

# CONSERVATION OF LIFE

Public Health, Housing  
and Town Planning

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Canada





# Conservation of Life

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The opinions expressed and statistics quoted by the writers of articles and papers appearing in *Conservation of Life* are the opinions and statistics of the authors only.

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## CANADA'S NEED

A land of almost limitless possibilities is of little potential worth unless its natural resources are developed.

As the wilderness may be made to blossom like the rose, so a country may become prosperous.

The one factor which spells development and prosperity is its people.

As its people are healthy, vigorous and happy, so in proportion is the national vitality enhanced. Upon the men and women of Canada rests the responsibility of making or inhibiting its future greatness.

The period of reconstruction is here. Each man and woman must realize now their duty as citizens, and, having realized, must strive to their utmost to co-operate each with his neighbour, in making Canada *the best* in this western hemisphere.

The need is for good, clean, healthy men and women; therefore, be healthy. Strive your utmost to maintain the best of health. Make your home, your workshop, your office and the children's school healthy, not forgetting that the unit of the town or city is the home; and, as we each make our home and its environment healthy, we are each doing our bit to improve the health of the community in which we live and the country generally.

The great advance cannot be made certain without the co-operation of individuals. Make Canada's success a sure thing by joining in the effort at once.



## DEPARTMENT OF HEALTH FOR CANADA

FOR many years the trend of our activities along health lines has been for the governments and municipalities to relegate their responsibilities to various organizations, and merely assist them by charitable grants, thereby treating the most important features of health work as of an eleemosynary character.

In this matter these authorities have been wrong, both in principle and in action, for in no one particular can the health of a citizen of Canada be considered as an act of charity.

The nation and the body corporate have a duty to perform towards each citizen, be he rich or poor, in so far as his or her health is concerned, and they cannot avoid the responsibility by simply giving financial assistance to the many excellent associations and institutions which have sprung up over the length and breadth of the country and are now carried on by an army of devoted and philanthropic citizens. If government and municipal authorities had but risen to their high responsibilities in regard to health, in a manner equal to those organizations now voluntarily working in such spheres as child welfare, motherhood, mental defectives, and social welfare, they would simply have been discharging what is clearly their duty and for which they are responsible. They cannot avoid or shirk what are clearly health problems, in the manner they have in the past, and public opinion must be so directed to claim from the state and the municipal authorities public action in place of charitable assistance. We have to-day a better understanding of what the word *health* means, and, what is more, we realize, better than we ever did, that each citizen, even the poorest and the youngest amongst us, has the right to claim from these authorities that preservation of health should be the first concern of the state.

The individual has a right to demand that this protection shall extend from the pre-natal period, all through life, until death shall terminate the responsibilities of the citizen to meet the ever increasing demands of taxation placed upon him.

The unit of the state is the individual, the state is a community of people, and the better the standard of health the greater the potentialities of the state; therefore, it is in the highest interests of the body politic to discharge its duties in full. This does not imply a parental responsibility on the part of the state; rather, the laying down of principles as to how particular phases of the problems of health should scientifically, efficiently and economically be carried out, and at the same time co-ordinating all existing agencies having in view objects meant to attain the betterment of the physical and mental conditions of all.

To carry out and carry on this important, and perhaps the most difficult, task of reconstruction effectually, will require the cordial co-operation and support of the public. This we may confidently assert is available, in a measure and to a degree that in pre-war days was not possible.

This important factor being assured, the next step is action on the part of the federal authorities; for the questions involved know no provincial or municipal bounds—the problems are national, even international.

Such questions as concern health, and which at present come within the purview of the Federal authority, must be correlated and placed under a responsible minister of that government, and financial aid must be given for their development where it is found improvements

can be made and results obtained. Again, the scope of such a Department of Health must be extended along lines of activity at present only in part covered by societies or associations, more or less philanthropic, but whose work is naturally limited. The co-operation of the various provincial health authorities of Canada in carrying on work of national importance is essential; indeed, without it the work of a Federal department would in a measure be sterile of results. Provincial departments of health have been for years carrying on work in their respective provinces, and have been obtaining results in some directions, all of which have had a beneficial effect on the general health, but they, too, must be stimulated into greater activity upon the higher plane of health. What they have done in the prevention of communicable diseases, improvement of water supplies and cognate public health questions is but a good augury of what it is possible for them to do when directing and co-operating with the thousands of local boards of health scattered all over this wide Dominion.

These local boards of health are at the present time out of date, too antiquated to obtain results in what are the important questions of health, they hew too close to the line of laws and statutes, instead of being civic leaders in the crusade of health; indeed, the last decade has witnessed but little advancement in the line of public activity by most of the local health boards in the country, and as a result others are doing work in which they should have been the leaders and directors. They require to have new blood infused into them, good live wide-awake citizens, who realize the importance of health to their city and town, that infants should be looked after and school children inspected by trained medical men, and not left to a nurse's care alone, although the home nurse is a necessity in the community. These and many similar problems can and should be dealt with by a live board, and no longer left to the frowsy municipal fathers who are often obstructive where they should be progressive.

We have thus far referred to the official lines upon which health work is carried out. What a chapter could be written upon the good work of the various local, provincial and Dominion associations which have been formed for and are carrying on different phases of health work, and at the same time striving to form and mould public opinion as to the necessity for greater advances being made by governments to grapple with health problems. Their work is a testimony to the faithful men and women of Canada who have devoted their energies on behalf of their fellow citizens.

In conclusion, Canada has nothing to be ashamed of, although not much to vaunt itself on, in regard to what governments have done for the health of the people. Progress has been made, but what we must have now is a united, co-ordinated health movement—one calling for the best team work possible. This can only be accomplished by nationalizing the movement under a Federal Health Department, which will be live and progressive, anticipating, rather than relying on simply meeting present conditions, and, above all, leading and directing the people to a higher and therefore a better plane of citizenship and national efficiency.



