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CRUSADE FOR HEALTH

HEALTH is a state of complete physical, mental and social well-being.

Our children — and we ourselves, for that matter — have a better chance to live healthy lives than has ever before been the lot of mankind. We wonder, however, if we are making the best of our opportunity.

There is a lot of “doctoring” going on, it is true. The production of medicinals and pharmaceuticals in Canada increased from \$17½ million in 1938 to \$55¾ million in 1947; we imported another \$3½ million and \$11½ million worth in these two years, and our exports amounted to only \$1½ million and \$4½ million.

But that kind of “doctoring” is not our concern in this Monthly Letter. We wish to examine what is being done effectively to cope with the present scale of illness and, more important, to inquire into the steps being taken to prevent disease and bring about the happy condition pictured in our first sentence: complete mental, physical and social well-being.

What effect has illness on a child's education, for example? A survey in Canada by the National Committee for School Health Research shows that the average number of days lost per child is greatest among retarded pupils and least among advanced pupils. By “retarded” the committee means failure to pass from grade to grade; “normal” means advancing regularly year by year; “advanced” means skipping a grade.

Here are figures which show the state of affairs. They tell the average number of days lost per pupil in a year.

	Cities	All Urban	Rural
Advanced	8.0	8.1	14.4
Normal	11.	11.1	15.9
Retarded	12.1	13.6	20.6

If there is a connection, as these figures seem to show, between school attendance and the success of children in passing from grade to grade, then it is

well worth while trying to cut down absenteeism. One way to do it is by keeping children healthy.

National Health Week

This is one of the thoughts prompting the Health League of Canada to proclaim January 29 to February 4 a “Health Week.” It is designed to induce Canadians to think about the promotion of health and the postponement of untimely death.

A campaign like that cannot hand out health with its leaflets, but the information given in the leaflets will help anyone who desires it to win better health for himself and for his children. The response to Health Week appeals will provide a useful intelligence rating. What the parents, teachers and youth leaders *do* will show the extent of their understanding of the opportunities medical science has given them to secure health for themselves and for children under their care.

In many campaigns the writers and speakers seem to be aiming their shafts at someone else, not at us. In this health campaign we cannot dodge them — every word urging measures for better health is aimed at every Canadian man and woman.

28,000,000 Pupil-Days Lost

During the war we heard a great deal about absenteeism in connection with armament production. A publication of the Health League of Canada says that as many as 50,000 persons were daily unable to work on account of sickness. The statement has been made that the loss to employed persons through illness in Canada is \$135 million a year. And the cost of sickness, untimely death, and accident in Canada has been estimated at a billion dollars a year. Of this vast amount industry bears a large share.

Research into industrial absenteeism led to many measures to reduce sickness. Now we have turned to research in the schools of Canada, and the first report of its kind anywhere in the world was published last year.

The National Committee for School Health Research came into being in 1945, sponsored by the Canadian Education Association and the Canadian Public Health Association. Dr. A. J. Phillips is the research director. Provincial committees, made up of representatives from both health and education were appointed. Records about absenteeism were kept in representative schools in all parts of Canada for a complete school year, covering more than 15,000 children in all grades from I to XIII, roughly from six years of age to eighteen.

Here is the startling disclosure: on the basis of Canada's school population of approximately 2¼ million, the loss of education was 28 million pupil-days in the year! And, to pin this down to our health topic, the portion of these days lost due to ill-health was 75 per cent in urban schools and 51 per cent in rural schools.

About Children's Diseases

There really is no excuse for much of the disease that afflicts children. Such good progress has been made in recent years against the common ailments of childhood that many of them can be prevented and all of them can be made less dangerous.

Health authorities in Canada are on sound ground in asking that all babies be immunized against the communicable diseases. Every child should be protected against diphtheria, smallpox and whooping cough during the first year of life, and should receive whatever reinforcement of immunity is found necessary throughout school life. By such simple means these diseases could be practically wiped out. Progress has been made, but we must face the fact that in five years these three diseases killed 3,281 young Canadians.

In many respects the campaign against diphtheria best illustrates what can be accomplished by organized effort in behalf of child health. As the practice of immunization became popular, diphtheria cases and deaths declined rapidly.

	Cases	Deaths
1924	9,033	1,281
1944	3,211	311
1947	1,550	139
1948	898	85

The protection is so easy to get, and so effective in saving lives, that Dr. W. G. Blair, Member of Parliament for Lanark, suggested in the House of Commons last October that an inquest should be held on the death of any child from diphtheria.

Every parent worries about whooping cough. This disease is particularly dangerous to infants, and the death rate in the first year of life is higher than for measles, scarlet fever and diphtheria combined. Only ten years ago the death rate among infants in the general population of the United States was as high as 150 per 100,000; by 1947 the rate had dropped to 34 per 100,000. In Canada, there were 19,082 cases

and 416 deaths in 1943; in 1948 there were only 7,084 cases and 155 deaths. These figures show dramatically how many children's lives have been saved by their parents' care and foresight in taking their children to be immunized.

