon the advice of some well-meaning but misguided friend than upon that of his physician, he seeks the open health resort, where upon his own initiative he consults a physician or not.

Of course, he carries with him ideas, more or less fixed, concerning the value of climate, sunshine, open air, and food in the treatment of his disease, and he proceeds to apply these elements of treatment according to this imperfect judgment, usually calling upon the physician whom he has selected more with a view of taking a periodical account of stock, as it were, than with that of studying his mistakes and the means of avoiding them.

In the open health resort one sees innumerable instances of this kind—patients who for any one of a dozen good reasons should be in bed, riding horseback, climbing mountains, playing golf, gambling, drinking, or indulging in what would, under other circumstances, be perfectly innocent and rational amusement, but which under the circumstances, can only fall into the category of blunders and vices. Or, what is even more shocking, one is forced to see—usually when it is too late to remedy—instance after instance of the consumptive, whom care would have given fair promise of cure under suitable conditions, falling a victim of the allurements of the patent medicine and the charlatan.

There is a perfectly natural, though none the less fatal, tendency on the part of the afflicted to choose at almost any risk a "short cut" to health in preference to the longer but more rational avenue—a tendency to combine the maximum of pleasure and comfort with what is at best a difficult struggle. It is one of the hardest lessons that the consumptive has to learn that a cure of his disease cannot be attained by way of the primrose path—that it involves sacrifice of much perhaps that he deemed essential to his happiness, or even to his tolerable existence, and that these sacrifices must be made voluntarily, and even enthusiastically, if he hopes to make them bear fruit.

In this summing up of the relative merits of sanatorium treatment of tuberculosis, I am ever reminded of an address delivered by Prof. Clifford Albutt at the British Congress of 1901. In the course of this address, Prof. Albutt, speaking on the sanatorium method, says: "The method was worked out in a sanatorium created for the purpose; it has been tested and perfected in sanatoriums, and if now it can be carried on outside a sanatorium, which is not too readily to be admitted, this is so only by bringing the skill and the conditions of the sanatorium into the home. I should look with little confidence on the home treatment of a phthisical patient by a physician unversed in the practice of the sanatorium, and by a patient who had not had at least a month's training within its precincts. It is, as it were, to tell a boy at home to read his *Cæsar* and his *Xenophon*, a little *Euclid* and algebra, to pat him on the head, bid him be good and industrious, and promise to call in a week or ten days to see how he has got on."

This, it seems to me, is the whole matter in a nutshell. The youth that studies at home undoubtedly has a better time of it than does he who takes his place in his class at school, and has constantly over him a competent instructor to teach him when, how, and how much to study, hears his recitations, commends his successes, and checks his mistakes. But in the end it is inevitable, except in rare instances of individual devotion, which youth best succeeds. To my mind this analogy is quite to the point.

As for bringing sanatorium conditions into the home, that, of course, can be done, but it means converting the home into a sanatorium. He who is fortunate enough to be unhampered by questions of economy may do this, taking with him to such climate as shall be selected, his nurse or his physician, or both. Assuming that the latter have a sufficient acquaintance with, and experience in the method, and that the patient yields obedience and co-operation, the result perhaps *may* be equally good. But the proportion of consumptive invalids so situated as to make such a procedure practicable is so small that this alternative may be left out of present consideration.

There is, however, another phase of the subject which may not be ignored. Tuberculosis, even in its earlier stages, is not susceptible of a cure under the most ideal conditions within a period of a few weeks. It has been demonstrated that an incipient lesion not larger than a few centimeters in diameter, and well circumscribed, requires for its eradication not less than two years, although the patient may to all appearances be perfectly restored to health in a much shorter period, and, as the combined capacity of the sanatoria in the country represents but a very small fraction of the number who have the disease, it is obvious that, however desirable it might otherwise be to keep patients in the institution until a cure be

effected, as a matter of fact such a course is impossible.

In Germany, conscious of this condition, public sanatoria restrict the term of residence to a few weeks or months at most, and rely upon the educational features of this term of residence to effect a cure after the patient has left the institution. From the standpoint of the individual patient there is no doubt that this plan is relatively less satisfactory. For the tendency to relax that self-control, which is so necessary to success, together with the many temptations which surround the idle individual who is, so to speak, but unconsciously sick, combine against his welfare; and often undo the work so well begun in the sanatorium. Nevertheless, under existing conditions, it is the only practicable recourse left to the charitable and public institutions of this character.

