The Canadian Red Cross

HEALTH FOR ALL AND ALL FOR HEALTH

Vol. I. TORONTO, JUNE, 1922 No. 5

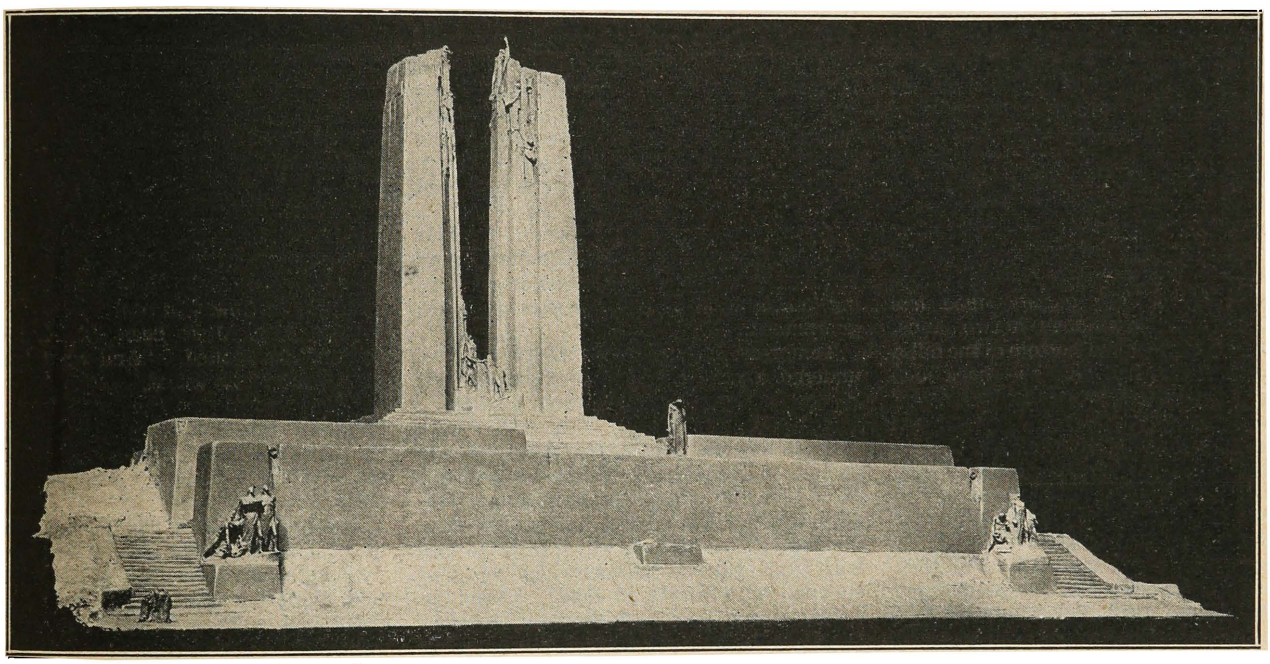

Photo by Pringle and Booth, Toronto.

Canada's Memorial

THIS picture is from a photo of a model of the monument which the Dominion Government will erect in France in memory of Canada's honored sons who gave their lives for Liberty and who sleep upon the battlefields.

Decision has not been made as to site. It was at first proposed to build it upon Hill 62 but later considerations have inclined to Vimy Ridge. A further review of possible sites will be made before final choice. The following is the sculptor's description of the monument:

"At the base of the impregnable wall of defence are the defenders; one group showing the breaking of the sword, the other the sympathy of the Canadians for the helpless. Above—symbolizing the forces of war—are the mouths of guns decorated with olive and laurels. On the wall stands an heroic figure of Canada brooding over the graves of her valiant dead. Below is suggested a military grave with helmet and military accoutrements. Behind the figure of Canada stand two pylons symbolizing the two forces—Canadian and French. Between these at the base is the Spirit of Sacrifice, who, giving all, throws the torch to his comrade. Looking up they see the figures of Peace, Justice, Truth and Knowledge representing the ideals for which they fought. These figures are chanting the Hymn of Peace. Displayed near the figures are the shields of Britain, Canada and France and on the outside of the pylons is the cross."

The memorial will be 135 feet high and 225 feet wide. The sculptor, Walter S. Allward, of Toronto, will personally supervise the work of casting all the bronzes and of erecting the monument upon its site.

The monument was chosen by a commission appointed by the Dominion Government. Competitions were invited and 160 designs were submitted. They were judged by a sub-committee of experts

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HIS BILLET *By* GALLIENA

IT WAS just between daylight and dark when Ian Douglas stepped out of his snow shoes, hung them on a nail and entered the log house. The big living-room was a man's dream. At one end a huge log glowed in the field-stone fireplace. In the middle of the room a low stove shed a cheerful light through its mica front and created a grateful warmth in the room. A piano with a pile of music on the top occupied the other end of the room. Beneath the piano bench was a grey lynx skin. On the walls were several etchings and copies of famous pictures in soft warm brown. The floor was of British Columbia fir with comfortable rugs here and there and a huge Russian bearskin was placed in front of the fire place A hand-made table copied after a fine old English model occupied the centre of the room and a working desk, piled with books and papers filled one corner. In front the windows, in two bands, overlooked a lake at the bottom of the hill a hundred yards away. At the back one band of windows looked into the forest while one door led into a small room used as a kitchen and another into a bedroom.

Douglas put his coat over a chair, then another log on the fire and looked out of the window. Across the white expanse of snow-covered ice the evergreen-clad hills of the opposite shore rose gradually until they assumed the proportions of low mountains. One behind the other they stretched into infinite distance with their outlines clearly silhouetted by the afterglow of the setting sun. Even the snow took on a delicate pink tinge as the light grew brighter and then gradually faded.

It was a scene that never lost its fascination for Ian Douglas. Day after day during the two years and a half of his stay in the Laurentian mountains he had rarely missed the sunset. The artistic side of his nature revelled in this ever-changing, ever wonderful picture, never twice the same.

Tonight he thought of the day when he had selected this site for a log house and directed a couple of expert axe-men to build it, while he camped by the lake and lived in the open. He thought of the years overseas, of the rough and tumble life, and of the final gassing which had put him into an English hospitial for eight months. He went over the old story—of his return to Canada, his struggle to get back to normal and of the final advice of his physician:

"Cut it out, my boy. Get into the woods for three years and you will knock out this incipient tuberculosis for ever. Otherwise it is only a question of time till it gets you."

And Major Ian Douglas, D. S. O., M. C., with a bar, Croix de Guerre and three mentions in despatches, took his war gratuity to build his house; arranged with his banker to receive and deposit his pension cheques, forward him so much money every three months to the post office twenty miles away and departed for the wilds.

Two and a half years had passed. In the interval he had grown steadily stronger until he could now chop trees all day long or tramp thirty miles without fatigue. He was sound in wind and limb.

Meanwhile he had cultivated the mental side of his life. The best books and magazines came to him regularly. He had developed his piano technique by daily practice until he could play a Chopin Nocturne to please himself. Furthermore, the secret desire he had always nourished to write had been successfully indulged. His name as a story writer was already becoming familiar to magazine readers and his first book had been accepted by a large American publishing house with liberal advance royalties guaranteed.

Tomorrow he was to go to the city to undergo a final medical overhauling with X-ray photographs and the usual laboratory and clinical tests.

Supposing the doctors told him he could go back to the old life in the city, what then? Would he go? Would he be willing to forsake the free life of the forest, the open air, his flock of chickens which supplied him with fresh eggs and the cow which kept him supplied with plenty of milk? Would he exchange the lake and rivers in summer with the fishing, the sailing, the canoeing and the cool woods for the hot dusty city streets? Would he barter the iceboating and skating in early winter, the nip of the clean, clear air and the interest of hunting a fresh fish, a partridge or a deer as food supply for the over-steam-heated apartment in a great block of buildings?

Douglas lit a lamp and set it on the table. He looked about his beloved cabin now tinged with a ruddy glow from the lamp. It was a great billet. The years spent there had been happy. He had not felt particularly lonely because he was taking a cure. But now if it proved unnecessary for him to come back would he feel the same? Almost mechanically he opened a drawer and took out a photograph. It was the picture of a girl standing on a pebbly beach with a paddle in her hand. Douglas had not looked at it for months. He had put her out of his mind for a T. B. couldn't ask any woman to share his lot, particularly in the wilds.

At least he thought he had put her out of his mind. Being a man he did not realize that "she" stood beside him every time he saw a beautiful picture; that "she" went everywhere with him on land or water; that "she" was intertwined with every thought and was the centre of every plan; that she was, in truth, part of his very life.

Would he go to see her in the city? Had she changed? Had she married? He did not know.

Two days afterwards Major Ian Douglas, D. S. O., etc., passed out of the doctor's office swinging his cane jauntily. He had been given a clean bill of health.

"Absolutely O. K." the doctor had said.

Turning into the district known as the Annex, Douglas went into a drug store, consulted the telephone book and called up a number. The conversation that followed was brief but apparently satisfactory. Douglas continued on his way and finally turned in at the gate of a house well set back from the street.

A maid admitted him to the drawing room and he gave his name. A few minutes later a young lady entered and greeted him with the words:

"I am so glad to see you again. I needn't ask how you are?"

"I'm fine. Just been O. K.'d by the doctor," he replied. "And what have you been doing?" he asked.

"Well to tell you the truth I have been studying the north country lately. The doctor says I have a little rattle in my left lung. I am looking for a place to go and take the cure."

Douglas looked at her for a moment in astonishment. Then he took her hand:

"I know the best place in the world," he said, with his eyes shining and his voice trembling, with excitement. "It is my log cabin in the northland. You can have it. It's yours and all that belongs to it—on one condition.'"

"What is that?" she asked with lips that were tremulous and eyes that were moist.

"That you take over the man who looks after the chickens and milks the cow and splits the wood."

She turned half away for a moment and her hand trembled in his. Then she looked him straight in the eyes: "I'll take him," she said. "When am I to have possession?"

"Tomorrow at two-thirty," he said, losing his head completely.

HOW IT HAPPENED

A philanthropist has given this version by an East-End child of the story of Eden. She was sitting with other children on the curb outside a public house in Shoreditch and her version of the story proceeded:

"Eve ses; 'Adam, 'ave a bite?' 'No,' ses Adam. 'I don't want a bite!' 'Garn!' ses Eve; 'go on, 'ave a bite!' 'I don't want a bite!' ses Adam."