## A FIELD FOR MATERNITY AND BABY WELFARE WORK

**W**RITING, in 1906, Sir George Newman, the recently appointed principal medical officer of the Local Government Board of Great Britain, said, in reference to infant mortality: "Infants still die every year much as they did in former times."

The recent (48th) Annual Report of the Registrar-general of Ontario indicates that baby lives are being saved in that province, for, in 1908 the rate of infant deaths to births was 125 per 1,000 births; and, with the single exception of 1909, when the rate rose to 129, it has gradually fallen to 92 in 1917.

During the decade the rate in the rural municipalities shows a steady decline from 109 per 1,000 births in 1908 to 83 in 1917.

With the purpose of emphasizing the work to be done by health authorities in these rural municipalities, attention is directed to one outstanding portion of the province, namely, the counties of Prescott and Russell, which are situated in the extreme eastern portion of the province, the figures quoted being taken from the annual reports of the Registrar-general.

### PRESCOTT AND RUSSELL

Deaths—1908–1917 (inclusive)—all causes and all ages, also infants:

Year.	All causes and ages.	Infants	Births
1908.....	739	313	1,881
1909.....	764	337	1,760
1910.....	692	317	1,842
1911.....	771	324	1,767
1912.....	613	219	1,659
1913.....	697	242	1,860
1914.....	699	223	1,715
1915.....	741	282	1,770
1916.....	754	240	1,692
1917.....	658	216	1,721
Totals.....	7,128	2,713	17,667

Summary for Decade—Births, 17,667. Infant deaths, 2,713, being an average of 153 deaths per 1,000 births, and 38 per cent of the total number of deaths at all ages for the same period.

To permit of comparison of the infant mortality in the counties of Prescott and Russell, the following tables "B," "C" and "D" have been compiled; they show the same total deaths of infants for the year 1917 in groups of counties, towns and cities, respectively, in the province.

TABLE A

	Estimated population	Births	Deaths	Rate per 1,000 births
Prescott and Russell.....	51,010	1,721	216	125

That the mortality is high in comparison with that of other counties in the province will be seen from the following group tables of eight counties, fourteen towns and eight cities in which the same number of deaths occurred:

TABLE B

Counties	Population	Births	Infant deaths
Dufferin.....	15,920	311	21
Elgin.....	29,610	753	29
Frontenac.....	23,440	989	27
Haldimand.....	21,110	411	31
Lennox and Addington.....	19,580	323	21
Peel.....	22,870	390	23
Perth.....	35,360	960	43
Prince Edward.....	16,330	319	21
Totals.....	184,220	4,456	216 48 per M

TABLE C

Towns	Population	Births	Deaths
Barrie.....	6,870	144	21
Collingwood.....	6,540	190	16
Cornwall.....	7,310	204	25
Ingersoll.....	5,360	141	6
Kenora.....	6,430	151	12
Lindsay.....	7,280	182	11
Orillia.....	9,340	286	11
Owen Sound.....	11,650	312	19
Parry Sound.....	6,290	203	20
Smiths Falls.....	6,500	176	22
Steeleton.....	5,485	167	19
Thorold.....	4,550	94	10
Walkerville.....	5,270	132	7
Welland.....	8,200	224	17
Totals.....	97,075	2,606	216 82 per M

TABLE D

Cities	Population	Births	Deaths
Belleveille.....	11,430	208	15
Chatham.....	14,350	267	38
Guelph.....	16,020	413	34
Kitchener.....	19,200	494	34
Niagara Falls.....	12,030	289	21
Stratford.....	15,450	335	26
Sarnia.....	12,960	271	21
St. Thomas.....	15,880	334	27
Totals.....	117,320	2,611	216 82 per M

The excessively high rate in Prescott and Russell is evidenced by comparison with the several groups, each with the same number of deaths as this county, *viz.*, 216. The eight counties, with a population of 184,000, show a death rate of only 48 per thousand births. The town group, with a total population of 97,000, shows a death rate of 82, and the city group of 117,000 population, has the same infant death rate, *viz.*, 82 per thousand births. This may be illustrated in another way: If the same rate, 125 per thousand, prevailing in Prescott and Russell had been shown by the county group the total number of deaths would



have been 557, instead of 216, or more than double; on the contrary, if the lower rate of 82 per thousand had been reported from Prescott and Russell, the county would have reported only 141 instead of 216 deaths.

An analysis of the causes of deaths of the 2,713 infants during this decade indicates that 1,388, or 51 per cent, were due to diseases of early infancy, congenital debility (?), icterus and sclerema; 516, or 19 per cent, to diseases of the digestive system; 209, or 7.7 per cent, to diseases of the respiratory system; 138, or 5 per cent, to diseases of a communicable character; the remaining 462 to different other causes.

The fact stands out prominently that over one-half the deaths were caused by pathological conditions, which always bulk largely as contributors to the deaths of infants, and in this respect there is little or no difference over any other part of the Empire. They may be classed under the head of "immaturity," which word means, in plain English, want of proper nourishment, in the first instance, to the mother during the pre-natal period; secondly, to the mother during the nursing period; and, thirdly, to the baby, either through defective breast-feeding or improper artificial feeding.

The question could be traversed much further, and it can be studied out with advantage, but our object has to be attained by first directing attention to the condition of a waste of infant life in one county; second, that the condition is due to causes some of which can be mitigated, and others can be stopped; thirdly, that there is a field as yet untouched for maternity and baby-saving work. In conclusion, we would urge on the local authorities, through their health boards, to get busy and adopt some scheme of district nursing, and then begin, in a systematic manner, the education of women in the duties of motherhood. Here is a field for service—who will fill it?

