REPORT OF THE SURVEY COMMITTEE

Section Four

A Report on

HEALTH SERVICES

Montreal, P.Q., Canada, May, 1935

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THE SURVEY COMMITTEE

LETTER OF TRANSMITTAL

TO

THE CHAIRMAN AND BOARD OF DIRECTORS OF FINANCIAL FEDERATION
THE PRESIDENT AND EXECUTIVE COMMITTEE OF THE MONTREAL
COUNCIL OF SOCIAL AGENCIES:

Ladies and Gentlemen:-

Your Committee has the honour to submit Section Four of its Report: "A Report on Health Services".

The Report discloses that Federation and its agencies have increased their services in the health field during the past five years. During 1934 these services were maintained at a total cost to the community of about $256,000, which represents a decrease of 11 per cent., as compared with 1930. Federation contributed to the agencies $166,531., an increase of 3.8% over the year 1930.

The Committee's recommendations deal chiefly with further coordination of services, to the end of still more effective service and economical administration, and with the equitable distribution of financial responsibility amongst public authorities and various private social work groups.

June 17th, 1935.　　Respectfully submitted,

(Signed)　G. S. CURRIE
Chairman.

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INTRODUCTION

The nature of various health services is more readily understood by the general public than almost any other phase of organized social work. Private financial support for such services has been given readily and generously. In recent years, however, there has been much discussion based upon the point of view that the preservation of health, and the treatment of ill-health, are primarily a State responsibility. There has been widespread acceptance of this principle by the State. While considerable progress has been achieved in the assumption by the State of responsibility for both preventive and remedial services, nevertheless it will probably be many years before the necessity for privately financed health services ceases to exist. Hospital and other clinical services, preventive programmes, and public and bed-side nursing services will have to be maintained, in varying degree, by private philanthropy.

In view of the foregoing it is important that an objective attitude be maintained towards the establishment and maintenance of private health services. In the present stage of development of both public and private services it is often difficult to draw the line between them. While both branches of service are engaged in preventive and remedial activities, it is an accepted point of view that private services should, on the whole, stress 'prevention' - through education and demonstration.

Federation agencies, as might be expected, are engaged in both preventive and remedial health services. On the whole recognition is given to the importance of health education, though, during the depression years, there appears to have been a tendency on the part of some agencies to relinquish definitely educational activities in favour of what appear to them to be more immediate needs.

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SECTION 1 : OBSERVATIONS UPON PRESENT SERVICES

A. VICTORIAN ORDER OF NURSES

The Victorian Order of Nurses is the Montreal unit of a National organization, The Victorian Order of Nurses of Canada. The policies of the Order are established nationally.

The Charter functions of the Order are as follows:-

(a) To engage and direct the activities of nurses to undertake the care of the sick in their homes; to demonstrate nursing methods, and to aid in the prevention of disease and the maintenance of health.

(b) To assist in training nurses in public health nursing.

(c) To assist in establishing and maintaining the highest possible standard of efficiency for all nursing services.

The activities of the Order include the following:

Morbidity service or care of the sick under direction of physicians. Complete maternity programme, including ante-natal instruction and supervision in classes and through home visiting, delivery or confinement service, post partum and neo-natal care. Nursing care in Communicable Disease cases. Assistance at operations in homes. Arrangements for medical attention for patients where families cannot afford private physicians. Arranging hospital admission for patients. Making appointments for patients to attend hospital clinics where appointments are necessary at present. Health Teaching given with special emphasis on the Nutritional aspects, under direction of a Nutritionist. Provision of twenty-four hour service, including Sundays and legal holidays, for emergency and maternity cases. Occupational Therapy work with chronics. Provision of three months' supervised experience for Victorian Order Nurses sent from the National Victorian Order office. (Expense born by the National Office.) Provision of supervised field experience for McGill Students in Public Health Nursing. (In 1933 cost less than $100.00.) Provision of observation experience for hospital student nurses when requested. (No expense involved.) Hourly or appointment nursing

A. continued.

on a time basis. Through arrangement with Junior League, Visiting Housekeeper Service provided when necessary in the homes. Health talks to lay groups, and demonstration of procedures to medical students and lay groups. Organizing and teaching of Girls' Health Classes in Community Centres at night. Provision of pre-appointment Health Examinations for staff. Immunizations periodically, and Annual Health examinations for all personnel. Staff education, and especially planned introductory period for new staff. Keep special records in homes for the physicians, in addition to statistical records required by the Order. Nursing care given to policyholders of Insurance Companies through contract; special statistical records and reports are requested by these companies. Responsibility on part of individual nurse for arrangement and collection of fees, where payment can be made.

The quality of work maintained by the Order is high, as reference to APPENDIX 1. will disclose.

Statistics

The statistics representing the work of the Order are extensive, but are presented in order to give a comprehensive picture of its work:

- (a) Number of NEW family contacts;
- (b) Number of NEW Cases;
- (c) Religion of new Cases;
- (d) Nationalities of New Cases.

	1931	1932*	1933
(a) No. of NEW family contacts	3,858	4,821	3,957
(b) No. of NEW cases	11,674	14,227	13,727
(c) RELIGION OF NEW CASES			
Protestant	6,269	8,394	7,992
Roman Catholic	4,137	4,600	4,733
Hebrew	1,151	1,105	843
Others	117	128	159
Total	11,674	14,227	13,727
NATIONALITY OF NEW CASES			
Canadians (English)	7,923	9,429	8,892
Canadians (French)	821	1,128	1,650
English	985	1,110	922
Scotch	519	582	485
Irish	287	299	265
Russians	275	278	217
Others	864	1,401	1,296
Total	11,674	14,227	13,727

*1932: Grippe epidemic in November and December accounted in part for large increase of cases and visits.

(d) VISITS MADE	1931	1932	1933
Ante-Natal Maternity	8,629	8,927	9,169
Cancer	40,355	41,920	39,231
Chronic	4,168	3,728	3,486
Communicable	5,635	5,661	6,407
Pneumonia	3,358	5,214	5,790
Tuberculosis	2,812	3,771	2,759
Medical & Surgical	2,315	2,578	2,476
Infant Welfare	45,328	53,898	43,845
Occupational Therapy	6,111	5,825	5,472
On Behalf of Patient	875	721	913
Patient not seen	2,876	1,758	1,408
Others (incl. Supervising,	3,694	3,801	2,801
Student observation, Nutrition	3,654	2,068	2,897
Total	129,810	139,246	126,654
Free bedside Nursing visits.	24,000	40,304	40,591
Free confinements attended	197	440	402
Insurance visits (Adults)	28,128	25,789	21,624
Insurance visits (Infants)	5,469	4,771	3,814
Deliveries attended	1,426	1,352	1,102
Hourly Nursing Visits	377	440	766
Night Calls	1,765	1,401	1,353
Average No. of Nurses on district- per month.	49.5	50.5	48.8

A. continued

Financial Statistics

Year	Budget	Feder. Grant	Fees*	Govt.# Grants	Sub-scrip.	Endow. Inter.	English Catholic Feder.
1929	$125,739	$70,714	$51,790	$850	$201	$2184	---
1930	131,935	70,356	50,404	850	138	2188	---
1931	131,727	81,375	46,949	850	5	2547	---
1932	132,760	89,387	39,821	850	100	2602	---
1933	125,640	86,958	30,579	500	79	2583	$5000

*Fees: Earned income from Metropolitan Life Insurance Co., Red Cross, Patients' fees, etc.

