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THE CARE
of the
CHRONICALLY ILL
in
MONTREAL

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The Care of the Chronically Ill in Montreal

In April 1940 the Eastern Canada District of the American Association of Medical Social Workers, realizing the need for a study of the facilities available for the care of the chronically ill in Montreal, recommended that a committee be formed for this purpose. The following month a group of doctors and medical social workers met to discuss plans for such a study and the following committees were formed:—

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Secretary
Mrs. Mary Gillean

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The Executive Committee was fortunate in obtaining donations from the Penfield Research Fund of the Montreal Neurological Institute, from the Eastern Canada District of the American Association of Medical Social Workers and from two anonymous donors to carry on the studies which form the basis of this report. The report itself was published in English and in French through the generosity of the Metropolitan Life Insurance Company.

In a foreword to a report published by Mary C. Jarrett for the Welfare Council of New York City, and entitled "Chronic Illness in New York City", Dr. Ernst P. Boas, a leading American authority on this subject, stated that although the sense of responsibility of the community to the problem of

acute illness is well developed "the social significance of chronic diseases which today are the chief causes of invalidity and death has been largely ignored." In the past decade and a half numerous surveys have been carried out in larger centres of population in the United States in an effort to determine the incidence, nature and needs of the chronically ill. These surveys yield startling data in regard to the incidence of this problem and to the facilities which are needed to understand better the nature of chronic illnesses and to provide necessary means for their investigation and control.

Acute illness is a problem to which considerable attention has been devoted by professional and lay circles. It is sudden in its onset, fulminating in its course and leads within a short time to death or to apparent recovery. The recovery is however in many cases more apparent than real and the chronic disabilities which follow such acute illnesses as acute rheumatic fever, acute anterior poliomyelitis or acute nephritis are well recognized and feared. As a matter of fact the greater proportion of chronic illnesses in the young occur as sequelae or after effects of acute disease. Chronic illness on the other hand is usually slow, frequently progressive and always heart-breaking in character. In its consideration, social and economic factors are as important as purely medical factors in determining the needs of the patient. Chronic diseases make up the large proportion of every day medical practice and their prevention is the most pressing public health problem of today.

Apart from the disability and invalidism which it causes, chronic disease is probably the greatest single cause of poverty and dependency. There are comparatively few families, even among those of the comfortable middle income group, who can bear the expense of a protracted, serious chronic illness without going into debt, or making unjust inroads upon other members of the family. For a family of small means, the cost of caring for an invalid is apt to be an impossible burden. If the individual with a chronic disease is without family resources his savings quickly become exhausted in the attempt to recover his health and eventually the community must support him. New York State has recognized the principle that it is better for the community to provide medical care at public expense for persons who cannot pay for it, even though they may not be wholly destitute, than to take care of them for long periods after they have become helpless invalids for lack of such care. The cost of chronic illness must be paid by the community in one form or another.

In the survey of chronic illness carried out in New York City, institutions reported 56% of the cases and non-institutional agencies reported 44%. The total number of cases studied was 20,700. This yielded a ratio of the dependent chronically ill, exclusive of those suffering from tuberculosis and mental diseases, to the general population of 1 in 310. It was estimated that this represented only one-third of the chronically ill in the entire city and, in other words, that approximately one per cent of the population was disabled by chronic disease.

This estimate was supported by studies carried out in other centres than New York City. The Massachusetts Department of Health, in a house to house survey in some communities, found that 1 in 109 persons was completely disabled by chronic illness, including tuberculosis and mental disease. In some localities, 10% of the population claimed to have suffered

from one or more of the major chronic diseases in the course of a year. The Boston Council of Social Agencies estimated that the chronically ill, excluding those with tuberculosis and mental diseases, who were receiving care from Welfare Agencies, numbered 1 in every 185 persons in the city. A Philadelphia survey estimated that in any American industrial city, 1 in every 200 individuals was disabled by chronic illness. In surveys carried out from 1915 to 1917, the Metropolitan Life Insurance Company estimated that individuals, completely disabled by chronic illness, numbered 1 in 93 persons, including tuberculosis and mental diseases, and 1 in 104 excluding these conditions.

The American Public Welfare Association at its Annual Meeting in Washington in December 1940 devoted one session to a Round Table Discussion on the "Organized Care of Chronic Illness." A summary of this, as published in the Public Welfare News, quoted Dr. Ernst Boas, Chairman of the Committee on Chronic Illness of the Welfare Council of New York City, as saying: "We are now ready to accept the fact that chronic illness is a serious problem to be faced by every community, to address ourselves to the ways and means by which the burden can be lifted, and to define the responsibility of the community toward this problem. We must refuse to accept the concept that chronic illness is an inevitable progressing disease which slowly but surely continues its destructive effect and leads to total disability and death."

The scope of the problem was indicated by statistics, presented by Dr. George St. J. Perrott of the United States Public Health Service. These indicated that 23,000,000 persons in the United States have chronic diseases or permanent impairment, that 1,500,000 persons are permanent invalids, and one billion days were lost each year from work or usual activity because of chronic disease or incapacity.

It was felt that the size of the problem and the fact that chronic illness so frequently leads to dependency indicate that the cost of its care must necessarily be met largely from public rather than private funds. In the light of present experience it was believed to be essential that coordination of administration be a primary consideration in planning any expansion of medical services, especially when aided by federal funds. The chief suggestions for achieving coordination were: centralized responsibility for planning and administration and central clearing centres for review of individual cases. There was repeated emphasis upon the need for all types of service to provide care for the chronically ill — general hospital care, special hospitals for chronic disease, nursing homes, custodial institutions, visiting physicians' service and nursing and housekeeping service in the home — and for the follow-up of patients to ensure that suitable care is provided at all times as their condition changes.

The problem of chronic illness as it applies to the city of Montreal and, in a wider sense, to the whole of Canada is no different to that which has led to the surveys, discussions and concern in the United States as evidenced in the preceding paragraphs of this report. Professional people in Montreal who are concerned with the care of the sick and these include among others, doctors, nurses, social workers and members of welfare organizations, are aware of the great need which exists for adequate facilities for the care of persons with chronic illnesses. This is a problem which is somewhat distinct

from the care of acute illness and of the convalescent, for which groups adequate facilities exist. The institutions for these latter groups of patients, however, are hard pressed to meet the demands made upon them, and would operate with greater ease and efficiency if they were relieved of the necessity of caring for a number of chronic patients who must have hospital care and for whom no other facilities are available.

In a radio address delivered in 1935, the late Dr. S. S. Goldwater, Commissioner of the Department of Hospitals of the city of New York, said that "today more than 50% of the hospital beds in the United States are at any one time occupied by patients suffering from chronic physical and mental disorders. Voluntary or privately-supported hospitals, finding that the admission of a single chronic case compels them to exclude three, five or ten acute cases, prefer to limit their services to the treatment of acute or short-time illnesses, and the chronically ill patient is forced to turn to the government for succor. In general hospitals, whose facilities are devoted almost wholly to the care of acute diseases, the average length of a patient's stay is only fourteen days, but in New York City's municipal hospitals, which represent a mixture of acute and chronic services, the average length of treatment for each patient in the combined hospital system is twenty-three days."

During 1941 the average days stay per patient in the four largest general hospitals of Montreal was 13.67, 16.9, 17.7 and 18.5. In addition, the average days stay in the largest children's hospital of the city was 18.3. These figures indicate that here too the work of the large general hospitals is being hampered and delayed by the high incidence of chronic cases for which they must care.

The same situation faces the convalescent hospitals in Montreal and at the Annual Meeting of the Montreal Convalescent Hospital, held in March 1943, both Miss Sara P. Tansey, the Superintendent, and Dr. Stuart R. Townsend, the Resident Physician, stressed this point in their statements that a real need exists here for a hospital for the chronically ill.

The problem of the care of the chronically ill in this city is one which has been growing worse for years and is accompanied by considerable waste of medical facilities and by fundamentally irregular handling of the sick. Long lines of chronically ill patients occupy the benches in the Outpatient Departments week after week. The inhuman act of bringing these people back and forth to clinics from their homes is incredible but necessary with the present set up in Montreal, as there is no adequate visiting physicians' service to the patient's home. Furthermore, cases which require more active treatment, such as young people suffering from acute rheumatic fever and its sequelae, cancer cases, etc., wait for weeks and even months to be placed in chronic institutions always over-filled and in many cases unsuited to meet their needs.

The chief medical needs of the chronically ill are for institutional beds, for visiting physicians' service in the home and for facilities through which necessary medicines may be obtained. The studies which were carried out and the emphasis of this report concern the first of these needs though the other two were regarded as equally important and were considered at all times. The factual data of the report concern patients with chronic illnesses who were, at the time of the survey, in hospitals other than institutions for

the insane and sanatoria for tuberculosis. The chief steps in the study were to determine the number of such patients, the nature of their illnesses and the methods of financing their care.

For the purposes of this study a chronically ill patient was regarded as one whose disability was of three months' duration or more, who was therefore incapable of following the daily routine of an average, normal individual and whose incapacity would probably continue for an indefinite period. Persons with tuberculosis and with insanity were excluded and were not considered in the statistics except as mentioned hereinafter.

In gathering the data on which the report is based, it was believed to be more desirable to have a representative of the Committee call upon each hospital and institution rather than to submit questionnaires to them. Mrs. Raymond Allard undertook this task and visited personally the sixty-six institutions which were studied. In each instance she reviewed, with a member of the hospital staff, the record of each patient confined to hospital on the day of her visit. In the hostels and nursing homes the data were gathered from the available files. Her statistics therefore were based upon the population of a given institution for one day. She gathered comparable data from the Outpatient Departments of the four largest general hospitals in the city. She found the following distribution of chronically ill patients:

In 19 general hospitals	558
In 16 hostels	1,573
In 8 private hospitals	8
In 9 private nursing homes	41
In 6 hospitals for convalescents	110
In 2 baby and foundling hospitals	37
In 2 schools for epileptics	51
In 3 hospitals for incurables	887
In 1 private placement institution	9
In the total of 66 institutions	3,274
In the Outpatient department of the Hôtel Dieu de Montreal	59
In the Outpatient department of the Montreal General Hospital	54
In the Outpatient department of the Hôpital Notre Dame	72
In the Outpatient department of the Royal Victoria Hospital	87
In all four Outpatient departments	272

The data which were collected in regard to these cases were then analysed by Dr. Francis L. McNaughton and Mr. Albert Duncan and the latter prepared a series of excellent tables and charts most of which are published in this report.

Unfortunately figures were not obtained to indicate what proportion of individuals who relied on social agencies for their support needed to do so because of chronic illness. Nor were statistics available to indicate the number of chronically ill patients confined to their own homes. This aspect of the problem will be referred to later in this report. In the New York survey referred to earlier, it was noted that forty-four per cent of the patients totally disabled by chronic illness were non-institutional and were dependent upon welfare agencies for at least part of their support. In that same report it was stated that fully half of the clients of family service agencies in New York city presented a problem of chronic illness and that one agency was spending forty-five per cent of its regular relief in families where the chief bread winner was chronically ill.

TABLE 1

Numerical and proportionate distribution of all chronically-ill patients in Montreal institutions, by type of ailment and sex; Spring, 1941. (See Chart 1).

TYPE OF AILMENT	NUMBERS			PROPORTIONS		BY DISEASE
	TOTAL	MALES	FEMALES	MALES	FEMALES	MALES
All ailments	**3,138**	**1,386**	**1,752**	**100.0**	**100.0**	**44.2**
General diseases	405	152	253	11.0	14.0	37.5
Diseases of the skin	60	37	23	2.7	1.3	61.7
Musculo-skeletal system	580	215	365	15.5	20.8	37.1
Respiratory system	168	94	74	6.8	4.2	56.0
Cardio-vascular system	578	261	317	18.8	18.1	45.2
Diseases of blood stream	42	8	34	.6	1.9	19.0
Digestive system	164	85	79	6.1	4.5	51.8
Genito-urinary system	144	64	80	4.6	4.6	44.4
Endocrine system	27	5	22	.4	1.3	18.5
Nervous system	817	420	397	30.3	22.7	51.4
Psychiatric disorders	125	31	94	2.2	5.4	24.8
Unclassified	28	14	14	1.0	.8	50.0

COMMENTS

1. The number of males and females in Montreal's population is about the same (49.6% males and 50.4% females in 1931). As the males represent 44.2% of Montreal's chronically ill,- it can be said that females are more susceptible to chronic illness than are males.

2. Three groups of ailments — nervous, cardio-vascular, and musculo-skeletal — claim 69.2% of all chronically-ill males and 61.6% of all chronically-ill females.

3. The incidence of ailments is about the same for both sexes as far as diseases of the cardio-vascular and genito-urinary systems are concerned, while males are more likely to suffer from skin, respiratory, digestive and nervous ailments than females. Women are more susceptible than men to endocrine, blood stream, psychiatric, musculo-skeletal and general ailments. As the numbers involved in some of the groups are not large, one cannot be too dogmatic in stating the above ranking of susceptibility to ailments by the sexes.

4. Analysis of the cases shows that 80.6% of the males and 79.6% of the females are Canadian born; the British Isles contribute, respectively, another 8.6% and 10.5%.

5. In considering the incidence of "psychiatric disorders" it is to be borne in mind that the data are based primarily on general hospitals and not at all on specialized psychiatric institutions. Similarly the few cases of pulmonary tuberculosis referred to are those in general hospitals and not in specialized sanitaria.

6. Eighty per cent of all the chronically ill were Catholics, 13.5% were Protestants and 4.5% were Hebrews. In 1931 (1931 Census, Vol. 3, Table 22) the population of Montreal was 77% Catholic, 15% Protestant and 5.9% Hebrew.

TABLE No. 1

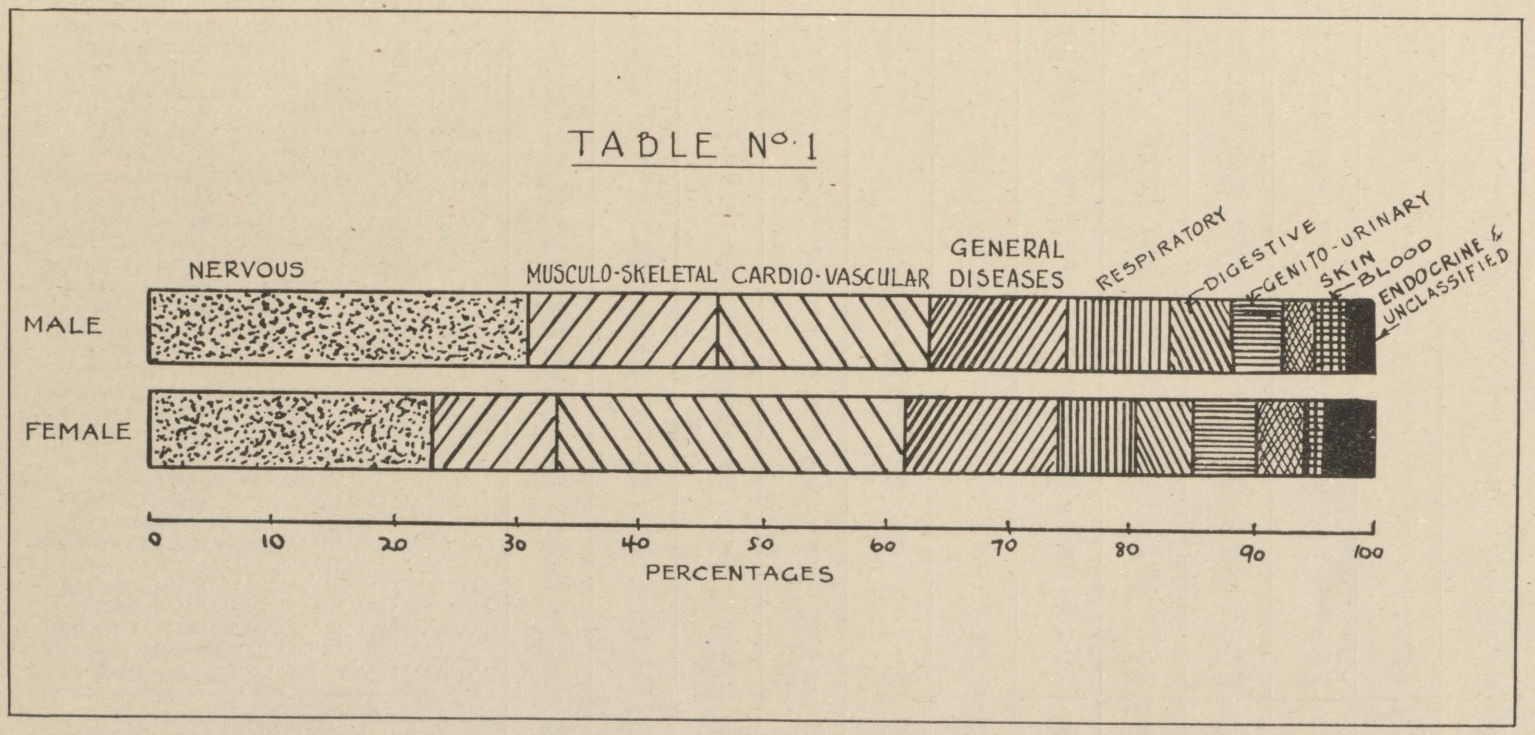

NERVOUS
MUSCULO-SKELETAL
CARDIO-VASCULAR
GENERAL DISEASES
RESPIRATORY
DIGESTIVE
GENITO-URINARY
SKIN
BLOOD
ENDOCRINE & UNCLASSIFIED
MALE
FEMALE
0
10
20
30
40
50
60
70
80
90
100
PERCENTAGES

TABLE 2A

Numerical distribution of all chronically-ill patients in Montreal institutions, by type of ailment and decennial age groups; Spring, 1941.

