The Canadian Red Cross

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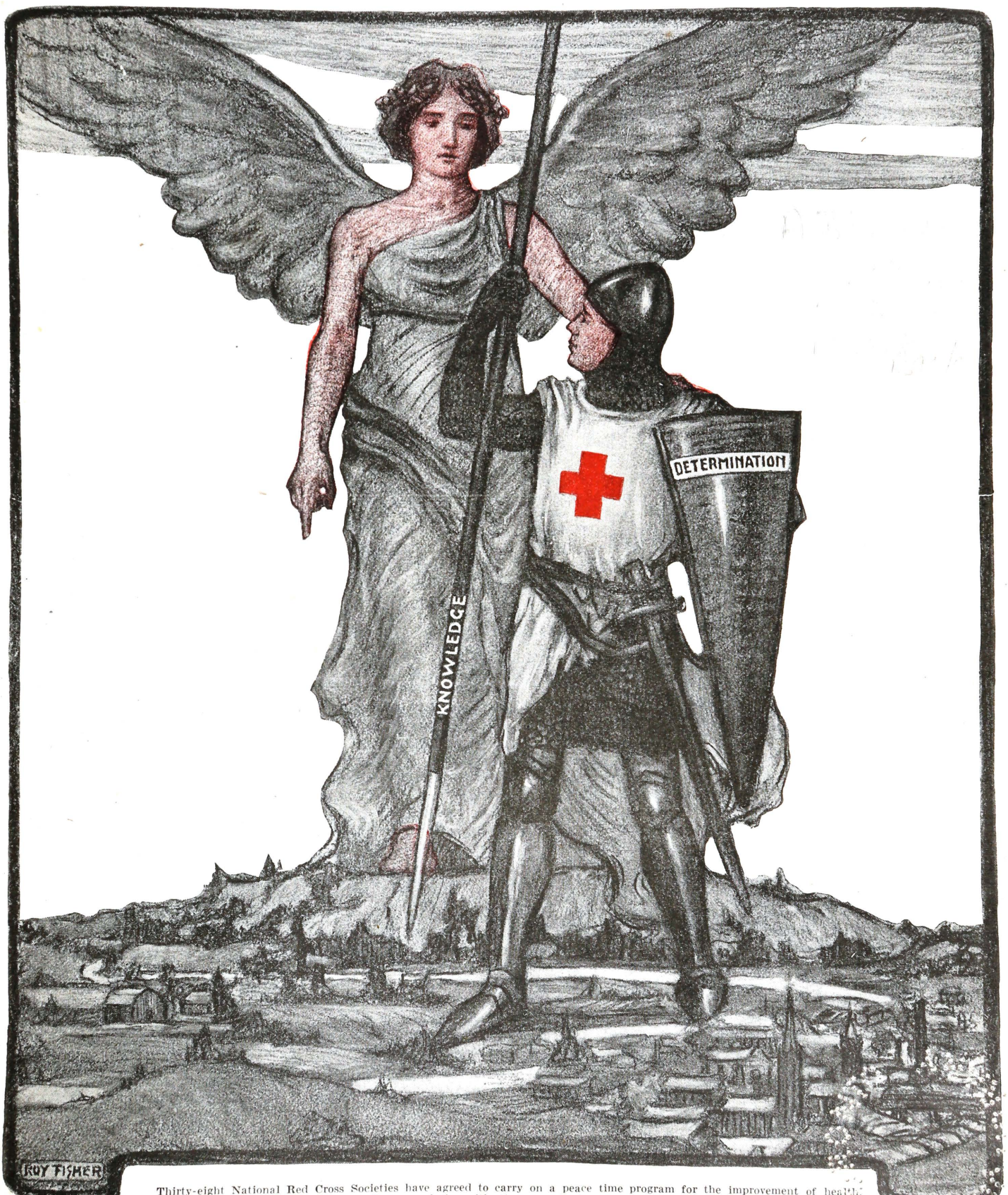

Thirty-eight National Red Cross Societies have agreed to carry on a peace time program for the improvement of health, the prevention of disease and the mitigation of suffering throughout the world.

THE VOICE OF PEACE TO THE CANADIAN RED CROSS: "I GIVE YOU OPPORTUNITY! GO FORTH AND GIVE YOUR AID IN THE CRUSADE FOR GOOD HEALTH!"

CRUSADE FOR GOOD HEALTH

In Carrying Out Its Peace-time Program The Canadian Red Cross Has Given Encouragement and Help to The Public Health Movement in Many Ways. Will Aid in Making Health Knowledge Available to All. The Great Need For Health Reform

When the Great War began in 1914 the Canadian Red Cross Society had fewer than a score of persons actively interested in maintaining its existence. Its funds amounted to less than $10,000. When the need for its services was realized, and it had developed its work for the sick and the wounded, the few were augmented by hundreds of thousands and, during the war period, contributions in cash and supplies amounted to $30,000,000. Shortly after the close of the war the Red Cross accepted new obligations by which it was called upon in time of peace or war to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering.

When the Crusade for Good Health in peace time is understood, and the immense benefit of Red Cross service in connection therewith is perceived, it will doubtless continue to receive adequate support both in personal service and in money. In war time no educational explanations of Red Cross usefulness were necessary. Now the case is quite different.

PROVINCIAL AUTONOMY

The Red Cross believes that it can best accomplish its purpose in peace, as it did in war, by being auxiliary to the official authorities who are responsible for the prevention of disease and the protection of the health of the people. Under the Canadian Constitution each of the nine provinces has the responsibility of dealing by legislation and administration with questions of health and education. Consequently each Provincial Division of the Red Cross is practically autonomous and may arrange how and to what extent it will co-operate with the Provincial Government.

The local Branches also may so act in their relationship with the municipal health authorities.

The following are some examples of how the Red Cross Divisions are supplementing the work undertaken by Provincial Governments and municipal health authorities.

PUBLIC HEALTH COURSES FOR NURSES

Although all the Provinces now are in need of public health nurses properly qualified, no adequate provision had been made for courses of instruction and training in Public Health Nursing. After a conference between some of the Provincial Divisions of the Red Cross Society the Universities and others interested in health work in the provinces, it was arranged that courses in Public Health for nurses should be given by five universities. The Red Cross agreed to meet the expense for a period of two or three years, and also granted scholarships to enable nurses to take the courses.

AUXILIARY TO DEPARTMENTS OF HEALTH

In some Provinces in which the legislatures had not voted a sum sufficient to employ as many public health nurses as the authorities believed could be used with advantage, the Red Cross, at the request of the provincial authorities, provided additional nurses. These are sometimes wholly under the supervision and direction of the Provincial Department of Health and sometimes under a joint committee of representatives of the public health authorities and the Red Cross Society.

The chairman of the executive of the American Red Cross Society, Dr. Livingston Farrand, has said that the entire modern health movement depends upon adequate development of the visiting nurse. The Canadian Red Cross has put near the top of its peace time programme the granting of assistance for the further training of graduate nurses and giving demonstrations to communities of the great value of the services of public health nurses. The latter class of service has been particularly beneficial in districts where settlement is sparse and not yet sufficiently supplied by medical and hospital services. As a result, an ever increasing number of communities will go on and arrange for the employment and payment of nurses themselves.

MATERNITY AND CHILD WELFARE

The Red Cross is co-operating with other bodies to bring about an adequate maternity and child welfare service. Demonstrations have been and are being given by means of Child Welfare or Well-baby clinics conducted under competent physicians. In some cases these are called Babies' Hygiene Clinics. In this respect the aim which the Red Cross sets before Canada is that it should achieve as worthy a position and record as have been won by the sister Dominion of New Zealand. In New Zealand the death of babies under one year of age has been reduced to about 40 per thousand living births—the lowest in the world for any nation. In Canada the infant mortality is as yet about 100 per thousand. It is believed that by the intelligent co-operation of all concerned—medical men and women, nurses, sanitary engineers and the people generally—the death rate can be brought down within ten years to near the New Zealand figures. That would mean a saving of 15,000 babies a year.

The city of Toronto provides one of the best illustrations on the continent of suitable municipal health measures and efficient administration. Compared with 1909 twelve years ago, the general death rate has been reduced from 15 to 12.6 per thousand and the infant death rate from 139 to 83 per thousand living births, the latter figures being for the first ten months of 1921. Typhoid originating in the city has been almost abolished; it has been reduced from 44 to 3.2 per hundred thousand of population. Similarly the tuberculosis death rate has been reduced from 130 to 83. Nurses on the municipal pay roll have been increased from 2 to 112 and child welfare clinics from none to twenty. All this costs money but it is regarded as money wisely spent. The health service expenditure has grown from 25 cents per capita in 1909 to $1.50 per capita in 1921. Things of first importance have been looked after first. Fundamental to all good health measures are a pure water supply and a pure milk supply. The Red Cross is out to create public opinion throughout Canada in favor of these, and of the employment of public health nurses so that every community will insist upon having them according to its needs. All this is for prevention rather than cure and is in addition to the medical and hospital provisions for the curative treatment of diseases, injures and disabilities.

The Red Cross is co-operating with the public authorities and other organizations to bring about a general adoption of medical inspection of schools by the proper authorities. The records of work already done show that about 75 per cent of all the children examined have some minor or major defect the larger number of which can be remedied if treated in time. It is believed that in addition to the benefits from physical examination and medical inspection, a great deal of good can be accomplished by suitable instruction and by interesting the children in doing things which promote good health and in not doing the things which injure health. The formation of proper health habits during school life is one of the essential means of permanently improving the health and contributing to the well-being of the people. The Junior Red Cross of Canada has been cordially welcomed by Departments of Education. It has already interested thousands of children in personal hygiene and the formation of good health habits, thus laying the foundation for wholesome manhood and womanhood.

WORK OF LOCAL BRANCHES

The Local Branches of the Red Cross carry on work varied in character according to the needs of the community and the stage of its development in respect to its health services. That ranges all the way from helping to provide and maintain supervised playgrounds to the engagement of public health nurses and the making of

(*Continued on Page* 4)

*This article does not deal with all of the program and work of the Red Cross; but only with that part of them having to do directly with Public Health.

THE PRINCE OF WALES

The Prince is a life member of the Canadian Red Cross. The motto of his crest is "I SERVE" and no citizen of the Empire sets himself a higher ideal or gives a better example of service. The National Junior Red Cross Committee has adopted his motto as that of the Canadian Junior Red Cross.