#Grant: City of Montreal.

Some Notes and Implications Arising From The Statistics

(a) The number of new cases per year has increased by about 37% since 1929.

(b) The number of new French- Canadian cases (probably Roman Catholic) is increasing materially each year.

(c) (i) Earned income has dropped by $21,000 (1933) compared with 1929. It is now 59% of the former level.

(ii) Total numbers of visits has increased by 10,600 (1933) compared with 1929.

(iii) Total Budget, 1933, was approximately the same as in 1929.

(iv) Federation grant in 1933 was $16,244 greater than 1929.

(d) (i) Religions, of new cases in 1933 were reported as follows:

Protestant	7992 or	59%	(rough percentage)
R.C.	4733 or	34%	" "
Hebrew	843 or	6%	" "
Others	159 or	1%	" "
Total	13,727	100%	

Financial Statistics continued. (A)

(ii) The Agency submits figures for all cases, 1933, as follows:

Protestant	58.8%
R. C.	34.2%
Hebrew	5.9%
Others	1.1%
	100.0%

(iii) The above two sets of figures agree so closely that it is justifiable to use the "new case" figures as holding for all cases.

Therefore:

(iv) Taking new R.C. cases (1933), which numbered 4733, and dividing them on the basis of languages:

Total new Roman Catholics	4733
Total French-Canadian (Probably R.C.)	1650
	3083

In terms of per cent of total V.O.N. new cases for 1933 there were:

English Roman Catholic	3083	or	22.5%
French Roman Catholic	1650	or	12.0%
Totals	4733		34.5%

It is valid to assume that these percentages hold for the cases as a whole.

(c) (i) Assuming the foregoing Roman Catholic cases to be distributed as between insurance and non-insurance cases in the same ratio as the cases as a whole (which appears to be so) it would appear that Federation is under an expense which more properly belongs to other organized community groups, as follows:

(1934 figures)

Federation grant to V.O.N.		$79,760
*English R.C.,	22.5% of total	$17,946
French R.C.,	12.0% of total	9,571
Hebrew	6.0% of total	4,785
	Total amount.......	$32,302

*In 1934 the Federation of English Catholic Charities made a grant of $5,000. to the V.O.N., which is deductable from the above amount, thus reducing Financial Federation's share on account of English Roman Catholics to $12,946.

Financial Statistics continued (A)

Federation, therefore, is making a grant to the V.O.N. of an amount of $27,302. which more properly should be made by other groups.

(f) Communicable disease visits are increasing, and numbered 5790 in 1933. In 1929 they numbered only 2932. At a cost of $1.06 per visit, the total cost in 1933 was $6,137.

(g) The only Public grant received by the Order - $850 per annum from the City of Montreal, was reduced to $500. in 1933.

Some Observations:

1. Non-Sectarian Policy Endorsed: Your Committee wishes to emphasize that no suggestion is being made that the present non-sectarian policy of the V.O.N. should be modified. There are certain areas of service where such a policy is not only desirable but necessary. Public Health, including bed-side nursing, is one of such areas. Authorities agree that the Community should support only one inclusive agency in this field.

2. Division of Financial Responsibility: It seems logical, having by fairly common agreement established a non-sectarian agency such as the V.O.N., that financial responsibility for the services of the agency should be assumed jointly by the several organized sectarian groups, and the costs of the services distributed on an equitable basis amongst them.

   As a matter of fact there has been a full acceptance of this principle by the English Catholic group. In the latter's Report on a Survey of "The Social Welfare Services of the English Speaking Catholic Community of Montreal, 1930", there appears the following statement (pp 75-77).

> "1. Voluntary Health Organizations
>
> "There are three courses open in regard to the provision of health services:-
>
> A. Do nothing
> B. Establish one or more new health agencies.
> C. Participate as a Federation in existing health organizations.
>
> ....The only reasons which would seem to justify the creation of new organizations are that existing agencies do not or cannot supply the services required either in volume or quality.

A. continued. (Quotation continued)

"Figures which will be given later show that the existing agencies are now being used extensively by English-speaking Catholics, and so far as the Survey could ascertain are providing a reasonably satisfactory service.

"Existing agencies can provide a city-wide service more effectively, efficiently and economically than would new agencies which would have to serve a comparatively small number of persons irregularly scattered over the City. A very practical advantage of co-operation would be that it should help in securing larger grants from the Province and City, and hasten the time when public opinion will force the official bodies either to provide the service or pay the voluntary agencies the cost of giving the service.......

"Recommendation:

(1) For these reasons it is recommended that the English-speaking Catholic Federation provide such health services as it decides to provide through participation with existing agencies, under a plan of co-operation which it is believed could be established on a basis mutually agreeable and satisfactory to all concerned.

(2) It is understood that where money is given, there is a right to representation and a share in control. This is indeed a responsibility as the money given is really trust funds from the public.

" The voluntary Health Agencies of Montreal - to be considered in this report - may be divided into two groups:-

1. Organizations financed in whole or in part by Financial Federation.

   A. Victorian Order of Nurses
   B. Child Welfare Association
   C. Mental Hygiene Institute
   D. Diet Dispensary.

....

A. continued. (quotation continued)

" (1) Victorian Order of Nurses.

.... During the year 1929 nursing care was given to 10,987 patients in 6286 families. Of these 32.6 per cent were English-speaking Roman Catholics. The expenditure for the year 1929 was $125,739.45. The City makes a grant of $850.00. Fees are collected from patients able to pay and from insurance companies. There is an endowment fund, the interest on which is just over $2,000.

" The balance in 1929 amounting to $70,414.23 is made up from Financial Federation. If we take 32.6 per cent of this sum, we have $23,052.00 as the actual cost of service to the English-speaking Catholics. This is at least an approximate sum, then, for the English Catholic community to consider in reference to the cost of a bed-side nursing service.

"Recommendations:

1. "That a Committee on Bed-side Nursing Services be appointed in the Health Division of the Catholic Community Council as soon as it is created to evolve a plan for the provision of these Services for the English-speaking Catholics of Montreal.

2. "That this Committee explore the possibility of providing for the nursing care of their sick by an arrangement with the V.O.N.

3. "That prior to the fixing of the 1930 budget, the Catholic Community Chest directors confer with the directors of Financial Federation relative to a fair working basis whereby these services would be continued for English-speaking Catholics, until such time as such permanent arrangements, as may be agreed upon, are evolved.

4. "That for the purposes of calculation of the cost of an inclusive budget, an item of $23,000 be regarded as the approximate sum to be carried in the budget of the Catholic Community Chest to cover this service while it is remembered that this full amount may not be required."

As has been indicated, the Federation of Catholic Charities made a contribution of $5,000. to the work of the V.O.N. on behalf of English Roman Catholics. In 1934 the grant was increased to $6,000.