TYPE OF AILMENT	AGE GROUPS											
	Total	0–9	10–19	20–29	30–39	40–49	50–59	60–69	70–79	80–89	90 and over	Not stated
ALL AILMENTS	**3,138**	**208**	**183**	**126**	**167**	**293**	**458**	**660**	**632**	**331**	**45**	**35**
General diseases	**405**	**17**	**5**	**9**	**7**	**25**	**45**	**66**	**128**	**83**	**15**	**5**
General	353	12	3	4	6	17	34	56	121	80	15	5
New growth	26	—	—	—	1	4	8	5	5	3	—	—
Tuberculosis	8	4	2	—	—	2	—	—	—	—	—	—
Syphilis	18	1	—	5	—	2	3	5	2	—	—	—
Diseases of the skin	**60**	**12**	**1**	**1**	**3**	**8**	**9**	**12**	**6**	**5**	**3**	—
General	52	12	1	1	2	5	8	12	6	3	1	—
New growth	8	—	—	—	1	2	1	—	—	2	2	—
Musculo-skeletal system	**580**	**62**	**47**	**25**	**23**	**38**	**101**	**135**	**84**	**52**	**7**	**6**
General	534	41	38	21	20	35	100	133	82	51	7	6
New growth	5	—	—	—	1	—	1	1	2	—	—	—
Tuberculosis	41	21	9	4	2	3	—	1	—	1	—	—
Respiratory system	**168**	**32**	**18**	**9**	**13**	**18**	**27**	**26**	**16**	**7**	**1**	**1**
General	123	19	9	9	12	13	18	19	16	7	1	—
New growth	11	—	—	—	—	1	6	4	—	—	—	—
Tuberculosis	34	13	9	—	1	4	3	3	—	—	—	1
Cardio-vascular system	**578**	**15**	**25**	**6**	**22**	**35**	**69**	**143**	**153**	**100**	**7**	**3**
Diseases of blood stream	**42**	**1**	**1**	**3**	**4**	**6**	**3**	**10**	**11**	**2**	**1**	—
Digestive system	**164**	**10**	**4**	**3**	**10**	**18**	**34**	**37**	**36**	**8**	**1**	**3**
General	99	10	2	2	8	10	16	19	24	6	—	2
New growth	60	—	—	—	1	8	18	18	12	2	1	—
Tuberculosis	5	—	2	1	1	—	—	—	—	—	—	1
Genito-urinary system	**144**	**6**	**1**	**12**	**9**	**14**	**27**	**36**	**30**	**8**	—	**1**
General	75	6	1	9	4	6	6	20	18	4	—	1
New growth	66	—	—	2	5	8	20	15	12	4	—	—
Tuberculosis	3	—	—	1	—	—	1	1	—	—	—	—
Endocrine system	**27**	—	**2**	**7**	**6**	**3**	**3**	**2**	**2**	**1**	—	**1**
General	26	—	2	7	6	3	3	2	2	—	—	1
New growth	1	—	—	—	—	—	—	—	—	1	—	—
Nervous system	**817**	**53**	**75**	**43**	**61**	**98**	**118**	**169**	**131**	**51**	**9**	**9**
General	599	21	32	20	42	61	97	149	121	48	8	6
New growth	15	—	1	2	2	2	5	2	1	—	—	—
Epilepsy	137	15	42	17	14	22	10	10	4	3	—	—
Mental defect	45	17	—	3	1	4	6	6	4	—	1	3
C. N. S. Syphilis	21	—	—	1	2	9	6	2	1	—	—	—
Psychiatric disorders	**125**	—	**1**	**5**	**5**	**24**	**19**	**22**	**29**	**13**	**1**	**6**
Unclassified	**28**	—	**3**	**3**	**4**	**6**	**3**	**2**	**6**	**1**	—	—

TABLE 2B

Numerical distribution of all chronically-ill male patients in Montreal institutions, by type of ailment and decennial age groups; Spring, 1941.

TYPE OF AILMENT	AGE GROUPS											
	Total	0–9	10–19	20–29	30–39	40–49	50–59	60–69	70–79	80–89	90 and over	Not stated
ALL AILMENTS	**1,386**	**116**	**113**	**56**	**77**	**129**	**204**	**325**	**232**	**118**	**11**	**5**
General diseases	**152**	**9**	**2**	**2**	**3**	**5**	**14**	**28**	**53**	**31**	**5**	—
General	141	6	2	2	3	4	12	25	51	31	5	—
New growth	2	—	—	—	—	—	1	1	—	—	—	—
Tuberculosis	3	2	—	—	—	1	—	—	—	—	—	—
Syphilis	6	1	—	—	—	—	1	2	2	—	—	—
Diseases of the skin	**37**	**7**	**1**	—	**1**	**3**	**6**	**9**	**4**	**5**	**1**	—
General	33	7	1	—	1	3	5	9	4	3	—	—
New growth	4	—	—	—	—	—	1	—	—	2	1	—
Musculo-skeletal system	**215**	**34**	**29**	**11**	**12**	**21**	**27**	**36**	**29**	**14**	—	**2**
General	182	18	22	10	11	18	26	34	27	14	—	2
New growth	4	—	—	—	—	—	1	1	2	—	—	—
Tuberculosis	29	16	7	1	1	3	—	1	—	—	—	—
Respiratory system	**94**	**17**	**12**	**4**	**6**	**9**	**18**	**15**	**6**	**6**	**1**	—
General	64	11	6	4	5	5	11	9	6	6	1	—
New growth	9	—	—	—	—	1	4	4	—	—	—	—
Tuberculosis	21	6	6	—	1	3	3	2	—	—	—	—
Cardio-vascular system	**261**	**8**	**14**	**4**	**12**	**12**	**34**	**81**	**58**	**37**	**1**	—
Diseases of blood stream	**8**	**1**	—	**1**	**1**	**1**	**1**	**2**	—	**1**	—	—
Digestive system	**85**	**8**	**1**	**1**	**4**	**11**	**19**	**23**	**14**	**3**	**1**	—
General	46	8	1	—	2	4	9	12	8	2	—	—
New growth	37	—	—	—	1	7	10	11	6	1	1	—
Tuberculosis	2	—	—	1	1	—	—	—	—	—	—	—
Genito-urinary system	**64**	**3**	**1**	**4**	**2**	**2**	**7**	**24**	**15**	**6**	—	—
General	49	3	1	4	1	1	5	18	12	4	—	—
New growth	14	—	—	—	1	1	2	5	3	2	—	—
Tuberculosis	1	—	—	—	—	—	—	1	—	—	—	—
Endocrine system	**5**	—	—	**1**	—	**2**	—	**1**	**1**	—	—	—
General	5	—	—	1	—	2	—	1	1	—	—	—
New growth	—	—	—	—	—	—	—	—	—	—	—	—
Nervous system	**420**	**29**	**49**	**25**	**32**	**56**	**71**	**100**	**45**	**9**	**1**	**3**
General	287	12	19	15	21	28	55	86	39	9	—	3
New growth	9	—	1	—	1	2	3	2	—	—	—	—
Epilepsy	84	8	29	8	7	17	6	7	2	—	—	—
Mental defect	22	9	—	1	1	2	2	3	3	—	1	—
C. N. S. Syphilis	18	—	—	1	2	7	5	2	1	—	—	—
Psychiatric disorders	**31**	—	**1**	**1**	**2**	**4**	**6**	**6**	**5**	**5**	**1**	—
Unclassified	**14**	—	**3**	**2**	**2**	**3**	**1**	—	**2**	**1**	—	—

TABLE 2C

Numerical distribution of all chronically-ill female patients in Montreal institutions, by type of ailment and decennial age groups; Spring, 1941.

TYPE OF AILMENT	AGE GROUPS											
	Total	0–9	10–19	20–29	30–39	40–49	50–59	60–69	70–79	80–89	90 and over	Not stated
ALL AILMENTS	**1,752**	**92**	**70**	**70**	**90**	**164**	**254**	**335**	**400**	**213**	**34**	**30**
General diseases	**253**	**8**	**3**	**7**	**4**	**20**	**31**	**38**	**75**	**52**	**10**	**5**
General	212	6	1	2	3	13	22	31	70	49	10	5
New growth	24	—	—	—	1	4	7	4	5	3	—	—
Tuberculosis	5	2	2	—	—	1	—	—	—	—	—	—
Syphilis	12	—	—	5	—	2	2	3	—	—	—	—
Diseases of the skin	**23**	**5**	—	**1**	**2**	**5**	**3**	**3**	**2**	—	**2**	—
General	19	5	—	1	1	3	3	3	2	—	1	—
New growth	4	—	—	—	1	2	—	—	—	—	1	—
Musculo-skeletal system	**365**	**28**	**18**	**14**	**11**	**17**	**74**	**99**	**55**	**38**	**7**	**4**
General	352	23	16	11	9	17	74	99	55	37	7	4
New growth	1	—	—	—	1	—	—	—	—	—	—	—
Tuberculosis	12	5	2	3	1	—	—	—	—	1	—	—
Respiratory system	**74**	**15**	**6**	**5**	**7**	**9**	**9**	**11**	**10**	**1**	—	**1**
General	59	8	3	5	7	8	7	10	10	1	—	—
New growth	2	—	—	—	—	—	2	—	—	—	—	—
Tuberculosis	13	7	3	—	—	1	—	1	—	—	—	1
Cardio-vascular system	**317**	**7**	**11**	**2**	**10**	**23**	**35**	**62**	**95**	**63**	**6**	**3**
Diseases of blood stream	**34**	—	**1**	**2**	**3**	**5**	**2**	**8**	**11**	**1**	**1**	—
Digestive system	**79**	**2**	**3**	**2**	**6**	**7**	**15**	**14**	**22**	**5**	—	**3**
General	53	2	1	2	6	6	7	7	16	4	—	2
New growth	23	—	—	—	—	1	8	7	6	1	—	—
Tuberculosis	3	—	2	—	—	—	—	—	—	—	—	1
Genito-urinary system	**80**	**3**	—	**8**	**7**	**12**	**20**	**12**	**15**	**2**	—	**1**
General	26	3	—	5	3	5	1	2	6	—	—	1
New growth	52	—	—	2	4	7	18	10	9	2	—	—
Tuberculosis	2	—	—	1	—	—	1	—	—	—	—	—
Endocrine system	**22**	—	**2**	**6**	**6**	**1**	**3**	**1**	**1**	**1**	—	**1**
General	21	—	2	6	6	1	3	1	1	—	—	1
New growth	1	—	—	—	—	—	—	—	—	1	—	—
Nervous system	**397**	**24**	**26**	**18**	**29**	**42**	**47**	**69**	**86**	**42**	**8**	**6**
General	312	9	12	6	21	33	36	63	82	39	8	3
New growth	6	—	1	1	1	—	2	—	1	—	—	—
Epilepsy	53	7	13	9	7	5	4	3	2	3	—	—
Mental defect	23	8	—	2	—	2	4	3	1	—	—	3
C. N. S. Syphilis	3	—	—	—	—	2	1	—	—	—	—	—
Psychiatric disorders	**94**	—	—	**4**	**3**	**20**	**13**	**16**	**24**	**8**	—	**6**
Unclassified	**14**	—	—	**1**	**2**	**3**	**2**	**2**	**4**	—	—	—

TABLE 2 D

Numerical and proportionate distribution of all chronically-ill patients in Montreal institutions, and approximate proportionate distribution of total population of Montreal, by quinquennial age groups and sex; Spring, 1941. (See Chart Two.)

AGES	CHRONICALLY-ILL						MONTREAL POPULATION(1)	
	NUMBERS			PROPORTIONS			PROPORTIONS	
	Total	Males	Females	Total	Males	Females	Males	Females
All ages	**3,138**	**1,386**	**1,752**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
0 — 4 years	92	52	40	2.9	3.7	2.3	10.1	9.9
5 — 9 "	116	64	52	3.7	4.6	3.0	10.2	10.0
10 — 14 "	127	76	51	4.0	5.5	2.9	9.5	9.4
15 — 19 "	56	37	19	1.8	2.7	1.1	9.3	10.1
20 — 24 "	60	29	31	1.9	2.1	1.8	9.1	10.4
25 — 29 "	66	27	39	2.1	1.9	2.2	9.4	9.4
30 — 34 "	75	34	41	2.4	2.5	2.3	8.5	8.1
35 — 39 "	92	43	49	2.9	3.1	2.8	7.8	7.2
40 — 44 "	147	68	79	4.7	4.9	4.5	6.7	6.3
45 — 49 "	146	61	85	4.7	4.4	4.9	5.6	5.1
50 — 54 "	224	99	125	7.1	7.1	7.1	4.6	4.3
55 — 59 "	234	105	129	7.5	7.7	7.4	3.2	3.1
60 — 64 "	308	154	154	9.8	11.1	8.8	2.4	2.4
65 — 69 "	352	171	181	11.2	12.3	10.3	1.7	1.8
70 — 74 "	329	132	197	10.5	9.5	11.2	1.0	1.3
75 — 79 "	303	100	203	9.7	7.2	11.6	.5	.7
80 — 84 "	216	89	127	6.9	6.4	7.3	.3	.4
85 — 89 "	115	29	86	3.7	2.1	4.9	.1	.1
90 years and over	45	11	34	1.4	.8	1.9	.0	.0
No stated age	35	5	30	1.1	.4	1.7	–	–

(1) Based on population distribution in 1931. (1931 Census, Vol. 3, table 6).

COMMENTS:

1. The distribution of the chronically-ill is bi-modal, with a concentration among the young in the 10-14 year group (males) and 5-14 year groups (females), and among the old in the 65-69 year group (males) and the 75-79 year group (females). The fact that the age group of greatest concentration among the aged is ten years later for the females than for the males indicates the formers' greater longevity.

2. The proportion of the chronically-ill in any age group is consistently lower for females than males, except among the aged and in the age groups 25-29 years (period of greatest child-bearing) and 45-49 years (female transition period).

3. Note the tendency (particularly noticeable in the chart) for the proportion of chronically-ill to "jump" at the decennial ages (40, 50, 60). This probably indicates falsification of ages on the part of the chronically-ill. If this is correct, the males tend to overstate their age as they approach the decennial age, and the females to understate their age until they reach the decennial age. Of the two, the men are the bigger "liars".

TABLE No. 2

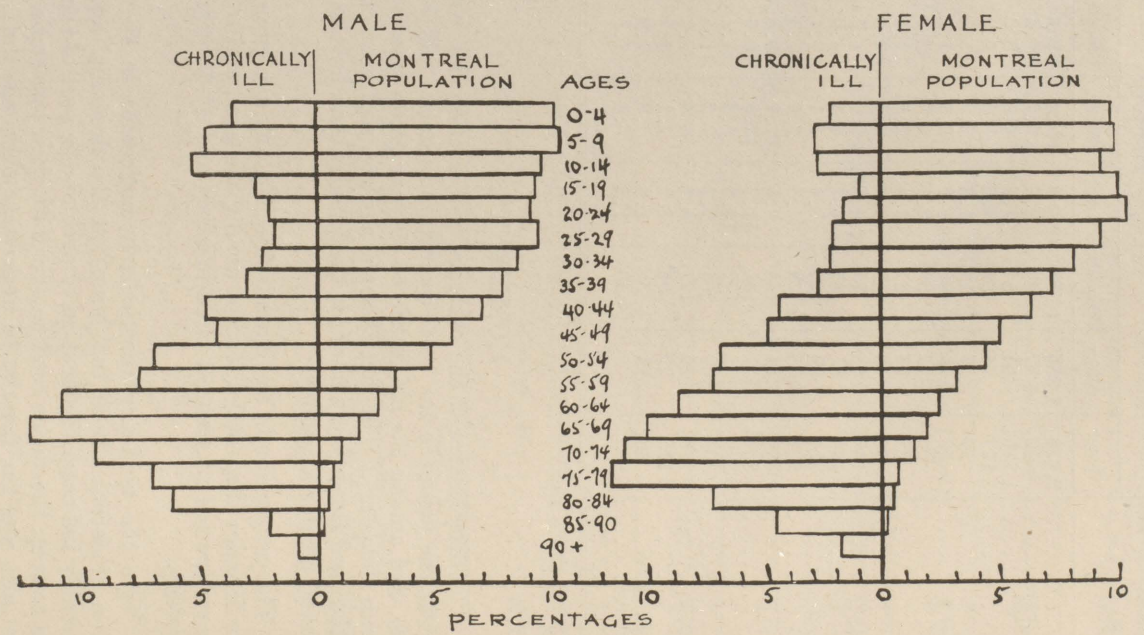

MALE
CHRONICALLY ILL
MONTREAL POPULATION
AGES
FEMALE
CHRONICALLY ILL
MONTREAL POPULATION
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-90
90+
10
5
0
5
10
10
5
0
5
10
PERCENTAGES

TABLE 3 A

Numerical distribution of all chronically-ill patients in Montreal institutions, by type of ailment and institutional groups; Spring, 1941.

TYPE OF AILMENT	INSTITUTION GROUPS								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
All ailments	**3,138**	**559**	**109**	**895**	**1,214**	**42**	**36**	**51**	**232**
General diseases	405	58	11	58	229	15	6	—	28
Diseases of the skin	60	22	2	18	12	—	—	—	6
Musculo-skeletal system	580	141	12	143	246	3	4	—	31
Respiratory system	168	58	6	42	26	—	6	—	30
Cardio-vascular system.	578	75	27	193	233	3	—	—	47
Diseases of blood stream	42	9	—	4	23	—	—	—	6
Digestive system	164	38	11	47	51	1	3	—	13
Genito-urinary system .	144	36	10	63	20	—	1	—	14
Endocrine system	27	5	3	10	3	—	—	—	6
Nervous system	817	104	21	283	290	16	16	51	36
Psychiatric disorders	125	3	6	25	74	4	—	—	13
Unclassified	28	10	—	9	7	—	—	—	2

TABLE 3 B

Proportionate distribution of all chronically-ill patients in Montreal institutions by type of ailment; Spring, 1941. (See Chart 3).

