



VOL IV.

TORONTO, JUNE, 1925

NO. 6

THE best Red Cross Convention I have ever attended, was the comment of an enthusiastic delegate from the country on the occasion of the Tenth Annual Meeting of the Alberta Division. This opinion was shared by the many rural delegates and by the large attendance of visitors from the city and town branches.

The Convention was held on Feb. 25th in one of the most attractive places in the city of Calgary, the sun-room of the Palliser Hotel. It is at this beautiful Canadian Pacific Railway Hotel that the Prince of Wales resides when he visits his prairie home, and stops overnight at his "hometown," as he has kindly called his Canadian city of Calgary.

The sun-parlor, with its many windows, is situated at the top of the vast hotel, and commands a fine view of the Rockies and surrounding country. It had been suitably decorated for the occasion with Red Cross flags and bunting, the huge Union Jack at one end of the room holding the place of honor at the President's table.

Health Posters of many new and original designs attracted the attention of the public and the walls were a very picture gallery of art as it is endeavoring to serve the Red Cross ideals of Health and citizenship. Right across the far end of the room, a long table, decorated in artistic profusion with the artificial flowers and hand-craft of the Juniors, especially the crippled children's work, was filled with the many types of health literature which were available to the public from the Health Education Bureau. The Junior Red Cross photographic posters called forth much comment, illustrating the wonderfully varied forms of service which our Juniors undertake.

The crowds that gathered round were eager to obtain information of the hospital itself, and of the actual working of the Juniors in our Branches.

The meeting was attended by the Mayor of the City,

the Deputy Minister of Health, the Vice-Presidents and a largely representative gathering of professional men and women, representing chiefly the medical, nursing and teaching world. The Chairman was Hon. R. B. Bennett, K.C., the immediate past President of the Alberta Division who, in the unavoidable absence of the President, His Honor Lieut.-Governor Brett, was requested to give the Presidential address. In a speech of great insight and far-reaching vision the Hon. Mr. Bennett said:

"The great problem of to-day is how to preserve the health of mankind. Governments cannot do everything, hence it is that organizations such as the Red Cross must continue to exist, and I hope will always exist, if for no other reason than to carry on educational effort. Ignorance of the laws of health is the cause of most of the ills of our time. It can only yield to treatment when brought home to people in a manner they readily understand. One must appreciate that this can be only done by education such as the Red

The Alberta Division's Tenth Annual Meeting

Cross can give."

Continuing on these lines the Chairman made a powerful appeal for support of the Alberta Division, which is still facing the stress and strain of pioneer conditions, and although the work done may not have apparent results to-day, in the long to-morrows they will be both seen and appreciated.

Interesting Departmental and Branch Reports filled the day and much useful and constructive discussion followed. The work of the year was outlined by Mrs. C. B. Waagen who showed that in spite of hard times and financial difficulties in Alberta another year of constructive work had been accomplished.

The various departmental records were presented and to those present who were not acquainted with the scope of the work of the Society they were a revelation of the variety and magnitude of the operations of Red Cross in the Province.

The evening session was of a social nature, when the

meeting was open to the general public who were able to hear an address from Dr. Laidlaw, the Deputy Minister of Health, who spoke on Preventive Medicine. A unique exhibit was the Mary Gay Theatre demonstrated by Miss West the Organizer of Home-Nursing Classes. One of the addresses that found a public sympathetically inclined was an account of life in an Outpost Hospital given by Miss Crook, the Matron of the Pouce Coupé Hospital, where through the exceptionally isolated location, much valuable pioneer missionary service of life-saving nature is rendered by the Red Cross in a district where the settlers are almost a hundred miles from a railway. Illustrative of the bravery and courage with which wives and mothers face the dangers and hardships of life in the far-flung borderlands may be taken the following quotation:

"We had 103 patients and 24 births last year. The people are of a happy nature. They will take their new babies home in an open wagon when it is 16 deg. to 30 deg. below, and be all smiles, just as if it were a heated taxi. One woman came in 60 miles on horseback, stayed with us for a month, and rode home again with a new baby packed on her husband's back, and the former one on the saddle in front of her."

The Red Cross Matron who is holding the fort for health and happiness and civilization in her faraway Outpost under the Red Cross is one of those modern Nightingales who keeps the lamp aflame under the most difficult and extreme conditions. She gives the reason of the happiness of the nursing staff and explains why they love their work in the following illuminating sentence: "I think that the whole secret is that our Doctor our Provincial Division, the Local Committee and the Community are like the hockey boys, they are all playing the combination game."

The film "Handicapped" was also shown at the evening session and a social hour spent round the teacups. The

Tenth Annual Convention breathed something of the old wartime spirit of co-operation, and untiring enthusiasm and unflagging zeal amongst the delegates. Some women had travelled for three days, covering a distance of many hundred miles in order to present to the Convention their Community Health problems and to study a solution in the light of Red Cross service

A correspondent in a recent letter expressed her appreciation as follows:

"I came home full of inspiration for Red Cross work in Alberta and very anxious to tell others in my humble way of the good done. I gave a talk to 40 women at the Women's Institute meeting and they were indeed interested."

From such snatches here and there one can glimpse the vitalizing and humanizing influence that an Annual Convention exerts on our workers in the field. By direct contact with Provincial Headquarters once a year, and with the many personal contacts made with other Red Cross men and women from various parts of the province, the individual delegate receives a strengthening stimulus which has much value to the community in which she lives. She becomes imbued with a missionary spirit as she realizes from the peep behind the scenes which resulted from an hour spent in the busy Divisional Headquarters, that she is part of a great movement for the building of a healthier and a happier country. This, in most cases, is translated by the conscientious delegate into renewed service in her own community, and by her efforts the circle of Red Cross activities widens, until from each point of the compass represented at the Convention an ever increasing area of activity in health-service results. This is the true essence and fruit of the Annual Alberta Convention—the seeds sown are ever bearing a harvest in the lives of the people for better health and improved conditions.—*M. H. Conquest.*

Table of Contents

The Alberta Division's Tenth Annual Meeting	1-2
Food Preserving	3
Ten Years Added to Human Life ...	4
Typhoid Mary Was a First Class Cook	5
Foods the Body Needs	6
The Summer Outing	7
Holiday Don'ts	7
Editorial—An Address by Dr. James W. Robertson at Three Rivers, Que.	8
Ice Box Hints	9
Foot and Mouth Disease	10
The Care of Milk in the Home	11
The Red Cross Through the Ages	12
The Late General Ryerson	13
Health Conditions Among Ontario School Children	14-15
Home Nursing Classes in Nova Scotia; Books and Magazines; To Members	16

In This Issue

A Survey of school children in Ontario (see page 14) proves the prevalence of tuberculosis; and a Demonstration in Quebec (see page 8) illustrates some modern methods of dealing with this scourge. By such research and experiments, data necessary for the direction of the war against disease are obtained. The Red Cross helps both the Survey and the Demonstration.

Mr. Grisdale bids us heed
The havoc dangerous germs may breed:
Such lessons from the farmyard learned
To safeguard humans may be turned!

See page 10.

There is a great deal to learn about food. Why?
Because much summer illness is due to unwise eating and drinking.
Read, mark, learn—and inwardly digest!

See pages 3, 9, 11.

Pessimists! Read the Story of the Red Cross in Alberta, as told at the annual meeting of the Division.

See page 1.

Make "Holiday Don'ts"
Your "Holiday Won'ts."

See page 7.

Some Interesting Facts For the Housewife

FOOD spoils because germs grow in it. To prevent this growth of germs we put food to be preserved through a process that will kill the germs which spoil food.

Fruits and vegetables should be canned as soon as possible after they are picked. One of the causes of spoilage is letting them stand for several hours in a warm place, in bags or in covered containers. This is especially true of berries, cherries, peaches and other fruits.

It is best to can a few jars at a time. When a large canning is done, it is almost impossible to work so fast that some of the food does not have to stand for a long time.

Conditions may then arise which are suitable for the growth of these germs which later spoil the food. We find these to be due to several causes—some harmless to humans, some harmful. The harmless spoilage comes from molds and yeasts.

Food often and readily becomes moldy. In some cases, the food is completely spoiled; in others, the decomposition is not enough to make the food useless. These molds are floating in the air all the time, and are present on the surface of all fresh foods. They will sprout when conditions are favourable.

THE YEAST ORGANISMS

When fruit juice stands for a few days, it begins to sour and ferment. The sugar changes to alcohol and carbonic acid gas. This change is caused by another group of organisms known as yeasts. They are present everywhere, and grow in and spoil sugary liquids, crushed fruits and jellies that do not have sufficient sugar, as in products containing from one to sixty-five per cent. sugar.

