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THERE are two extremes to living — healthy living and living in illness — but in between these there is a broad section of people living only partly healthy, or wavering between buoyant healthiness and “not feeling so good”.

Many people to whom the doctor says: “Nothing organically wrong” spend their lives in the shadow of fatigue and half-health. Health is a condition of positive well-being, and the average standard of well-being should be raised, in keeping with the rise in other standards of modern life. But health is not a free and careless gift of nature. It is a prize easily lost, and its loss, even in slight degree, affects every other phase of life.

The one sure way in case of a danger signal is to let a doctor see you. There is no need to develop phobias. Every little pain doesn't mean that you have a critical illness. But don't overlook persistent discomfort or abnormal discharges.

Don't be impatient because the doctor does not rattle off a facile phrase or two and give you a slip conveniently marked **R** with a prescription. Your health and life are too important to be dismissed lightly, when all the years you hope to live are measured against the hour or so of your time required now to safeguard them.

In the field of prevention, there is room and need for individual interest. Though efforts to cure the sick must not be relaxed, the medical profession is consciously trying to add to its salvage effort a great work of creating conditions in which a healthy population can flourish. Dr. R. C. Cabot, in a popular handbook on medicine, lists 13 diseases preventable by vaccination and immunization.

Having taken precautions — medical checkup and immunization — what more can you do to earn the abundant health, strength, agility and endurance which should be yours?

Consider exercise. Too many Canadians take exercise by proxy. We sit in grandstands and root for professionals or for our favourite home town team, and we develop nothing but our lungs. It is not argued that

physical training or sports exercise will prevent appendicitis, pneumonia or accidents. Since, however, it is the body that will be called upon to reject or fight these things, aided by medical science, that body should be kept in the best trim possible.

Very much to the front in physical fitness is eating the right foods. Undue fatigue, restlessness, stunted growth, irritability, aching eyes, and many other conditions may result from poor eating habits, and bad nutrition predisposes the body to much more serious ills.

Dr. Hans Selye, director of the Institute of Experimental Medicine and Surgery at the University of Montreal has announced that the main killers of today are “diseases of civilization” such as hypertension, arthritis and ulcers, adding that his department has cured such conditions in animals by means of diet. Dr. L. B. Pett, chief of the nutrition division, Department of National Health and Welfare, told the Montreal Dietetic Association: it seems certain that “many people drag themselves through life” suffering all kinds of ailments that could be avoided by better feeding.

In case there are some inclined to say “tut, tut” to all that has been remarked about the boons brought by scientific advance to human beings, let us look for the space of a few paragraphs at what science has done and is doing.

Scientists everywhere in the world are in pursuit of truth, the truth about infantile paralysis, influenza and cancer, and are conducting laboratory experiments which will result in untold betterment of mankind's health. Dr. J. Ernest Ayre, director of the gynecology laboratory at Montreal's Royal Victoria Hospital, has originated a technique to transport cells by mail so that experts may examine them and interpret them. This brings laboratories to the service of people everywhere, when the local practitioner wishes to use the best resources available in reading signs and making diagnosis. The Canadian Red Cross plan to establish a free nation-wide blood and plasma service holds out new hope to many who would otherwise be without this great modern aid to treatment.

**Exercise
and
Nutrition**

During the war, medical science strode forward mightily. New drugs have come out of that painful clinic and are being applied in treating burns and injuries of all kinds. Healing of wounds has been speeded up nearly 40 per cent by the use of a treatment reported in the Montreal Standard by Dr. E. Dube, Dr. L. P. Dugal and Dr. A. Royer, of the University of Montreal, with support of the associate committee of medical research of the National Research Council.

The British Medical Journal recently recorded how jaundice has been artificially induced in patients to offset arthritis: some who had been bed-ridden for years got up and walked without difficulty: swollen joints returned to normal, and patients who had been unable to separate their fingers regained full use of their hands. Demerol, a drug which must never be used except under medical orders and supervision (a rule, by the way, which would be good if applied to all drugs) is being used to relieve the sufferings of sciatica, neuralgia and migraine. The Polish Medical School in Edinburgh has used insulin shock treatment for certain types of asthma, with eight out of nine tested cases reporting complete recovery. Ten years ago Dr. Mary B. Walker showed physicians of the Royal Society of Medicine how a drug, prostigmin, could restore muscular strength to victims of a disease which caused grave weakness of the muscles. Today the drug is holding out hope to persons suffering disability from the aftermath of polio, strokes of apoplexy, arthritis and other afflictions.