Message to Members

THE RED CROSS *intends to issue this magazine monthly and to send a copy regularly to you as one of the members. It will be a means of enabling you to keep in touch with what the Canadian Red Cross is doing.*

Its chief aim, however, will be to spread useful knowledge whereby the members of the Red Cross and others will be better qualified to co-operate with Public Health authorities and professional leaders, such as medical men and women, sanitary engineers and nurses, in their efforts to secure ever improving conditions for health.

Will you please do your best in your locality to carry on the crusade for Good Health, directing your efforts particularly to the reduction of infant mortality, the protection of the health of children and the formation of good health habits in early life.

After you and the members of your family have read this copy, will you please pass it on to someone who has not received one.

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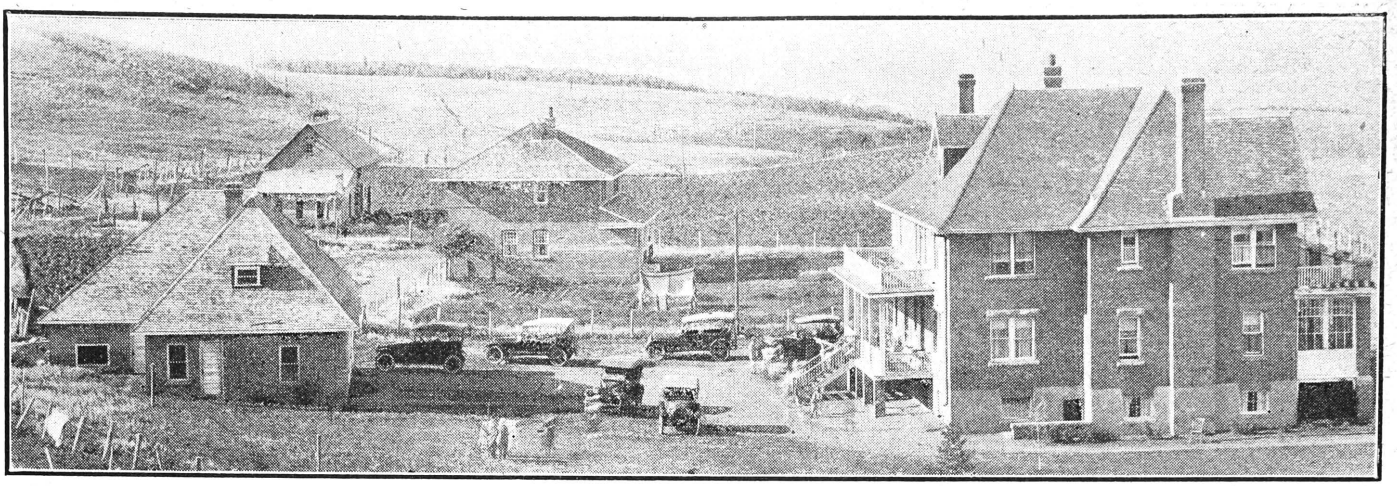


In order that the needy children of soldiers shall be provided with a home and warmed, fed, clothed and taught the Alberta Division of the Canadian Red Cross maintains this institution at Brickburn, Alta.

THE CRUSADE FOR GOOD HEALTH

(*Continued from Page 2*)

grants of money to other voluntary organizations to assist them to carry on their health work.

CAMPAIGN OF EDUCATION

The chief work of the National Headquarters, in addition to assisting Provincial Divisions and shaping the policy of the Society, is to help in carrying on a campaign for the education of the people generally in respect to personal hygiene and public health. The Red Cross regards it as a privilege and duty to stimulate and maintain intelligent interest in health reform and thereby create public opinion in favour of supporting better and ever better health service. Its plans, which are not yet fully in operation, include the publication of a periodical devoted to the dissemination of useful knowledge on health subjects, presented in a non-technical and popular style. It is intended also to distribute to clergymen and other leaders of thought and public opinion authoritative information on personal hygiene and public health themes in the belief that by this means a measure of public speaking in favour of health reform will be liberated which will far surpass anything which a specific speaker's bureau could accomplish. Moreover an approach to the homes will be sought through the Junior Red Cross for children.

GREAT NEED FOR HEALTH REFORM

The need for health reform is greater and more general than any except a few specialists know. The problem is primarily one in the conduct of the individual life and it broadens from personal hygiene to home hygiene and Public Health. The greatest hindrance to progress is lack of knowledge and lack of willingness to take the care to apply it. Medical experts of many countries of the world at their conference at Cannes in 1919 adopted a minute announcing it as their opinion "that a great part of the world-wide prevalence of disease and suffering is due to wide-spread ignorance and lack of application of well-established facts and methods capable either of largely restricting disease or of preventing it altogether." The expenditure of much wealth is not necessary to secure good health but some energy, some self-discipline, a certain amount of intelligence and a willingness to play the game are required. Most children are born with the possession of good health; the problem is to conserve that precious heritage. In the last analysis the mothers in the homes are the persons who can do it. The great duty and opportunity of the Red Cross is to help to make the information—the knowledge—the education—available to them. It will take a full generation of time and the enthusiastic devotion of thousands to do it.

UNDER COMPETENT LEADERS

The leaders under whose direction this great movement can be advanced and developed are the physicians, nurses, sanitary engineers and public health executives. They constitute the trained officers in the national army for good health. The Red Cross is regarded as the body which can best foster a desire, an ambition, a determination by the individual and the community to seek the benefit of their services early and regularly and thus to secure the greatest practical measures of prevention, protection and treatment. The Red Cross does not desire to undertake or compete with work already being carried on by other voluntary organizations. Its function is to assist and strengthen them. As one means of doing that, grants of money have been made to seven of the nationally organized bodies having as objects the betterment of health conditions of the community. By intelligent and cordial co-operation between the official and voluntary bodies—between the professional and the lay—the interest and confidence of the public in the work of all is increased. The plan of working together becomes the best means whereby all individuals, each community and the whole nation can make appreciable progress in the improvement of health, the prevention of disease and the mitigation of suffering.

JAS. W. ROBERTSON,
Chairman, Executive Committee,
Canadian Red Cross.

TAKING STOCK

The War Compelled Nations To Examine Condition of Their Manhood-Startling Revelations.

Concluding its summary of the examination of the records of the medical examination of 2,425,184 men of whom only one-third were found to be fit and healthy, the British Committee of the Ministry of National Service said:

> "War is a stern taskmaster with whom no compromise is possible, as we have learned to conviction during the past four years. Convention, prejudice, self-satisfaction, apathy—all alike have to give way before the blast of war, which sweeps before it everything except hard facts. It has forced us to face our man-power problem with the close intensity which only a struggle for national existence can evoke. *It has compelled us to take stock of the health and physique of our manhood; this stock-taking has brought us face to face with ugly facts and—one hopes—awakened us from the half-hearted complacency with which in the past we have treated our most important asset—the health of the nation.*"

Under the Military Service Act in Canada fifty per cent of the draftees were rejected as unfit for full service in the field and no matter what tests may be applied to the statistics the incontestable fact remains that too many of our people are debarred by disabilities—often preventable—from the enjoyment of full vigour and perfect health.

HEREDITY

Two British farm laborers were discuss ing the wisdom of the present generation. Said the first "We be wiser than our faithers was and they were wiser than their faithers was."

The second after pondering and gazing at his companion replied "Well Garge, what a fule thy grandfaither must'a been."

THE ISLAND PROVINCE

New Interest in Child Welfare Awakened and Work Begun—Enthusiastic Support to a Good Cause.

By AMY E. McMAHON

It is only within the past year that Prince Edward Island has joined the ranks of Child Welfare Workers, so, as yet, its experiences are limited and results far from spectacular.

Child Welfare was a new term to the great majority of the people, so our first step was to get in touch with those who would be most likely to realize the need for carrying on health work in the province.

We were able to reach many people from most parts of the province when we were allowed to speak to the students of the Provincial Normal Schools, to the teachers at their annual convention, and at the annual meeting of the Women's Institutes. We took advantage of every opportunity to speak on the subject to individuals and to gatherings of people of all kinds.

The girls were reached at the summer camp of the "Canadian Girls in Training" where we gave talks on Health and Child Welfare. During the coming winter we expect to give these girls classes and demonstrations in the care of infants and children.

We have held public meetings on Child Welfare in towns and country districts and 1653 school children in different parts of the Island have been examined.

In the rural districts we usually arrange to hold our meetings under the auspices of the Women's Institutes, as through them we come in contact with progressive members of the community.

In some places we had large audiences but on the whole attendances were more or less uncertain, until we were able to advertise that moving pictures would be shown. In addition to their great educational value the moving pictures have proved to be a great drawing card.

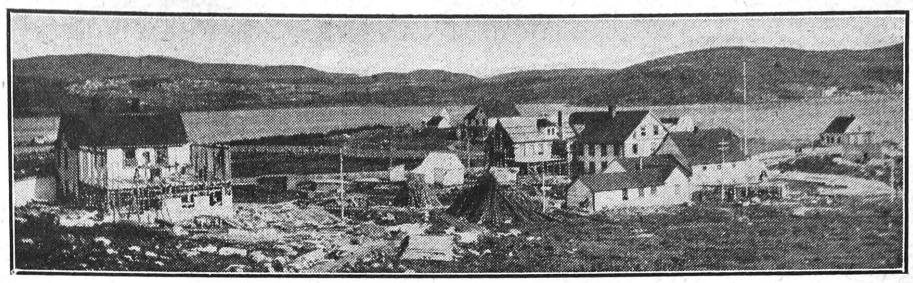
As soon as we had definite figures to show as to the results of the examinations of the school children, we were able to arouse more interest but we could not help feeling that a great number of people wanted to see the tangible results in their own schools and districts before they would be convinced that Child Welfare was necessary and not "another fad."

Undoubtedly the children who were examined have proved to be our best advertisers. They have not only done a great deal of talking about our work in the schools, they have also shown a keen interest in their own health problems and many of them have told their mothers that we wanted to visit the baby brothers and sisters in order to help them also to grow up to be "A 1 Canadians."

Some of the clergymen have already been a great help in speaking to their congregations on the importance of the work being carried on and we hope to have a Child Welfare Sunday when addresses on Child Welfare will be given in practically all th churches.

The press has been of assistance and we hope to utilize it more than we do. One paper has just offered to take all health articles we can send it.

At present it would be futile to try to estimate what has been accomplished with regard to interesting the people in Child Welfare and allied subjects but within the next year one may hope to see tangible results in the shape of demands being made that the Government take its full responsibility in a matter of such vital importance to all the people of the province.