## WOMEN AND THE SLUMS

IT is stated that one-half the grown-up women in England were wage-earners before the war, and earned from \$2 to \$4.50 per week in London. During the war the proportion of women wage-earners increased enormously, and the wages rose, for such employment as bus-conductors, to about \$15 a week.

In factories it is the women who suffer most from bad sanitation. The high death rate of slum children is due to the fact that so many women work in the factories, and undoubtedly one of the causes of the kind of discontent that is a social danger has been the effect of industrial work on women.

The combination of healthy physical conditions of country life with the healthy intellectual conditions of the town, as shown in Bournville and other garden suburbs, provides the solution for this problem.

Is it the fault of the poor themselves? In an analysis of 4,000 cases, made by Charles Booth, it was found that, of those who had become degenerate, 4 per cent were loafers, 14 per cent suffered from drink and thriftlessness, 27 per cent from illness and large families, and 55 per cent from questions of employment. We thus see that the matters over which the poor themselves have least control—illness and employment—are the chief causes of their degrading poverty.

The lowest class of the city poor, known as the moral defectives, are the direct cause of distress in only 18 per cent of the cases, and only 13 per cent of the cases of distress are due to drink and thriftlessness.

In the lowest parts of Whitechapel, drink figured very slightly, affecting only 4 per cent of the very poor and 1 per cent of the poor.

Investigation shows that city workers in receipt of good wages in England do not spend so much on drink as is commonly stated. Careful inquiry into the expenditure of 300 amalgamated engineers during two years yielded an average of 1s. 9d. spent weekly on drink. The late Canon Barnett said that, terrible as were the evils of drunkenness, impurity, thriftlessness and idleness, it was not possible to regard these as the main sources of poverty. These were rather the natural accessories of the industrial conditions due to the land system.

All the energy of the people living in slums is required to exist. You cannot civilize them until you open up some opportunity in their lives to show them the advantages of becoming civilized. We must begin with the improvement of their lower life first, by making their environment more wholesome.

Everything we do to improve the physical conditions will make it easier to improve the moral conditions, so long as, in both respects, we do not encroach on the freedom of the individual.

To attempt to teach thrift to people earning \$15 and \$20 a week, by inviting them to save up to acquire their own homes, is wasting time. Their wage at present only suffices to provide them with the necessities of life in food and clothing and rent for their inadequate shelter, and anything they save has to be saved out of these necessities. The education of these people is essential, but moral instruction and material growth must go hand in hand, and, in the order of time, material reform comes first. Otherwise the higher ends of humanity are unattainable.

What is the best way to give permanence to the present temperance movement? Surely it is in substituting some desire of a better kind for that which has been taken away. You cannot make men temperate by force or education, you must substitute some new craving, in the form of a higher standard of comfort and of healthy recreation; otherwise the time will come when there will be a reaction.

We hear much of strikes and discontent among men with regard to the conditions of labour and low purchasing power of wages. Sometimes this discontent is rooted in ignorance and is, therefore, a danger to society. At other times it is a healthy reaction against oppression on the part of others. If the women who live in slums and in insanitary homes anywhere were to strike for better homes no one could question the righteousness of their cause or the provocation which impelled them to do so. There is an old saying that the child is educated at the mother's knee, and that reveals the secret why so much of our population grows up mentally defective, unthriftly and lacking in resistance to immoral influences. We cannot teach these children to be clean, thrifty, industrious, steady, moral, intellectual and religious until we have first given them a better environment. We must gradually make our poorest population capable of insisting upon better conditions for a healthy physical life and of securing more time for recreation.

There is a great deal of talk about the advantages which will result to men from shorter hours of labour, but too little about the need for shortening the hours of the women who are slaving in the slums from 16 to 18 hours a day. It is they who need the shorter day, and, from the point of view of education and improved citizenship as a whole, we could afford to have men working even longer hours than at present if the women could have greatly reduced hours of labour. The statement is true, so far as the women are concerned especially, that a high moral and spiritual civilization can only be built on a sound physical condition.



There is also too much of the easy-going philosophy which ascribes the vices of the poor to their own innate defects.

One of the disconcerting features of our civilization, even in these new countries, is the slow progress we are making in removing the bad living conditions of the poor, in spite of our enormous progress in other directions.

In a healthy city the housing conditions should not be worse than in the country. In some respects there must be, in the city, a certain degree of crowding together, but this does not necessarily entail bad sanitation and overcrowding. On the other hand, the city provides us with more opportunities for independence than the old feudal village of Europe. It gives us scope for more freedom, better education, and a more intelligent life. These things have been sought by many workmen who have drifted from the country into the city, although they have been blamed for simply following the glare of the lights and the magnetism of the crowd. As Longfellow said, when he compared town and country life as a place for the scholar to live: "They do greatly err who say that the stars are all the poetry which the cities have. \* \* \* The river of life that flows through streets tumultuous, bearing along so many gallant hearts; so many wrecks of humanity; the many homes and households, each a little world in itself, revolving around the fire-side as a central sun; all forms of human joy and suffering brought into that narrow compass; and to be in this and to be part of this; acting, thinking, rejoicing, sorrowing with his fellowmen." Such, says Longfellow, should be the poet's life, and such, indeed, is the chosen life of man.

"Back to the land" movements are apt to overlook this vital factor in human desire, and the general influence of education to promote concentration in cities.

During recent years we have realized how wrong and uneconomic it is to develop the city at the expense of the country, and have measured our neglect of the amenities and social facilities that ought to be made available in our rural organization. The way to build up the country, however, is not by subsidizing country life by artificial means at the expense of the city. The right way is to make the standard of the city life such that it will be too expensive for the loafer to live in and to make the standards of the country life attractive enough to cause the women and the young people to stay on the land.