The child repeated this dialogue, her voice rising to a shrill shriek. "An' then Adam took a bite," she finished up. "An' the flamin' angel come along with 'is sword, an' 'e ses to 'em both: 'Nah, then—ahtside!' "

—*Evening News (London).*

WAGES AND HEALTH

High Mortality of Infants and Poverty Seem To Go Hand In Hand. Results of An Investigation.

WHAT is meant by "infant mortality?" Literally the words mean "infant death."

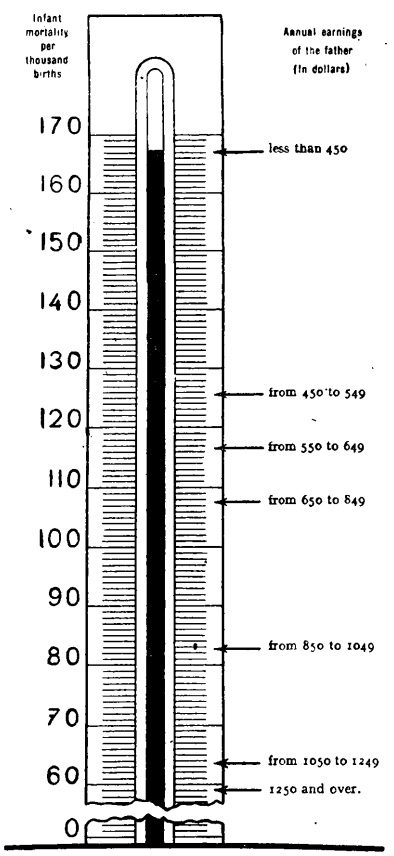
But in compiling figures relating to human lives a more precise meaning has been given to the words. When applied to statistics they mean the deaths of infants under one year of age. The totals of infants who, die under one year of age are usually stated in their relationship to each thousand of living births. These are called "infant mortality statistics" or "infant mortality tables."

WHAT THE FIGURES MEAN

Reverend Peter Bryce in an article upon "Saving Child Life" in "The Canadian Red Cross" of the month of March gave the following infant mortality statistics for the year 1920 for eleven cities of Canada as follows:

Victoria	52
Vancouver	55.3
Calgary	67.1
Winnipeg	101.2
Toronto	104.7
Halifax	115
London	116
Regina	120.7
St. John	154
Montreal	192
Quebec	214

That means that out of every thousand living children born in Victoria in the year 1920, 52 died before they reached the age of one year. The Vancouver total was higher, namely 55.3. The Quebec figure was the highest, namely—214. This means that out of every thousand children born in the City of Quebec in the year 1920 only 786 reached the age of one year. A new interest has just been added to figures such as these by the publication of the results of an investigation which was undertaken in the United States to determine the cause of a high death rate among infants. The inquiry was a most searching and comprehensive one and the information contributed by seventeen million women was classified and compiled.



Infant mortality increases in proportion to the decrease in earnings.

It was found that the chief contributing factor towards a high death rate among infants is poverty. The report expresses the matter in the following way:

Infant mortality is in inverse ratio to the amount of the earnings of the father.

This needs no long and complicated explanation. The more the father is able to earn the better living conditions he is able to provide for his family. The higher the wages the better home he can provide; the better food he can buy and the better he can clothe his wife and children. Expressing it in another way we might say that the higher the wages the greater the opportunity the father has for providing healthful living conditions for his family and himself. With lower wages he would have to take a smaller house, provide a poorer quality of food and very often scantier clothes and the lower we go in the scale of wages the worse become the living conditions.

It is useless to talk about the housing problem if the worker is not able to provide himself with a better house after it is built. For this reason effort which is spent towards making it possible for every worker to earn sufficient to provide for the healthful living of himself and family is going closer to causes and should have a better effect upon results.

Do not fail to study the illustration to this article. It summarizes the information obtained in the investigation mentioned.

CANADA'S MEMORIAL

(*Continued from Page 1*)

representing Canada, France, and Great Britain. From the 160 designs seventeen were selected as sufficiently good to warrant the artists being requested to make models to scale. This was done and the choice of the monument to be erected was made after an examination of the models. Mr. W. S. Allward's design was finally accepted.

Mr. Allward is a sculptor with high artistic ability and has carried out some very striking designs, among them being the memorial to the fallen in the South African War which stands at the south end of University Avenue in Toronto. Towards the erection of the monument to Canada's dead in the Great War he will devote the best of his energy for as long a time as is necessary to make the work a great one and worthy of the high purpose for which it is intended. He estimates that it may take five years to complete it in every detail.

AN APPRECIATION

The Ontario Division has just received the following encouraging letter from a member:—

Dear Sir :

Am sending one dollar for another year's membership. The little paper is O.K.; the most interesting publication of its size I have seen.

Respectfully yours,
Arthur Clark.

Ravensworth, Ont., May 9, 1922.

ACCREDITED HERDS

A System Adopted With a View To Lessening, and If Possible, Eradicating Bovine Tuberculosis From Canadian Herds. Owners Realize Its Value and Effectiveness.

IN VIEW of the fact that Tuberculosis in cattle is a danger to human beings—particularly the young—it is interesting to know what steps the Dominion Government is taking to eradicate it.

In the United States an excellent idea called the "Accredited Herd Plan" was put into operation in 1917. It was accepted by the American breeders of cattle who realized fully what large financial losses the disease was causing them. The regulations governing this plan defines an accredited herd of cows as one which has passed two annual or three semi-annual tests for Tuberculosis. The submission to this plan by any owner is optional, but a perusal of the following regulations will show that if they are properly followed out they will ultimately bring benefit to the owner. The regulations are:

First: That the owner will permit the Department to test his whole herd at any time it is considered necessary or advisable;

Second: That he will not present any animals to the test which have been injected with tuberculin within sixty days, or any which have at any time reacted to his knowledge to tuberculin;

Third: That he will remove any reactors immediately from his herd, and dispose of them by slaughter, or any other approved method;

Fourth: That he will pasteurize all milk and cream, or other dairy products fed to his calves, unless it is obtained from his own tested cattle, or from a fully accredited herd;

Fifth: That he will not permit his cattle to come in contact with any untested cattle, and that he will report any purchases, sales, or fatalities in his herd to the Department;

Sixth: That he will maintain his premises in a clean sanitary state, and will disinfect them at any time he is requested to do so;

Seventh: That he will furnish transportation to the veterinary inspector from the nearest railway station to his premises whenever this is necessary.

In the United States during the first five years the plan was operative, 12,811 herds were admitted to the fully accredited list. They comprise 292,716 cattle. Recently there were upon the waiting list 28,166 herds with 361,826 cattle for which a test had not been made owing to the suddenness with which the plan grew in popularity and the consequent lack of qualified men to superintend it.

PROGRESS IN CANADA

This plan has been adopted in Canada with slight modifications. During the first two and a half years that it has been in operation the Health of Animals Branch of the Department of Agriculture conducted 61,669 tests in 788 herds. Of the 29,941 animals tested 5,600 were found to be reactors and were dealt with according to the regulations, being either destroyed or placed in herds under the Bang system of isolation. Compensation amounting to $647,000 was paid. The number of accredited herds as yet is small but is gradually growing in number. About 250 herds are now on the waiting list to be tested as soon as circumstances will permit and there is no doubt that as soon as this plan becomes well known among the breeders of Canada there will be a great increase in the number of requests for tests under the "Accredited Herd Plan."

The "Accredited Herd Plan," though a most desirable means of lessening and if generally followed eliminating Tuberculosis from the cattle of Canada, is a very expensive one. As stated, compensation has been paid under the scheme to the amount of $647,000 and the Department finds the work growing faster than the appropriation for it. In view of the financial stringency and because this is not the only Anti-Tuberculosis work that the Government is carrying on, it has been found necessary to proceed slowly, but not to cease to keep close surveillance over this highly important problem and to make the effort continuous, even though it may be stronger at times than others.

The foregoing remarks have been extracted from an article appearing in the Canadian Veterinary Record under the authorship of Dr. George Hilton, Chief Veterinary Inspector for the Dominion Government. The figures given in this article are up to date, they having been kindly supplied by Dr. F. Torrance, the Veterinary Director General, Ottawa.

The fact that Tuberculosis in cattle constitutes a danger to human beings must not be allowed to give any cause for alarm, as even if milk or meat becomes affected its danger can be prevented by adequate pasteurization of milk and complete cooking of meat. But it is better, of course, to eliminate the danger at the source by eliminating the disease.

MUSIC AND INDUSTRY

The village painter was painting the inside parts of the church and was getting on remarkably well with his work, his brush keeping time to a lively tune which he was whistling. The Vicar walked in and exclaimed: "John, you should not whistle in church!" "I can work better while whistling sir," said John. "Then whistle a hymn tune," said the Vicar. "Very well, sir," replied John, and commenced whistling "The Old Hundredth," very slowly, his brush keeping time. The Vicar hastily went up to him and said. "Whistle the other tune, John."—Musical Dixie.

ADVICE OF EPIDEMICS

Nations of the League Agree To Notify Each Other For Mutual Self Protcction

The Health Committee of the League of Nations has decided to organize a Service of Epidemiological Intelligence under the Health Section of the League of Nations.

Before proceeding, perhaps, we had better explain the meaning of that long word "epidemiological." It means pertaining to the question or study of epidemics. An epidemic is the widespread occurrence of a disease in any region.

The Intelligence Service just established by the Health Committee is intended to give to the various governments of the world without delay information concerning the outbreak of epidemics in any of the countries. Such information will be forwarded to governments for the purpose of enabling them to take such measures as may prevent the entrance into or the spread within their own borders of any epidemic disease.

The present difficulty of obtaining trustworthy information on the prevalence of epidemics is generally admitted, particularly as the various national health administrations receive most of their information through diplomatic channels. This results in considerable delay, and information often arrives when the national health departments interested in the subject have already taken steps to verify statements obtained from unofficial sources.

Ministers of Health of the member nations of the League are co-operating to make this service of international benefit.

SANITATION AND HYGIENE

"In the battle of life, just as in actual warfare, there are two great forces brought into action—offensive and defensive. Sanitation may be compared to the former, and hygiene to the latter.

In sanitation we wage an active crusade against the germs of disease — we burn them with fire, we poison them with antiseptics, we demolish their strongholds of filth, and in every way actively pursue them to their death.

In hygiene we strengthen our fortifications and look after the well-being and equipment of the garrison, so that we can resist almost any attack.

The human system is supplied with those defensive forces known as the power of resistance of immunity, and by obedience to the rules of hygiene—of right living—they insure us against many attacks of disease." —Dr. R. H. Lewis, Wisconsin State Board Bulletin.