St. Anthony, in Northern Newfoundland, the site of one of the Grenfell Mission Hospitals. The Canadian Red Cross assisted the Mission by donating an up-to-date ambulance. The vehicle was of the combination type which made it possible to use it as a truck. This was a very fortunate provision, for upon its arrival it at once solved the problem of transportation of building material from the dock to the hospital site and made it possible to have the buildings up before the arrival of winter.

BRUSHED AND BUSY

Old Age Just a Bad Old Habit—Something About Canada's Young Old Men.

The following lively comment upon the subject of advancing years is taken from the Toronto Star. Read it. It's a tonic.

WHAT! AT FIFTY-EIGHT?

A man aged 55 sustained a shock when he picked up a copy of an English paper and read therein some advice as to how men at the advanced age of 58 ought to order their daily lives. It seems that a man aged 58 had written asking advice, and this is what he received:

"Rise early; good wash.

"Glass of water (chill off), biscuit, half an hour's walk.

"Breakfast, newspaper, garden, do odd jobs.

"Dinner, read and nap, good wash.

"Tea, a walk with a companion.

"Early light supper, an hour's rest, bed."

What a day! What a thrilling day! Another suggestion was that a man when he reaches the age of 58 ought to keep fit and keep bees!

The citizen who brought this matter to our notice was shocked at first by the thought that in three years he might be getting such advice as this, but we assured him that we would hesitate to offer this prescription to any Canadian under the age of 78.

The idea that a man at the age of 58 is only good enough to putter around the back lawn between meals, taking naps, and going for gentle walks accompanied by a companion who will see that he does not totter into the path of some vehicle—this idea does not find much favor in Canada. Even the herding of a flock of bees, lively as that might be at times, does not seem job enough for the average man under sixty in this part of the world.

Men don't grow old in this country any more. The practice of growing old has been discontinued. It was a bad habit and has been dropped—it was bad for the man and bad for his family. In early days men wore beards, and as these turned grey the men withered, they became crabbed, bent; they expected to break up any day, watched their symptoms, discussed their pains; retired to the chimney corner and talked of the past and gloomed about the future.

There's none of that now. A man of seventy nowadays, instead of being, as formerly, proud of decrepitudes and ailments, aspires to be regarded as a young man prematurely grey. He dresses like a living person, and is one. In the downtown world he probably occupies a responsible position, and holds his own in business against all-comers. He knows how many home runs Babe Ruth made this year, he will show you with a scrap of paper and a pencil just how the bowls lay when a fluke shot put him out of the Dominion bowling tournament, or he will tell you where he got the best bass fishing this August that, he has had in a dozen years. Or, he may be too busy with big affairs to bother with boys games like golf or bowls or fishing.

At fifty-eight he certainly doesn't aim to toddle around like a senile patriarch minding a bee-hive on the back lawn, nibbling a biscuit, taking a nap, and calling it a day. Middle-aged persons of 58 do not take to that sort of thing nowadays at all. They keep shaved, shined, brushed and busy, and are vastly the better off for it.

INFORMATION SERVICE

In order to assist Health Officers and Public Health Nurses to keep abreast of the rapidly increasing literature on health matters, the Canadian Red Cross Society maintains a Department of Information on Public Health to supply to them data and information pertaining to this subject. This Department issues monthly a Library Bulletin with descriptive notes on the more interesting articles in the latest periodicals. Readings of the Library Bulletin are able by this means to review rapidly the best articles in over 90 health periodicals.

The Canadian Red Cross extends this service to **Health Officials and Public Health Nurses** to whom issues of the Library Bulletin will be sent on request.

Do not wear your hat tight. It cuts off the blood from the skin of the head and makes you bald. A soft hat is the best.

THE JUNIOR RED CROSS

A New Force of Inestimable Value at Work Among the Youth of the Dominion. Inculcation of Hygienic Habits in the Young Heralds the Dawn of the New Health Era.

Junior membership in National Red Cross Societies began simultaneously in several countries during the war. It has since developed in many others with the approval of the General Council of the League of Red Cross Societies. At first it was a means of giving children the opportunity of participating in the humanitarian work of the Red Cross during the war. Since the war it has developed into a world-wide league of children. The response of youth to the ideal of unselfish service has been so eager that a profound change has been effected in thousands of class rooms and the teachers have come to look upon the Junior Red Cross as a practical means of teaching the lessons of personal health, of good citizenship and of unselfishness.

ALBERTA

The Alberta Division of the Canadian Red Cross has expressed its ideal as follows:

> "To encourage through unselfish sacrifice and the knowledge of human needs those broadening interests and intelligent sympathies which make for a growth of true citizenship and a better understanding between nations and peoples."

In carrying out this ideal the Alberta Juniors have undertaken the care of many invalid poor children by means of their "Sick Children's Fund." The organization is becoming a strong influence among the youth of the province.

SASKATCHEWAN

The Saskatchewan Division in its October bulletin gives the names of 402 Schools of the province enrolled during June 1, 1921, and September 30, 1921. The Saskatchewan Junior Red Cross has become a most highly organized body and in October last had 1,000 Junior Branches with approximately 40,000 junior members. New branches have been added since. Its Junior Red Cross Fund for crippled children has dealt with over 400 cases of needy children requiring surgical operations and over $12,000 has been expended by the Juniors on this account.

ONTARIO

The Ontario Junior Red Cross, though begun but recently, has already over 100 Auxiliaries in active operation. It is directing much of its initial effort towards interesting the children of the schools in health matters but with its expanding membership it finds its activities also widening.

Wherever the Junior Red Cross idea has been intelligently applied in Ontario schools the results on the school life have been remarkable. The tiresome subject of Hygiene has become the interesting new Game of Health. Committees of school children are supervising the cleanliness and ventilation of school rooms. The hot midday lunch has been introduced. Play supervised by the boys and girls themselves has become popular. School concerts and health plays in aid of charitable objects have been undertaken. The community has been taken into partnership in many ways.

And because the teaching has been vitalized through the Junior Red Cross idea, theory has become practice, theoretical knowledge has been transformed into good health habits and a sound foundation for citizenship established.

When one considers the great influence of the acts and thoughts of childhood upon after life it will be realized what a telling power the organization must have upon the coming generation.

Other Red Cross Divisions in Canada are organizing or preparing to organize their Junior Red Cross for the great potentiality of the movement is admitted without doubt or question.

MILLIONS OF CHILDREN

The devotion of teachers and the eagerness of the children in every sort of community and in every condition has made it possible to enroll several million of Junior members in national Red Cross Societies of the world. From these and from the growing thousands of new Junior members will be made the Red Cross of the future, from a generation educated in the ideal of service and trained in its practice.

HEALTH

To teach a child to care for his own health and to so conduct himself or herself as to protect the health of others is a fundamental Junior Red Cross enterprise. Simple hygiene information is given to children in Junior groups at the regular meetings. Observance of simple rules may be made the condition of membership for younger children.

CITIZENSHIP

Closely associated with the ideas of health responsibility are other ideas of civic responsibility and unselfish citizenship. Practical ways of teaching young people how to be of service to the community are inculcated in many ways according to local conditions and needs.

It is a happy augury for Junior Red Cross that the educational authorities who have been asked to consider the matter have given the cause their whole hearted public support. The following statements testify:

By Hon. R. H. Grant, Minister of Education for the Province of Ontario:

> To Teachers and all interested in Education—
>
> "As the Minister of Education of the Province of Ontario, I take great pleasure in recommending the Junior Red Cross to the careful attention of teachers, inspectors, trustees, and all other persons interested in the education of our boys and girls for useful citizenship.
>
> "I feel sure that the education and physical welfare of the children in our schools may be enhanced through the organization of Junior Red Cross Auxiliaries. Part of the time each week required for instruction in hygiene may be profitably spent in Red Cross activities."

By Hon. Geo. P. Smith, Minister of Education for the Province of Alberta:

> "Since the Junior Red Cross was organized and since the school authorities have undertaken to introduce it to the schools, and I have heard the specific cases that so far have been dealt with through this Junior Red Cross, I must say that it appeals very strongly to me, not only from the standpoint of the individual child, who needs it, but especially for the effect it has on all children."

By Hon. W. M. Martin, Premier of Saskatchewan:

> "The Junior Red Cross, therefore, has my full approval and I would suggest that while schools are in operation, in order to assist the realization of these objects, a portion of every Friday afternoon be given to the study of those humanitarian phases of education and citizenship for which the Junior Red Cross stands."

Being so well started and with the support of those whose help is most valuable and looking with confidence to a peaceful future for many years to come, who can doubt the success of Junior Red Cross. Get into touch with those who are building it up in your community, examine its merits and if you are convinced, give it all the support you can.

SAFETY FIRST

(As Promulgated in Tokio)

1. At the rise of the policemen's hand stop rapidly.
2. Do not pass him by or otherwise disrespect him.
3. When a passenger of the foot hove in sight tootle the horn-trumpet at him, melodiously at first, but if he still obstacles your passage tootle him with vigour, and express by word of mouth the warning "Hi! Hi!"
4. Beware the wandering horse that he shall not take fright as you pass him. Do not explode an exhaust box at him. Go soothingly by.
5. Give big space to the festive dog that shall sport in the roadway.
6. Avoid entanglement of dog with your wheel spokes.
7. Go soothingly on the grease as there lurk the skid demon.
8. Press the brake of the feet as you round the corners to save the collapse and tie-up.

A COUNTRY'S GREATNESS

A country is not made great by the number of square miles it contains, but by the number of square people it contains.—*Dayton News.*

VISITORS TO FRANCE

New Zealand and Canadian Red Cross Co-operate to give Advice and Help to Those Journeying to the Military Cemeteries.

Since the relaxation of travelling restrictions in the war areas, the Canadian Red Cross and the New Zealand Red Cross, acting in co-operation, have maintained an officer, Captain M. Mullineux, formerly a chaplain in the New Zealand forces, to advise and assist Canadians and New Zealanders who visit the graves of their relatives and friends in the war zones.

In connection with this service, two offices are maintained on behalf of Canadians. One office is in London at 9 Waterloo Place, the office there having been kindly loaned by the Bank of Montreal. It is in charge of Mrs. David Fraser.

Captain Mullineux's office is, **St. Barnabas Hostel, 3 Rue des Marechaux, Calais, France.**

Canadian visitors who wish to avail themselves of the advantages of this service are advised to adopt the following plan of action:

(1) To communicate direct with the Secretary, Canadian Red Cross, c-o. Bank of Montreal, 9 Waterloo Place, London, S.W. 1, giving as many days' notice as possible of their visit, and giving full details of the graves to be visited.

(2) To see that necessary passports are held and signed as required by the authorties.