Medical Advance

This business of trying to make it possible for people to enjoy good health has been going on for a long time. In fact, the efforts reach back as far as the time of Moses. He taught his people quarantine and cleanliness.

A stirring little book of 32 pages has been published by the Health League of Canada to tell about the greatest of these workers toward health. It is called *Heroes of Health*. The stories run from Harvey and Jenner of England, Simpson of Scotland, and Pasteur of France through the roster to Madame Curie of Poland and Frederick Banting of Canada. All their great achievements are summed up in a stirring line adapted from Tennyson's *Locksley Hall*: We are the heirs of all the ages.

The benefits of medical advance have been tremendous. Comparing the period 1921 to 1925 with 1945 to 1947, the Minister of National Health and Welfare told the House of Commons last year that general mortality had decreased 16 per cent, infant death rates 51 per cent, and maternal death rates 64 per cent. Since 1931 the life expectancy at birth for Canadians has increased by five years for boys and seven years for girls.

In the last 50 years the death rate from tuberculosis has been reduced by 80 per cent. In the past 20 years it has been reduced by 46 per cent. This is perhaps the greatest single achievement in our public health history, and it illustrates well the worth of early diagnosis and quick and adequate treatment.

The question will be asked by every thinking person: if this can be done in the case of tuberculosis, why not in the case of some other diseases? The answer is: it can. It requires only the sincere co-operation of people with their family physicians, community clinics, and social service organizations.

Look at the story told by these figures, representing diseases about which people have been made conscious and against which they have learned to protect themselves and their children by examination and treatment or by taking precautions:

Disease	Average Deaths in Canada per Year	
	1931-35	1948
Tuberculosis.....	6,950	5,449
Whooping Cough.....	724	155
Diphtheria.....	356	85
Typhoid Fever.....	323	55

And now look with some sadness at these figures. They deal with diseases against which we have not yet learned to protect ourselves and our children:

Disease	Average Deaths in Canada per Year	
	1931-35	1948
Heart Diseases.....	15,393	33,786
Cancer.....	10,398	16,203
Nephritis.....	5,628	6,791
Diabetes.....	1,331	2,484

Why All These Deaths?

Why do so many Canadians die every year of heart disease? Nearly one out of every five deaths is the record. A publication of the Health League called *Health Facts* lays the issue squarely on the doorstep of the individual person. Thousands of hours are being spent by doctors, surgeons, research workers and others on heart problems, with some amazing results, but the sick person must co-operate. "If he does," says *Health Facts*, "life may lengthen out to the normal span; if he does not, the thread may snap at any time."

Prevention is most important, and it consists mainly in doing what the doctor orders. Many new drugs, surgery, nutrition, rest of body and of mind, all of these are important, but the biggest factor is in the hands of the individual: controlled living.

Canada has good reason to be concerned with the steadily-growing number of deaths from cancer. The only way to overcome cancer is through education. When symptoms of the disease are recognized in its early stages, and steps are taken to counteract the disease, the battle is half won. Progress is being made by research workers toward a complete answer to the cancer menace. Even now, the growth of certain cancer cells can be slowed down by administration of certain agencies which do not injure normal body cells. But the disease must be detected early.

Nephritis ranks third among the major causes of death in Canada. It is a disease that can be brought on in three ways: by infection, by poisoning, and by reduced blood supply. The cure is not to be had by self-medication, but by going to a doctor at the first signs of trouble, and obeying the rules for diet and behaviour he lays down.

The "Common" Cold

Mention must be made of the greatest nuisance disease in North America — the common cold. Of all the days lost from school for medical reasons in cities in Canada, 51.5 per cent were lost because of upper respiratory infections, and of these, 59.8 per cent were lost because of the common cold. In rural schools the figures were 46.8 per cent and 59 per cent. Adults would probably be surprised if they kept count of the number of days in a year when they are suffering from colds. No sure-fire preventive measure has yet been found, but common-sense carefulness will reduce the number of cases. This includes good nutrition and proper relaxation, which build up the body's resistance, and the avoidance of places where colds are rife.

Of course, we may not wish to get rid of our colds. Many a business man has found that a slight illness —

"oh, nothing serious, you know; just a cold in the head" — is a far lesser evil than a conference for which he is not prepared.

This is not to suggest that colds are "faked". Dr. Flanders Dunbar, writing about psychosomatic medicine, says the surprising thing is that so many, faced with an unpleasant situation, actually do come down with real sniffles and genuine sneezes. On the other hand, she writes: "A great many of them have been 'spoiled brats' who find in the sick bed the only substitute available at their age for the pampering which they enjoyed as children. They have never untied themselves from mother's apron strings."

In the Schools

As long ago as 1943 the Canadian Education Association published a report which gave as the most pressing need of educational activity in Canada a greater attention to the health of school pupils.

There are two sides to school health: the provision of healthful school environment, and the education of children in health matters.