MONKEY BUSINESS

An auto tourist was travelling through the great Northwest, when he met with a slight accident to his machine. In some way he had mislaid his monkey-wrench so he stopped at a nearby farmhouse, where the following conversation took place between him and the Swede farmer:

"Have you a monkey-wrench here?"

"Naw, my brother he got cattle rench over there; my cousin he got a sheep rench further down this road, but too cold here for monkey rench."—*Vancouver Province.*

HOW INFECTION SPREADS

Some Form of Contact of Healthy Persons With Those Suffering From Disease is Chief Cause. Intelligent Precautions May Prevent Much Unhappiness and Loss.

IT IS unwise to allow one's mind to dwell long upon the subject of disease, but every person should have some knowledge of diseases and how they are spread, for such knowledge may enable him to save himself and those living with him from serious illness and perhaps from death.

A very large number of diseases are caused by the activity in the body of some disease germ. In many diseases the actual germ which is the cause has been found and has been seen by means of the microscope. In some diseases also the germ has been grown and multiplied and studied away from the human body. A great deal of knowledge upon this subject is now in the possession of medical men and is to be found in medical literature.

The cause of some diseases has not yet been found, but it is felt that it is only a question of time before definite knowledge will be had concerning them. A large number of diseases are spread by discharges from the mouth and nose. Such discharges carry the germ of the disease. Ordinary "cold," for instance, is of this character. Cold can be caught through using the towel or handkerchief of a person who is suffering from a cold. It can also be caught from the spray given out by a person in coughing and sneezing. The germs can be transferred by kissing or by contact of the hand. There are many diseases which are transferred from the afflicted to the healthy in a similar way.

One very dangerous disease is known as cerebro-spinal meningitis. The germ cause of this disease is well known. It can be obtained by swabbing the throat of a person who has the disease and from this the germ can be grown away from the body upon a suitable substance in a properly constructed incubator. It is well known, however, that this germ may be present in the throats of apparently healthy persons. Such persons are known to medical men as "carriers." Contact with such persons may transfer the germ to another healthy person in whom it may become active, and cause severe outbreak of the disease. Other diseases which are spread by discharges of the mouth and nose are pulmonary tuberculosis, influenza, pneumonia, infantile paralysis, whooping cough, mumps, diptheria, measles, scarlet fever, small-pox and chicken-pox.

Some eye diseases are spread by discharges from the eyes. Conjunctivitis, an inflammation of the mucous membrane of the eyes is spread in this way and also trachoma, another serious eye disease.

Fortunately very few animal diseases are "caught" by human beings. Tuberculosis is frequently contracted from tuberculous cow's milk. Anthrax, glanders and rabies are occasionally contracted by human beings from animals.

The germs of certain diseases like scarlet fever, measles, small-pox and others have not yet been discovered, but public health authorities take the greatest care through isolation and disinfection to prevent them from spreading, which they do unless most careful precautions are taken. Small-pox in past times was the cause of devastating epidemics, innumerable deaths and horrible disfigurements. Fortunately a knowledge of the manner in which it is spread, and the practical application thereof towards prevention has enabled the nations of the world to lessen its dangers, and there seems to be a possibility as there certainly is a hope, that in the course of time it may be swept off the earth entirely.

Then there are the diseases which are conveyed indirectly through contamination of water by human excreta. Of these, typhoid is the one best known in Canada. Personal cleanliness, the suppression of flies, the provision of a pure water supply and sewerage systems are the best preventives of typhoid.

From this general outline of the way in which some diseases are spread, it will be seen that the greatest care should be taken by healthy persons not to come in contact with the discharges from persons suffering from diseases. Persons who are unfortunately suffering from a disease should also in natural sympathy and good feeling for their fellow-beings endeavour to so surround themselves with safeguards that other people will not catch the disease from them.

The same precautions which are taken with regard to human beings suffering from diseases should be taken with regard to animals, not only in such diseases as are known to be transmissible to man but also in such others as there may be a possibility of contagion even though full detail as to causes may not be known to science. In other words, make assurance doubly sure.

MUSIC IN THE HOME

It Contributes to Wholesome Development of the Child's Emotional Life.

Here is a famous author's estimate of the value of music in the home. He says:

"If I had the largest family on earth I would wish to have as many of them study music as my bank account would permit. I would wish them to study music, not to make musicians of them, but mainly for the enrichment of their lives, that would come from an intimate and direct acquaintance with the noble and beautiful thoughts of music literature.

"I believe that there is no branch, not excepting literature itself, that can contribute more abundantly and more richly to the wholesome development of the child's emotional life than does music, when rightly approached and studied.

"Quite apart from any special gift which they might possess, I would wish them to reap the tremendous advantage of this cultural influence. If any of them gave proof of being unusually gifted along creative or interpretative lines, I would not object to their becoming professional musicians, though I would never urge anyone to enter the profession unless he or she could rise above mediocrity, the obstacles to real success being so great."

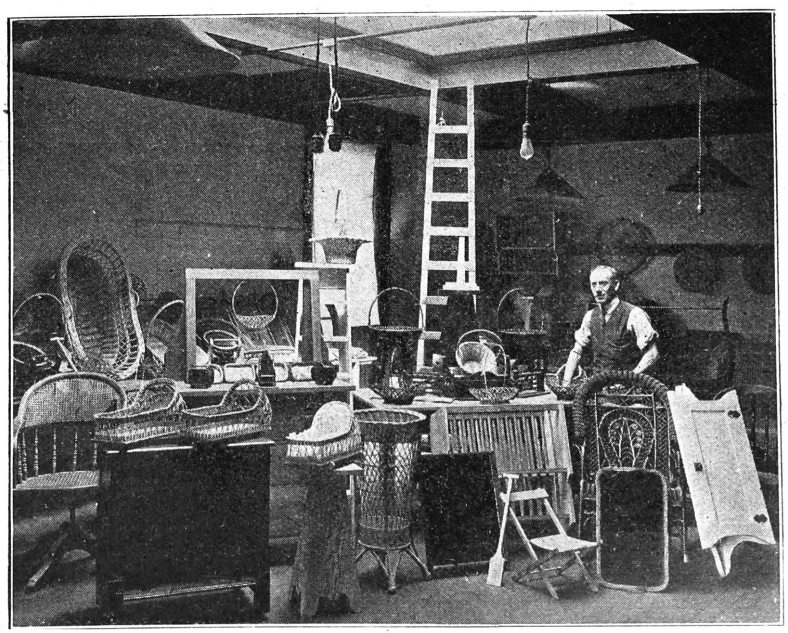
HIS BAD BARGAIN

A colored man, after three weeks of married life, made his way to a lawyer's office and complained that his wife had been throwing things at him and bullying him.

"Can't stand it no longer, boss," he said.

"That's all right, Sam," said the lawyer. "Things will improve. Besides, remember you took her for better or for worse."

"Boss," answered Sam, "believe me, dat woman is a whole lot wuss dan I took her for."—*Ex.*



An exhibit of articles made by partially disabled soldiers in the Red Cross "sub-standard" shop at Victoria, B. C. They show a high quality of workmanship and attractiveness of design.

THE LATIN AMERICAS

Representatives of the South American Republics at Pan-American Conference of Women Showed a Progressive Attitude Towards Welfare of Children and Public Health Questions.

MANY subjects of the greatest importance to the cause of Child Welfare were debated at the Pan-American Conference of Women which was convened at Baltimore on April 20 and adjourned to Washington April 28 and 29.

Twenty-three national Governments appointed official delegates to the convention. The President of the United States appointed Mrs. Joseph Bowers of Chicago, the Prime Minister of Canada appointed Dr. Ritchie England of Montreal, the Government of Manitoba sent Mrs. Arthur Rogers, M.L.A, the only woman member of the Manitoba Legislature and Dr. Margaret Patterson of the Women's Court, Toronto, was selected by the Government of Ontario. The presence of these Government representatives gave a semi-official status to the Conference, which also derived importance from the broad scope of its programme which included conferences on Education, Child Welfare, the Political and Social status of women, industrial conditions affecting women and children, Social Hygiene, food supply and the High Cost of Living and Efficiency in Government. It was important also because the delegates included women who had won international reputations for personal leadership, or who represented voluntary organizations or state departments concerned with the betterment of political, social and physical conditions.

But perhaps the dominating and distinctive feature of the Conference was the part played by the women of Latin America. If they had not amply justified their appointments by their contributions to all discussions, one might have thought that they had been selected for their beauty rather than their brains! The stately dignity of the matrons and the exquisite refinement of the girls were equally delightful to the eye, while their clear enunciation of English and their well-modulated voices charmed the ears of an otherwise often wearied audience.

The roll call of the foreign delegates was in itself a lesson in Geography and the compilers of the offical guide book had thoughtfully included an excellent map in the information provided. Even with this assistance, it was difficult to place the reports of the delegates in right perspective and realize whether the operations described were taking place in a country like Brazil (which ranked second to Canada in size, the United States being third) or in a tiny nation like Costa Rica whose total population is about half that of Toronto. Canadian delegates were sometimes a little dubious as to the exact position occupied by their own country when they heard constantly the phrases "the three Americas" (?) or "the Sister American Republics," used to describe the habitat of the "foreign" delegates. It was sometimes slightly surprising to hostesses who entertained the "foreign" delegates to find among them about twenty perfectly ordinary Canadians! But the welcome extended and the hospitality shown was equally cordial and generous to all.

The Round Table Conference on Child Welfare proved particularly interesting. All the official delegates reported an opinion favourable to a legislative programme for Child Welfare with the exception of Senorita Maria Chotilde Vega of Nicaragua, who said that the women of Nicaragua were fully aware of the importance of child life and did not feel the need of protective legislation.

MEXICO

*Senorita Elena Torres of Mexico was the first to describe the provision of meats by voluntary organizations for under-nourished school children and reported a decided diminution in skin disease as a result. Classes in child psychology are included in the school curriculum for girls. Senora Aurora Herrera of the Mexican State of Taumaulipas told of medical inspection, shower-baths and supervised playgrounds in this school system and a state expenditure of $2,500,000 on education out of a total budget of $3,000,000.

BOLIVIA

Senora Arcadia Zalles described the need for trained nurses and protective industrial legislation for children in Bolivia where Child Welfare was mainly promoted by the nuns and women's organizations.