(3) If possible to take only hand baggage when visiting France, as heavy baggage frequently means loss of time and waste of money.

(4) Before leaving England for France, to change English money into French, preferably at some reliable bank. At a bank one may be sure of getting current value of exchange, whereas at a money changer's extortionate prices are sometimes charged.

The Canadian Red Cross office at Calais, address of which was given above, is fully equipped with cemetery maps, guide books and time tables.

In the matter of accommodation, the Canadian Red Cross works in connection with the St. Barnabas Hostels, which are made available to Canadian visitors, and at which reasonable prices for accommodation are charged. Captain Mullineux is also in touch with motor services, and can give advice as to what routes to take, and what should be a reasonable cost for a journey.

Some idea of the great value of such a service as the Canadian Red Cross is affording by this arrangement may be learned from the fact that at the time of the Armistice there were over 1600 cemeteries in France and Belgium and this number has been greatly increased since the war ended. The cemeteries are scattered over 60,000 square miles of territory and strangers visiting them need the best advice as to routes and accommodation if they are to be saved needless delay and inconvenience and unnecessary expense.

THE EMBLEM

In an article which appeared in the British Red Cross Journal, Col. Sir James Magill, K.C.B., Organizing Secretary, calls attention to the correct shape of the Red Cross emblem. He says that the arms of the cross should be one-sixth longer than broad. He points out that the true shape was defined at the Geneva Convention in 1906. The matter is dealt with in Article 18, of the Geneva Covenant which says:

"Article 18—As a compliment to Switzerland, the heraldic emblem of the red cross on a white ground formed by reversing the Federal colors, is retained as the distinctive emblem of the medical service of armies."

The Federal colors are thus defined in the by-law of 12th November, 1889: "A white cross vertical, and not touching the margin (alezee), on a red ground, *the arms equal but one-sixth longer than broad.*" This reversed is, therefore, the accurate description of the Geneva Cross, authorized to be used by the British Red Cross Society and referred to in the Act of Parliament of 1911.

Since the emblem of Red Cross Societies throughout the world is the same, it follows that that of the Canadian Red Cross is as defined above.

A British military cemetery at Forceville, near Albert, Somme, France; one of the hundreds of similar hallowed spots in France and Belgium. The artistic and noble simplicity of design and arrangement give a calm and impressive dignity to these sacred places. In shape and size all headstones are alike. Each—if the name be known—bears the name of the soldier, the date he fell, the name of his regiment and his regimental crest.

HOW TO HELP

Results of Tuberculosis in The Home Felt by All Its Members—A Public Problem.

By DR. R. E. WODEHOUSE, O.B.E.

Secretary of Canadian Society for the Prevention of Tuberculosis

The Canadian Association for the Prevention of Tuberculosis would like to feel that each member of the Canadian Red Cross Society is interested in the difficulties of those Canadians who have tuberculosis.

Unless discovered early and treated and cured before it can make headway in the system tuberculosis becomes a lingering disease. When it seriously attacks the bread-winner of a family, and prevents him from working it not only deprives the family of the benefit of his income; but also makes it necessary for the other members of the family to work harder to pay for the treatment and care of the one who is ill.

Thus the home has to pay out more money than if its members were all well, and has one less to help by earning money. The sick one will receive everything the family believes will help in overcoming the disease, and if there is not enough money coming in to provide all the family needs, those of its members who are well will be the first to deprive themselves. This has a tendency to lower their vitality, and on that account they also become more likely to catch the disease.

Even if no consideration be given to the worry and suffering which such a home has to go through, it is surely evident that some plan to properly look after the sick member of the family, and also the other members of the family, would be humane and would pay us all.

Our first duty is to have the sick one's disease discovered early, either by the patient's family doctor, or by a sanatorium or other doctor who has been specially trained in diseases of the lungs.

Our second duty must be to make provision that the loss of money to this home, caused by the cost of treatment and loss of wages of the sick one, is as light as possible.

Our third duty is to provide the best treatment possible in happy surroundings, with the patient's mind contented through the knowledge that the other members of the family are well looked after, and that he is going to get better. Further, light work, under the direction of those who have prescribed the treatment, should be provided. Such light work should be paid for, and the patient will then soon find that he is earning money again, and earning more and more each month. While the patient is gradually regaining his health and his earning power, the fact that his family is still happily carrying on is a constant source of gratification and encouragement to him, and the assistance given to the family helps its members to continue to be well-housed, well-clothed, well-fed and sufficiently vigorous to resist the attacks of the germs of the disease.

Health rests upon the action of every man and woman putting into practice what he or she knows regarding health.

THE
Canadian Red Cross

A national journal published monthly by the Canadian Red Cross Society, to place before the people of Canada information concerning its program and activities, and to assist in carrying out the purpose of national Red Cross Societies of the world as set forth in Article XXV of the Covenant of the League of Nations:

"The members of the League agree to encourage and promote the establishment and co-operation of duly authorized voluntary national Red Cross organizations having as purposes, the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world."

CANADIAN RED CROSS SOCIETY
National Office:
410 Sherbourne Street — Toronto, Ontario.

Vol. I FEBRUARY, 1922 No. I.

OUR PURPOSE

The purpose of this publication is to present, in readable and interesting form, knowledge of how health may be preserved. It is not intended to deal with the subjects of medicines and treatments of disease. It is believed that the way to improve individual and national health lies in making health facts generally known and in encouraging the intelligent use of the best health knowledge.

* * * *

NATIONAL RED CROSS SOCIETIES

National Red Cross Societies endeavoring to promote health and prevent disease are being developed in thirty-eight nations of the world.

The essential features of a development of a National Red Cross Society, are: (1) The extension of membership; (2) The education of the public in matters affecting individual and public health; (3) The development of a peace-program calculated to meet the needs of their countries in improving health conditions.

During the past twenty years greater progress than ever before has been achieved by medical science in regard to public health measures, disease prevention and the means of promoting social welfare. Many diseases could be entirely eradicated and many others deprived of their terror if available knowledge were systematically applied. Already mortality has been reduced. The average man lives longer than he of even a generation ago and the general health of the public is better. Yet of what could be accomplished to safeguard the health of the individuals and of nations but a small part is being done.

This alone is sufficient to justify the principal object of the Red Cross movement in peace and the purpose underlying the programs of the Canadian Red Cross Society.

The Canadian Red Cross Society is undertaking as wide an educational program as its circumstances permit, in order to bring home to **its own members,** to **the children in the schools,** and especially to the **wives and mothers** upon whom fall the care and the responsibility of the household and family, knowledge of the rules of healthful living and the means of preventing, combating and eradicating disease.

It aims at supporting and co-operating with all public health movements. It seeks to band together the people in this country who are interested in the welfare and health of the community in order that their united efforts may be more effective. The Red Cross movement should, in fact, if properly organized, benefit all existing agencies and organizations devoted to health activities.

By its general propaganda and educational program it will bring public health problems to the attention of a much larger percentage of the population than have ever before had any knowledge of or interest in it. It will encourage a much greater number of people to take an active part in the work of societies or organizations dealing with questions of special interest to themselves or to their particular localities.

Individuals and established organizations of all kinds should take a keen and genuine interest in the success of the Red Cross. The whole nation should give its support. **A successful RED CROSS means better health for all.**

* * * *

THE PREVENTION OF TYPHOID

Dr. Douglas' article in this issue, upon the way in which typhoid was eliminated from Winnipeg, sheds interesting light upon the typhoid problem by comparison with the experience of other cities of Canada. Toronto and Ottawa, for instance, found that most of their typhoid was eliminated as soon as they purified their respective water supplies. On the other hand Winnipeg found that typhoid continued even after its water supply was made pure. It remained prevalent until civic legislation prohibited box closets within the city limits. As soon as this was done the typhoid rate dropped gradually to zero, and this experience proved conclusively the agency of the filthy fly in spreading the disease. Other methods which helped in eliminating the disease were improvement in housing and the purification of the milk supply. Happily modern knowledge and experience have placed typhoid upon the list of preventable diseases and its prevalence in any community is evidence of lack of proper health supervision.

* * * *

CAUSES AND RESULTS

The war which stimulated many things, good and evil, stimulated thought upon the subject of health. Men and women are beginning to realize that efforts directed to curing ailments and diseases—important and necessary as they may be—mainly deal with results and not with causes. As long as frail humanity inhabits the earth there will be sickness and disability but they should be and can be reduced to a minimum by abating the causes and directing the most intelligent efforts towards prevention. The fact that a reduction of sickness and disability means greater efficiency, greater success, is a good argument in favor of the pursuit of health. But there is a better argument still—the prevalence of good health generally would make lives happier, would reduce the suffering of the weak and helpless, would aid in the general acceptance of sane and wholesome principles and standards of living, and would help to place humanity on a higher and nobler plane than it has ever reached in the past.

WINNIPEG'S CONQUEST OF TYPHOID

By Persistent and Intelligent Effort This Disease Has Been Almost Wholly Eliminated From Manitoba's Progressive Capital How The Infection Spreads.

By A. J. DOUGLAS, M. D.
Medical Health Officer, City of Winnipeg

The City of Winnipeg is an excellent example of the way in which a large centre of population, by taking the necessary steps, may rid itself of typhoid fever. Typhoid fever had been a prevalent disease in Winnipeg in its earliest days. Even before the city was founded, "Red River Fever" was well known and took its yearly toll of deaths. It seemed to be specially severe upon new arrivals. This disease was none other than typhoid fever, which during the years 1881-1882 became very prevalent in a greatly increased population. It was at that time that the water and sewage systems of the city were begun.

The first public water supply was taken from the Assiniboine River. Previous to that water from the Red River had been used and was hawked about in carts. Wells in various parts of the city also furnished a part of the supply. The river water was very turbid at certain seasons and the well water was hard. But, owing to the unsettled nature of the country, both sources of supply were then unpolluted to any extent. When the sewage system was installed, it was not made compulsory that individuals whose houses were already constructed or who might build later, should connect their house systems to that of the city. Outhouses were in general use and they were originally of the primitive earth-pit type.

In the year 1888 a dry-earth system was introduced. This led to the abandonment of the earth-pit system. But the severity of winter frosts soon proved the dry earth closets impracticable and they were discarded in favour of the box closet. This also proved unsuitable in winter, when excreta had to be deposited on the ground and removed by means of pick and shovel.

During the earlier years of the city, most of Winnipeg's typhoid was undoubtedly due to the presence of large numbers of these box closets.

In the late nineties the municipal water supply was changed from the Assiniboine River, to artesian wells sunk in rock from which water of a high degree of purity was obtained. In 1919 a permanent and more abundant supply was obtained from Shoal Lake.