More sugar than 65 per cent. prevents their growth. This is the reason for syrups, jellies, candies and marmalade not spoiling readily, since they contain enough sugar to prevent molding or fermentation.

Leaky jars become infected with yeast cells from the air, and the house wife thinks the loss is caused by the entrance of air. It is in reality

caused by yeast cells coming in with the air. Air alone will not cause souring.

The spoiling of jars or cans of fruit usually means imperfect sealing and leaky containers into which yeasts or molds enter after sterilization. As the jars or cans cool after sterilization, the contents contract forming a vacuum through which air with mold and yeast cells is drawn if the container has a small leak.

Yeasts and molds are relatively harmless and are killed by the temperature of boiling water. Bacteria, which are our third group of germs that spoil food, are even less resistant—except the disease producing kind that are very harmful.

This does not apply to foods high in acid content because bacteria will not grow in the presence of much acid and are more easily killed in acid foods.

THE POISONOUS BACTERIA

Bacteria in canned vegetables may form extremely poisonous compounds. Some of these cause food poisoning and botulism.

It is therefore necessary that such foods be carefully selected and packed, and thoroughly sterilized so that all germs are killed, and poisoning will not occur.

The temperature necessary for such sterilization depends primarily on the germs to be destroyed as well as on the composition of the food. Foods high in acid are easily sterilized; those low in acid are difficult to sterilize, as vegetables of low acidity, such as peas, corn, pumpkins and beans.

This group may readily be sterilized by heating in cans or jars in boiling water for one hour on each of three successive days.

Between the first and second heating, most of the bacteria spores that have survived the first heating will germinate because of the softening effect of the heat.

These will be very tender and will be easily killed when the second heating takes place. The third heating will kill all the spores left from the second heating.

Food should not be packed too closely when it is to be sterilized in the hot water bath. The cans should be so packed that when the hot water is added, it will penetrate and circulate among the contents. If the vegetables are too tightly packed, the heat may not get to the center of the jar and destroy the organisms there.

Use hot water in filling the cans. The hotter the contents when it goes into the sterilizer, the quicker will the material heat through.

When the cans are removed from the sterilizer, they should be closed immediately to prevent entrance of air. Turn upside down to detect leakage. When they have been washed and labeled, store in a cool, dark place to preserve the color.

Remember, the reason for all this fuss in canning is to be sure that the foods are free from all germs that will spoil the food after the cover is clamped on the jar and put away for winter consumption. Care in sterilization, from pick of the things to be canned through the steps of heating and packing will assure foods that will keep their flavor, color and body for years.

Carelessness means spoiled food that causes waste and possible illness.
—*Northwestern Health Journal*.

THE AUTHORITY LIES IN OUR WILLS

"'Tis in ourselves that we are thus or thus. Our bodies are our gardens, to the which our wills are gardeners: so that if we will plant nettles, or sow lettuce; set hyssop, and weed up thyme; supply it with one gender of herbs, or distract it with many; either to have it sterile with idleness, or manured with industry why, the power and corrigible authority of this lies in our wills."—*Shakespeare—"Othello."*

THE SILVER FLUTE OF SPRING

"I know a shining meadow stream
That winds beneath an Eastern Hill,
And all year long in sun or gloom
Its murmuring voice is never still.

And there when lengthening twilights fall

As softly as a wild bird's wing,
Across the valley in the dark
I hear the silver flute of spring."

—*Bliss Carman*.

CAMOUFLAGE

Customer—Give me that currant pie in the window.

Clerk—Excuse me, sir. But if you brush the flies off it you'll find it's custard.—*Banter*.

Ten Years Added to Human Life

Mankind Is Steadily Winning in the Great Battle Against Disease

THE average human life in many countries is now over ten years longer than was the case fifty years ago. In fact, the comedian who said "Cheer up, you'll soon be dead, a short life but a gay one!" can now change his song to "a long life and a gay one."

This lengthening of the average span of human life is a scientific fact. The chief cause of this increase in the average duration of human life is the reduction in the deaths of babies and young children. The danger of death from communicable diseases has decreased. Better baby feeding and maternal nursing have saved countless lives. The digestive troubles which kill babies were formerly so common as to be considered quite natural and almost inevitable. Gradually the truth spread that bad feeding was more dangerous to infants than was strong liquor to adults; that the nursing bottle was a greater menace to human life than the liquor bottle. With the increased appreciation of the enormous value of breast feeding and the intelligent use of better methods of artificial feeding, the number of infant deaths has steadily declined so that in many communities less than half of the former number of babies meet untimely and unnecessary death from incorrect feeding.

The control of certain communicable diseases has done much to reduce death rates. Smallpox is no longer an inevitable disease of childhood. It used to be so considered a disease of childhood because nearly everyone caught it in childhood. The credit for this great change is due to vaccination but vaccination protects only those who are vaccinated. At the present time so many people are not vaccinated that smallpox is a steadily increasing menace. The neglect of vaccination is increasing the amount of smallpox each year. In Canada and the United States the number of cases of smallpox during 1924 was double the number for each of the two preceding years.

Fifteen years ago it was usual for our general hospitals to have whole

wards set aside solely for the treatment of typhoid fever patients. At the present time few cases originate in a community with pure supplies of water and milk. Nearly all the cases of typhoid fever come from localities where sewage is allowed to pollute the water supply.

The decrease of typhoid fever in civilized countries is due to the provision of pure water and pure milk. Every day more people realize that when typhoid fever is allowed to break out as an epidemic someone should be held responsible. Under conditions of war, when pure water is not obtainable, safety from typhoid is given by typhoid inoculation together with the chlorination of water drawn for the troops. This was shown emphatically by the records of the Great War when fewer British soldiers caught typhoid fever than died of it during the South African War, despite the enormous difference in the size of the armies. In the South African War there was an average of 208,000 and in the Great War an average of one and a quarter million men in the army.

The typhoid immunity of British troops in the Great War was due to the protection they received from typhoid inoculation. This is shown by a comparison with the French soldiers among whom there was no general inoculation during the first sixteen months of the war. In that short period 96,000 French soldiers contracted typhoid fever. After this, typhoid inoculation became general and the soldiers of the French army enjoyed the same immunity to typhoid as did their British comrades.

Not so many years ago diphtheria was a black enemy of childhood. All over the world it claimed a frightful toll. And the tragedy was that three-quarters of its victims were little tots under six—hardly more than babies. There was no sure way to combat it. Then came the antitoxin treatment and the diphtheria death rate was lowered. But antitoxin is effective for only a few weeks. It checks the progress of the disease but it does not give lasting protection. Now comes a great

triumph of medical science—the prevention of diphtheria. Where preventive treatment has been adopted there has been no more diphtheria. Preventive treatment for diphtheria stamps out this disease as surely and as thoroughly as vaccination against smallpox stamps out smallpox.

The saving of life during the past half century has not been shared equally by those in different age groups of the population. Even the great saving in the lives of babies has been largely a saving among babies over the age of one month. During the first month of infancy the risks are as great as ever they were. Improvement will follow when mothers are given better care before birth and infants are given better care during the first month of life.

In persons beyond middle age the chronic diseases of the heart, blood vessels and kidneys still take a large toll. This increase in the death rate of advancing years is not in accordance with a natural law but is the result of causes which can be controlled. Of course people will not live indefinitely but science can do much to check the waste of vitality and especially the waste due to the increase of the chronic diseases so prominent in the death rate at middle life.

The reasonable way to attack these diseases lies in regular physical examinations and in the practice of personal hygiene after the particular needs of the individuals have thus been ascertained.

Although the past half century has witnessed an increase of ten years in the average length of human life, there is good prospect that in the next half century an even greater increase will be obtained. Of the many untilled fields of science none other gives greater promise of eclipsing in the future the achievements of the past.—R.G.

No one is useless in the world who lightens the burden of it to anyone else.
—Dickens.

Every case of typhoid fever tells the tale that the germs that have originated in the intestinal tract of one person have reached the mouth of another.

Tea of Quality

"SALADA"

is blended only from tender young leaves & buds that yield richly of their delicious goodness. Try SALADA to-day.

Typhoid Mary Was a First-Class Cook

Mary was a first-class cook. People always insisted on getting sick with typhoid fever wherever she came to work, so that she would give them notice and move to another town or another kitchen where a good job was always awaiting her.