Everyone knows about penicillin, the unchallenged master of a large group of bacteria, discovered by Sir Alexander Fleming. Other groups of bacteria are dealt with by streptomycin and sulfanilomide which attack their own sectors of the bacterial enemy. Down in Lawrencetown, Nova Scotia, Dr. Frank W. Morse announces that a spray from a hand-atomizer has proved the most economical and effective way of administering penicillin in pneumonia and other respiratory infections, and has opened the way for the drug's use in the most remote areas of the world.

The work of scientists lies, for the most part, beyond the ken of the man in the street. He knows, dimly, that somewhere in the background there are men devoting their time and talent to research. His dealings, however, are with the general practitioner, the medical specialist and the surgeon.

Judged in terms of need, the medical profession is not so crowded as some people make out. There are not enough doctors, dentists or oculists to give every person the attention that would be desirable in the search for a wholly healthy population.

The number of physicians in Canada slightly more than doubled in the forty years from 1901 to 1941, but this substantial increase barely kept pace with the growth of our population. The Medical Procurement and Assignment Board found that in 1943 there were 1,261 persons per doctor, 3,477 persons per dentist,

520 per practicing nurse. Of the 8,614 doctors serving civilians, only 5,894 were general practitioners, the others being specialists, workers in industrial medicine, teaching, insurance, public health and hospital service.

But, you may say, that situation will clear itself up as new medical students complete their courses. Let us look into that. The average number of graduates of Canadian medical schools in the 25 years from 1920 to 1944 inclusive was 540 a year, but the number of graduates in medicine does not represent a net gain to the medical ranks. Deaths of physicians in the five years ended in 1944 averaged 223 per year. Many graduates, between 5 and 10 per cent, are foreign students who return home after finishing their courses. There is a loss of not less than 10 per cent by emigration. Others retire. Look at the ten years 1931 to 1940: there were 5,254 students graduated from the nine Canadian medical schools; the increase in the number of physicians in Canada in that time was only 1,110.

It is obviously to the interest of the country as a whole that steps be taken to make the medical profession in Canada so attractive that more youths will seek to enter it, and that those who graduate will be encouraged to remain in the country. Many younger doctors have returned from the war, as their fathers did from the last war, with twenty years of experience compressed into a few. Their drift to other countries should be discouraged by provision at home of scope for their initiative and adequate remuneration for their services.

No group in the world has a goal like that of the medical profession, for it is the aim of doctors to put themselves out of business. They are proud of their skill in diagnosis, in the operating room, and in handling crises intelligently, but they work for and look forward to the day when there will be less need for their remedial services.

To attain that goal they need lay as well as scientific support. The profession cannot develop and provide the best possible health services, preventive and curative, for all the people unless the people co-operate. This co-operation must start early in life. In a booklet entitled "The Canadian Medical Association and the Problems of Medical Economics", published by the Association in 1941, the author Hugh H. Wolfenden, has this to say: "At the present time our social philosophy is, to a large extent, seeking to cure those who fall ill, by methods which will shift the costs to other people, while at the same time our preventive measures, good though they are, have in reality not yet been fully organized, and in some respects they exhibit little co-ordination between the preventive and curative agencies. Viewing the whole problem in this light as a form of social 'planning' — to use again a term descriptive of one of our ill-defined modern concepts — our thinking would proceed: (1) from birth . . . through (2) the school years . . . to (3) adult life (. . . during which the supposedly intelligent adult is perfectly free to impair his health in any way he

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chooses), until we come to (4) serious illness (when it is proposed, by some advocates of advanced forms of national health insurance and state medicine that the whole community must step in and organize relief.) It would seem logical to concentrate a little more attention on the earlier portions of this sequence of events."