BRAZIL

Dame Bertha Lutz representing Brazil, one of the ablest and most charming of the group of Latin delegates, recognized the valuable assistance of the Rockefeller Foundation to the health problem in Brazil. Child Welfare work, she said, attracted many women who did not share in any other social or political activity. Hospitals, health centres, and milk stations, have been established by voluntary organizations, while a few boards of Education have instituted free medical and dental service for the poorer children. There is no Federal legislation restricting the work of children in industry. The Red Cross is especially active in combating tuberculosis.

CHILE

Senorita Graciella Mandujano was very modest in her estimate of Chile's achievements in Child Welfare, although there is compulsory education, and children under fourteen are prohibited working in factories.

COLOMBIA

Madame Maria de Coronado praised the work of the Red Cross in Colombia where tuberculosis, malaria, and a high rate of infant mortality give much opportunity for service. A midwifery course has been instituted in the medical school at Bogata, and several cities have day nurseries and milk-stations, but there is little government activity in health matters.

*All Spanish and Portuguese proper names are pronounced with the broad "a," like "Ah."

COSTA RICA

Costa Rica—the "rich coast" of Colombia—was described by Senora Sara de Quiros as being so small and fertile that life made few demands upon its women so that they had to resort to charity to pass the time! As a result, there was much activity in voluntary organizations for child-welfare which had provided children's shelters, day nurseries, milk stations, medical and dental services, while the "Grain of Rice" (which appeared to be the "solid" equivalent of "La Goutte de Lait") provided food for undernourished children.

CUBA

Senora Emma Lopez de Guerrido told of the "Better Baby" contests of Cuba, and of hospital care for women for two months before and after child birth.

ECUADOR

Madame de Carbo's address gathered added piquancy by the fact that it was read in English by her lovely student daughter from whose lips the conference learned that Ecuador is the land of children, for "a married woman is ashamed if she has not at least six children." The slogan of Ecuador should however be "fewer babies, and better ones!" until its very high rate on infant mortality is reduced.

PANAMA

Panama has an active Red Cross Society which has founded a hospital for tubercular children and carries on many other activities, reported Senora de Calvo, among them being a training school for nurses in connection with a maternity hospital.

PERU AND PARAGUAY

Senorita Conroy reported a "pathetic ignorance" of child hygiene in Peru, but Paraguay has a number of wealthy leisured women who are urging their Government to protect the child life of their country, and Venezuela has also many children's institutions.

URUGUAY

In Uruguay, Senora Paladino de Vitale described a woman-dominated state. As might be expected there is much protective legislation for both mothers and children. Homes are provided for needy mothers before and after child-birth. Special attention in schools is given to both sub-normal and super-normal pupils and there is a good playground system. Uruguay must surely be the Mecca of every ardent feminist for there women make the laws and men enforce them! A woman can even divorce her husband by the simple method of saying that she does not like him and the "weaker" sex has no redress in the courts!

The impression left by the Conference as to health conditions and prospects in the Latin countries is that of a series of countries, large and small, in each of which there is an eager and progressive group of women, in touch with the latest developments of public health and ready to head the movement in their respective countries. As a rule the share taken by the Governments and official bodies in this work is as yet comparatively small and there will be for years a wide field for the work of voluntary health organizations in unifying and co-ordinating existing sporadic activities and in focussing

public opinion so as to warrant government action.

In short, to the possibly prejudiced eyes of a Red Cross representative it appeared that the National Red Cross Societies, led by the more progressive elements within the countries themselves, preparing the way for future legislative activity, and keeping in touch with the Red Cross movement throughout the world, have at this moment a field of action and opportunity of service national in scope but international in effect.

ADELAIDE M. PLUMPTRE.

SCHOOLS AND THE DENTIST

How the Nova Scotia Division Took City Conveniences In Dentistry To the Rural Parts of the Province. An Excellent Educational Effort.

FOR SOME time past the Nova Scotia Red Cross has given special consideration to the widespread need for dental work in the rural districts of the Province. With the development of the recent scheme of County Organization, and the placing of the Health Nurses, it was felt that each County would be able to work out its own procedure in this regard assisted as far as possible by the Divisional Office in Halifax.

In the early part of October, 1921, Miss Flora Liggett, County Health Nurse for Colchester, with headquarters at Truro, went to Halifax to consult the Red Cross Commissioner as to the best means of carrying on dental work in that County. A conference was called at once. Those present were: Mr. J. L. Hetherington, President Nova Scotia Red Cross; Mr. H. E. Mahon, Treasurer; Dr. W. H. Hattie, Provincial Health Officer; Dr. F. W. Ryan, President Nova Scotia Dental Association; Dr. Frank Woodbury, Dean of Dental Faculty Dalhousie University, Dr. G. K. Thomson, Dr. B. F. Royer of the Massachusetts-Halifax Health Commission, Miss Liggett and Dr. Craig.

The plans for conducting the Travelling Dental Clinic in Colchester County were outlined by Miss Liggett and Dr. Craig and were approved by those present. It was decided to go ahead with the scheme and that the Provincial Division of the Red Cross should furnish the motor cars, moving picture outfit, driver and movie man, and give any other necessary assistance. The work was to be carried on chiefly in the schools and among the children.

THE EDUCATIONAL POSSIBILITIES

Dr. N. MacGregor Layton of Truro, was in charge and to his keen interest in the educational possibilities and skill in interesting the children, is largely due the success of the enterprise. Mr. Harold Draper of the Red Cross Provincial Division Staff managed the picture shows in a most efficient manner, and his skill as a chauffeur enabled the party to travel the four hundred and fifty miles in all kinds of weather, without injury or accident. We are justly proud of the success of our efforts while conscious of our limitations.

The Clinic started on good roads, with Autumn foliage all about, partridge looking at us from the roadside, and the deer wandering into the open. Just one month from the day of starting we were caught in a foot and a half of snow and obliged to give up travelling in the truck.

Stops were made at seven different centres, five of which were in school buildings, and there we were able, by familiarity, to dispel that fear of a dentist. Attractive pictures and verses were pinned to the walls, literature distributed and talks given on the anatomy of the mouth and oral hygiene, when time permitted.

A WOODPILE GALLERY

The equipment we carried enabled us to set up a Dental Surgery as complete as is possible away from the modern convenience of the city. Many children had never seen anything of this kind, so at recess their curiosity was catered to, and the doctor would look up and find himself surrounded by a host of wondering faces, rising in tiers, according to height and the convenience of seats and desks. One bright morning the daylight seemed to fade and looking up he discovered a gallery on the woodpile outside the window.

CHARTS AND RECORDS

Charts and records were kept of all work, and to which school section the children belonged. Seven sections were represented at one place we stopped. In many places, with the School Inspector's approval, the teacher called the roll and took her children on an excursion to the Dental Clinic. They came from seven miles distant. We had brought a dentist twenty-eight miles nearer to them.

One father of three children came seven miles on two occasions, and said he wished we could go into every school section.

Books were kept with all receipts and expenditures, so we might know another time how to plan the cost. The schedule of prices in use at the Out Patient Department of the Montreal General Hospital, was used. We desired to establish in these patients the spirit of independence which one feels on having purchased something, so brought the price within the reach of all. We looked for needy cases and on the teachers recommendation they were looked after. No child was refused treatment because of lack of funds.

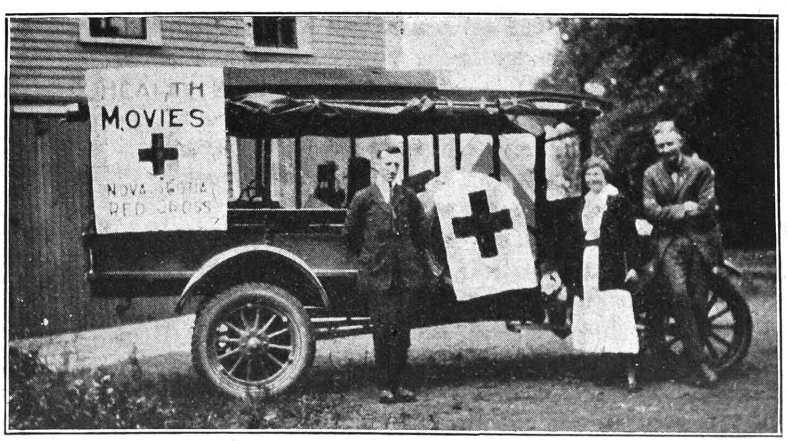
DISASTER SANITATION

Emergency work in disasters must include health and sanitation. When a disaster has disrupted the water supply and the sewer systems, when many people are gathered together in large crowds under the abnormal conditions existing after a disaster, there is great danger of contagious diseases spreading rapidly through the congested sections; and an urgent duty is the proper control of contagious disease by competent health experts who adopt temporary regulations and initiate vaccination on a large scale, usually against typhoid and smallpox.

Sanitary squads either under the direction of the municipal authorities (which is usual), or of the relief organization (which is exceptional), become actively engaged in the removal of bodies, both human and animal, and proceed to the important task of the erection of latrines located at points of congestion.

Sanitary engineers are called in from health departments with emergency outfits for disinfecting the water supply, and act as technical advisers for the many sanitary problems arising, such as the sanitation, water supply, and drainage of the camp colonies.

Visiting nurses are sent among the families of the flood sufferers to give important advice and assistance to mothers and children, and act as liaison between the homes and the temporary hospital facilities.—*Red Cross Courier.*



Type of car used by the Nova Scotia Division in its demonstrations upon Health subjects. The Nova Scotia Division by its Health Caravans and Dental Clinics has done a great deal to spread health knowledge.

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. JUNE, 1922 No. 5

EMERGENCY PREPAREDNESS

Having accepted preparedness for emergencies as one of its first responsibilities the Canadian Red Cross Society throughout the Dominion is studying suitable methods of organization so as to be able to give instant and effective aid in disaster.

During the last three months, the question of definite organization for this purpose has been brought to the attention of all Provincial Divisions by the visits of the Director of Emergency Service, Miss V. M. Macdonald, who presented for their consideration plans based on the recommendations of the Council of the League of Red Cross Societies and on the experience of other countries. The chief centres in each province were visited and the subject presented to Red Cross groups, to representatives of philanthropic societies, to members of the Provincial Governments, to Mayors and City Officers of Health, and to many influential citizens.

Everywhere the idea of a community organization planned and led by the Red Cross was most cordially received. The basic principles of a careful study and tabulation of local resources in supplies and personnel and a plan of community team-play were endorsed at once by those charged with the safety of the public. It is noteworthy that Nova Scotia, the province with the keenest memories of a great disaster has been the first to begin organization along the suggested lines of local surveys and enrolment of special personnel.