After typhoid had developed in several homes where Mary was a cook, she was examined and found to be a distributor of the typhoid germ—a typhoid "carrier." For three years, she was held at a hospital by public health officers. She fought for her freedom in the courts unavailingly.

Then, as tests seemed to indicate that she was no longer a public menace, she was released on her promise to report regularly for examinations and that she would not again become a cook.

She did not keep her promise. Mary was a great traveller, and during five years, she had worked as a cook in five different places and under five different names. Traced directly to her is a typhoid epidemic which spread to the extent of twenty-five cases and two deaths at the hospital where she was a cook at the time of the outbreak. Mary is again under supervision. Such "typhoid carriers," as doctors call persons who are able to give typhoid to others while immune themselves, are by no means uncommon. We find them at work in summer resorts. Convalescing from an attack of typhoid, they go to the lake or to the

mountains for the same reason that the summer vacationist does—to build themselves up physically. The resort usually has to take the help they can get. The cook, the waiter or some other handler of food may be a busy distributor of typhoid infection—and so the visitor has to take his chances.

WHEN "CARRIERS" ARE DANGEROUS

You don't have to go away to get the fever, though that is where most people become infected. About two of every hundred typhoid patients are carriers of the disease germs for varying periods of time after they get well.

Typhoid fever is caused by germs found in the discharges of persons sick with the disease, and for some time after their recovery.

The disease is usually spread by "carriers" getting the germs on their hands and then transmitting them to food or utensils. The germs then reach the intestines through the mouths of those unfortunate enough to use such food or utensils and this the disease is spread.

Such carriers are not at all dangerous if they do not handle food which is to be eaten by other persons. They should have certain well understood habits of cleanliness in taking care of themselves.

The purity of the summer resort's water supply should be known. If in

doubt, boil it. Where boiling is not possible, sterilize with fresh bleaching powder, containing 30 per cent. available chlorine. It is inexpensive and can be carried along on all travels. Put one teaspoonful of the powder into a quart bottle of water. Cork it tightly, shake, and let stand for several hours. Pour off one teaspoonful of the clear solution (a sediment will be found in the bottle) into two gallons of water, shake, and let it stand for fifteen minutes before using. It will purify the water and make it safe to use. (Note.—Bleaching powder in cardboard containers is usually of lower strength and one and a half teaspoonfuls of bleaching powder should be used).

Flies transmit typhoid and other infectious germs. They carry on their feet infectious material from open vaults or sewage to kitchens and dining rooms and soil the food by lighting upon it. The germs are then taken into the system with the food.

The milk should be pasteurized. Pasteurized milk simply means milk heated to 145 degrees and held at that temperature for thirty minutes so that the harmful bacteria are destroyed.

NO NEED OF HAVING TYPHOID

The vacationist, the camper and the tourist can insure themselves against this always present danger. The process of protection is simple. This consists of anti-typhoid vaccination. Everyone who is apt to come in contact with typhoid carriers or infected foods, or travels when he knows nothing about the water or milk supply ought to take it. There is no danger, and it is a very real protection against typhoid fever.—*"The Northwestern Health Journal."*

Villains

A Frenchman was travelling in Ireland when he overheard the following conversation:

"Sure, Pat, it's down to Kilmary I've been, and now I'm going to Kilpatrick."

"Ye don't say so," said Pat. "Why it's myself that's been to Kilkenny, and soon I shall go to Kilmore."

"Villains," muttered the Frenchman.

—From the "Western School Journal."

It is easier to kill one fly in June than a million in August.

The Habits of Children

The Home is the Workshop Where Habits Form Character

From an article by Dr. D. A. Thom, Director of Habit Clinics, Boston.

"Habit" is such a common, everyday sort of term that it hardly seems necessary to discuss it at all. It is in the very fact that habits are so commonplace that the fundamental importance of forming right habits in early life is minimized or overlooked altogether.

Such is the gist of an article by Dr. D. A. Thom, director of habit clinics in Boston. Dr. Thom says that the health, happiness and efficiency of the adult man and woman depend, to a very large extent, on the type of habits they acquire from their training and experience during early life.

Habit is the tendency to repeat what has been done before. One develops not only habits of acting, but habits of thinking and feeling. Habits in regard to the care of the body—eating, sleeping, eliminating, bathing—are easily formed and vitally affect health. Our manners are a collection of habits; we do a rude or a courteous thing almost without stopping to think. If we did not learn the muscular movements which become habitual through repetition, we could never play the piano, run a typewriter, or gain skill in athletics.

If you do not think habit formation is important, just put your right hand in a sling for one day and then try to do with your left hand all the ordinary things—such as writing, counting money—that your right hand has been in the habit of doing.

The morals of most of us, our attitude toward drinking, the taking of others' property, or the problem of sex, as well as toward other people, whether sincere or deceitful, friendly or antagonistic, are, to a large extent, the result of habits of thinking, formed in early life. Most of our prejudices are the outcome of habits of thinking formed in childhood.

Many persons, during childhood, develop a feeling about racial and religious differences which may lead in later life to intolerance and hatred toward their fellow-men. This same attitude of mind is seen in children toward their playmates who have the misfortune of being orphans, or toward the child whose mother is a scrubwoman, or whose father is a garbage collector. Care should be taken to see that children are early taught kindness and consideration for those less fortunate, for unconsciously they will form their attitudes from the home atmosphere.

A child has a mental life far more delicate and complex than his physical body, far more difficult to keep in order and much more easily put out of adjustment. A child lives a real mental life, full of hopes, ambitions, doubts, misgivings, joys, sorrows, and strivings that are being gratified or thwarted much the same at 3 years of age as they will be at 30. The home is the workshop in which the character and personality of this individual are being moulded by the formation of habits into the person he will be in adult life.

All these tendencies toward thinking and acting in certain ways, which are called habitual, are the outgrowth of training and experience. They are not inherited. We begin to form habits at birth and go on through life forming them quickly and easily in youth and more slowly and with difficulty as the years advance. The oftener the act is repeated or the thought is indulged in, the more lasting the habit becomes. Since habit formation begins early and is more or less constant throughout life, it is of great importance that emphasis be placed on the establishment of desirable habits.

A young child has certain char-

acteristics that make the acquiring of new habits easy. For one thing, he is suggestible; that is, he accepts without reasoning about it anything which comes from a person he looks up to. "My father said so," or "My mother did it," makes a thing absolutely right for a little child.

Again, a child naturally tends to imitate the words, actions and attitudes of the people around him, and this makes it of the greatest importance that older people furnish him the kind of models they want to have copied. Furthermore, a child wants to please those he loves and wants to have them say so.

At first it is only father or mother or someone in the immediate family whose good opinion he wants. Then it is the kindergarten or school teacher. Finally, at 9 or 10, the praise or blame of his playmates or of the gang leader concerns him more than anything else. When this stage is reached, parents should not be disheartened and think that their boy is developing into a black sheep. It is a perfectly natural stage which children pass through and which calls only for greater care in the selection of wholesome companions.

This attitude of concern regarding what other people think is a force that parents may use in developing right conduct. Rarely is a child found who does not care for the approval of someone, and training should make a child realize that it is to his advantage to win approbation for desirable acts. Praise for unselfishness, kindness, and general consideration for others tends to perpetuate that type of conduct.

Some parents play on a child's natural sympathy for others until it becomes like a worn out elastic band which has been stretched till it is useless. "Don't make a noise; mother's head aches," may make a child sorry for mother at first, but if it interferes with every bit of happy play he has he soon learns to be heard-hearted about it. On the other hand, real sympathy for others, which is one of the finest qualities of personality, may be developed by training and form the basis of a habit of kindness and understanding which will last throughout life.

Holiday Don'ts

DON'T neglect to take a supply of mosquito netting with you so that if these pests are bad you can wrap it loosely around your head, either in camp or in your room, and thus get to sleep, setting these insects at defiance. It is true the hum of the mosquito is not at all musical and certainly gets on your nerves, but not if you know that it cannot get at you.

Notwithstanding all the precautions you may have taken, you may get bitten by a mosquito. If so, the prompt application of a drop of liquid ammonia will very often counteract the irritating effects, but do not under any circumstances scratch the part bitten, as this only aggravates it, and you may in addition to this, infect the wound. If the itching is intense, just simply press the part with a handkerchief. It will give quite as much relief as the scratching and will not produce irritation and subsequent trouble.

DON'T remain in a hotel or boarding house where there are flies in the dining room or kitchen. Flies are often carriers of disease germs and frequently pass from filth to food. There is nothing too filthy nor yet is there anything too dainty for the house-fly to revel in, and it not infre-

quently travels directly from one to the other. There is no excuse for having flies in the dining room or kitchen where food is handled or being served for human consumption.