The decay of Ireland during part of the 19th century, has, we think, been described very truthfully by Lecky, as due to the population being thrown "to an unhealthy extent for subsistence on the soil" and to there being too small a number of manufacturers. We must not try to destroy the manufacturing or the city part of the community as the means of providing a temporary palliative for the rural districts, but rather build up the best foundations for both. They are interdependent and necessary to each other.

One of the reasons why we fail in getting effective results from our measures of social reform is our lack of differentiation between curative measures and preventive measures. When dealing with a disease we have largely to ignore the amount of expenditure in relation to the effect produced, and sometimes have to acquiesce in merely palliative measures, having little permanent value. To deal with the slum means applying remedies for an established disease and paying a penalty for past neglect. It cannot be made an economic proposition. It would be a bad thing if it could, since that would give more justification for its being permitted to go on. The hideous wrong that it is doing to society consists, in part,

of the fact that it is almost prohibitive in cost to get rid of it. Faced with that factor we are doing little to prevent the creation of the slum in the future.

Yet, while the cost of removing the existing slum is almost beyond us, we can take preventive measures on sound business principles, and the extent to which we have carried out our responsibilities will eventually be changed, not by the extent we have removed the evils that have been handed down to us by our forefathers, but by the extent to which we have prevented their recurrence.

## MORALS AND HEALTH

THE basis of citizenship is the individual, and the morals and the health are interdependent; therefore the closest co-operation should exist between the church on the one hand and the sanitarians on the other.

No social agencies offer a greater return for such co-operation—the one cannot accomplish its highest aims without the assistance of the other. The laws of hygiene are as divine as are those relating to our spiritual life and it is only by this co-operation the prophesy can become a reality, that "there shall be no more thence an infant of days, nor an old man that hath not fulfilled his days: for the child shall die an hundred years old" (Is. lxv, 20).

Today, public health asks the church to join hands in giving men better bodies, with the assurance that with that increased health and strength their spirits will become more noble. It asks the church to assist in making the community sanitary, fully believing that the church will benefit; for, all things being equal, the healthy man is the moral man—and as the men, so the community.

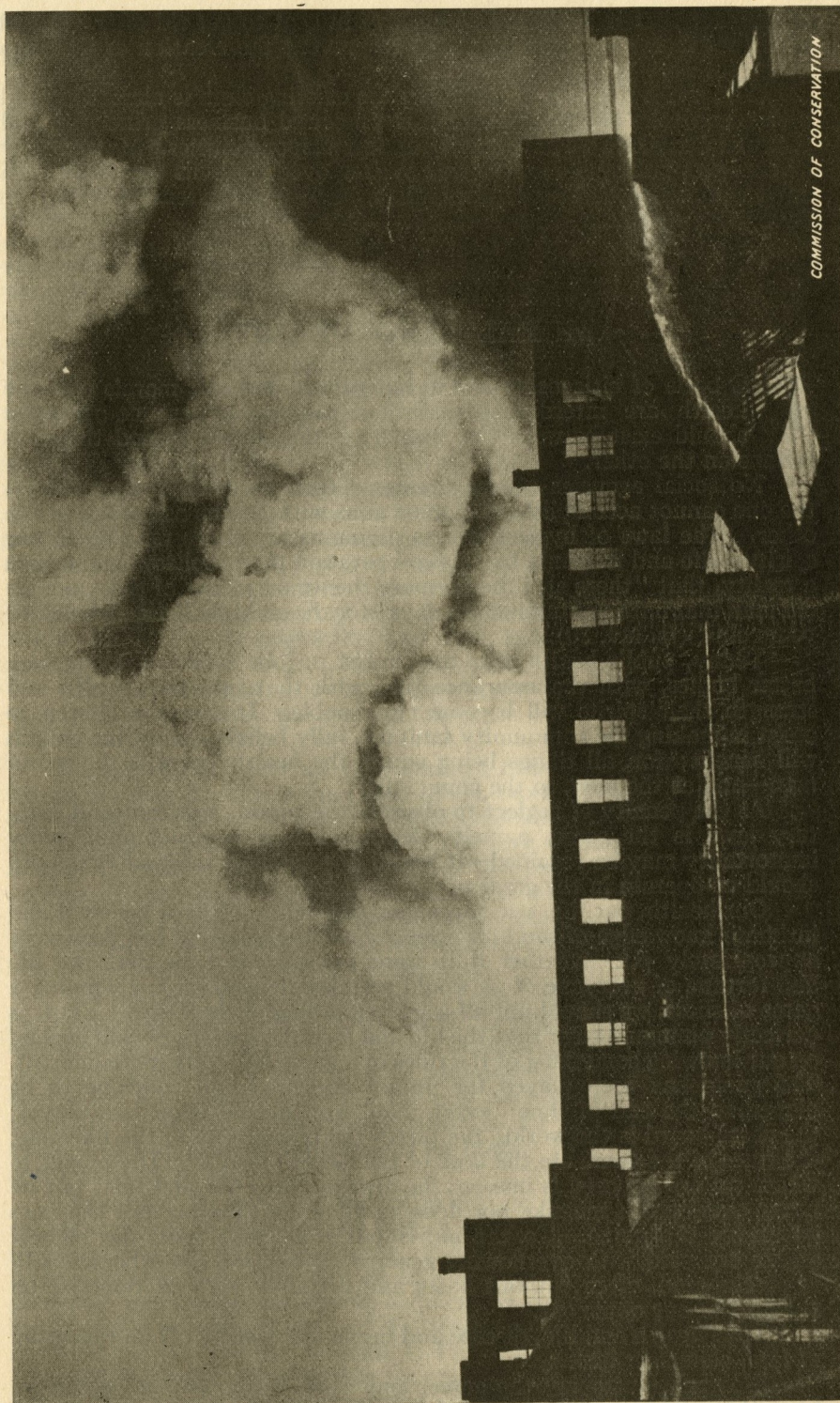
As the penalty of neglect to observe the moral, spiritual and sanitary laws is the same, namely, death—and as spiritual and bodily immortality may be regained—it would appear most rational that both should co-operate in the great uplifting of humanity.