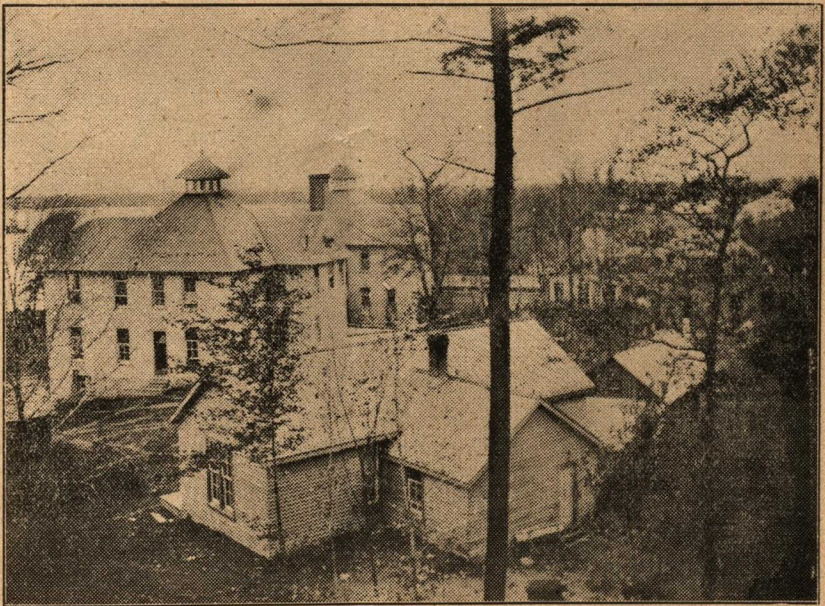
It is obviously more desirable from every point of view to give *all* cases a fair start in the cure, an education in proper self-care and the protection of others, than it is to carry from two to five per cent. of the tuberculous poor through the whole fight, leaving the other ninety-five or ninety eight per cent. to "go by the board," so that, while their statistics must necessarily suffer thereby, the broadest scope of usefulness and the highest function of such institutions will be best developed when the term of residence is restricted to a few months. At the same time I am of the opinion that it is safer to err on the side of too long a residence rather than on that of too short a one. As a matter of fact, we are, and for some time shall continue to be, for one reason or another, obliged to care for a considerable proportion of these patients at their own homes. But I still contend that wherever the choice is possible it should be in favor of treatment in the sanatorium.

Let us now examine into the rôle of the sanatorium from the viewpoint of its educational value to the community at large. This

relationship presents itself in three phases: (a) The educational effect upon the immediate community in which the institution is located; (b) The educational influence exerted upon the distant communities, from which patients are recruited, by the latter upon their return to their homes, and (c) the educational influence of published statistics of sanatoria.

The establishment of a sanatorium in a locality is in a large sense an indorsement of the advantages of such locality for the treatment of the tuberculous invalid, and many patients, who for various reasons do not come directly into the institution, soon flock to the neighboring hamlets for the purpose of availing themselves of these advantages. Thus the sanatorium becomes an object lesson, the influence of which extends far beyond its own immediate precincts. Its salient features and its methods are observed, studied, and applied as far as possible, and those who directly and indirectly thus benefit by its treatment far outnumber, as a rule, those whom its capacity makes it possible to entertain as resident patients.

It would be comparatively difficult to induce an uninformed patient to put in practice some of the simplest and most necessary features of the sanatorium régime on the strength of the advice of an individual, but when that patient observes that such features are authorized and enforced in the practice of the institution, he acknowledges the authority, and, although he may not at the moment understand the rationale, he will usually lend his co-operation. In this



GROUP OF BUILDINGS AT MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES.

way the sanatorium has a direct influence on the prevention of the spread of the disease among both the native population and the healthy sojourner in its vicinity. It has not, of course, the authority without, which it has within its own precincts. Nevertheless that its teachings extend beyond its boundaries is evidenced by the contrast in hygienic conditions prevailing on the one hand in a popular health resort where there is not a sanatorium, and on the other in a health resort which has grown up around a sanatorium.