DON'T be over-zealous in your efforts to get sunburned. Take it gradually; an hour at a time is quite as long as any portion of the body unaccustomed to exposure should be exposed to the strong rays of the sun. In a few days, with care, you will find that you can more or less disregard the effects of the sun's rays on your skin, as you will then have developed a satisfactory protection, but once you have the skin blistered you will suffer extreme discomfort and at times sleepless hours.

DON'T keep on the go all the time during your holidays. Take some reading matter with you and spend part of the time, particularly in the middle of the day, in the shade of the trees, in your hammock, or in an easy chair, or lying on a rug on the ground.

DON'T dance every night during your holidays and expect to come back rested and refreshed for your work.

—*Health Bulletin, Department of Public Health, Toronto.*

clothed in cold weather, as the arms, neck, the upper back and chest, frequently sets up a severe inflammation of the skin, which is neither healthy nor comfortable. Exposure to the sun should be both gentle and gradual.

Of much greater importance is the condition of the home into which the family moves. If shut up during the winter, the house, no matter how well constructed, is very liable to be damp together with all its contents, and it is a mistake to suppose that this dampness can be got rid of by a fire in the stove or fireplace for a few hours. To dry the house and contents fresh air must be admitted and bedclothing given a sun bath for a whole day.

Water supply demands careful scrutiny especially if the house is new to the family. Very frequently this supply depends upon a spring or ordinary "stoned-up" well, and all too often, this well is so situated as to permit pollution of the water. Such pollution may not be present at first nor may it happen for months, but as the dry weather of the late summer comes on, and the water becomes low, serious trouble may result.

The situation and nature of the water source is almost everything in this connection. If it be near a privy or manure-heap or slop deposit or cesspool, do not trust it, especially if it be merely a spring or "stoned-up" well. Multitudes of typhoid cases, or diseases closely akin to it have thus resulted in the early fall. In fact, this season is notable for the sudden increase of typhoid in cities, often caused by the return to town of those already sick of the disease, or those who have already the seeds of the disease with them ready to break out.

It is to be noted also that those who are comparatively new to a somewhat polluted drinking water are much more susceptible of contracting disease from it than the people who have used it continuously for years. Hence, do not be led away by the statement that "there has been no typhoid for years in this neighbourhood." This, in a measure, may be true, but if so, it may be only because the permanent residents have become immune through long usage of the water.

Therefore, please keep in mind the water-supply when going to the country in summer.

The Summer Outing

SUMMER brings to many people, residents of cities and towns, the thought of the summer vacation, or the summer cottage in the country. Formerly, the luxury of a summer residence out of town was confined to the very well-to-do, but the diffusion of railroads and the coming of the automobiles have brought this valued privilege within reach of multitudes.

When to this large class are added those who habitually spend a holiday or vacation in the country during the warm months, perhaps of several weeks, it is plain that the annual movement of the population has assumed a very considerable importance, not only socially and economi-

cally, but, in a pronounced degree, as relates to health.

As the term health is, or should be, practically synonymous with comfort and safety, it is worth while to carefully consider very briefly what drawbacks there may be to a custom that, beyond doubt, conduces in a broad way to health and comfort.

A minor disadvantage of amateur country life is one of the things often eagerly, but mistakenly sought after, as something to be desired. This is sunburn, or a "coat of tan," as it is so often romantically called. This is often of questionable benefit. Sunburn is harmless if acquired gradually but the sudden and prolonged exposure of parts of the body ordinarily

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.

EDITORIAL BOARD

DR. JAS. W. ROBERTSON, C.M.G., Chairman;
MRS. H. P. PLUMPTRE, DR. C. D. PARFITT,
DR. G. G. NASMITH, C.M.G.

Vol. IV TORONTO, JUNE, 1925 No. 5

Address by Dr. James W. Robertson at the Reception by the Mayor and Corporation of Three Rivers, Que., May 16, 1925

"I wish to express my warm appreciation of the notable courtesy of the mayor and corporation of Three Rivers in receiving the representatives of the Canadian Tuberculosis Association on the occasion of our visit to observe the work of the Health Demonstration enterprise in this city. In my dual capacity as a Vice-President of the Association and as Chairman of the Central Council of the Canadian Red Cross Society, I welcome the opportunity to see on the spot some of the work in which I have been keenly interested since its inception. It has always been a pleasure in Quebec to observe that the intellectual hospitality of its leaders to good ideas is on a par with their other cordialities. One circumstance only of sadness and disappointment is felt in remembering the absence through early and lamented death of his Honor, Judge Desy, who was a staunch friend and enthusiastic promoter of the movement which brings us together at this time. We have the legacy of his spirit and example.

"All of us are concerned more or less with the good name and the character of the place in which we have our home. We properly regard its progress and improvement with some measure of pride. In a community, as in the case of an individual, the qualities or possessions which are greatly to be desired and prized are good health, good character and ability and willingness to render service in citizenship. Sometimes our attention is too much absorbed by such manifestations of progress as increase of population, development of industries and erection of beautiful buildings. These all have their place and value, but the measuring rods which reveal the real advancement of a city or any other community are those which indicate increasing care for the well-being of the mothers and children and improving provisions for the education and training of the young. Many years ago, when I was the

guest of that great stateswoman of world-wide renown, Florence Nightingale, she said to me that in her opinion if the mothers in Great Britain would feed their children properly and keep them wholesomely clean during the first two years of their lives that would be the greatest blessing and boon which could come to the nation.

"In giving its cordial support to this new undertaking of making itself a Health Demonstration Centre, particularly for the reduction of infant mortality and the prevention of tuberculosis, Three Rivers has entered upon a worthy role of very high endeavor. It may well be proud of the fact that it is giving intelligent leadership in this matter to the rest of the Province of Quebec and in fact to scores of places throughout the whole Dominion of Canada. Happily the Health Demonstration has been undertaken and is being carried on by the municipality with the cordial participation and co-operation of the Health Department of the Province of Quebec and with financial assistance from the Dominion Government, the Canadian Red Cross Society and the Sun Life Assurance Company. The project itself was proposed by the Canadian Tuberculosis Association.

"In respect to tuberculosis that eminent authority, Sir Robert Philip, says that two great and significant facts stand out:

- (1) The infection of tuberculosis is more or less universal throughout civilized populations;
- (2) infection takes place during childhood in the vast majority of instances.

"The disease has some peculiarities which make it particularly difficult to combat. It is very infective in its nature and it has the habit of most insidiously concealing its presence when it invades the body. Consequently tuberculosis must be searched for, must be hunted in its hidden recesses in its earliest stages. It will not do to wait until patients apply for treatment. It does not blatantly and offensively proclaim its presence by any manifestation such as, for example, small-pox does. In its early stages only the most thorough examination reveals its presence. The significance of that is all the more important when it is remembered that cases are remediable in proportion to the earliness of detection.

"Some of the results which may be expected through the Demonstration Health Centre at Three Rivers, within the five-year period in contemplation, is indicated in a very striking way by what has already been accomplished. In two years the rate of infant mortality, that is the number of babies dying under one year of age in every one thousand living births, has been reduced from 212 to 135. That is a reduction of rather more than one-third in two years. It leads one to hope that Three Rivers may set an example and set the pace for hundreds of other communities in our Dominion. What Three Rivers has done, the people of other communities will be encouraged to believe they also can do by similar measures.

"In respect to tuberculosis, before the demonstration was begun and the dispensary established, no cases of tuberculosis were known officially to any dispensary or to the Medical Officer of Health, although seventy cases were known to the physicians of the city. At the end of the first two years, 164 cases were known to the dispensary and the Medical Officer of Health and 52 cases, which were a constant and acute menace to others, were hospitalized where they receive suitable treatment and are educated to prevent themselves from continuing to be sources of

infection. In addition to that there has been a large and general examination of those persons who have been in contact with the active cases of tuberculosis and 850 of such contacts and doubtful cases are under observation.