In 1900 the city started to grow very rapidly and doubled its population in about five years. Buildings without sanitary improvements were constructed in large numbers and in June 1905, 6,153 box closets were in existence. Over 500 of these were on the principal business street of the city. Coincident with increased population the typhoid rate rapidly rose. In 1900 the gross rate was 119 per 100,000 population and in 1905, 222 per 100,000. It was in 1905 that the campaign against typhoid was seriously undertaken.

Winnipeg's position was rather unusual. It had *a pure water supply and a high typhoid rate.* An enormous percentage of cases occurred during the months of August September and October. It was at this period that house flies were most numerous and entered houses in the greatest numbers owing to the afternoons and evenings being cool. Infectious excreta abounded owing to the presence of the box closets and was easily accessible to flies. The problem was almost entirely one of prevention of fly and contact infection.

There were two water-borne outbreaks about this time, due to accidental infection of water supply in limited areas. There were also several milk-borne outbreaks. These bore little relation to the main problem. It was found that of two sections of the city of about equal area and population, one, with very few outhouses, furnished in three years, 549 cases; another with many outhouses, furnished 1,983 cases for the same period.

In 1905 legislation was passed declaring the box closet to be a nuisance and prohibiting the erection of new ones and compelling the abolition of those in existence. On streets where sewer and water mains were laid connection was made compulsory for all buildings. Where persons were unable to make improvements through lack of funds, the city did the work and charged up the costs as a tax against the property. On streets where there were no sewer and water, brick and cement pits of sanitary construction were recommended as best suited to the climatic conditions of Winnipeg. These changes involved much work in the early stages and many police court prosecutions were found necessary. Altogether about 2,000 prosecutions took place under this section of the By-Law.

On December 31st, 1905, the number of box closets fell to 3,182.

On December 31st, 1906, there were 1,105.

On December 31st, 1907, there were 80.

On December 31st, 1908, there were 25.

In 1909 the last one was removed. The typhoid rate fell almost in proportion to the removal of these closets and has been low ever since with the exception of one or two years and even during these years the higher rates were nearly always due to cases from outside the city which were brought into the hospitals for treatment. From 1906 to 1920 the death rates per 100,000 from typhoid were as follows:

1906	gross rate	146.5
1907	" "	51.0
1908	" "	40.6
1909	" "	38.4
1910	" "	31.6
1911	" "	17.1
1912	" "	10.8
1013	" "	9.7
1914	" "	7.9
1915	" "	3.5
1916	" "	9.5
1917	" "	8.2
1918	" "	7.6
1919	" "	10.3
1920	" "	5.7

It will be noted that these are all gross death rates and include deaths in non-residents and in residents who contracted the disease away from home. In 1920 there was no death from a case contracted within the city.

It should be mentioned that while the removal of the box closets was responsible in the greatest degree for clearing the city of typhoid, other measures helped. Among them were the close supervision of cases in homes and the regulation of conditions in producing and handling milk supplies.

DODGING INFLUENZA

Taking Care at the Right Time Will Save One from More Serious Trouble.

Influenza is one of the most catching of winter diseases. During each winter many thousands of Canadians are laid up with it. While it is not in itself very serious it may have disastrous consequences. When to the loss of health, of time for work and pleasure, is added the suffering caused, this apparently mild disease has much to answer for.

Much of this suffering could be prevented if certain simple precautions were better understood and more generally adopted. The prevention of a simple cold often means the prevention of influenza or grippe, as it is sometimes called. Elsewhere in this issue appears an article on the "Prevention of Colds," which applies with equal force to the prevention of grippe. Proper food, sensible clothes, plenty of sleep, good ventilation indoors and ample exercise in the fresh air all tend to strengthen our powers of resistance and reduce the chance of infection.

The patient can do much to prevent the disease passing to others. The greatest care should be exercised to guard with a handkerchief all coughing and sneezing. Sputum should be safely deposited in a paper cup or handkerchief for destruction. Spitting is a dirty habit at all times but a spitter with grippe is a positive danger to his associates. To every person with influenza, pneumonia is a possibility. Bed is the only strategic ground on which to combat grippe germs. "Go to bed and remain there until your family doctor considers it safe for you to go out." A famous health authority gives this rule. It is the rule for safety and a rapid recovery.

SKYWARD

Professor of Chemistry—"If anything should go wrong in this experiment, we and the laboratory with us might be blown sky high. Come closer, gentlemen, so that you may be better able to follow me."

Scene at Halifax upon the return of the Red Cross Health Caravans which toured the Province of Nova Scotia and held clinics and gave health demonstrations at various places on their journey. As a result of their tour popular interest in public health was greatly stimulated throughout the Province. One of the cars was a Sunbeam ambulance which had been given by the children of Nova Scotia for use during the war and had done much useful service in France. At the top of the hill may be seen the walls of the ancient fortress of Halifax.

NEW BRUNSWICK

Annual Meeting of Division Heard Encouraging Reports and Elected Officers for 1922. Public Health Nurses Commended for Good Work—But Much Left to Do.

The New Brunswick Division of the Canadian Red Cross held its annual meeting on December 9th. R. T. Hayes, M. L. A. was in the chair.

In the annual report the secretary, Miss Ethel Hazen Jarvis, stated that the Red Cross membership of the Division consisted of 1078 life members, 7093 senior members and 2112 juniors, making a total of 10,281. The officials in the Membership Enrollment had been: F. A. Dykeman, convenor; Mrs. G. A. Kuhring, organizer.

Reference was made in the report to assistance given to the Provincial Department of Health and to the graduation of five Public Health Nurses.

Branch reports from several local centres reported renewed activity and growing interest in the peace-time program that was most gratifying.

Miss Meiklejohn, superintendent of nursing services in the province, praised the work of the five public health nurses who were at work in rural fields and who had averaged 125 home visits a month in spite of transportation difficulties. She pointed out, however, that the infant mortality rate of the province was 134.9 per thousand, the highest in Canada so that much remains to be done.

A statement of the work of the Committee on Port Work was presented by Mrs. H. Lawrence. Through this work the Society had been very helpful in welcoming new arrivals who sailed into the port of St. John and in attending to necessities of mothers and children after their sea journey.

The officers elected for the ensuing year are as follows: President, R. T. Hayes; first vice-president, Rev. Canon R. A. Armstrong; second vice-president, Mrs. George F. Smith; third vice-president, Mrs. John A. McAvity; fourth, Miss Ryan; fifth, the Countess of Ashburnham; treasurer, C. B. Allan; secretary, Miss Ethel Hazen Jarvis.

Members of the executive: Dr. Murray MacLaren, H. A. Powell, K.C., Judge H. O. McInerney, Mrs. G. K. McLeod, F. A. Dykeman, Mrs. Leonard Tilley, Mayor Schofield, Hon. William F. Roberts, M.D., Dr. H. A. Farris, A. C. Skelton, F. B. Ellis, A. C. Chapman, Moncton; Colonel Loggie, Fredericton; Judge McLatchey, Campbellton; Dr. Pinault, Campbellton; Angus, McLean, Bathurst; Mrs. Charles Sargeant, Newcastle; Mrs. W. A. Park, Newcastle; Miss L. M. Snowball, Chatham; Mrs. A. B. Carson, Rexton; Mrs. B. E. Johnson, Richibucto; Mrs. W. Black, Middle Sackville, Mrs. Magee, Petitcodiac; Mrs. Archie Fraser, Edmundston; Mrs. McClutchey, Grand Falls; Mrs. John Thomson, Rothesay; Mrs. W. P. Jones, Woodstock; Mrs. McCain, Florenceville; Mrs. A. B. Connell, Woodstock; Miss Kate Stewart, Fredericton; Miss R. Fitz-Randolph, Fredericton; Miss Grant, McAdam; Mrs. Baskin, St. Stephen; Mrs. Fred Andrews, St. Andrews; Mrs. Irving Todd, Milltown; Mrs. Tom Kent, St. George; Mrs. Richardson, Chipman; Mrs. F. Ingersoll, North Head, Grand Manan; Dr. Wetmore, Hampton; Dr. Carnwath, Riverside; Dr. Murray, Albert; Mrs. Baskin, St. Stephen; Mrs. H. H. Tibets, Andover; Dr. Gilmour, St. Martins; Mrs Josiah Wood, Sackville; Miss Lucy Anderson, Fredericton, and Mrs. McAllister, Jacquet River, together with the presidents of branches and the convenors of standing committees.

NOVA SCOTIA DIVISION

Provincial Health Officer Expressed His Approval and Encouragement at a Provincial Conference of Representatives of the Red Cross.

The Nova Scotia Division of the Canadian Red Cross Society held a Provincial Conference of its representatives in September. It was presided over by the President, Mr. J. L. Hetherington and proceedings were opened by His Honour Lt.-Col. McCallum Grant.

Encouraging reports were presented by leading representatives of the Red Cross at local centres and indicated that the Society is vigorously undertaking its peace-time obligations under the active direction of Dr. D. A. Craig.

The Society was most encouraged by the publicly spoken approval of the Provincial Health Officer, Dr. W. H. Hattie, who said:

"The work of the Red Cross in this Province has been of inestimable assistance to the Provincial Department of Health, who are willing to co-operate in every way possible in the Health Campaign. The economic loss through ill health in this Province for one year reaching the startling amount of twenty five millions of dollars. The death rate in Nova Scotia is higher than any other Province in Canada, with the exception of Quebec. The death rates in the Western Provinces being lowest. Forty per cent of the sickness and ill-health occurring in Nova Scotia is preventable.

The effect of the travelling Clinics in stimulating public opinion in favor of advanced health legislation has become markedly apparent and was to a large extent influential in the securing of the recent additions to the health items in this Province.

Through the agency of the Public Health Nurses already 27,000 school children have been examined, and approximately 20,000 of these show some physical defect and from 10 per cent to 30 per cent of these defects have been remedied. The placing of a Public Health Nurse in each County of the Province for the period of one year is costing the Provincial Red Cross approximatelv $31,000. This, however, is one of the most important Public Health activities which could be undertaken."

TOO LATE!

(A SHORT STORY)

Three concessions away lives Farmer Jones. He's just past fifty, an age when a man should be full of vitality and manhood strength. His 350 acres of land and woodland are of the finest clay loam and he knows how to farm. If his banker were not in honor bound to keep Farmer Jones' affairs secret and confidential he could tell you that this honest son of the soil is so well off that he never needs to work another tap. He could even travel and enjoy other luxuries in a quiet, happy way the remainder of his life.