Our health, our life, our happiness, depend much on a personal and intimate knowledge of sanitary science, and the question has been very appropriately put—whether if it were perfectly certain that the life and fortune of everyone of us would one day depend on our winning a game of chess, we should not all learn something of the game. Yet it is perfectly plain and clear that the life and fortune of every person depend on our knowing something of the rules of a game infinitely more difficult. The game has been played for untold ages and will continue to be played to the end of time; every man, woman and child is a player; the chess board is the world; the pieces the phenomena of the universe; the rules of the game are the laws of the Great Creator. The player to whom we are opposed is unseen; he always plays fair and just, but he never overlooks a mistake nor does he allow for ignorance of the laws governing the game. To the individual who plays well, the highest stakes are paid with overflowing generosity, but the one who plays ill is checkmated, often without haste and certainly without remorse, on the part of our opponent.

Thus health and life, disease and death are removed from the realm of fate, chance or luck.

We each must play the game, and what better assistance can we have than the co-operated help of the church and the sanitarian.





COMMISSION OF CONSERVATION

## FACTORY FIRES ARE OUR HEAVIEST LOSSES

Material and labour destroyed, employment gone, business scattered, lives endangered. Someone was careless or negligent. Unchecked carelessness in the home can only result in carelessness at work.

## DESTROYING HUMAN INDUSTRY BY FIRE

CANADA is awakening to the enormous drain which her fire loss is making upon her material resources. Not only are the products of her forests, as represented by building materials of wood, and of her minerals, including stonework, brick and other ceramic products, being destroyed in almost incalculable millions of dollars of value, but the value of human industry is also being lost to the country.

What is burned is irretrievably lost. It cannot be replaced. True, with further expenditure of human endeavour and additional drains upon our natural resources, a destroyed building and contents may be replaced, but the original is gone forever. Insurance money may serve as a balm to the owner of the destroyed structure, but even here there is an economic loss, as this same money might have been better employed to produce something to add value to the country.

One cause of this criminal destruction, and probably by far the greatest, is *carelessness*. We are careless with fire in our homes; dangerous conditions are allowed to continue until a fire results. All fires are the same size at the start, and only lack of favourable conditions prevents each outbreak from becoming either a huge individual loss or a conflagration. Our heaviest losses, of course, are chiefly confined to the larger properties, such as factories, warehouses, or other commercial properties, but the very large number of smaller losses make up a total of which, were the latter to include all our fires, Canada need not be proud.

The same carelessness which exists in the home is carried by the workmen to their work places. In a very small number of cases is the employer responsible. He has everything to lose—when his plant shuts down his income ceases, and the market for his output passes to competitors. It requires but a few of these larger fires to make up their share of the total fire loss, and consequently the need for greater care and protection of the industrial risks.

Education, with efficient legislation strictly enforced, is required to bring home to the people of Canada what their carelessness and neglect of fire means.

Further, many of our fire departments can do much more than they are at present doing in the way of inspection to prevent fire. The visit of a uniformed fireman to the home leaves an impression that is lasting, and, under the new amendment to the Criminal Code, his recommendations must be carried out. That these inspections shall be carefully and efficiently made and the recommendations for alterations or improvement of conditions may be practical, it is essential that courses of instruction for firemen be established to qualify them for inspection work. To secure the effective co-operation of the public it is necessary to establish a feeling of confidence in the inspection staff, and only a recognition of the fact that special training is provided for those carrying on the work will inspire that confidence.



## UNMARRIED MOTHERHOOD

THE annex number of illegitimate births in the British Isles is roughly 50,000 per annum, and the excessive death rate of the children born out of wedlock is an established fact. The latter is from two to three times that of legitimate offspring, and, unfortunately, this experience is universal.

In Norway, since 1914, the state has assumed responsibility for finding the child's father, or, in case he cannot be found, for acting the father. The alleged result, it is stated, has been the reducing of the death rate of illegitimate infants to the normal figure. It is also authoritatively stated that the difficulties anticipated from this legislation have not arisen, inasmuch as out of 8,000 paternity cases heard during two years in the courts, appeal against the decision was only raised in nine.

From the public health standpoint, there has never been any excuse for the differential treatment of different groups of necessitous mothers. The interest of the child is paramount. There are those, however, who fear that any relaxation of "deterrent" methods in regard to illegitimacy may result in increased frequency. They should look at all sides of a situation which is undergoing rapid changes.

In this connection, the recommendations made for the securing of better provisions for mother and child, at a Conference held at Mansion House, under the Chairmanship of the Lord Mayor, Sir Charles Wakefield, are of interest:

"1. That any scheme adopted should be elastic, and not exclude any mothers in need, whether married or unmarried; should be carried out in conjunction with the health authorities and existing societies, and be linked up with maternity and infant welfare work; also, should enable mothers to keep their babies with them for at least two years.

"2. That provision should be made in the following forms:—(a) Waiting homes for expectant mothers; (b) maternity homes; (c) allowances for mothers whose circumstances and home surroundings make it desirable for them to continue to live at home; (d) residential accommodation, with day nurseries attached, for mothers (with babies) who wish to live with their babies and go out to work; (e) foster-mothers, small homes, or adopting parents for the babies of those who cannot keep their children with them; (f) special homes for mothers suffering from such defect or disease as should preclude them from keeping their children with them.

"3. That the cost of the provision recommended should be met partly from Government departments and local authorities, and partly by voluntary subscriptions and payments from the mothers, but in no case by the Poor-law authorities."

We often despair of educating the public and governments in questions of Health. The former spend plenty of money in undermining their constitutions—but will spend little more than they have to in building them up until they get ill, when they will often swallow nostrums which the unscrupulous advertise.