TYPE OF AILMENT	INSTITUTION GROUPS								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
All ailments	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
General diseases	12.9	10.4	10.1	6.5	18.9	35.7	16.7	—	12.1
Diseases of skin	1.9	3.9	1.8	2.0	1.0	—	—	—	2.6
Musclo-skeletal diseases	18.5	25.2	11.0	16.0	20.3	7.1	11.1	—	13.4
Respiratory system	5.4	10.4	5.5	4.7	2.1	—	16.7	—	12.8
Cardio-vascular system.	18.4	13.4	24.8	21.6	19.2	7.2	—	—	20.3
Diseases of blood stream	1.3	1.6	—	.4	1.9	—	—	—	2.6
Digestive system	5.2	6.8	10.1	5.3	4.2	2.4	8.3	—	5.6
Genito-urinary system .	4.6	6.5	9.2	7.0	1.6	—	2.7	—	6.0
Endocrine system	.9	.9	2.7	1.1	.2	—	—	—	2.6
Nervous system	26.0	18.6	19.3	31.6	23.9	38.1	44.5	100.0	15.5
Psychiatric disorders	4.0	.5	5.5	2.8	6.1	9.5	—	—	5.6
Unclassified	.9	1.8	—	1.0	.6	—	—	—	.9

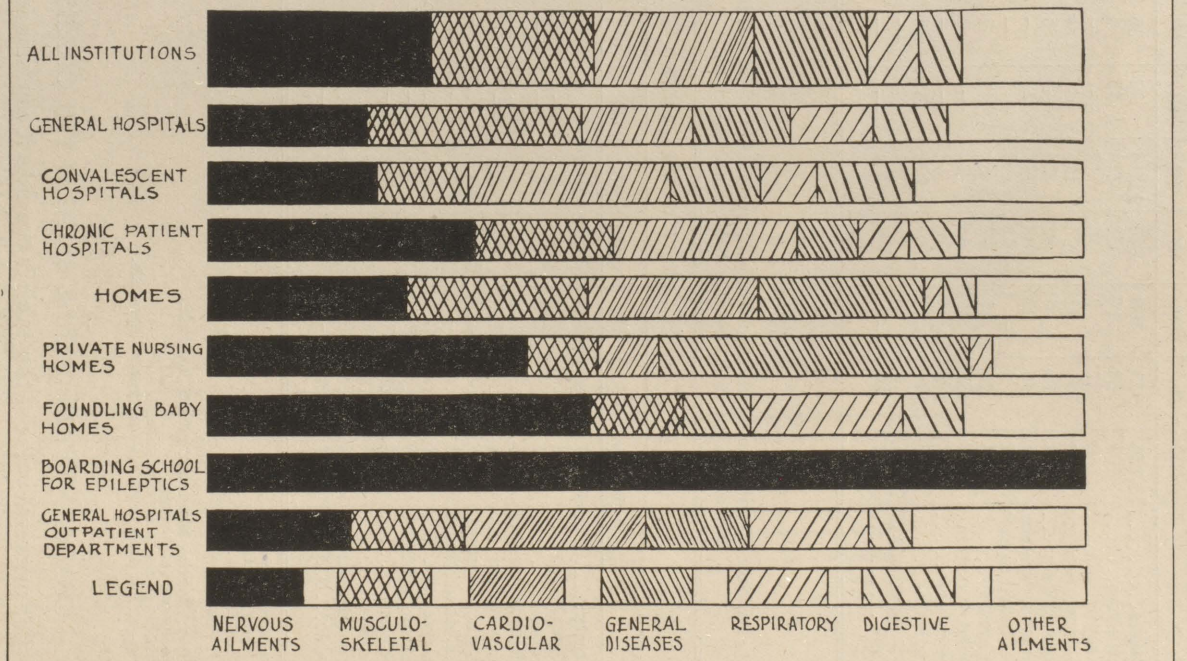
(1) All institutions.
(2) General hospitals.
(3) Convalescent hospitals.
(4) Chronic patient hospitals
(5) Homes.
(6) Private nursing homes and private hospitals.
(7) Foundling baby homes.
(8) Boarding schools for epileptics.
(9) Out-patient departments of four general hospitals.

COMMENTS ON TABLE 3B AND ITS CHART:

1. The principal value of this table is the data it contains on the location of patients; it lends itself to very little analysis.

2. It reveals that there is no marked specialization of institution groups for certain types of ailments. The exceptions are the boarding schools for epileptics, where specialization is deliberate, and the private nursing homes, where the very high concentration of cases into the nervous and general diseases categories may be accidental.

TABLE No. 3


ALL INSTITUTIONS
GENERAL HOSPITALS
CONVALESCENT HOSPITALS
CHRONIC PATIENT HOSPITALS
HOMES
PRIVATE NURSING HOMES
FOUNDLING BABY HOMES
BOARDING SCHOOL FOR EPILEPTICS
GENERAL HOSPITALS OUTPATIENT DEPARTMENTS
LEGEND
NERVOUS AILMENTS
MUSCULO-SKELETAL
CARDIO-VASCULAR
GENERAL DISEASES
RESPIRATORY
DIGESTIVE
OTHER AILMENTS

3. The out-patient departments and the convalescent hospitals have a higher proportion than other institutions of cases in the less important types of ailments (shown in the chart as "other ailments").

4. Although not shown here, analysis of the total number of males and of females in the institutions (Table 3A), shows that chronically-ill males are more likely to be found institutionalized in the general hospitals, chronic patient hospitals, foundling baby homes and schools for epileptics, and the females in the convalescent hospitals, homes (for the aged), private nursing homes and the out-patient departments of hospitals. Each group contains practically one half of all patients (49% in the first group and 51% in the second group), but the first group contains 61.8% of all males and 39.1% of all females, and the second group 38.2% of all males and 60.9% of all females.

TABLE 4

Numerical and proportionate distribution of all chronically-ill patients in Montreal institutions, by method of financing care; Spring, 1941. (See Chart 4).

METHOD OF FINANCING CARE	INSTITUTION GROUPS							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NUMBERS								
ALL CASES	**2,910**	**559**	**109**	**895**	**46**	**1,214**	**36**	**51**
Privately financed	**592**	**149**	**5**	**26**	**46**	**366**	—	—
Private patients	278	63	5	9	46	155	—	—
Semi-private patients	68	8	—	—	—	60	—	—
Ward-paying patients	246	78	—	17	—	151	—	—
Publicly-financed	**2,210**	**410**	**104**	**761**	—	**848**	**36**	**51**
Quebec Public Charities Act	1,307	343	103	466	—	308	36	51
Old-age and blind pensions	439	4A	—	92	—	343	—	—
Municipal assistance	203	—	—	203	—	—	—	—
Part-pay patients	70	5	—	—	—	65	—	—
No-pay patients	191	58B	1	—	—	132	—	—
Not stated	**108**	—	—	**108C**	—		—	—
PROPORTIONS								
ALL CASES	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Privately financed	**20.3**	**26.7**	**4.5**	**2.9**	**100.0**	**30.2**	—	—
Private patients	9.6	11.3	4.5	1.0	100.0	12.7	—	—
Semi-private patients	2.3	1.4	—	—	—	5.0	—	—
Ward-paying patients	8.4	14.0	—	1.9	—	12.5	—	—
Publicly-financed	**76.0**	**73.3**	**95.9**	**85.0**	—	**69.8**	**100.0**	**100.0**
Quebec Public Charities Act	44.9	61.3	94.5	52.1	—	25.4	100.0	100.0
Old-age and blind pensions	15.1	.7	—	10.3	—	28.2	—	—
Municipal assistance	7.0	—	—	22.6	—	—	—	—
Part-pay patients	2.4	.9	—	—	—	5.4	—	—
No-pay patients	6.6	10.4	1.4	—	—	10.8	—	—
Not stated	**3.7**	—	—	**12.1**	—	—	—	—

(1) All institutions.
(2) General hospitals.
(3) Convalescent hospitals.
(4) Hospitals for chronically-ill.
(5) Private hospitals and nursing homes.
(6) Homes.
(7) Foundling-baby homes.
(8) Boarding schools for epileptics.

(A) Workmen Compensation cases.
(B) Patients in Shriner's Hospital.
(C) 103 of the 108 are chronic patients of the Sacred Heart Hospital.

TABLE No. 4

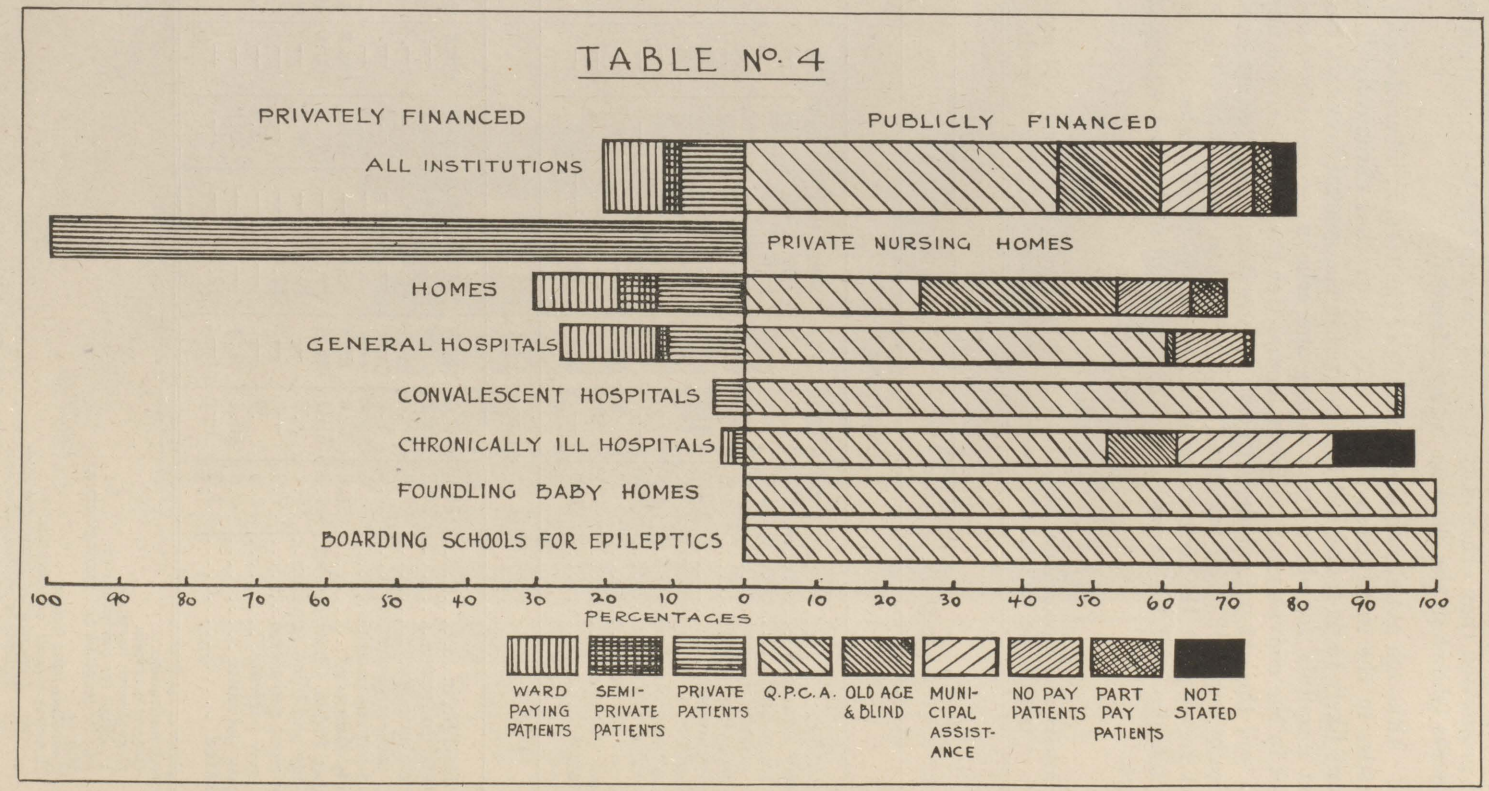

PRIVATELY FINANCED
PUBLICLY FINANCED
ALL INSTITUTIONS
PRIVATE NURSING HOMES
HOMES
GENERAL HOSPITALS
CONVALESCENT HOSPITALS
CHRONICALLY ILL HOSPITALS
FOUNDLING BABY HOMES
BOARDING SCHOOLS FOR EPILEPTICS
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
PERCENTAGES
WARD PAYING PATIENTS
SEMI-PRIVATE PATIENTS
PRIVATE PATIENTS
Q.P.C.A.
OLD AGE & BLIND
MUNICIPAL ASSISTANCE
NO PAY PATIENTS
PART PAY PATIENTS
NOT STATED

TABLE 5

Method of financing assistance for chronically-ill persons in Montreal institutions, bed capacity of the institutions, and proportion of beds occupied by chronically-ill persons; Spring, 1941.

INSTITUTION	Private	Semi-private	Ward-paying	Q.P.C.A.	Old-age, blind pensions	Municipal Assistance	Part-pay	No-pay	Not stated	Total number of chronically-ill	Total bed capacity	P. c. occupied by chronics
ALL INSTITUTIONS	**274**	**68**	**246**	**1,307**	**439**	**203**	**70**	**191**	**108**	**2,906**[1]	**10,364**	**27.9**
General Hospitals	**63**	**8**	**78**	**343**	**4**[2]	—	**5**	**58**[3]	—	**559**	**5,120**	**10.9**
Children's Memorial	1	—	2	111	—	—	—	—	—	114	240	47.5
Chinese	—	—	—	—	—	—	5	—	—	5	15	33.3
Homoeopathic	1	1	—	8	—	—	—	—	—	10	119	8.4
Hotel Dieu	7	—	1	8	—	—	—	—	—	16	387	4.1
Jewish General	4	—	4	15	—	—	—	—	—	23	220[4]	10.5
Misericorde, General de la	—	—	—	1	—	—	—	—	—	1	607[5]	.2
Montreal Children's	—	—	1	7	—	—	—	—	—	8	60	13.3
Montreal General:												
Central Division	3	—	21	38	—	—	—	—	—	62	421	14.7
Western Division	14	—	1	7	1[2]	—	—	—	—	23	181	12.7
Montreal Neurological Institute	2	3	14	6	—	—	—	—	—	25	56	44.5
Notre Dame	—	—	1	35	3[2]	—	—	—	—	39	675	5.8
Notre Dame de l'Esperance	1	—	4	—	—	—	—	—	—	5	50	10.0
Royal Victoria:												
Main Building	3	—	—	55	—	—	—	—	—	58	368	15.8
Ross Memorial	20	—	—	—	—	—	—	—	—	20	120	16.7
Women's Pavilion	—	—	9	3	—	—	—	—	—	12	219	5.5
Ste Jeanne d'Arc	—	—	—	4	—	—	—	—	—	4	275	1.5
Ste. Justine	2	—	18	31	—	—	—	—	—	51	556	9.2
St. Luc	+	+	+	+	+	+	+	+	+	+	+	+
St. Mary's	7	1	2	11	—	—	—	—	—	21	211	10.0
Shriner's	—	—	—	—	—	—	—	58[3]	—	58	60	96.7
Woman's General	1	—	—	3	—	—	—	—	—	4	280	1.4
Verdun General	+	+	+	+	+	+	+	+	+	+	+	+
Convalescent hospitals	**5**	—	—	**103**	—	—	—	**1**	—	**109**	**507**	**21.5**
Bois de Boulogne	2	—	—	22	—	—	—	—	—	24	117	20.5
Buissonets, Les	+	+	+	+	+	+	+	+	+	+	+	+
Montreal Convalescent	—	—	—	15	—	—	—	—	—	15	220	6.8
Richardson's, Julius	—	—	—	14	—	—	—	1	—	15	50	30.0
St. Jean Baptiste des Convalescents	—	—	—	24	—	—	—	—	—	24	50	48.0
St. Joseph des Convalescents	3	—	—	28	—	—	—	—	—	31	75	41.3
Chronic patients hospitals	**9**	—	**17**	**466**	**92**	**203**	—	—	**108**	**895**	**1,980**	**45.2**
Benoit Retreat	9	—	—	—	—	—	—	—	—	9	105	8.6
L'Aide de la Femme	+	+	+	+	+	+	+	+	+	+	+	+
Notre Dame de la Merci	—	—	—	424	—	18	—	—	—	442	625	70.7
Notre Dame de Lourdes	—	—	17	42	92	185	—	—	5	341	350	97.4
Sacre Coeur	—	—	—	—	—	—	—	—	103	103	900	11.4

TABLE 5—*Continued*

INSTITUTION	Private	Semi-private	Ward-paying	Q.P.C.A.	Old-age, blind pensions	Municipal Assist-ance	Part-pay	No-pay	Not stated	Total number of chron-ically-ill	Total bed capacity	P. c. occupied by chronics
Private hospitals and Nursing homes	**42**	—	—	—	—	—	—	—	—	**42**	**155**	**27.1**
Private hospitals:												
Beaulac	1	—	—	—	—	—	—	—	—	1	20	5.0
Belvedere	—	—	—	—	—	—	—	—	—	—	10	00.0
Bellevue	—	—	—	—	—	—	—	—	—	—	10	00.0
Pinard	—	—	—	—	—	—	—	—	—	—	10	00.0
St. Anne	—	—	—	—	—	—	—	—	—	—	12	00.0
Ste. Marguerite	—	—	—	—	—	—	—	—	—	—	10	00.0
Ste. Therese	—	—	—	—	—	—	—	—	—	—	13	00.0
Rabinovitch, Dr.	—	—	—	—	—	—	—	—	—	—	10	00.0
Private nursing homes:												
Burton, Mrs.	+	+	+	+	+	+	+	+	+	+	+	+
Cameron, Miss	2	—	—	—	—	—	—	—	—	2	2	100.0
Chaisson Nursing Home	9	—	—	—	—	—	—	—	—	9	23	39.1
Donovan, Mrs. Frank	4	—	—	—	—	—	—	—	—	4	4	100.0
Echo Nursing Home	15	—	—	—	—	—	—	—	—	15	15	100.0
Friendly Home	+	+	+	+	+	+	+	+	+	+	+	+
Plug, Mrs. Anna	5	—	—	—	—	—	—	—	—	5	5	100.0
Pugsley, Mrs.	4	—	—	—	—	—	—	—	—	4	6	66.7
White, Mrs.	2	—	—	—	—	—	—	—	—	2	5	40.0
Homes	**155**	**60**	**151**	**308**	**343**	—	**65**	**132**	—	**1,214**	**1,735**	**70.0**
Asile de la Providence	—	—	—	31	28	—	—	6	—	65	168	38.7
Father Dowd Memorial	11	20	—	18	59	—	5	—	—	113	120	94.2
Hospice Auclair	+	+	+	+	+	+	+	+	+	+	+	+
Hospice Gamelin	4	2	—	71	85	—	44	2	—	208	260	80.0
Hospice Morin	25	3	26	—	—	—	—	—	—	54	65	83.1
Hospice de la Providence	—	—	—	13	16	—	14	2	—	45	50	90.0
Hospice de la Providence Bourget	—	—	—	2	6	—	—	5	—	13	13	100.0
Hospice Ste. Brigide	37	26	—	2	33	—	—	—	—	98	104	94.2
Hospice Ste. Cunegonde	26	—	1	18	26	—	2	1	—	74	75	98.7
Hospice St. F. Solano	22	6	—	—	3	—	—	—	—	31	49	63.3
Hospice St. Henri	—	2	75	57	—	—	—	—	—	134	153	87.6
Hospice pour les Vieillards	+	+	+	+	+	+	+	+	+	+	+	+
Montreal Hebrew Old People's	—	—	23	31	33	—	—	25	—	112	114	98.2
Petite Soeurs des Pauvres	—	—	—	—	40	—	—	91	—	131	190	69.0
Protestant Home of Industry	5	—	3	45	9	—	—	—	—	62	258	24.0
Providence Ste. Genevieve	—	—	1	2	2	—	—	—	—	5	26	20.0
St. Margaret's	25	1	22	—	—	—	—	—	—	48	46	104.0
St. Martha's	—	—	—	18	3	—	—	—	—	21	45	46.7
Foundling Baby Homes	—	—	—	**36**	—	—	—	—	—	**36**	**815**	**4.4**
Creche de la Reparation	+	+	+	+	+	+	+	+	+	+	+	+
Creche d'Youville	—	—	—	22	—	—	—	—	—	22	750	2.9
Montreal Foundling and Baby Hospital	—	—	—	14	—	—	—	—	—	14	65	21.5