A. continued.

No contribution is received by the V.O.N. from the Federation des Oeuvres de Charité Canadiennes Françaises or the Federation of Jewish Philanthropies towards the work on behalf of French Roman Catholics and Jews respectively.

3. Communicable Disease Services.

The Order has been providing bed-side nursing services for an increasing number of communicable disease cases:

1929	1930	1931	1932	1933
2071	2298	3358	5214	5790

Such service is an expensive one for a private organization, for it involves the detailing of nurses for this special work, and the making of special arrangements.

The report of the Order to the Survey states that "a large percentage of these visits are paid for by the Metropolitan Life Insurance Company, but there are a considerable number of free visits to cases under the care of private physicians, and in some cases hospitalization is available, but physicians prefer to keep the patient at home and we have to carry the case free; and there are the cases that should be in hospital and refuse to go; in some cases we refuse the latter."

Another aspect of the problem is that the City of Verdun provides no hospital facilities for communicable diseases. The Order provides home nursing service for such cases.

There is no doubt that very definite responsibility rests upon Civic Authorities with respect to the provision of service to communicable disease cases. It would appear that where such provision is lacking, grants should be made to cover the cost of services rendered through private agencies.

4. Chronic Cases

In 1933, 6407 visits, at a cost of $6791 were made in connection with "chronic" cases. It is suggested that the cost of such services might be reduced by the use of a subsidiary type of nursing service.

While it may be that the scattered location of such cases might present difficulties, it is felt that an experiment would be worthwhile.

A. continued.

5. Occupational Therapy

The Order has on its staff an Occupational Therapist. The Committee does not question the need for such service, but it is of the opinion that the need could be met more effectively through a centralized agency. The establishment of the latter might still provide for the services of a full-time worker on the staff of the V. O. N.

6. Nutritional Work.

Similarly, the Committee is of the opinion that nutritional services could be provided more effectively through a coordinated nutritional agency. The establishment of such an agency would involve supervision of the V.O.N.'s nutritional work by the agency.

7. Hourly Nursing Service.

The Order has an Hourly Nursing Service, on a fee basis.

The following comment is made by the V.O.N.:

> "This service is very essential in the community, and can be done more adequately by an organization such as the Victorian Order of Nurses than by a free lance nursing service, or where nurses are not on a salary schedule. We have for some years carried on an apparently satisfactory service among a small group, but have not given it much publicity recently on account of the unemployment situation among the private duty nurses. This service could be extended and thus increase our revenue, but intensive publicity is necessary, and it is questionable whether we would be justified in such a publicity campaign as we are listed as a "charitable organization" with Financial Federation."

The Committee is of the opinion that the charging of fees for services, where the recipients are able to pay, is not incompatible with the receipt, by an agency, of financial grants to cover the cost of services to indigent clients. As a matter of fact a fair number of agencies follow such a policy, e.g., the Boys' Home, the Children's Bureau, the Y.W.C.A., some of the Settlements.

The solution of the apparent difficulty would appear to be in the direction of a more careful definition of the policy and services of the agency, so far as the public is concerned. The Council-Federation Publicity Committee could probably assist in developing a publicity policy for the V.O.N. which would present the latter's services in such a manner as to evoke a sympathetic public response.

8. Relief Activities:

The V.O.N. has been made the subject of criticism at the point of the activities of its staff in what amounts to the dispensing of relief. Only a small expenditure of funds is involved and such expenditure is made from a privately contributed fund.

The practical necessity which faces a V.O.N. nurse, as she endeavours to administer to the health needs of a patient is obvious and requires no elaboration.

The Order takes the position that it would gladly be relieved of the responsibility for meeting emergency needs for material relief. It points out, however, that it renders a twenty-four hour service, including week-ends and holidays, and that no Federation relief agency is officially rendering such full-time service. It finds it necessary, therefore, to meet emergency situations when they arise at times when the services of the relief agencies are not available.

The point appears to be well taken, and the Committee will recommend that the Family Welfare Association establish a routine for the reception of emergency calls and the meeting of emergency needs.

Educational Activities:

The V.O.N. recognizes that health education is one of its chief functions. It states, also, that the daily routine of its nurses should provide for educational as well as bed-side nursing activities.

It points, out, however, that its educational programmes have been greatly reduced.- due to the necessity for meeting increased demands for its other services.

Assuming that health education is a primary function of the Agency, and, as such, must be maintained, the solution to this difficulty lies in one of two directions. The reduction of the bed-side nursing load through (a) an increase in staff; (b) limitation of intake. The latter can hardly be contemplated and the Committee is of the opinion that attention should be given to the possibilities of increasing the staff of the V.O.N. to the point which will enable the Agency to fulfil its educational functions effectively.

An aspect of this problem which the Committee feels should have concurrent consideration is that of Mental Hygiene. It is believed that a mental hygiene worker, subject to supervision by the Mental Hygiene Institute, and acting as a supervisor in relationship to the nursing staff, would make the educational work of the Agency of still greater value.

****

B. CHILD WELFARE ASSOCIATION

OBJECTS.

The Objects of the Child Welfare Association, as stated in the Constitution (Revised 1933), are as follows:-

" (a) To promote the knowledge of child hygiene in all its phases.

(b) To stimulate and encourage efforts to reduce maternal and infant illness and mortality, and in cooperation with others interested, to forward methods conducive to the health, happiness and welfare of children.

(c) To engage in such activities as may seem wise in order to further these ends."

The present functions which the Agency is fulfilling are stated as follows:

" A demonstration programme in Health Education and supervision directed toward the child up to school age, which of necessity includes the family group, for the English-speaking and foreign population of Montreal and Verdun, with the purpose that the financial responsibility for the services which have proved value and public support - (see Survey of Public Health Activities Montreal, The Montreal Survey Committee 1928) should eventually be taken over by the Department of Public Health of the Cities concerned, and either included in their programme or paid for on the basis of services rendered. "

PROGRAMME:

The programme of the Child Welfare Association consists of:

" 1. Health Examinations by physicians in 16 Health Centres.

2. Health Education and supervision in the home by graduate nurses with special training or experience in Public Health work, including nutritional work under the direction of a nutritionist.

3. Education of parents by means of a group teaching programme by physicians, nurses and the nutritionist - directed toward mental as well as physical health.

B. continued.

4. Immunization against diptheria, carried on in 15 centres - Verdun being excepted. Arrangements are in progress with the Department of Public Health in Verdun to enable this service to be included for Verdun.

5. Health supervision follow-up service for all public ward maternity cases with babies discharged from the Royal Victoria Maternity Hospital, for maternity cases with babies from the Homeopathic Hospital, for infants discharged by the V.O.N. not under health supervision of a private physician, for a selected group of children discharged from the Alexandra Hospital.

6. A special Demonstration Service in one district, i.e., Rosemount, to study:-
    (a) Public Health Nursing directed toward the infant and pre-school child; programme applicable to a Medical Health Supervision service capable of being carried on from the office of a private physician (under a system of Health Insurance).
    (b) Study of necessary standards of supervision.
    (c) Study of the division of responsibility for infant and pre-school children in a Health Educational programme - the responsibility of: 1. A physician; 2. A Public Health Nurse.
    (d) Supervision by group education.
    (e) Study of methods of Habit Training.