## THE DEFECTIVE IMMIGRANT

IN making an estimate of the extent to which public responsibility is involved in the creation of slum conditions in Canada, we have to consider some indirect causes, apart from the neglect of sanitation and defective municipal administration. These latter are, indeed, causing physical and mental deterioration among Canadian-born people, but they are also providing dens in which new immigrants, of defective mentality, are developing mentally-defective and criminal classes.

It is no criticism of the British people to say that a large proportion of the immigrants, even from the Old Country, are not good stock from which to build up a new citizenship. The truth is that a large percentage of those who are brought into Canada from England are failures at home, and are often so because of congenital defects. Their progeny may rise above their own level, but they never cease to suffer from their misfortunes of birth.

Dr. C. K. Clarke, Medical Director, Canadian National Committee for Mental Hygiene, points out in the *Toronto Globe* of Jan. 27, 1919, that out of nineteen girls introduced into Canada by one society, eighteen were mothers of illegitimate children—that was the case in one community. Out of four hundred admissions to jail in one western province, only 23 per cent were of Canadian birth.

The Austrians contributed 33 per cent, although their normal proportion should have been 8 per cent. Of 266 cases of unmarried mothers, which passed through one Ontario hospital, 191 were feeble-minded, 4 were insane, 45 were border-line cases, and only 26 were classified as normal. In Manitoba and Ontario the proportion of unmarried mothers was but slightly over 25 per cent Canadian.

These facts have to be put on the debit side of the account of public administration when we consider the respective obligations of the individual and society on the housing question.

## CLOSING THE HOME IN SUMMER

BEFORE leaving the home for the summer vacation, a careful inspection should be made of the entire premises. It is well to throw out all electric light main switches and turn off the gas at the meter, also to see that the plumbing is in good condition. Turn off the water at its entrance to the house, to avoid any defect in water pipes causing damage by flooding. It is a good plan to pour a small amount of hydro-carbon oil into all traps and water seals to prevent evaporation of the water and the escape of sewer gas. Special attention should be given to floor oil mops and oily rags. These should be safely stored in metal containers, as they are fruitful sources of fire by spontaneous combustion. When the house is opened again, it should be well ventilated and thoroughly cleaned.



## "HEALTH" vs. "PUBLIC HEALTH"

THE question is often asked "What's in a name?" and this question may be very properly asked at the present time in regard to the new department which the Government of Canada has promised will be established in the near future.—

The first Boards of Health were established in England early in the nineteenth century, and their functions extended to the administration of laws and municipal regulations for the prevention of epidemics and the improvement of general sanitary conditions within the area of their several jurisdictions. Their powers and functions have gradually extended as laws have been amended and brought up to modern requirements. The present generation has grown up to look upon "public health" as restricted to the matters dealt with by the provincial and local boards of health. Possibly the legislative bodies in the provinces have not advanced very much beyond this limited sphere of activity. So far as actual health laws are concerned, they do not in any way represent the *all* of sanitary science, nor do they convey to the man on the street, the mother in her home, or the child at school, what the people of Canada really want, and what we must have.

The new Federal Department must be broad enough and as comprehensive as broad, to have as its basic principle the maintenance, as far as possible, of a normal condition of both body and mind of every man, woman and child in Canada as expressed by the one word, *Health*. The hygiene of the present is not medical or engineering only—it is more comprehensive; and, as the years roll by, will be still more so. To meet the wants of all classes of the people and all social and industrial conditions it would seem most appropriate that the term "Department of Health" would be the term best suited, to repeat again, to maintain a normal condition of the body and mind of each citizen of the country.

Under a Department of Health all the problems of social welfare, maternity, child life, the mental defective, industrial hygiene, town planning and housing, pollution of our water courses and all environmental conditions that directly or indirectly are prejudicial or are injurious to the health of the individual—indeed everything that prevents him from attaining to the full potentialities of his organism and thereby lower the physical condition of our people.

A Federal department, with a name so broad, should satisfy the many of these who are at present very rightfully calling for a consideration of their claims for departmental consideration—it is generic, not exclusive—and so comprehensive and elastic that it will meet any claims that the future may have in store—which may look for a higher, a better and a more lasting type of manhood and womanhood; and, lastly, it does not bear upon its face the impinging on the functions of the provinces and municipalities in matters now classed under the head of "public health," and dealt with in an administrative manner.

It should be the business of the state to look after the health of the mothers and the children and prevent, by all possible means, any deterioration or depreciation of this valuable national asset.

## THE RETURN OF INFLUENZA

IN speaking of the return of influenza, it is not to be implied that this obstinate and fatal disease, mysterious in many ways, has gone. Such is, unfortunately, not the case, for it is present in many parts of Canada at the present time, though not in epidemic form. The germs of influenza are still present with us, and it is impossible to say how long the disease may linger, or what circumstances conduce to its removal. The truth is, we do not know all about it, for pathologists differ in their expert views. To ascertain all the facts requires continuous research and intelligence work; the truth as to the presence of the filter-passing virus has yet to be conclusively proven.

Both the medical profession and the public must work together to prevent the spread of this scourge, the former along the lines of prevention and treatment, and the latter to avoid as far as possible the spread of the disease by a system of domestic inspection by which prompt medical care is obtained. It is only by team work on the part of the provincial and local health authorities, the medical profession, and public and private authorities that this end can be accomplished. The provision of competent nursing is a most important factor in turning the scale in the patient's favour, and measures taken in this direction are amply justified by past experiences.

As the epidemic of 1889-90 was followed by two others in the next two years, and the second was the most severe of the three, it is not too much to expect that there may at least be outbreaks more or less limited in their extent. The public should be warned and urged to give to the medical men their intelligent co-operation, and also that the patients be assured of the provision of adequate nursing assistance.