To assure skilled nursing service for the victims of disaster the Canadian Red Cross has established an enrolment for emergency service of graduate nurses through the Nurses' Associations in each province. In the western provinces the enrolment is well advanced and the nurses of Eastern Canada expect to make soon a similar report.

The confusion, overlapping, and waste of effort that inevitably occur when disaster strikes an unprepared community add too much to the sum of human suffering for Canadians to be willing to ignore the duty of careful planning beforehand. It is hoped that very soon there will be throughout the Dominion a constantly increasing number of localities with local preparedness plans carefully made and supported by the broader arrangements of their Provincial Division. Only in this way can the ready sympathy of the public for a disaster-striken community be translated into prompt and effective action.

SAFETY FIRST

WE HAVE received a copy of "The Algoman," a monthly journal published by and for the employees of the Algoma Steel Corporation at Sault Ste. Marie. It is stated in the journal that "The Algoman" was founded about eighteen months ago for the sole purpose of combating a high accident rate and to judge by the statements made in its columns it has gone a long way towards accomplishing its purpose. A statement by the General Manager is as follows:

> "Since our Safety Campaign started, we have cut accidents 65%—and 65% from that in the next six months will not leave very much.
>
> "J. D. JONES, General Manager."

The object of the journal is a very commendable one. In all great manufacturing institutions, particularly those engaged in the handling of heavy material, such as timber, iron, steel, stone-cutting work and all establishments which have to do with rapidly revolving machines, accidents in the past have been very high. It may not be possible to eliminate accidents altogether, but there can be and should be an irreducible minimum and it is towards that end that "The Algoman" is very creditably working.

We take pleasure in commending the journal for its good work and also for the technical excellence, which has entered into its preparation and printing.

NEW RED CROSS PERIODICALS

(From The World's Health, Geneva)

AT LEAST three new Red Cross periodicals have been launched this year. The Canadian Red Cross Society published the first number of its new monthly in February. This journal has for its avowed object to place before the people of Canada information concerning the programme and activities of their national Red Cross Society. Both the programme and activities of this Society are thoroughly inspired by the spirit of Article XXV of the League of Nations, and we are therefore not surprised to find this number concerned with "the improvement of health, the prevention of disease and the mitigation of suffering." Dr. A. J. Douglas recounts how the city of Winnipeg had a high typhoid rate even though its water supply was pure. The infection was traced to the use of box closets from which the infection was carried by flies and by direct contact. Between 1905 and 1909 all these closets were removed and the typhoid rate fell rapidly from 146.5 in 1906 to 31.6 in 1910. By 1920, thanks to additional precautionary measures, there was not a single case of indigenous typhoid in the city.

The review is attractively illustrated and thoroughly readable from cover to cover. Naturally Canadians will find the local news of more immediate interest than the foreigner, yet all who delight in sound health doctrine expressed in language free from technicalities will certainly want to read The Canadian Red Cross.

FOR THE BLIND

Needful Care of Those Deprived of Sight Is Being Carried on by the Canadian National Institute With Which the Canadian Red Cross Is Establishing Close Co-operation.

SINCE the visit of representatives of the Canadian Institute for the Blind to Winnipeg in 1920 the Western Provincial Divisions of the Canadian Red Cross Society have been co-operating very closely with the Institute.

In 1921 the Manitoba Division made a grant of $5,000 to the Institute for the purpose of extending the work in Provincial Districts, with a promise to give a similar grant this year contingent upon performance and necessity. At the Annual Meeting of the Manitoba Division on the 10th of February of this year this grant was passed unanimously. This financial assistance enables the Institute to place in the field at least one Field worker that otherwise they would not be able to maintain and in other directions help in the improvement of their rural work.

SASKATCHEWAN

At a conference held in Regina early in 1921 which was attended by members of the Provincial Government, Provincial Bureau of Health, Department of Education and others, it was decided to form an Advisory Committee to the Western Central Board of the Institute and further that the first duty of this Advisory Committee should be to take as complete a census as possible of Saskatchewan's blind, classifying them as to age, educational qualifications or need of education, vocational training, and generally their social condition whether self-supporting or otherwise.

In order to accomplish this work it was necessary to have some responsible person undertake it and the Red Cross offered as its contribution to this splendid work all the facilities of the Red Cross office and agreed to assign an efficient member of the staff to direct the work of census taking. This work was commenced on June 1st, 1921. At that time there were 141 blind registered in Saskatchewan with the Canadian National Institute for the Blind. Many of these had not been heard of for a long time and as a result of investigation it was discovered that about fifty had either died or removed from Saskatchewan or had been improperly classified as blind which reduced the total blind in that province to approximately 100.

ALBERTA

In Alberta the Red Cross is furnishing assistance in the form of clothing and the secretary is constantly in touch with Mr. Savary of the Institute in regard to cases requiring attention.

In connection with prevention work the Red Cross is working in the closest co-operation with the Advisory Committee. When cases are reported requiring attention Red Cross local branches are the medium through which necessary action is taken, while in the case of children the Junior Red Cross Committee takes charge. Through the Red Cross' connection treatment and examination by specialists is usually obtained gratis or at a very low percentage of the regular fee.

In connection with blindness among Indians the Red Cross is in close touch with the Commissioner of Indian Affairs for Western Canada whose headquarters are at Regina.

In the other provinces of the Dominion the same close co-operation between the Red Cross and the National Institute for the Blind is being established.

A TIMELY WARNING

The newly elected president of a banking institution was being introduced to the employes. He singled out one of the men in the cashier's cage, and questioned him in detail about his work.

"I have been here forty years," said the cashier's assistant, then added, with conscious pride, "and in all that time I only made one slight mistake."

"Good," replied the president, "let me congratulate you. But hereafter be more careful."—*Wall Street Journal.*

FIRST AID

By CHAS. A. HODGETTS, C.M.G., M.D., D.P.H.

First Aid goes beyond the handling of accidents. It includes the prevention of the spread of contagion and relief in sudden sickness and other emergencies.

A WISE man carries an accident policy, but he who qualifies himself to carry a certificate in "First Aid" is wiser. The Accident Policy involves the payment of an annual premium but the certificate is a "paid up policy" the possession of which indicates the owner has the knowledge and skill whereby he can render aid to his fellow men or help himself when an accident happens.

The accident policy, as a rule, is taken out when a person reaches the wage-earning period of life. The First Aid paid up policy can be taken out by every boy and girl in Canada during the school age and when once obtained is good for life. It is hoped that the members of the Junior Red Cross will take out policies at the earliest opportunity.

Several thousand Junior First Aid certificates or policies are now in force in Canada and many instances could be given of cases in which these boys and girls have rendered first aid to persons who have met with accidents.

MINE WORKERS

Among the mine workers of Alberta and British Columbia there are many youths who have a wide knowledge of First Aid. Those boys' lives are frequently exposed to accidents and they fully appreciate the great benefits to be derived from a knowledge of St. John Ambulance work. They know that immediate aid pending the arrival of the Mine Company's Surgeon very often saves a life.

A few months ago a first aider through neglect of certain "safety first" rules was severely crushed by a fall of earth. He remained conscious and realized that he had suffered an injury to his pelvis. He was able to direct those who gave him First Aid and thereby minimized his suffering and possibly saved his own life. This incident shows the benefit the young miner derived from his "paid up accident policy," a benefit which was not covered by his "accident policy." By taking out a First Aid Certificate every Junior Red Cross boy or girl can be able to meet an emergency with equal readiness.

SOLDIERS

It was acknowledged by the Military authorities that every soldier enlisted to take part in the Great War should know something of First Aid. Over two hundred thousand were taught its principles so that each man might be of service to a comrade. In peace as well as in war First Aid has its place for in the battle of life accidents are constantly happening and mastery for service to one's fellowmen should be the aim of all. It is with the object of furthering the spread of the necessary knowledge that the Executive of the Canadian Red Cross has placed at the disposal of the St. John Ambulance Association this space in the columns of its official publication.

Each "Junior Red Cross" member should take out his or her "Junior First Aid Certificate" because it is invaluable. It has a practical bearing on every day life and it enables the owner to be of social service when that service is most needed. It enables the boys and girls to put into practice "the idea", the great and grand idea of service at a time when mere sympathy or monetary aid are worthless.

The call for service may come at any time and happy indeed is the boy or girl who can render it when the emergency arises. The very act is its own reward because it is voluntary and it links up one with his fellow men by an invisible chain far stronger than if it were composed of iron links.

RAILWAY MEN

It must not be thought that the first aider takes the place of the doctor or that a knowledge of medicine or surgery is required. In this connection the words of Dr. J. A. Hutchison, Chief Surgeon of the Grand Trunk Railway, when speaking in regard to the supposed encroachment of the "First Aider" upon the field of the medical man are interesting, particularly as they are made by the surgeon of a great railway in which over 6,000 employees are holders of First Aid Certificates. He said, "This is a groundless fear. The whole of the teaching is centred in first aid pending the arrival of medical relief when the patient automatically is placed under the care of the medical practitioner."

The first aider never forgets that he is simply helping the sufferer between the time of the accident and the arrival of the doctor. He gives such aid as is proper for him to give in order to lessen the suffering of the patient and prevent the danger of future injury. In a case of poisoning the effects of the poison are counteracted by emetic or other suitable treatment. If the case is one of loss of consciousness the administration of the correct method for resuscitation is immediately commenced.

PROVINCIAL CENTRES

At the present time there are Provincial Centres of the St. John Ambulance Association carrying on work through which instruction has been given in Normal Schools, Colleges and schools. In some provinces the Workmen's Compensation Board has made it compulsory for employers of labour to employ one or more first aiders in proportion to the number of employees. The larger mining corporations of Alberta, British Columbia, and Nova Scotia are encouraging the work and are adding large numbers each year to the lists of certificate holders. The Boy Scouts, Girl Guides and Cadets have hundreds of Junior First Aid members. Perhaps the most active centres are those of the Railway Companies which have highly qualified instructors who travel along their lines and whose only duty is to teach the employees, both men and women, the principles of First Aid.

A HUMANITARIAN OBJECT

Through the efforts thus put forth over one hundred thousand persons of both sexes and of all ages, from twelve up, have received instruction in first aid and it is hoped the attention of the Junior Red Cross, particularly, will be directed to this line of study. Its object is purely humanitarian. The knowledge of the subject and its practice stimulate observation, make one more resourceful and inspire deeper sympathy for one's fellowmen. The qualities of tact, resourcefulness, discrimination, explicitness and perseverance are also developed to a remarkable degree. Such qualities are worth cultivating and their practice will add to the force of the Red Cross which aims at diminishing suffering and adding to the sum of the world's happiness.