TABLE 5—*Continued*

INSTITUTION	Private	Semi-private	Ward-paying	Q.P.C.A.	Old-age, blind pensions	Municipal Assist-ance	Part-pay	No-pay	Not stated	Total number of chron-ically-ill	Total bed capacity	P. c. occupied by chronics
Boarding Schools for Epileptics	—	—	—	**51**	—	—	—	—	—	**51**	**52**	**98.1**
Ecole des Filles Epileptique	—	—	—	30	—	—	—	—	—	30	30	100.0
L'Ecole de Ste. Rose	—	—	—	21	—	—	—	—	—	21	22	95.5
General hospital out-patient departments	—	—	—	—	—	—	—	—	—	**232**	—	—
Hotel Dieu	—	—	—	—	—	—	—	—	—	59	—	—
Notre Dame	—	—	—	—	—	—	—	—	—	32	—	—
Montreal General Central Division	—	—	—	—	—	—	—	—	—	54	—	—
Royal Victoria	—	—	—	—	—	—	—	—	—	87	—	—

\+ No list.
(1) Excludes out-patient department cases.
(2) Workmen compensation cases.
(3) Includes bassinettes.
(4) Includes 500 beds for illegitimate children.

TABLE 6

Numerical and proportionate distribution of all chronically-ill patients in Montreal institutions suffering from new growth, tuberculosis, syphilis, epilepsy and mental defect by sex; April, 1941.

	NUMBERS			PROPORTIONS			
				By Ailment		By Sex	
	Total	Males	Females	Males	Females	Males	Females
ALL AILMENTS	**504**	**265**	**239**	—	—	**52.6**	**47.4**
New growth	**192**	**79**	**113**	**100.0**	**100.0**	**41.1**	**58.9**
General diseases	26	2	24	2.5	21.2	7.7	92.3
Diseases of skin	8	4	4	5.0	3.5	50.0	50.0
Musculo-skeletal system	5	4	1	5.0	.9	80.0	20.0
Respiratory system	11	9	2	11.4	1.8	81.8	18.2
Digestive system	60	37	23	46.9	20.4	61.7	38.3
Genito-urinary system	66	14	52	17.8	46.0	21.2	78.8
Endocrine system	1	—	1	—	.9	—	100.0
Nervous system	15	9	6	11.4	5.3	60.0	40.0
Tuberculosis	**91**	**56**	**35**	**100.0**	**100.0**	**61.5**	**38.5**
General diseases	8	3	5	5.3	14.3	37.5	62.5
Musclo-skeletal system	41	29	12	51.8	34.3	70.7	29.3
Respiratory system	34	21	13	37.5	37.1	61.8	38.2
Digestive system	5	2	3	3.6	8.6	40.0	60.0
Genito-urinary system	3	1	2	1.8	5.7	33.3	66.7
Syphilis	**39**	**24**	**15**	**100.0**	**100.0**	**61.5**	**38.5**
General diseases	18	6	12	25.0	80.0	33.3	66.7
Nervous system	21	18	3	75.0	20.0	85.7	14.3
Epilepsy	**137**	**84**	**53**	—	—	**61.3**	**38.7**
Mental defect	**45**	**22**	**23**	—	—	**48.9**	**51.1**

COMMENTS

1. The females show a greater susceptibility to new growth than do the males, the males being more susceptible to new growth affecting the musculo-skeletal, respiratory, digestive and nervous systems.

2. Males show a greater susceptibility to tubercular disturbances, the females being more susceptible than the males to only tuberculosis of the genito-urinary system and equally susceptible to tuberculosis of the general disease type.

3. General syphilis is much more common among the women in our series and neurosyphilis very much higher among the men.

4. Males are more susceptible to epilepsy.

5. A comparison of this table with Table 1 reveals that approximately one-half of all the genito-urinary cases of chronic illness are new growth cases, and that between one out of two and one out of three cases of digestive ailments are new growth cases. About one-fifth of the respiratory cases have tuberculosis, and epilepsy represents about one-sixth of all the nervous ailment cases. New growth, tuberculosis, syphilis and mental defects other than those just noted, represent only small fractions of the cases in the various types of ailments.

In the past fifty years due to the development of preventive medicine and of measures aimed at the betterment of the public health about twenty years have been added to the span of life. This has been due largely to the lowering of infant mortality and to the prevention and treatment of the communicable diseases. Advances have been made therefore chiefly in the field of acute illnesses and, as was noted earlier in this report, prevention of chronic illness is the most pressing public health problem of to-day and organized intelligent treatment of the chronic sick who are dependent is one of the most important problems of public welfare. Owing to the increased length of life expectancy, the nature of the illnesses causing death has changed so that although seventy-five years ago chronic illness caused about one-fifth of the deaths, to-day it causes as many as one-half. Furthermore the health of a community depends not only on the survival of its people but also on the amount and character of the illness that prevails among them.

Certain false impressions still persist in the public mind about chronic illness and the chief of these are that chronic illness and incurability are synonomous, and that chronic illness is almost confined to the elderly. The first of these misconceptions has led too often to the depressing custom of naming hospitals for chronic illness as homes for the incurables and loses sight of the fact that frequently chronic illness can be cured as in the case of tuberculosis, and that more frequently it can be efficiently controlled as in the cases of diabetes mellitus and pernicious anaemia. The second misconception is at variance with statistics gathered here and elsewhere and with clinical experience. In the New York city group nearly one-half of the 20,700 cases studied were under the age of forty years, one-third were under the age of sixteen years, one-quarter under the age of six years and only one-fifth over the age of seventy years.

The figures for the Montreal group (See Tables 2A, 2B, 2C, 2D and the accompanying chart), indicate that there are two periods of greatest incidence of chronic disease. One, from infancy up to the age of fourteen years and the second, from the age of fifty years onward with the greatest incidence between sixty-five and seventy-nine years. The age group from infancy to fourteen years comprises 10.6% of the total cases and that from sixty-five years to seventy-nine years comprises 31.4%. The difference between the Montreal figures and those of New York city is probably chiefly due to the fact that the former group are all institutionalized cases, whereas the latter is made up of 56% institutionalized cases and 44% of patients not institutionalized, but dependent for support on non-institutional welfare agencies. Illness in the wage earner, or in the mother of a family, will more often result in hospitalization than illness in a child who can more often be cared for at home, and furthermore illness in the adult will more often make necessary a call for help from social agencies than will illness in a child.

Further consideration of Table 2A enables one to tabulate the proportionate distribution of chronically-ill patients in Montreal institutions by type of ailments and by the two peaks of age incidence referred to in the preceding paragraphs. The results are as follows:

TABLE 7

Proportionate distribution of chronically-ill patients in Montreal institutions, by type of ailment and selected age groups; Spring, 1941.

TYPE OF AILMENT	AGE GROUPS		
	ALL AGES	0–19 YEARS	50–79 YEARS
All ailments	100.0	100.0	100.0
General diseases	12.9	5.6	13.7
Skin diseases	1.9	3.3	1.5
Musclo-skeletal diseases	18.5	27.9	18.3
Respiratory diseases	5.4	12.8	3.9
Cardio-vascular diseases	18.4	10.2	20.9
Blood stream diseases	1.3	0.5	1.4
Digestive diseases	5.2	3.6	6.1
Genito-urinary diseases	4.6	1.8	5.3
Endocrine diseases	0.9	0.5	0.4
Nervous diseases	26.0	32.7	23.9
Psychiatric diseases	4.0	0.3	4.0
Unclassified diseases	0.9	0.8	0.6

COMMENTS:

1. In the older age groups there are no very marked deviations from the average but the most striking of these are the reduced incidence of respiratory diseases and of diseases of the nervous system. There is a slightly higher than average incidence of cardio-vascular disease.

2. In the younger age group there are more appreciable deviations from the average and the most marked of these are in the diseases of the respiratory system, of the skin, of the musculo-skeletal system, and of the nervous system. On the other hand, certain disabilities occur less frequently in the young than in the persons of all age groups and these are chiefly psychiatric disorders, general diseases and genito-urinary and cardio-vascular ailments.

3. The high incidence of musculo-skeletal diseases in the younger group is to be accounted for in part by the number of cases suffering from tuberculosis of the bones and joints. The high incidence of nervous diseases in this group is likewise to be accounted for in part by the number of patients suffering from epilepsy and mental defects.

The chronically ill may be divided into three categories depending upon the type of care which they require. Category A is made up of those patients who require active medical treatment in hospital. Category B are those who may remain at home and who require some nursing service and in addition the occasional visit of a physician or consultation in an out-patient clinic. Category C is made up of those who require custodial care only. In the New York group of 20,700 patients it was estimated that approximately 12,000 of these needed medical care but that only 4,000 required active hospital care. For the remainder the attention of a visiting physician or attendance at a clinic in hospital would be sufficient. Eight thousand of the cases of the total group needed only custodial or attendant care. It was estimated that probably one quarter of those who were living at home should have been in institutions.

It has already been pointed out that the New York survey was broader in its scope than the one which has been carried out in Montreal. In the

former both institutional and non-institutional patients were studied, whereas in the latter the information obtained was almost entirely restricted to patients already in hospital. The hospitals in Montreal may roughly be grouped into the classes of general hospitals, convalescent hospitals and hospitals for the aged and destitute.

Consideration of Tables 6, 4A and 4B yields information in regard to the number of beds in the institutions of Montreal now being occupied by chronic patients and also the type of illnesses from which they suffer. The first of these tables shows that chronic patients occupy 10.9% of the beds of gereral hospitals, 21.5% of those in convalescent hospitals and 45.2% of the becs in the so-called chronic hospitals. The homes referred to in that table areinstitutions for the care of the aged, and the occupants of these institutions include 70% of persons suffering from chronic illness. A distinction is to be made between old age which is physiological state and chronic disease which is a pathological one.

In the general hospitals and convalescent hospitals there was a total of 658 chronic patients who should have been hospitalized elsewhere and in the homes for the aged there were 1,214 people who in addition to being old, were also chronically ill. It is safe to say therefore, that in our survey there are between 1,500 and 2,000 patients who suffer from chronic illness and for whom medical care in an institution is necessary.

We have indicated elsewhere that we do not have figures to show the number of dependent people disabled by chronic illness who are now being looked after in their own homes. At the present time no visiting physician's service exists in Montreal which is able to function in any efficient manner. Visiting nurses' services are available and are made use of very fully.

As long as no publicly supported visiting physician's service is available and as long as the chronically ill are not in a position to pay for the medical services which they require, this problem will continue to be an active one. For those in a position to take advantage there are the out-patient clinics in the general hospitals, but regular visits to these clinics impose a hardship and an unwarranted danger on a large proportion of the chronically ill. It is to be hoped that when and if Health Insurance is made effective in this country, the problem of supplying the services of a physician to the indigent and ill will be solved.

As far as facilities for the custodial or attendant care alone of patients is concerned, it is likely that sufficient accommodation exists. If all of this accommodation were made available by the removal of those persons with chronic illnesses who require more active hospital treatment this phase of the problem would most likely be solved. At the present time most of the so-called homes which are meant chiefly for the aged receive requests for the admission of from two to six patients per week, and are unable to accept such individuals. It has already been noted that 70% of the patients in such homes suffer from chronic illness.

Table 5 shows that with the exception of patients in private nursing homes practically all of the chronically ill now in institutions are there at public expense. The number of patients in such private nursing homes is extremely small, being only 42 out of a total of 2,906 hospitalized individuals.

It is likely that the decentralized care of this large number of people increases the cost per capita to the community.

It is the opinion of this committee based upon the studies reported here and also upon surveys carried out elsewhere that there exists in Montreal a need for a hospital to carry out the active treatment of the chronically-ill. It is our opinion that fifteen hundred beds could be so occupied and that such facilities would relieve the general hospitals, convalescent hospitals and homes for the aged, of many of the patients who now occupy their beds and limit their activity. If the existing hospitals could be relieved of the majority of their chronic patients through the establishment of a new hospital for the chronically ill, all of their beds could be used for the purposes for which they were originally installed. Thus the 10.9% of the beds in general hospitals which are now occupied by the chronically ill could be used for the investigation and treatment of those with acute illness. Similarly, the 21.5% of beds in convalescent hospitals which are now occupied by patients with chronic illness, rather than patients who are convalescing from acute illness, could revert to their proper purpose. The large number of individuals who are now in homes for the aged and who would be better cared for in a hospital properly equipped for the treatment of chronic illness would greatly augment the accommodation available for the custodial or attendant care of certain types of chronic illness and also of the aged.

The City of Montreal is in the unique position of being the centre of the two great cultures of this country. French Canadians and English Canadians live side by side, and each group supports a university of outstanding quality. It is our opinion that humanity and science would best be served by the erection of a single institution which through its affiliation would draw upon the medical tradition of the two groups. Such an institution should be closely affiliated with the University of Montreal and also with McGill University so that researches into the causes and treatment of chronic illness might be carried out in a productive, critical and constructive way.

A hospital for the care of the chronically ill in this city should have private, semi-private and public facilities available. The patients in the private and semi-private beds would pay for their own maintenance and care. Where possible the public patients would also have to meet their own expenses but a large group of them would be unable to do so and would have to be hospitalized at public expense through the Quebec Public Charities Act or some other means as at present.

The medical staff of such an institution should be carefully chosen and the facilities of the hospital, or at least those of a public nature, should be restricted to that staff. A full time well paid medical resident superintendent of considerable experience should be appointed and his work should be clinical and not administrative. In addition wide opportunity should be presented to a group of properly qualified investigators to carry out researches in the realm of chronic illness.

From an administrative standpoint a hospital for chronic illness should be maintained in close relationship with the other types of hospitals which now exist in the city. This would allow for free and easy transfer of patients from the chronic hospital to the general hospitals, and also to the custodial homes now available. Patients would have to be transferred from time to

time to one or another institution depending upon changes in their clinical condition.

An active social service department would be necessary to aid in this collaboration as well as to undertake the solution of the many social problems that arise among the chronically ill.

On superficial consideration it might seem that a hospital for the chronically ill could do without many of the facilities which are necessary in a general hospital, but it is the consensus of opinion among those who have studied the problem that such would be an unwise measure. For proper investigation of disease, whether acute or chronic full laboratory facilities are necessary and also a well equipped and well staffed x-ray department. For the efficient administration of an institution such as we have advised these facilities should be present. By the very nature of the illnesses from which these people suffer, as well as from the length of their illnesses, it is important also that certain facilities exist which are not particularly needed in general hospitals. These should include recreational, occupational, educational and physiotherapeutic departments.

If it were found not to be feasible to erect a single institution such as we have recommended, it would be our opinion that two separate hospitals should be built. The larger of these, with about one thousand beds, should be closely associated with the University of Montreal, and should be at the disposal of the French speaking population of this city. A smaller hospital, with about five hundred beds, should bear the same relationship to McGill University, and to the English speaking population. In either case, a hospital for the care of the chronically ill should be established in close association with the universities, and with the general hospitals of the city. It should also provide full opportunity for research into the nature and treatment of chronic disease. Its wards should be at the disposal of the teaching staffs of the universities, so that medical students could reap the benefit of an opportunity which is now afforded too little.

We have referred on several occasions in this report to the fact that chronic illness is a condition not restricted to the adult population, but which affects in large numbers children up to the age of fourteen years. It becomes apparent therefore, that a hospital for chronic illness should be in a position to accept and care for children as well as adults.

Rheumatic fever is an important enemy of child health today, and the Metropolitan Life Insurance Company has launched an educational campaign to teach physicians, parents, teachers and health workers to spread knowledge of this disease. The number of cases is uncertain, but the seriousness of the condition is evidenced by its mortality. Between the ages of ten and fourteen years, it causes more deaths than any other disease. Between the ages of five and nine years, it is outranked only by the four principal communicable diseases of childhood combined, and between fifteen and twenty-four years, only by tuberculosis. It is the most serious chronic disease originating in childhood, and it ranks high among the causes of disability well on into adult life. Rheumatic fever is not an acute disease, but rather a chronic condition, commonly beginning with a series of acute attacks in childhood, and extending into adult life. Involvement of the heart is now generally recognized as an essential part of the condition. The active phase varies

widely in individual cases, but in children the usual duration from the onset of manifestations to the inactive phase is about six months. During this time bed rest is necessary, and later gradual increases in physical activity. This requires careful management however, and should be carried out in hospital. Acute disease hospitals, even those with pediatric beds, are reluctant to tie up these facilities by caring for rheumatic children beyond the acute stage of the illness. In a gradually increasing number of communities, institutional facilities have been made available for the treatment of these patients. These facilities should include the opportunity of educational and vocational guidance. The prolonged and extensive care usually necessary during the active and convalescent stages of rheumatic fever implies that in many instances, this must become a community responsibility.