## FEDERAL DEPARTMENT OF HEALTH

On March 26, Hon. N. W. Rowell, President of the Privy Council, introduced into the House of Commons a Bill to establish a Dominion Department of Health.

The introduction of this Bill is the culmination of a movement initiated at the Public Health Conference of the Commission of Conservation in October, 1910 and of many recommendations to the Government by various bodies interested in public welfare.

As will be seen from the text of the Bill herewith, the proposed Department of Public Health is given wide scope as detailed in section 4, "The duties and powers of the Minister shall extend to and include all matters and questions relating to the *promotion and preservation of the health* of the people of Canada over which the Parliament of Canada has jurisdiction."

The Act as passed by the House of Commons on April 11, is as follows:—

### AN ACT RESPECTING THE DEPARTMENT OF HEALTH.

His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—



1. This Act may be cited as *The Department of Health Act*.

2. There shall be a Department of the Government of Canada which shall be called "The Department of Health," over which a Minister of the Crown to be named by the Governor in Council shall preside.

3. (1) The Governor in Council may appoint an officer, who shall be called "the Deputy Minister of Health," who shall be the deputy head of the Department and who shall hold office during pleasure.

(2) Such other officers, clerks and employees as are necessary for the proper conduct of the business of the Department may be appointed in accordance with the provisions of *The Civil Service Act, 1918*, and of any Acts in amendment thereof, all of whom shall hold office during pleasure.

(3) The Governor in Council may, subject to the provisions of *The Civil Service Act, 1918*, or any amendment thereto, transfer to the Department of Health any officer, clerk or employee now in the employ of His Majesty or of either or both Houses of Parliament, and subsection two of section seventeen of the said Act shall not apply to such transfers, and the money voted by Parliament for the financial year ending the thirty-first day of March, one thousand nine hundred and twenty, applicable to the payment of the salary or the increase of salary of any such officer, clerk or employee so transferred shall be available for the payment of his salary or increase of salary or the salary of any person appointed in his place in case of his death, retirement or dismissal while serving in the Department of Health, in the same manner and to the same extent as if such officer, clerk or employee had not been so transferred.

4. The duties and powers of the Minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health of the people of Canada over which the Parliament of Canada has jurisdiction; and, without restricting the generality of the foregoing, particularly the following matters and subjects:—

- (a) Co-operation with the provincial, territorial, and other health authorities with a view to the co-ordination of the efforts proposed or made for preserving and improving the public health and the promotion of child welfare;
- (b) The establishment and maintenance of a national laboratory for public health and research work;
- (c) The inspection and medical care of immigrants and seamen, and the administration of Marine Hospitals;
- (d) The supervision, as regards the public health, of railways, boats, ships and all methods of transportation;
- (e) The supervision of Federal public buildings and offices with a view to conserving and promoting the health of the Civil Servants and other Government employees therein;
- (f) The enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty relating to boundary waters and questions arising between the United States of America and Canada, so far as the same relate to public health;

(g) The administration of the statutes mentioned in the Schedule to this Act, and of Acts amending the same, and also of all orders and regulations passed or made under any of the said Acts; and all the duties and powers of any Minister of the Crown under either of the said Acts or any of the said orders or regulations, are hereby transferred to and conferred upon the Minister of Health;

(h) Subject to the provisions of *The Statistics Act*, the collection, publication and distribution of information relating to the public health, improved sanitation, and the social and industrial conditions affecting the health and lives of the people;

(i) Such other matters as may be referred to the Department by the Governor in Council.

5. The Governor in Council shall have power to make such regulations as may be necessary to give effect to and carry out the objects of this Act, and to impose penalties for any violation of such regulations.

6. There shall be a Dominion Council of Health consisting of the Deputy Minister of Health, who shall be chairman, the chief executive officer of the Provincial Department or Board of Health of each Province, and such other persons, not to exceed five in number, as may be appointed by the Governor in Council, who shall hold office for three years. The Dominion Council shall meet at such times and places as the Minister may direct, and shall be charged with such duties and powers as the Governor in Council may prescribe.

7. Nothing in this Act or in any regulation made thereunder shall authorize the Minister or any officer of the department to exercise any jurisdiction or control over any Provincial or Municipal Board of Health or other health authority operating under the laws of any province.

8. The Minister shall annually lay before Parliament, within fifteen days after the meeting thereof, a report and statement of the transactions and affairs of the Department during the year then next preceding.

#### SCHEDULE

##### REVISED STATUTES OF CANADA 1906

	Chapter.
The Quarantine Act.....	74
The Adulteration Act.....	133
The Public Works Health Act.....	135
The Leprosy Act.....	136
The Canada Shipping Act, Secs. 406, 407 and 408	113

##### STATUTES OF 1908

The Proprietary or Patent Medicines Act.....	56
The Acts in amendment of any of the foregoing Acts.	

There is a large field awaiting the activities of the new department, and, under the policy of reconstruction initiated by the Government, much that will be of benefit to Canada as a whole may be expected.



## PERSONAL RESPONSIBILITY FOR FIRES

ONE of the most important and far-reaching amendments which has been introduced into the Criminal Code in Canada, is that contained in an Act passed at the present session of Parliament, intitled "An Act to amend the Criminal Code Respecting Prevention of Fire."

That there is abundant need for this amendment is evidenced from the fact that, when compiling the data for the report on "Fire Waste in Canada," issued by the Commission of Conservation in 1918, a questionnaire was submitted to 309 authorities on fire losses and fire prevention. In answer to the question "What practical remedies for the fire losses they proposed" the following answers were given:

1. Laws to enforce personal responsibility..... 114
2. Laws to enforce better care and maintenance of buildings..... 98
3. Laws to compel better building construction.. 93
4. Laws to regulate the insurance business in the interests of fire prevention..... 67
5. Laws to compel improved public fire protection 49
6. Education by publicity and in schools..... 38

It will be seen that the amendment proposed will have a wide and effective bearing upon Nos. 1 and 2 of these conditions, and indirectly upon Nos. 3, 4, and 5.