7. Student Training Centre for field work for students of the McGill School for Graduate Nurses. Child Health Clinic experience for final-year medical students."

STATISTICS:

	Total Individuals Under Care - 1933			
	Protestant	Roman Catholic	Jewish	Other Faiths
English	4932	1998		
French	72	571		
Others	730	707		
	5734 -59%	3276 -34%	458 -5%	192 - 2%

Service and Financial Statistics

	1931	1932	1933
Total No. Individuals under care	8812	9704	9660
Total No. Families under care	7212	7782	7761
New Families during year	2242	2360	1957
New Individuals during year	3113	3278	2853
Race & Religion of New Individuals:			
Protestant	1672	1821	1682
Roman Catholic	1115	1136	939
Jew	210	224	160
Other	116	97	72
Attendance at Clinics - Babies	29311	29511	32012
-Preschool	6013	7584	10112
-Immunization	4914	4422	7227
Total attendance at Clinics	40238	41517	49351
Home Visits	24533	25243	23622
Office Conferences with mothers	3096	4939	7008
Attendance at Group Teaching Classes	2505	1639	1750
Total Contacts	70372	73338	81731
Total Expenditures	$44,229.01	$43,949.69	$41,547.65
Grant from Financial Federation	26,565.69	26,519.69	29,133.09
Government and City Grants	17,333.32	15,933.32	9,333.32
Sales	-	-	-
Pay Clinics	-	-	-
Federation of Catholic Charities	-	-	1,000.00
Interest on Bonds	330.00	330.00	265.00
Cost per year per individual	5.01	4.52	4.30
Cost per year per family	6.13	5.64	5.35
Cost to Federation per individual	2.97	2.73	3.01
Cost to Federation per family	3.63	3.40	3.75

B. continued

OBSERVATIONS

1. Work for non-Protestants

(a) Based on 1933 figures Federation spent through the Child Welfare Association an amount of $11,974. on non-Protestant services, as follows:

Federation Grant to C.W.A. $29,133.

Non-Protestant

English R.C.	- 1998 individuals	or	20.7% -	$6,031
*French R.C.	- 571 "	or	5.9% -	1,718
Other R.C.	- 707 "	or	7.5% -	2,185
Jewish	- 458 "	or	5.0% -	1,457
Others	- 192 "	or	2.0% -	583
			41.1%	$11,974

*French R.C. figure is declining rapidly as no new individuals have been accepted for several years. New applicants are referred to one of the increasing number of Civic Centres.

(b) The Federation of Catholic Charities, in the Survey previously referred to in this report, accepted in principle responsibility for financing the English Roman Catholic Work of the Child Welfare Association. Since 1933 the Catholic Federation has made an annual grant of $1,000 to the C.W.A.

(c) No contribution to the work of the C.W.A. has been made by the Federation of Jewish Philanthropies.

(d) The Committee is of the opinion that the cost of services for English Roman Catholics and Jews should be borne by the respective Federations and it will submit a recommendation accordingly.

2. Civic Responsibility for Child Welfare Services

The City of Montreal has accepted responsibility for the establishment of Child Welfare Services. A number of Centres have been established during the past few years under the Department of Health. These Centres, however, have been for the French-speaking section of the population. The Child Welfare Association has provided the services for the English-speaking group.

B. continued.

In the Survey Committee's conference with the representatives of the Child Welfare Association the question was raised as to whether or not the time had arrived to endeavour to transfer responsibility for the English-speaking services from the C.W.A. to the Civic Authorities. There was agreement that an attempt should be made in this direction.

It is very gratifying to the Survey Committee to be able to state that such steps have already been taken by the Board of Management of the Child Welfare Association. The Association has reported a very satisfactory conference with the Department of Health, in which the Association's representatives were met in a sympathetic and cooperative spirit. During the present month (May, 1935) the Department of Health is taking over two of the Child Welfare Association's Centres, and has agreed to the maintenance of the present standards and the retention of English-speaking medical and nursing staffs. Still further cooperation is indicated for the future.

3. The Committee is of the opinion that this transfer of services to the City should proceed as rapidly as possible, with a corresponding withdrawal of the C.W.A. from the field.

   It is probably desirable that the Association, or the Health Service, should maintain one/or two demonstration and experimental centres in order to develop improved techniques and to keep public interest stimulated.

4. It is the opinion of the Committee that the present group educational work of the C.W.A. might be continued as a function of the Health Service. Further reference will be made to this matter in the discussion on the Health Service.

****

C. HEALTH SERVICE FOR FEDERATED AGENCIES

The Health Service for Federated Agencies operates as a special committee of the Child Welfare Association. It has a separate budget and autonomous control, but no separate charter. The service was established as the result of a Survey of the health needs of the agencies within Federation, made by Dr. Grant Fleming in 1929.

Functions:

The present functions of the Health Service are stated as follows:

> "To conduct a Health Service for the agencies within Federation, stressing education in positive health, mental and physical; to provide facilities for periodic health examinations, so that the agencies will have a complete knowledge of the health needs of their clients.
>
> "To provide a curative medical service (not including bed-side nursing) outside of the provision made by hospital care, for clients for whom the agency assumes complete financial responsibility.
>
> "To provide dental service as a preventive health measure when no other community facilities are available."

Services:

The nature of the present services of the Health Service are recorded as follows:

(a) For Family Welfare Association:

Maintains a Health Examination service directed towards positive health, in three districts; provides physicians' home visiting service in cases of sickness where no free service is available; provides dental service for a selected number of clients - chiefly children.

(b) For Children's Bureau:

Supplies complete medical health service outside of hospital care, and complete dental service, for children in receiving homes and foster homes.

(c) S. P. W. C.

Provides special health examinations, home visits and dental service on request. Physician's attendance at Court if necessary.

C. continued.

(d) For the Settlements:

Griffintown: maintains two health examination clinics weekly; provides immunization service; mental hygiene service in selected homes by the Mental Hygiene Worker of the Health Service; together with the Committee of the Settlement attempts to arrange health education programme.

Iverley: Health Examination clinic for the play-school group; limited dental service on request; health examination service for all boys and girls taking part in athletic programmes; special examinations on request.

University: Health Examination service for play-school; immunization service.

(e) For the Institutions:

Supplies complete Medical Health Service outside of hospital care for the Protestant Infants' Home, the Ladies' Benevolent Society, and the Girls' Cottage Industrial School; provides a periodic health examination clinic weekly in the Forum Building for the Boys' Home.

(f) For the Day Nursery:

Complete Health Examination service - two clinics weekly; home visits on request.

Employees of Institutions are given Health Examinations before employment, on request of the agency.

(g) For the Women's Directory:

Periodic health examination clinic weekly for children under care of the Directory; physicians' home visiting service in foster homes; special health examination service for adults and babies on request; limited dental service on request.

(h) For the Big Sister Association:

Weekly health examination clinic; limited dental service.

(i) For the Montreal Boys' Association:

Health examination service on request; medical inspection service for clients before going to camp; complete health examinations for Boys' Training Farm; limited dental service on request.

C. continued.

(j) Murray Bay Convalescent Home:

Health inspection of clients, before leaving Montreal.