It is quite possible for any Local Branch of the Red Cross to form a "detached" class to take up the study of First Aid or any of the other subjects in which the St. John Ambulance Association gives certificates. How this can be done will be explained in a future issue.

A NOTED LEADER

American Red Cross Mourns the Loss of the Late Henry P. Davison, Financier and Philanthropist.

THE Canadian Red Cross Society has learned with deep regret of the untimely death of Henry Pomeroy Davison, who as the head of the American Red Cross during the war did valuable work for the cause of the suffering. Under his guidance the American Society in seven days raised $100,000,000.00 for war relief and in a second campaign the sum of $170,000,000.00 was raised.

Great as that work was it is probable that the late Mr. Davidson's name will be kept ever before humanity on account of him having been the originator of the idea that the Red Cross Societies of the world should unite after the war for peace-time service for humanity in the cause of health. It was he who presented that idea to the National authorities who had met for the Peace Conference and it was he also who made the first public announcement of the plan at a dinner given on February 21st, 1919, in Paris, to the International representatives of the Press.

The League of Red Cross Societies, as all our members know, began with five members, Great Britain, France, Italy, Japan and the United States, but the roll now includes no fewer than thirty-eight nations.

The late Mr. Davison was an influential member of the firm of J. P. Morgan & Company. He was known as a sagacious and forceful financier and a man of very sympathetic instincts, who used his wealth and position in many ways for the good of his people and of mankind.

The Canadian Red Cross has expressed its deep sympathy to the American Red Cross in the loss it has sustained through the death of so noted a leader.

CRIME PREVENTABLE

A Proper Conception of the Value of Truth Is All Important To Mental Health.

EVERY mental hygienist must be interested in criminology, realising that as different plants spring from different invisible roots so different actions spring from differing and invisible habits of thought. The analogy may be carried further. The character of a plant depends both upon the seed from which it springs and on the soil in which it is nourished; so also human behaviour depends partly on heredity and partly upon the influence of environment. When an individual behaves anti-socially, or rather when society regards his behaviour as anti-social, he is said to become a criminal.

We must therefore seek the origins of crime in both inherited and acquired characteristics of the criminal. It was at first thought that the former were all important. Lombroso claimed that each particular type of criminal could be distinguished by the measurements of his head but at the present time psychologists do not attach very much importance to the inherited characteristics except to point out that it is from among the physically and mentally inferior types of humanity that the majority of criminals are recruited.

Dr. W. Healy (1) found that in only one-sixth of 3,000 delinquents was heredity a factor in their delinquencies and even in that one-sixth heredity played but a minor part. But in many cases it is difficult to separate the two factors even by careful individual analysis so that this figure must be regarded rather as an indication than as an accurate partition. There is no doubt that the effect of environment is of preponderating importance and in this the mental hygienist may well rejoice for environment can be more rapidly changed as well as being better understood than heredity.

Crime therefore is a preventable disease. The reason that it is not prevented is not so much that the wrong methods are employed as that no methods at all are employed at the preventable stage. Possibly by the time many lawbreakers are in prison there is no better way of dealing with them that can be devised at reasonable expense, (though one must realize that, since the present system so rarely cures, it is certainly very expensive.)

Prevention is cheaper and in many other ways more satisfactory than cure. It becomes important therefore to know at what age criminals are made. Dr. W. A. Potts (2) who has been doing pioneer work in England as psychological expert to the Birmingham Justices writes:

"My experience of the habitual criminal is that he generally goes wrong very early. The so-called first offender is seldom really a first offender but some form of delinquency has usually been going on for years....Nearly all the young delinquents that I have examined were on the wrong path at 10 years of age and often earlier than that."

The first offender then has certainly passed the point of prevention. Yet good results are obtained by Dr. Potts with first offenders because he treats each one "not as an innocent little person to be dismissed with a caution" but as an individual on the wrong lines whose case requires careful expert examination. Such examination shows often the trend of events in the child's mind which has led up to his appearance in a police court. Stealing for example is often found to follow after a period of lying in consequence of which the offender gets a false conception of reality. If parents knew all the importance to mental health of a proper conception of the value of truth we cannot doubt they would be more careful both by precept and example to teach their children what a two-edged weapon is a lie.

And so we come again to the place of preventive medicine and once more its most hopeful fields of activity are in the home and in the school.—*From the Department of Health, League of Red Cross Societies.*

A CLEAN SHEET

Interesting Scene From a Children's Court Which Impresses the Necessity of Beginning Life With a Clear Conscience.

THE following scene is taken from a record of a Children's Court in Europe. It shows the administration of justice in quite a new light.

A boy of medium height, sixteen years old, walks to the railing with lively and self-possessed step. His intelligent face and bright eyes indicate mental capacity above the average. He is accused of having stolen a considerable amount of money. The evidence of the state attorney is faulty, and all endeavors on his part to get the boy to confess have failed. The judge has at once noticed the bright nature of the boy. For several seconds he quietly regards him, then he rapidly goes through the papers, and is ready for action. After reading the formal charge, he says to the boy:

"This document which I have in my hands, as you have heard, charges you with theft. Quite a heap of papers are attached to it which try to prove your guilt. Among them there are also a few which speak in your favor, which say for example, that you are a clever boy and on the whole of good behavior. But I can see for myself that you are an intelligent fellow and therefore I will talk with you quite openly. I do not know for certain whether you have done what you are accused of doing. No one can prove it, and everything that has been brought up against you, does not suffice for me to convict you. Therefore, if you continue before this court to affirm that you have not stolen, you will go home unpunished, and no one will be able to say anything against you. If, however, you do admit the act, I shall be obliged to punish you and you will have a police record. That is as the matter stands looked at from the outside.

"But regarded in another way, it looks quite different. If you really have committed the theft, I should feel certain that you are already quite determined never again to do anything like it. Otherwise you could not come before me so self-possessed and look me so freely in the eye. As I know you, you have already realized that you have done wrong and are determined to get back on the right path.

"But have you given thought to the fact that it is impossible to start an upright life with a lie? That only an open confession of the truth can lead to real liberty? That no one has the superhuman power of climbing the steep path of goodness laden with a lie? And do you not know that when one has done something wrong one must bear the consequences, and that to make inward progress one must have the courage to admit one's failings?

"You stand to-day at the crossing where the paths of good and evil separate. If you really have stolen, that may not be so bad, for perhaps you did not at that moment fully realize the consequences of your action. The matter becomes serious for you if to-day, fully conscious of what you are doing, you violate your soul that wants to be pure —if while you look at me with your bright, intelligent eyes, your mouth utters a lie and you misuse my confidence. I say this now to you while there is yet time so that you should realize all the consequences, and I give you time for thought."

While the judge talked in this way, his eyes always upon those of the youth, there was deep silence in the court. As he finished, the boy let hang his head as one entering upon deep meditation. All in the room felt the gravity of the decision; and I do not believe that there was one in these moments that seemed an eternity who did not suffer in the battle of the boy for his own soul.

Again the judge spoke:

"You need not answer me now," he said, "whether you have done it or not. First I will ask you whether you are ready and want to talk with me."

Slowly the boy raised his head, lifted his eyes to meet those of the judge and said in a low but firm voice.

"Yes, I have done it."

A HEALTH INVENTORY.

Do you think of health as just not being sick? Do you think of it merely as the absence of pain, fever, and doctor's bills? Do you measure yourself always in this negative way, without ever measuring your positive possession and your possible further gains?

If you have hitherto thought of health as only the absence of disease, the new health education will make life more interesting to you than it has ever been before. Your health is a treasure and part of the capital of your personality. Have you ever taken an inventory of it? By setting up standards of health and trying to reach them, life becomes more vigorous and more enjoyable.

FOREIGN SETTLEMENTS

Alberta Has Many and Problem of Health Education Is All Important. Much Tuberculosis Caused By Unhygienic Living. What the Red Cross Can Do To Help.

By DR. JOHN OROBKO, Edmonton, Alta.

Good Health problems are essentially the same in all communities. The same methods, therefore, should be applicable in an effort to improve health and living conditions. To be sure there are variations; local, racial, economic and other factors should be considered It is concerning these variations as found among our new Canadians in the Northern part of Alberta, that I am going to speak.

There is practically a solid colony of these people along the C. N. R. main line from the Saskatchewan boundary, as far as Edmonton. Practically every European nation is represented in that territory, but the majority of these are of Ukrainian descent. I will confine my remarks to the latter.

They came to Alberta about twenty years ago, most of them without money, but prepared for hard work. The toils of a pioneer are familiar to you all but they suffered more than the average, for they were in a new country, among strange people, under new circumstances. What they lacked in means they made up by hard work.

Their first thought was to satisfy the immediate needs. To get the necessary farm implements the head of the family would go to work on the railroad and leave the remainder of the family to their own resources for long periods. All their energies were absorbed in the struggle for existence. Under these circumstances they had but little chance to become acquainted with Canadian standards of living.

PAST THE PIONEER STAGE

Now they have passed the pioneering stage. The majority have done well and are prosperous. In place of a one-roomed mud house one notices a well built frame or brick house, fit for anybody to live in. But while they gained in wealth they have not made the same progress in other respects. They have retained most of their old-fashioned ideas, and this is especially true in regard to health matters. Ignorance and superstition still reign supreme. You will see a big house, perhaps of ten rooms, where all the family live, sleep and cook in one stuffy room. Ventilation is not thought of. Diet, especially in the case of children, is bad, and one only has to visit an occasional school to convince oneself of the ravages caused by lack of proper nourishment, and bad air, and all this in the midst of plenty. These people have the means, but they don't know as yet how to use their money.

Infant mortality is very high, probably higher than in any other community. This can be attributed to several factors. The girls marry altogether too young, and are absolutely ignorant as to how to take care of their babies. They learn by cruel experience, which often costs the lives of the youngsters. Much time is spent by the mother in the field, while her real duty is neglected.

Women seldom call a doctor on confinement and only consult a physician when they are absolutely unable to work. They have a kind of a distrust in the medical profession. Probably this is due to their inability to explain their symptoms in English.

They work very hard on the farm, get up too soon after their confinements, which as a rule follow in rapid succession, and you will often meet a woman of 30 who looks 60 years of age.