As for the influence exerted by cured, arrested, or ever improved ex-patients upon the communities in which they live, it is so commonly observed to-day that it must be conceded by any one whose attention has been drawn to the subject, although it is not always attributed to the sanatorium.

Let me cite an instance to illustrate what I mean. In a certain northern manufacturing town a year or two ago quite the sensation of the winter was created by a young woman who had built an outside sleeping porch and occupied it through the whole winter. The local newspapers took it up, of course, and made serve for columns of reading matter with illustrations, not only on the subject of sleeping out of doors, but as well upon the whole régime of the sanatorium in which the young woman had been treated and educated. A great deal of interest was manifested in the community, which culminated in a local anti-tuberculosis crusade and the organization of a society to disseminate knowledge along that line. It is too early to predict what the actual effect upon the vital statistics of this community will be as a result of the movement, but it is safe to say that it will be favorable.

Now, I do not say that such a movement might not have otherwise developed in this community, but I do contend that the example of sanatorium methods which this young woman introduced was the greatest possible stimulation to that movement. It not infrequently requires a sensational illustration to give an impetus to the most needed reforms.

Even the patient who has made no improvement in the sanatorium returns to his home possessed of the knowledge which his institutional training has given him, and which enables him to extend the gospel of improved hygiene throughout the community in which he lives. It is a point which, it seems to me, should be brought to the attention of every sanatorium patient before his discharge, that, upon leaving the institution, he carries with him a substantial influence for good which it is his duty to exercise in the cause of prophylaxis.

Finally, in this relation we have to consider the influence of the published statistics and other publications emanating from sanatoria upon the community at large. From the statistics the public learns that a considerable proportion of consumptive

invalids recover health more or less completely, and are enabled to return to their homes and become useful members of society. It is also demonstrated beyond peradventure by these statistics that the earlier the disease is recognized and brought under treatment the greater is the chance for getting it under control. One cannot, I think, examine the statistics of the sanatorium without being inspired with a hopefulness of view regarding the future of phthisio-therapeutics.

The annual reports of most large sanatoria are widely distributed, and there is no doubt that in the majority of cases they excite a lively interest among those to whom they are sent. That these reports have a very decided educational value is almost certain. They lead to inquiry and often to investigation, which, by throwing light upon the whole subject of tuberculosis, cannot fail to be advantageous to the anti-tuberculosis movement.

In this connection, I must call attention to another instructive and certainly valuable feature of the sanatorium, and that is the demonstration which it affords of the fact that a large number of tuberculous invalids may dwell together as a community without danger of propagating the disease among their healthy co-residents, providing proper precaution be observed. Without being so generally recognized, I think this is one of the greatest and most needful lessons which the public at large can learn from the experience of the sanatorium.

I am sure that a more general emphasis of this very comforting fact would aid in no small degree the present crusade, and would do much to counteract the many deplorable effects of what has been aptly referred to as "phthisiophobia." In a word, then, the sanatorium demonstrates to the community at large that tuberculosis can, in a large measure, be cured; that in many cases not susceptible of a cure a useful life may be indefinitely prolonged, and that under suitable precaution the proximity of diseased individuals is not a menace to public health.

And now I wish to say a word regarding the rôle of the sanatorium in its relation to the study of the disease itself and its complications. This occasion does not permit me to consider this phase of the subject exhaustively, but one or two points there are which, it seems to me, should be brought out. With all that has been brought to light regarding tuberculosis since Koch's great discovery of the tubercle bacillus, there remains much that is obscure and much that has so far eluded investigation as to the etiology and natural history of the disease, and undoubtedly much yet to be learned as to its treatment.

There are also many questions of metabolism which have a direct bearing upon tuberculous diseases, and which are at present only imperfectly answered. The problems thus suggested must, it is true, be

The Trials of a Fresh Air Patient

BY ONE OF THEM

EVEN the doctor, kind, tactful soul that he usually is, was at fault this morning. "I should think you would feel like a fraud," he said heartily as he joined me on my sunny balcony, "for you are the picture of perfect health."

Then, throwing his driving gloves on the floor, and all unconscious of the effect of his chance words, the good man proceeded to take pulse and temperature and to ask the usual questions about cough, pains in the chest, digestion, etc.

"Is it possible," I asked myself delightedly, as the imperishable spark of hope within my breast suddenly shot up in bright flame: "that my long-hoped-for day of recovery has come at last?"