(k) Montreal Voluntary Blood Transfusion Service:

In cooperation with Toc H, the Health Service maintains a registration of voluntary blood donors for the Montreal hospitals; provides medical examination for these donors. There are ninety donors now on the list.

The Health Service cooperates with other agencies from time to time, and provides such services as are necessary and requested.

The Health Service attempts to coordinate the nutritional teaching of the agencies in Federation, under the Health Advisor, Dr. Grant Fleming. The Nutrition Committee has been responsible for the development of minimum food budgets, a cook book, etc.

The chief focus of the Health Service is upon preventive work. The periodic health examinations have special value in the prevention of tuberculosis, cancer and heart disease. The Service stresses health education for the adolescent group and is convinced that this group requires and responds to this type of service. There is no other community service along these lines.

Statistics:

Statistics which indicate the growth of the Health Service, and the present volume of its work, as well as its cost - are given on the following page:

C. continued

HEALTH SERVICES FOR FEDERATED AGENCIES

	1930	1931	1932	1933
No. of Individuals..............	1919	--	--	6480
" of New Individuals..........	1919	3304	3462	3701
" of Health Examinations........	877	2115	2222	2390
" of Individuals given Health Examinations....	-	-	-	1830
" of Special Examinations......	259	1014	1349	1108
No. of Camp Examinations........	512	456	596	880
" of Laboratory Tests.........	1258	1888	2395	2502
" of Dental Patients	1270	1753	2320	2146
" of Regular Clinics.........	198	377	401	390
" of Dental Clinics..........	203	282	312	288
" of Special Clinics	155	121	154	168
" of Institutional Clinics...	-	-	-	279
Total No. of Clinics............	556	780	867	1125
Attendance at Clinics...........	3082	6028	8209	10496
No. of Physician's Visits.......	164	690	832	599
No. of New Agencies served.....	17	8	1	3
Total number of Agencies served	17	25	25	28
TOTAL EXPENDITURE...............	$11,405.	$15,257.	$19,260.	$17,829.
FEDERATION GRANTS...............	$11,400.	$15,237.	$17,388.	$16,486.

C. continued

Services for Non-Protestants:

The clients of the Health Service are selected, of course, by the agencies through which the former renders its services. In the year 1933 the distribution of clients by religion, for new Health Examinations, was as follows:

	Prot.	Rom. Cath.	Hebrew	Other
English	833	179	4	38
French	40	38	0	0
Other	120	50	0	0
Totals...............	933	267	4	38
	or 76.2%	or 20.5%	or 3%	or 3%

The Health Service states that these percentages are approximately correct for the total number of clients.

OBSERVATIONS

1. The acceptance of, and increasing service by, the Health Service:

The Health Service was established in 1930 as a 'voluntary' service to Federation agencies. It is gratifying to observe the steady increase in the use of the services by the agencies.

It is the hope of the Committee that this trend will continue until all Health activities of the agencies (with the exception of bed-side nursing) are under the supervision and administration of the Health Service.

2. Establishment of the Health Service as a supervisory agency:

The successful experience of the Health Service in the provision of health services for, and through, a majority of the agencies of Federation points to the desirability of the extension of the former's services so as to embrace the health programmes of all such agencies. The maintenance of adequate standards in such programmes, their coordination and economical administration, would also be facilitated by a centralization of responsibility. It is likely, too, that community needs could be more easily discovered, defined and ministered to by a centralized functional health agency charged with such an inclusive responsibility.

The Health Service, having been established with a more limited function than that now being suggested, has not been able to exercise general functional supervision. Its policy has been that of holding itself in readiness to provide such services as were 'requested' by the agencies. It has not in itself been an initiatory body with respect to health standards and services within the agencies. In some instances it has not felt free to comment on what it has felt to be unsatisfactory health conditions.

C. continued.

The Committee is of the opinion that the interests of the clients, the agencies and Federation would best be served by the official establishment of the Health Service as the functional health agency of Federation, with responsibility for the adequacy of all health programmes financed by Federation, exclusive of bed-side nursing services.

3. Relationship to the Child Welfare Association:

As has been mentioned, the Health Service has been operated as a committee of the Child Welfare Association. In view of the recommendations which the Committee is making with respect to the work of the latter Association, and the suggestions with respect to an enlargement of function and responsibility on the part of the Health Service, it is suggested that consideration be given to the expansion of the present governing committee of the latter.

It is suggested that a natural development in the relationship between the Health Service and the Child Welfare Association might be a more or less reversal of the present relationship. Whereas at the present time the Health Service is a subsidiary service of the C.W.A., it may be desirable to establish the Health Service as the primary agency, and the Child Welfare Association, as it gradually transfers its services to the Civic Department, a subsidiary function.

4. Need for increased services:

The assignment of definite responsibility to the Health Service for the initiation of health measures would provide opportunities for increased services.

Of these perhaps the most important is Health Education. The Committee has suggested already that the present group teaching programmes of the Child Welfare Association might well be transferred to the Health Service. Opportunities to engage in health education activities are numerous and should be encouraged. It has been pointed out to your Committee that, with the predominance of French-speaking personnel in the Civic Departments, the responsibility for the health education of the English-speaking section of the population must fall largely upon the health agencies of the English Federations. The point of view has been expressed that no matter what the development of the health responsibility accepted by governmental agencies, sufficient English-speaking, educated lay interest must be maintained in order to safeguard standards of health service for the English-speaking community. One need which has been discussed is that of the preparation of adequate English translations of publicly issued health publications. There are many opportunities for health education amongst clients, agency staffs and committees, and the community at large.

C. continued.

There is need also for the extension of the present health examination and other services of the Health Service,- to other Family Welfare Association districts, settlements and community centres, children's institutions, camps, etc. Another need is that of the provision of certain health services to the members of the staffs of Federation agencies.

5. Functional supervision of certain staff service:

The staff of the Health service includes a Mental Hygiene worker, and a worker in the field of nutrition.

The Mental Hygiene Institute has cooperated very closely with the Health Service and has maintained a supervisory relationship to its mental hygiene services and its staff worker in this field, The Committee believes this to be good practice and is of the opinion that this functional supervisory relationship on the part of the Mental Hygiene Institute should be continued.

The Nutritionist is not subject to functional supervision, for the reason that no centralized nutritional agency exists. The Committee is making recommendations with respect to the establishment of such a centralized agency, and will include a recommendation with respect to the supervision of the nutritionist on the staff of the Health Service.

6. Services to non-Protestants:

Of the clients of the Health Services, 14.4% are English-speaking Roman Catholics, and 3% French-speaking Roman Catholics. Federation's grant to the Health Service in 1933 amounted to $17,829. There were no contributions from other Federations.

On this basis the Health Service expended $2567 on services to English Catholics, and $555. on services to French Catholics.

It is suggested that these expenditures should properly be a charge against the respective Federations.

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D. WESTMOUNT SOCIAL SERVICE ASSOCIATION

(Functioning for the General Hospital Social Service)
Department. (Western Division)

Purposes:

The purposes of the Association were reported to the Committee as follows:

" The primary purpose of a hospital social service department is to further the medical care of the patient by means of medical-social case study and treatment. The method is that of assembling and analyzing data, the outlining and carrying through of a plan of social treatment correlated with medical treatment. The major activity of the Department, therefore, should be medical-social case work.

