October 28th, 1926.

Rt. Hon. Lord Atholstan,
165 St. James Street,
Montreal.

My dear Lord Atholstan:-

On behalf of the Anti-Tuberculosis and General Health League, and for myself personally, let me thank you for your letter of October 26th and the promise therein contained to contribute $25,000 for 1927, and for the news with reference to Mr. Hosmer's gift.

I shall be very please to lay your suggestions before the Board of Directors at once. In the mean time I think I shall try to get a few more subscriptions for our work.

With all good wishes, I am,

Yours faithfully,

October 8th, 1926.

Dr. A. Grant Fleming,
9 Coursol Street,
Montreal.

Dear Dr. Fleming:-

Let me acknowledge receipt of your letter of the 4th of October with the report on health conditions as existing in Montreal at the present time, and also copy of the minutes of the meeting held in my office on Thursday, September 30th.

By the way, have you officially notified the Federation that the League will not make application for absorption. I think we should do it formally.

Yours faithfully,

Chairman.

Dr Fleming went over this with me
His tentatives will subject to revision
EB

REPORT FOR FINANCE COMMITTEE

Result of Conference between Mr. Ward and Dr. Bates

The Campaign to be entered into for the financing of the Social Hygiene Council should be with the object of raising from $300,000.00 to $500,000.00 to cover a period of 3 years. The following is the tentative budget.

	Annually		Three Years	
Toronto	$10,000.00		$30,000.00	
Winnipeg	6,000.00		18 000.00	
Ottawa	6,000.00		18,000.00	
Vancouver	6,000.00		18,000.00	
Alberta	6,000.00		18,000.00	
Saskatchewan	6,000.00		18,000.00	
Montreal	10,000.00		30,000.00	
New Brunswick	6,000.00		18,000.00	
Nova Scotia	6,000.00		18,000.00	
Hamilton or Windsor	6,000.00	&	18,000.00	
	$68,000.00			$204,000.00

In addition moving-pictures and moving-pictrue machines at a minimum of $15,000.00 annually - 3 years 45,000.00

Posters, literature and exhibit material - $15,000.00 annually - 3 years 45,000.00

Additional national overhead $15,000.00 annually (including financial secretary?) - 3 years 45,000.00

To be added to this is the sum of $50,000.00 for the National Headquarters and $10,000.00 for repairs or an additional $20,000.00 a year 60,000.00

$399,000.00

The above is not inclusive of existing government grants or of the grants now being received from the Metropolitan Life Insurance Company which amount to approximately $36,250.00 annually or over the three year period. 108,750.00

Additional Suggestions

Arrangements should be made to have all local secretaries made National officers on the national pay-roll and under the control of the National.

Local affairs should be under the control of local committees with veto power in the hands of the National.

Cost of the above Campaign

If it extends over five months is to be $25,000.00 as follows:- $15,000.00 to be paid to Ward, Wells & Dreshman and Gates, $10,000.00 for expenses. If the man employed is making good but the work going slowly it may be necessary to retain him for more than five months.

At our last annual meeting, I took occasion, as your chairman, to bring to your attention the possibilities which await Montreal in the reduction of the incidence and mortality from the ever-increasing list of preventable diseases. I pointed out that at least two thousand deaths and twenty-thousand cases of acute illness could be prevented each year.

In seeking the cause of Montreal's high death rate from preventable diseases, one naturally asks what are the steps which enquires as to what steps can be taken to prevent disease, what has been the experience elsewhere, and what we are doing here.

We learn that there are certain fundamental steps which may be taken by any community to prevent disease. We find that where these steps have been taken, they have given uniformly satisfactory results, as evidenced by a lower death rate.

Some years ago, Sir Arthur Newsholme wrote:- "Infant Mortality is the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions." This statement is equally true today, because infant mortality responds quickly to changes in the sanitary, social and economic conditions.

Such being the case, our infant death rate is the best indicator of our progress or lack of progress, and I will refer to it for this purpose.

We find that ~~our infant deaths have~~ the rate of our infant mortality has decreased during the past years. From this we judge that general health conditions have improved.

This we would expect, because during these years our water supply has been safeguarded, and an ever-increasing amount of our milk supply has been made safe by inspection and pasteurization. The health department has grown and the voluntary health agencies have done good, if limited, pieces of work.

If this progress had been at the same rate and on a par with what has occurred elsewhere, we would feel that things were going well. What we do find, however, is this - that while we have progressed, our rate of progress has been, as it were, a walk, whilst other communities were running.

We notice with pleasure that in the year 1926 when compared with 1925 there was a decrease of 197 infant deaths, due to gastro-enteritis, ~~in the year 1926, from the previous year~~, and this, I think, was due, to a considerable extent, to the improvement in our milk supply. This decrease of approximately 20% is well worth while. Still, however, there were 817 infant deaths from gastro-enteritis in the year 1926, while in Toronto there were but 78.

Because it is a matter of human life, and because it has been clearly demonstrated that not only can human lives be saved, but that the maiming of others can be prevented (for conditions which kill some injure others), I feel that no one will question the fact that we should hasten our pace so as to, at least, bring us alongside other cities; indeed, could anything be more desirable than that we take the lead and become know as the healthiest city in North America?

Tuberculosis deaths remained practically unchanged. It will be some years before the benefit of the sanatorium beds and other work shows its results. We would like to see the proposed new sanatorium go

ahead, and trust that when it does, there will be provision for the treatment of children as well as a preventorium in connection with it. I am satisfied that within the course of three or four years, we will see the beginning of a real decline in tuberculosis in this city, particularly if there is a further development of the present activities directed against this disease.

I will not take further time to discuss the situation, but will pass on to a consideration of what should be done.

Democracy is a basis of human relationship. It implies an ideal of equal opportunity. Equal opportunity can only be assured by providing the fundamental equipment of a sound mind in a sound body. The state is, I believe, definitely responsible for assisting towards this fundamental equipment for equal opportunity.

I am of the opinion that progress along these lines, that is, progress in providing sound minds in sound bodies, now awaits the time when our provincial and municipal governments shall make the necessary expenditures upon public health work.

There is a limit to the extent to which it can even be reasonably expected that private health organizations will be provided with funds by generous citizens to carry on work which is definitely and unquestionably the responsibility, indeed, one of the first responsibilities of the state.

I have nothing but words of praise for what the state has done and for the commendable efforts of public officials who seek to give service without sufficient funds or personnel. I congratulate the Provincial Government on the increased activity of ~~their~~ the Bureau of Health, particularly on ~~their~~ the county demonstration units. I congratulate

the City Council of Montreal on having provided the Health Department with the necessary laws to secure for us safe milk and pure food. But - and there is a very large BUT - not nearly enough has been done, nor is being done. We do not expect an ideal situation, but we do expect to be on a health level with other large cities; we do expect that human life shall be safeguarded as thoroughly and efficiently in Montreal as in any city in the world.

There is nothing secret about health work. The prevention of disease is nothing more or less than the practical application of scientific knowledge, which we have at our disposal, to the end that preventable diseases may be prevented.

To this end, the Directors of the Health League make certain definite proposals as to responsibilities which they believe the state should be immediately prepared to assume.

To the Provincial Government, we make three proposals:-

1. That biological products, that is, diphtheria anti-toxin, diphtheria toxoid, scarlet-fever anti-toxin and other similar products be provided free for the citizens of this province, in a manner similar to what is now being done in most of the other provinces. Through the use of these products, communicable diseases can be prevented and cured. One cannot imagine any sound argument against the proposal of making these life-saving substances freely available and easily procurable for every child and adult in this province.

2. That the Provincial Government pass a Provincial Town Planning Act under which the province would divided into zones and the Provincial Bureau of Health be empowered to pass health by-laws suitable for the different zones.

The reason for this proposal is the necessity for securing proper housing conditions for our people. At the present time, the health by-laws of the province are minimum standards. It is apparent that standards for a city like Montreal should be different from those of a small isolated town. To overcome the present difficulty, it is necessary to zone the province and have health by-laws suitable for each zone. In addition, such zoning would permit of the control of areas adjacent to the cities and prevent the growth of slum areas on our borders - areas which will be part of the city in the course of time and which the city cannot now control.

3. Standardized support of health agencies. It has been accepted in this province under the Quebec Public Charities Act that when certain types of institutions are approved by the Government, they are entitled to a per capita per diem allowance. This rate of payment was based on the assumption that the Province, the City and private philanthropy should each contribute one-third of the cost.

At the present time, special grants of money are paid out of the Quebec Public Charities Act to various health agencies working in the province. As the Health League has neither applied for nor received such a grant, we are free to discuss the matter.

There is no question but that these grants are well-earned and that the organizations receiving them are worthy of recognition.

We ask that the Government regularize such grants. In the first place, this would mean that all organizations receiving grants should be approved by the Government; secondly, that payments be made by both the Government and the City of what would be approximately, from each, one-third of the budget of such organizations. Instead of basing these payments on a per capita per diem basis, as is done for institutions, some standard of payment would have to be evolved suitable for the type of work of the institution.

If the care of the public health is, as we believe it to be, a state responsibility, then the state must either carry on such work itself or subsidize those who do the work. The choice of method

rests with the authorities, but where the actual work is left to a voluntary organization, willing to do the work, it is reasonable and right that the state supply a large share of the necessary money.

To the City of Montreal we make eight proposals. The general basis of these proposals is:-

That the city increase its expenditure upon health work. In 1923, the expenditure was 42 cents per capita; in 1924, 41 cents per capita; in 1925, 40 cents per capita. In other words, there has been a decrease instead of an increase. These per capita expenditures are based on very conservative estimations of population and are, therefore, likely below the true figure. We ask that this amount be increased each year, for at least a period of five years, at the rate of five cents per capita per year, to permit of the following:-

1. Appointment of the necessary staff to enforce the recently-enacted by-laws concerning milk and food. The Director of the Department has not had his staff increased by one man to enforce these by-laws which, of course are only of value to the extent to which they are enforced.

2. Appointment of a City Bacteriologist to fill a position long vacant. The medical profession are united in voicing their demand for such an appointment. Health organizations and institutions insist upon the need. The Health Department ask for this appointment to assist them in their work.

3. Maintenance of staff. The work of the department is continually hampered by the fact that positions are left vacant for long periods of time. The nursing staff for the school work consists of 36 nurses. There have been 9 vacancies on this staff for a period of months. This is due to the Executive Committee delaying such appointments. It is obvious that this delay disorganizes the department and handicaps them in a manner

for which there is neither excuse nor reason.

4. Increased nursing staff for the Medical Inspection of Schools service. There are, at the present time, when the staff is complete, 35 public health nurses, with one supervisor, for 125,000 children, or only one nurse for every 3,500 children. This number will have to be increased to 50 before this most important branch is brought to a point where it can be expected to give the service that is given in other cities. Provision must be made for the ever-increasing school population.

The City has rightly assumed responsibility for the health supervision of school children. What we ask is that it be done efficiently and effectively.

5. Organization of a school dental service. At the present time, one dentist visits the schools and talks to the children. Knowing as we do the close connection between physical fitness and dental health, it seems ridiculous that in this city we have not a proper dental service in our schools. Every child should be examined once a year by a school dentist, and there should be made available sufficient facilities for treatment.

6. To enforce the Housing By-Laws. The present by-laws are not entirely satisfactory to us, but their enforcement would greatly improve conditions. The staff required to do this should be appointed, or else delay will continue. A great deal of good work has been done by the department in surveying the homes of the city, but the real value of the survey in being used to correct conditions naturally depends upon having sufficient staff to see that the necessary changes are made and, at the same time, to watch new buildings. An increased staff is also required to allow for better control of the sanitation of work places.

7. To advise the Provincial Governemnt of their approval of a Provincial Town Planning Act.

8. To advise the Provincial Government of their approval of standardized payments to health agencies under the Quebec Public Charities Act.

To the School Boards of Montreal, we make one proposal:-

1. That special classes be provided for those children who are handicapped on account of their physical condition and so cannot carry on their work in the ordinary class-room without further impairment of their health.

A start should be made in the provision of open-air schools, open-window class-rooms, sight-saving classes, classes for the hard of hearing and those for the mentally-retarded. For the last-named there is an immediate, urgent need, and the opportunity is taken of endorsing the work of those specially interested in Mental Hygiene in their efforts to secure educational facilities for the mentally-handicapped.

To quote from the report of S.B. Sinclair, Ph.D., Inspector of Auxiliary Classes for Ontario:-

"Experience has demonstrated beyond doubt that, where practicable, not only the wisest but the most economical course is to place such children in a class by themselves with educational opportunities suited to their individual needs and with a teacher of natural aptitude who has made special preparation for the work."

"There are now in Ontario, 161 auxiliary classes, conforming to regulation requirement."

In many countries provision is made for the education of the handicapped child. Should not handicapped children in Montreal receive similar benefits to those received by such children elsewhere?

I have submitted to you certain definite suggestions which, in the opinion of the Directors, should be placed before the Provincial and Municipal authorities.

If this meeting approve of the programme, it is our intention to present it to the authorities and then, in order to show that it has public approval, to place it before those organizations and

groups which are interested in public welfare, and seek their endorsation.

We have patiently studied the health situation of Montreal. There is no dodging the fact that, in a health sense, Montreal does not occupy her rightful place of leadership in the Dominion. We have done our best to encourage the municipal government to further health work. We see voluntary organizations doing more than their share. For these reasons and knowing that human lives are at stake, we feel that it is our responsibility to make an insistent demand for the protection from disease and death which the proper expenditure of money by the province and municipality would guarantee to us.

Memorandum

EXPENDITURE, MONTREAL HEALTH DEPARTMENT

Up to and including 1926, the Director of the Department prepared his estimates and submitted these to the Executive Committee. The latter then altered them, without consulting the Director, and presented them with all others to the City Council.

This did not mean that the money voted was available. The Director would be instructed to estimate his expenditure for two or three months and the sum named would be voted by the Executive Committee. Again, this money was not all spent, because positions were left vacant.

As an example - For 1926, the Director asked for $364,640.00. The Executive Committee authorized him to expend $337,448.00, but as positions were kept vacant, all that was spent was $286,022.82. In other words, some $50,000.00 was left unexpended on health work and devoted to other things.

For 1927, the Council simply voted a lump sum for all civic departments and it is left to the Executive Committee to expend as much or as little as they please on Health work. There are nine vacancies on the nursing staff at present.

Suggestion:-
That the Provincial Government be asked to consider an amendment to the Quebec Public Health Act requiring cities of certain sizes to vote a minimum sum per capita to be expended on Health work.

January 25th, 1927

October 12th, 1926.

Rt. Hon. Lord Atholstan,
165 St. James Street,
Montreal.

My dear Lord Atholstan:-

As the year soon draws to its close the Executive of the Anti-Tuberculosis and General Health League are anxious to know what the future holds in store for that organization. They have asked me, as Chairman, to ask you if you feel disposed to continue any measure of support. I know your heart is with the work, but, of course, you are the only one to judge whether you are able to continue the same measure of financial assistance, in the future as in the past.

Notwithstanding our unsuccessful efforts in committee to continue the activities of the League along the lines you suggested, I still cannot bring myself to believe that this wonderful project you so generously initiated and fostered should be allowed to terminate. Even though limited in its scope I am firmly of the opinion that a great public service could be achieved with a curtailed budget. If you would consider any plan by which the University could assist by combining the resources (financial and personnel) of our Department of Preventive Medicine with those you so kindly offered we would be only too glad to join with you. It might in this way be possible, I believe, to carry on the same useful educational campaign and a part, at least, of the field work.

By further enlisting the co-operation of some of our industries there would be an added interest in entering the great field of industrial medicine. We would in this way approach the work along lines which have been successfully prosecuted in Massachusetts and elsewhere.

If any such plan would meet with your approval I would be only too glad to discuss it with you. By such a plan we would save much of the good which I am certain the League has accomplished.

I am, dear Lord Atholstan,

Yours faithfully,

Chairman.

September 27th,1926.

Rt. Hon. Lord Atholstan,
165 St. James Street,
Montreal.

Dear Lord Atholstan:-

Let me acknowledge receipt of your letter of September 25th from which I assume that you will provide the Anti-Tuberculosis and General Health League with a sum of from $20,000 to $25,000 a year for the years 1927 and 1928.

On behalf of the League let me thank you most sincerely for this assurance, though it must mean that the League's activities will be greatly curtailed. I shall take the earliest opportunity of placing the matter before the Directors. I am afraid, however, that I cannot attent a meeting this week or next, for I am unusually busy with University affairs and the Quebec Church Property Commission.

Ever yours faithfully,

Chairman.

September 27th, 1926.

Dr. A. Grant Fleming,
Managing Director,
Anti-Tuberculosis and General Health League,
9 Coursol Street,
Montreal.

My dear Dr. Fleming:-

I am enclosing herewith a letter from Lord Atholstan, with a copy of my reply.

I think we should have a meeting immediately after the Reunion and place this matter before the Directors. I am sorry I cannot meet earlier.

Yours faithfully,

Chairman.

September 16th, 1926.

Right Hon. Lord Atholstan, LL.D.,
165 St. James Street,
Montreal.

Dear Lord Atholstan:

The fate of the Anti-Tuberculosis and General Health League is a matter of very vital concern to all our citizens, but particularly so to those whose interests in the public welfare enables them to appreciate what the Health League has done during the two years of its existence.

It is unnecessary for me to set forth the service the League has rendered, because I know of your keen interest in it - a not unnatural interest, since it was owing entirely to your beneficence and vision that the League was formed. It is the best example known to me of practical ideality in our country, and it is impossible to evaluate adequately the service it has already rendered or the far reaching benefits that might accrue from its future activities. The public of Montreal owe you a debt of greatitude which they can never repay and probably never will appreciate. I appeal to you to put our citizens under further debt by placing the needs of the Health League before those citizens whose interest in public welfare enables them to appreciate what the League has done and is doing.f For the work of the next two years a minimum of $120,000. is required. I have such confidence in the public spirit of Montreal that I am sure this beneficent movement will not ber permitted to lapse.

With sincere appreciation and all good wishes, I am,

Ever yours faithfully,

Chairman

September 16th, 1926.