"I desire to congratulate the municipality of Three Rivers upon having undertaken the responsibility of this adventure on behalf of good health and hygienic conditions for the whole population. Fortunately the undertaking is under the competent leadership of qualified doctors, nurses, and public health officers. Voluntary organizations also have their place and their part, particularly in the education of the public as to what each individual can do and should do to preserve his own health and to promote that of his family and the whole population. The local sense of responsibility linked up with the advisory and supervisory help from the Provincial Department of Health, together with financial help from that source and also from the Dominion Government are an assurance of as much success as may be humanly expected. With the provision of a Sanatorium for the advanced and other active cases, which is expected this year, Three Rivers will have a complete material equipment and a competent personnel to carry forward its well-balanced programme. The object is the prevention of disease and the preservation of the health and lives of the people. To the professional services belong the detection and treatment of the disease and also the education of patients in taking care of themselves and in preventing them from being sources of infection to others. At the same time the education of the public must be carried on earnestly and wisely in order that they may support public health measures which safeguard the health of all and that they may understand and maintain good health practices and form good habits for themselves. The official authorities must have the support of enlightened public opinion in their efforts to ensure pure water supplies and milk free

from disease-producing germs. Pasteurization of all milk is the best means of protection.

"Mr. Mayor, may I remind you and the other citizens of public spirit and good will who are assembled here that Three Rivers was not chosen as the place for the Health Demonstration Centre because it had greater need of health promoting services than many other places in the Province or the Dominion. It was chosen because of its influential position and because of the confidence of Public Health authorities and of the Canadian Tuberculosis Association and of the Canadian Red Cross Society in the willingness and the ability of this community to rise to the occasion and derive the highest health benefits to themselves while rendering truly magnificent service to the Province of Quebec and to the whole of Canada. Three Rivers may become a torch bearer for the Province of Quebec and for the whole of Canada, in their quest for adequate Public Health administration, through a practical demonstration of what wonderful results an intensive and sustained health service can achieve in the brief period of five years, particularly for women and children and for those threatened by tuberculosis. I am sure that Three Rivers will more than measure up to our high expectations and that, before the demonstration period is ended, steps will be taken to ensure the continuity and permanence of all appropriate and beneficial health measures which have been inaugurated here. The maintenance of health work in the community will doubtless require an increase of expenditure by the municipality but when the evidence of what has been accomplished and what can be continued is fully understood, the renown of Three Rivers will be upheld by the enlightened and vigorous public sentiment of its people. Thus all that has been gained will be held and further advancement will be made. That is my hope; that is my expectation; that is my prayer for this people."

Ice Box Hints

THERE is a right way and a wrong way to use a refrigerator. The right way saves ice, preserves food and is just as simple as the wrong way.

Clean the ice before it is put into the ice box. Dirt on the surface of ice may block up the drain pipes. Do not wrap the ice in paper to prevent the ice from melting. The ice must melt to cool the warm interior of the ice box. If anything is wrapped let it be the outside of the ice box.

The shelves in the ice box should not be covered with paper or anything which will prevent the warmer air flowing to the ice and the colder air from flowing to the food. The door of the ice box should not be left open. When the door is open the heavy cold air of the refrigerator rolls out and warm kitchen air flows in.

One reason for the superior effec-

tiveness of the ice boxes which have covers on the top but no door at the bottom or low down on the side, is that the cold air does not roll out when the lid is lifted.

The interior must be kept clean. Food stays in a refrigerator for several days and sunlight never gets inside. In order to keep food for days in any place where sunlight does not go we must keep things very clean as well as very cold.

In the drains which carry off the cold water from the refrigerator a slimy growth may develop. This may not spoil the food but it stops up the drain. From time to time, some ammonia should be poured into the drain pipes of refrigerators which have them.

A refrigerator should be periodically scrubbed, sunned and aired. Particularly is this true if the milk for

babies and older children is to be kept in it.

Thought should be given to the position of the refrigerator. A refrigerator that is placed near the stove is an ice eater. The rent of a flat which has a refrigerator near the stove may not be high but the rent plus the ice bill will be. A refrigerator anywhere in a warm kitchen or against a hot wall will prove expensive.

THE GREAT CITY

"Where the city of the healthiest father stands,
Where the city of the best bodied mother stands,
There the great city stands."

—Walt. Whitman.

"The aim of hygiene in general is to render growth more perfect, decay less rapid, death more remote and life more vigorous and successful."—Extract from "A Programme for Child Health."

Foot and Mouth Disease

From a Bulletin Issued by the Dominion Department of Agriculture

Having in view the fact that the widespread prevalence of a disease such as the foot and mouth disease among cattle would probably result in hardship to the people through its causing a shortage in the supplies of milk and beef, and possibly leather, all of which are necessities in northern latitudes, and also the possibility of severe loss from the curtailing of the export trade in commodities dependent upon the cattle industry, the Department of Agriculture, through its Deputy Minister, Mr. J. H. Grisdale, has issued a very comprehensive bulletin upon this terrible bovine malady.

Pointing out the immediate effects should foot and mouth disease break out, the bulletin says:

"Within a few hours of the definite diagnosis of Foot and Mouth Disease in Canada, practically all external outlets for our animal trade would be closed by foreign countries just as imports are prohibited by Canada from a country in which Foot and Mouth Disease exists.

"The effects on the livestock trade would be immediate. The export trade in 'Store' cattle, built up after long efforts to have the 'Embargo' removed, and our Fat cattle export trade would be gone. It would take years to re-establish confidence in the health of our livestock which up to now has been maintained free from serious contagious disease. The United States would prohibit the entry of animals from our quarantined area, and a large buffer area surrounding it, to protect its own livestock industry. For all practical purposes our trade in animals outside of Canada would be gone for a long period, while in Canada itself the livestock trade would be restricted according to the areas quarantined.

"The individual owners, dairy-men, breeders, sheepmen, hog owners, would be out of business for months at least, and their recovery even then would be difficult. Herds built up after a lifetime of effort might have to go. Creameries and factories dealing with dairy products would be

closed down from lack of supplies. Packing plants and stockyards might be closed. Exhibitions and markets would certainly be prohibited. Employees would be directly affected and the results would spread to different sections of the community. Buying power would be less and the problem would become a national one in every sense.

"In spite of the organization of experienced officials, veterinarians and others, whose work is concerned with excluding serious disease from this country, there is always the possibility of infection of such a malady as Foot and Mouth Disease gaining entrance and infecting our herds. This disease is one of the most infectious known and consequently extra precautions are taken to prevent its entrance into Canada. Such sources of infection as litter, manure and hay and straw, etc., used for fodder or packing materials, can be controlled and are only permitted to enter Canada from countries where Foot and Mouth Disease exists, under restrictions such as prevent the carriage of infection. But there are other channels through which the disease might gain an entrance which are more difficult to control or are beyond control. The clothes and boots of attendants who have worked among infected animals are a source of danger. Birds, dogs and small wild and domesticated animals have been accused. Some outbreaks have occurred in England, which, owing to their location and lack of evidence of infection from other sources, have been attributed to wind-borne germs.

"Should Foot and Mouth Disease be definitely confirmed in a herd in Canada, the immediate results would be somewhat drastic. No movement of animals would be allowed in the vicinity of the farm for an area of probably twenty miles square. The animals, at least cattle, sheep and swine, would be slaughtered on the infected farm whether or not it showed the disease or not. No visitors would be allowed on an infected farm nor would persons

be allowed to leave it. No produce from the quarantined farms could be sold and the 'Standstill' order would be enforced by the police. Should the infection spread, a large territory would be declared an infected area. Shipments of stock by road or rail would be prohibited, no markets would be held and all herds in the area would be examined and diseased animals and contacts would be slaughtered. Probably special gangs of men would carry out the burial of the carcasses and other gangs would follow to enforce thorough disinfection of all premises. No animals would be allowed on the premises for months.

"In quarantined areas, dogs and cats would require to be kept under control and pigeons and poultry penned and, taken altogether, things would be very unpleasant.

"The policy of slaughtering diseased and in contact animals would certainly be carried out in Canada should Foot and Mouth break out. The expenditure might run into millions of dollars in a severe outbreak, but this amount would be little in comparison to the annual economic loss to stockmen should the disease gain a permanent hold on the stock of Canada.

"The magnitude of the question of an outbreak may be realized by the figures in past experiences in other countries.

"In England in one of the earlier invasions, about 1871, 52,000 outbreaks occurred involving about 3,000,000 animals. In 1892, about 800,000 animals were involved, while in the present outbreak the numbers have reached an enormous figure.

"Since 1919 to the end of 1924 a steady campaign has been waged against Foot and Mouth Disease. In 1923 and 1924 about 250,000 animals have been destroyed with an expenditure for compensation of approximately \$18,000,000."

The circular then gives some startling figures of losses in other countries.

In France, for instance, the

economic loss from this disease in the year 1919-1920 is estimated at about \$25,000,000. In Holland, the annual loss is estimated at about \$12,000,000. These countries have more or less constant loss from having the disease recurring time after time. The outbreak which occurred in the United States in 1914 was dealt with by slaughtering diseased and in contact animals. Some 172,000 animals were destroyed at an appraised value of about \$6,000,000.