"Eating well, sleeping well, an outdoor life, and freedom from worry, are half the battle," he said, cheerily, as, presently, without further comment on my condition, he rose to go.

"But you said I was a fraud, doctor," I cried detainingly. "Do you possibly mean that I am well enough to go back to the active household life that I dearly love?"

With a testiness that did its best to conceal the underlying sympathy, came the answer: "I did not say that you were a fraud. I merely remarked that you must feel like one. You know as well as I that your one chance for regaining health lies in months, if not in years, of the life you are now leading."

And straightway the flame of hope died down to the veriest dull ember.

But even as I winked back the salt tears of disappointment, I also repressed a strong desire to laugh. After all, I meditated, worse things might befall one than be called "a perfect picture of health." Indeed worse things did shortly befall me, and it is because of my sympathetic understanding

of the conditions under which my many brother and sister patients are taking the outdoor treatment at their homes, that I continue the history of this particular morning. My experience will be of value if it aids them in cultivating the imperturbable spirits which they of all people greatly need, and better still, it may perhaps reach those devoted, well-intentioned friends, who have the interests of these semi-invalids so deeply at heart.

"Why did you leave the sanitarium?" questioned my next visitor, one whom I have always highly esteemed in her capacity of family friend. "Would it not have been wiser?"—she hesitated slightly before adding, "and well, safer, for all concerned for you to have remained there longer?"

The implication that by my very presence in my home I was selfishly and wilfully imperiling those whom I best loved was plain enough, yet I managed to reply pleasantly: "You see I have already greatly improved in health. I had learned all that they could teach me there of the care which a patient should give herself so that she need not be a menace to the health of others. It is with the full consent of the sanitarium specialist, who by the way is in close touch with our own doctor, that I am living by sanitarium rules in my own home surroundings."

"But still," she persisted, with an obtuseness of which I had not thought her capable, "although you look and seem so well, you surely know that in your disease, above all others, appearances are deceptive—"



PATIENTS OF THE MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES
HAVE THEIR GAMES.

Continued on page 13

CANADIAN OUT-DOOR LIFE.

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Fresh Air and Good Health

THE inestimable value of fresh air is proved not merely by its effect on tuberculosis but by every other disease. The human body, well or ill, needs pure air—needs it all the time. The following from the *Lancet* is in the line of our own continuous teaching and should be very helpful.

"There is no factor more favorable to the successful invasion of the human body by the disease-producing organism than when the air is rendered stale, warm, and musty by human exhalations. For that reason the visit to the place of worship, the concert room, the ball room, the theatre, or the social gathering may often be traced as the starting-point of a common cold or of influenza. There is probably more illness caused by defective ventilation than by draughts. The person who shuts himself up in a very warm room with every source of ventilation practically closed so that the vital quality of the air is destroyed is invariably the first victim of influenza. Such a condition of environment has an extraordinary effect in lowering the tone of the body and its power to resist disease. Disease germs are, of course, ubiquitous, and the only chance of escaping their successful and insidious attack is by keeping the body proof against them by preserving a power of resistance, by keeping, so to speak, the soil in a condition opposed to their development and

growth. In being careful, however, to keep the body in a disease-resisting state there is the serious handicap of having to submit to the indifference of others. In most places of amusement in London, for example, crowds of people are entertained under an environment teeming with pathogenic organisms, and in which the conditions of the air and surroundings are so obviously unhealthy as rapidly to lower the health standard of the body and to render the attack of the disease entity an easy success. In the same way it is futile for a person to provide for himself a satisfactory standard of health by insuring inter alia an abundant supply of fresh air in his own home if even only occasional social engagements compel him to resort to the crowded, ill-ventilated drawing-rooms or dining rooms of his friends. It is time that the real mischief caused by stuffy places and by devitalised air was more seriously taken to heart than it is. . . . Influenza is not a summer disease, and it is hardly conceivable that the germ of this disease can only flourish in the winter unless we find an explanation in the view that its energies are greatly stimulated by stopping the supply of fresh air and by overheating the rooms in which we live. Cold and variations of temperature are, of course, a factor in the etiology of the disease, but its chances of spreading would be far less if people would insist on breathing fresh air."

Over-eating is Poisonous.