TO WHOM IT MAY CONCERN:

Owing to the beneficence and vision of Lord Atholstan the Montreal Anti-Tuberculosis and General Health League has been in existence for two years. It is impossible to estimate accurately the value of the service it has rendered in that time, but unquestionably a great work has been started and much good already accomplished.

The League was instrumental in securing the passage of the milk by-law whereby a supply of pure milk will be assured; it was instrumental in securing the passage of the meat inspection by-law, another most important measure; it was instrumental in securing the opening and administration of the Ste Agathe Sanatorium for consumptives. By the establishment of its two public health centres (one French and one English) it is arousing an interest in public health matters resulting in immediate improvement in conditions and a promise of far greater things in the future. These health centres are not only of great educational value to the people living in the districts where they have been established, but they provide a means whereby students in the Medical Schools of Montreal are given the best and most practical demonstration of the value of public health and preventive medicine. In the inoculation and immunization centres set up by the League most effective work has been done and many lives saved.

These are only some of the practical things accomplished by the League, but it is my opinion that its efforts to further the cause of health education are equally as important. This is a phase of the League's work not always appreciated by the public, but in the opinion of those intimately associated with public welfare it is a feature bound to have far reaching beneficial consequences.

All this work has been made possible by the bounty of one citizen who subscribed $100,000.00 for the purpose. To carry on even the League's present activity requires a sum not less than $60,000.00 a year. It is almost too much to expect that one citizen can alone bear this large annual expenditure. To those who appreciate the great value of the splendid work now being done and planned for the future a confident appeal for assistance is now made.

Chairman

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

Address of the Chairman, Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.

Delivered at the Annual Meeting of the League, held on March 15th, 1927

At our last annual meeting, I took occasion, as your chairman, to bring to your attention the possibilities which await Montreal in the reduction of the incidence and mortality from the ever-increasing list of preventable diseases. I pointed out that at least two thousand deaths and twenty-thousand cases of acute illness could be prevented each year.

In seeking the cause of Montreal's high death rate from preventable diseases, one naturally asks what are the steps which can be taken to prevent disease, what has been the experience elsewhere and what are we doing here. We learn that there are certain fundamental steps which may be taken by any community to prevent disease. We find that where these steps have been taken, they have given uniformly satisfactory results, as evidenced by a lower death rate.

Some years ago, Sir Arthur Newsholme wrote:- "Infant Mortality is the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions". This statement is equally true today, because infant mortality responds quickly to changes in the sanitary, social and economic conditions. Such being the case, our infant death rate is the best indicator of our progress or lack of progress, and I will refer to it for this purpose.

We find that the rate of our infant mortality has decreased during the past years. From this we judge that general health conditions have improved. This we would expect, because during these years our water supply has been safeguarded, and an ever-increasing amount of our milk supply has been made safe by inspection and pasteurization. The health department has grown and the voluntary health agencies have done good, if limited, pieces of work. If this progress had been at the same rate and on a par

with what has occurred elsewhere, we would feel that things were going well. What we do find, however, is this - that while we have progressed, our rate of progress has been, as it were, a walk, whilst other communities were running. We notice with pleasure that in the year 1926, when compared with 1925, there was a decrease of 197 infant deaths, due to gastro-enteritis, and this, I think, was due, to a considerable extent. to the improvement in our milk supply. This decrease of approximately 20% is well worth while. Still, however, there were 817 infant deaths from gastro-enteritis in the year 1926, while in Toronto there were but 78.

Because it is a matter of human life, and because it has been clearly demonstrated that not only can human lives be saved, but that the maiming of others can be prevented (for conditions which kill some injure others), I feel that no one will question the fact that we should hasten our pace so as to, at least, bring us alongside other cities; indeed, could anything be more desirable than that we take the lead and become known as the healthiest city in North America?

Tuberculosis deaths remained practically unchanged. It will be some years before the benefit of the sanatorium beds and other work shows its results. We would like to see the proposed new sanatorium go ahead, and trust that when it does, there will be provision for the treatment of children as well as a preventorium in connection with it. I am satisfied that within the course of three or four years, we will see the beginning of a real decline in tuberculosis in this city, particularly if there is a further development of the present activities directed against this disease. I will not take further time to discuss the situation, but will pass on to a consideration of what should be done.

Democracy is a basis of human relationship, It implies an ideal of equal opportunity. Equal opportunity can only be assured by providing the

fundamental equipment of a sound mind in a sound body. The state is, I believe, definitely responsible for assisting towards this fundamental equipment for equal opportunity.

I am of the opinion that progress along these lines, that is, progress in providing sound minds in sound bodies, now awaits the time when our provincial and municipal governments shall make the necessary expenditures upon public health work. There is a limit to the extent to which it can even be reasonably expected that private health organizations will be provided with funds by generous citizens to carry on work which is definitely and unquestionably the responsibility, indeed, one of the first responsibilities of the state.

I have nothing but words of praise for what the state has done and for the commendable efforts of public officials who seek to give service without sufficient funds or personnel. I congratulate the Provincial Government on the increased activity of its Bureau of Health, particularly on its county demonstration units. I congratulate the City Council of Montreal on having provided the Health Department with the necessary laws to secure for us safe milk and pure food. But - and there is a very large BUT - not nearly enough has been done, nor is being done. We do not expect an ideal situation, but we do expect to be on a health level with other large cities; we do expect that human life shall be safeguarded as thoroughly and efficiently in Montreal as in any city in the world.

There is nothing secret about health work. The prevention of disease is nothing more or less than the practical application of scientific knowledge, which we have at our disposal, to the end that preventable diseases may be prevented. To this end, the Directors of the Health League make certain definite proposals as to responsibilities which they believe the state should be immediately prepared to assume.

To the Provincial Government, we make three proposals:-

1. That biological products, that is, diphtheria anti-toxin, diphtheria toxoid, scarlet fever anti-toxin and other similar products be provided free for the citizens of this province, in a manner similar to what is now being done in most of the other provinces. Through the use of these products, communicable diseases can be prevented and cured. One cannot imagine any sound argument against the proposal of making these life-saving substances freely available and easily procurable for every child and adult in this province.

2. That the Provincial Government pass a Provincial Town Planning Act under which the province would be divided into zones and the Provincial Bureau of Health be empowered to pass health by-laws suitable for the different zones.

The reason for this proposal is the necessity for securing proper housing conditions for our people. At the present time, the health by-laws of the province are minimum standards. It is apparent that standards for a city like Montreal should be different from those of a small isolated town. To overcome the present difficulty, it is necessary to zone the province and have health by-laws suitable for each zone. In addition, such zoning would permit of the control of areas adjacent to the cities and prevent the growth of slum areas on our borders - areas which will be part of the city in the course of time and which the city cannot now control.

3. Standardized support of health agencies It has been accepted in this province under the Quebec Public Charities Act that when certain types of institutions are approved by the Government, they are entitled to a per capita per diem allowance. This rate of payment was based on the assumption that the

Province, the City and private philanthropy should each contribute one-third of the cost.

At the present time, special grants of money are paid out of the Quebec Public Charities Act to various health agencies working in the province. As the Health League has neither applied for nor received such a grant, we are free to discuss the matter. There is no question but that these grants are well-earned and that the organizations receiving them are worthy of recognition.

We ask that the Government regularize such grants. In the first place, this would mean that all organizations receiving grants should be approved by the Government; secondly, that payments be made by both the Government and the City of what would be approximately, from each, one-third, of the budget of such organizations. Instead of basing these payments on a per capita per diem basis, as is done for institutions, some standard of payment would have to be evolved suitable for the type of work of the institution.

If the care of the publich health is, as we believe it to be, a state responsibility, then the state must either carry on such work itself or subsidize those who do the work. The choice of method rests with the authorities, but where the actual work is left to a voluntary organization, willing to do the work, it is reasonable and right that the state supply a large share of the necessary money.

To the City of Montreal we make eight proposals. The general basis of these proposals is:-

That the city increase its expenditure upon health work. In 1923, the expenditure was 42 cents per capita; in 1924, 41 cents per capita; in 1925, 40 cents per capita. In other words, there has been a decrease

instead of an increase. These per capita expenditures are based on very conservative estimations of population and are, therefore, likely below the true figure. We ask that this amount be increased each year, for at least a period of five years, at the rate of five cents per capita per year, to permit of the following:-

1. Appointment of the necessary staff to enforce the recently-enacted by-laws concerning milk and food. The Director of the Department has not had his staff increased by one man to enforce these by-laws which, of course are only of value to the extent to which they are enforced.

2. Appointment of a City Bacteriologist to fill a position long vacant. The medical profession are united in voicing their demand for such an appointment. Health organizations and institutions insist upon the need. The Health Department ask for this appointment to assist them in their work.

3. Maintenance of staff. The work of the department is continually hampered by the fact that positions are left vacant for long periods of time. The nursing staff for the school work consists of 36 nurses. There have been 9 vacancies on this staff for a period of months. This is due to the Executive Committee delaying such appointments. It is obvious that this delay disorganizes the department and handicaps them in a manner for which there is neither excuse nor reason.

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for the ever-increasing school population. The City has rightly assumed responsibility for the health supervision of school children. What we ask is that it be done efficiently and effectively.

5. Organization of a school dental service. At the present time, one dentist visits the schools and talks to the children. Knowing as we do the close connection between physical fitness and dental health, it seems ridiculous that in this city we have not a proper dental service in our schools. Every child should be examined once a year by a school dentist, and there should be made available sufficient facilities for treatment.

6. To enforce the Housing By-Laws. The present by-laws are not entirely satisfactory to us, but their enforcement would greatly improve conditions. The staff required to do this should be appointed, or else delay will continue. A great deal of good work has been done by the department in surveying the homes of the city, but the real value of the survey in being used to correct conditions naturally depends upon having sufficient staff to see that the necesary changes are made and, at the same time, to watch new buildings. An increased staff is also required to allow for better control of the sanitation of work places.

7. To advise the Provincial Government of their approval of a Provincial Town Planning Act.

8. To advise the Provincial Government of their approval of standardized payments to health agencies under the Quebec Public Charities Act.

To the School Boards of Montreal, we make one proposal:-

1. That special classes be provided for those children who are handicapped on account of their physical condition and so cannot carry on their work

in the ordinary class-room without further impairment of their health. A start should be made in the provision of open-air schools, open window class-rooms, sight-saving classes, classes for the hard of hearing and those for the mentally-retarded. For the last-named there is an immediate, urgent need, and the opportunity is taken of endorsing the work of those specially interested in Mental Hygiene in their efforts to secure educational facilities for the mentally-handicapped. To quote from the report of S.B. Sinclair, Ph.D., Inspector of Auxiliary Classes for Ontario:-

"Experience has demonstrated beyond doubt that, where practicable, not only the wisest but the most ecnomical course is to place such children in a class by themselves with educational opportunities suited to their individual needs and with a teacher of natural aptitude who has made special preparation for the work." There are now in Ontario, 161 auxiliary classes, conforming to regulation requirement."

In many countries provision is made for the education of the handicapped child. Should not handicapped children in Montreal receive similar benefits to those received by such children elsewhere:

I have submitted to you certain definite suggestions which, in the opinion of the Directors, should be placed before the Provincial and Municipal authorities. If this meeting approve of the programme, it is our intention to present it to the authorities and then, in order that it have public approval, to place it before those organizations and groups which are interested in public welfare, and seek their endorsation.

We have patiently studied the health situation of Montreal. There is no dodging the fact that, in a health sense, Montreal does not occupy her

rightful place of leadership in the Dominion. We have done our best to encourage the municipal government to further health work. We see voluntary organizations doing more than their share. For these reasons and knowing that human lives are at stake, we feel that it is our responsibility to make an insistent demand for the protection from disease and death which the proper expenditure of money by the province and municipality would guarantee to us.

FIRST ANNUAL REPORT

1924-1925

File Ann

ANNUAL MEETING

MARCH 17th, 1925

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

FIRST ANNUAL REPORT

1924-1925

ANNUAL MEETING
MARCH 17th, 1925

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

DIRECTORS

1924-1925

Sir Arthur Currie, G.C.M.G., K.C.B., LL.D. ..... *Chairman*
Zéphirin Hébert, Esq. ..... *Vice-Chairman*

Right Honourable Lord Atholstan, LL.D.
J. Roddick Byers, M.D.
C. F. Martin, B.A., M.D.
Sir F. Williams-Taylor, LL.D.
L. deL. Harwood, M.D.
E. J. C. Kennedy, M.D.
Michael Hirsch, Esq.
J. Auguste Richard, LL.D.
Helen R. Y. Reid, LL.D.
Lyon Cohen, Esq.
Louis Colwell, Esq.
W. H. Atherton, Ph.D., LL.D.

A. Grant Fleming, M.C., M.B., D.P.H. ..... *Managing Director*

Sir Lomer Gouin was appointed, at a Directors' meeting held on February twentieth, 1925, to fill the vacancy created on the Board of Directors by the death of Dr. J. Auguste Richard.

FOREWORD

When we look back upon the first year of the Montreal Anti-Tuberculosis and General Health League, our first thoughts will assuredly be of the generosity and public spirit of the founder, the Right Honourable Baron Atholstan. To him we owe not only the broad conception of this organization but the munificent financial backing which made its creation possible, and the debt is one which can never be paid.

The year has been one of organization and of real achievement as well; indeed, the fact of completing such an organization is of itself ground for a good deal of satisfaction. It is gratifying to know that so many citizens of Montreal are willing to co-operate in the effort to improve the health of the community. Our organization owes its thanks especially to the members of the Executive who gave so much time and thought to the initial stages of the League's formation.

There is a tinge of sadness in our retrospect, inasmuch as death has robbed us of one of our directors, Dr. J. Auguste Richard, who was earnestly and deeply interested in the success of the League. He was always ready to render all the assistance which he could, and his loss is one which we cannot but deeply feel.

In Dr. Fleming the League has been fortunate enough to obtain a director who is not only highly qualified professionally, especially in the fields of public health where our labours lie, but who has proved himself a thoroughly competent organizer. He has given abundant evidence of his appreciation of the value of co-operation and has consistently endeavoured so to work with other organizations, that waste and duplication of effort might, so far as possible, be eliminated.

The co-operation of the other societies to whom we have appealed to help us in forwarding our plans and who have seen their way clear to doing so, has helped, to a very large extent, in anything which we may have accomplished. I would like, in a special manner, to offer our thanks for their willing aid to the Child Welfare Association and the Victorian Order of Nurses, as well as to the various hospitals and dispensaries.

The League is now fairly started on its way; I believe that many years of useful assistance are before it, and I am sure that next year will see much progress.

A. W. CURRIE.

Montreal, June 13, 1925.

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

REPORT OF MANAGING-DIRECTOR (DR. A. GRANT FLEMING)

The Montreal Anti-Tuberculosis and General Health League was organized last year—the legal incorporation being dated August 13th, 1924—as a voluntary health agency. Its organization was primarily an expression of the feeling that health conditions in Montreal were not entirely satisfactory, but it was far more, for it was an evidence of the desire to do something to improve the unsatisfactory health conditions; that is, to be a constructive force.

This latter fact is of importance and has a real significance, for it gives tangible evidence that there is in our city a group of people who desire, from a health standpoint, in an active way, to assist their fellow-citizens.

The membership of the League which now stands at 237 is composed of representative citizens and of representatives from various organizations. The membership was created to represent the general thought of the community, and it is expected that the members will serve to maintain a proper understanding between the general public, and their organizations and the League. Mutual understanding means team work and good results. The members have been asked to assist in securing the approval of their organizations in regard to our pure milk campaign, and also to assist in our group instruction work.

The first meeting of members after incorporation was held September 26th, 1924, when the by-laws were adopted and a managing-director was appointed. To Dr. J. Roddick Byers are due our thanks for his work as secretary during the period of organization. The office of the League was opened on October 15th, so that in an operating sense we are but five months old. You know how important the early months of life are to the baby, how rapidly he grows and how much trouble he may cause to others, if not to his fond parents. So we feel that our early months are important to our development, and we take this opportunity of thanking our patient friends for the trouble we are giving them while we are finding our place in the household of organizations in this city. Individually and as a body we have received nothing but the kindest and most helpful assistance, and it is one of the encouraging facts in our local situation that the interested people and the executives are of such a type.

Before reporting on the work undertaken and that which is in prospect, it is possibly well to remind ourselves briefly of the health situation in Montreal. Mortality figures are the only measurable factor that we have available.

During the year 1924, there occurred 9,572 deaths in this city, which gives a death rate of 14.8. This is another way of saying that out of every thousand of the population approximately 15 died during the year. So that we may better understand what this means, we may compare our city with the ten largest cities in the United States, and if we do, we will find that, beginning with Cleveland, which had a rate of 10.2, they all have a lower general death rate than ourselves, excepting Pittsburgh, which had a rate of 15.3. In other words, we are almost at the bottom of the list. The only other city of comparable size in Canada is Toronto which, measured on the same scale, would come second only to Cleveland, Toronto's rate being 10.3.

GENERAL MORTALITY RATES—1924

U.S.A.		CANADA	
Cleveland	10.2	Toronto	10.3
Chicago	11.2		
Los Angeles	11.3		
Detroit	11.4		
New York	11.6		
Philadelphia	12.8		
St. Louis	13.6		
Boston	14.1		
Baltimore	14.4		
Pittsburgh	15.3	Montreal	14.8
Average	12.59		

An average of the ten American cities gives a rate of 12.5. If we were to attain this average rate, which seems a reasonable ambition, it would mean the saving of 1,500 lives every year, as compared with our present mortality rate.

One further statement to remind ourselves of the need and opportunity for health work. During 1924, there occurred 51 deaths from Typhoid Fever—a preventable disease; 101 deaths from diphtheria—a preventable and curable disease; 970 deaths from tuberculosis—a disease which can to a great extent be controlled; 3,151 deaths of children under one year of age, of which 1,086 (over one-third) were due to Diarrhoea and Enteritis. To those who ascribe our high infant death rate to large families and low wages, we would point out that neither of these explains away the deaths from Diarrhoea and Enteritis, which are due to ignorant mothers and impure milk, in the vast majority of cases.