Farmer Jones has a large home, a farm that will produce for the rest of his days more than he needs or can use, a beautiful garden which in summer is a restful alternation of sun and shade and colour, good horses frisking about the pastures, modern farm machinery, cows, sheep, milk, cream, eggs, spring water, and a splendid orchard. He need not fear the heat of summer nor the cold of winter for his financial condition is such that he can easily provide for all the wants of himself and family.

But with all his possessions and opportunities for happiness Farmer Jones does not and cannot enjoy life. His health is not good. He makes no secret of that aspect of his affairs and discusses the subject with his intimate friends.

When the glinting lights of spring and summer mornings stream amid the foliage of his lovely garden, he can only gaze upon them with a dull and listless eye. They please him but he has no nervous energy to spare for enthusiasm. When the flowers fill the air about him with the fragrant essences of the earth, distilled in the honeycups of red, pink, blue or yellow flowers he can only render faint appreciation.

When he sees the colts trotting, galloping, cantering about the pasture it only arouses within him a longing for those days of his early twenties when life throbbed throughout his whole being and every function of his body was animated by the magnetic pulsations of healthy life.

Now he can only gaze upon the world with a longing eye. Its ever changing landscape, its teeming life in heaven above, the earth beneath and the waters upon the earth no longer fill him with joy and wonder.

He is ill, permanently ill. The doctor does his best to relieve passing pain and to stimulate flagging vitality. But he knows and says in as kindly a way as possible that that is the best he can do.

Shortly after he had passed his twenty-seventh birthday Mr. Jones had been working hard in the fields. After a good morning's work he refreshed himself with his usual hearty mid-day meal. A brief rest followed, then as he started out to continue his work he felt a dull stomach pain. It surprised him because he had never felt it before. But it passed away in an hour or so.

The pain did not recur until about a month had passed and then he said to himself: "It's nothing, it'll go away as it did before." Farmer Jones was right. It did.

He did not feel it again for some months. The next time was during the winter when he had a bad cold. That time the inconvenience was longer and sharper than before. The years rolled on and he became accustomed to regarding his pain as a frequent visitor, a slight inconvenience, not worth troubling about. To him it appeared no better and no worse than it had been each time he had experienced it. But what was really happening? It was growing worse all the time. But so gradual was the transition from mildness to intensity that he did not notice it.

Sapped by what had become a permanent ailment his vitality was gradually lessening and finally the crisis came. The pain and inconvenience were so great that Farmer Jones went to consult a doctor, something he had never done before in his life.

The doctor looked at him, listened to his story of his symptoms, plied him with a few questions, sounded his lungs and his heart and then said:

"Do you remember your grandfather?"

"Yes, but what's that to do with it?"

"A great deal. Did he ever complain of pains of any sort?"

Farmer Jones pondered silently for a long time for his grandfather had been dead for many years. Then he looked up and said:

"Yes, come to think of it he did. He used to complain of pains after eating."

"Was he careful about what he ate?"

"No, a very hearty eater."

"And your father, did he also suffer in that way?"

"He did in middle age. He was frequently ill."

"Did he complain of pains in the stomach?"

"Yes, but not only that. He was weak in other ways."

"And you? Have you been careful in your diet?"

"No! I've always eaten what I wanted to eat."

"Now Mr. Jones", said the doctor, "You know a great deal about live stock, don't you?"

A look of pride came in the honest farmer's face but he modestly said:

"I wouldn't like to say that but I've raised a few prize winners in my time."

"You know for instance, that a pair of purebred Herefords will produce calves with white faces like themselves, that Holsteins will yield progeny with black and white markings like themselves, that a heavy-boned sire will produce a heavy-boned colt, in other words that like begets like."

"Yes."

"Your grandfather had a physical weakness, an inability to digest certain kinds of foods. He did not even know the fact and went on living as other men. Your father had the same weakness in more marked degree and you have it too. Such regularity of transmission of a tendency sometimes occurs but not always. But even where a tendency to weakness does not exist a neglected bodily derangement may easily become chronic and permanent. The only way you could have mitigated this trouble would have been to start treatment and dieting, principally dieting, when you felt that first pain. Now I can only relieve but I cannot cure you. There is only one thing beyond that possible. Have you children?"

"Yes, a son and a daughter."

"Then talk this matter over with them, tell them the things I have told you, urge upon them to seek the best advice upon how to live and you may be able to help to prevent a similar misfortune falling upon them."

"If you could have begun to take preventive treatment and diet for this twenty-five years ago, the degree of suffering which you endure now could certainly have been rendered so slight as to be scarcely an inconvenience and perhaps it might have been prevented altogether. But the longer we delay taking precautions against the aggravation of bodily weaknesses and tendencies the longer it takes to remedy them and as life advances the chances of a cure grow fewer and fewer until there comes a time when even hope must die. Too late! sounds the death knell of happiness when health is concerned." F. D.

THE LITTLE BLUE BOOKS

"The Little Blue Books," issued by the Department of Health of Canada, Ottawa, are popular talks on Health subjects, written in bright, everyday language. Copies in French or English may be obtained on request to the Deputy Minister of Health, Ottawa. A post card request will do and it would be advisable to state in which language you wish to read them.

1. Good Wishes for you from Canada.
2. How to Build the Canadian House.
3. How to Make our Canadian Home.
4. How to Make Outpost Homes in Canada
5. Canadians Need Milk.
6. How we Cook in Canada.
7. How to Manage Housework in Canada.
8. How to Take Care of Mother.
9. How to Take Care of the Family.
10. How to Take Care of the Baby.
11. How to Take Care of the Children.
12. Household Cost Accounting in Canada.
13. How to Take Care of Household Waste.
14. How to Avoid Accidents and Give First Aid.

THOSE DRESS PARADES

A surly old admiral, who was a great believer in conforming to regulations concerning uniform was inspecting his men. He stopped opposite a very portly sailor whose ribbon was about an inch too long. He gazed sternly at the man and said: "Did you get that medal for eating?" "No, Sir." "Then why do you wear it on your stomach?" was the old warrior's caustic comment.

No matter how much air you have in the house, it is not as good as the air outdoors.

SAVING HUMAN LIVES

Man's Early Superstitious Dread of Disease is Giving Place to Knowledge of How It May Be Prevented and a Determination to Prevent It. Public Health Movement Comparatively Recent in Origin. It Received Great Impetus from Pasteur's Discoveries of How Diseases are Spread. Great Benefits to Be Derived from Education in Health Ideals.

By COL. G. G. NASMITH, C.M G., D.P.H.

The insanitary conditions which existed a century ago in Anglo-Saxon towns and cities inspire horror in the mind of the modern public health crusader. Sanitation as such was unknown. Waste materials, filth and garbage, particularly in the poorer districts, were thrown into the lanes and yards and allowed to decompose. Because of the abundant supply of available food, rats abounded and swarms of flies and other insects lived luxuriously. The odors were so overpowering that people who could afford to do so used to carry stimulating smelling salts and also saturate themselves with perfume.

EPIDEMICS PREVALENT

There were no municipal water supplies. Consequently there was no water-carriage system of sewerage. People obtained drinking water from wells or from carriers who peddled it from door to door. The houses of rich and poor alike had their cesspolls. and the wells, contaminated from these, were responsible for epidemics of typhoid fever, cholera, dysentery and other water-borne diseases. Because water was difficult to obtain bathing was infrequent and as a consequence vermin such as lice, fleas and bedbugs abounded both in the habitations and on the persons of the citizens. Since fleas conveyed the bubonic plague from rats, and lice carried typhus fever from person to person, the reason why typhus fever and plague were terrible scourges in those days is apparent.

Gradually in the minds of men there came to be associated a connection between filth and disease. This opinion gradually expressed itself in action and as a result cities began to look after their waste material and to install piped municipal water supplies As a consequence a great reduction in the frequency and the extent of epidemics of disease took place, because the general environment of the community and the immediate environment of the individual gradually improved.

HIPPOCRATES

This improvement of the environment was not based on general knowledge or scientific investigation of diseases but it was an advance and achieved a certain result. In fact, until the time of Pasteur the cause of epidemic diseases was as baffling a mystery as it was in the time of the physician Hippocrates who lived some four centuries before Christ. Hippocrates, however, in many respects was in advance of the opinion of his day, because he taught that the best way to treat disease was by assisting nature, and the best way to prevent disease was to keep the body in vigorous condition through the observation of simple hygienic rules.

Ten years after Queen Victoria came to the throne, conditions were so bad in London that Chadwick reported to Parliament as a result of a personal survey that 14,000 out of the 75,000 paupers in London had died of "the fever." As a result of the lack of knowledge of the causes and therefore of the treatment of the epidemic diseases so widely prevalent, few people reached old age and the mortality from what are now known to be preventable causes was very heavy.

PASTEUR

Between 1850 and '60 Pasteur made the brilliant discovery that decomposition and fermentation are due to microscopic germs and his discoveries has been built up practically the whole of modern preventive medicine, hygiene and sanitation. Since Pasteur's day the specific germs have been discovered of one communicable disease after another and very quickly the discoveries made in scientific laboratories have been applied by the hygienist and public health officer to control the communicable diseases which such germs cause.

With the discoveries due to Pasteur and others that the human being himself and not his environment was the great reservoir of disease germs, the idea of isolation and quarantine came to the front and isolation hospitals were built. Pasteur and other scientists had dispelled the former conception that diseases originated in dirt and filth. If diseases had so originated it is obvious that the nations would have been wiped out long ago. But when it was discovered that the people themselves were the reservoirs as well as conveyors of disease germs, it seemed logical to isolate those with communicable diseases in order to prevent the transmission of disease.

QUARANTINE

Quarantine, as a matter of fact, did reduce the spread of contagious disease to some extent but not to the degree expected. There were several reasons for this. In some cases people who are developing communicable disease are infectious to others before the symptoms of the disease actually develop. Then there are cases of disease so mild that they never come to the attention of a physician at all, and besides these there are "carriers" who never have the disease themselves but carry the germs about in their bodies and are thus capable of passing them on to others. During an epidemic of a very infectious disease such as influenza, there may be ten people carrying the influenza germ,—whatever it may be—to every one who is taken down with the disease. During the war we estimated that there were probably thirty to forty "carriers" of the germs of cerebro-spinal-meningitis to every one who developed symptoms of the disease.