TOO many people know by personal experience the evils arising from over-eating and are convinced thereby that temperance in eating, as in drinking, is the right way to live, not merely during lent but throughout the year. But it is good to have the *Lancet* say plainly that a man may be poisoning himself by over-indulgence in food, and that fasting from luxury and excess is in absolute harmony with health and morals.

"Lent may therefore be regarded as a convenient season when the individual addicted to various obvious luxuries and excesses can effectually brace his moral strength to forego those things which he knows perfectly well he can do very well, if not better, without. . . . The season gives the creature of more or less selfish or bad habits an excellent opportunity of relinquishing those those habits for at any rate a certain period,

and he may, and probably will, receive a salutary and moral lesson which may induce him to lead a better and physiologically happier life. He may be poisoning himself, for example, by over-indulgence in tobacco, alcohol, or even food, and he may find that, as a result of his determination to give up these excesses for a season, his mental and bodily activities are improved, his health is altogether better, and he is constrained to go on with the 'Godly, righteous, and sober life.' It would be difficult, if not impossible, to defend by physiological arguments the excessive fasting of the old ascetics, but fasting from luxury and excess is a procedure absolutely in harmony with a vigorous, healthy, and moral condition. The conduct indicated, therefore, in the Lenten fast of the Church is calculated to lead the erring into the paths of physiological righteousness. Self-denial is, however, a poor thing if it does not benefit others besides ourselves."

A Cure For The Tobacco Habit

EXCESS in anything, except in doing right, is hurtful, and so we venture to recommend to every over-indulgent user of the "Herb Nicotian" the following cure:—

"What reader of 'Elia,' asks the *British Medical Journal*, does not remember his recital of how, when he had resolved to quit it, a feeling as of ingratitude started up, how it put on personal claims and made the demands of a friend upon him. 'How the reading of it casually in a book, as where Adams takes his whiff in the chimney corner of some inn in "Joseph Andrews," or Piscator in the "Compleat Angler" breaks his fast upon a morning pipe in that delicate room "Piscatoribus sacrum," has in a moment broken down the resistance of weeks. How a pipe was ever in my midnight path before me, till the vision forced me to realize it—how then its ascending vapours curled, its fragrance lulled, and the thousand delicious ministerings conversant about it, employing every faculty, extractéd the sense of pain.' Then comes the gloomy part of the story: 'How from illuminating it came to darken,

from a quick solace it turned to a negative relief, thence to a restlessness and dissatisfaction, thence to a positive misery.' But how is the chain of slavery to be broken? The spirit is willing, but the flesh is weak. We throw away the pipe and tobacco—and buy a fresh supply the first time we pass a shop where the instruments of evil are temptingly displayed.

"Those who seriously wish for deliverance may try the method recommended by a Russian practitioner, Dr. Kolomeitzeff, Assistant Physician to the Military Hospital, Kasan. It consists in rinsing out the mouth with 25 per cent. solution of silver nitrate after each indulgence in tobacco. He says the taste thus produced will create a disgust that will completely cure the habit. A fellow countryman of his, Dr. Skoulsky, had previously recommended brushing the throat with a similar solution, but, this, we are told, is not so effective. The method, at any rate, is easy. The fierce struggles of the smoker striving for deliverance may, if Dr. Kolmeitzeff's plan answers, be calmed as easily as a battle among bees."

HANDKERCHIEFS AND HEALTH

By D. M. H. SALLCOATS, Saskatchewan

WE are told by authorities on the subject that, long ago, handkerchiefs were articles of personal equipment which were considered essential to possess and to use, "to have and to hold" and, it might also be added, "for better or worse," "in sickness and in health."

Persons laying any claim to respectability, for many centuries, have been found to affect the handkerchief. This is sometimes an article of great plainness, unpretentious because of its intended usefulness, sometimes a combination of various sorts of fine art needlework on account of its designation as an ornament. In a day recently gone by, the gaudy silk coquettishly peeped from the heart region of the front of le beau's coat. The day is still with us, in which perspiring swains find in a handkerchief what its name often involves, a neck cloth, more comfortable than any other collar.