We will all agree that such figures tell a story of preventable deaths that is a challenge to us. If we eliminate such deaths, it means also that for each death prevented, at least ten cases of severe illness will be avoided, with their accompanying pain, sorrow and expense. It means a tremendous decrease in physical disabilities, and loss of productive power. For the aim of health work is not merely to keep people alive for a few years longer, but to ensure for them health and happiness while they live.

We have, from the first, kept clearly in mind that the function of a voluntary health agency such as ours is to assist in developing a public opinion which will first create the demand for, and second, enable the municipal authorities to undertake a reasonable health programme; for it is our understanding that Health is a responsibility of the State, and, therefore, a voluntary health agency has a place in assisting, but not in relieving the State of its health responsibilities.

At the meeting of the members held November 18th, 1924, the report of the Committee on "Scope," which had been previously approved by the Directors and a copy sent to each member, was adopted, and has been the basis of our work since. We therefore make our report under its three main headings—Health Education, Surveys, Demonstrations.

1. Health Education

It is necessary that all citizens know of the need for and the possibilities of health work, and so become interested in and supporters of such work and of their Health Department and health agencies. Also it is essential that everyone know the simple facts of personal hygiene, for even with the most efficient health departments, there always remain for each individual to attend to, for himself or herself, such personal responsibilities as body cleanliness, hours of sleep and recreation, and care of the teeth.

Through the courtesy of the press we are enabled to place before the citizens a short weekly article on "Health"—twenty of these have been prepared. We are indebted to the press of the city for the space given to us, and we appreciate the immense value of it as a means of keeping before the people, by frequent repetition, the important facts concerning Health. If the newspapers are, as we believe them to be, anxious to give the people what they desire, it seems to indicate an increasing demand from the public for such knowledge when we note the amount of space being given to health information.

The staff of the League accept every opportunity to talk to groups whether large or small, and we are being given many such opportunities, which we welcome, and we thank those who are kind enough to aid our work by inviting us to speak. It is not that we wish to be making speeches, but we consider it part of our work, for some people are best reached in that way. Then again, when the press publish our remarks, the effort is further reinforced.

This month has seen the start of our group instruction work. We have our manual called "Health in the Home," the French edition of which is in the hands of the printer. So, within a month we shall be in a position to offer instruction to the French group. The preparation of the manual was quite a task, but it was felt that in addition to having a text-book for group instruction, it was well to have the teachings of the League concerning health set out in print. We have four groups—that is, approximately sixty women—taking the course at present. It is a new idea and so takes time to get under way; also, most organizations had their programmes filled until May when their seasons close. We have been assured by many organizations that they will gladly avail themselves of the opportunity next fall and include the course in their programmes, making it a regular activity. The members are asked to keep this in mind and to assist the undertaking.

We believe that group instruction is an effective method, and further, it appears that it may be more economical than home instruction—not that home visiting and instruction can ever be entirely replaced by a system of group teaching, but the two together may be modified and adjusted to give the best results for the least expenditure.

As a health organization, we welcome any chance to serve with other groups or organizations in carrying on the educational work.

2. Surveys

(a) *General:*—We are gradually collecting the information concerning the available resources of the community.

(b) *Milk Survey:*—Through the courtesy and assistance of the Health Department, our friends in this as in every other connection, a general survey of the existing conditions of the milk supply in Montreal was made. It was evident that a large percentage of the supply was potentially dangerous, and as a safe milk supply is a fundamental health necessity, the need for action was apparent.

The natural and logical course was to support the Health Director in his request that the Milk By-Law, as drafted by him, be passed and made effective. At the first of the year, we requested various agencies to consider the subject and if they approved of our intended action, which was to support this by-law, to pass a resolution to that effect. The response was what one would expect, and today we presented to His Worship the Mayor our petition, asking that the by-law be passed, supported by the resolutions of fifty organizations. In addition, we secured statements of approval from most of the Provincial Health Officers and other authorities. These we have furnished to the press, which has been kind enough to give publicity to them.

We ask you as members to do everything in your power to prevent this from drifting along, and also to act as a delegation waiting upon the City Council if you are called upon to do so.

A pure safe milk supply is one thing that we must secure for Montreal, particularly for the babies of this city.

(c) *Health Conditions of the Schools of the Protestant Board of School Commissioners:*—This survey made at the request of the School Commissioners last November and December was most satisfactory. In the first place, the fact that the Commissioners were interested was of real significance; secondly, the Health Department who carry on the Medical Inspection Service welcomed the survey and the publicity, which means that all agree that the service is not entirely satisfactory and that it should be improved.

The school offers such a wonderful opportunity for health work, particularly health teaching, that if our survey does do anything to help develop the service and secure fuller advantage of the opportunity, we will have done something.

This service for the School Commissioners is the type of work we can and should do, being ready to survey, advise and assist in health matters.

(d) *Tuberculosis:*—After the first of the year, we proceeded to develop our tuberculosis survey along the accepted lines of employing Public Health Nurses to do home visiting and instruction, at the same time, securing information as to home conditions, housing conditions and other related subjects. We have offered to the various institutions doing Tuberculosis work, to assist them in their home visiting, and we are receiving cases from them. We have approximately three hundred homes under supervision, which means that in three hundred homes we are teaching health, seeing that contacts are examined, arranging for admission to institutions, etc. At the same time, we are securing definite information upon which to advise as to the needs of the community in regard to Tuberculosis.

We have sent a questionnaire to all physicians, asking for information so that we may know how many Tuberculosis cases are under medical care, and how many indigent cases are under care and in need of sanatorium treatment.

We hope to make a survey of Tuberculosis deaths for a period of one year.

We must secure the fullest information concerning the local situation if we are to advise intelligently as to the need.

It is evident to everyone that our first need is the re-opening of Ste. Agathe Sanatorium. There are so many cases that cannot be cared for in the home, so many cases without homes, also the group that, in spite of teaching and supervision, are careless and a menace to others. In addition, practically all cases need a stay in sanatorium to learn how to care for themselves and to protect others.

Without exaggeration, the tuberculosis situation in Montreal demands in the most urgent way that institutional care be made available.

(e) *Housing Survey:*—Your directors believe that we are now in a position to act concerning the housing problem and, at their last meeting, it was decided to ask the Montreal Council of Social Agencies, the Federation of Jewish Philanthropies and La Société St. Jean Baptiste to appoint representatives to meet with us. This committee will review the present situation as to local housing facts already secured, present laws, etc., and will report back as to what might be done by a permanent committee and as to the general need and composition of such a committee on housing. The first two organizations have informed us of their desire to participate, and just as soon as the last-named have a meeting and advise us, the committee will be called together.

We all know that housing conditions are not satisfactory, and that it is a problem of great magnitude which will require the assistance of all interested persons, and doubtless you will all be called upon, at a later date, to assist in one way or another.

3. DEMONSTRATIONS

French Centre:—The training and demonstration centre in which we are participating by providing the health centre and field staff will be under way next month. The location is 655 de Montigny Street East, and the area covered will take in the parish of St. Catherine which has a population of approximately 10,000.

One of the most urgent needs in connection with health work in this province is the trained worker. If our assistance does, as we believe it will, help materially in solving this problem, we can be satisfied that the League has made a real contribution to health work.

The centre will be under the direction of Dr. J. A. Baudouin, and we anticipate that we will be able to report to you, and prove by mortality tables, that applied health knowledge will give results here in Montreal as it has done elsewhere.

The members are asked personally to visit and see the work at any time.

The object of the demonstration is to show that a reasonable budget, properly spent, will practically guarantee certain health returns. We hope this will aid in persuading our citizens that such a budget should be placed at the disposal of the health department. At the present time we are receiving pretty much just what we are paying for, that is, a health service at the rate of forty-two cents per capita, instead of an expenditure of $1.50 per capita, which is approximately the amount which the health department should have to expend on real health work.

English Centre:—Our English Centre, which will be conducted for the same purpose, is to be on Coursol Street, where our office will also be accommodated. We take over the place on May 1st, so that we should be actually under way in June.

In connection with our demonstrations, we will work closely with all other interested organizations, and endeavour to make the demonstrations useful in every way.

We expect that soon we will be in a position ourselves, or with others, to consider the subject of food and meat inspection. We have been approached concerning this work by those particularly interested.

The staff have been called upon to act on committees which have to do with health problems, and in this way assist in general health work.

Your directors decided to accept the invitation of the Montreal Council of Social Agencies to take out membership in the Council, it being clearly understood that the League intends to become associated with all groups of organizations interested in health work, when a similar opportunity offers.

In general, we feel that we have in our first five months inaugurated our programme, made definite progress in a few directions, and have reasonable hope of fulfilling the purpose for which we are organized.

I desire to express my thanks and appreciation to the many who have been so kind to me since joining the organization. Coming from outside, I have been impressed with this, and have realized, in a way that older citizens do not, that Montreal has a wonderful group of people interested in human welfare work. I would also like to add my appreciation of our own staff who are doing their best to make our plans realities.

A. GRANT FLEMING.

Montreal, 17th March, 1925.

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR PERIOD 11TH JUNE TO 31ST DECEMBER, 1924

RECEIPTS

Subscription	$10,000.00
Interest on Savings Account	113.20
	$10,113.20

DISBURSEMENTS

SALARIES		
Medical Officers	$2,830.50	
Nursing Sister	535.50	
Office	312.50	
		$ 3,678.50
Office Furniture and Equipment		608.20
Incorporation and Organization Expense		545.47
Office Rent		202.50
Office and General Expense		131.32
Stationery		59.18
Telephone		27.42
Deposit with P. S. King & Son, London, England ($3.10 expended)		25.00
BALANCE		
Petty Cash	$ 25.00	
Bank	4,810.61	
		4,835.61
		$10,113.20

We certify that the above statement is correct and in accordance with the books.

McDONALD, CURRIE & Co.,
Chartered Accountants.

Montreal, 5th March, 1925.

BUDGET FOR THE FINANCIAL YEAR, 1925

The budget for the financial year of 1925 amounts to $53,850.00, made up as follows:

1. DIVISION OF ADMINISTRATION

A—Section of Administration	$18,700.00	
B—Section of Health Information (collection of information from all sources)	250.00	
C—Section of Health Education (publications, etc.)	2,000.00	
D—Section of Surveys (such as Housing, Meat, etc.)	3,000.00	
E—Section of Public Health Nursing (Anti-Tuberculosis Field Service)	12,000.00	
		$35,950.00

2. DIVISION OF DEMONSTRATION

A—French Centre	$9,000.00	
B—English Centre	8,900.00	
		17,900.00
		$53,850.00

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
CHAIRMAN
L. DEL. HARWOOD, M.D.
VICE-CHAIRMAN
RIGHT HON. LORD ATHOLSTAN, LL.D.
J. RODDICK BYERS, M.D.
C. F. MARTIN, B.A., M.D.
SIR F. WILLIAMS-TAYLOR, LL.D.
E. J. C. KENNEDY, M.D.
MICHAEL HIRSCH, ESQ.
SIR LOMER GOUIN, LL.D.
HELEN R. Y. REID, LL.D.
LOUIS COLWELL, ESQ.
W. H. ATHERTON, PH.D., LL.D.
J. A. JARRY, M.D.
LYON COHEN, ESQ.
TREASURER
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 30th August, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

Lord Atholstan requested that, in your absence, I should place before the special committee of Financial Federation the suggestion that the General Health League be admitted to Federation.

I did so, because Doctor Martin and I both felt that you would approve of our complying with Lord Atholstan's wishes in the matter.

The answer of the committee is to be forwarded to you in writing.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

Montreal Anti-Tuberculosis and General Health League

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LYON COHEN, ESQ.
TREASURER
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 2nd July, 1926.

Sir Arthur W. Currie,
Principal, McGill University,
Montreal.

Sir:-

Since forwarding the report to you as requested, I have learned from Mr. Brierley that he is unable to arrange for the proposed meeting next week.

The Chairman of their executive committee is out of town and the vice-chairman did not care to act in his absence. Mr. Brierley decided that the best course to follow, under the circumstances, would be for him to place a memorandum before their meeting, which is to be held on July 20th, and ask the members to appoint a sub-committee to meet with representatives of the League after that date.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

Fill

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

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TREASURER
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 2nd July, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

I have, as requested, prepared a brief statement of the work done by the League.

I understood that Mr. Brierley would make the appointment with your office for some day during the week of July 5th.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

File

PUBLIC HEALTH PROGRESS IN MONTREAL

September, 1924, to June, 1926

In making this report, it is not intended to claim that the Health League has been entirely responsible for the progress, but merely to show that it has shared in the efforts which have secured this advance.

HEALTH LAWS

I - Passage of the Milk By-Law:- The part the League played in this is well-known, and I believe both agencies and individuals credit it with the final success in securing its enactment and preventing postponement of its application.

II - Passage of the Meat Inspection By-Law:- The League's part in this was not so evident. We were asked to work quietly as certain individuals were prepared to advocate this by-law in council, and they desired the credit, also not wishing it to look as though outside influences were forcing them. This by-law was really made possible by the work done in regard to milk.

III - Housing Laws:- After fifteen months' study, the Housing Committee of the League, which is composed of representatives from the Montreal Council of Social Agencies, The Federation of Jewish Philanthropies, the Catholic Social Service Guild, the Civic Improvement League, La Société St-Jean-Baptiste and the General Health League, have drafted their recommendation for the necessary changes in the By-Laws of the Provincial Board of Health concerning housing. These have been submitted to the provincial authorities and our next step will depend upon what action they take. It appears as if they were being well-received and that there is a reasonable likelihood of favourable action. Not much has been said about this, because it is intended to give the Provincial authorities all the credit if they will accept the proposals, so as to make the revision appear as their own idea and not as

something suggested, given to, or forced on them.

This is reported as progress for while many have investigated and recorded concerning housing conditions in Montreal, we have progressed to the point of recommending what we believe is required in the way of a proper law..

TUBERCULOSIS

IV - Re-opening of the Laurentian Sanatorium at Ste. Agathe:- As an organization and as individuals we played a real part in securing the re-opening of this institution.

Growing out of this is the appreciation of the need of beds and the likelihood of another sanatorium being built for the French-speaking section of Montreal. The progress towards sufficient tuberculosis beds for Montreal is rapid.

V - Supervision of tuberculosis cases and contacts:- In addition to the public health nurses employed by the League for this work, the Royal Edward Institute have added to their staff and Bruchési Institute are doing so as well. The Health League have approximately 800 homes under supervision at all times. This means that home supervision and health education are being given to well over a thousand more homes than formerly. It is also evident that the need for this service is being proven, and there is likelihood that complete responsibility for it will be assumed by the Tuberculosis Institutes in a short time..

HEALTH EDUCATION

VI - Health Articles:- We have prepared each week a short article on "Health" for the press. Many special articles have been furnished to different publications upon request.

VII - Social Hygiene Committee:- At the meeting of the Board of Directors held on November 25th, 1925, there were present representatives from the tem-

porary Montreal Social Hygiene Council. As a result of this meeting, an agreement was entered into by which the General Health League undertook to act as the local committee of the Canadian Social Hygiene Council. This was done because it was felt that the aims and objects of both organizations could be best attained in this manner, and that it would prevent any duplication of effort.

The agreement provided for the creation of a special committee selected by the existing temporary Council. This was done. The committee have met and have decided that their present programme will be a development of a Health Speakers' Service.

VIII - "Health in the Home" - Group Instruction:- A series of ten talks and demonstrations on the health subjects, which every woman should know and which she needs to know, in order to protect her own health and that of her family, is offered.

IX - Health Literature - "Health in the Home"Booklet:- We published a booklet which is used as a text-book for the course and for careful distribution in the homes we visit. This booklet contains the modern accepted health teachings.

X - Health Rules furnished to each school child.

XI - Health Instruction in Summer Camps:- A public health nurse is supplied by the Health League to two camps where there are mothers and children.

XII - Summer Day Camp:- A local demonstration of the value and need of special classes for those children whose physical condition renders it impossible for them to carry on the regular grades was given by the Child Welfare Association, the Protestant Board of School Commissioners and the General Health League.

XIII - Diphtheria Immunization:- A campaign to immunize children against diphtheria was initiated and has been carried through. Weekly clinics are

being conducted at both Health Centres.

DEMONSTRATIONS

XIV - English Section

XV - French Section

Two organized health demonstrations are conducted in two areas of the city with the object of showing that, in a period of time, certain results are obtainable if the necessary money is properly expended.

These demonstrations also give opportunity for certain valuable pieces of research work, such as relationship between physical and mental health and dependency.

SURVEYS

XVI - Health Service in the schools of the Protestant Board of School Commissioners

XVII- Survey of 1,425 tuberculosis cases (see Second Annual Report, Page 17)

XVIII - Survey of 295 tuberculosis deaths (see Second Annual Report, Page 11

Montreal, 2nd. July, 1926.

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

May 22nd, 1926.

Dear Sir Arthur:-

Permit me to suggest your being armed with a carefully prepared summary of work done by the League when you interview Mr. B., and in this you should not omit the influence exerted to get the milk bye-law passed, the opening of the St. Agathe Hospital, and the passage of the meat bye-law. If a favorable response is to come it will be only after much cogitation and least passive resistance. If you succeed with B. I will be able to prove to you that the League will be a very great gainer by the change. B. should be seen soon as they are making preparations for a consideration of the budget. After your interview I will be glad to hear what reception was given to the proposal, as I have some reserve ammunition that can be used with telling effect. If any reference is made to the racial or religious aspect, surely every time your staff administer to a patient, whether he be Catholic or Protestant, Jew or Gentile, the rest of the population is to that extent being protected.

I regret having to trouble you with this matter, but am hoping you will see it in a better light.

Yours truly,

J Tholstan

Sir Arthur Currie, G.C.M.G., K.C.B.,
McGill University,
M O N T R E A L.

My dear Fleming
We meet Brierley's committee on July 5th do
we not. Can you give me the ammunition
& suggests. I shall be home on July 4th and
should like it then. Leave at hotel. Return this
Yrs Currie

Private Memorandum:-

REASONS FOR CONTINUANCE OF HEALTH LEAGUE

1. Leadership:- Generally speaking, leadership in health work comes from voluntary agencies. There is no large city in greater need of such than the city of Montreal. The need is just as great now as when the League was organized.