The Department of Agriculture's circular states that practically all domestic animals may become infected. Cattle, sheep and swine are about equally susceptible. Horses, dogs and cats have been known to contract the disease but are supposed to be less likely to become infected. As with all diseases, some individuals, even among susceptible animals, may not contract the disease although stabled among those suffering from it. The circular states also that man may become infected.

After describing the disease and its symptoms, the report goes

on to say:

"The actual loss is not so much from the deaths as from depreciation, loss of milk and permanent injury. However, in very severe outbreaks many animals may die.

"The virus of Foot and Mouth can be carried long distances on the feet of animals and on the boots and clothes of persons and even by rats, rabbits and birds, and possibly by the wind. The virus may be transmitted by hides, foodstuffs, packing material, litter, manure, and even milk may carry the disease. The blood of infected animals is also infective in the early stages. There is always danger of the disease spreading while any living virus remains. Therefore, to permit of infected animals to remain alive simply means there is a constant source of danger.

"It may be taken for granted, so contagious is the disease, that no matter what steps are taken as to isolation and disinfection, the disease will spread beyond control if infected animals are allowed to remain as centres manufacturing infective germs.

for no other purpose than receiving milk.

Milk should be kept at a temperature below 50 degrees Fahrenheit. Clean milk will keep sweet at this temperature for 24 hours after it reaches the consumer. Often milk is delivered as early as 4 o'clock in the morning and remains in the sun until 8 or 9 o'clock. This is a bad practice and milk so treated cannot be expected to remain sweet. If the milk cannot be brought into the house soon after delivery, a covered box or sheltered place should be provided and the delivery man asked to leave the milk there. A rise in temperature of milk for a short time will cause the development of bacteria leading to early souring, while the growth of bacteria is held in check by keeping the milk cool.

In the household refrigerator the milk should be kept at the bottom of the refrigerator, for cold air settles rapidly. If for any reason milk does not stay sweet in the ice box during hot weather, it is often advisable to place a thermometer inside and close the door for a few minutes. If the temperature is more than 50 degrees Fahrenheit the fault cannot be laid entirely to the quality of the milk. A great many refrigerators are poorly built and will not cool foods placed in them.

When milk is placed in the ice box it should be tightly covered to prevent the absorption of odours. Milk bottles have been exposed to much handling and to dust during delivery that it is wise to rinse the mouth of the bottle before milk is poured. After the cap has been removed, it is better to cover the bottle with a glass tumbler before replacing unused portions in the ice box.

Where ice is not available during the summer, milk should be kept in the coolest place in the house during hot weather. It will keep sweet longest in a covered vessel resting in a shallow pan of cold water and covered by a clean cotton cloth whose edges hang down into the water. This keeps the cloth wet and promotes evaporation which helps to keep the milk cool.

These are a few suggestions on caring for milk in your home. They should interest everyone, and they will help your milk dealer to supply good milk for home use.

Milk is the best single food—but it requires care in the home.—R. G.

The Care of Milk in the Home

Milk should always be kept clean, covered and cool. These three points are as important to the producer as to the consumer. Regardless of how well milk has been handled and cared for till it is delivered to the consumer, it cannot be expected to remain sweet and have a good flavour if it is carelessly handled in the home.

In most towns and cities, milk may be purchased in bottles. This is the best way of buying it. The dairyman who bottles his product should be encouraged by the use of his milk, other conditions being equal. Milk in bottles is more easily kept clean and cool during delivery and is more easily handled in the home.

Pasteurization

Milk may carry the germs of tuberculosis, diphtheria, typhoid and scarlet fevers. The simplest way to destroy such germs is by pasteurization. This is simply a

scientific parboiling. In modern community milk supplies pasteurization is always employed, and is a sanitary safeguard that should never be neglected where the health of a community is valued.

If milk is not efficiently pasteurized at the dairy, the housewife can and should do it herself with a saucepan or double boiler and a dairy thermometer. The milk is heated to a temperature of 145 degrees Fahrenheit and held at this temperature for thirty minutes but not boiled. The milk should then be chilled and kept cool until consumed. Pasteurized milk is just as reliable, just as nutritious and much more safe than raw milk. There is no more objection to the process than there is to the cooking of meat.

Where milk must be purchased in bulk, not in bottles, it should be measured into a clean glass jar with a glass lid but with no rubber. This jar should be used

The Red Cross Through the Ages

Part II

The former part of this article dealt with the significance which people of ancient times attached to the Cross. It brought the subject to the time of the Crusades, and closed with a note upon the Red Cross of Lorraine, now almost universally adopted as the symbol of the crusade against tuberculosis.



ST. JOHN OF JERUSALEM

The Order of the Hospital of St. John of Jerusalem, which first obtained recognition under Baldwin II, shortly after the capture of the Holy City by the Crusaders in 1099, adopted an eight-pointed cross (known now as the Maltese Cross) as its symbol. Its members wore the cross in white upon the left shoulder of their long black mantles.

Thus the Cross—the Red Cross of the Knights Templars and the White Cross of the Knights of St. John—became a symbol not only of chivalry, as it had been before, but also of charity.

THE CROCIFERI

In the Twelfth Century an Italian order of *crociferi* (cross-bearers), distinguished by carrying as part of their costume a plain cross of wood or metal, was founded in the neighbourhood of Bologna to tend the sick, and several other orders, particularly one established in the Netherlands and still surviving, have borne the same name. Some members of this order came to England in the Thirteenth Century and became known as the Crutched Friars; these wore a cross of red cloth upon a black habit.

Another branch of the *crociferi*, known as the Knights of the Cross, established themselves in Bohemia. Abbess Agnes, who in 1233 was abbess of the Prague Hospital founded by the order, petitioned the Holy See for some mark to distinguish her knights from other *crociferi* with whom they bore in common the red cross of the crusaders. On the pope's authorization Bishop Nicolas of Prague added a six-pointed red star (1250). History bears frequent testimony to the success of the hospital work carried out by this order which is still in existence.

IN THE MIDDLE AGES

It has recently been pointed out that St. Camillus of Lellis, born in 1550, founded an Order of nursing priests or "Ministers of the Sick" and that these priests attended wounded on the battlefields and wore (and still wear) upon their black habits "a Red Cross similar in size, shape and material to that of the Red Cross organization." He also founded a sort of Second Order of women who undertook the same voluntary and devoted work. In the "Life of St. Camillus" (published in London in 1850 and now out of print) by one of his disciples, Cicatelli, the following passage occurs:

"Camillus . . . went on to ask (of Pope Sanctus V at an interview in 1586) that he himself and every other member of his Congregation might have permission to wear a cross of red cloth on their cassock and mantle. The memorial was presented, and referred to the congregation of Bishops and Regulars, who examined the figure of the cross drawn out according to the idea of Camillus, and approved of the request as not only becoming but necessary."

It seems established, therefore, that even in the Middle Ages the Red Cross emblem was definitely associated with the idea of charitable relief to the sick and wounded. On the other hand, it would be a hasty deduction to suppose that all orders wearing the red cross were engaged in nursing the sick. There is a picture in the Louvre painted by Philippe de Champaigne in 1662 of Mother Catherine Agnes Arnauld and of Sister Catherine de Sainte-Suzanne (de

Champaigne), both nuns of the famous Port-Royal establishment outside Paris, round which the Jansenist controversy raged. These nuns are wearing the white habit of the Cistercian branch of the Benedictine order, and each wears a large red cross in cloth (Latin shape) on her habit. There is no mention of this particular order having been engaged in nursing or caring for the sick. This picture reminds one of the fact that the white robe of the Knights Templars was really the Cistercian habit (for they were affiliated to the order) to which they themselves added the red cross of Lorraine.

THE RED CROSS

The choice of the Red Cross as their emblem by the signatories to the Geneva Convention in 1864 can hardly have been uninfluenced by the historical associations gathered round this symbol.

It is generally believed that the red cross flag adopted was formed by the reversal of the Swiss flag as a compliment where the movement had originated. The official account of the International Conference of 1863 relates the incident in this way Dr. Appia, insisting on the importance of a distinctive international sign, proposed that a *white brassard* should be worn on the left arm. After some discussion this proposal was adopted but *modified in the sense that the white brassard should bear a red cross*.