What should be the minimum standard of school environment? Every one of these things is important in your children's health: adequate lighting, natural and artificial; adequate heat and ventilation; modern sanitary arrangements; hand-washing facilities with soap and sanitary towels; tested and approved drinking water supply, with regular examination; and clean school premises. Cleanliness should be emphasized. There should be a systematic and regular health inspection of pupils, perhaps co-ordinated with the physical education programme.

But children's health cannot be always and only a matter of "looking after". They must be trained.

When it comes to teaching health, all the imaginative planning possible is needed to get the lessons across in a convincing and lasting way.

The sad truth is, as revealed in the survey of health in Canadian schools, that only 6.3 per cent of elementary school inspectors expressing their opinion on factors affecting health teaching considered the present methods satisfactory. In the secondary schools only 13 per cent of the school principals were satisfied with health teaching as it is. There were five provinces with no teachers of health in elementary schools who had the benefit of specialist study; only 38 per cent of the classrooms gave health the attention it deserves, and only 15 per cent of the schools had health libraries.

What improvements can we make? Of course we can't and must not discard the hygiene book. Knowledge about the body and its functions is fundamentally needed. But books are inadequate. Let's add to them some practical health lessons.

Teach by Practice

Pupil participation in health projects will teach by touch and not by eye, by experience and not by precept. Films, slides, radio, gramophone and wall charts

are good, so long as they are interestingly instructive and not merely exhortatory. There is too much exhortation, unbacked by facts, in most of today's editorials and campaigns. Even children have the right to be convinced as to the how and why of things.

Children are born experimenters, and experiments in health, in which they participate, will rivet their attention and impress their minds. Let them find out for themselves the difference made by proper health environment and right nutrition in the growth of plants and animals.

Organize health excursions, Junior Red Cross activities and school health projects to improve the school health environment. Give the pupils a proper health library, and let them take home books which may help them to help their parents to understand the possibilities in modern health care.

A project of universal appeal would be a monthly or quarterly health magazine, mimeographed or otherwise reproduced in sufficient quantity to give one to every child. It would contain short original essays on varied health topics, in which the children would use information obtained from the family physician, material found at home or in the school library, and lessons learned at Junior Red Cross. Have health debates on topics which provide opportunity for choosing sides.

If there is to be efficient education in health, let it be of the fundamental kind. Teach children about how their bodies work, what interferes with their smooth-running, what contributes to their best service, and what agencies are available for advice and treatment. Then they will not, in their adult years, go running to a bargain-counter medical book, thumb through it until they find a disease with symptoms like their symptoms, and follow one of two courses: suffer in a martyr-like way from a disease they haven't got, or take at random drugs for the disease they think they have.

A man high in educational circles wrote us last year: "What has hampered the progress of health is not so much the inadequacy of the public health organizations but the very ignorance of the people about the facilities they could avail themselves of."

The Medical Profession

Medical men, too, are charged with important duties, ethical and practical. It is the family doctor who can make or mar the success of a health campaign.

In these days of universal literacy, when people can read in every home magazine and in many books and in every day's newspaper about advances in medicine; in these days when it is the privilege of men and women in a free country to insist on an answer to

their *why?*: in the face of these conditions, the doctor is no longer an aloof oracle or a dispenser of charms which are sacred talismen because they bear his symbol R.

The medical profession in Canada has done distinguished work. With every advance in medical science, members have put into their daily practice the new techniques that have been discovered, and they have made their own important contributions to world medicine. They have high traditions of professional ability and of professional service.

All their problems have not been solved. No sooner is one disease mastered, or its attacks halted, than they advance against another. Typhoid and diphtheria and tuberculosis and a host of others have been brought under control, or can be controlled if the people co-operate, but there still remain cancer, heart disease, and many more.

Who Else Should Help?

The success of a crusade for health in Canada will be conditioned by the number taking part and the informed enthusiasm with which they work.

It is a big enough project, with rewards great enough, to merit the strongest support of every man and woman.

Why not make health — and particularly children's health — the main topic of discussion at Home and School Association meetings, meetings of women's clubs, men's church societies, adult education groups, teachers' annual conventions, community clubs — at every gathering of socially-minded Canadians? Can anyone think up a better, more rewarding, topic?

Canada needs, according to a survey reported to the Canadian Public Health Association: promotion of preventive medical techniques, control of communicable disease, a health consultant service on teaching staffs, a record of each student's medical history, and continuous supervision of student health. Well, let's get them. They are all attainable.

And then, when we have done all these things in the way of public effort, school instruction and medical proficiency, we come back, after all, to the home.

It is upon the example, guidance and understanding of parents that children's health depends most.

The parents' responsibility is not one that can be met by expressing love and affection only, but by informed good sense and the necessary action. The "love" that holds back a child from inoculation against disease, or from hospital treatment, or from a needed operation, or from periodical medical examination, is a misguided tenderness that takes no thought of end results.