   If the League ceases to function, not only is this leadership lost, but the impression is given that such efforts are a mere flash in the pan, and so the sincerity of others working in this field will be questioned and all future efforts will be handicapped. This not only affects Montreal but all of Canada. When there was a suggestion of delaying the Milk By-Law in Montreal, the opponents of pasteurization in Halifax immediately tried to make capital out of it. So, opponents to health work will use the failure of the League.

2. Continuity of Effort:- It takes time to establish a position in the community. The public have not faith in a new organization; it must prove itself worthy. The League has done this, as is evidenced by requests for help from outside the city, and by the positions held by the executive of the organization.

   This would be lost by cessation of the League's work.

3. Support of the Health Department:- Municipal and Government departments can only do their best work if there is organized public opinion back of them. Elected representatives must know what is the wish of the people, and they can only get this through an organized health society.

   Such a society must be representative of the whole people. The League

does this fairly well. We have all races and creeds amongst our members and on our Board of Directors. To pass under the control of one group, such as the Federation, would largely destroy the prestige that the League has built up. It has not been an easy task to gain the confidence and to be able to influence the actions of others. This has been done because we were free from domination of any one group. At present this should continue. If later the French group are able to organize themselves, then a re-adjustment might be made.

We have made a proper and satisfactory contact with the Health Officer. We are able to influence his plans and to strengthen his hands. This is needed now more than ever because the milk and meat by-laws are now to be enforced. As laws they are good, but their enforcement is what counts.

4. Relationship to Other Organizations:- The League in all its work has avoided duplication. To do this, it has been necessary to come to understandings with other groups. All these arrangements were made upon the assumption that our work would continue for a five-year period at least.

The reason for this assumption was that it was taken as a policy in the acceptance of the application of the managing-director and that his salary was guaranteed for five years. Also, the realization that for no shorter period would it be worth while starting.

We are under no legal responsibility, but we must advise the Child Welfare Association, the Metropolitan Life Insurance Company, the University of Montreal, Bruchési Institute, Herzl Dispensary and the Canadian Social Hygiene Council, as examples, right away, if our work is

to cease six months hence in order that they may plan accordingly. Such action will make difficult other plans of co-operation because there will be a feeling of insecurity growing out of this. Instead of having given a demonstration of what can be done, we will have given a demonstration of what should not be done.

5. Tuberculosis:- There remain many things to do in the development of the Tuberculosis programme, as evidenced by the survey reports presented at our Annual Meeting. Preventoria, placement of arrested cases, etc., all these will have to be dealt with in time, after our present steps are firmly established.

The League set out to give leadership in such things. Are we to stop half way?

We have 800 odd families under supervision for tuberculosis. What will happen to them? It is the continued effort with such families that brings results, otherwise, the labour spent in many of them is wasted .

6. Staff:- We have an efficient, hard-working staff. To do the work the League set out to do, it was necessary to gather such people together. Most of them left positions to come to us, Doctor Baudouin having given up a position with the provincial government. They did this because they believed that if the League were made a success, it would be continued.

It is not easy to develop such a staff, and they will be lost to Montreal if the work ceases. Besides, it will mean that for years health workers will be suspicious of Montreal positions, and will not be likely to give up other positions in order to come here. This is a very serious phase, not only from the standpoint of the present staff, but of the future health work of the city.

7. Housing:- A committee has been studying this problem for over a year. A great deal of work has been done, but it will take some years to see it through. First of all, the law must be changed, and secondly, public opinion favourable to enforcement must be created.

   Proper housing is one of the fundamentals of health work. It is one of the things that we have undertaken. Who will carry it on if we do not? Instead of giving it up, we should be considering a demonstration that proper housing is a sound financial possibility. This, of course, means some years of work.

   From every standpoint of health and morals for children and adults, this problem must be dealt with. It is the work of a health league.

8. Demonstrations:- We have two general demonstration areas. While they have done well, everyone will agree that a five-year period is necessary for such demonstrations. If we stop now, the money spent and the work done will have largely been wasted.

9. Health Education:- Within the past month we have offered a Health Speakers' Service. Are we now to send out word cancelling this?

10. Diphtheria Immunization:- The League secured the support of the medical societies and has demonstrated this work. Scarlet Fever Immunization will soon be in need of similar effort. Who is to do it?

NOTES

1. It is a fact that whether this should be or not, the Health League is considered to be an Atholstan gift to Montreal. Therefore, no other individual is at all likely to take over his child.

2. It is also a fact that the managing director, in applying for the position, stated that the League should spend $100,000.00 a year for five years. Where was it expected that this money should come from?

   What is needed is the money to complete our five-year programme.

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

May 21st, 1926.

General Sir Arthur W. Currie, G.C.M.G., K.C.B.,
President,
Montreal Anti-Tuberculosis & General Health League,
M O N T R E A L.

Dear Sir:-

When the Health League, of which you are President, was formed at the public meeting called by the Mayor of the City on the 25th March, 1924, there was a general impression that the movement was one of momentous importance, and the results up to this time surely justify that impression. As Chairman of The Family Welfare Association I had become aware of very regrettable conditions affecting the health of the citizens. There was no effective check upon the spread of tuberculosis. The hospital accommodation for tubercular patients was woefully inadequate. There was no law governing the sources and vending of our milk supply. There was no efficient inspection of our meat supply and no law to deter unscrupulous slaughtering and distribution.

Although the City had the services of an efficient, zealous Health Officer many measures essential to the safeguarding of the public health seemed to be absolutely negligable as far as our civic Government was concerned.

Your Health League has been instrumental in securing greatly improved conditions and establishing a healthy public opinion on these vital matters. The immense value of what you have accomplished cannot be denied, and I am sure the citizens are appreciative of it. Being one of those who at its inception were deeply impressed by the timeliness of your movement for the improvement of the public health I subscribed $100,000 to help it during its initial activities. Upon this subscription alone, I find, the League has subsisted for upwards of two years, but will have exhausted the fund by the 31st December next. It, therefore, becomes of vital importance that the work of your League should not suffer for lack of financial support. I am willing to give a subscription annually, but I deem it well the

League should be made to realize that the growth of its activities now entails expenditure of such magnitude that, without seriously curtailing the support of other philanthropies, I cannot bear the entire expense as in the last two years, and I deem it not in the interest of public welfare that the expense of such an important undertaking as the League is now operating should be borne alone by any single individual. When the public are not contributors to the support of measures for their own protection the lack of co-operation is detrimental to the fullest measure of success.

With the highest appreciation of the splendid services of yourself, Dr. Fleming, Dr. Beaudoin and your colleagues on the Board, I beg to remain,

Your obedient servant,

A Holstan

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
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VICE-CHAIRMAN
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LYON COHEN, ESQ.
TREASURER
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 28th July, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

We have been informed that the Executive Committee of Financial Federation have appointed a sub-committee to meet with representatives of the Health League, to discuss the subject under consideration.

The date of this meeting will be arranged at your convenience. If I might know when that will be, I shall so advise the representatives of Financial Federation.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

July 5th, 1926.

Jas. S. Brierley, Esq.,
M.L.C. Building,
Craig & Alexander Streets,
Montreal.

My dear Mr. Brierley:-

Let me acknowledge receipt of your letter of July 2nd.

In the circumstances I quite see that it was impossible for us to meet today. We can take the matter up again after the sub-committee, to which you refer, has been appointed.

Yours faithfully,

THE M. L. C. BUILDING
CRAIG AND ST. ALEXANDER STREETS

OFFICE OF
JAMES S. BRIERLEY
IN TRUST

MONTREAL. July 2, 1926

Dear Sir Arthur,--

I am sorry to say that the proposed meeting re Health League and Financial Federation will have to be postponed. I find that both the Chairman and Vice-Chairman of the Executive Committee are out of the City, and in their absence no sub-committee can be constituted. Am afraid I must take the blame for not getting after them in time, but in any event one or both of them should be on the Committee. I have talked over the matter with Dr. Fleming, and advised him that I am writing to the Executive Committee, suggesting that at its next meeting, about July 20, a sub-committee be appointed to meet your committee at any time convenient to both.

With regrets for the delay,

Yours very truly,

Jas S. Brierley

Sir Arthur Currie,
Principal McGill University,
City.

June 25th, 1926.

Miss J. E. Sexton, R.N.,
52 Bruce Avenue,
Westmount, Que.

Dear Miss Sexton:-

I am in receipt of your letter of June 21st with reference to your severing relations with the Anti-Tuberculosis and General Health League organization.

I am sorry that I have not been able to see you when you have called, but during the past fortnight I have been extremely busy and have also been away from Montreal a great deal. I am leaving again tonight for ten days. Should you care to see me after my return, about July 5th, I shall be very pleased to give you an interview.

Yours faithfully,

W.8019

52 Bruce Avenue
Desmonnt, June 21st 1926

To General Sir Arthur Currie G.C.M.G. K.C.B
Principal and Vice Chancellor of
McGill University, Montreal.

Dear Sir,

Having been advised by one of the Directors of the Anti-Tuberculosis and General Health League, that I would be sure of a Hearing and of fair treatment if I should apply to you, I am taking the liberty of writing to you, as Chairman of the League, as I have not been able, so far, to secure an interview.

I have been, since June 1st 1925, one of the Nurses of the League,

and have worked conscientiously and industriously. On several occasions, the Nursing Director, Miss Kennedy has shown much personal antagonism in her manner to me, but to avoid friction, as I was greatly interested in the work, I have endeavored not to resent this. On Tuesday last, June the 15th on my return to the office to make out my reports, I was asked very sharply by Miss Kennedy why I had not enclosed in some application forms for Murray Bay which I had sent to the office, a "Medical Form". I replied that I had not known and had never been told of such a

Form, and on her showing it to me on the table where lay the Application Forms with several other papers, I explained again that not Knowing of such a Form, and the title being Quite hidden by a typewritten notice, it had not attracted my attention. She stated in a loud voice that she "would not argue with" me, and left the room.

Shortly after, She called me to say that I was to apologize or resign at once, and as I could not ascertain from her, her reason for demanding an apology, I was forced to resign. On applying to Dr Fleming concerning "notice",

he told me it was not a question of my work, which was satisfactory, but that if Miss Kennedy wished me to go, I was to leave at once.

I feel that such an abrupt dismissal is hurtful to my professional reputation, and would respectfully ask for advice on the subject, so that I shall not be suspected of bad conduct or of some professional error.

With apologies for troubling you, I remain,

Yours respectfully

Jane Edith Sexton R.N.

Graduate, Royal Victoria Hospital.

May 18th, 1926.

Rt. Hon. Lord Atholstan,
165 St. James Street,
Montreal.

Dear Lord Atholstan:-

Dr. Fleming has handed me your letter of May 15th.

Will you please indicate a date agreeable to yourself when a Committee of the Anti-Tuberculosis and General Health League may call upon you with reference to the future of that organization. I could wait upon you almost any time this week, with the exception of 11 o'clock Friday morning and Saturday forenoon.

Yours faithfully,

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

Fleming

May 19th, 1926.

Dear Sir Arthur;-

Replying to yours of the 18th inst., if Friday, 21st inst., at 4 P.M. will suit your convenience I will be glad to see you and any of your colleagues of The Anti-Tuberculosis and General Health League.

Yours sincerely,

Athelstan

General Sir A. W. Currie, G.C.M.G.,
McGill University
M O N T R E A L.

Signed during absence

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

May 15th, 1926.

Dr. A. Grant Fleming,
The Montreal Anti-Tuberculosis
& General Health League,
9 Coursol Street,
M O N T R E A L.

Dear Dr. Fleming:-

In view of the approach of Summer, I think it is desirable that your Directors should, if they approve of the idea, place the suggestion before the Financial Federation at a very early date, and, as is suggested, that they should see me before making any further move in the matter.

Yours truly,

S Nicholson

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

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LYON COHEN, ESQ.
TREASURER
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 12th May, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

In accordance with instructions, I beg to enclose herewith copy of minutes of meeting of the Board of Directors of the Montreal Anti-Tuberculosis and General Health League, held on May 4th, 1926.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Secretary

Montreal Anti-Tuberculosis and General Health League

RE: SURNAME.....

CHRISTIAN NAME.....

ADDRESS.....

HISTORY NO.....

MEMORANDUM:

Sir. Arthur Currie

Dr. Martin has approved of this. Will you please read and let me know your wish as to changes as to presenting the same to the Sun Life.

A Grant Fleming

DATE..... SIGNATURE.....

NO. 250

MEMORANDUM

To Dr. C.F. Martin:-

Teaching Preventive Medicine, McGill University

CONSIDERATIONS

1. I believe we all agree that throughout the whole curriculum, particularly in the clinical subjects, the preventive aspect should be a part of all teaching. That is, it is intended to diffuse the preventive teaching throughout all departments, not to withdraw and concentrate it under preventive medicine.

2. A department of preventive medicine would therefore have as its functions -
   (a) Responsibility for knowing what all departments are teaching. To correlate and prevent duplication and contradiction in teaching.
   (b) Lectures on (1) subjects such as sanitation, administration, not covered in other departments; (2) summing up of all teaching, pointing out application.
   (c) Research in preventive medicine - a university function.

DISCUSSION

1. Teaching - To do effective teaching, it is necessary that the lecturer be able to talk in terms of his own experience, otherwise, it is not much more than a digest of a text-book that he gives. Preventive medicine teaching needs to be essentially

practical. That means that local material needs to be available for examples. The teaching loses its effectiveness if one must constantly admit that he has nothing here to show as an example.

2. Demonstration - Field work, to be of value, must be up to a high standard, or else, it defeats its very purpose. If, after describing work, you cannot show it being well done, it is not much good.

3. In Montreal, neither the city nor the province can give the field work. On account of language difficulties, it is doubtful if they ever will be of great help.

4. The graduate must see preventive medicine applied if he is to have a real appreciation and understanding of it. He must, for example, see a real School Health Service, the social-health work in tuberculosis, or he will never have a correct view of the work, nor of its possibilities, nor of his place as a general practitioner. Also, he must see the relationship between his profession and public health nursing, social service and the work of the other professions in the preventive field. Also, the principles of record-keeping, their value; the use of spot maps and charts, etc.

RECOMMENDATION

For these reasons, to supply local material for teaching purposes, for demonstration and for field research, I would recommend approval of the attached plan's being submitted to the Sun Life Assurance Company for a Health Unit.

Montreal, March 19th, 1926

MEMORANDUM

To Sun Life Assurance Company:-

Health Unit

The vital statistics of Montreal and the Province of Quebec are ample evidence of the fact that health conditions here are not satisfactory. The death rate from preventable diseases is high ; the infant death rate and the tuberculosis death rate are appalling.

THE MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE was organized in 1924 as a voluntary health agency, and started to function in November, 1924, by carrying on a campaign for the improvement of health conditions. Lord Atholstan contributed the sum of $100,000.00 to enable the League to demonstrate its usefulness. These funds will carry its present programme until the end of 1926.

The following health advances during the past year, to which the League has largely contributed, have demonstrated its usefulness:-

1. Passage of Milk By-Law;
2. Passage of Meat Inspection By-Law;
3. Re-opening of Sanatorium at Ste. Agathe;
4. Great extension of service for supervision of tuberculosis cases and contacts in their homes;
5. Health Education - (a) Regular newspaper articles;
   (b) Special articles;
   (c) Numerous addresses;
   (d) Special courses of health instruction;

6. Demonstration of Forest School;

7. Demonstration of Health Teaching in Summer Camp;

8. Campaign for Diphtheria Immunization;

9. Free Distribution of Diphtheria Antitoxin;

10. Housing Committee actively at work;

11. Social Hygiene Committee actively at work;

12. Survey of tuberculosis deaths;

13. Two Health Centre Demonstrations.

In regard to the last-named activity, our French Centre is operated in conjunction with the University of Montreal School for Public Health Nurses.

It is towards our English Centre that we desire to direct your attention, because, for the reasons set out, we wish to develop into a complete Health Unit. Next to Housing, our greatest health need is for a proper school health service. This is of paramount importance in order that the children be given a reasonable chance to grow up well and strong and with a knowledge of personal hygiene. If such a service could be demonstrated here, we believe that it would spread over the city and province. Our present staff and resources do not permit of our undertaking these activities, and further, they could not be started without a reasonable guarantee of their continuance for a period of time.

What we therefore ask is the assistance necessary for a development of the English Health Centre of the MONTREAL ANTI-

TUBERCULOSIS AND GENERAL HEALTH LEAGUE for the following purposes:-

OBJECT

(a) Local Demonstration of the health results that an expenditure of a reasonable sum of money over a period of years will give.

(b) On account of the importance of Montreal, such a demonstration would affect the whole of Canada, particularly the Province of Quebec.

(c) As a teaching centre of applied preventive medicine for McGill University.

A fully developed health department or unit bears the same relationship to the teaching of Preventive Medicine as the hospital does to the teaching of the clinical subjects. Such facilities are not now available in Montreal. It will likely be some years before the city health department reaches a position where its work would be a standard for teaching. The language difficulty will always practically shut it off for teaching purposes for McGill.

The area suggested for the Health Unit is the territory covered by the wards of St. Joseph and Ste. Cunégonde, where the Health League is now doing part of the proposed work.

PLAN

The city to be asked to set aside this area to the Health Unit, on condition that it be administered by a board to consist of the Director of the Montreal Health Department, the Dean of the Faculty of Medicine, McGill, and the Managing Director, Montreal Anti-Tuberculosis and General Health League.

The work done in this area would be the development of

a complete health programme (excluding the city-wide services of water and milk). This means a health service which, through clinics, schools and home visits would give health supervision from before birth throughout life.

Special services would be developed if the co-operation of the school boards can be secured, such as open-air schools, special classes for those with poor eyesight, etc., in other words, the care of the physically sub-normal child. It would endeavour to bring the positive health forces, as distinct from disease prevention, to the benefit of the children.