" Through its work with individual patients, the social aspect of many of the hospital's functions have become apparent; for instance, the admission of patients and the securing of regular attendance at clinics. The admission of patients involves the determining of fees, which should be done with consideration for the medical needs of the patients, length of time of treatment, cost of living and resources of patient and his family. Regular attendance at clinics depends upon the patient's understanding of what is expected of him and may necessitate social adjustments which will make attendance possible. The Social Service Department may participate in these hospital functions as interpreted above as part of its service to individual patients.

" It is important to the hospital that its medical and social work be closely integrated in function and organization. The department should function as an integral part of the institution. There should be one Director or Executive Head of Social Service who should be responsible to the Board of Management of the Hospital through the Executive Officer of the Institution.

" The impetus to found a Social Service Department and the funds with which to finance it may come from outside the hospital organization. When this is done, the Social Service Department should, nevertheless, be responsible to the administration of the hospital in all matters pertaining to hospital organization and policy.

" The head of the Social Service Department should be a member of conference called by the director of the hospital, or by the chief of any department, to discuss or to formulate policies in which social aspects of the care of the patient or the social relationship of the hospital may be factors."

Activities:

The activities of the Social Service Department are described as falling around the following four primary functions:
(1) Discovering and reporting facts regarding the patient's personality and environment which relate to his physical condition.
(2) Overcoming obstacles to successful treatment such as may exist in his home or at his work. (3) Assisting the physician by arranging for supplementary care when required. (4) Educating the patient in regard to his physical condition in order that he may cooperate to the best advantage with the doctor's programme for the care of the illness or the promotion of health.

Other activities relate chiefly to certain administrative activities of the hospital: e.g. (1) Assisting in the admission of patients to the hospital wards or clinics; (2) Providing information on which admission fees and hospital rates can be based; (3) Obtaining interpretation for foreign-speaking patients; (4) Obtaining further history on patients from outside hospitals and agencies; (5) Aiding in the management of overcrowded clinics; (6) Furnishing medical information and advice regarding medical resources to other social agencies; (7) Seeing that the home is suitable for patient's care on discharge; (8) Following up and seeing that patients report to their clinics, and furnishing transportation if necessary; (9) Arranging for Victorian Order Nurse to give care in the home and to supplement visit to outdoor department; (10) Arranging proper convalescent care; (11) Transferring patients to specialized institutions in the community; (12) Conferring with relatives in their homes and elsewhere regarding future care of patients; (13) Aiding in adjusting accident cases, industrial or otherwise, which are not dealt with under compensation clinics, in an effort to protect patients from making unwise settlements or being exploited; (14) Arranging for the support and care of patient's children and dependent members of their families while they are in hospital or incapacitated for work: (15) Endeavouring to assist in purchasing necessary surgical apparatus, such as braces, belts, special corsets, glasses, crutches, etc. (16) Interpreting to the hospital the principles and practices of other Social Agencies in the community in order to promote better understanding between the hospital and other agencies; (17) Friendly services such as escorting patients or arranging transportation.

Statistics:

Distribution by language and religion

The Association reports the following figures:

French-speaking	about 56%	Roman Catholic	61%
English-speaking	about 43%	Protestant	38%
Others	1%	Others	1%

D. continued

No figures are available as to the language distribution of the Roman Catholic cases.

Service Statistics

Year	Intensive Cases Total	Intensive Cases New	Slight Service	Aver. Month Case Load Int. and Slight	Inter-views	Home Visits
1929	380	72	20	138	19,441	1405
1930	269	92	23	82	20,409	1532
1931	217	62	46	73	20,325	1663
1932	192	76	43	70	22,827	1380
1933	240	98	74	83	18,526	1790

Financial Statistics

	1929	1930	1931	1932	1933
Total Expend.	$10,265	$9,745	$9,876	$10,241	$9,326
Feder. Grant	7,773	8,602	8,868	8,661	8,130

OBSERVATIONS

1. Federation's responsibility or otherwise for a hospital social service department.

The most important observation which the Committee desires to make is with respect to whether or not financial responsibility for the work of the Association should rest upon Financial Federation or upon the Montreal General Hospital.

(a) The Westmount Social Service Association, functioning as " The Social Service Department of the General Hospital, Western Division," is the only such agency being financed by Financial Federation. The other hospitals administer and finance their own social service work. Due to the amalgamation of the Western Hospital with the Montreal General Hospital, there exists the anomaly of one part of the M.G.H. social service being financed by Federation and another part, the Central Division, being financed by the Hospital itself.

(b) The agency itself, as the statement of purposes on a preceding page will show, considers itself to be an integral part of the administrative organization of the Hospital.

D. continued

(c) The following quotation from " The Social Worker in Family, Medical and Psychiatric Social Work," by Miss Louise Odencrantz, supports the point of view of the agency:

" Medical Social Work is among the more recently developed fields of social work..... The early department was frankly considered experimental and financed by an outside committee, while the hospital allowed it to carry on its work in a spirit of tolerance rather than from any conviction of its essential value to the medical problem. The institution now assumes responsibility for its administration and financial support. In the planning of new hospital buildings, space is being set aside for the medical social service department, as much a matter of course as the doctors' consultation rooms, X-ray rooms or other essential facilities.

" A social service department is not an independent organization but a subordinate part of a hospital. Policies and plans cannot be worked out independently for this department, but in relation to the whole organization. In its outside relationships, it must always recognize the fact that it is only one department; and while in the nature of its work it is in a strategic position to interpret the hospital to the community and the community to the hospital, it must always retain its position as one of the component parts of the hospital..........The closer the strictly medical service and the social service can work together and understand each other, the better can they accomplish their common aim.

" In the majority of hospitals the social service department is now under the administrative direction of the medical director or superintendent. The board of trustees frequently appoints a social service committee, composed of persons from its own membership or outsiders, to serve in an advisory capacity to the department.......But its function is advisory, both to the board and to the director of the department. (This is the plan of organization recommended by the American Hospital Association,and the American Association of Hospital Social Workers)

D. continued (quotation continued)

> " In some cases the social service department is not part of the hospital organization, but is organized and financed by a social service committee or board not connected with the institution. The hospital superintendent is responsible for the social service department in so far as it is concerned with hospital procedure, but the committee is responsible for the budget, general policies, selection of director and work of the department, and has final voice in the administration of the department".

(d) It appears to the Committee that the work is actually accepted as a part of the administrative organization of the Hospital, along the lines indicated in the preceding section.

(e) The Committee cannot avoid the conclusion, in the light of the foregoing facts and authoritative statements, that the services of the Association are properly the financial responsibility of the Hospital.

2. Comments on present organization and service

(a) Work for non-Protestants:

Obviously the Association's intake is governed by Hospital intake policy. As has been indicated, however, 61% of the cases in 1933 were of the Roman Catholic faith. As 56% of the total cases were French-speaking it is probable that the majority of the Roman Catholic Cases were French-speaking.

The 61% of Catholic cases cost Financial Federation, in 1933, an amount of $4,959.