On several occasions throughout this report, we have referred to the problem of the care of the chronically ill patient who is in his own home, and who is unable to pay for the services of a visiting physician. For those who are able to take advantage of it, the general hospitals have outpatient departments, but these impose a great hardship on the ill, and are attended by many patients who should be at bed rest in their homes. Nursing services are available to these people at home, but there is no visiting physicians' service on which they may call. Such a public service should be available and if a modern and active hospital for the care of the chronically ill were available, it might form the nucleus from which such a staff of physicians might spring. In the days before the war when unemployment was great, arrangements were made for the proper medical care of the indigent ill but such arrangements did not always work fully to the satisfaction of the physicians or of the patients. As we have intimated it is likely that when health insurance becomes effective physicians will then draw emolument for services which they render to the ill regardless of the economic status of the patient.

The supplying of medicine to the ill is closely linked up with the question of the services of physicians which are available to them. Much of the time in outpatient clinics is now devoted merely to the refilling of prescriptions for medicines which the patients take for long continued periods of time. It is unfortunate that this purpose alone requires the difficult visits to and from hospitals.

At the present time there exists in Montreal many homes which could be made use of to house those chronically ill people whose conditions have been fully studied, for whom no active treatment is indicated and who need custodial care alone. These institutions are also meant to provide accommodation for the aged who require attendant care and who have no homes of their own in which it can be provided. Many of the patients now in such institutions should be in a more active hospital for chronic illnesses and their removal would release a large proportion of beds which could be used for the custodial and attendant care of patients who need no more active treatment.

We believe therefore, that the establishment of a new and sufficiently large hospital for the care of the chronically ill would result in a readjustment of the accommodations now available for patients and also for the aged. We believe also, that centralized control would establish collaboration between the various types of institutions now existent and the new hospital,

and would allow for the patients to be distributed properly as the need requires. It is our opinion furthermore, that the establishment of such an institution would provide a center where chronic illnesses might be effectively investigated and treated. The investigation and treatment of these conditions is an urgent matter to-day.

Among the chronic illnesses, epilepsy presents a particular problem and for several reasons. Unlike most other types of chronic illness, epilepsy does not commonly disable the sufferer, except at the time of an epileptic attack. The attacks may be mild or severe, they may occur at long or short intervals, and their occurrence is apt to be unpredictable. Contrary to popular opinion, the majority of patients with epilepsy are mentally normal and physically able to work and it is with this group that we are particularly concerned. The smaller group of epileptics, who present serious physical or mental defects, can be adequately cared for by the provincial mental institutions, and do not constitute a serious problem at the present time, for consideration in this study.

Many difficulties lie in the way of the epileptic patient. Those of school age are frequently barred from the regular schools because of their attacks. In the 'teen age period, handicaps are apt to be even greater. Certain trades and other occupations are closed to the epileptic because of the potential danger to himself or others, and there are few opportunities for training specially suited to the need of the patient. There are also many difficult social adjustments which the 'teen age epileptic must make. Jobs are difficult for him to find, and are often obtained only by concealing the nature of his disability. It is even more difficult to hold a job once it is found, unless the employer is sympathetic and will tolerate the patient's occasional attack. Workmen's Compensation laws as framed at present help to exclude the patient from many forms of employment, and this fact is often used as an argument against the employment of epileptics in industry.

It should be emphasized that a great deal can be done in a medical and in a social way, for the patient subject to epileptic attacks. With newer methods of medical treatment, the frequency and severity of attacks can be very considerably controlled. It is only the occasional case which can be treated by surgical methods with the hope of a "cure", but in every case some measure of control is possible by medical means.

Few people realize the size of the epileptic problem. There are no accurate figures for the actual numbers of epileptics in the Province of Quebec, but if one uses the accepted American estimate that one person in every two hundred of the general population has epilepsy, then there must be some sixteen thousand persons with epilepsy in this province. (Based on Census 1941, 3,319,640 population of the Province of Quebec).

Each year the Montreal Neurological Institute admits well over two hundred cases of epilepsy of all ages to its wards and outpatient department. Most of these patients are residents of the Province of Quebec. We have no accurate figures for the number of epileptics resident in the City of Montreal, but the public clinics of four large teaching hospitals in the city (French and English speaking) have over five hundred epileptic patients attending regularly for treatment. Each year this number grows. There is also a large number of patients who are under the supervision of private physicians or who have no medical supervision whatever and it is impossible to estimate their number.

It should be remembered that epilepsy is a disease which often begins in childhood. In 1941, two large children's hospitals in Montreal together admitted some eighty new cases to their wards for the investigation of epilepsy. Many of these children will continue to suffer from epileptic attacks in their later years and will ultimately swell the ranks of the adult epileptics.

It has already been emphasized that the epileptic has difficulty in finding his place in the community. It should also be stressed, as has been done recently by Drs. Lennox and Cobb, that a large proportion of epileptic patients are able to work. In their well known survey of over a thousand non-institutional epileptics, they reported that some 51% of all patients were fully able to work, while another 28% were able to do part-time work.

The actual ability of the epileptic to find employment varies greatly with economic conditions. In 1943, at a time when there is an acute labour shortage, a surprisingly large number of epileptics are being absorbed into industry. In a group of 100 epileptics of both sexes attending the Royal Victoria Hospital clinic, recently, a survey showed that 58% were able to work, and the great majority of these were actually employed, either in industry or in household duties. Undoubtedly this level of employment will drop rapidly as soon as there is any surplus of labour.

The economic and social position of the epileptic can be greatly improved if employers will learn to take a different view of the employability of the epileptic. The Laymen's League Against Epilepsy is doing good educational work in this regard. Naturally, the epileptic must not be placed in certain occupations dangerous to himself or to others, as for instance being in charge of any machine or working at heights, nor must he be placed in any position of intense personal responsibility. There remains a large number of occupations where the epileptic can be safely and productively employed. It should also be stressed that at the present time, there is no good evidence that epileptics are more often involved in industrial accidents than other workmen. This refers of course to occupations which do not present special hazards to the epileptic, such as have been mentioned above.

Experience in many countries has shown the need for special institutions in the community which will teach, train and supervise epileptic patients of all ages, who are not able to get training in the ordinary schools, and who are unable for various reasons, to find regular employment. Until recently there has been only one such institution in Canada, the Ontario Hospital at Woodstock, for residents of the Province of Ontario. The Province of Quebec has for a long time felt the need of such a well planned institution, non-sectarian, and available to all residents of the province, French and English. It should be so planned as to utilize all the best experience in the training and supervision of epileptic patients who cannot be absorbed into the community, and it should act as a training centre for others who will become established outside its gates.

In its recommendations, this committee would urge the fullest possible support of an Epileptic colony. The need is so widespread that the support of such a project should come from every part of the community, and not just from a small group of public spitired individuals.

We would urge also the need for wider understanding of the problem of the epileptic person, along the lines followed by the Laymen's League Against Epilepsy, so that they may more easily find their proper place in the life of the community.

CONCLUSIONS

1. One percent of the population is estimated to be permanently disabled by chronic illness and one-third of these people are dependent wholly or in part for their support and medical treatment.

2. Chronic illness is not synonymous with incurability and it is not a problem which is limited to old age. It occurs at all age periods and as a matter of fact there is a high incidence of chronic illness in childhood.

3. The problem of chronic illness at the present time handicaps the work which is done in the general hospitals and in convalescent hospitals which were not primarily intended for such conditions. The large number of chronic patients occupying the beds of these hospitals for undue lengths of time, prevents fully efficient service being offered to those with acute illness. The large number of chronically ill patients in the so-called homes primarily meant for the care of the aged, interferes also with the work of these institutions and results in numerous individuals who apply for admittance being turned away.

4. Chronic illness is in large measure a community problem, its care is the most pressing public health matter of to-day and it is the greatest single cause of invalidity and poverty.

5. There is a need in Montreal for a hospital for the care of the chronically ill associated with the University of Montreal and McGill University, and drawing on both for its personnel and for the direction of its research and clinical activity.

6. Such a hospital requires most if not all, of the facilities usually associated with a general hospital and in addition it requires special departments because of the nature of the illnesses from which the patients suffer. These special departments would be concerned with recreational, occupational and physical therapy. Such a hospital should have departments which might deal effectively with the many social problems which confront the chronically ill, and it should also have well equipped laboratories in which researches into the causes and treatment of chronic illness could be carried out.

7. The epileptic patient presents a special problem in the field of chronic illness. For those with obvious mental retardation or psychotic manifestations, care in the existing hospitals for such conditions should be arranged. For the great mass of the epileptic patients however, more constructive measures are necessary. Those who require institutionalization should be allowed a greater amount of freedom for self expression and productivity.

8. There is urgent need in this city for a visiting physician's service to care for the chronically ill who may remain in their own homes and who are unable to pay for medical care. While it is likely that health insurance

would solve this problem, consideration might well be given to it prior to the introduction of such insurance.

9. In addition to the chronically ill who require active care in hospitals and to those who can be properly treated at home, there is a large group who require custodial or attendant care only. It is our opinion that at the present time there are sufficient facilities in this city for the care of such patients if the facilities could be made available for this purpose. The establishment of a hospital for chronic illnesses would result in this coming about.

THE CARE OF THE CHRONICALLY ILL IN MONTREAL

SUMMARY

This is a brief outline of a survey undertaken to study the facilities available for the care of the chronically ill in Montreal in 1940.

The Survey was undertaken by the Eastern Canada District of the American Association of Medical Social Workers, who realized that there was a need for such a survey. The Committee set up to make this Survey was headed by Mrs. Mildred A. Lanthier as Chairman, and Mrs. Mary Gillean as Secretary, and was composed of an Executive Committee and a working Committee.

The Survey was made possible through donations obtained from the Penfield Research Fund of the Montreal Neurological Institute, and from the Eastern Canada District of the American Association of Medical Social Workers and from two anonymous donors. The report was published in English and French through the interest of the Metropolitan Life Insurance Company.

The significance of the problem may be inferred from the following quotation from the report, "Chronic diseases make up the largest proportion of everyday medical practice and their prevention is the most pressing public health problem today. Apart from the disability and invalidism which it causes, chronic disease is probably the greatest single cause of poverty and dependency.

Similar surveys of chronic illness in the States gave the Montreal group a background of information and provided general direction for planning.

Scope of Survey

The chief medical needs of the chronically ill were established as being:-

1) Institutional beds

2) A visiting physician's service in the home

3) Facilities through which necessary medicines might be obtained

The emphasis of this report concerned the first of these needs, although the other two were regarded as equally important and were considered at all times.

Method

The factual data of the report concerned patients with chronic illnesses who were at the time of the survey in hospitals other than institutions for the insane and sanitoria for tuberculosis.

The immediate purpose of the study was todetermine the number of such patients, the nature of their illnesses and the methods of financing their care.

For the purpose of the study a chronically ill patient was regarded as one whose disability was of three months duration or more, who was therefore incapable of following the daily routine of an average normal individual and whose incapacity would probably continue for an indefinite time, excluding tubercular and insane patients.

Sixty-six institutions were visited by a representative of the Committee who reviewed with a member of the Hospital staff the record of each patient confined to hospital on the day of her visit, in hostels and nursing homes the data was gathered from available records.

The total number of chronically ill patients reviewed was 3,274. This is of course an incomplete estimate of the total number of persons chronically ill in Montreal since it does not include those dependent on social agencies because of such a condition or those confined to their own homes, who are not known to institutions or agencies.

In presenting the distribution of patients according to ailment, the total given was 3,138 - 1,386 male and 1,752 female.

Further comments:

Chronically Ill		Population 1931
80%	- Catholic -	77%
13,5%	- Protestant -	15%
4.5%	- Hebrew -	5.9%

Of special interest to this meeting are the tables which show the distribution of this class according to age groups.

		0-9	10-19	20-29	30-39
All ailments	3,138	208	183	126	169
		40-49	50-59	60-69	70-79
		293	458	660	632
		80-89	90-	Not stated	
		331	45	35	

The statistics gathered indicated that the distribution of the chronically ill in Montreal has two major concentrations, among the young in the 10-14 year group for(males)and the 5-14 year group (females) and among the old in the 65-69 year group (males) and the 75-79 year group (females).

Another chart indicates that the period up to fourteen years comprises 10.6% of the total cases and from sixty-five to seventy-nine comprises 31.4% of the total cases, studied.

Some of the comments:

I. The chronically ill may be divided into three categories, depending upon the type of care which they require -

A. Patients who require active medical treatment in hospital

B. Those who may remain at home and who require some nursing service and in addition the occasional visit of a physician or consultation in an out-patient clinic.

C. Those who require custodial care only.

II. At present chronic patients occupy 10.9% of the beds in general hospitals, 21.5% of those in convalescent hospitals, and 45.2% of the beds in the so-called chronic hospitals, and comprise 70% of the inmates of homes for the aged. A distinction is to be made between old age which is a physiological state and chronic disease which is a pathological one.

The survey indicated that there are 1,214 people within homes for the aged who in addition to being old were also chronically ill.

III. Recommendation - A hospital to carry out the active treatment of the chronically ill.

a). 1500 beds, to relieve general and convalescent hospitals of chronic patients
b). Serve both French and English
c.) Be closely affiliated to the University of Montreal and to McGill University and be used as a research centre by both into the cause and treatment of chronic illness.
d). Private, semi-private and Q.P.C.A. public facilities available
e). Medical staff to be carefully chosen.
f). Hospital to retain close contact with other hospitals in city in order to facilitate free and easy transfer of patients from the chronic hospital to the general hospital, and also to the custodial homes.

In addition to these generalized inquiries, the survey emphasized two diseases or conditions related to the general topic which are particularly serious in their effect - (1) rheumatic fever; (2) epilepsy. The special problems involved in these two conditions require likewise special institutional facilities. In the case of rheumatic fever, the need to provide children so afflicted with the necessary educational and vocational guidance during and after the extended bed-rest which is basic to the treatment. Here, the lack of a visiting physician service is especially felt.

Another important point is the problem of supplying medicine to the chronically ill, which, it is felt, is closely linked to need for a visiting physician service.

The problem of the epileptic is discussed here primarily with the viewpoint of indicating the difficulties of social adjustment involved. The statistics on epileptics as given here state that there must be some 16,000 persons with epilepsy in the Province of Quebec. There is a need for special institutions which will teach, train and supervise epileptic patients of all ages who are not able to get training in the ordinary schools and who cannot find employment. The Committee also urges the support and establishment of an Epileptic Colony.

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STUDY OF THE CARE OF THE CHRONICALLY ILL

MAILING LIST

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Zonta Club	1	

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Letter re Chronically Ill Patients from Dr. Meakins

YAL VICTORIA HOSPITAL

UNIVERSITY CLINIC

412

...L.D., (E)., F.R.C.P.

...LTATIONS BY APPOINTMENT

MONTREAL,
June 3, 1941.

Charles H. Young, Esq.,
Executive Director,
Financial Federation,
1421 Atwater Avenue,
M o n t r e a l.

My dear Mr. Young,

I wish to thank you for your letter of May 13th with reference to chronically ill patients. Although I had been advised to write to the various Federations I was not hopeful of financial assistance - although in the long run, if this matter is handled properly, that is, the treatment of the chronically ill, it will relieve the Federations of a considerable financial burden. Prevention of disability and rehabilitation are to my mind much more important than laisser faire or a fatalistic attitude towards conditions which are to some extent preventable and removable.

With many thanks,

Yours sincerely,

J C Meakins

JCM/MRI.

4/6/41

May 13th, 1941

Dr. J.C. Meakins,
Royal Victoria Hospital,
Pine Avenue, West,
Montreal.

Dear Dr. Meakins:

As you will remember, at its last meeting held on May 8th, the Board of Directors of Financial Federation discussed your request for an appropriation of $200.00 to finance a survey of chronically ill patients in Montreal.

It was the decision of the Board that Financial Federation could not finance such an undertaking owing to the fact that its funds are obtained from the public for the avowed purpose of financing the work of specific agencies. I know you will appreciate the fact that the Board was forced to this conclusion with regret, inasmuch as they gave every evidence of viewing the project with sympathy. I sincerely hope that you will be able to obtain funds from some other quarter with which to finance this very worthwhile endeavour.

Yours sincerely,

Charles H. Young,
Executive Director.

CHY/IM.

ERAL CAMPAIGN CHAIRMAN
SYDNEY G. DOBSON

...ancial Federation

(FEDERATED CHARITIES)

1941 CAMPAIGN

EXECUTIVE OFFICES
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MONTREAL
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INTERIOR ORGANIZATION
W. O. SHARP

...MES
...RCLAY

Board file

April 16th, 1941.

Mr. Charles H. Young,
Executive Director,
Financial Federation,
1421 Atwater Avenue,
Montreal.

Dear Mr. Young:

I am enclosing herewith letter from Dr. J. C. Meakins and also copy of my reply to him, for consideration at the next meeting.

Yours very truly,

HENRY W. MORGAN/PL
Enc. 2.

APR 17 1941

April 16th, 1941.

Dr. J. C. Meakins,
University Clinic,
Royal Victoria Hospital,
Montreal.

Dear Dr. Meakins:

Your letter of recent date to me as Chairman of the Board of Financial Federation, regarding chronically ill patients, received.

This matter will be brought up at the next meeting of the Board and I shall be glad to discuss the matter with our Directors, but I am afraid a donation of this sort would be outside our province. Donations by the public to Financial Federation are made to a specific number of agencies for specific work, and I doubt whether it is in the power of the Directors to allocate funds outside the agencies within the Financial Federation.

I shall let you know, however, definitely after our next meeting. Perhaps you will be able to be at the next meeting yourself and explain this matter further, when we can give it full consideration.

Yours sincerely,

HENRY W. MORGAN/PL

CTORIA HOSPITAL

UNIVERSITY CLINIC

MONTREAL,
April 9,
1 9 4 1.

Personal.

Henry W. Morgan, Esq.,
1 Summerhill Terrace,
M o n t r e a l.

Dear Mr. Morgan,

I am taking the liberty of writing to you in your capacity of President of the Financial Federation. I have become interested in a voluntary endeavour to make a survey of the chronically ill patients who comprise one of the most important problems in our active hospitals. At the present time, with the rapid improvement in the employment situation, there is left a residue who are unemployable. Many of these are so from advanced age, others from incurable disease, but a third group consists of those who suffer from some chronic illness which can be much improved by a prolonged period of treatment, the duration of which would seriously handicap our active bed capacity in the General Hospitals if their treatment were carried out to a conclusion.