The unit should include a laboratory for making such diagnoses as are required to assist in the control of communicable diseases. Also, distribution of all biological products, such as diphtheria and scarlet-fever antitoxin free, to prevent and cure communicable diseases, and clinics for immunization against such disease, as may be so prevented.

As dental treatment for children and for the expectant mother can be considered as real preventive work, a dental clinic should be provided.

The necessary number of child welfare and other health clinics would be developed. As an example, a special clinic for mothers to receive advice concerning behaviour problems on their children.

It is reasonable to expect that the influence of such a centre would be wide-spread.

A national service would be contributed because McGill

students, who would be taught here, would carry away with them a high standard of Preventive Medicine, and thus spread, throughout this Dominion, the practice of disease prevention and health promotion, also a sympathetic, because understanding, co-operation with health departments and voluntary health agencies. This, in the years to come, will be evidenced by fewer deaths, less sickness and more health in Canada.

If the medical practitioner of the future is to be the "family health counsellor", he must be taught how in a practical way. Which means that the University must have a Health Unit at its disposal for teaching. Otherwise, the graduate is not properly qualified for practising preventive medicine, not knowing how to participate in health clinics, school health services, etc., and not knowing how to give health supervision and teaching to the individuals and families under his care.

At present, it must be admitted that much of the opposition to modern health advancement, in many communities, comes from the medical profession, because of their lack of understanding - which means faulty under-graduate training. This is not surprising because not having seen preventive medicine in practice, they are not able to visualize it in after years, and are naturally unsympathetic with things they do not understand.

In addition to the medical students, there are the student public health nurses and social workers. They, with others, need better facilities for field instruction in public health or applied preventive medicine in order to make the most of their course.

These students also, after graduation, go all over Canada and so the teaching of them is a Canadian problem, not a local nor a provincial one.

Looking to the future, we must appreciate that leadership and support must come chiefly from these groups. To act now means results in so far as today's students are concerned.

Such a Health Unit linked up with the laboratory facilities of the University and the staffs of the various University departments, can do all sorts of research work in the field of applied preventive medicine, and make intensive studies on various phases of the work, particularly in regard to child welfare, tuberculosis and industrial hygiene.

The greatest need for research in preventive medicine is field research - how best to apply our present knowledge to various groups.

SUMMARY OF HEALTH UNIT

AREA - St. Joseph and Ste. Cunégonde Wards;

POPULATION - 30,000, approximately;

OBJECT - (a) Demonstration of Complete Health Programme;
(b) Education Facilities for McGill;
(c) Field Research.

ADMINISTRATION - Director, City Health Department;
Dean, Medical Faculty, McGill;
Managing-Director, General Health League.

SERVICES - Health Clinics -

Ante-Natal;
Infant Welfare;
Pre-School;
Child Study;
General Health;
Immunizing Clinics.

Laboratory -

Diagnostic Facilities;
Biological Products.

School -

School Health Service;

(with special classes for physically sub-normal).

Home -

Public Health Nurses teaching health and demonstrating in the home.

Including, or linked up with social work and bed-side nursing service.

Health Lectures, Demonstrations, Special Courses, Health Literature, etc.

The Unit would be developed along the lines of the schedule of the Committee on Administrative Practice of the American Public Health Association.

BUDGET

The fairest way to arrive at a budget is to base it on a per capita expenditure. It is easy to spend large sums of money, but both from an educational and demonstration standpoint, the budget should be kept to the amount that a community should expend on health work.

Considering the services we have in mind, this would be approximately $45,000.00, or $1.50 per capita of population served.

This would be made up approximately as follows:-

ADMINISTRATION Records and Statistics	$15,500.00
MEDICAL AND DENTAL SERVICES Clinics, Schools, Laboratory, Special Classes, etc.	7,500.00
PUBLIC HEALTH NURSING SERVICE Clinic, School, Home, Special Classes, etc. Tuberculosis supervision	15,000.00
LABORATORY SERVICE Diagnostic and Biological Products	3,000.00
INSPECTION SERVICE (Two Inspectors) Food, Sanitation, Housing, Quarantine	4,000.00
	$45,000.00

What would be saved in the first year, while programme is being developed, would pay for equipment, etc.

March 4th, 1926.

A. J. Brown, Esq., K.C.,LL.D.,
Dominion Express Building,
Montreal.

My dear Mr. Brown:-

You will remember that when the Anti-Tuberculosis and General Health League was launched the firm of Brown, Montgomery & McMichael had charge of the incorporation work . I do not think we paid you anything more than your out-of-pocket expenses, with a very small fee for advice.

Our legal work, I am glad to say, is practically nothing, but the Directors have asked me to consult with you as to whether your firm will act as our honorary legal advisers. I believe, Mr. Brown, that we have donea very useful work in connection with this league and are rendering a real service to the citizens of Montreal. All this health work is, as you know, a work of charity.

Will you please consider our request and let me know whether your firm can act as we desire.

Yours faithfully,

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
CHAIRMAN
ZÉPHIRIN HÉBERT, ESQ.
VICE-CHAIRMAN
RIGHT HON. LORD ATHOLSTAN, LL.D.
J. RODDICK BYERS, M.D.
C. F. MARTIN, B.A., M.D.
SIR F. WILLIAMS-TAYLOR, LL.D.
L. DEL. HARWOOD, M.D.
E. J. C. KENNEDY, M.D.
MICHAEL HIRSCH, ESQ.
SIR LOMER GOUIN, LL.D.
HELEN R. Y. REID, LL.D.
LYON COHEN, ESQ.
LOUIS COLWELL, ESQ.
W. H. ATHERTON, PH.D., LL.D.
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 1st February, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Dear Sir:-

There is nothing in our by-laws or minutes regarding the appointment of Messrs. Brown, Montgomery and McMichael as solicitors, either paid or honorary. To date, we have paid them $167.14, of which $100.00 was for incorporation expenses, etc. The remainder was in connection with the registration of our lease, a survey of the ground, and my appointment as a Commissioner of the Superior Court, which last is necessary in regard to the admission of patients to institutions. Most of the $167.14 would represent the firm's actual out-of-pocket expenses, with a small fee for advice.

You suggested that they be asked to act as honorary solicitors. Will you advise me as to when I may ask their advice in regard to the need of physician's liability insurance to protect the League?

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

BE CLEAN

Name .....

Address .....

of ..... School ..... Grade

HEALTH RULES

1. Wash your hands before eating.
2. Clean your teeth night and morning.
3. Put nothing in your mouth except food and drink.
4. Drink milk every day.
5. Eat fruit, and green, leafy vegetables every day; they are body builders.
6. Do not eat between meals, it is unhealthy.
7. Play out of doors every day and be strong.
8. Keep your head up and your chest out when sitting, standing or walking.
9. Bathe in warm water at least once a week.
10. Sleep with the bedroom window open.
11. Put your handkerchief to your mouth when coughing or sneezing.
12. Have regular toilet habits.

BE PUNCTUAL

BE TRUTHFUL

BE CAREFUL

Montreal Anti-Tuberculosis and General Health League

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

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A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 31st March, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

In accordance with instructions, I beg to enclose herewith copy of minutes of meeting of the Board of Directors of the League, held on the 16th instant, also those of the Annual Meeting of members of the League.

Also attached is specimen of the book-plates which is being distributed to the school-children of Montreal by the General Health League.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Secretary

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

Minutes of the Annual Meeting of members of the Montreal Anti-Tuberculosis and General Health League, held at the city of Montreal, on Tuesday, March 16th, 1926, at the hour of four-thirty in the afternoon.

Present:-

Sir Arthur W. Currie,
Dr. C.F. Martin,
Dr. Helen R.Y. Reid,
Dr. J. Roddick Byers,
Dr. E.J.C. Kennedy,
Dr. J.A. Jarry,
Mr. Lyon Cohen,
Bishop Farthing,
Sir Vincent Meredith,
Mrs. Wellington Dixon,
Miss Lambert,
Dr. Frank D. Adams,
Mrs. Frank D. Adams,
Dr. C.F. Wylde,
Dr. R.E. Wodehouse,
Mrs. John Scott,
Miss Learmonth,
Dr. F.G. Finley,
Mrs. W.T.B. Mitchell,
Dr. A.K. Haywood,
Mrs. Olive Huot,
Dr. Gordon Bates,
Mr. G.B. Clarke,
Mrs. David Porter,
Dr. H.B. Cushing,
Rev. E.G. Bartlett, S.J.,
Mr. J.F. Pierce,
Miss Jane Wisdom,
Mr. Farquhar Robertson,
Mrs. F.H. Sproule,
Mrs. T.J. Stevenson,
Mrs. H. Munderloh,
Miss Callard,
Miss Sinclair,
Mrs. Max Bernfeld,
Mrs. Ruth B. Shaw,
Mrs. Empey,
Miss E.M. Baker,
Miss Lily E.F. Barry,
Mrs. Ada L. Coulson,
Mrs. Amy B. Hilton,
Miss E. O'Brien,
Mr. J. Levinson,
Miss Upton,
Miss MacDermott,
Miss G.A. Towers,
Dr. E.O. Millay,
Miss F.E. Roper,
Mr. Harold Lawson,
Mr. J.H.T. Falk,
Miss A. Davidson,
Dr. R.St.J. Macdonald,
Mr. W. Gilmour,
Miss L. Hall,
Miss E. Bowden,
Mr. N.L. Burnette.

Sir Arthur W. Currie occupied the chair.

The minutes of the last meeting, held on March 17th, 1925, were, upon motion duly made, seconded and carried, taken as read and adopted.

The following had notified the Chairman that they would be unable to attend the meeting:-

Mr. F. N. Southam,
Mrs. R. W. Reford,
Mr. E.L. Pease,
Mr. Henry Joseph,
Dr. W.H. Atherton,
The Mayor of Verdun,
Dr. Helen MacMurchy,
Dr. S. Boucher.
Mr. A.C. Dawson,
Mr. Grant Hall,
Mr. Eugene Tarte,
Dr. A.T. Bazin,
Mr. A. Cousineau,
Miss E.L. Smellie,
Dr. A. Lessard,

The programme of the meeting consisted of the Chairman's address, report of the Managing-Director and report on the French Health Centre by the Medical Director.

The following participated in a discussion following the reports:- Dr. Byers, Dr. Macdonald, Mr. Pierce and Dr. Cushing.

The financial report was presented by Mr. Cohen, and upon his motion, seconded by Dr. Kennedy, was adopted.

Upon motion duly made, seconded and carried, the firm of Messrs. McDonald, Currie and Company were appointed auditors.

Upon motion duly made, seconded and carried, the legal firm of Messrs. Brown, Montgomery and McMichael were appointed honorary solicitors.

Upon motion duly made, seconded and carried, the following were elected directors:-

Sir Arthur W. Currie,
Lord Atholstan,
Dr. J. Roddick Byers,
Dr. Helen R.Y. Reid,
Dr. C.F. Martin,
Mr. Lyon Cohen,
Sir Frederick Williams-Taylor,
Dr. E.J.C. Kennedy,
Sir Lomer Gouin,
Mr. Michael Hirsch,
Mr. Louis Colwell,
Dr. J.A. Jarry,
Dr. W.H. Atherton,
Dr. L. deL. Harwood,
Dr. A. Grant Fleming.

The Chairman explained that owing to pressure of business, Mr. Zéphirin Hébert had found he was unable to give the time he should to the League, and that he was regretfully forced to tender his resignation as a director.

The meeting then adjourned.

_____
Chairman

_____
Secretary

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

Directors' Meeting

In accordance with By-Law No. II, a meeting of directors of the Montreal Anti-Tuberculosis and General Health League was held following the Annual General Meeting.

Present:- Dr. C. F. Martin,
Dr. Helen R.Y. Reid,
Dr. J. Roddick Byers,
Dr. E.J.C. Kennedy,
Dr. J.A. Jarry,
Mr. Lyon Cohen,
Dr. A. Grant Fleming.

Dr. Martin occupied the chair.

The minutes of the last meeting were taken as read and adopted.

Upon motion duly made, seconded and carried, the following officers were elected:-

Chairman	-	Sir Arthur W. Currie,
Vice-Chairman	-	Dr. L.deL. Harwood,
Treasurer	-	Mr. Lyon Cohen,
Assistant-Treasurer, Secretary and Managing-Director	-	Dr. A. Grant Fleming..

It was decided to hold directors' meetings on the fourth Wednesday of the month, the time and place to be selected by the Chairman.

The meeting then adjourned.

_____
Chairman

_____
Secretary

March 8th, 1926.

Dr. A. Grant Fleming,
9 Coursol Street,
Montreal.

Dear Dr. Fleming:-

I have heard from Mr. A. J. Brown of Brown, Montgomery & McMichael, and am glad to tell you that they will act as Honorary Advisers of the Anti-Tuberculosis and General Health League.

Please make a note of it for our annual meeting and I think it would be quite all right for you to see them with reference to our liability re physicians in the clinics.

Yours faithfully,

Cable Address "Jonhall"

Brown, Montgomery & McMichael
Advocates, Barristers &c.

Dominion Express Building

ALBERT J. BROWN, K.C.
ROBERT C. McMICHAEL, K.C.
FRANK B. COMMON
THOMAS R. KER, K.C.
LINTON H. BALLANTYNE
F. CURZON DOBELL

GEORGE H. MONTGOMERY, K.C.
WARWICK F. CHIPMAN, K.C.
ORVILLE S. TYNDALE, K.C.
WILBERT H. HOWARD
ELDRIDGE CATE
C. RUSSELL McKENZIE

Montreal 5th March, 1926.

Sir Arthur W. Currie, G.C.M.G., K.C.B.,
McGill University,
MONTREAL.

My dear Sir Arthur:

Your letter of the 4th instant reached me this morning, and I am pleased to be able to answer you at once that my firm will be glad to act as the honorary advisers of the Anti-Tuberculosis and General Health League. I do not know which member of the firm will undertake to look after such work as may be referred to us, but you may depend that there will always be someone available.

With kindest regards,

Yours sincerely,

A. Brown

March 6th, 1926.

A. J. Brown, Esq.,
Dominion Express Building,
Montreal.

Dear Mr. Brown:-

Thank you very much indeed for your kindness in agreeing that your firm will act as Honorary Advisers of the Anti-Tuberculosis and General Health League.

Yours faithfully,

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE.

Report of First Year's Work.

The initial step in every organisation is to determine its field of activity. The field of the Health League was defined in the report of a committee appointed for that purpose, which report was adopted at a general meeting of members held on November 18th, 1924.

This report was of course based upon the understanding that the League was created to assist in bettering health conditions in Montreal. Its functioning had been made possible through the munificence of Lord Atholstan and the direction of public-spirited citizens under the chairmanship of Sir Arthur Currie. The directors have carried on in accordance with this plan during the past year.

The 18th of November, 1925, sees the completion of the first year's activities, which are herewith recorded.

In presenting this record, it is only fair to state that the main object of any voluntary health organization is to create an opinion favourable towards public health work. If we believe that health is a responsibility of the State, then public opinion must be influenced to demand that the State assume its responsibility.

All our work has this main object in view. There is much

of it, however, that is indefinite or, at least, not tangible enough to set down in writing. The very creation of the Health League gave an impetus to health work, and yet no one could measure the extent of such an impetus, nor explain just how it worked.

A good understanding with the municipal Department of Health and its Director is, of course, essential. It is recorded, with great satisfaction, that this understanding exists. Such a statement means nothing in recordable results of a definite statistical nature, but it means much to the progress of our mutual health activities, which will result in the elimination of preventable diseases and give positive health to the citizens of Montreal.

Certain of the League's activities can, however, be recorded and these are set out as follows:-

Milk By Law - The need of a pure, safe milk supply was apparent. The League adopted the course of supporting the Health Department in its endeavour to secure the adoption of a proper Milk By-Law. This support was given by contributing newspaper articles and interviews, many public addresses enlisting the support of various agencies, and by petitioning the City Council for favourable action. The by-law passed the City Council on July 21st, 1925.

To whatever extent the League was able to help in obtaining for Montreal a pure, safe milk supply, it has justified its existence.

Ste Agathe Sanatorium - The League decided that the operation of an institution was not one of its functions, but agreed that it should do everything possible to bring about provision of institutional care

for cases of tuberculosis. It is unquestionably true that there are many cases which cannot be cared for at home with comfort for themselves and safety for others, and it is likely true that every case would be benefited by a stay in sanatorium.

The League worked closely with those who did their utmost to secure the early re-opening of this institution. It is now in operation, every bed is occupied, and there is a long waiting-list. The institution is operated by the Laurentian Sanatorium Association which was organized to carry on this specific piece of work. On the Board of Governors of this Association are the Managing Director and two other Directors of the Health League - one of the latter being Chairman of the Association.

This information affords great satisfaction to everyone, and if the efforts of the Health League contributed towards bringing this about, it is something accomplished.

Anti-Tuberculosis Work -

(1) A safe milk supply will eliminate one source of tuberculosis, so the enforcement of the new Milk By-Law will accomplish, among other things, a lessening of tuberculosis.

(2) Laurentian Sanatorium - An essential unit in a successful fight against tuberculosis is the sanatorium whose mission is to care for those who cannot be cared for in the home and to teach those who pass through the institution how to live so as best to care for themselves and protect others. The Laurentian Sanatorium at Ste. Agathe is a factor in providing this essential unit.

Together with Mount Sinai Sanaterium and the Grace Dart Hom., as well as the beds at Cartierville promised for the first of the coming year, Montreal will have approximately half the necessary beds required for Tuberculosis cases. In other words, a year ago there were 80 beds available in special Tuberculosis institutions; today there are 290 beds, and in a few months this number will be augmented by 200 more.

(3) Home-Visiting, Supervision and Instruction - The early discovery and proper treatment of cases of tuberculosis, the supervision of those who have been in contact with cases, and general health education in the home are part of every successful campaign against tuberculosis. The public health nurse is the proper person to do such work. We have now a group of six public health nurses so engaged. The first one was appointed last January and since then the number has increased with the growth of the work. They visit in the homes of known cases of tuberculosis. In the first place, they see that the doctor's instructions are carried out in the home, arrange for institutional care when it is advised and is available; teach the patient and family how to live so as to prevent the spread of disease, arrange for the medical examination of the contacts, and by regular visits in the home, teach, demonstrate and supervise in an endeavour to maintain healthy conditions. Many difficulties are naturally encountered, and all the resources of the community are used to help these unfortunate families.