The writer of this does not wish to say anything against the healthy wholesome use of this useful article. It is only desired to show there is a time when its use is "for worse" and this is in certain times "of sickness." There are times when the task of washing the handkerchiefs that are sent to the weekly wash, is one which demands a great deal of fortitude and self denial on the part of the laundryman, washerwoman or housewife. There are times when the use of the handkerchief is very nearly attempted suicide or manslaughter, if not one degree worse. The use of handkerchiefs by those suffering from consumption is discouraged by sanitaria. Time was when it was considered very right and proper to expectorate in a handkerchief; perhaps in certain localities it is still considered proper, just as in certain other localities, the floor, carpeted or not is regarded as the proper receptacle of excretions. There is a sect of transcaucasus Russians in Canada, which is on this level of culture, and whose woman excel in making drawn-work handkerchiefs, supplying a considerable demand from the

stratum of society that uses the handkerchief as an expectoration receptacle.

There ought to be more use of paper as a receptacle of excretions. Either the elaborate paper boxes in use in the consumption sanitarium, or paper cones folded funnel wise, as a pharmacist folds his filter paper. It seems that a large part of the excretions of ordinary people in fair health, are confined to such times that privacy is in order in the bedroom or other home quarters. This would make it easy to form the newspaper cuspidore habit.

For nasal clearing at such time, also it is possible to relieve the wash tub of a large part of the weekly disagreeables by the use of tissue paper, Japanese handkerchiefs etc., which ought to be immediately destroyed with fire.

In health, it is normally the function of the cilia and fine hairs in the nostrils to do police duty, to arrest the dust in the inhaled air, and this dust being held in the naturally antiseptic mucous secretion of the nostrils is expelled in the act of blowing the nose. Where this act is relegated to privacy, as it could be with a great lessening of its offensiveness, the use of tissue paper is self-evidently desirable.

What is here said to convince healthy people that they might find use for paper handkerchiefs instead of linen, ought to appeal with much greater force to those who are suffering with influenza, expectorant coughs, pneumonia, or catarrh whether incipient, acute or chronic.

Form the habit of regarding excretions and nasal emanations as so much dangerous excreta, to be summarily destroyed, instead of being left for the pathological inspection of your washer woman, who may be blissfully unconscious of the pathogenic possibilities of her contract, and who will attribute to the inscrutable work of Providence the ill results of breathing the dust from dried up handkerchief filth.

LOST TWO DAUGHTERS

MR. WM. SWAFFIELD, Goderich, Ont., writes the Muskoka Free Hospital for Consumptives: "Please accept \$5.00 from Wm. Swaffield and family to assist the poor sufferers at Gravenhurst. I have lost two daughters with this disease and I well know how to feel for others."

The Trials of a Fresh Air Patient

Continued from page 9

The arrival of another caller mercifully gave the conversation a less intimate turn, and it was with feelings that were not wholly amicable that I presently nodded farewell to the family friend. The very manner of her going made me suddenly aware that she was and had been most careful to avoid all contact with me, even to the extent of shirking the formal shaking of my hand, and I realized keenly that in her mind my personality had been wholly submerged by the disease with which I was struggling.

But my new guest, a worthy and erratic little lady, was not one to allow an introspective thought. "I have come to beg of you," she said with all earnestness, "to seriously consider the claims of Christian Science. I am not a scientist myself," she added, "but I know of many cures effected by its agency in nervous cases like your own."

"But my ailment is pulmonary. It is not at all of a nervous nature," I began somewhat dazedly.

She smiled pityingly at me. "There is nothing amiss with your body, my child," she said, articulating each word distinctly, as if addressing a backward primary class. "You are the very picture of health, but to my mind there is grave fear of your becoming a hypochondriac." She saw to it that I missed no syllable of the hateful epithet.

Then suddenly and most annoyingly, she bent over to kiss me, and as she rose to go murmured dulcetly in my ear, "A word spoken in season, how good it is."

But one cannot remain angry with even the most blundering of the well-intentioned, and though decidedly ruffled in mind, I was completely restored to good humor by the rat-tat of the postman. With an eye educated by past experience, I rejected the patent medicine circulars in which my mail always mysteriously abounds, and opened the creamy, crested envelope of a bright society friend who apparently saw no reason why I should not join her in a hurried tour through Europe.

"Just fancy," she wrote, "sight-seeing in dear old London, shopping in gay young Paris, climbing mountains in Switzerland, and drifting luxuriously in a Venetian gondola. I am sure that a few weeks of travel would make another woman of you," she urged in conclusion.