It is suggested that so long as the financing of the Association remains a responsibility of Federation, the cost of providing service for Catholic cases should be borne by the respective Catholic Federations.

(b) The Committee of Management

The Committee of Management of the Association consists of eight persons, each holding an office. This Committee does not hold regular meetings. The policy of rotation in Committee membership is not in force.

D. continued.

The Executive Director reports that she has a small "Advisory" group which she calls on from time to time. This group consists of two members of the Board of the Montreal General Hospital, the Superintendent of the Western Division of the Hospital, and two members of Committee of the Association.

The Survey Committee is of the opinion that so long as the Association remains an independent agency, and secures its budget through Federation, a representative and active Committee of Management should be maintained.

(c) Volunteers

The Committee records its appreciation of the consistent services rendered by volunteer workers from the Junior League and elsewhere, and by the volunteer sewing committee which meets weekly.

(d) Training of workers

The Agency representatives reported to the Committee that none of the professional workers of the Agency have had suitable medical-social work training. Such training is difficult, if not impossible, to obtain in Canada.

Some consideration of this problem has recently been given by the professional group in Montreal. The Committee considers it to be highly desirable that medical-social work training facilities be made available. It suggests that the Montreal School of Social Work be encouraged to survey the field and develop a training programme.

(e) Provision of surgical, optical and dental appliances, etc.

There is no doubt of the need for the provision of surgical appliances - boots, braces, crutches, etc., eye-glasses, dentures and artificial teeth, etc., for indigent persons. This need has been expressed by a number of agencies.

Funds for such purposes are strictly limited, and often come through special funds donated for the purpose. The Westmount Social Service Association, however, carries an annual item of $1,700 for such purposes, which, in comparison with other agencies in Federation whose needs are as great as the former's is a very substantial sum of money.

It is recognized that a difference in point of view exists with respect to the responsibility for such provision.

D. continued.

One point of view which has strong support is that the provision of the appliances under disucssion is a necessary part of the medical treatment and, as such, is clearly a responsibility of the hospitals. The reverse point of views holds that the hospitals have a more limited responsibility, viz: diagnosis and prescription.

The Committee is of the opinion that the provision of appliances is a responsibility of the hospitals. It suggests, however, in the meantime, that so long as Federation continues to provide funds for the provision of the forementioned appliances, that the available funds should be distributed equitably between the several agencies concerned. It believes that this could best be achieved by the transferal of all such budget items to the budget of the Health Service. By this means a consistent policy could be followed throughout Federation agencies, which consistency, at present, is lacking.

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E. CANADIAN NATIONAL INSTITUTE FOR THE BLIND

The Committee has no recommendations to make with respect to the Canadian National Institute for the Blind (Quebec Division). The Agency became a member of Financial Federation on January 1st, 1934, after the date of the establishment of the Survey Committee.

The only observation which the Committee wishes to record is to the effect that it believes the C.N.I.B. to be an excellent example of a coordinated functional agency, serving all religious groups, and financed jointly by the State and the several private Federations.

For purposes of information, and completeness in the Survey record, the following statement prepared by Dr. J.A. MacDonald, Superintendent of the C.N.I.B. is recorded:

> " The Canadian National Institute for the Blind was incorporated on March 30th, 1918, under Dominion Letters Patent. The organization comprises five self governing Units or Divisions embracing the whole of Canada. Each Division is responsible for its own income and expenditures and for the development of services in the territory under its jurisdiction.
>
> " The Quebec Division of the Institute, covering the Province of Quebec, was established in July 1930. Separate accounts and statistical records are kept for Montreal, and the sub-joined summary of activities for the year 1933 has reference to this section only.

GENERAL PURPOSE.

" The general purpose of the Institute is the amelioration of the condition of the blind and the prevention of blindness. To carry out this purpose attention is directed to the following:

(a) Registration of the blind and partially blind.

(b) Home teaching of the adult blind.

(c) Employment of blind men and women, exclusive of employment in sheltered industries.

(d) Maintenance of library service.

E. continued.

(e) Promotion of home industries for the blind.

(f) Aftercare and follow up services for graduates of schools for the blind and for those who lose their sight in later life.

(g) Maintenance of varied miscellaneous services for the economic and social welfare of blind people.

(h) Prevention of blindness including provision of glasses, eye treatment and other care for needy persons suffering from eye defects, and who are in danger of further deterioration of sight. Such persons are always referred to oculists for written reports before service is given by the Institute.

SUMMARY OF WORK IN MONTREAL FOR 1933

REGISTRATION:

"The total number of blind persons registered as of Dec.31st,1933, was 1789 of whom approximately one half were residents of Montreal. Infromation is filed as to age, sex, cause of blindness, degree of sight, training before and after blindness, economic condition, etc.

HOME TEACHING:

During the twelve months under review 44 individuals received instruction in embossed reading and writing, typewriting, as well as in home handicrafts such as knitting, sewing, basketry, leather work, chair caning, rubber mat making, etc. Two full time instructors, themselves blind, carry on this work. In due course, the cases are turned over to the Employment, Library or other Departments for follow up services.

EMPLOYMENT:

During the year, 25 blind men and women received full time employment with reported earnings amounting to $21,078.00. The earnings of home workers and of those in private business are not included. Particularly gratifying is the success achieved by these sightless persons who were placed in charge of salestands, industrial cafeterias and similar concessions.

E. continued

LIBRARY SERVICE:

A central library of over 17,000 volumes is maintained by the National Office of the Institute with facilities available to the Quebec Division without charge. Ninety-three blind readers in Montreal availed themselves of this service during 1933. It is interesting to note that embossed type literature is transmitted free through the mails.

PROMOTION OF HOME INDUSTRIES FOR THE BLIND:

For some time the National Office of the Institute has carried on extensive experimentation in the making of rubber door mats. Equipment has been developed and patent rights secured for the "Hope Brand" mat, which is proving to be a most practical line for our home workers. Although but a bare beginning has been made in this work, in Montreal, already sales amounting to approximately $1000.00 have been secured.

AFTERCARE AND FOLLOW UP SERVICES:

Every effort is put forth to encourage sightless people to utilize their ability and training in order to become self reliant and independent. Musicians are assisted in giving and securing radio appointments; piano tuners and cane workers receive orders solicited through the office; home workers have the advantage of buying raw materials at wholesale cost, and the assistance of the Institute in disposing of the articles they make; cash loans are made to agents and salesmen. By these, and similar means, 42 persons were assisted during the year and enabled to, at least, partially support themselves.

MISCELLANEOUS SERVICES:

Free radio licenses, special discount on radio equipment, theatre passes, street car permits and like concessions were secured and made available to 239 blind persons in Montreal during the year.

PREVENTION OF BLINDNESS:

During 1933, in Montreal, 1057 persons with eye defects were registered by the Institute and glasses provided in each instance. These were chiefly boys and girls of school age reported by Teachers, Nurses and Welfare Agencies throughout the City.

Vision test charts and thousands of pamphlets, in French and English, dealing with the care of the eyes, prevention of eye accidents, proper lighting and kindred topics, were distributed free to interested agencies and individuals.