Up to November 1st., 1926, we have dealt with 1,096 families in which there was one case or more of active Tuberculosis. On an average there are five contacts to each case, so that over six thousand individuals have been affected by the supervision of these homes. During this time, 6,139 visits have been made to the homes of the patients for the purpose of supervising and instructing. There are also the necessary visits in connection with the securing of assistance where needed, and the placement of cases. During the same period, 205 individuals were placed, that is, admitted to sanatorium or other institution, or placed in some reasonably satisfactory way.

This work will surely bring results by spreading the gospel of good health and assisting in its practice, for the teaching in every home visited indirectly affects other homes, and one can certainly say that the supervision of 1,096 families will have an effect on at least 5,000 families all told.

This group of nurses, through their work in the homes, is making a definite contribution towards the fight against Tuberculosis.

All this work is done in association with others interested. All are striving to create the best possible system for Tuberculosis work in this city. It is understood that the League desires to avoid any duplication of effort, its only wish being to develop and support other agencies and, itself, endeavour to fill some of the gaps in the organized effort to fight this disease.

As an example, the League has furnished the home supervision, by public health nurses, of the homes of cases attending Bruchési Institute and Herzl Dispensary. It is anticipated that the demonstration in this respect will persuade the supporters of such institutions that home-visiting is essential to their work and that, in time, they will provide the necessary staff. The League will then attack some other phase of the programme which must eventually be fully developed to assure the more rapid eradication of this disease.

(4) Survey of Tuberculosis Deaths - There are certain general principles in the fight against Tuberculosis which are applicable everywhere, such as the provision of sanatoria and dispensaries, and home supervision. There are special needs, in addition, that are required for different localities. In order to determine some of these, as applied to the city of Montreal, a survey of the deaths from Tuberculosis is being made. A report covering this survey will be furnished upon completion of the survey. Such a survey will be of real value in pointing the way for the future development of the campaign against Tuberculosis in Montreal.

(5) Housing - A housing committee was formed in co-operation with other interested agencies. This committee is actively at work. Its members have satisfied themselves of the need for action. They have set as their first objective the preparation of a law which, if enforced, would prevent the perpetuation of improper construction from the health standpoint.

Proper housing has a far-reaching effect upon the human family.

Fresh air, sunlight and sanitary facilities are needed in every home. Over-crowding, dark and poorly-ventilated rooms are enemies of health, and there is no reason why any new structure or re-modelled old structure should not be of a type that will assure a healthy environment for the inmates.

Tuberculosis is essentially a house disease. The great percentage of cases is spread in the home from one member of the household to another. It can therefore be readily understood that overcrowding, lack of facilities for cleanliness, lack of sunshine, and all the other evils of unsanitary dwellings, with the resulting lowering of physical vitality, must play a prominent rôle in the spread of tuberculosis.

(6) School Health Service - On the request of the Protestant Board of School Commissioners a survey of the health service in their schools was made. A detailed report pointing out how the service might be improved was furnished.

(7) Health Education - As previously stated, the general public must know the value of community public health before they can be expected to support the health departments of the state and supply the "sinews of war" through their taxes.

The general public must also know the facts about personal hygiene in order that they may practise them. Personal health knowledge is only of value to the extent to which it is used. The Health League is helping in the spread of such knowledge in the following ways:-

(a) A newspaper article on Health is furnished to the city newspapers each week. Thanks are due to the press for their assistance in giving space to these articles. Constant repetition of the simple health truths is necessary to make an impression, and in this way, newspaper articles make a very real contribution to the spread of health knowledge and the advance of health practice.

(b) "Health in the Home", a booklet covering the subject of health as it is needed in the home was published. It is really a statement in plain language of modern health knowledge, giving instructions as to the prevention of disease and the maintenance of health from the ante natal period to adult life.

This book also serves as a text-book for the staff. It is published in both English and French and covers the course of ten lessons offered to groups of women by the League. Five groups of seventy-eight women have taken the course, and several other groups are in prospect. It is felt that the development of group instruction in health work offers great possibilities for the spread of sound health knowledge.

(c) The officers of the League have given numerous addresses, and take every opportunity offered of reaching the people.

(d) Special articles are furnished for different publications, and so aid in the spread of health truths. Two of these articles go each month to the Quebec Jun.or Red Cross Society, and are published in their monthly bulletin. Another one goes to "L'Ecole Canadienne", a monthly publication which reaches the school teachers.

(8) Demonstrations - Two short but very important demonstrations were made during the past summer:-

(a) Summer Day Camp (Open-air, or Forest School), established in conjunction with the Child Welfare Association and the Protestant Board of School Commissioners. A group of physically sub-normal children, in number, were selected, and for three months attended the school. The object of this demonstration was to show that under proper hygienic conditions of fresh air, proper food and added rest, most of these children will regain normal health. Also, that they, as a result of an improved physical condition, will show increased mental capability in their school work.

These children are being followed up until the end of the year, after which time a detailed report of the demonstration will be published. If the results are as anticipated, it is hoped to see a further development next year by the school boards.

Whether or not an individual develops tuberculosis largely depends upon the maintenance of physical fitness. Therefore, anything (such as open-air schools) which helps this object is very definitely preventive work in the field of tuberculosis.

(b) Health Instruction in Summer Camps. At the Old Brewery Mission Camp this last summer, it was demonstrated, to the satisfaction of all interested, by a public health nurse supplied by the Health League, that a real opportunity is offered for effective

health teaching. As a result, at the first of the year a meeting of representatives from camps which take mothers and children will be called, to discuss ways and means of extending this service to all such camps next summer. Freed from home worries and care of the children, the mothers are in a receptive mood, and the stay in camp offers a favourable chance to encourage and assist them in the establishment of health habits which they carry home. At last summer's camp 341 mothers were reached by the League's nurse.

(c) Demonstration Areas.- Two health demonstration areas have been organized, one in the French section, the other in the English section of the city. The respective centres in these two areas are located at 655 deMontigny Street, East, and 9 Coursol Street.

The object of these demonstration areas is to show that if a certain sum of money is properly expended, definite health returns are assured. The only way this can be proven is to take a certain area, do definite things in that area, and allow the vital statistics to give the answer. Such important things as a safe milk supply must be approached by the municipality as a whole, and its benefit will be spread equally all over the city. What these areas will show is the value of health clinics and particularly the value of health education in the homes and to groups.

These centres are at work. The French Centre was organized first and is now very complete; the English Centre will soon be in the same position. As vital statistics for any short period are apt to be very misleading, we cannot make any attempt as yet to prove anything.

This time next year, results should begin to show, but any such demonstration, to be of real value to provide conclusive local evidence, will require a period of at least five years.
Through co-operation The League is making a definite contribution in educating the future health workers of the French-speaking Section. This is very important because these workers in the years to come will have a tremendous influence in the public health field.
These demonstrations are carried on with the assistance and co-operation of other agencies, and always with the approval of those who have interests similar to those of the Health League.
Some idea of what can be done is evidenced by these facts concerning the French Health Centre - 85% of the infants and 30% of the estimated number of expectant mothers in the area are under supervision.

The next year will see a continuance of this work. Particularly, must provision be made to secure the enforcement of the milk by-law. The Health Department must be supported in its activities and given the necessary financial and other assistance by the City Council to do its work.

There are, in process of completion, plans for -
Provision of Biological Products, such as diphtheria anti-toxin, for the free use of our citizens;
Campaign for the eradication of diphtheria;
Endeavour to bring health knowledge to school children;

A health speakers' service, including illustrated lectures and motion picture films.

It is pointed out that only so many things can be done at a time and that the directors devoted their energies to the things which, in their opinion, were most urgent. It was also felt that advantage should be taken of opportunities that presented. As example, when the Canadian Tuberculosis Association and the Canadian Public Health Association met here during the year, a good deal of time and energy was devoted to assisting them, because of the stimulus and educational value such meetings bring to health work in the community where they are held.

The success of health work will depend upon united efforts. For that reason, the Health League, in everything which it has touched, has tried to work along with others so that the effort would influence and interest a larger group and bring about, in quicker time, the results desired.

No person and no organization can claim that progress is the result of his or their effort. If this year is seeing definite progress in health work, the larger part of it is the result of the work of years gone by; some of it may perhaps be due to the extra push which the Health League may have been able to give, and that is all a year's work can expect to produce in a field of work that will require not weeks or months, but years to show results.

A.Grant Fleming, M.D.
Managing Director

18-XI-25

FORM T.D. 1 M.

CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH

TELEGRAM

RECEIVED AT UPTOWN BRANCH
CANADA CEMENT BLDG.
PHONE LANCASTER 5667

All Messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeated message, and is delivered by request of the sender under these conditions.

J. McMILLAN, General Manager of Telegraphs, Montreal.

76RABR 131 FIRST SHEET 69

HALIFAX NS FEB 5 405PM

SIR ARTHUR CURRIE.,

MCGILL UNIVERSITY MONTREAL.

THE BOARD OF HEALTH HERE HAVING PASSED A BYLAW PERMITTING SALE OF MILK FROM CANS WHERE PREVIOUSLY IT HAS BEEN SOLD FROM BOTTLES MANY OF US ARE ANXIOUS TO HAVE THIS BYLAW DISALLOWED AS AGAINST GOOD PUBLIC HEALTH PRACTISE STOP WE HAVE ASKED DR GRANT FLEMMING COME HERE AND GIVE PUBLIC BENEFIT OF HIS ADVICE STOP HE HAS SUGGESTED DR SINCLAIR MCDONALD AS A COLLEAGUE STOP COULD YOU GIVE.

FORM T.D. 1 M.

CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH

TELEGRAM

RECEIVED AT UPTOWN BRANCH
CANADA CEMENT BLDG.
PHONE LANCASTER 6662

All Messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeated message, and is delivered by request of the sender under these conditions.

J. McMILLAN, General Manager of Telegraphs, Montreal.

2/76RABR

HALIFAX NS

SIR ARTHUR CURRIE

MONTREAL.62.

MCDONALD LEAVE OF ABSENCE FOR WEEK IF HE IS WILLING TO COME STOP AS CHAIRMAN MASSACHUSETTS HALIFAX HEALTH COMMISSION AM IN POSITION TO GUARANTEE PAYMENT OF REASONABLE FEE AND EXPENSES IF DOCTOR MACDONALD WILL COME STOP BELIEVE SITUATION HERE AFFORDS OPPORTUNITY FLEMMING MACDONALD FOR USEFUL PUBLIC SERVICE STOP WOULD ESTEEM IT GREAT FAVOR IF YOU COULD GIVE DOCTOR MACDONALD LEAVE OF ABSENCE.

G FRED PEARSON.

404PM

Feb. 5th 1926

Will be pleased to
give Dr. Macdonald necessary
leave of absence. He will
~~Communicate with~~ advise you
when leaving.

A. W. Currie

FORM T.D. 1 X.

CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH

TELEGRAM

1324

CABLE CONNECTIONS TO ALL THE WORLD

J. McMILLAN, General Manager of Telegraphs, Montreal.

M5AX RN 97NL

HALIFAX NS 6 FEB

SIR ARTHUR CURRIE

MCGILL UNIVERSITY COLLEGE MONTL.

WE ARE GREATLY INDEBTED TO YOU FOR YOUR CONSIDERATION IN ALLOWING FLEMING AND MACDONALD TO COME HERE STOP AT MY REQUEST CANADIAN PRESS WILL ASK YOU CONCERNING THEM SUGGEST YOU SAY THAT AT REQUEST THIS COMMISSION FOR COMPETENT MEN TO ADVISE ON MILK PROBLEM HALIFAX YOU HAVE ALLOWED THEM COME HERE AND THEN SAY SOMETHING OF THEIR CAPABILITIES STOP THIS WILL REACH ALL NEWS PAPERS AND BE INTRODUCTION FOR THEM STOP WE WILL OFFER THEIR SERVICES TO PREMIER AND MAYOR AS INDEPENDENT EXPERT ADVISORS

CABLE CONNECTIONS TO ALL THE WORLD

J. McMILLAN, General Manager of Telegraphs, Montreal.

M5 AX RN

SIR ARTHUR CURRIE MONTREAL.

AM ASSURED THEY WILL BE WELCOMED STOP AGAIN THANKS FOR YOUR COOPERATION

G.FRED PEARSON.

2AM.

COPY COPY COPY COPY

MONTREAL ANTI TUBERCULOSIS AND GENERAL HEALTH LEAGUE

9 Counsel St

Montreal, 15th December, 1925

Dr. A.T. Bazin,
Medical Arts Building,
Montreal.

Dear Doctor Bazin:-

Attached hereto is a copy of the agreement arrived at our joint meeting, which was later approved of by Lord Atholstan.

If you will furnish me with the names of those to whom notices should be forwarded, and suggest a day and hour, we shall be glad to send out the letters calling a meeting, if you so desire.

Yours truly,

A.Grant Fleming, M.B.
Managing Director

COPY COPY COPY COPY

CANADIAN SOCIAL HYGIENE COUNCIL
and
MONTREAL ANTI TUBERCULOSIS AND GENERAL HEALTH LEAGUE

AGREEMENT

This agreement is entered into for the following purposes:-

1. A more complete development of health work, particularly in the social hygiene field in Montreal;
2. To provide local representation of the Canadian Social Hygiene Council in Montreal;
3. To avoid the creation of a new health organization, and to use the existing General Health League.

Plan:-

1. All memebers of the temporary Montreal Social Hygiene Council to be made members of the Health League;

2. Such members, and any others they choose to add to their number, shall appoint a committee of seven members which shall be the Social Hygieene Committee of the Montreal Anti-Tuberculosis and General Health League, the said committee to have power to appoint sub-committees;

3. The Chairman and Managing- Director of the League shall ex-officio be members of the Social Hygiene Committe;

4. The General Health League shall act as the local council of the Canadian Social Hygiene Council, and shall, as long as they so act, conform to the general policy of the Canadian Council. Through thier Social Hygiene Committee, they shall initiate and carry on whatever part of the Canadian programme is deemed best suited for this community;

5. The General Health League will provide, through their reguler staff, the executive and administertive personnel for the Social Hygiene Committee as part of the general work of the League;

6. The Canadian Social Hygiene Council will deal with the General Health League as with any local council, making what contributions they can in money or in kind;

7. As the present indication is for a development of health education, lecture etc., itis understood that the Canadian Social Hygiene Council will do what they can to assist in this by furnishing a trained worker, lantern-slides, motion pictures, etc.;

8. The Canadian Social Council will make a general appeal for funds in Montreal, but may solicite individual contributions for national purposes;

9. This agreement is subject to cancellation upon six months' notice from either party.

To sum up, the General Health League undertakes to act as the Montreal Social Hygiene Council of the Canadian Social Hygiene Council. To carry on Social Hygiene work. To create a special Social Hygiene Committee in order to ensure that this special work receive an adequate share of the energy of the League.

Montreal, November 25th, 1925.

COPY COPY COPY COPY

DR.A.T.Bazin,
Medical Arts Building,
Montreal.

Dec.22nd, 1925

DR.A.Grant Fleming,
Managing Director,
General Health League,
9 Coursol Street,
Montreal.

Dear Dr.Fleming,

re. Local Council Social Hygiene.

I beg to acknowledge receipt of your letter of 15th. Inst. with attached copy of agreement as drawn between the Organising Committee of the Local Council Social Hygiene and the Public Health League, and approved by the Directors of the League.

In consultation with Mr Pierce we feel that we should be relieved of our respohsibilities as soon as possible by submitting the question to those for whom we are acting.

I will therefore take advantage of the offer in your letter to send out notices ca ling a meeting.

I enclose the list of names and will ask you to call the meeting for Tuesday, December 29th, at 2.15.p;m.

Yours truly,

A.T.Bazin.

MONTREAL SOCIAL HYGIENE COUNCIL

Representatives nominated by service and social clubs to the proposed council

Lions' Club	Rev.R.C.Burgoyne, 5425 4th Av, Rosemont.
Rotary "	Mr. J.F. Pierce, Can.Steamships, Victoria Square,
Montreal Womens Club	Mrs.A.E.Moore, 297 Clifton Av, NDdeG.
Chambre de Commerce	Mr.J.A.Paulhus, 428 Bonsecurs St,
Board of Trade	Mr J.S.Cook, Secretary, Board of Trade Blg, 42 St Sacrament St,
Kiwanis	Mr Charles Taylor, 533 Canada Cement Blg,Phillips Square.
W.C.T.U.	Mrs Enright, 388 Roslyn Av, Westmount.
Catholic Womens League ..	Mrs.J.Quinn, 355 Mountain St, & Mrs.J.McAnnally, 17 Weredale Park, Westmount.
Local Council of Women ..	Mrs W.Lyman, 84 Red Path Cres, Mrs Ritchie England, 126 Bishop St, Mrs John Henderson, 375 Roslyn Ave, Westmount.
Federated Womens Clubs ..	Mrs J.A.D.Annette, 936 Dunlop Ave, Outremont.
Federation National de St Jean Baptiste ..	Mme Gerin-Lajoie, 443 Sherbrooke East,
Big Sisters Association..	Mrs Eugene Sherwin, 364 Redfern, Westmount.
Big Brothers Association..	Mr.L.S. Colwell, 29 Hospital St,
	Dr. A.T.Bazin, 4064 Dorchester St Westmount.
Executive Secretary	Miss Eileen O'Brien, 472 Sherbrooke St West.

National Committee

Dr.A.W.Deslogues, 65 St Gabriel St,
Dr E.Boucher, Mourling Institute,
Dr. J.A.Baudoin, 655 Demontigny st,
Dr.A.K.Haywood, Montreal General Hospital,
Dr.J.A.Hutchinson Westmount.
Sir Arthur Currie, McGill University,
Mr E.W.Beatty, Canadian Pacific Railway.