Dunant, in his Memoirs, also records Dr. Appia's proposal and the amendment, which he attributes to General Dufour, and he goes on to say: "The assembly unanimously voted that the brassard of voluntary ambulance workers (*'hospitaliers'*), as well as the flag on ambulances, mentioned several times by Dunant, although unofficially, should be white with a red cross (these colors were the reverse of those of the Swiss Confederation) and this was considered as a mark of homage to Switzerland where the movement had originated."

Societies engaged in humanitarian work other than the care of the sick and wounded have also adopted the cross as their symbol, witness the White Cross Society of Poland, the Blue Cross Society of England, and the Green and Orange Cross Societies of Holland.

The charitable and non-sectarian basis of the Red Cross institution is

apparent when we reflect that thousands of followers of religions other than Christianity are willingly co-operating in the work of the Red

Cross Societies of India, Japan, China and Siam. In Siam, the Society first used the Red Unalom, the Buddhist symbol represented by an inverted

question mark, but has since adopted the Red Cross as its emblem.—From *"The World's Health"* published by the League of Red Cross Societies.

The Late GENERAL RYERSON

Founder of the Canadian Red Cross
Society 1855—1925

Major-General George Sterling Ryerson, founder of the Canadian Red Cross Society, and a lifelong enthusiast in its service, succumbed to a sudden heart attack on May 20.

The late General Ryerson was a member of one of Canada's noted families, his uncle, Dr. Egerton Ryerson, having been the founder of the Ontario school system. He was trained in the medical art and practised as a specialist in diseases of the eye and ear. Being fond of military life he, from early manhood, associated himself with the Canadian Militia and first saw active service in the Fenian Raid of 1870. In 1878 he was a surgeon in the Austrian Army and, returning to Canada, he joined the Royal Grenadiers in the Northwest Rebellion of 1885. It was in that campaign that the Canadian Red Cross flag was first flown. It was raised above Dr. Ryerson's hospital tent at Batoche. The identical flag is now in the Reference Library in Toronto.

In the South African war General Ryerson was the Canadian Red Cross Commissioner and his report of the Society's services in that campaign — through his thoughtfulness in presenting it to the library — is now on file at the National Office of the organization. General Ryerson also took an active part in Red Cross affairs during the Great War. He was the Society's founder and its first president and was seldom absent from the Council Meetings. One of the later works of an active life was his publication of a book, "Looking Backward," in which, with a power of clear narration and in interesting style, he re-

viewed the chief events and observations of his busy career.

General Ryerson lost his wife in the Lusitania disaster and his eldest son, George, gave his life for Canada at St. Julien in April, 1915, at the Second Battle of Ypres.

The funeral service, conducted by Rev. Canon Plumptre at St. James Cathedral, Toronto, was under the auspices of the Masonic

Order. The coffin was draped with a full sized Red Cross flag and the Red Cross emblem in white and red flowers, a tribute from the Society, had a prominent place among the many floral offerings. The Canadian Red Cross Society will remember with deep gratitude the large part the late General Ryerson had in its early history and his lifelong zeal in Red Cross Service.



The Late Major-General George Sterling Ryerson

Health Conditions Among Ontario School Children

Important Facts Revealed by a Survey of One Town and One Township

Reliable and important information bearing upon the health conditions of the school children of Ontario will be found in the following extracts from the report of a survey which covered the town of Dundas and the township of West Flamboro, Ontario:

The survey was carried out by the Local Survey Committee, assisted by the members of the Hamilton Medical Society, including the staff of the Mountain Sanatorium. It was made possible by aid from the Canadian Red Cross Society and the Ontario Division of the Red Cross Society with the active co-operation of the Provincial Department of Health and the Provincial Department of Education through the invitation of the Canadian Tuberculosis Association.

HOW IT CAME ABOUT

The plan to hold a survey of children of school and pre-school age in each province of Canada, took form after observing the great benefit that had accrued to the Province of Saskatchewan, and to those especially interested in the prevention of tuberculosis throughout Canada, as a result of the Tuberculosis Survey carried out in Saskatchewan in the fall of 1921 by the Anti-Tuberculosis Commission, appointed by Order-in-Council of the Provincial Legislature.

Sheriff A. B. Cook, of Regina, who was Chairman of the Saskatchewan Royal Commission, was at that time President of the Canadian Tuberculosis Association. Mr. Cook and Dr. R. E. Wodehouse, the energetic secretary of the association, set to work to secure funds to make possible a survey in each of the other provinces. Through their efforts, the Red Cross Society of Canada voted certain moneys to the Canadian Tuberculosis Association which allowed them to make an appropriation of \$1,000 for the use of each provincial committee undertaking such a survey. On December 3, 1922, the executive of the Ontario Division of the Canadian Red Cross gave a

grant of \$2,500 to the Canadian Tuberculosis Association toward the expense of the Ontario Survey.

A central Survey Committee was appointed by the Canadian Tuberculosis Association. This committee in turn appointed a Provincial Survey Committee. This Provincial Survey Committee, before claiming the financial assistance provided for the purpose, was required to select a district suitable for the purpose, and appoint a local survey committee to actually carry on the work. As soon as the approval of the Central Committee was secured, arrangements were made to proceed with the work, the questions to be studied being defined in the instructions issued to the Provincial Survey Committee by the secretary of the Canadian Tuberculosis Association.

QUESTIONS TO BE STUDIED

To explain these points a portion of a letter written by Dr. W. J. Dobbie to the Canadian Tuberculosis Association is here quoted.

"It is desirable that some accurate information should be available as to the extent to which tuberculosis is to be found among the children of Canada.

"It is also desirable that some information should be had as to the age at which children are most likely to become infected with the germ of this disease.

"Measures for the prevention of tuberculosis could be more generally put into effect, if accurate statistical information on these and similar matters were available.

"Such information could be had were a suitable survey made in one typical county in each province.

"The taking of such a survey in each province would stimulate interest on the part of the physician and the general public in matters relating to the prevention of tuberculosis."

SUMMARY OF CONDITIONS

The total number of children examined was 1,392. Of these, 426

children, or 32 per cent. gave a positive tuberculin reaction. Fourteen children, practically one per cent., were classified as having active pulmonary disease. The total number of defects found (non-tuberculous) was 2,064

SUMMARY OF NON-TUBERCULOUS DEFECTS

Four hundred and sixty-five children or 33 per cent. were 7 per cent. or more under normal weight for their height and age. Two hundred and fifty children or 18 per cent. were 10 per cent. or more under normal weight for their height and age.

Five hundred and four children or 36 per cent. showed lymphatic gland enlargement.

One hundred and twenty children or 9 per cent. showed definite defective vision—while 141 additional children or 10 per cent. showed slight defective vision.

Twenty-eight children or 2 per cent. had defective hearing; 24 or 2 per cent. had otitis media.

Two hundred and eighty children or 20 per cent. were considered to have tonsils diseased, or diseased and enlarged. Two hundred and one or 14 per cent. had tonsils removed but these were not included as defects in our summary. That is, one-third of the children had tonsils diseased or tonsils removed.

Three hundred and twenty-four children or 23 per cent. had enlarged adenoids. Two hundred and seventy-seven children or approximately 20 per cent. were mouth breathers.

Thirty-nine children or 3 per cent. were reported as having some enlargement of the heart. In forty-two children or 3 per cent. heart murmurs were noted.

Six hundred and three children or 43 per cent. had not been vaccinated.

Five hundred and forty-three children or 32 per cent. had disease of primary teeth.

Three hundred and sixty children or 26 per cent. had disease of six-year molars.

Sixty-nine children or 6 per cent. had disease of permanent teeth other than six-year molars.

GENERAL OBSERVATIONS

1. Tuberculosis in childhood is not a disease that can be diagnosed by any single method; a complete history is required in addition to the findings of a general examination, which will be directed towards the discovery of non-tuberculous as well as tuberculous lesions. This examination should always include an intra-cutaneous tuberculin test, though the value of this test decreases with the age of the child. The X-ray will sometimes be found to be of very definite value although in many cases it will add little to what can be secured by a very full history and careful general examination.

2. The general standard of health in the children of the Dundas Public School, where medical inspection has been carried on for five years, was found notably better than that in the rural schools. This is a practical demonstration of the value of medical inspection in schools.

3. There were relatively more rural children with diseased teeth, and each such child possessed more diseased teeth than the town child. In the rural child too, there appeared to be less attention paid to the condition of underweight and the presence of diseased tonsils and adenoids.

RECOMMENDATIONS

In conclusion, the members of the committees take great pleasure in submitting this report of their work. A very considerable benefit has resulted not only to the examiners, but also to the parents, and to the children examined, for to our knowledge many defective conditions were cleared up even while the survey was in progress. We believe too, that definite light has been thrown upon the questions requiring consideration as embodied in the original letter of suggestions from the central committee, and we submit the following recommendations:

(a) That facilities must be provided to secure much earlier diagnosis of adult tuberculosis than is now the case throughout rural Ontario.