I sighed as I laid aside the alluring lines. Little did the writer realize that the quietest of lives and exercise strictly limited to a mile a day, was at present my lot in life.

A bulky envelope addressed in a familiar hand promised well, but proved to contain a mass of clippings all relating to a series of experiments which were being made with cases similar to my own. The curative properties of the juices of certain vegetables were their theme. The week previous a similar

packet had dealt with the miraculous results hoped for from a treatment by which the chest was impregnated with creosote. Before that again it had been a somewhat vague account of a new lymph, still in the experimental stage. When I espied a line of handwriting at the foot of a long cutting, I hoped for some kindly message or for a morsel of pleasant gossip, but I shuddered to find that my well-meaning friend had just subscribed to a clipping bureau in my name, and that henceforward there were to be sent me, direct from the office, the accounts of experiments of this nature conducted in all parts of the world. At once I registered a vow to burn the packets unopened.

Yet there was worse yet still to come, for when with difficulty I made out the crabbed chirography of my clergyman, I learned that he was grieved indeed that I had not already volunteered to resume my old work in the Sunday school, and that he was greatly distressed over the fact that I was disregarding the services of the sanctuary, "especially," he added, "since I hear that you are well enough to be attending concerts."

"Why, why," I groaned, "had not the same busybody who informed him of my movements also vouchsafed the information that the concerts which I had attended were open-air affairs, at which I could sit in comfort and from which I could withdraw at any moment," and therewith, too hurt and miserable to be philosophic over this last unkind touch, I began to weep bitterly.

It was thus that the doctor found me as he suddenly appeared on the balcony in search of his missing gloves.

"Tut, tut," he exclaimed in pardonable astonishment, "I shall have to pack you off to the sanitarium again if you let yourself go to pieces like this."

"But I have had enough to make me go to pieces," I wailed, and then amid tears and laughter, I recounted the history of the morning without the least attempt to gloss over his own contribution to my discomfiture. "And you see," I concluded, "you all meant well and you are all such excellent people that under ordinary circumstances your words would be entitled to every consideration. As it is, you must admit that you have been hindrance instead of helps on what is necessarily, at the best, but a hard uphill road."

"The fault is ours indeed," said the good man gravely, "but, as you say, it is not an unpardonable one. Since the appearance of the fresh-air patient is sometimes deceptive even to the experienced professional eye, think what it must be to the untrained eye of the public. The regular life and abundant, nourishing food usually insure a promising plumpness, sunshine adds a healthful-looking tan and even brings out the freckles

which are seldom associated with the thought of delicacy, while the fresh air itself gives animation to the face and color to the cheeks and lips.

"Despite my own careless speech," he continued, "I am but too well aware that the appearance of perfect health is often present in a patient whose malady is but half under control. Many a valuable life, as I know to my sorrow, has been lost at this stage chiefly because the patient has been shamed or over-persuaded by ill-advised friends into returning too soon to the duties of active life. On the other hand, the former beliefs with reference to the fatal nature of the disease and

the superstitions with regard to its communicability are dying hard, and the fresh-air patient too often finds herself the common target of these divergent views. There is but one safe course to pursue. It is to place the treatment of the disease, with all that it implies, wholly in the hands of fully qualified practitioners, and to rule out all references to the disease in general conversation; for otherwise," he added, ruefully, "it is plain that even under the most favorable circumstances, the patient will need the heart and mind of a stoic in order to confront the unnecessary trials of her daily life."—*The Christian Advocate*.

The Scope and Value of the Sanatorium

Concluded from page 8

largely worked out in research laboratories which may or may not be associated with sanatoria. But many of these will require for their complete solution a considerable amount of clinical material, which is not, and cannot, be available outside the precincts of the sanatorium. Here is unquestionably a field of usefulness, which so far has been but partially developed, but which must have a very decided value in future investigations along this line.

The sanatorium is not alone a school for the patient, but quite as much a school for the physician. Every year brings forth new suggestions and new discoveries, or old ones dressed up as new, as applied to tuberculosis, and the crucial test of the value of these can be made more authoritatively in the sanatorium than anywhere else.

Both in the laboratory and in the examining room of every sanatorium worthy the name data are constantly accumulating, which must have, and does have, a very decided influence and value in the treatment and prevention of the disease, and this must

continue to be the case until such time as our whole conception of tuberculosis shall be revolutionized.