This survey, as I have said, is a purely voluntary effort undertaken by the Montreal Committee of the Chronically Ill Patients, sponsored by the Eastern Canadian District of the American Association of Medical Social Workers, which is a thoughtful and far-sighted group of people. They have no money to defray the ordinary working expenses nor can they employ a full-time trained worker for a few months in order that the survey may be carried out in an efficient and proper manner. I am informed that this can be done for about $800. and I am trying to assist them in this matter. I thought if the four Financial Federations could see their way clear to allocate $200. each, it would accomplish our purpose. It would seem to me that these Organizations would in the end derive great benefit from such a survey as it is now accepted from similar surveys made in New York and other American cities that this is one of the burning social problems of today.

I appreciate that it is difficult for one to put all the points in its favour in a letter but I am sure that Mr. Young, your Executive Director, could provide you with any additional information you might desire.

I hope that your Federation may help the Committee towards their objective.

Yours sincerely,

J. C. MacKinnon

JCM/MRI.

February 8th, 1948.

Miss Ina Young,
Chairman
The American Association of Medical
Social Workers, Inc.,
Eastern Canada District,
Montreal.

Dear Miss Young:-

Mr. Gilbert asked me some time ago if I would acknowledge on his behalf and thank you for your letter concerning the needs of the chronically ill in Montreal and the recommendation for the establishment of Home Care Service. At last I write you for the record and to confirm the conversations we have had to the effect that as soon as the Health Section of the Council has completed its survey of school children's health it will turn its full attention to the problem of the chronically ill. I had hoped that the survey would have been completed by the end of the year but unfortunately this has been impossible. However, I expect there will be little further delay and that we shall be able to report progress on the matter with which you are concerned before very long.

Yours sincerely,

(Miss) Gwyneth Howell
Assistant Executive Director

GH:EH.

COPY

THE AMERICAN ASSOCIATION OF MEDICAL
SOCIAL WORKERS

INC.

EASTERN CANADA DISTRICT

MONTREAL

December 23rd, 1947.

Mr. Herbert Gilbert,
President,
Montreal Council of Social Agencies,
Room 201, 1421 Atwater Ave.,
Montreal 25, P.Q.

Dear Mr. Gilbert:-

The committee for the care of the chronically ill of the Eastern Canada District, American Association of Medical Social Workers, with representatives from the medical and nursing profession and other interested groups, held a special meeting on November 24th, 1947.

The purpose of the meeting was to review the present needs of the chronically ill in Montreal, particularly in relation to the acute shortage of hospital beds, the excessive cost of construction of new beds and the emotional difficulties suffered by patients as a result of long term illness.

The consensus of opinion at the meeting was that the excellent recommendations which were made in the original report - - "The Care of the Chronically Ill in Montreal - - are still valid. It was considered that the implementation of the recommendation for both institutional and home care on a non-sectarian basis is of vital importance and should be given the attention it deserves.

On the other hand, the present high cost of construction, the lack of building materials and the non-availability of suitable accommodation for institutional care of the chronically ill seemed to indicate the necessity for the consideration of an additional project to meet this pressing problem.

The suggestion was made that the establishment of a Home Care Service might be the most feasible move towards the alleviation of the hospital bed shortage.

The Home Care Service proposed would be based on the premise that hospital patients suffering from long term illness can be placed in two

categories. (1) Those who (regardless of their financial circumstances) require, in addition to active medical and nursing care, the specialized facilities of the hospital. (2) Patients who require medical and nursing care, but do not require the specialized facilities of the hospital but only occupy beds because of poverty and the inability to pay for the services of a private physician.

Hospitals frequently have to admit and care for chronically ill patients indefinitely for compassionate reasons. In some cases the only alternative would be chronic hospital care if such an institution was available in the community, but in many cases a department of Home Service Care attached to the hospital would release beds for the more acutely ill patients.

A project similar to the one now in operation at the Montefiore Hospital in New York City would extend the medical and social services of the hospital into the home, where necessary nursing services, housekeeping and other existing facilities in the community would be utilized for the care of the patient. It is reported that the cost of operation of this plan is much less than that of hospitalization, and the patient as a rule is much happier, thus he is enabled to make a better adjustment to his illness.

The committee, as a representative group of specialists in the field, wish to implement the recommendations made by the Montreal committee for the care of the chronically ill in the 1944 Survey by adding the following recommendation: <u>That Home Care Service be established in one or more hospitals for patients suffering from long term illness who do not require hospitalization.</u>

In view of the fact, however, that the Eastern Canada District, American Association of Medical Social Workers, is not so organized as to be able to initiate this plan, it was decided that the Montreal Council of Social Agencies and the Conseil des Oeuvres be asked to assume responsibility for further investigation and action in this matter.

It is our hope that this request will commend itself to your attention.

Yours very truly,

(Signed) Ina Young

(Miss Ina Young)
CHAIRMAN

IY:DB:EH.

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The committee, as a representative group of specialists in the field, wish to implement the recommendations made by the Montreal committee for the care of the chronically ill in the 1944 Survey by adding the following recommendation: <u>That Home Care Service be established in one or more hospitals for patients suffering from long term illness who do not require hospitalization</u>.

In view of the fact, however, that the Eastern Canada District, American Association of Medical Social Workers, is not so organized as to be able to initiate this plan, it was decided that the Montreal Council of Social Agencies and the Conseil des Oeuvres be asked to assume responsibility for further investigation and action in this matter.

It is our hope that this request will commend itself to your attention.

Yours very truly,

(Signed) Ina Young

(Miss Ina Young)
CHAIRMAN

IY:DB:MH.

C O P Y

THE AMERICAN ASSOCIATION OF MEDICAL
SOCIAL WORKERS

INC.

EASTERN CANADA DISTRICT

MONTREAL

December 23rd, 1947.

Mr. Herbert Gilbert,
President,
Montreal Council of Social Agencies,
Room 201, 1421 Atwater Ave.,
Montreal 25, P.Q.

Dear Mr. Gilbert:-

The committee for the care of the chronically ill of the Eastern Canada District, American Association of Medical Social Workers, with representatives from the medical and nursing profession and other interested groups, held a special meeting on November 24th, 1947.

The purpose of the meeting was to review the present needs of the chronically ill in Montreal, particularly in relation to the acute shortage of hospital beds, the excessive cost of construction of new beds and the emotional difficulties suffered by patients as a result of long term illness.

The consensus of opinion at the meeting was that the excellent recommendations which were made in the original report - - "The Care of the Chronically Ill in Montreal - - are still valid. It was considered that the implementation of the recommendation for both institutional and home care on a non-sectarian basis is of vital importance and should be given the attention it deserves.

On the other hand, the present high cost of construction, the lack of building materials and the non-availability of suitable accommodation for institutional care of the chronically ill seemed to indicate the necessity for the consideration of an additional project to meet this pressing problem.

The suggestion was made that the establishment of a Home Care Service might be the most feasible move towards the alleviation of the hospital bed shortage.

The Home Care Service proposed would be based on the premise that hospital patients suffering from long term illness can be placed in two

categories. (1) Those who (regardless of their financial circumstances) require, in addition to active medical and nursing care, the specialized facilities of the hospital. (2) Patients who require medical and nursing care, but do not require the specialized facilities of the hospital but only occupy beds because of poverty and the inability to pay for the services of a private physician.

Hospitals frequently have to admit and care for chronically ill patients indefinitely for compassionate reasons. In some cases the only alternative would be chronic hospital care if such an institution was available in the community, but in many cases a department of Home Service Care attached to the hospital would release beds for the more acutely ill patients.

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It is our hope that this request will commend itself to your attention.

Yours very truly,

(Signed) Ina Young

(Miss Ina Young)
CHAIRMAN

IY:DB:KH.

412

MONTREAL COMMITTEE
FOR THE CARE OF
THE CHRONICALLY ILL

1421 Atwater Avenue
MONTREAL 2, P.Q.

January 7, 1947.

Mr. C. H. Young,
Executive Director,
Welfare Federation,
1421 Atwater Ave.,
Montreal, P.Q.

Dear Mr. Young:

The enclosed copies of letters written to the Eastern Canada District of the American Association of Medical Social Workers, and their reply, are self-explanatory.

Today we have written the Eastern Canada District of the American Association of Medical Social Workers, and enclosed a cheque for $106.38, bank balance, and cheque for $10.70, petty cash, as stated in the letter, (see copy). Therefore the present Montreal Committee for the Care of the Chronically Ill will cease to function.

Yours sincerely,

Mildred A. Lanthier

(Mrs.) Mildred A. Lanthier,
Chairman.

MAL:MM

COPY

MONTREAL COMMITTEE FOR THE CARE OF
THE CHRONICALLY ILL

1421 Atwater Ave.,
Montreal, P.Q.

Sept. 25, 1946.

Mrs. Ruth Tannenbaum,
Secretary,
Eastern Canada District,
The American Association of Medical Social Workers,
Montreal, P.Q.

Dear Mrs. Tannenbaum:

In reply to your letter of September 20th, and further to our telephone conversation of last week.

Since our last report to your Association we have discussed with the members of the Montreal Committee for the Care of the Chronically Ill the future function of the Committee.

It is the general feeling of the group that this Committee should not continue with any further action. This conclusion was decided upon for the following reasons:

The report has been satisfactorily completed and published. It has been given a great deal of publicity, both locally and in other parts of Canada, as well as in the United States, both in English and French. Of the eleven members of the Committee there are only six remaining members, two recently deceased, and three have resigned due to leaving Montreal.

The Health section of the Montreal Council of Social Agencies has on its Agenda for this year The Care of the Chronically Ill. As Dr. R. P. Vivian, Chairman of the Departent of Health and Social Medicine, McGill University, is the Chairman of this Section, it was agreed that the subject would be well taken care of, and be given its due consideration. At the time that a survey was being made in Montreal on the local hospital situation Dr. Vivian asked for the report of this Committee. Facts found in the Report were included in his study. Since Dr. Vivian is aware of the Chronically Ill problem in Montreal it was felt that under his direction the problem would be given the urgent attention it deserves.

Copies of this letter will be sent to Dr. A. Lorne C. Gilday, Secretary of the Montreal Hospital Council, as well as to Mr. J. A. Lapres, Public Affairs Committee of the Montreal Rotary Club, and Dr. R. P. Vivian.

Our Committee have requested that the Montreal Committee for the Care of the Chronically Ill discontinue, and that the funds on hand - $116.72 be given to the Eastern Canada District of the American Association of Medical Social Workers. We would suggest that the Eastern Canada District keep in touch with the Montreal Hospital Council, the Health Section of the Council of Social Agencies, and Mr. Lapres, because of their interest in this mutual problem.

Mr. Lapres has notified us that the Rotarians are keenly interested and would like to assist in any publicity for a future project.

We trust that the Eastern Canada District will accept the recommendations of our Committee. We will wait for your decision before forwarding copies of this letter to the forementioned interested persons.

Yours sincerely,

(Mrs.) Mildred A. Lanthier,
Chairman.

COPY

THE AMERICAN ASSOCIATION OF MEDICAL SOCIAL WORKERS INC.
EASTERN CANADA DISTRICT
MONTREAL, P.Q.

Oct. 17, 1946.

Mrs. Mildred A. Lanthier,
Chairman,
Montreal Committee for the Care
of the Chronically Ill,
3460 McTavish St.,
Montreal.

Dear Mrs. Lanthier:

At the general meeting of the Eastern Canada District, held on September 26th, your letter of September 5th, in which you recommend that the district assume responsibility for further work regarding the problem of the chronically ill, was discussed.

As a result of this discussion, the E.C.D. agreed to take on this responsibility, the methods to be worked out in detail by the Executive. The Secretary was instructed to thank your committee for the work already done, and to commend you for the success achieved in the publication of the Report.

The E.C.D. gratefully accepts the Committee's offer of the funds on hand, which money will be used in pursuit of the recommendation of the Report.

Yours sincerely,

(Sgd.) Ruth Tannenbaum,
Secretary,
Eastern Canada District.

1710 Dorchester St.W.,
Apartment 20,
Montreal 25, Que.

COPY

January 7, 1947.

Mrs. Ruth Tannenbaum,
Secretary,
Eastern Canada District,
The American Association of Medical Social Workers,
Montreal, P.Q.

Dear Mrs. Tannenbaum:

Further to our correspondence re the Montreal Committee for the Care of the Chronically Ill.

As agreed in your letter of October 17th, enclosed you will find cheque for $106.38, bank balance, and cheque for $10.70, petty cash (see financial statement enclosed.)

We are also handing over to the Eastern Canada District, American Association of Medical Social Workers, all correspondence and copies of remaining reports, as well as the final letter to the members of the Montreal Committee for the Care of the Chronically Ill.

Yours sincerely,

(Mrs.) Mildred A. Lanthier,
Chairman.

MAL:MM

412

CANADA CEMENT COMPANY LIMITED
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PHILLIPS SQUARE
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October 30th, 1946.

Mr. Charles H. Young,
Executive Director,
Montreal Council of Social Agencies,
Room 201, 1421 Atwater Avenue,
Montreal 25, P. Q.

Dear Charlie:- Re the care of the chronically ill in Montreal.

I have your letter of October 23rd, I shall report accordingly to the Public Affairs Committee.

Your letter confirms statement made by Mrs. Lanthier.

Yours truly,

J. A. Lapres.

JAL/LD

412

October 23rd, 1946.

J.A.Lapres, Esq.,
Canada Cement Company Ltd.,
Canada Cement Building,
Phillips Square,
Montreal 2.

Dear Arthur:- re the care of the chronically ill in Montreal.

Pardon my delay in replying to your letter of October 1st, but as you know we have been engaged in our annual campaign and since then I have been involved in clearing up matters in connection with the campaign. It is my understanding that Mrs. Lanthier's committee which was responsible for doing the survey re the care of the chronically ill in Montreal has been disbanded having completed its assignment. As she advised you, the problem has been brought to the attention not only of this Council but of other groups who may be regarded as having an interest in the subject - including particularly the Conseil des Oeuvres which is responsible for planning and co-ordinating welfare work in the French-speaking section of the community.

As for our interest in the matter: we have given publicity to the problem on one or two occasions; recommendations of the report are being incorporated in a survey of old age problems in Montreal which the Council is planning; and I understand that Dr.P.R.Vivian the chairman of the Health Section of our Council has a very personal interest in the matter and is following a lead which may have some practical results over a period of time.

Sincerely yours,

Y)C:

Charles H.Young.
Executive Director.

CANADA CEMENT COMPANY LIMITED
GENERAL OFFICES
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PHILLIPS SQUARE
MONTREAL 2, QUE.

October 1st, 1946.

Mr. Charles H. Young,
Executive Director,
Welfare Federation of Montreal,
1421 Atwater Street,
Montreal, P. Q.

Dear Charlie:-

Re The care of the chronically ill in Montreal.

You will recollect that the Public Affairs Committee took interest in this question. I spoke to Mrs. Mildred Lanthier last week and I gathered from her remarks that the whole question had been transferred to somebody else. She mentioned your name in connection with this.

I should like to make some report at the next meeting of our Committee. If our interest is premature it might be well to let this drop for the time being; however, I would like your advice.

I am inclosing two articles that appeared in the New York Herald Tribune dealing with arthritis, which might be referred to the proper authorities.

Yours very truly,

J. A. Lapres.

JAL/LD
encls. (2)

Arthritis Cure Is Goal of New Research Drive

7,000,000 in U. S. Victims of the 'Great Crippler'; Early Success Doubtful

By William Glover
Associated Press Staff Writer

Science soon may open up its big research guns against arthritis, one of mankind's oldest, most devilish and costly ailments.

Early success is not to be expected. The "great crippler" ranks with the toughest riddles medical men ever have tackled. Arthritis's physical effects have been fairly well tabbed, but the cause at one end, the cure at the other and much of the pathology between, is an uncharted morass. Quacks have had a field day—as they have had with other great ailments before genuine cures were discovered—and arthritis investigators estimate that millions of dollars are wasted annually on phony cures and nostrums.

The lack of knowledge is due chiefly to the fact that no one ever has been known to die from any of the widely diversified forms of arthritis. Yet more than 7,000,000 Americans are afflicted, and it affects ten times as many persons as tuberculosis or diabetes, seven times as many as cancer—more than cancer, tuberculosis, diabetes and heart disease combined. One-third of all individuals past fifty-five years of age are arthritics.

"No One Is Safe From It"

"In human suffering and economic loss it is the deadliest of all diseases," says Dr. William Fishbein in explaining the task of the National Arthritis Research Foundation. "No one is safe from it, for it can strike in infancy as well as in older life. It apparently tends to afflict men in middle age, when they would otherwise be at the peak of their productive capacity."

The arthritis foundation was

vestigating is that the usual test animals—rabbits, dogs and guinea pigs—are no more susceptible to creation of arthritic conditions than is the rest of the animal kingdom, man excepted. Evidence has been found that some of the prehistoric giants were afflicted with joint disorders, but somewhere along the line their descendants have overcome the susceptibility. Only some traumatic forms of arthritis can be caused in test animals, Dr. Fishbein says, but the conditions are too unlike those in humans to be of much research value.

The arthritis foundation plans to explore any and every path of possible cause and cure. Its own research will be centered in a new six-story structure to be erected near the Levi Hospital, but the foundation also plans to assist financially investigations in other scientific laboratories.

Faulkner Clinic Fights Arthritis For 18 Years

150 Treated There Weekly; Suffering Lessened, but Cause Still Is Mystery

By Lester Grant

The patients were of all shapes and sizes, all ages, all races. They sat on benches and in wheel chairs. Some walked with crutches. But they all had one thing in common —the disabling disease called arthritis, popularity described as an inflammation of the joints. The cause of the disease is unknown and a sure-fire cure ror it has not yet been found.

The scene was the Edward Daniels aulkner arthritis clinic of Presbyterian Hospital, 620 West 168th Street, where the battle against the disease has been waged for eighteen years with some apparent therapeutic success but without uncovering the mechanism behind it or a specific remedy for most of its forms.