UNHYGIENIC LIVING

Close and unhygienic living favors greatly the spread of different infectious diseases. Tuberculosis is quite prevalent and apparently on the increase. Other communicable diseases spread like wildfire. This is due to ignorance, for it is very difficult to enforce quarantine among the people who do not understand the reason for it. They know very little of the most elementary rules of hygiene and care of the sick. Not a single qualified nurse is found among these people. To the present dishwashing in some Chinese restaurant seems to have been a usual preliminary training for motherhood. Now there is a greater tendency to send the girls to high schools, and lately several have taken up training for nurses.

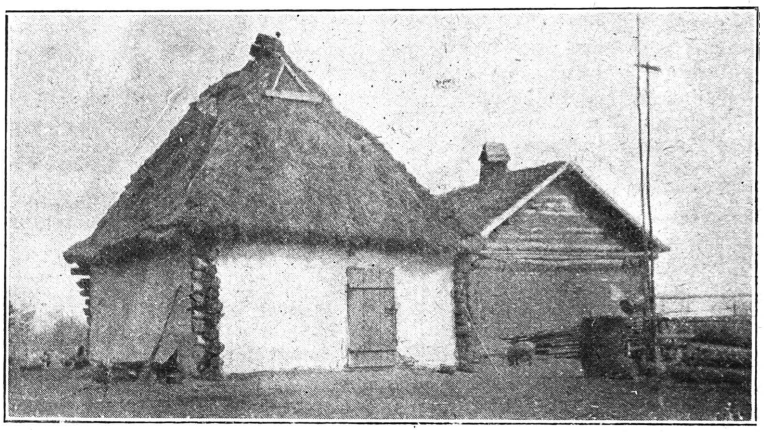
The older people are specially handicapped. It is difficult for them to learn the English language and they have been given up for hopeless. But this is wrong, for by neglecting this part of the community we greatly retard progress along the whole line. They are eager to learn and readily assimilate every useful fact. Their sources of information are few. They should be placed within their reach. If they cannot read English, literature in their own language on health topics should be supplied. The younger generations have made a wonderful progress, and will continue to do so, but by educational campaigns they must be liberated from the restraining influence of the old ideas of their elders.

WHAT THE RED CROSS CAN DO

What can be done by the Red Cross for these people?

In my opinion the Canadian Red Cross should co-operate, and in a way supplement the work of the Department of Public Health and the Department of Education. The people should be stimulated to take more interest in the public and their own health.

In the first place the whole territory should be organized into districts and a membership campaign to enroll as many members as possible should be started. This might require a little financial assistance at first, but the principle should be to make the movement self-supporting. Do not take initiative away from these people, make them responsible for the whole thing. The principle of getting something for nothing is wrong when people are well to do, and kills its own purpose. They resent it in the end.

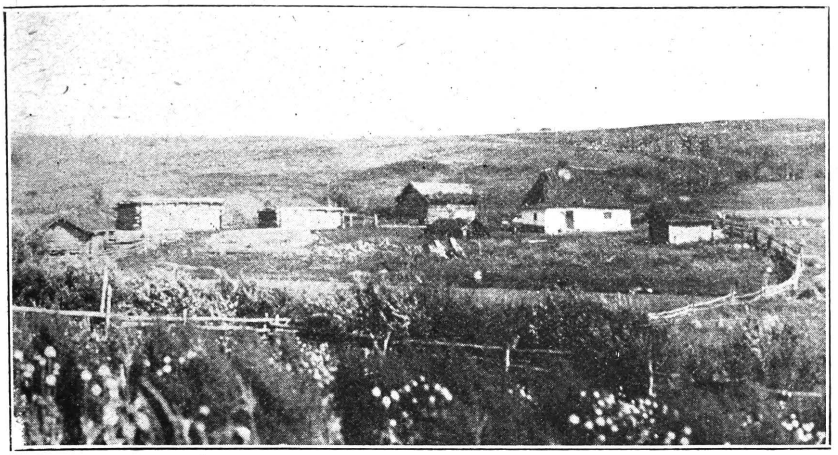


A Galician settler's first home near Edmonton in Canada. It is modelled on the lines of the peasant homes in the country from which he came. Steady industry and the habit of saving soon enable the thrifty ones to build a better house, usually a brick and frame structure of the Canadian type.

The Red Cross should publish pamphlets in foreign languages if necessary, on important health topics. Much can be done in this way.

PERSONAL INFLUENCE

But most can be achieved by sending trained workers who would work right among them in their own homes. If we could supply the territory with suitable workers the whole colony would soon be lifted to a higher plane. We should send sympathetic, enthusiastic, and well trained workers. Trained nurses are best adapted for this work. They could visit the homes, teach the people, and demonstrate how to take care of the sick, how to look after the baby, cook the food. Personal influence is most important, and a missionary spirit in the worker is essential. Knowledge of the language would help much, but is not



A RUSSIAN HOMESTEAD IN ALBERTA

Note the high thatched roof. The walls are plastered with mud which is whitewashed. The Russian settlers are excellent farmers and understand very thoroughly the cultivation of the soil.

absolutely necessary. Moving pictures and lantern slides on suitable topics would help greatly, together with lectures and demonstrations.

The idea of a travelling clinic strikes me as being a very good one. Most of the territory could be covered during the summer and if carried out properly would bring excellent results.

A SYMPATHETIC INTEREST

On the whole the people should be made to feel that we take a sympathetic interest in them. Young girls should be encouraged to take up nursing as a profession, and also for the training it offers. We have an opportunity right here, at home, to save many a babe, to help many a suffering mother. I am sure we will not let this opportunity go by. By our acts of sympathy and friendliness we will do much to make Canada a better and happier country for all to live in.

BORN BLIND

Through Parents' Neglect of Simple Precautions Many Children Are Condemned To Lead Lives of Physical Darkness.

THEY make a pathetic picture, those children with sightless eyes who grope their way round the playground or are led along the street by a guiding hand, whilst other children run, skip and jump to their heart's content.

THROUGH NEGLECT

Yet even sadder than their blindness is the knowledge that in many cases it was preventable. In a medical investigation of blind children it was found that, out of every hundred, twenty-four lost their sight from *ophthalmia neonatorum*, an infection of the eyes of new-born babies. It is very rarely that this infection occurs before the child is born; it happens usually during or immediately after the birth. Therefore to say that these children were "born blind" is not true. They were not born blind, but they became blind through neglect of simple preventive treatment which can be carried out by doctor, nurse or midwife.

This treatment, which consists of bathing the eyes of the baby immediately after birth and instilling a few drops of a special antiseptic solution, is simple but needs to be thoroughly and skilfully carried out, for the eye is a most delicate organ, and it is therefore of the utmost importance that a trained person should be in attendance at the birth. At the recent English-speaking Conference on Infant Welfare, held in London, a resolution was unanimously passed as follows:

> "That this Conference is of opinion that a great deal of unnecessary loss of sight is still being caused by the failure to secure adequate preventive measures and prompt, skilled treatment for *ophthalmia neonatorum*, and urges the Ministry of Health to institute an inquiry into the causes of such failure."

If there were further need to demonstrate the urgency of this problem in Great Britain, one has only to turn to the Ministry of Health statistics, where one finds that 10,304 cases of *ophthalmia neonatorum* were notified in 1920. And Great Britain is but one of many countries where this disease is making its yearly ravages.

PUBLIC MEASURES IN A BIG CITY

In America vigorous steps have been taken to save the children's sight. The Department of Health of New York City employs a staff of nine oculists and many "eye nurses," who devote their whole time to the eyes of the babies of the city, with the result that *ophthalmia neonatorum* has practically ceased to exist there.

The practical means of preventing this disease are:

(1) Compulsory notification.

(2) Education of medical practitioners, midwives and nurses, during training, in the serious consequences following neglect of treatment.

(3) Ante-natal supervision of expectant mothers, in clinics and at home.

(4) Preventive treatment at time of birth.

(5) After-treatment, either at home or in out-patients' departments, clinics or hospitals.

It is the same cry again—more infant welfare centres, more public health nurses and trained midwives—and people feel in their pockets and shake their heads. They would like to do it but the country cannot afford it. Yet every dollar spent now on safeguarding a baby's eyesight will save the country many dollars later which would otherwise be spent in supporting that child in a blind institution. Certainly it requires an effort to collect the money, to get the trained personnel, and to organize the service, but is it worth while? Let us ask ourselves what it means to be blind and whether it is worth while to see. No individual would willingly condemn a child to blindness, yet almost every nation is allowing this sentence to be passed yearly on hundreds of its babies, although science has pointed out to us a means of rescuing them. Is it worth while?—(From the Department of Health, League of Red Cross Societies)

VIGOR IN OLD AGE

The remarkable vigor of Viscount Bryce in his late years resembled strongly that shown by Gladstone in his eighties. His career is a striking refutation of the idea that hard work or study is impossible at an advanced age.—*Mail & Empire*

"Old age is just a pose, a perfectly nonsensical pose," said Sir James Cantlie, the Harley street surgeon. "We only begin to live at 45."

POSTURE

Incorrect **Correct**

The performance of the daily tasks of housekeeping with strict attention to posture is worth more than any spasm of effort spent in a gymnasium.

A working day scene in the workshop for partially disabled soldiers which has been established at Victoria, B. C., under the auspices of the Canadian Red Cross co-operating with the Department of Soldiers' Civil Re-Establishment.

AIDING THE DISABLED

Workshops at Victoria, B. C., Provide Earning Opportunities For Ex-soldiers Whose Disabilities Handicap Them In Open Labour Market. Sufficient Congenial Labour Found To Have a Curative Value.

By CYRIL WACE, M. D.

On April 11th, 1921, The Victoria Branch of the Red Cross Society of Canada opened a Workshop to provide employment for disabled ex-service men.

The definition of the term disabled ex-service men accepted by this Society is the following: "Men who, as a result of their service in the war, have suffered such impairment of their powers, physical, mental, or both, that they are no longer employable in ordinary industry, or even in the service of a considerate employer."

Yet these men, in the majority of cases, do possess some earning capacity, but can only exercise it, if some special arrangements are made to enable them to do so.

THE REASON WHY.

It is necessary to emphasize the very important principle that the object of this Workshop is not to provide work for men as a means of augmenting their pensions It is for the purpose of improving their impaired physical and mental state by regular disciplined work carried on under special conditions, which the ordinary employer cannot provide and should not be asked to provide. The result in every case has been improvement in the health of the men and a realization of the facts that. although disabled, they are in some measure independent and self-supporting and, above all, that happiness can be found in honest work.

The Victoria Workshop was begun in a small way in April, 1921, and now gives regular employment to twenty-one men. The average daily work time of each man is four and a half hours and the payroll from April 11th to December 31st, 1921, shows that the employees have worked 15,124 hours. Sixteen of the men are in receipt of pensions of $50 and over.