The amendments are:

1. Section five hundred and fifteen of *The Criminal Code* is amended by inserting the following subsection immediately before subsection two thereof:—

"(1A). Every one is guilty of an indictable offence and liable to two years' imprisonment who by negligence causes any fire which occasions loss of life or loss of property.

"The person owning, occupying or controlling the premises in which such a fire occurs, or on which such fire originates, shall be deemed to have caused the fire through negligence if such person has failed to obey the requirements of any law intended to prevent fires or which requires apparatus for the extinguishment of fires or to facilitate the escape of persons in the event of fire, if the jury finds that such fire, or the loss of life, or the whole or any substantial portion of the loss of property, would not have occurred if such law had been complied with.

2. The said Act is further amended by inserting immediately after section five hundred and fifteen the following section:—

"515A. In any case where any fire insurance company which carries any policy of fire insurance on the property, or any Dominion, provincial or municipal fire officer or authority recommends that the owner, lessee or other person controlling or operating any building, structure, factory, shipyard, vessel, dock, wharf, pier, sawmill, or yard in which logs or lumber are stored or held, should make any change or alteration in such building, structure, factory, shipyard, vessel, dock, wharf, sawmill, pier or yard, remove any material therefrom, or supply any apparatus therefor, with a view to reducing the risk of fire or for the extinguishing of fire, and such recommendation is approved by any officer in the service of His Majesty, thereto authorized by the Governor in Council, and notice of such recommendation and of such approval

thereof has been served personally upon or forwarded by registered mail to such owner, lessee or other person, and such owner, lessee or other person refuses or neglects to forthwith carry out such recommendation, such owner, lessee or other person shall be liable upon summary conviction to a fine not exceeding one thousand dollars, or to imprisonment for any term not exceeding six months, or to both fine and imprisonment."

## ENLARGEMENT OF THE THYROID: GOITRE

THE Commission of Conservation, in obedience to many requests, has just issued a pamphlet on the above subject, by Francis J. Shepherd, M.D., LL.D., F.R.C.S., etc., Emeritus Professor and late Dean of the Faculty of Medicine, McGill University. The pamphlet treats of the incidence, course, causation, prophylaxis and treatment of Goitre.

In an explanation of how to keep free from enlarged thyroid or simple goitre, Dr. Shepherd says:

"First of all, perfect cleanliness and good hygienic surroundings are necessary. Food should be carefully protected from infected soils and other materials. As the water is infected from the soil, it is necessary to use pure water. Boiling the water is most important, for in this way the *contagium vivum*, or active organism, is destroyed. For washing purposes the water may be disinfected by the use of chloride of lime or iodine. The sanitary disposal of sewage is important also. The removal of all manure heaps (which, of course, means the removal of all stables and byres) from the immediate neighbourhood of dwellings is most important; also the doing away with cesspools. In country parts dry-earth closets are more hygienic, if their contents are afterwards properly disposed of. These precautions in the localities where goitre exists will all tend to the lessening or abolition of the affection."

## POTENTIAL PARENTS

THE National Baby Week Council, of England, in a circular just issued, says:

"Is it not strange that, though we prepare our young folks—boys and girls—for many of their responsibilities in life, we so often launch them into the tempestuous seas of their own developing natures and passions without a word of warning, without a compass whereby to steer? For the great adventure of marriage and of parenthood we give them no training, not even a sure knowledge of their own divine powers of creative energy—and can we wonder if, sometimes, there is shipwreck? Doctors tell us that we have three great racial poisons to fear above all others—alcohol, tubercle and venereal diseases. Of these three it is the last which takes the heaviest toll from the new life of the race. A large proportion of miscarriages and still-births, many of those numerous deaths that occur in the first few weeks of life, lie at the door of these diseases, as well as some half of our blindness, much of the mental deficiency and many of the most serious ills from which civilized man suffers. And yet we dare to allow our young men and women to face life in offices and workshops and schools without one single word



of definite instruction or knowledge in these matters, without a definite ideal of parenthood and race responsibility to guide them. If we would have a strong and healthy nation we must give to our boys and girls self-knowledge, and an understanding of the laws of nature and sex, and above all, a definite ideal of clean and responsible parenthood."

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### BABY FEEDING

**A**LL babies should be breast fed from the day of their birth until they are nine months old, when weaning should be begun gradually. Never wean a baby in July, August or September, in case he gets diarrhoea. Many babies die and suffer through this terrible disease, which can be avoided if baby is breast fed and well cared for. When baby is weaned, his chief article of diet for some time will be fresh cow's milk. Be careful to get your milk from a clean dairy. Be sure your milk jug is perfectly clean, cover the milk at once, and store it in the cleanest, coolest place in the house (in the summer time cool the milk by standing in cold water) to prevent flies and dirt getting into it. Every house should be kept clean to keep it free from flies, which are disease carriers, and one of the causes of that terrible disease which kills so many babies, viz., summer diarrhoea. The dummy, or "comfort," should *never* be given to a baby. This is one of the causes of mouth breathing. Baby goes to sleep with the dummy in its mouth, it drops out, and the mouth is left open. The dummy often falls on the floor, and is picked up and put in the baby's mouth without being properly cleansed, thus carrying dirt and germs into the baby's system.

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If the money which is spent in treatment were devoted to the preservation of Health, the number of hospitals could be reduced by one-half.

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Canada wants healthy, vigorous men and women, so that the nation may hold its own in the league of nations. We must be a nation of stalwarts of A1 class.

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It is the first duty of citizenship for every man and woman to do their utmost to improve the race and to endeavour to maintain the highest standards.