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
CHAIRMAN
ZÉPHIRIN HÉBERT, ESQ.
VICE-CHAIRMAN
RIGHT HON. LORD ATHOLSTAN, LL.D.
J. RODDICK BYERS, M.D.
C. F. MARTIN, B.A., M.D.
SIR F. WILLIAMS-TAYLOR, LL.D.
L. DEL. HARWOOD, M.D.
E. J. C. KENNEDY, M.D.
MICHAEL HIRSCH, ESQ.
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LOUIS COLWELL, ESQ.
W. H. ATHERTON, PH.D., LL.D.
A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

9 COURSOL STREET

MONTREAL, 25th July, 1925.

General Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Sir:-

Enclosed herewith please find report of the League's activities for the first half of the year 1925.

Yours truly,

A. Grant Fleming, M. B.
Managing Director

MONTREAL ANTI-TUBERCULOSIS AND GENERAL HEALTH LEAGUE

Managing Director's Mid-Year Report to the Board of Directors

The following summary of the work of the Health League for the first half of the year, 1925, is respectfully submitted herewith.

Activities have been directed in accordance with the accepted policy of the League. It is agreed that in health work, there are certain basic things which must first be properly established if the whole work is to be well constructed. It is with this clear understanding that practically our entire energy is given to secure what are considered the fundamentals of health work.

We all know what an appeal there is to everyone in children's work. People want to do things for children who are sick, crippled, or handicapped in any way. It is the right desire and all such efforts are to be greatly commended, both in the good accomplished and in the spirit of its doing. Much of the League's effort will lack such popular appeal, because to a large extent, we deal with things rather than with persons. The reason is that in our endeavour to eliminate disease, we deal with impersonal and non-appealing things, such as impure milk, improper housing, etc.

We record with satisfaction that we have established a friendly understanding with the City Health Department. The Health Officer appreciates that the League's aim is to assist in increasing the efficiency and scope of his department's activities. On our side, we believe that the health of this city depends to a great extent upon the ability of the Health Department to perform its duties in a complete and satisfactory manner, and that our chief function must always be to help secure this efficiency.

We continued our campaign to secure the acceptance of the milk by-law prepared by the Health Department. It is absolutely essential that this city have a pure, safe milk supply. The by-law passed the City Council on July 21st. To whatever extent we were able to help in obtaining for Montreal a pure, safe milk supply, we have justified our existence. In addition to its many other advantages, this safe milk will eliminate one source of tuberculosis in our city, which is something accomplished.

A Housing Committee has been formed in co-operation with other interested agencies. This committee is actively at work, and will later be in a position to support the authorities intelligently in securing any needed housing reforms. That there is need for better housing in this city is realized. As action comes only through a community demand, and on account of the definite relationship between housing and health, we, as a community health agency, share in this piece of work.

We have worked closely with those who, for some time, have done their utmost to secure the early re-opening of the sanatorium for tuberculosis at Sainte Agathe. We record with pleasure that, after months of waiting, the organization for operating the sanatorium is complete, that the necessary repairs are being made and that patients will be received within a few weeks.

This information affords great satisfaction to everyone, and particularly to the members of the League, if they feel that the efforts of the League contributed in any way towards bringing about this result. The need for bed accommodation is pressing, and without a sanatorium, the fight against tuberculosis is almost hopeless in many homes.

The early discovery and proper treatment of actual cases of tuberculosis, supervision of those who have been in contact with actual cases, general health education in the home, are part of every successful campaign against tuberculosis.

We have now a group of six public health nurses. The first one was appointed in January, and since then, the number has increased with the growth of the work. They visit in the homes of known cases of tuberculosis. The home supervision of these cases is entrusted to us by the hospitals and dispensaries. The nurse in the first place sees that the doctor's instructions are carried out in the home; arranges for institutional care when that is available; teaches the patient and family how to live so as to prevent the spread of disease; arranges to have the contacts medically examined; by regular visits in the home, teaches and supervises, and endeavours to maintain healthy conditions. Many difficulties are naturally encountered, and all the resources of the community are used to help these unfortunate families.

Up to July 1st, 1925, we have had 802 families in which there was at least 1 case of active tuberculosis under supervision. During the month of June, with 5 nurses on the staff, they made 611 visits to the homes, and arranged for the placing of 25 cases. In association with all the others interested, we are working on a plan to create the best possible system for tuberculosis work inside the city. It is understood that the League desires to avoid any duplication of work and wishes to help develop and support the existing health agencies, and, itself, to endeavour to fill some of the gaps in the organized effort to fight this disease.

Through our staff of nurses doing home visiting and a survey of tuberculosis deaths that we are making, we are reaching many homes, finding cases and educating the people in health. Such work makes a definite contribution to the fight against tuberculosis.

The survey of tuberculosis deaths covering a period of 12 months will, we expect, reveal certain points which will more clearly show us the local needs in the anti-tuberculosis campaign, and enable us to see further needs more accurately.

The general public must know the value of community health work so that they will support the health department and supply the "sinews of war" in the way of money. They must also know the facts about personal health so that they may put them into practice. Personal health knowledge is only of value to the extent that it is used. We are helping to meet this need for knowledge in several ways.

A newspaper article on Health is furnished to the city newspapers each week. Our thanks are due to the press for their assistance in giving space to these articles. Constant repetition of the simple health truths is necessary to make an impression, and in this way newspaper articles make a very real contribution to the spread of health knowledge and the advance of health practice. Also, the support of the press in any health campaign is essential. The citizens of Montreal are indebted to the public spirit of the press in this city which seeks to improve health conditions.

A booklet "Health in the Home" has been published. It contains the health knowledge that is needed in the home. Also, it serves as a textbook for the staff and for the course of ten lessons on this subject offered to groups of women by the League. It was too late in the spring to accomplish much in our group instruction work. However, 47 women took the course and expressed their satisfaction and pleasure. The teaching and demonstration given by the staff seemed to be appreciated. We believe that there are great possibilities in group instruction and we hope to see it develop rapidly in the fall.

A Summer Day Camp (open-air, or forest school) has been established in conjunction with the Child Welfare Association and the Protestant Board of School Commissioners. Its object is to demonstrate that physically sub-normal children will, in most cases, become physically normal and do better mental work if, after having had their physical defects corrected, they receive proper food, get plenty of fresh air and sufficient rest. This is a splendid co-operative effort made possible by good team work, and this evidence of further practical interest in the physically sub-normal child by the School Board is noted with pleasure. We are happy to state that a second school is being organized, this latter one for the French-speaking section. Everything that helps to maintain the physical fitness of the children is definitely tuberculosis prevention work, and so, provision of open-air schools is another definite step in the programme of disease prevention, which we hope the demonstration will help secure.

The Canadian Public Health Association and the Canadian Tuberculosis Association both held their annual meetings in Montreal this year. The League assisted in every way that it could to make these conventions a success. They resulted in a definite increase of local interest and understanding of health work.

The officers of the League have given numerous addresses and take every opportunity of furthering health work as opportunities offer.

An outline of the progress of the demonstration centres is of interest. These centres are carried on, as their name implies, to demonstrate; that is, to show in a limited area what health results are obtainable under certain conditions, and following definite pieces of work.

<u>French Centre - 655 deMontigny St., East</u>

We were fortunate to develop our French Centre in co-operation with the University of Montreal, the Metropolitan Life Insurance Company and the City Health Department. The combination permits of a better scheme than any one organization could develop alone. It is also true that a teaching centre will more likely maintain the highest standard of work. The League contributes to this centre what might be defined as the field service for the unit. Indirectly it contributes to the ~~practical~~ education of the future health workers of this city. The League equipped the centre, and provides the director, four nurses and one clerk. This Health Centre is already becoming a centre of influence, and, in addition to demonstrating in the area of one parish the results of intensive, properly directed health work, its influence will radiate over and affect all health work. The Health Department approves of the programme as of all the work with which we are associated.

Well-baby clinics, pre-school and pre-natal clinics are carried on, with regular home visiting. Further clinics and activities will be added until all health work in this area - St. Catherine's parish - is covered. Later, the area will likely be extended.

English Centre, 9 Coursol Street

The second centre is in an English-speaking area. We have our centre and our head office in this house. Plans are practically completed, preparations have been made and work actually begins on September 1st.

It takes several months to organize and prepare in order to ensure that, once started, things will run smoothly. This centre will demonstrate along similar lines to the French Centre, and will be used, in every way possible, to assist, by demonstrating, health work in the city. All health and social agencies working in this area are to participate.

There is one special additional activity that we have at the summer camp of the Old Brewery Mission. There, a public health nurse is showing the possibilities of health instruction by teaching and demonstration in such a camp. A wonderful opportunity is open for us tp reach a group of mothers at such camps.

A special report on all the various demonstrations will be made when the work is completed.

Our work for the first half of 1925 might be tabulated as follows:-

(1) General Publicity	(a) Weekly articles for press; (b) Public addresses.
(2) Special Campaigns	(a) Milk By-Law; (b) Housing Committee organized; (c) Assisted in campaign for re-opening of Ste. Agathe.
(3) Group Instruction	(a) Publication of manual "Healthin the Home"; (b) Organization and Instruction of groups.
(4) Anti-Tuberculosis Campaign	(a) Milk By-Law; (b) Housing Committee organized; (c) Home visiting and instruction by 6 Public Health Nurses.
(5) Special Demonstration	(a) Summer Day Camp, with Child Welfare Association and Protestant Board of School Commissioners; (b) Health teaching in summer camp for mothers.
(6) Health Centres	(a) French Centre - organized and at work; (b) English Centre - organized, ready to start on September 1st.

In making this tabulation one is reminded that our best work must often be indirect and that it cannot be tabulated or expressed in figures.

We can feel satisfied that this year is seeing definite progress in health work, most of it the result of the work of years gone by, some of it perhaps due to the extra push that the Health League may have been able to give.

July 25th, 1925.

Managing Director

June 13, 1925.

When we look back upon the first year of the Anti-Tuberculosis and General Health League, our first thoughts will assuredly be of the generosity and public spirit of the founder, the Rt. Hon. Baron Atholstan. To him we owe not only the broad conception of this organization, but the munificent financial backing which made its creation possible, and the debt is one which can never be paid.

Our first year has been one of organization and of real achievement as well; indeed the fact of completing such an organization is of itself ground for a good deal of satisfaction. It is gratifying to know that so many citizens of Montreal are willing to co-operate in the effort to improve the health of the community. Our organization owes its thanks especially to the members of the Executive who gave so much time and thought to the initial stages of the League's formation.

There is a tinge of sadness in our retrospect, inasmuch as death has robbed us of one of our directors, Mr. R.J. Richard, who was earnestly and deeply interested in the success of the League. He was always ready to render all the assistance which he could, and his loss is one which we cannot but feel very deeply.

In Dr. Fleming the League has been fortunate enough to obtain a director who is not only highly qualified professionally, especially in the fields of public health where our labours lie, but who has proved himself a thoroughly competent organizer. He has given abundant evidence of his appreciation of the value of co-operation and has consistently endeavoured so to work with other organizations, that waste and duplication of effort might, so far as possible, be eliminated.

The co-operation of the other societies to whom we have appealed to help us in forwarding our plans and who have seen their way clear to doing so, has helped to a very large extent in anything which we may have accomplished. I would like in especial to offer our thanks for their willing aid to the Child Welfare Association and the Victorian Order of Nurses as well as to the various hospitals and dispensaries.

The League is now fairly started on its way; I believe that many years of useful assistance are before it, and I am sure that next year will see much real progress.

Montreal Anti-Tuberculosis and General Health League

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
CHAIRMAN
ZÉPHIRIN HÉBERT, ESQ.
VICE-CHAIRMAN
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LOUIS COLWELL, ESQ.
W. H. ATHERTON, PH.D., LL.D.
A. GRANT FLEMING, M C., M.B., D.P.H.
MANAGING DIRECTOR

9 Coursol Street,
Montreal, 9th May, 1925.

Colonel Wilfred Bovey,
McGill University,
Montreal.

Dear Colonel Bovey:-

Enclosed herewith please find, as requested, copies of the letters being sent to Mr. Holland, President of the Child Welfare Association of Montreal.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

C O P Y

9 Coursol Street,
Montreal, 9th May, 1925.

N. Holland, Esq.,
President, Child Welfare Association of Montreal,
Montreal.

Dear Sir:-

With reference to the request of your Association for a definite plan of co-operation, cost, etc., of the proposed day camp, I beg to submit the following for your consideration:-

Plan

That forty children of school age be selected from the schools; children who are physically sub-normal, but in whom the condition is not due to some physical defect which the parents have refused to have remedied. These children would be selected with the assistance of the school teaching and medical inspection staffs, and from homes where we might expect reasonable co-operation.

The day would be from 9.00 to 4.30, six days a week. Health would be the first consideration. The child would be given a morning and afternoon lunch, a noon meal, followed by a two-hour rest period. Part of the day would be devoted to school work, the remainder to play.

We would ask the Mental Hygiene Committee to examine these children at the beginning and end, to see what mental improvement comes with physical improvement. We would endeavour to secure any needed dental care, etc.

The Protestant Board of School Commissioners are being asked for their support and aid as per the attached letter.

Grounds

The grounds would need to be cleaned, the fences repaired, the steps fixed, and a safe place for storage provided. This would mean the labour of three or four men for a couple of days, and the Child Welfare Association could possibly arrange this as they have done previously.

Cost

Equipment for 40 children -

Cots (canvas) - $2.30	$95.00	
Blankets - $3.25 a pair -	130.00	
Pillows - $1.49 a pair -	30.00	
Pillow cases - 0.39 a pair -	9.00	
Dishes and Cutlery	15.00	
Kitchen Utensils	10.00	
Stove	20.00	
	$309.00	$309.00
Supplies -		
Car Tickets	50.00	
Laundry	30.00	
Fuel	25.00	
Food	700.00	
Ice	25.00	
	$830.00	830.00
Cook - $40.00 per mo.	160.00	160.00
		$1,299.00

The General Health League would undertake to provide the medical and nursing service with assistance from the Child Welfare Association, but in such a way that the Child Welfare Association would incur no expense nor extra call upon their staffs. This is out of the proposed demontration area, but can be readily considered as part of it.

I would suggest that the budget of $1,300. be met equally by both organizations, it being understood that neither will be required to expend more than $650. and that every effort will be made by the special committee responsible to secure gifts and loans to reduce the expenditure as far as possible.

I would recommend that a special committee be appointed to have charge of this work, and that it be composed of:-

Child Welfare Association representatives - Director, Medical Director and several members of the Board;
Protestant Board of School Commissioners - Representatives;
Montreal Anti-Tuberculosis and General Health League - Managing Director, Nursing Director and several members of the Board.

Yours truly,

A. Grant Fleming, M. B.
Managing Director

COPY

9 Coursol Street,
Montreal, 8th May, 1925.

H. J. Silver, Esq., B.A., LL.D.,
Secretary-Superintendent,
Protestant Board of School Commissioners,
Montreal.

Dear Sir:-

We desire to ask your Board to consider favourably the following suggestion:-

There are, in the schools under your control, a considerable number of children who are physically subnormal or malnourished. This condition is due in many cases to the fact that for some reason the child has not been able to live a life conforming to the necessary health standards. The physical condition of such children renders them poor subjects for fighting disease, and they therefore often become victims of diseases, particularly Tuberculosis.

We are anxious to see demonstrated here in Montreal that if such children are given special care in a day camp for three or four months, many of them will become physically normal. This will minimize the chance of their falling victims to disease, and, at the same time, makes it possible for them to benefit from their scholastic work.

The Child Welfare Association of Montreal have the use of a property on the north side of Dorchester St., West - the Stephens estate - which would be suitable for such a day camp, and they are, at our request, giving favourable consideration to taking part in demonstrating the possibilities and value of a day camp. When this is arranged, it will mean that several groups will be definitely interested and so better assure satisfactory results.

The children would consist of a group of approximately forty and would be selected with the assistance of the school principals and school medical inspection staffs. They would spend the entire day at the camp, and would be provided with a noon meal. Health would be the primary and essential object, but school work would be carried on.

If your Board approves of this plan, we would ask that they assist in the selection of pupils and contribute the following for this demonstration:-

2 Teachers for four months (six days a week) June September (incl.);
School equipment for 2 teachers and 40 pupils - desks, blackboard, etc.;
1 Tent with floor, 25' X 40' approx.

The remaining equipment, food, etc., to be provided by the other participating organizations.

We would also ask that one or more members of the Board or executive staff be delegated to act on a committee with the other interested organizations.

Yours truly,

A. Grant Fleming, M. B.
Secretary

C O P Y

9 Coursol Street,
Montreal, 9th May, 1925.

N. Holland, Esq.,
President, Child Welfare Association of Montreal,
3000 Park Ave.,
Montreal.

Dear Sir:-

In order to demonstrate in a certain area in Montreal what results are obtainable by a co-operative and co-ordinated piece of health work, we desire to ask the consideration by your Association of the following suggestion:-

Plan of Demonstration

Area - Wards of St. Joseph and Ste. Cunégonde
Population - Estimated at 30,000.

The General Health League would establish a Health Centre at 9 Coursol St., where their office is now located. They would here equip a child welfare and pre-natal clinic.

TheChild Welfare Association would conduct this clinic. This would mean child welfare clinics at 9 Coursol St. and at Iverley Settlement, inside the area, and at University Settlement, close to the area.

The area would be divided into five sections, with one Public Health Nurse in each section. Four Public Health Nurses to be supplied by the League and one by the Child Welfare Association. Each nurse would have certain clinic duties, and the remainder of her time would be spent in the field.

The General Health League would supply the general administration, office space and records.

The Child Welfare Association would supply the supervision for all their type of work done in the district.

An Advisory Committee would be appointed, composed of:-

Director, Child Welfare Association;
Medical Director, Child Welfare Association;
Director, School for Graduate Nurses, McGill University;
District Superintendent, Victorian Order of Nurses;
Managing Director, General Health League;
Nursing Director, General Health League.

The Victorian Order of Nurses would be asked to make this area, as far as possible, one of their districts.

The Montreal Maternity Hospital would be asked to continue their pre-natal clinic at Iverley Settlement, and allow the district staff to do the home-visiting and instruction.