(b) That means be brought

about to provide treatment for every case requiring same, and that this whole problem be studied, specially from the financial aspect.

(c) That medical inspection of school children is very much to be desired, and that in this connection all doubtful chest conditions and tuberculosis contacts have special examination.

(d) That children be protected from the milk of tuberculous cows, and that milk from uncertified herds for the use of children be pasteurized.

(e) That by some means dental treatment should be made available for children attending schools at a distance from either dentists or school dental services. It is distressing to record that in such a district over 42 per cent. of the children showed disease of permanent teeth and that less than one-third of these had received dental treatment.

(f) That 20 per cent. of the children were mouth breathers forces us to make a plea that attention be given to enlarged tonsils and adenoids.

(g) One-third of the children examined had either diseased tonsils or tonsils removed. This fact would lead to the conclusion that in the more sparsely settled districts of Ontario the health of many children must materially suffer through their inability to secure appropriate treatment. Some provisions should be made throughout the Province for the treatment of this condition and the prevention of the resultant ill health and mental deterioration.

(h) Something should be done to make vaccination more general. Fifty-eight per cent. of the rural and only 37 per cent. of the town children had been vaccinated.

If, as a result of this survey, the Provincial Legislature could be persuaded to bring about a change of regulations which would provide sanatorium treatment for all cases of active tuberculosis, there would not only be a marked lessening of the deaths from tuberculosis but fewer cases of infection, and the tuberculosis problem would be reduced to smaller proportions.

CAMP GROUNDS

There is a tendency on the part of some of the thoughtless and careless campers to fail to observe precautions. If allowed to go unchecked this evil is bound to become more and more common. If those who do not exercise due caution against the possibility of creating disease are prosecuted the fault must lie with themselves, not with the authorities, who are but discharging an unpleasant duty at the best.

It is not a difficult matter for campers to provide decent accommodation for themselves and thus prevent a nuisance, and an annoyance to neighbors, if there be any. The health of the community demands that the simple rules governing sanitation shall be observed in the country as well as in populated centres. The time has gone by when these primary rules are not known to one and all.—*Port Arthur News-Chronicle*.

THE WORLD WANTS PEACE

(From the *San Francisco Chronicle*)

The best assurance against war is continuous conferences for peace. Thought and the emotions become habitually turned that way. Friendly relationships are created. The press is occupied with thoughts of peace rather than with preparation for expected war. If there is hope of ending one single war practice, or of

modifying the activities or reducing the numbers of any war agency, a disarmament conference will pay. We shall not disarm completely at once. We may at short intervals make some specific gain.

A CLOSE OBSERVER

"Oh, mamma," little Margaret exclaimed in an awed tone on returning from a visit to a spinster aunt noted for the prim neatness with which she kept her house. "I saw a fly in Aunt Maria's house. But," she added thoughtfully, as if half justifying its presence, "it was washing itself."

The Glory of Trees

But the glory of trees is more than their gifts;
'Tis a beautiful wonder of life that lifts,
From a wrinkled seed in an earth-bound clod,
A column, an arch in the temple of God,
A pillar of power, a dome of delight,
A shrine of song, and a joy of sight!

—Henry Van Dyke.

Bride (consulting cook-book): "O my, that cake is burning and I can't take it out for five minutes yet."

Home Nursing Classes in Nova Scotia

Closing exercises of the Red Cross Home Nursing Classes were held in Lourdes Hall on Friday, May 8, at eight o'clock. The two classes were under the auspices of the Lourdes Altar Society and were exceptionally well attended and have the distinction of being the largest classes in the Dominion, the total enrollment being 117. The Senior Class had a membership of 74 and the Junior, girls from 18 to 20 years, totalled 43.

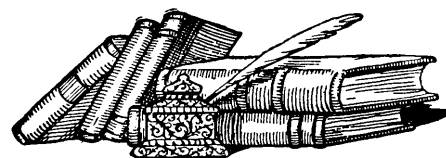
Mrs. D. S. Gillis, president of the Altar Society, welcomed the guests. Then followed a reading from Drummond, by Miss Mary Holmes, of Mulgrave, which was much appreciated, and she gracefully responded to an encore.

During the course, the members have been privileged to have five lectures: Dr. Clarence Miller, on "Emergencies, First Aid"; Dr. J. J. McDonald, on "Communicable

Diseases"; Dr. Benvie, on "Maternity"; Dr. Whitman, on "Tuberculosis," and Dr. Parker, on "Care and Feeding of Infants and Children." Miss Catherine McNeill, Reg. N., and Miss Constance Mahoney, Reg. N., have conducted the classes, assisted by the nurses, Mrs. Fitzsimmons, Mrs. Alex. McNeill, Miss Mamie Mahoney, and Mrs. Herbert McQuarrie.

At the completion of the programme a presentation from the class was made to the nurses, the address being read by Mrs. D. P. McDonald. Refreshments were then served, the table being decorated in red and white. Mrs. D. S. Gillis, president, and Mrs. D. McDonald, vice-president, poured tea and were assisted by the Junior Class, wearing Red Cross nursing costumes.

—*Evening News.*



BOOKS AND MAGAZINES

"Personal Hygiene Applied," by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers' College, Columbia University, New York City. Second edition revised. 12 mo. of 414 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1925. Cloth. \$2.00 net.

This is the second edition of Williams' well known and authoritative textbook. The instruction concerning scarlet fever, diabetes, goitre, iodine and the vitamins has been revised in accordance with present knowledge in these matters.

The book is well written and should prove useful to both teachers and students of hygiene.

Studies in Health Education

Experimental studies conducted by the Massachusetts Institute of Technology, on methods of health education in schools, *American Journal of Public Health*, May, 1925, page 405.

Health Education

A course of study in health education in the schools of Saginaw, Michigan, with detailed outlines used by teachers in each grade. "Public Health," Michigan, March, 1925, page 73.

Physical Examination

An address on the importance of periodic physical examination. By Dr. George S. Young, President of the Ontario Medical Association. "The Canadian Nurse," May, 1925, page 229.

The Posture of Children

Technique for interesting children in good posture and use of silhouettes in training the child. "The Nation's Health," April, 1925, page 241.

Health Work in Saskatchewan

By Dr. M. M. Seymour, Deputy Minister of Public Health, Saskatchewan. "The Public Health Journal," April, 1925, page 151.

The Prevention of Cancer

An address by Dr. W. W. Chipman of McGill University. "The Canadian Medical Association Journal," May, 1925, page 467.

Diphtheria Protection

Suggestions for the organization of diphtheria protection campaigns. "Public Health," Michigan, March, 1925, page 86.

How to Nurse Tuberculosis in the Home
By Noel Bardswell, M.V.O., F.R.C.P., "The Red Cross," (British), April, 1925, page 33.

THE CANADIAN RED CROSS EXECUTIVE OFFICERS OF PROVINCIAL DIVISIONS

PRINCE EDWARD ISLAND:

Dr. S. R. Jenkins,
Charlottetown, P.E.I.

NOVA SCOTIA:

Dr. Smith L. Walker,
63 Metropole Bldg.,
Halifax, N. S.

NEW BRUNSWICK:

Miss Ethel Jarvis,
72½ Prince William St.,
St. John, N.B.

QUEBEC:

Lieut.-Col. J. F. Buckley,
45 Belmont Park,
Montreal, Que.

ONTARIO:

Dr. Fred W. Routley,
410 Sherbourne St.,
Toronto, Ont.

MANITOBA:

Major J. W. Forbes,
187 Kennedy St.,
Winnipeg, Man.

SASKATCHEWAN:

W. F. Kerr,
2331 Victoria Avenue
Regina, Sask.

ALBERTA:

Mrs. C. B. Waagen,
300 Traders' Building,
Calgary, Alta.

BRITISH COLUMBIA:

J. Pitcairn Hogg,
626 Pender St. West,
Vancouver, B. C.

TO MEMBERS

Every membership in the Canadian Red Cross helps on its good work. Tell your friends about it and have them send their subscriptions to the Red Cross Office of their Division. Address above.

To
(Name of Provincial Division of Canadian Red Cross)

Herewith enclosed is a contribution of \$..... to the Canadian Red Cross Society, which sum includes annual membership and twenty-five cents per annum (\$0.25) as subscription to the magazine, "The Canadian Red Cross."

Date..... Name.....

Address.....