Second only to the medical profession in health importance is nursing. It touches on almost all other health services and is a most vital factor in many of them.

Those who enter nursing service do so against the pull of many other opportunities open to young women, offering more immediate returns both financially and in leisure. It takes the nurse three years to prepare herself for her profession, she accepts great responsibilities, and her hours of duty exceed those in any other group of workers. As to salary, a report by the Medical Procurement and Assignment Board gives a table showing that 49 per cent of general duty nurses working in hospitals receive a salary of \$849 a year or less, while salaries paid nurses in some institutions fall well below the \$650 range.

A brief presented by the Canadian Association of Medical Students and Interns to the Canadian Youth Commission is quoted in the Health Study Bureau's Review: "A 52 or 60 hour week is very strenuous for girls in their late adolescence. At a representative Ontario hospital, about two per cent of each nursing class, either before or shortly after graduation, develop pulmonary tuberculosis, to which fatigue and overwork predispose." Only 33 per cent of nurses were stated to be working 96 hours or less a fortnight. Some ranged as high as 160 hours a fortnight. One case, not isolated, was that of a nurse receiving \$720 a year, without maintenance, and working 112 hours a fortnight.

In the field of public health, services are provided by local municipalities, provincial governments and the federal government, but almost half our population is still without the direction of full time medical officers of health. The outstanding weakness is that the rural areas of Canada are insufficiently served, asserts Hon. Mr. Hoadley. But even in the cities there is a great difference in the amount of interest displayed in public health services — at any rate, as shown by expenditure figures.

Local health departments need to be taken out of the musty offices they occupy in so many municipal halls and given modern, well-equipped buildings and sufficient staff. With improved facilities and public support, the health departments could expand their programs to eradicate tuberculosis, children's diseases and venereal disease; they could tilt with greater success against maternal and infant mortality, and they could conduct educational campaigns that would pay dividends to succeeding generations. Neither they nor the people they serve should think their duty sufficiently discharged if they provide reasonable sanitation — which is an all-too-current belief.

Hospitals in Canada sometimes, as is the case of most hospitals for infectious diseases, come under the local or provincial health authorities, but more often they are privately-operated. If Canada had an alive program of preventive medicine, well supported by the people, a large proportion of our population now occupying hospital beds would not be there.

Dr. R. Percy Vivian, who was one time Minister of Public Health and Welfare of Ontario, is now head of the Department of Health and Social Medicine at McGill University. Upon completing a survey of the hospital situation in Montreal, he reported that in seven out of the eight hospitals surveyed, assuming that long-stay patients could be transferred after 60 days from the general hospitals, a total of 2,874 additional patients could have been admitted, with the release of 102 beds, and the saving of 37,256 days' care. This could be accomplished, he said in effect, by provision of special accommodation for long-stay patients and convalescents. It is rather shocking to learn, in this connection, that there were only ten public convalescent hospitals in all Canada in 1945, with a total of 830 beds. Only three provinces Quebec, Ontario and Manitoba, provide grants or payments for the convalescent care of patients unable to pay for themselves.

Another field in which there is room for improvement is that of industrial hygiene. From the Health League of Canada comes this comment: "There are 50,000 men every day unable to work on account of illness. Proper industrial health schemes undertaken by individual industries have cut this sickness by half, yet there are many industries which have done very little." The standard set by the National Health Survey in 1945 was: services of a physician one hour per week for every 100 employees at the factory, and a full-time physician for each 3,000 employees. The Canadian Public Health Association said of industrial hygiene: "... its scope ... offers a field for the practice of preventive medicine among adult workers at least equal in importance to that presented by school population."

Right there, in the school population, is an opportunity to do more to weed out the evils of our present system of lack of prevention, in one generation, than anything else we can think of, declared Mr. Hoadley in an emphatic statement through "Canada's Health".

It seems particularly necessary to include in the school course lessons in health habits, nutrition and physical exercise which will be remembered and applied after the children leave school. There is, too, an educational campaign needed among parents. There were 33,964 physical defects, not including dental, found among pupils of Montreal schools in 1945, and only 9,018 had been corrected before the end of the school year.