Faulkner Clinic is one of a group of roughly similar centers in New York City where the treatment and study of the disability—considered second to none in the pain and suffering which it causes—moves on with unremitting vigor amid many discouraging — and some encouraging—results.

Pay $1 for Visit

At this clinic, eligible patients (in general those judged unable to afford private treatment) pay $1 a visit or less, depending on such considerations as their income and financial responsibilities.

The clinic is open from 1:30 to about 4:30 p. m., Wednesdays and Fridays. It draws weekly about 150 patients who are treated and advised by seven specialists, among them Dr. Charles Ragan and Dr. James Coss, assistant physicians at Presbyterian Hospital.

Two-thirds of arthritis sufferers have one of two types of the disease—the rheumatoid (which usually occurs in young adults and which afflicts more than 1,000,000 persons in the United States) or osteoarthritis (generally affecting an older age group).

Rheumatoid arthritis, which appears in the vast majority of victims before they are forty and in most patients between twenty and thirty, is among the nation's most disabling diseases.

Some Progress Made

Yet progress has been made in the last twenty years in diagnosis of the disease through X-rays and various types of blood tests, and in treatment. Although the cause of arthritis remains shrouded in mystery, the average patient suffering from the disease today is in a much more hopeful position than he would have been two decades ago.

Through such orthopedic measures as splints, the traction and surgery, through judicious use of bed rest and physiotherapy, doctors have reduced—markedly, in some cases—the crippling effects of the disease.

One form of the disease—gonorrheal arthritis — has responded spectacularly to the sulfa drugs and penicillin. Where it once covered about 3 per cent of all arthritis, it is now a negligible type of chronic arthritis.

The use of gold compounds (generally by intra-mucular injection) is now an established form of therapy for rheumatoid arthritis, but there is a division of opinion in the medical profession as to the thereapeutic value of this agent.

Discussed in Journal

In the September issue of "The American Journal of Medicine," Dr. Ragan and Dr. T. Lloyd Tyson, discussing a three-year study of 142 cases treated with gold compounds, indicated, among other things, that 11 per cent of the treated cases showed no improvement and 75 per cent of the cases relapsed after treatment. Eighty per cent of those who relapsed and were treated again with gold improved again.

The two doctors come to the conclusion that patients with rheumatoid arthritis treated with chrysotherapy (gold compounds) who show improvement but no toxicity on the first course of therapy should be continued for an indefinite period on a maintenance dosage of gold.

Dr. Ragan pointed out that not all doctors see eye to eye on chrysotherapy, which can, if not carefully administered, lead to such toxic effects as a severe rash, or even greater complications.

In general, the therapy at Faulkner Clinic, and probably at most other arthritis centers, follows a conservative pattern which dictates that the patient must have rest, an adequate diet, pleasant surroundings, mild physiotherapy and, when necessary, proper orthopedic assistance.

office copy

copies to - Miss Howell,
Mr.J.E.Cahoon
Mr.J.Arthur Lapres
Mrs. M. Lanthier

HEAD OFFICE . . . 466 ST. ALEXIS STREET

Montreal

April 11th, 1945.

Mr. Alfred E.Okill,
Secretary,Rotary Club of Montreal,
Mount Royal Hotel,
Peel Street, Montreal 2.

Dear Mr.Okill:

As requested at today's meeting of the Public Affairs Committee, I am writing to suggest what the Rotary Club might do to promote interest in the setting up of a hospital in Montreal for the care of the chronically ill.

Briefly, I think the Club might consider the following programme:-

1. Arrange for the appointment of a small sub-committee of either the Public Affairs or Social Service Committee to study the Report of the Survey with a view to becoming fully informed on the nature and scope of the problem. Copies of the Report may be obtained through our Council.

2. Have a meeting set aside under the sponsorship of the committee which is accepting responsibility for this job, when a special speaker might be invited to address the Club on the subject. Representatives of governments, hospitals, welfare organizations, business and labour might be invited to sit at the head table.

3. Prepare a resolution for adoption by the Club for forwarding to the municipal and provincial authorities - and enlist the co-operation of other service clubs and other organizations to do likewise.

4. Volunteer to provide representation for a properly sponsored delegation to call on the authorities at the proper time.

I hope these suggestions are of some value in helping to arouse interest in and action on this serious problem. I am sending copies of this letter to Mr. Cahoon,Chairman of the Public Affairs Committee, and to Mr. Arthur Lapres who seems to have a particular interest in it.

Sincerely yours,

CHY

Y/C:

Charles H.Young,
Executive Director.

Your Hostess, Miss Murray

Telephone . . . MArquette 8161

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HEAD OFFICE . . . 466 ST. ALEXIS STREET

Montreal 1,

April 3rd, 1945.

Mr. Chas. H. Young,
Executive Director,
Welfare Federation of Montreal,
1421 Atwater Avenue,
Montreal, Que.

Dear Charlie:-

A question of the Chronically Ill in Montreal was brought up by Arthur Lapres at our Public Affairs Committee Meeting, held on March 28th, but we need further information before we decide on any course of action.

Our Social Service Committee, under Chairman Rotarian A. D. Ross, has reason to believe that the mentally deficient children in the City are not receiving enough attention. If you could give us some information on this subject, it will be appreciated.

If you can arrange to come to our meeting on April 11th, prepared to enlighten our Committee and answer a few questions, it will be appreciated.

—> Please let me know if the date is satisfactory and if you can attend our meeting on April 11th at 12:30 p. m., in the Mount Royal Hotel.

Yours Rotarily,

J. E. Cahoon

JEC:MJH

Chairman, Public Affairs Committee.

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Also to: Dr. J.A. MacDonald, C.N.I.B.
Major D. Corrigall, C.R.C.
Miss N. Garvock, D.D.
Prof. H.E. Reilley, President, League for the Hard of Hearing
Dr. Baruch Silverman, M.H.I.
Miss M. Lindeburgh, M.Sc. for G.N.
Miss E. Adams, O.T.C.
Mr. H.E. Smith, President, St. George's Society

Copies to: Mrs. M.A. Lanthier; Miss E. Beith; Dr. Hugh Burke

March 6th, 1945.

Mrs. Colin Webster,
President,
Brehmer Rest Preventorium,
52 Gordon Crescent,
MONTREAL.

Dear Mrs. Webster:-

The Health Section of this Council has been asked by Mrs. M.A. Lanthier, Chairman of the Committee on the Care of the Chronically Ill in Montreal, to interest member agencies in this serious problem. We are therefore forwarding to you under separate cover, a copy of the Committee's comprehensive study, recently released, and hope that you can make the opportunity to discuss the matter in some detail with your Board or committee members. The subject is one of some magnitude and importance as a reading of the conclusions on page 29 will show.

When as many people as possible have been made aware of this social problem, approaches will be made to the public authorities for assistance in securing the necessary facilities to deal with it. Any help you can give in spreading this information will be appreciated.

Yours sincerely,

(Miss) Gwyneth Howell,
Assistant Executive Director.

Gh:EH.

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March 7th, 1945.

Mrs. M.A. Lanthier,
Chairman,
Montreal Committee for the Care of the
Chronically Ill,
3460 McTavish St.,
MONTREAL.

Dear Mrs. Lanthier:-

At the last meeting of the Executive Committee of our Health Section, your study on the Care of the Chronically Ill was considered at some length. It was the unanimous wish of the group that you and your Committee be warmly congratulated for the comprehensive and detailed report which you produced. We all recognize that it meant a great deal of work and we hope that eventually the recommendations of the report will be put into effect. Copies are being sent out to those of our member agencies in the health field which have not already received them. We hope that this will assist in the education process of a number of our more responsible citizens with a view to being able to exert pressure on the authorities for the provision of suitable hospitals for the chronically ill in the post-war period.

Yours sincerely,

(Miss) Gwyneth Howell,
Assistant Executive Director.

GH:EH

412

February 3rd, 1945.

Mrs. Mildred A. Lanthier,
Chairman,
Montreal Committee for the Care of the
Chronically Ill,
3460 McTavish Street,
MONTREAL.

Dear Mrs. Lanthier:-

I believe that you have, through Mr. Young, been kept in fairly close touch with this Council's activities in relation to the recommendations of your Report on the Care of the Chronically Ill in Montreal. For purposes of record however, I should like to report on behalf of Mr. J.H.H. Robertson, K.C., our President, that your Report was considered by our Board of Governors at its December meeting and referred to Dr. Hugh Burke, the Chairman of our Health Section, for further action. The Executive Committee of this Section, which is decidedly representative of health agencies and hospitals together with the Montreal Department of Health, is now studying the report in detail with a view to further action. It will probably plan a public meeting and group discussions amongst the various bodies which form our constituency.

In addition, the Report has been studied by our special Committee on the Care of the Aged which comprises delegates from our Casework Section.

Before concluding this letter, may we congratulate you and your Committee very warmly on the comprehensive nature and clarity of the Report? As you know, this Council has a particular interest in doing everything it can to assist in implementing its recommendations.

Yours sincerely,

(Miss)Gwyneth Howell,
Assistant Executive Director.

GH:EH.

MONTREAL COMMITTEE
FOR THE CARE OF
THE CHRONICALLY ILL

1421 Atwater Avenue
MONTREAL 2, P.Q.

November 28th, 1944.

Mr. J.H.H. Robertson, K.C.,
President,
Montreal Council of Social Agencies,
275 St. James Street West,
Montreal.

Dear Mr. Robertson,

Because of your known interest in welfare problems, the Montreal Committee for the Care of the Chronically Ill is forwarding to you its recently completed study on this subject. As you realize, the present lack of facilities for the chronically ill here in Montreal has given rise to serious difficulties.

The Committee's report demonstrates the need for additional facilities and strongly recommends that the conclusions be brought to the attention of the public in the hope of eliciting definite action. May we count upon the support of your organization in presenting the findings of the Committee to the public in the form your Council deems most advisable?

Faithfully yours,

Mildred A. Lanthier

Mrs. Mildred A. Lanthier,
Chairman.

ML:HMM

COPY

MONTREAL COMMITTEE
FOR THE CARE OF
THE CHRONICALLY ILL

1421 Atwater Avenue
Montreal 25, P.Q.

November 28th, 1944.

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Montreal Council of Social Agencies,
275 St. James Street West,
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Faithfully yours,

(Signed) Mildred A. Lanthier,

Chairman.

ML:HMM

Committee Sponsored by

A A M S W

(Eastern Canada District)

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NG OF THE STUDY
NICALLY ILL, MONTREAL

Montreal Neurological Institute on

being present:-

ry 17th) were read and approved, and copies were given to the members. The following business arising from the Minutes was then brought up:- The first question was that of obtaining financial aid, and whether the Financial Agencies should be approached - Mr. Young suggested that this might be pursuing a false hope and that it would be better to try to get outside assistance. Mrs. Webb thought it might be a good psychological thing to write to them anyway asking for help. Dr. Macleod had reported that Dr. Meakins had no definite information yet concerning the Medico-Chirurgical Society assisting financially - data re origin and objective had been given to Dr. Meakins by Mrs. Lanthier. Dr. Feeney then offered to bring out the main points in detail at the next Council Meeting when the matter was to be brought up re financial assistance. The matter of having the Survey Schedules printed or mimeographed was subsequently discussed, and printing being too expensive, it was decidedto have them mimeographed. The mimeographing would be $17.00 for 1,000 and 5¢ a line for the stencil. The instructions would also be mimeographed and Mrs. Allard is to make arrangements to have 2,000 copies made.

Mrs. Lanthier was to give a report of the joint meeting with the Eastern Canada District of the American Association of Medical Social Workers, at which time she had reported on her recent visit to the American Public Welfare Association Conference on the Care of the Chronically Ill, but as time was scarce and there was a good deal to cover on the Agenda, she suggested that anyone who was interested could borrow her notes on the meeting.

Plans for filling in the Survey Schedules were then discussed at some length. It was suggested that these be sent to the hospitals, institutions and private nursing homes, but beforehand there should be a General Meeting with the workers and directors of these institutions. A letter would accompany these schedules stating why the study was started, its objectives and also including a list of the make-up of the Committee and its medical, social and statistical aspects.

The final discussion was in regard to the next Meeting. It was decided, however, that Dr. Marsh be consulted before any specific date is decided on. Notices of the Meeting are to be sent out to the members of the Committee one week before the Meeting. Samples of the Survey Schedule are to be mailedthree days after the notices of the Meeting. It was thought advisable to have the people who are actually going to fill in the Survey Schedules asked to attend the Meeting.

There being no further business to discuss, the Meeting was adjourned at 10:15 p.m.

Respectfully submitted,

Mary Martin

Secretary.

MINUTES OF THE MEETING OF THE EXECUTIVE AND WORKING COMMITTEES OF THE STUDY GROUP OF CHRONICALLY ILL PATIENTS IN MONTREAL. H17

The meeting was held on November 29th at 8.50 p.m. at the Montreal School of Social Work. Mrs. Lanthier presided as Chairman and the following members were present:

Mme. Allard	Miss Ostry
Mme. Beaubien	Miss Robertson
Mme Bruneau	Mrs. Steinmeyer
Mme Casgrain	Mrs. Webb
Miss Doran	Mr. Bain
Mrs. Lanthier	Father Berry
Mlle. Magnan	Dr. Decary
Miss Martin	Dr. Macleod
Miss Moag	Dr. McNaughton

Mrs. Lanthier opened the meeting by giving a brief resume of the reasons for having the Study Group in Montreal.

Dr. Macleod gave a very interesting talk on the magnitude of the problem of the chronically ill which is due, he claims, indirectly to the achievements of Science. Today over one-half the deaths are due to a chronic disease. There are three courses open to the poor chronic -

(1) He may try to get at home what medical care he can pay for, therefore it may be scanty, or even none at all.

(2) He may try to get medical care at clinics and dispensaries.

(3) He tries to get into an institution accepting chronic cases

In the latter case, he might get quite inadequate medical care, perhaps even little more than custody.

Dr. Macleod summed up his address by saying that we had to ask ourselves these two questions:-

(1) What is the present situation regarding chronics? Namely - How many? Of what age? Sex? Race? Religion? How good is their medical care? How are they distributed as regards institutions and at home as regards medical diagnosis? How Many can be put on their feet if given proper occupational therapy? To what extent is there any intelligent grouping of the various medical problems?

(2) What is the solution, and how is it to be achieved in Montreal, soon!

Dr. Decary then followed by giving an enlightening talk in French of the problems in the French-Canadian hospitals, emphasizing espedially the lack of Social Service Departments, lack of beds, constant debt, etc. He also mentioned that St. Justine's is the only French-Canadian hospital with a Social Service Department. Madame Beaubien enlarged on the work of the Social Service Department of St. Justine's Hospital and its origination.

Father Berry then explained that Social Service work is fairly new in

Canada, and Quebec is known to be tardy in accepting new ideas, but it is now a growing project everywhere and there is a training course in Social Service now available here for the French Canadians. It is so important to a hospital as it empties beds to leave them ready for emergency cases.

Madame Casgrain then suggested that we act as pioneers and try to organize Social Service Departments in the hospitals here.

After further discussion, it was re-iterated that we are not a pressure group but a study group to gather facts and later on present these facts and figures to a pressure group when the time is ripe.

Mrs. Lanthier then went over the suggested outline for the Survey. Miss. Moag questioned whether we would be duplicating our information, but it was felt that different points of view would be expressed by the hospitals and Social Service Workers, and if the blanks are to be filled in during a short period of time, the overlapping should be disregarded. It was also suggested that the people who are to do the interviewing of chronic patients should have a meeting to prepare them for the various difficulties they may encounter. These people would be professional workers in hospitals or social agencies. Father Berry suggested that a temporary office and exchange will be needed to clear the cases, and Miss Ostry said that there would be room available at the office of the C.A.S. in the Montreal School of Social Work.

The invitation extended by the American Public Welfare Association at Washington was then discussed, and it was decided that owing to our limited funds that we would not be able to send a representative, but that we might write and ask them for some of their literature.

The question was then discussed as to whether we should use the word "chronic", and various substitutes such as "non-acute" and "prolonged illness" were suggested, but it was finally decided to keep to the word "chronic". It was also decided that we call ourselves a Study Group, as we are definitely not a pressure group, but more a group for discussions after gathering information concerning the problem.

Dr. McNaughton then asked if it was the purpose of the group to ascertain the total number of chronics, or to gather a sampling of a group of chronics. Mrs. Lanthier replied that our object was to discover both, as well as the various needs of the patients.

Dr. Decary then brought out several points arising from the evening's discussion briefly as follows:-

The result of our investigations will show the need for more hospital beds, which will mean more money needed. Have we any funds? Would it be possible to make out a more simple form of survey to be used over a period of fifteen days, so that volunteers could cope with it? Otherwise, we could call on the Government to help us as we will really be doing work for the Provincial Government and the Municipality of Montreal.

Miss Magnan felt that volunteers could not assist with the actual filling out of the survey schedule, but that they could help in other practical ways.

Definite plans for the distribution of the survey outline were left to the Executive Committee to cope with at the beginning of the New Year.

Every member present took part in the discussions.

As there was no further business to discuss, the meeting was adjourned at 10.45 p.m.

Respectfully submitted,

Mary Martin
Secretary.

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Cut on Chronically Ill

November 27th, 1941.

Mrs. Mildred A. Lanthier,
Neurological Institute,
Pine Avenue West,
Montreal, P.Q.

Dear Mrs. Lanthier,

Replying to your letter of November 18th regarding the work of the Committee on Chronically Ill - may I congratulate you and Mrs. Allard on the progress you have made. I have nothing to suggest insofar as your research plans are concerned. With reference to the financing - I wonder if your best bet is not one or two king individuals. It should not be hard to raise the sum of money you require, especially now that you have such a record of work behind you.

Very sincerely yours,

Charles H. Young,
Executive Director.

CHY:AH

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3801 University Street,
Montreal, Que.
November 18th, 1941

Mr. Charles H. Young,
Montreal Council of Social Agencies,
1421 Atwater Avenue,
Montreal

Dear Mr. Young:-

Following our letter of April 25th, 1941, we are writing to bring you up-to-date regarding the work of the Montreal Committee on Chronically Ill. Though we had expected to have a meeting of the Committee in October, it now seems best to postpone this for a short time in order to have a more comprehensive report for you.

