

Classes of Members.

Active members of the Society shall be graduates of training schools connected with general hospitals, giving not less than a two years' course of training, in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. This will be understood to include members of the preliminary organisation, who hold these qualifications, all present Superintendents of Schools of Nursing, and Superintendents of special educational departments of nursing.

Associate members, if qualified as heretofore specified, and acceptable to the Association, shall include all assistant superintendents, school instructors, and heads of special departments. They shall be eligible for such membership during the time they are holding such appointments.

Honorary members shall be those of whom the Association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

Officers.

The officers of the Society shall consist of a president, first vice-president, second vice-president, secretary, treasurer, two auditors, and six other members of the body, to be called councillors. All of these officers shall constitute a body which shall be known as the council.

Meetings.

Meetings shall be held once a year, the first regular meeting to be held in Montreal, P.Q., Wednesday, Sept. 11th, 1907.

Executive Committee.

There shall be an Executive Committee composed of the officers of the Society and two other members, whose duty shall be to prepare the Constitution and By-laws, and report at the first regular meeting.

Dues.

The membership fee for the preliminary organisation shall be \$1.00.

Distances are great in the magnificent Dominion of Canada, but good fellowship is oblivious of space. We heartily wish advancement to the new Society, inspired by the highest professional ideals, and organised for purposes which must result in benefiting the community, as well as our profession. Its success is sure. The Canadian Nurses' Federation is sure to come, and then let us look forward to the happy day when it will be welcomed into, and form a strong link in the International Chain of Nursing Unity.

A Bill to provide for the better education of afflicted children in Ireland has been introduced to the House of Commons by some of the Ulster members. With certain modifications it follows the lines of the provision already made in Great Britain under the Blind, Deaf, and Epileptic Children Acts.

Practical Points.

Dr. Charles James Fox, in the *National Hospital Record*, says:

The wooden floor so common in many of our finest hospitals is not only quite out of keeping with the sanitary arrangements of the rest of the building, but it is a positive danger, from the fact that it becomes a harbour for micro-organisms and infectious growths of all kinds.

Wood is an organic material, and as such supports vegetable life. The cracks between the boards of a floor, owing to the contraction and expansion of the material after it has been laid down, always open, no matter how carefully joined. The open cracks harbour decomposable street filth and food products of all kinds. The wood itself absorbs much of the dirt and filth that falls upon it, and this matter in decomposing becomes the hotbed of micro-organisms and moulds of every description. The anaerobic germ, the unseen cause of the insidious "institution smell," soon infects and decays the wood, which thus becomes the most propitious soil for the propagation of disease germs of every kind. A perfect floor for a hospital should be non-absorbent, germ-proof, easily kept clean and bright, non-stainable by acids, free from liability to crack, fire-proof, sound-proof, uniform in colour, and pleasing to the eye.

Dr. Fox then discusses the pros and cons of terrazzo, lead, marble, glass, rubber, and monolith floors, and says, in conclusion:

After examining all of the proposed floor materials, it must be admitted that the best so far discovered is the floor of baked clay tile, which consists principally of silicate of alumina, and is an inorganic substance which attains a greater hardness than almost any natural stone. It is so hard that a sharp steel point cannot scratch it, but merely makes a mark on it like a lead pencil. As a silicate of alumina, it cannot be attacked by any acid, with the exception of hydrofluoric, which there is no occasion to use. As vegetable growths require nothing in the way of clay for their development, the clay tile is absolutely sterile as far as they are concerned. There has been much said about the cracks, or joints between the tiles, but these are completely filled with pure cement grouted in hard so that the joint is but a joint in appearance and not in the sense of the open or unfilled joints of the wooden or rubber tile floor.

Baked clay tiles, even in the joints between them, are non-absorbent, germ proof, acid proof, fireproof, impossible to stain, easy to keep clean, free from cracking, pleasing to the eye, and very durable. While the "perfect hospital floor" may still be a thing of the future, the nearest approach to this goal of perfection has been reached by the clay tile, the sanitary, artistic, and durable qualities of which are as yet unsurpassed by any flooring material.

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