Quarantine as it is usually practised, has not been altogether effective in protecting the public and is of comparatively little value in controlling or stamping out infectious disease except under very special circumstances. Quarantine is nevertheless valuable in the control of a disease such as smallpox, if the first few cases and their contacts can be found. Diseases like scarlet fever which are always with us, can never be controlled in this way. In the British Army in the field there was less epidemic disease than there was among a like number of civilians at home, because every soldier was subject to the daily inspection and control of doctors operating practically under an ideal system of state medicine. As a result each new case of contagious disease was discovered before others had become infected and epidemics, were nipped in the bud.

HEALTH EDUCATION

In the modern health age we have given up the idea that disease can be completely controlled by such methods as quarantine. *We are living in a period when we realize that progress in the campaign for better health can be made only as the knowledge already available is brought home to the individual citizen. It has resolved itself to a large extent into a question of health education. The people must be shown that most diseases can be prevented, how they can be prevented and why they should be prevented.*

The general precepts of hygiene must be brought to the attention of all. They should be learned in the public schools in such a way that the children will apply them and develop good health habits. The subjects of hygiene and sanitation concern life itself and should therefore have an intense interest for everybody. Hygiene propaganda in periodicals, in pamphlets, by lectures and moving pictures is a public necessity. People are slow to obey rules of which they do not know the meaning and therefore the necessity of informing the people is fundamental to the improvement of their health.

Hygiene may be defined as the art of living in complete health. It comprehends the avoidance of disease and bringing about in the body its maximum normal development. The greater part of medical sciences is devoted to curing disease. Hygiene and sanitation concern themselves with preventing it and with the preservation and improvement of health.

Prevention of disease is infinitely better than cure.

Ruin, financial, moral and physical of a whole family is often the end result of illness even though a cure may have been effected. Let us then make war on avoidable disease.

IN THE HIMALAYAS

Officer in Indian Medical Service Found Dyspepsia Entirely Absent in Hill Tribes Who Live on Natural Diet. His Conclusions Proved by Testing Effects of Different Foods on Monkeys.

Simple foods are the most healthful. This is a health fact that should always be kept in mind. It is a truth generally admitted but often forgotten. Seldom, however, has the truth been so scientifically demonstrated as was done recently by a physician of eminence who spent some time in India as a member of the Indian Medical Service. He said:

"For some nine years in India my duties lay in a remote part of the Himalayas where are located several isolated races far removed from the refinements of civilization. Certain of these races are of magnificent physique and preserve until late in life the characteristics of youth. They are unusually fertile and long lived and are endowed with nervous systems of notable stability.

"During that time in the Himalayas I never saw a case of dyspepsia, appendicitis or cancer. Those people never had cause to think about their stomachs except when they felt hungry. I could not help contrasting this happy condition with the state of affairs among the people in so highly civilized a country as England. In that country one-quarter of those who seek relief at clinics do so for indigestion, and there the alarming increase in cancer in town dwellers is due mainly to the increase in cancer of the digestive organs.

"Upon searching for an explanation of the healthy digestions of these simple Himalayan people, I noted four most desirable conditions:—

INFANT FEEDING

Infants are reared as nature intended them to be reared—at the breast. If this source of nourishment fails they die; and at least they are spared the future digestive miseries which so often have their origin in the first bottle.

SIMPLE DIET

The people live on the simple foods of nature; milk, eggs, grains, fruit and vegetables, with meat as an occasional luxury. I don't suppose that one in every thousand of them has ever seen canned meat, a chocolate or a patent infant food, nor that as much sugar is imported into their country in a year as is used in a moderately-sized hotel of this city in a single day.

NO ALCOHOL

Their religion prohibits alcohol, and although they do not always lead in this respect a strictly religious life, nevertheless they are eminently a teetotal race.

VIGOROUS EXERCISE

Their manner of life requires the vigorous exercise of their bodies.

"Under ordinary circumstances these people use simple foods. The following incident shows that faulty food causes just the same trouble with them as with any other people.

"It fell out that the increase in population of one district ousted a dozen families from good farm land to a barren district where the rocky soil would not grow wheat but only a hardy vetch, greatly inferior as a food. With the change to a faulty food, ten out of the dozen young men lost their perfect physique and sound nerves and developed paralysis of the lower limbs.

MONKEYS FAILED ON FAULTY FOOD

"Seeing the loss of health follow the change to faulty food, I made an experiment with animals. Thirty-seven wild monkeys were captured. They were in perfect health and vigour. Each was placed in a separate cage but all lived in the same room under the same conditions except for their food. Twelve were fed on natural foods such as the healthy tribesmen use. They remained in health. The others were fed on faulty food such as is often used by civilized people, or on food sterilized to kill the living essences. This group did not remain healthy but developed digestive disorders such as diarrhoea and dysentery. These monkeys lacked suitable food to maintain health.

TOO MUCH STALE FOOD

"Can it be truly said that the food of Europeans is natural and suitable? I do not think so. The use of cows' milk—at least in England—is steadily decreasing. Fresh fruit is a rarity, green vegetables are scanty and such as there are are often cooked to the point of almost complete extraction of their vitamines and salts. White bread has largely replaced wholemeal bread, and it is notorious that bread forms a high proportion of the dietaries of persons of limited means. Again, fresh eggs are so expensive as to debar the masses from their use. Meat is at best but poor in vitamines, and its value in these essentials is not made greater by freezing and thawing. Sugar is consumed in quantities unheard of a century ago, and sugar is devoid of vitamines which the cane juice originally contained. The use of stale foods is the rule; that of fresh foods the exception.

NATURAL DIET

"These primitive people are content with natural foods:—milk, eggs, grains, fruits and leafy vegetables. Such natural foods provide in proper quantity and proportion the essential elements and vitamines necessary for health. But the case is different with civilized man. No longer is he content with the simple foods of nature. His food is preserved, pickled, canned and concentrated until converted into an artificial mass devoid of those vitamines which are to it as the magneto's spark to the fuel mixture in a gasoline engine. He is careless, or more often ignorant, of the composition of the fuel mixture with which he charges his human machine.

"We so-called civilized peoples can learn a useful lesson from savages and monkeys. Faulty food is responsible for much of the digestive disorder so common among modern civilized peoples.

"The ranks of the deficiently fed include also those whose food is composed mainly of white bread, margarine, tea, sugar and jam, with a minimum of meat, milk, eggs and fresh vegetables.

"The facts I have previously cited show how perfect food makes for sound digestion and how faulty food spoils the work of the digestive system. Examine your own experience and you may find sufficient evidence to prove the truth of my teachings."

ARE WE READY

Organization of Voluntary Forces For Disaster Relief and Emergency Service is Proceeding.

By V. M. MACDONALD
Director of Emergency Service.

The Canadian Red Cross has accepted preparedness for emergencies as one of its first duties. To be ready to give instant and effective relief in serious community disasters has been agreed upon by the League of Red Cross Societies as an obligation resting on all its members. It is manifestly impossible to give this service without thoughtful consideration of the problems involved and careful planning beforehand.

In Canada we are fortunately placed far from the area of serious earthquakes such as devastate Italy, or the tidal waves frequent in semi-tropical regions. We share, however, in the general liability to fires from forest, mine or city; to floods, wrecks, cyclones, explosions, and epidemics. A very brief review of the last few years will bring to mind many occasions when hundreds of people were suddenly overwhelmed by suffering and loss, and the life of a whole community interrupted. The frightful explosion at Halifax, the cyclone in Saskatchewan, the forest fires in Northern Ontario involving the destruction of several small towns, the recent floods in British Columbia, all these meant desperate suffering, and the need of instant assistance and carefully planned reconstruction. Those who have lived through such scenes know what difficult problems are immediately presented for solution. Kind hearts and willing hands are not enough to prevent confusion and waste of effort, with consequent increase of suffering. There must be also cool heads that have learned the team-work secured through a pre-arranged plan.

It is to make possible such team-work in time of disaster that the Canadian Red Cross is planning ways and means of helping people to study their local resources and to map out a workable plan for quick and effective action. Special attention is being given to this problem this winter and Provincial Divisions are discussing methods of Disaster Relief organization. When you learn, therefore, that the Branch in your community is undertaking its share in the general scheme give it your hearty co-operation. *The need for preparedness may be felt by your town tomorrow.*

People who are used to fresh air seldom have colds.

A corner in the Red Cross Nursery in the Department of Immigration Building at Quebec. The valuable service the Society is rendering at Canadian ports is explained in a special article on this page.

NEW NURSING OUTPOST

Ontario Division Has Established Service in A Pioneer District in Lake and Bush Country of Haliburton. The Division Will Encourage Establishment of Health Centres.

The Executive of the Ontario Division, at a meeting held on December 13th, decided to establish a Red Cross Nursing Outpost at Wilberforce in the County of Haliburton, which comprises nearly 1500 square miles of lakes, hardwood bush and some farming land.

Wilberforce is in a district in which the population is very much scattered and in which nursing and medical attention are obtainable only with much difficulty. Only three trains per week enter the district and most of its settlers live many miles from the rails.

The Ontario Division has undertaken to pay the expenses of a Public Health Nurse for three months. She will work in co-operation with a local Red Cross Nursing Committee, which has agreed to assume the financial responsibility at the end of the three months, should the experiment prove successful.

In the County of Haliburton there are twenty-three townships and only eleven are quoted in municipal statistics as having population. The total population of the county is 5,794; which is spread over a large area and there are no incorporated towns and villages. The nearest hospital is at Lindsay, which is 53 miles by railway from Wilberforce.

Living conditions in the country are similar to those which prevail in many of the pioneer districts of Canada, and the proposal to employ a Public Health Nurse has been received with the greatest enthusiasm by the people on account of the pressing need for such service.

At this meeting the Executive held a long discussion upon the question of future effort and decided to give all the encouragement it can to the establishment of Health Centres.

For Christmas week the Division provided boxes or cases or parcels according to the needs of the families of soldier settlers. Seventy such shipments were made and the packages contained clothing, other articles of necessity, articles of food and toys for children. Each package was made up with the idea of meeting the special needs of the family to whom it was going.

The names of the families were obtained from the Home Service Branch of the Soldier Settlement Board. Those who were thus benefited were families of soldiers who had suffered illness, from loss of crop or who had families which were unusually large.

THE CANADIAN MOTHER'S BOOK

Most babies are born healthy. After that the health of the baby depends to a large extents on the care it gets from the mother. The more she knows about the care of babies and the more she puts her knowledge into practice the better chance the baby has of growing strong and healthy. If you are interested in learning more about caring for your own infant or that of somebody else, write to the Division of Child Welfare, Department of Health, Ottawa, for "The Canadian Mother's Book." It is a first-rate booklet on caring for the baby and will be sent free on request. It can be had in either English or French.