As you will remember, the plan at the beginning of the summer was to have Mrs. Allard visit all Montreal institutions caring for chronic patients and to gather statistics as to the number and type of such patients under their care. Preparatory to her visits to these places, Mrs. Allard wrote seventy-two letters to hospitals, institutions and private nursing homes. She received twenty-seven replies and telephoned to the remaining forty-five with the result that she was permitted to visit all the original seventy-two with the exception of one nursing home and one hostel. In ten cases it was found unnecessary to visit because of the very few chronic patients under care, the data for which could be taken over the telephone. She, therefore, made sixty visits in all, and so far, has secured information regarding 2,926 patients. It is expected that the final figures will be well over 3,000.

In accordance with the Committee's original plan, the next step will be a count of the number of chronic patients attending a representative group of outpatient departments in hospitals, and an intensive study of a limited number of cases known to social agencies. The plan for the final step is to have this material tabulated and analysed with the help, and under the direction, of the Research Department of McGill University. The Committee will be interested to know that the social worker has continued to carry on this work without receiving the salary which it had been assumed would be forthcoming by the time she started.

The Executive Committee has worked unremittingly in their effort to secure funds. They approached the Medical Chirurgical Society, the Societe Medicale, the four financial Federations and the Montreal Hospital Council. So far, they have failed to meet with success, not because of any lack of interest in these groups, but because of various reasons, such as previous committments or lack of funds. The Executive Committee is now planning to approach the Municipal and Provincial Departments of Health and possibly certain private individuals If any member of the Committee can suggest any possible sources it would be most helpful at this point.

So far, the only money given for the project has been the forty dollars assigned to the Committee by the Eastern Canada District of the American Association of Medical Social Workers and the seventy-five dollars from an anonymous donor which permitted the Chairman to attend the Annual Meeting of the American Public Welfare Association in Washington, D.C., last December. While these gifts have been most helpful, we sincerely hope funds may be forthcoming to insure completion of the project so as to make use of the data already secured.

The Executive Committee would greatly appreciate your comments and suggestions.

Very sincerely yours,

Mildred A. Lanthier

Chairman.
Montreal Committee on Chronically Ill.

MAL/MM

HV

APR 29 1941

3801 University Street,
Montreal, Que.,
April 25, 1941

Mr. Charles H. Young,
Montreal Council of Social Agencies,
1421 Atwater Avenue,
Montreal

Dear Mr. Young:-

We want to report to you, as a member of the Committee on Chronically Ill, on the action taken by your Committee up to this time. In accordance with our original plan of using individual members of the committee in special areas, we consulted Dr. Marsh, Miss Ramsden and Mr. Young who advised us on the statistical approach at this particular point. We have also had material assistance and advice from other members of the Committee on various occasions.

As a result of these conferences, the Executive Committee has decided to postpone, for a short time, the use of the intensive schedule outline that we drew up at first and reviewed with you at our general meeting held on November 29th, 1940. It was felt that it was important to learn first how many chronically ill patients are being cared for in institutions, and later, make an intensive study on a selected group of chronically ill on the basis of the schedule outline.

Enclosed is a letter that was sent out to directors of institutions caring for chronically ill patients. The response has been very encouraging and Mrs. Allard has already visited several institutions to gather the necessary information required for the first part of the statistical compilation. We will keep you informed of further progress from time to time.

I remain,

Very truly yours,

Mildred A. Lanthier

(Mrs.) Mildred A. Lanthier
Chairman.

MAL/MM
Enc.

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3801 University Street,
Montreal, Que.
March 6, 1941

Mr. Charles Young,
Council of Social Agencies,
1421 Atwater Avenue,
Montreal

Dear Mr. Young:-

The enclosed is a rough draft of a letter to be sent to the superintendents of hospitals and institutions. Will you please go over it carefully and return with any suggested improvements and corrections to Mrs. Allard, as soon as conveniently possible?

Yours sincerely,

Mary Martin

Secretary
Study Group on the Chronically Ill in Montreal

Enc.

MAR 6 10AM

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March 7th, 1941

Miss Mary Martin,
3801 University Street,
Montreal.

Dear Miss Martin:

Enclosed is the rough draft of the letter you propose sending to the superintendents of hospitals and institutions. I have pencilled the only questions I have to raise on the letter.

Yours very truly,

CHY/IM?

Charles H. Young,
Executive Director.

Office of Secretary:
c/o 3801 University St.,
Montreal, Que.

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MONTREAL COMMITTEE ON CHRONICALLY ILL

We feel certain that you an d the directors of every institution caring for chronic patients are thoroughly alert to the lack of adequate, or even reasonable facilities for their care in our community. A representative committee of citizens, drawn from appropriate technical fields and from the principal cultural groups of the City, has recently come together to make a study of this probelm under the auspices of the Eastern Canada District of the American Association of Medical Social Workers. May we request your cooperation in this task?

The Committee proposes to study the need for additional institutional beds for chronically ill; adequate medical care for bed-ridden patients in their own homes; and means for obtaining prescribed medication for chronically ill. At this point, however, the primary concern is to determine, to as full a degree as possible, the numbre of chronic patients, at present receiving care, with name, address, age, religion and diagnosis, and whether the patient is receiving public or private care.

Would you be willing to allow Mrs. Allard, the Committee representative to visit your institution on a given date in order to secure this information? The Committee has drawn up an agreed working definition of "chronic patients" which Mrs. Allard will be able to present to you. She will also be glad to give all such assistance as is possible to help you in compiling or recording this information.

We shall hope to hear favourably from you at your earliest convenience. Mrs. Raymond Allard can be reached by writing to; 2455 Maplewood Avenue, Montreal.

Yours very sincerely,

(Mrs) M.A. Lanthier
Chairman.

SURVEY OF CARE

Name of Agency _____ Representative _____

Surname _____ First Name _____ Address _____

Diagnosis _____ Date Made _____

Date of Arrival in:

Canada _____ Prov. _____ City _____ Naturalized _____

Name	Sex	Relig.	Birth Date	Birth Place	Occup. School	Week
Man						
Woman (maiden name)						
Children in Home						

Medical-Social Evaluation of Health Condition affg. Care of Patient:-

Others in Household	Contribution Finan.	Contribution Serv.	Dependence Finan.	Dependence Serv.	
					Description of Ne
					No. of Rooms Fl
					Rent Equit
					No. of Beds Ow

Why not state "kind" certain blood medicine as supported as narcotic/reduce list?

(Patient: Name & Number _____

Has Patient Use Of:

Bed Care	Ambulatory	Bathroom Privilege	Arms	Hands	Legs	Feet	Torso	Eyes	Ears	Speech	Mental Faculties	Bowels	Bladder

Need for Isolation Reason what kind?

Medication

Narcotic Non-Narcotic Other Special Diet Appliances and/or Equipment

Dr.'s opinion regarding adequacy of home for care of pt.

Attitude of Pt. toward self help what does this mean?

" " " " placement out of home why raise questions rather than acting possible and if this study immediately?

" " " " subsistence relief

" " " " medical care

" " " " medication treatment needed & received

" " " " persons in home

" " " ? " Persons in home toward patient ?

" " " ? " " " " " Placement of pt. ?

Worker's evaluation of above attitudes and reasons on which evaluation bases S.S.E. Report

Best solution for pt's care, based on total evaluation

Pt ever been in institution? why left at? what entertainment or recreation possible for pt. at home? Has caller? any interests such as pet or plants?

visits to clinic No. days in Hospital Time Under Care (Patient) No. days in other Institution Period under Agency care

has pt. been sick? what constitutes? - what is prognosis? who cares for pt? How much can pt. do for self - feed self? to toilet? take own bath? etc

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GENERAL EXPLANATIONS

The Executive Committee of the Study Group on Chronically Ill are endeavoring to obtain data for a study of some of the problems involved with the chronically ill in Montreal. This will include:-

1. Additional institutional beds for chronics.

2. Adequate medical care for bed-ridden patients in their own homes.

3. Means of obtaining prescribed medication for the chroni

We have agreed that, in order to study the problem as a whole, an intensive study will have to be made to learn the need for more adequate facilities for the care of the chronic. Such a study will be made to sho to what extent the present facilities meet the essential need for chronic patients in Montreal, and this material will be reviewed carefully with th view to making concrete recommendations.

Use following code in answering those questions for which such marks are applicable:-

✓ is Yes

X " No

-- " Not Applicable

N.R. " Not Known (No Report)

Whenever it seems possible, in the light of case work considerations, it desirable to explain to the patient why this form is being filled out and to ask his help in covering the data for the first sheet. (Material on th second sheet does not, of course, lend itself to this.)

SPECIFIC INSTRUCTIONS FOR FILLING OUT SCHEDULE

Sheet I

1. On first line give name of:

   Agency in which the schedule is made out,

   The individual worker making out the schedule,

   Also give date of interview during which the form is filled out.

2. All items on the second line refer to the patient.

   After "Record Number", indicate the Social Service Record, if any. (Patient's Medical Record Number will appear opposite his name in the Family Set-up).

3. On the third line give:

   Complete present diagnosis of patient, with special emphasis on chronic condition.

Date on which this diagnosis was made.

Name of private doctor, if applicable, or name of Out-Patient Clin or hospital service having major responsibility for patient's medical treatment.

4. On the fourth line, give dates of patient's arrival in each of th three governmental areas indicated.

After "Naturalized", "Relief", and"OPCA", use code.

Give patient's religion, either Protestant, Roman Catholic or Hebr and major language spoken by the patient.

5. In giving the family information called for in the following lines and columns, list all members of the family <u>including</u> patient in h natural place, and fill in each item opposite the name of each member of the family.

In the column headed "occupation - school", give the actual or usu occupation such as, "labourer", "bookkeeper", "machinist", "charwo "stenographer", etc. for any member of the family who normally wor If unemployed, write "none" in the "weekly wage" column for that person.

Under "weekly wage" for "man" and "woman", give the entire amount earned, since all their income is assumed to apply to the household

Under "weekly wage" of "children", show in the first half of the column the wage earned and, in the second half, marked "contributi show the amount contributed to the family budget.

Under "Other Income", give the amount received from any source, su as: Pension, C.M., Private Agency, relatives outside the home, and forth, and also indicate here the amount received from "Others in Household".

Under "Health condition Affecting Care of Patient", list opposite member of the family <u>only</u> those health conditions which actually i fere with the adequate care of the patient, e.g., if there is in th home a child with rheumatic heart disease who requires bed care, o diabetic who needs frequent insulin injections or special preparat of food, or a child with club feet requiring many consecutive visi to clinic, the mother is obviously less free to care for a husband with a chronic condition.

Under "Health Condition Affecting Income", list those same or othe health conditions which require additional expenditures or which d crease the earning capacity of that member of the family and thus restrict the family budget.

List the medical record number of each member of the family, if kn with the initials of the particular hospital.

After "medical-Social Evaluation of Health Condition, Etc." base r on result of discussion with patient's doctor. Non-medical social workers should base reply on result of discussion with patient's private doctor or on report secured from the medical social worker the hospital or clinic responsible for the patient's treatment.

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JUN 13 1940

Montreal, June 26, 1940

Mr. Charles H. Young,
Montreal Council of Social Agencies,
1421 Atwater Ave.,
Forum Building,
Montreal.

Dear Mr. Young;

As you have already agreed informally to act on the Working Committee to study some of the problems involved with the chronically ill in Montreal, we are officially notifying you that the first meeting of the committee will be held in the early fall.

The Executive Committee have met several times and are endeavoring to draw up an outline for a study of the situation. It is agreed that the proposed study should include a comprehensive survey of problems having to do with the chronically ill. This will include inquiry into the need of; -

1. Additional institutional beds for chronics.
2. Adequate medical care for bed-ridden patients in their own homes.
3. Means of obtaining prescribed medication for the chronics.

We have agreed that in order to study the problem as a whole an intensive study will have to be made to learn the need for more adequate facilities for the care of the chronic. Such a study will be made to show to what extent the present facilities meet the essential need for chronic patients in Montreal, and this material will be reviewed carefully with the view to making concrete recommendations.

As this study progresses individual members on the Working Committee will be approached to take an active part in the study.

We will notify you at a later date of the first meeting and trust that you will find it convenient to attend. In the meantime will you keep this in mind?

Enclosed is a list of the members of the Executive and Working Committee.

I remain,

Very truly yours,

J. D. Chaisson

(Mrs) J. D. Chaisson,
Secretary.

EXECUTIVE COMMITTEE

Mrs. Mildred A. Lanthier, Chairman
Mrs. Josephine D. Chaisson, Secretary
Mrs. Hilda Feiner
Mrs. Constance B. Webb
Mrs. Cecile Allard
Mr. A. Desmarais
Dr. J. Wendell MacLeod

WORKING COMMITTEE

Miss Ruth Robertson
Miss M.L. Moag
Miss Mary Ramsden
Miss Margaret L. Doran
Father L. Desmarais
Dr. Leonard C. Marsh
Madame L. de G. Beaubien
Madame T. Bruneau
Mr. Douglas Bremner
Mrs. J.J. Lukeman
Mr. G. Bain
Dr. Gordon A. Copping
Mr. Albert Chevalier, O.B.E.
Miss Blanche Lecompte
Dr. J.N. Petersen
Miss Ethel Ostry
Dr. Francis McNaughton
Mr. Charles H. Young
Mr. J. Dunlop
Mrs. Alastair Macdonald
Dr. C.A. Decary
Mrs. O.C. Steinmayer

#41

ORDERS- REPORT ON THE CARE OF THE CHRONICALLY ILL IN MONTREAL

Technical Sub-Committee (25)
Board of Governors (35 & 5)
Miss Barnstead F.W.A. (20)
Dr. G.A. Seguin, Special Officer Q.P.C.A. Provincial Health Department 1570 St. Hubert St.
Dr. Lloyd Smith, Registrar, Mtl. Neurological Institute, 3801 University Street
Dr. Wm. Storrar, Medical Supt., M.G.H.
Arthur Westbury, Exec. Dir. M.G.H.
S. Cohen Exec. Supt. J.G.H. 3755 Cote St. Catherine Rd. (35)
Dr. J.R. Boutin, Medical Supt. Notre Dame Hospital(5) and (12 French)
Mr. Hurwitz, Exec. Dir., Jewish Federation, 493 Sher. West (21)
Miss Avis Pumphrey, Director, S.S.D. M.G.H. (6)
Dr. Harry Magder, 1526 Crescent Street
Dr. C. Stacey, R.V.H.
Robert P. Smith M.D., Commission on Chronically Ill and Aged, State House, Montpelier, State of Vermont.
Mrs. Samuel M. Kamellin, Exec. Sec'y., The Cttee on the Chronically Ill, The Welfare Federation of Cleveland, 1001 Huron Rd. Cleveland 15, Ohio.
Mde. Langlois, B.A.F. 81 Sherbrooke St. West
Miss Poirier do
G. Perreault, c/o Mr. St. Amant, Dept. of Social Welfare City of Mtl.
Ben Lazarus FJCS
Miss Margaret Howes, C.B.C. 1425 Dorchester West
Mrs. Mitchell Sec'y, c/o Dr. Cruickshank, Bell Telephone Co. (2F & 2E)
Dr. Herbert Notkin Asst. Chief, Maryland State Dept. of Health, Bureau of Medical Services and Hospitals, 2411 N. Charles St., Baltimore 1 8, Maryland.
David Fanshel, Kips Bay Health Center, 411 E. 69th Street, New York, N.Y.
The New York Hospital-Cornell Univ. Medical College, 1300 York Ave. New York 21
Henry W. Ryder, M.D. 19 Garfield Place, Cincinnati 2, Ohio.
Mrs. Fulford, D.V.A., 35 McGill Street
Dr. Donald MacKay, City of Westmount Dept. of Health
Mr. Henri Lefebvre, President, Committee on Hospital Problems, 11 Pl. de George V. Quebec (6 copies - French)
Welfare Council of Ottawa, 74 Sparks St. Ottawa, Ont.
Att'n. Joseph E. Laycock, Executive Sec'y.
Mr. D.A. Hanson, 27 Barat Rd., Westmount
The University of North Carolina, Chapel Hill, "The School of Public Health" Dept. of Epidemiology
Attention Miss Jo Maready, Secretary
Mr. Fred Poland, 1108 Elgin Terrace, Montreal 2 (comp.)
Mrs. J. Gordon McKay, 5550 Cote St. Luc Road, Montreal 28 (comp.)

the social service departments of hospitals by making grants available for cancer patients who are unable to provide for themselves.

During the discussion it was stated that there is a certain amount of overlapping in services and planning but owing to personality difficulties there is little possibility of co-ordinating the activities of the three organizations at the present time. The Board of Trade, however, after looking into the situation from the point of view of multiple appeals, has recommended that instead of three separate appeals one joint effort should be made to obtain funds for cancer patients.

The Committee decided that this is not the appropriate time to suggest a co-ordinated cancer program. It was agreed, however, that Dr. Meakins and Dr. Illievitz, who have been close to these organizations, should keep the Executive Committee informed of developments as they occur.

Co-ordinating Committee for the Aged - When considering community needs in relation to this year's program the Executive Committee decided at the May meeting that there was a need for the co-ordination of the many community efforts which are being made by various groups to meet the needs of older people. Subsequently, this proposal received the approval of the Board of Governors but it was suggested that it should be planned in terms of prevention of duplication of services. It was suggested that this could be done by clearing program activities. Staff personnel from the three Council Sections and suitable representation from their respective Executive Committees could form a nucleus committee, the purpose of which would be to review action which has been taken to implement the recommendations contained in the Report of the Committee on the Problems of the Aged brought down by the Council in 1946. Later the Committee could be augmented to include representatives from other organizations in the community if it is deemed appropriate.

Health Services Committee - Dr. Webster drew attention to the fact that the Committee on Health Services has not had a chairman since Mr. Nicol resigned from this position. He suggested that Miss Rae Chittick, who has a wide knowledge on this subject, be asked to accept the chairmanship of this committee. Miss Chittick having signified her willingness to accept this assignment, it was moved by Mrs. Bain, seconded by Mrs. Tremble, and unanimously carried that she be appointed to act as Chairman of the Committee on Health Services.

ADJOURNMENT: As there was no further business the meeting adjourned at 11:45 a.m.

(Signed) Ina Young,
Secretary.