Grand work is being done by the Health League of Canada, which publishes a quarterly magazine, "Health", with a circulation of upwards of 20,000.

An industrial health plan provides employers with details of how to start and operate a health program. The social hygiene division devotes itself to prevention and eradication of venereal disease. A continuous program of education on the prevention of communicable disease is carried on. At the annual meeting of the Quebec Division of the League, the retiring chairman, Hon. J. E. Perrault, K.C. said: As long as communicable disease is not controlled in all parts of Canada no part is safe, and therefore it must be attacked on a national scale.

Good work has been done also by the Health Study Bureau, which evolved out of work started by Hon. George Hoadley, one-time Minister of Health in Alberta, in 1937. Its primary objective is to strengthen the position of rural people in the health field. Mr. Hoadley is the Bureau's President and Managing Director.

The question of health insurance, advocated by some to "even up" the health service and spread it over the rural districts, would provide material for an article in itself. Under the traditional system, the individual citizen has carried the responsibility of providing needed medical care for himself and his family on a pay-as-you-go basis, but this has been modified in recent years by organization of voluntary health insurance plans.

As an example of a community prepayment plan, consider Cardston, Alberta. The Health Society was formed there in 1931, covering general practice, medical and surgical attention, at a cost of \$25 a year. About 75 per cent of the population of the electoral district are taking advantage of the plan. Definite gains have been made in the health of the district. Inoculations for whooping cough, diphtheria, scarlet fever and smallpox are given at least 90 per cent of the babies delivered by clinic doctors. Acute appendicitis are rare, and there has been only one ruptured appendix in four years. Mortality rates are very low, especially in surgery, and since this was evident before penicillin and the sulfa drugs, it can be attributed to the fact that disease is arrested before it makes too great progress. An interesting sidelight is provided by the Cardston Branch of The Royal Bank of Canada, whose accountant reports: "Benefits of the plan are not confined to the medical field alone, for one finds in reviewing the affairs of almost every client the absence of medical accounts either current or past due. This type of insurance favourably affects the credit standpoint of the people."

That is our story of health and health efforts in Canada. As has been shown, medical science can do much, if given a chance. Medical men are more than willing to meet the public half-way. They serve to their utmost whether bills are paid or not; they do not count the hours nor the fatigue.

All that medical science has learned and all that the doctors offer is unavailing if the individual does not take advantage of it fully. Doctors agree that each individual should begin his own health and fitness campaign by having a thorough physical examination. People cannot be legislated into good health. A child may be made to take medicine by applying corporal punishment, usually called "spanking", but one would think that grown up people would have passed through the woodshed often enough to seek medical help without another application of the slipper.

And so what? The record was given in our November article of death and disease; in this letter we have told of medical skill and scientific advance, and of the possibilities for health and fitness. Through all our story there has run this theme: health is a positive state, to be enjoyed and not just accepted: that state should be the natural heritage of everyone: that state can be preserved, in reasonable certainty, if you, rich or poor, will use the skill of medicine, the facilities of institutions, and the achievements of science made available through private practice, municipal and provincial organizations, and public welfare associations . . . that is, if you resort to them at reasonable intervals — *and in time.*

Readers who desire detailed information on health matters are referred to the following:

Study of the Distribution of Medical Care and Public Health Services in Canada, 1939. The National Committee for Mental Hygiene, 111 St. George Street, Toronto.

The magazine "Health" and pamphlets dealing with Milk, Nutrition, Immunization Against Preventable Diseases, Industrial Health, and Venereal Disease Control. The Health League of Canada, 111 Avenue Road, Toronto.

Review of Canada's Health Needs and Health Insurance Proposals, 1946. Health Study Bureau, 30 Bloor Street, West, Toronto.

Canada's Health Programme, 1943. International Labour Office, 3480 University Street, Montreal.

Report of the National Health Survey, conducted by the Canadian Medical Procurement and Assignment Board, 1945. The King's Printer, Ottawa.

Health, Welfare and Labour. Reference Book for Dominion-Provincial Conference on Reconstruction, 1945.

Extra copies of our November article and of this article for distribution to staff or friends will be sent upon request.