Every effort to develop the health work to the fullest would be made. We would seek to work with the Health Department and all other agencies.

We would also offer to the School for Graduate Nurses, McGill University, all possible opportunities for field experience for their students. The Day Camp, although out of the area, would be considered part of the demonstration.

This would entail no extra expenditure for the Child Welfare Association, but would broaden its field of work, and we therefore ask your Association to approve of the plan.

Yours truly,

A. Grant Fleming, M. B.
Managing Director

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
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A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

605 DRUMMOND BUILDING

MONTREAL

11th March, 1925.

General Sir Arthur W. Currie, G.C.M.G., K.C.B., LL.D.,
Principal, McGill University,
Montreal.

Dear Sir:-

We have received the resolutions in support of the Milk By-Law for which we have been waiting, and our petition has been prepared and addressed to the Mayor and the City Council. An appointment has been made with His Worship to meet him at his office in the City Hall Annex at noon on March 17th, when the petition will be presented to him. The Directors of the League are asked to be present as a delegation on this occasion.

If His Worship is called out of town, we are to be so advised and you will be notified of the fact in turn. Otherwise, the appointment stands as above.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M.B.
Managing Director

Montreal Anti-Tuberculosis and General Health League

TELEPHONE UPTOWN 5770

DIRECTORS
SIR ARTHUR W. CURRIE, G.C.M.G., K.C.B., LL.D.
CHAIRMAN
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A. GRANT FLEMING, M.C., M.B., D.P.H.
MANAGING DIRECTOR

605 DRUMMOND BUILDING

MONTREAL

23rd March, 1925.

General Sir Arthur Currie, G.C.M.G., K.C.B.,
Principal, McGill University,
Montreal.

Sir:-

I am instructed to inform you that at the annual meeting of the Montreal Anti-Tuberculosis and General Health League you were appointed to the Board of Directors for the ensuing year.

The Board will meet on the fourth Wednesday of each month at twelve o'clock noon. A notice reminding you of the meeting will be posted each month.

As we are moving on May first to Coursol Street, where our English Health Centre is to be organized, the directors decided to accept your kind offer to hold the meetings in your office at the University, this being a central point.

The first meeting will be held on April twenty-second.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Secretary.

CANADIAN PACIFIC RAILWAY COMPANY

OFFICE OF THE CHAIRMAN AND PRESIDENT

Personal

On Line,
MONTREAL March 17th, 1925.

Dear Sir Arthur:

I am returning herewith the memorandum re social hygiene which you sent me with a personal note some time ago.

I have read it very carefully and I think that the suggestions contained in it are at least as good if not better than any which have been submitted to us. It is an experiment but I cannot believe that in practical effectiveness it would be not as satisfactory as Doctor Bates' proposals. I am therefore of your opinion as to the advisability of adopting it.

Yours very truly,

E. W. Beatty

General Sir Arthur Currie,
Principal,
McGill University,
Montreal.

MEMORANDUM RE SOCIAL HYGIENE

OBJECT

To meet the need for social hygiene work in Montreal and, at the same time, avoid the creation of a new organization, which new organization would, of necessity, mean added work for the already over-burdened few and one more appeal for funds, the following plan is suggested:-

PLAN

That the Montreal Anti-Tuberculosis and General Health League appoint a committee of their members to be known as the Social Hygiene Committee of the Montreal Anti-Tuberculosis and General Health League. The personnel of such a committee would be representative of the community, as far as possible, and agreeable to the Canadian Social Hygiene Council. That is, the Health League would appoint as new members any persons who are not now members but who would be willing to serve, and whom the Canadian Social Hygiene Council desire to have serve in this work. Through this committee, the Montreal Anti-Tuberculosis and General Health League would act as the local council representing the Canadian Social Hygiene Council and conform to the present accepted policy of that organization which is

POLICY

(a) To undertake such measures as may be necessary to prevent, reduce or assist in the control of venereal diseases;

(b) To promote such conditions of living, environment and personal conduct as may best protect the family as a social institution;

(c) To co-operate with all governmental agencies in order to secure these ends.

All of which conforms to the purposes of the General Health League, namely, to prevent, by means of education or otherwise, the spread of tuberculosis and other diseases.

CONTRIBUTIONS OF ORGANIZATIONS

The Canadian Social Hygiene Council would undertake to pay the salary of a qualified secretary, mutually acceptable to both organizations. Such secretary to be a member of the staff of the General Health League, but devoting full time to social hygiene work.

The General Health League ~~offer~~ to give the services, under this plan, of their officials to assist in the direc-

tion and carrying on of this work.

The General Health League has a trained, experienced medical and nursing staff, who could provide the necessary direction in the medical and nursing phase, so the special secretary might be a trained social worker, thus developing a most complete executive force.

The General Health League would provide office space, the half-time of one stenographer and office supplies.

The Canadian Social Hygiene Council to furnish office equipment and literature.

SUMMARY OF CONTRIBUTIONS

Canadian Social Hygiene Council	General Health League
Salary and expenses of Secretary,	Organization,
Office Equipment - desks,	Services of officials,
fyles,	Office space,
typewriter,	Half-time stenographer,
Literature.	Office supplies.

DURATION

This understanding to continue until January 1st, 1927, when either party would be free to make other arrangements.

FINANCE

Under these conditions, the Canadian Social Hygiene Council would undertake not to appeal for funds in Montreal, during the proposed period, and to work only through the General Health League, it being felt that the Canadian Social Hygiene Council should, out of its own general funds, be ready to make this expenditure to start the work in Montreal.

ARGUMENT

This suggestion is made after consideration and consultation with others and expresses, I believe, the wish of those who under other plans would be burdened with the responsibilities of a new organization.

The Provincial Govt. has already initiated a successful programme, and what could be offered is support to their effort, working at all times with them.

x

The Montreal Anti-Tuberculosis and General Health League was brought into being to meet the

health needs of this city, that were not already covered, in so far as they can be met by a voluntary health organization. It would seem to be defeating the purpose of its creation to foster a new health organization.

It might be well to remind ourselves of the fact that health work is a general effort and that all problems, such as housing, recreation, health education, etc., are the interest of all health workers.* The General Health League intends to assist organizations carrying on ~~such~~ health work, and, themselves, to initiate other activities but to avoid creating new organizations. It would therefore seeme that a new health organization would mean a duplication of work in a large field of common endeavour. ~~and~~ The suggested plan would overcome this duplication, and fill in the special part that might not be sufficiently stressed in a general health programme to satisfy the social hygiene interests.

* Also that syphilis and tuberculosis frequently co-exist. That syphilis in the parent is a great factor in child hygiene.

It is appreciated that the Canadian Social Hygiene Council would prefer a separate organization as their local committee, but the doing of the work is the only truly important consideration. On the other side, the General Health League has a full programme and would prefer not to have to deal specially with social hygiene just now, but again, the best interests of Montreal health work may demand otherwise.

From both sides, this is a give and take proposition in the interest of general health work, and as a practical measure recommends itself.

RESULT

A committee working on social hygiene, in the best way, that is as part of a general health programme, supported by a strong organization, with their own executive officer assisted by other trained workers. This would allow for a reasonable development of social hygiene activities.

February
Eighteenth
1925.

Honourable L. A. Taschereau,
Prime Minister,
Province of Quebec,
Quebec.

My dear Mr. Taschereau:

You will remember that about the middle of December I wired to you with reference to the Ste. Agathe Sanatorium. In reply you intimated that arrangements were proceeding satisfactorily and that we could expect the Sanatorium would be opened shortly. A few days ago the Press also stated that, in the House at Quebec, you said that the Sanatorium at Ste Agathe would be opened shortly for the reception of Protestant patients.

I am writing to tell you that really something must be done at once. The people in Montreal are becoming very impatient and I have been repeatedly urged to write an open letter in the Press to you about it. Of course, I wont do that but it seems to me that definite action must be taken by the Government at once.

Dr. Colwell and the Lake Edward Sanatorium Authorities are quite upset and feel that they have not received quite the consideration to which they are entitled.

I am having a meeting of the Anti-Tuberculosis and General Health League on Friday and I know the

matter will come up for discussion. I want also to tell you that the General Annual Meeting of that League will take place on the 17th of March and unless something definite can be told those interested I greatly fear that the Government will come in for a great deal of criticism. You will notice that last night's Star had an editorial about the matter.

Will you please tell me what I can say to my people on Friday?

I wish that you would lunch with Mitchell and myself and possibly Beatty on Saturday at the Mount Royal Club shortly past one.

Yours faithfully,

PRINCIPAL

P.S. I learn from Mitchell that you have an engagement so I need not expect you for lunch.

February 26th, 1925.

Dr. A. Grant Fleming,
605 Drummond Building,
Montreal.

Dear Dr. Fleming:-

Thank you very much for your letter of February 24th.

I shall be very pleased to act as Honorary Chairman of the local committee in connection with the annual meeting of the Canadian Tuberculosis Association, which is being held in Montreal on May 14th, 15th and 16th next.

Yours faithfully,

Honorary President
HIS EXCELLENCY
THE GOVERNOR GENERAL

Honorary Vice-Presidents:
THE LIEUTENANT GOVERNORS OF ALL THE PROVINCES

President:
DR. C. D. PARFITT
Gravenhurst

Hon. Treasurer:
SIR HENRY DRAYTON
Ottawa.

Canadian Tuberculosis Association

Founded in 1900 by the initiative of H.E. Lord Minto, Governor General of Canada, as the result of a personal letter from H.M. King Edward VII.

Secretary
Robert E. Wodehouse, M.D.,D.P.H.

Assistant
Margaret Grier, B.A.

Phone R. 4092 Plaza Building
Cor. Rideau and Sussex Sts.

OTTAWA, *Canada*

yes

605 Drummond Building,
Montreal, 24th February, 1925.

General Sir Arthur Currie, G.C.M.G.,
Principal, McGill University,
Montreal.

Sir:-

The Canadian Tuberculosis Association are holding their annual meeting in Montreal on May 14th, 15th and 16th.

In order to assist the Association in this connection, a local committee has been formed whose members request that you consent to act as one of their Honorary Chairmen.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M.B.
Chairman, Local Committee

Montreal Anti-Tuberculosis and General Health League
605 Drummond Building
Montreal

Telephone Uptown 5770

23rd December, 1924.

General Sir Arthur Currie, G.C.M.G., K.C.B.,
Principal, McGill University,
Montreal.

Sir:-

I am enclosing herewith report of the survey recently made of the medical inspection of the schools under the direction of the Protestant Board of School Commissioners, which is being forwarded you in accordance with instructions given at the last meeting of the Directors of the League, held on the 19th instant.

Yours truly,

A. Grant Fleming

A. Grant Fleming, M. B.
Managing Director

OFFICE OF THE PRIME MINISTER

PROVINCE OF QUEBEC

Quebec, 3rd October, 1924.

Sir Arthur Currie, K.C.B.,
Principal,
McGill University,
Montreal.

Dear Sir Arthur,

During the course of last summer I had the occasion of meeting you, and also a few representatives of the English protestant element of Montreal, in regard to the St. Agathe Sanatorium.

It has been then proposed that the Sanatorium should be a protestant institution, under protestant control and for protestant patients.

I would feel extremely obliged if you would take up this matter with your co-religionists and let me know on what terms the hospital could be handed over to a Committee or Corporation formed with this object in view.

We are most anxious to re-open this hospital and I believe that there is a great need in the district of Montreal of a protestant hospital for the treatment and cure of tuberculosis.

Yours sincerely,

L. A. Taschereau

L

13-XI-24

For Sir Arthur Currie's Signature:-

Cheque, P.S.King & Son, London
" Goodwin's Limited,
" J.D. MacKinnon,
" Wilson & Lafleur,
" Latter Bros.
Salary cheques:- Dr. Fleming,
Miss E.P.Kennedy
M. McCrory.

Montreal Anti-Tuberculosis and General Health League
605 Drummond Building
Montreal

Telephone Uptown 5770

MEMBERS OF THE LEAGUE:

At a meeting of Directors, the attached report of the Committee on "Scope" has adopted and accepted as the general outline of work for the League.

The meeting instructed that a copy of this report be sent to each member.

The directors desired to have it stated, in order to avoid misunderstanding, that they appreciate that the League will act in health matter as a clearing-house and a co-ordinating agency, and that nothing in this report means any conflict with the work of the existing agencies. Indeed, nothing will be done by the League except after conference, and in the fullest co-operation with the interested health and social agencies and individuals, most of whom, if not all, are members of the League.

It was also to be stated that the general health work, such as health education and milk supply, is stressed because upon the general work depends the success of any effort in any special branch of health work such as tuberculosis.

A. Grant Fleming, M.B.

Secretary.

REPORT OF THE COMMITTEE ON "SCOPE"

The Committee on "Scope" beg to report as follows:-

It is understood that the League was formed to work towards the elimination of preventable sickness and deaths in Montreal.

If health work is to have any degree of success it is necessary that the people be interested, and also that they be convinced of the practical possibilities and results that are to be obtained through the application of preventive medicine to the community.

It is on the basis of these general facts that your committee has decided upon the scope of work for the League.

1. HEALTH EDUCATION - Through all available channels, such as newspapers, public addresses, health literature and films to carry on health educational activities.

That organized group instruction for women be undertaken to teach them the principals of disease prevention and healthy living in the home. For such group instruction, a manual covering the course to be prepared.

2. SURVEYS - To undertake a general survey of the health resources of the community and special surveys in regard to Tuberculosis, Water Supply, Milk Supply and Meat Supply.

3. DEMONSTRATIONS - To arrange with the existing health and social agencies for a demonstration in two selected areas (one English, one French) of a general health programme, organized on a health centre basis. These demonstrations to be conducted so as to show what results can be obtained from a co-operative effort.

It is understood that the French centre have a French-Canadian physician in charge who would also act as a general assistant to the Managing Director.

LADY DRUMMOND
HON. PRESIDENT

LORD ATHOLSTAN
PRESIDENT

HUNTLY R. DRUMMOND
CHARLES M. HOLT. K.C.
HON. LORNE C. WEBSTER
VICE-PRESIDENTS

JAMES HUTCHISON, C.A.
HON. TREASURER

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The Family Welfare Association
of Montreal

(AFFILIATED WITH FINANCIAL FEDERATION OF THE MONTREAL COUNCIL OF SOCIAL AGENCIES.)

ROOM 705 - 207 ST. CATHERINE STREET WEST

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F. WINIFRED LEARMONTH
GENERAL SECRETARY

PLATEAU 7176

October 14th, 1924.

Sir Arthur Currie,
Principal,
McGill University,
MONTREAL.

Dr. Fleming will attend

Dear Sir,

- Re Sanatorium Care for the Tubercular -

On January 30th, 1924, a meeting was called, under the chairmanship of Mrs. Arnold Stevenson of the Family Welfare Association in the Central Y.M.C.A., of representatives from different Protestant organizations in the city, to draw up a resolution to present the Government, with reference to the re-opening of the sanatorium at Ste. Agathe des Monts, and as a result of that meeting a delegation waited upon the Provincial Government.

Mrs. Arnold Stevenson informs me that she has received a letter addressed to Dr. Burrows, copy of which, I believe, was sent to you as Chairman of the Tuberculosis & General Health League, and I have been instructed to call a meeting on Thursday next, October 16th, at 12 P.M., in the Board Room, Blumenthal Building, 207 St. Catherine Street, West, of those organizations that attended the meeting in January, to hear the contents of the letter referred to. Mrs. Arnold Stevenson is very anxious that you, or someone representing the Tuberculosis & General Health League, should be present at this meeting, and I would be very grateful if, in the event of your being unable to be present yourself, you would arrange for such a representative to attend the meeting.

Yours very truly,

G.B. Clarke

FAMILY WELFARE ASSOCIATION
PER G.B.CLARKE
GENERAL SECRETARY

KMH:

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

August 11th, 1924.

Dear Sir Arthur:-

I am expecting Dr. Fleming to-morrow, and am asking him to lunch. Purposely you and Dr. Martin are not being asked as, I think, there might be a feeling of indelicacy if the question of adherence to his proposed budget had to be discussed in the presence of others.

I am assuming that you will tell Dr. Fleming that his budget is attractive, but as the League is composed of representatives of nearly all the Clubs, Societies, and other organizations, it would not be wise to commit the League definitely. Dr. Fleming can begin knowing that his views accord generally with those of the Executive, and can trust to the best effort being made to carry on so that he will be satisfied.

Yours sincerely,

A Holstan

General Sir Arthur W. Currie, G.C.M.G.,
Principal,
McGill University,
M O N T R E A L.

Next Tuesday

Guest file

October 7, 1924.

Honourable L.A. Taschereau,
Prime Minister,
Province of Quebec,
Quebec.

Dear Mr. Prime Minister:-

Permit me to acknowledge the receipt of your letter of the 3rd. inst. regarding the St. Agathe Sanatorium. I am bringing the matter up before the first meeting of the Anti-Tuberculosis and General, Health League.

Yours faithfully,

Principal.

Principal.

October 7, 1924.

Dr. A.G. Fleming,
Drummond Building.
Montreal.

Dear Dr. Fleming:-

I am sending you herewith a copy of a letter which I have just received from the Prime Minister. I have told him that I will put this matter before the League, and am enclosing the letter so that it may be brought up at the next meeting of the Executive.

Yours faithfully,

ONE SIXTY FIVE ST. JAMES STREET
MONTREAL

22nd March, 1924.

To

Honorable Mederic Martin,
Mayor of Montreal.

Dear Sir;-

I regret being unable to accept your kind invitation to be present at the meeting on the 25th. I am given to understand that it is the intention to form an "Antituberculosis and General Health League" on the basis of a motion to be introduced by Sir Arthur Currie, seconded by Mr. Zeph Hebert. If this information is well founded and if the proposal moved by Sir Arthur is accepted by the meeting, I authorise you to say that I will immediately place at the disposal of the executive of the League one hundred thousand dollars to be drawn as required for promotion of its work, and if this sum is judiciously expended, there will be more to follow.

Wishing you success.

Yours sincerely,

A Holstan