A COMMENDATION

"I feel that the Canadian Red Cross has probably a clearer view of the possibilities of Red Cross peace-time service than any other national society in the world."

The foregoing encouraging comment upon the post war service of the Canadian Red Cross is from Professor C. E. A. Winslow, Professor of Public Health, Yale School of Medicine, one of the very noted leaders on this continent in the cause of public health.

AT THE PORTS

Red Cross Gives Help and Friendly Welcome to Mothers and Children as They Land.

In order to afford necessary refreshment and care for immigrant women and children arriving in Canada at the ports of St. John, Halifax and Quebec and to make them feel the warmth of a personal and friendly welcome, the Canadian Red Cross maintains at each of the ports named a Red Cross Nursery. This work is carried on as a voluntary auxiliary to the work of the immigration authorities.

The accommodation varies at each port and is dependent to a great extent upon the space the immigration authorities are able to spare. At Quebec the nursery is situated on the ground floor of the immigration building and consists of one room approximately 40 x 60' partitioned off from the main portion of the floor. It is on the path of the immigrants after they leave the inspection room. It is provided with a limited number of beds for mothers, four cots for children, eleven cribs for babies, a small kitchenette and other furniture and fittings.

As soon as the newcomers leave the inspecting officials, the women and children are conducted to the nursery by Red Cross representatives. Infants are provided with milk or other suitable food, children are supplied with biscuits and milk, and the mother, if fatigued, is given a cup of tea and light refreshment. The older children then play in the nursery or rest on the chairs or beds. The babies are usually put to sleep in the cribs or cots, as almost invariably they are fatigued by their stay in the inspection room. Bathing facilities for the babies are afforded in the women's room adjoining the nursery.

Each mother is given a copy of the "Canadian Mother's Book" published by the Federal Department of Health and a Red Cross "Welcome Card" which tells of the public health agencies that may assist a mother when she reaches her destination. If the nurse discovers that an infant or child is suffering from an ailment which should have investigation or treatment, when it arrives at its new home, she fills in a "follow-up card" and forwards it to the national office of the Red Cross from where it is despatched to the headquarters of the Red Cross in the province in which the mother will make her home. Opportunities for investigation and treatment are arranged by the executive head of the provincial division of the Red Cross.

This work is undertaken by the Society at considerable cost, for during the seasons that boats are arriving at Quebec or the other ports a permanent staff has to be maintained. The supervising of the work is undertaken by local Red Cross committees.

Besides affording a pleasant rest at the end of a trying sea voyage and brief recuperation before proceeding on a long train journey, this work is very valuable in giving Canada's new comers a favourable and happy first impression upon their arrival.

Do not make work out of your play. When your play seems like work stop it.

MENTAL HEALTH

Can It Be Assured to Coming Generations? How Can the Conditions of Those Mentally Handicapped be Improved? A Vital Question of Public Community Importance.

By B. M. HINCKS, B.A., M.B.,
Secretary Canadian National Committee for Mental Hygiene.

ARTICLE 1

From the standpoint of public health and social welfare there is no single question of more vital importance than that relating to the mentally handicapped. It is now well known that mental incapacity lies at the very root of many of our most acute social problems. Numerous studies conducted in the Dominion by the *Canadian National Committee for Mental Hygiene and other bodies have demonstrated beyond all shadow of doubt that the spread of venereal diseases, the considerable yearly birthrate of illegitimate children, the scourge of criminality, and the increase of pauperism, are intimately related to mental enfeeblement and mental disease. Indeed, many students of the subject are convinced that 50 per cent of all that can be included in the comprehensive term "social disaster" can be attributed to the presence of unsupervised persons in the community who are mentally deficient. Investigators can cite reliable statistics to prove their beliefs.

While it is true that there is some difference of opinion concerning the magnitude of the problem of mental disability, all observers are agreed that we possess a sufficient body of facts to warrant the belief that the feeble-minded and insane are responsible for considerable financial wastage and misery, and that the time has come for Canadians to deal with the situation in an intelligent manner.

Before suggesting an adequate policy for the future it may be helpful to review briefly what has been accomplished in the past, and to discover, if possible, the reasons for failure.

Up to the present the various provinces of the Dominion have given primary consideration to those cases of mental abnormality that have been so pronounced that they are easily recognized even by one not specially trained. And so we find institutional provision for the dangerous or marked cases of insanity, and for helpless idiots and imbeciles. It would be quite unfair to minimize the useful efforts that have been made in this direction. Millions of dollars have been spent in the erection of 25 mental hospitals throughout the country. These institutions are well built, beautifully located on attractive sites, and have attached to them wide tracts of fertile agricultural land. The annual maintenance charges amount to six million dollars, and over seventeen thousand patients receive attention.

We must not be blinded to the fact, however, that the point of view of governments when dealing with the insane and feeble-minded has to accept responsibility only in mental cases that fall into the category of public nuisances. But what is the fate of that considerable army of the mentally handicapped who cannot be so classed? What provision is made for feeble-minded girls of child-bearing age who do not belong to the imbecile group? What treatment is provided for those early cases of insanity who need scientific care, but whose condition is not sufficiently evident to be easily named or classified. Where can we send mentally deficient boys who demonstrate delinquent tendencies, but who have not actually entered upon criminal careers? What facilities are provided for feeble-minded prostitutes infected with venereal disease? Can it be said that we are preventing mental degenerates from reproducing their kind?

We discover the inadequacies of the old-time system when we ask such questions as have been stated. It becomes apparent that the state has dealt with the final results of mental deficiency or abnormality and has failed to apply the principles of prevention and early treatment. Indeed there has been reluctance at times to face the facts and to consider the problem of the mentally handicapped in its many aspects. One government official expressed his attitude in this way. He said that the evident cases caused the government sufficient concern without unearthing more individuals who might be benefited by state treatment, and added that there was no money forthcoming to enlarge the programme. Here we find the obstacle that has consistently blocked progress in the past—the financial barrier. Indeed it seems that if we would change our policy we must demonstrate that any new plan is economically sound.

Students of the subject believe that a state would save money by undertaking a programme for the mentally handicapped that would include prevention, early treatment, treatment of asylum cases, and facilities for community supervision. It is argued that through early treatment in psychopathic hospitals there would be a gradual reduction of the asylum population. The saving would be important since it costs from four to seven thousand dollars to care for life-long cases of insanity in a state institution. The point is emphasized that every case of mental abnormality costs us more when unsupervised than when adequate precautions are taken. We know that mental abnormals involve an expense of at least seven million dollars per annum in Canada in costs connected with the administration of justice alone. Again the argument is used that prevention and early treatment are more economical in fighting physical diseases, and that the same principle will undoubtedly apply to mental abnormality.

But suppose it were discovered that better care of the handicapped involved additional expense, would we be justified in vetoing a progressive policy? A negative answer must be given because our humanitarian desires would urge us to curb criminality and vice and to prevent as far as possible misery and distress.

The next article will outline a broad policy that can be advocated for mental abnormals, and an account will be given of progressive measures that have been adopted in the past three years in various parts of Canada.

*This organization has received financial support from the Canadian Red Cross Society.

MEDAILLE
DE LA
RECONNAISSANCE
FRANCAISE

The illustration above is a facsimile of the medal granted by the Republic of France to the Canadian Red Cross in recognition of the valuable aid given by the Society to France during the Great War. In the parchment which accompanies the medal particular mention is made of the gift of a hospital for the treatment of wounded French soldiers and help given to the inhabitants of devastated regions. The medal is of solid gold and is artistically surmounted by the symbolical figure of Mercy supporting a wounded soldier.

NERVOUS or NAUGHTY

Mrs. Blank had been blue and irritable all morning and her little one suddenly asked, "Mamma, why is it that when it's me they call it naughty, but when it's you they call it nervous?"—*Boston Transcript.*

We had some eggs the other day which the waitress said were from the country. Next time we see that girl we're going to ask what country?—*Sydney N.S. Record.*

Announcement to Advertisers !

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WINTER COLDS

By Taking Simple Precautions These Seasonal Annoyances May Easily Be Avoided.

With the arrival of the season of closed windows and artificial heat there is always a steady increase in the number of cases of diseases of the air passages, such as common colds, throat troubles, bronchitis and pneumonia.

Our habit of over-heating and under-ventilating our homes and places of business is the chief cause.

The change from the moist, healthful outdoor air of summer to the dry, overheated, and often stuffy, air of the household or office is associated frequently with less exercise, less sleep and too much food. These unhealthy habits make our bodies less able to destroy the germs causing the diseases mentioned.

To remain healthy during the winter it is important to have daily some vigorous exercise out-of-doors, also fresh air indoors without chilling and to take simple nourishing foods without excess of eating. We should see that the skin and bowels are kept in order.

Attention to these matters will do much to keep us well during the winter but should one be so unfortunate as to catch a cold, then unguarded sneezing, spitting and coughing should be avoided as these tend to spread such diseases. This is only a decent and reasonable consideration for the welfare of others.

A humorous cartoon circulated in France to assist in the Anti-Tuberculosis Campaign — the French wording translated is as follows: "Your microbes, my old friend — keep them for yourself."

THE DOCTOR'S JOB

Ole Olson, a Swede, working in a big lumber camp, awakened one morning with a strong desire to put in an easy day. He reported to the doctor, who looked him over, felt his pulse, took his temperature and said: "I can't find anything wrong with you." Ole did not answer. Impatient, the doctor said: "See here what's wrong with you anyway?" "Doc.," replied Ole, "that bane your job."

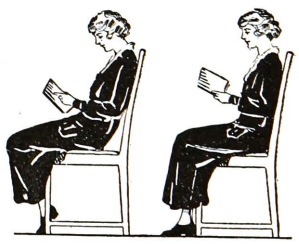
Drink plenty of water especially before breakfast. Do not take drugs, or medicines to make your bowels move unless the doctor tells you to.

THE MERRY-GO-ROUND

He spent his health to get his wealth,
And then with might and main,
He turned around and spent his wealth,
To get his health again.

POSTURE

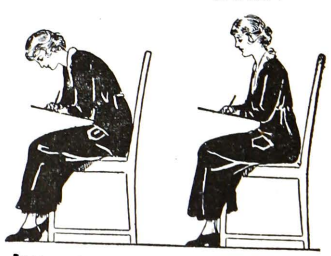
How to Sit Correctly



Incorrect Correct

Push the lower spine well back in the chair and then lean back. You should not slide down in the chair.

How to Lean Forward



Incorrect Correct

Lean forward from the hips and not from the waist or neck

Series IV-C.