It is well to ask ourselves these questions: How many hours would these same men have been at work if there had been no Red Cross Workshop? What would have been the effect on their mental and physical health of continued and enforced idleness?

The principal occupations are woodworking in all its branches and basketwork.

It is hoped shortly to add other forms of employment suitable for crippled men. This will not only add to the general curative usefulness of the Workshop, but will also improve the balance sheet provided that these new employments are of a special character and supply a local need.

SHOULD NOT BE TOO LARGE.

Both in Victoria and especially in large cities, there is a danger that such a workshop might become too big. This would result in excessive overhead charges in proportion to production and the danger that in times of good trade, when even the partially disabled can get employment in the open market, the workshop would not be fully used.

To guard against this, it is important to rightly recognize the true role of the Workshop.

The Workshop should be the administrative centre, the training centre, the centre for the supply of raw materials, the finishing centre, and the marketing centre.

The employees, as they acquire the requisite skill, should be encouraged to return to their homes, and carry on the work *in their homes*, but remain in close touch with the central shop.

Trade and employment fluctuations will not, under these conditions of home work, affect the central Workshop to the same extent. There is the additional advantage that a much larger number of disabled men will be provided for at a minimum overhead charge.

In some few cases it may be possible for the homeworker to become an independent workman, but this is not likely to occur nor is it wise if the man's disablement is at all severe.

ELIMINATING A FEAR.

It must be remembered that one of the greatest anxieties the disabled man has to face, is the loss of his job through the recurrence of illness. It should therefore be a cardinal rule that no man, who has once been accepted for employment, should lose his place except for misconduct. At the same time the feeling of charitable employment must be eliminated. Strict Workshop rules must be enforced, but all reasonable allowance should be made for that neurasthenic element that is always present in men who have suffered grievous wounds or illness.

A real business atmosphere produces better results both in the men and in the work.

A SOUND PRACTICAL SCHEME

The experience we have gained in Victoria shows us that the establishment of these Workshops in our cities for the employment of the substandard man is no Utopian idea, but a sound practical scheme, whereby we can help those who need and deserve our help. By providing regular suitable work, we can also prevent the physical and mental breakdown that prolonged illness and suffering, coupled with enforced idleness, tend to produce.

THE CARE OF THE BABY

ARTICLE III.—WEANING

When to Wean. The baby should be weaned at the age of nine or ten months. After this age the breast alone will not give sufficient food and harm may follow too prolonged nursing. Exception should be made to this rule if the baby reaches the age of weaning during the hot months of summer. In such cases it is better to wait until the hot weather is over before weaning is begun.

Preparation for Weaning. In preparation for weaning, the baby should be taught the use of the bottle during the early months of life. This may be done by giving from the bottle between feedings water, previously boiled and cooled. Sometimes the baby is taught to drink from a cup as soon as weaned. This method has the advantage that it is unnecessary to teach the baby to give up the bottle at a later date— but it is more usual to substitute the bottle for the breast and later to accustom the child to the use of the cup or spoon. Final weaning from the bottle should never be delayed beyond the age of eighteen months.

Method of Weaning. The best method is to wean gradually by substituting one bottle feeding for a breast feeding. It is well to commence with a milk mixture weaker than that which ordinarily would be given to a bottle-fed baby of the same age. Start with a mixture of two parts of pure cow's milk to one of water, adding 1 to 2 level tablespoonfuls of granulated sugar to a 40 oz. mixture. You may have to decrease the amount of sugar after a month or 6 weeks.

If this is well digested, a second bottle feeding may be substituted for another breast feeding at the end of three or four days. If progress is good, additional bottle feedings are substituted at intervals of about half a week. By this system the entire weaning takes about three weeks. The gradual nature of the change has two great advantages—the baby becomes accustomed to the new food and the mother's breasts empty in a normal manner.

Make Haste Slowly. When the baby is accustomed to the weak milk mixture used during weaning, the strength of the milk should be increased gradually until whole milk is given by the twelfth month. Make haste slowly because a strong mixture of milk at the start is liable to cause indigestion. Loss of weight or a failure to gain is common in healthy babies during weaning. This should not alarm the mother as the loss will be made up as soon as other food is added to the diet.

Care of the Mother. If the weaning must take place suddenly, the breasts may become swollen and painful. If this occurs fold absorbent cotton around each breast, pad a little under the arms and bind the breasts with a wide strip of stout muslin, which covers the breasts and encircles the body. This binder should be pinned or sewed tightly enough to exert a firm and even pressure. It is a good plan for the mother to drink less and keep the bowels open with a saline each morning.

Weaning a Young Baby. It is dangerous to wean a very young baby. This should only be done on the advice of a doctor, which is rarely given unless the mother becomes pregnant or has a serious or severe acute illness. Lack of milk in the breasts is not a good reason for weaning. The supply of breast milk can be increased by improvement in the mother's diet and habits, as explained in the previous article of this series, or it may be necessary to make up for the lack of breast milk by a small bottle feeding given after nursing.

SOME REFLECTIONS

—OF—

A MOTHER OF SIX

"CHILDREN naturally grow and are well. If they do not do so I am sure it is some fault either in diet, habits, hygiene, or something that could be avoided.

"Few get enough sleep. I insist upon twelve to fourteen hours out of every twenty-four. Not one of mine has ever been out at night, nor have they seen over half a dozen movies in their lives. Occasionally we select a lively vaudeville for a matinee.

"We never discuss sordid happenings in their presence or tell them wild and woolly tales. I read volumes of wholesome, intelligent matter, with a generous sprinkling of fun.

"They are not conscious of a nerve in their bodies, nor do they know fear. They like the cold foot bath and a pan of cold water poured over the shoulders after a warm bath.

"I lost two babies—mere infants—through sheer ignorance of how to care for them. I realized that in bitterness after they were gone. We demand efficiency in every trade and calling but often the highest calling, motherhood, receives no training. Without training how can a young mother become competent? The most inexperienced or ignorant girl, totally untaught in the care and feeding of children, can, without a protest from anybody, take a precious human life and do with it what she will.

"With no preparation we are supposed suddenly to emerge competent mothers and nurses of children, which is all wrong.

"My children are being taught daily the why and wherefore of everything. My eight years old daughter now knows more about the scientific care of the body than I knew when motherhood came to me.

"Whenever I have an opportunity I offer all the help I can to girls and young women in hopes of assisting them in being equal to the great responsibility which comes to them later. Ignorance and innocence are not the same.

Why bring up children unprepared for the most probable and most honorable responsibility that can come to them—parenthood?

"When I bathe the baby I give, at the same time, a lesson in hygiene to those eager little eyes standing around watching the antics of the one in the tub.

"Here a little, there a little—none of mine shall ever go through the agony that I endured—bad enough at best—but gall itself when you afterwards realize that a little simple knowledge at the right time could have spared two lives."

REAL INTEREST AROUSED

From New Brunswick we have received the following encouraging statement:

"Campbellton has taken the lead and is prepared to support its own public health nurse and other communities are falling into line. Everywhere in the province a real interest in the educational side of public health work has been aroused.

"This information is gathered from reports presented at a recent meeting of the New Brunswick Division of the Canadian Red Cross. The President, Mr. R. T. Hayes, was in the chair and many departments of the Society's work were reported on, and all were shown to be flourishing. Mrs. Harold Lawrence and Miss Jessie Lawson were appointed as joint supervisors of the Junior Red Cross in the province to prepare the program for the schools."

RULES FOR SUCCESS

Have a definite aim.
Go straight for it.
Master all details.
Always know more than you are expected to know but don't make a show of your knowledge.
Remember that difficulties can be overcome, and that cheerfulness is a strong helper.
Preserve, by all means in your power, "a sound mind in a sound body."

A DEVIOUS ROUTE

The solicitor had talked for over an hour He noticed what seemed to him inattention on the Bench.

"I beg your worship's pardon," he said, "but do you follow me?"

The magistrate shifted uneasily in his chair.

"I have so far," he answered, "but if I thought I could find my way back alone I'd turn round now."

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RURAL SCHOOL WATER SUPPLY

Authorities Should Make Sure That It Is Uncontaminated. The Open Top Well Is a Source of Danger. How a Well May Be Protected.

ONE of the features which bears most directly upon the health of the pupils attending the rural school is the drinking water supply. School authorities should make sure that the school supply of water is safe for drinking purposes. If the source of supply is a dug well, they should see that it is properly protected.

An open top dug well is frequently the source of water supply for rural schools. It is, therefore, important that the danger points of this common type of supply be brought out. We showed in an illustration in a previous number, that the unprotected dug well is a constant source of danger in the following ways.

1. Surface water may leach down through the loose rock, gravel or soil around the top of the well.
2. Filth may be washed from the pupil's feet as he stands on the loose board cover or at the side of the well with little or no curbing.
3. If a bucket and rope are used there is the danger of contamination from dirty hands being carried to the clear cool water in the well.
4. The surface drainage is sometimes directly toward the well when it should be away from it.

Protection may be given in a correctly constructed well by:

1. A concrete collar three or four feet wide around the well top which keeps out all surface drainage.
2. A well curbing carried up at least eighteen inches above the surface of the ground.
3. A good pump in place of a pail and rope.
4. Ground sloping away from the top of the well in all directions so that there is no tendency for surface water to stand near the well.
5. A drain laid to carry away all waste water.

Open, unprotected dug wells are generally unsafe. Bacteriological tests should be made from time to time to ascertain whether or not the water supply used at the school is safe for drinking purposes. Most of the Provincial Health Departments will supply sterile containers in which to send samples and will make such tests free.

How to properly disinfect a well is a question which often comes to the teacher. Here is a simple way to do it:

"Add a little water to 1-4 pound of chloride of lime—which can be purchased in one pound cans at the grocery or drug store—until a thick paste is formed. More water should be added until the paste is dissolved in about two gallons of water. This solution may now be poured into the well or spring to be treated. It is wise to allow the well to stand unused for ten hours, after which it may be pumped out and use of the water continued."

But remember that if a source of contamination is allowed to remain it is useless to attempt to disinfect a well.

The Canadian Red Cross will not be published during July and August. The next issue will appear in the month of September.

A BIT MIXED

The teacher was using the gramaphone to make the children familiar with good music. Two famous opera singers had just finished a duet and the teacher said, "Now children, who can tell me the names of the singers we just heard?"

"Caruso," replied a small boy.

"Yes, and who was singing with Caruso?"

"Caruso's man Friday," was the disconcerting answer—*Boston Transcript.*

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