Finally, then, to sum up in a word:

The sanatorium (a) offers the tuberculous invalid the most practical, indeed the *only systematic*, method of fighting his disease and acquiring hygienic education in its prevention; (b) it is a most valuable educational factor, not only in the immediate community in which it is located, but to a very great extent in the community at large; (c) it has a definite and important place, which can scarcely otherwise be filled in the study and investigation of the disease and its complications.

In these three relationships, then, the sanatorium possesses a scope and value of importance in the present great anti-tuberculosis movement, and I can but believe that whatever the future may have in store for it, the sanatorium must always hold a place, and a vitally important one, in this great movement.

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No One to Support Him.

REV. E. P. JUDGE, Brome, Que. There is a young man of 21 under my pastoral care, who has developed tuberculosis. He has no means, and is at present living with his poor mother, who is married again, and is unable to support him away from home. There are two younger children in the house, which is very small. Possibly a stay in your hospital might save his life.

Day Laborer with Eight Children.

DR. A. S. TILLEY, Bowmanville. I have a patient, who would like admission to the Gravenhurst Hospital. The father is a plain day laborer with eight children to support, but he will pay \$3.00 a week. They have one child who is past all help, and who will not live long.

Stranger in a Strange Land.

J. W. PULLEN, Cobourg. I have suffered from consumption for three years and only came to this country last May, but I find I have received no benefit for the change of climate. I am an Englishman. Have you a free ward in your hospital, as I only own a small sum, but would like to enter your Home, as it would be a home to me, a stranger in this land.

Young and Poor.

REV. WM. J. BEAMISH, Newington. There is a young man in our congregation, who is afflicted with tuberculosis. The family are poor and unable to pay. What steps shall we take to secure his admission to the Muskoka Free Hospital for Consumptives?

Her Hope is the Hospital.

A. M. MATHESON, Arcola, Sask. A young woman of 21 who recently came out from Scotland, has developed consumption. She has no friends or relatives in this country, and I believe has practically no funds. The girl is quite able to do general house work and could

earn her keep while at the hospital. I believe, if she went at once, there would be good chance of a cure.

A God-Send to admit Him

DR. J. W. ARMSTRONG, Shawville, Que. I have a patient under my care afflicted with pulmonary tuberculosis. It would be a God-send if you could admit him to the Muskoka Free Hospital for Consumptives. Although in poor circumstances, he could pay \$1.00 a week towards support, but I am afraid he could not do more.

Plea for a Moneyless Girl.

E. H. BLACK, Saltcoats, Sask. There is a poor girl here moneyless, whom I would like to go to your institution.

This Time an Indian

DR. G. H. MCWILLIAMS, Keene. I have an Indian here in the first stages of consumption, and I think a stay at Gravenhurst will about mend him for a time at least. What is the cheapest you can take him in and how soon?

Has Wife and Twin Boys—a Consumptive

DR. D. B. ALEXANDER, Shawville, Que. I have a patient afflicted with consumption, whom I would like to have sent to the Muskoka Free Hospital for Consumptives. He is a man of little means and has a wife and twin boys a week old depending on him.

Not Wanted in Her Own Home

REV. HERBERT FEAVER, Glace Bay, N. B. I have a girl of 17 years who has developed consumption and the doctors are very anxious to have her go to a sanatorium, as it is the only chance of saving her life. She is practically alone in the world, her mother being dead, and her father being married again to a widow with six children. The poor girl told me on Friday that she was not wanted at home. She went out to work as a servant and the doctor ordered her home.

Claims of many kinds are made on us all. The writer listened to an eloquent appeal the other day for a \$500,000 endowment for one of our Canadian colleges. The cause is a worthy one and should receive support, but human life was not in question. What great work could be done in Muskoka if a rich endowment of the hospital there could be secured. The immediate matter however is the care of applicants whose tales of sorrow—and these only a few of hundreds—are revealed in such letters as are published above. Will you help? No cause, surely, is more worthy. Every dollar counts. Money is urgently needed for maintenance and extension.

Contributions may be sent to SIR. WM. R. MEREDITH, Kt., Chief Justice, Osgoode Hall, Toronto, or to MR. W. J. GAGE, 84 Spadina Ave., Toronto, Canada.

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