E. continued

RECAPITULATION:

During the period under review, 1358 individuals were given service. These were distributed as follows:

French Canadian	851 or	62.7%
English speaking	507 or	37.3%

this latter group may be further analysed as follows:

Protestants	264 or	19.4%
Catholics	239 or	17.6%
Jewish	4 or	.3%

Blind people of both sexes and all ages are included in our clientele. Whilst the great majority are in needy circumstances, our services are not necessarily limited to this group.

GENERAL OBSERVATIONS

" The Canadian National Institute for the blind is a non-sectarian Organization which ministers to the interests of the Blind of the Community regardless of creed or nationality. Its income, applicable to Montreal, is derived from three main sources, namely: Quebec Government Grants, Montreal City Grants and allocations from the three major Charity Federations of the City.

" On January 1st, 1934, the Financial Federation of the Montreal Council of Social Agencies, La Federation des Oeuvres de Charite Canadiennes-Francaises and the Federation of English Catholic Charities joined in subsidizing the annual operating deficit of the Montreal section of the Institute on a proration of its case load service to the respective groups.

" The Canadian National Institute for the Blind maintains close contact with the most progressive Agencies for the Blind throughout the world, and has ready access to the accumulated knowledge and experience of leaders in every country.

" The Institute is a member Agency of the International Society for the Prevention of Blindness, and keeps in touch with all developments looking to the conservation and improvement of sight."

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F. MONTREAL DIET DISPENSARY

Aims:

The aims of the Diet Dispensary, which was established in the year 1879, are stated as:

> "The establishment of a suitable place where the indigent sick and convalescent of the City would be able to obtain cooked food free or at a low cost."

Services:

Cooked and uncooked food is distributed daily at the Dispensary, and weekly at Centres in Point St. Charles, Verdun and Rosemount.

Cookery demonstrations are given in various Centres throughout the year.

A minimum of one visit is made to the home of each client. Instruction is given to individuals who call at the Dispensary for the diets. The Agency states that educational work should occupy a larger place in the programme, however.

Sources of Intake:

The sources of intake in 1933 were as follows:

	No. Cases	% Total Cases
Federation Agencies.		
V.O.N. (205), F.W.A. (102), C.W.A. (90), S.P.W.C. (6)........................	403	46.4%
Hospitals, etc. M.G.H. (140), Western (102), R.V.H. (80), R.V.M.H. (28), Royal Edward (30), Children's Memorial Hospital (9), Montreal Children's Hospital (7)	380	43.6%
Churches....................................	34	3.9%
Others......................................	52	6.1%
	869	100.0%

Analysed Another Way

From Hospitals, and other Health Agencies	675	77.7%
From non-Health Agencies................	194	22.3%
	869	100.0%

Statistics:	1929	1930	1931	1932	1933
No. Individuals	505	618	797	876	863
Interviews	4532	5183	6598	7843	7933
Home Visits	794	754	644	496	756
Cooking Demonstrations	64	53	48	49	58
Food Cost, Total	$7349	7358	7351	7464	6445
PREPARED FOODS					
Soup & Broth, pints	2256	3396	4404	4953	4400
Puddings, pints	3302	4446	5910	6559	6060
Muffins, dozens	682	406	380	130	67
Jelly, pints	128	171	150	101	126
Total Budget	$12,988	$13,687	$13,631	$13,954	$12,443
Feder. Grant	7,801	8,692	8,794	9,776	8,627
Endow. Interest	3,814	3,770	3,269	2,991	2,955
Sales	1,171	956	1,327	946	620
City Grant	200	200	200	200	200
City & District Savings Bank	---	40	40	40	40

Religion of Clients

The services of the Dispensary are limited to those of the Protestant faith.

OBSERVATIONS

1. Determination of need for service.

The Committee points out that there are two main considerations which relate to the acceptance of responsibility by the Dispensary for the provision of special diets:
(a) Is the person sick or convalescent, and in need of a special diet? (b) Is the person indigent and thus properly eligible for free, or less than cost, service?

It would appear that medical opinion must be depended upon to answer the first question, and social work opinion the second.

The Diet Dispensary has not satisfied the Committee that its intake policy is governed sufficiently by the foregoing considerations. The statistics submitted show that 22.3% of the Dispensary's intake is referred by non-health agencies. The Dispensary has no medical supervision of its own. In the conference with the Agency, the Committee was informed that, to a great degree, the determination of need is made by the Dietitian in charge. The Committee is of the opinion that such a procedure is inadequate and that special diets should be provided only upon the recommendation of a competent medical authority.

F. continued.

The Committee was informed, also, that the length of time for which a special diet is continued is determined by the Dietitian in charge. The Committee believes that this decision should also be made by a medical authority.

2. Definition of Services

While the Agency recognizes the importance of group and individual education, it points out that the present educational programme is a limited one. The Committee is of the opinion that education should be the major activity of a nutritional agency, and the distribution of foods a subsidiary function.

The Committee is of the opinion that the general and specific policy of the Dispensary should be clarified and carefully defined. As part of this definition, the Committee senses a need for the establishment of a definite list of conditions, physical and social, for which special diets may be prescribed and supplied by the Dispensary. It is suggested that such a list could be prepared jointly by a representative group of medical, nursing and social workers.

3. Coordination of Nutritional Services

Education in nutrition is an essential part of the function of a number of agencies, e.g., Family Welfare Association, V.O.N., Federation Health Service, Child Welfare Association, the Child-caring Agencies, the Settlements.

The need, at present, is being met in a partial and uncoordinated manner. The V.O.N. has a nutritionist on its staff, as has the Federation Health Service. An outstanding contribution has been made by a volunteer Nutrition Committee, consisting of the nutritionists of the V.O.N., the Health Service and the Diet Dispensary, under the chairmanship of the Honorary Health Advisor of Federation. The needs of many agencies, however, are not being met.

It is suggested that the nutritional services could be improved by their coordination under the administration and supervision of the Diet Dispensary, when reorganized.

Such a suggestion does not necessarily imply that an agency requiring the full-time service of a nutritionist should not provide for such service. It does imply that the service should be secured through the Diet Dispensary, and should remain subject to supervision by the Dispensary.

F. continued. (4)

In this manner the coordination of nutritional services could be achieved, and the quality and consistency of content of nutritional teaching maintained.

4 Functional Supervision by the Health Service.

In view of the reasons being advanced by the Committee for its recommendation with respect to the establishment of the Health Service as the primary, supervisory agency in the health field, it appears to be desirable and consistent that the Diet Dispensary, in its present and suggested future functions, should be given functional supervision by the Health Service for Federated Agencies.

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G. MONTREAL INDUSTRIAL INSTITUTE

Aims.

The original aims of the Montreal Industrial Institute, formerly known as 'The Epileptic Institute' were:

> "To train epileptics and feebleminded persons in occupations suitable to their condition, and with a view to cure them and provide for their support.
>
> "To establish, maintain, and operate hospitals, schools, homes and colonies or other institutions necessary to the carrying out of these objects".

In 1929, however, in response to a request from other agencies, the Institute extended its policy to care for other types of handicapped persons to those indicated above.

Relationship to Mental Hygiene Institute.

In 1927 the Industrial Institute, upon the recommendation of Federation, became a division of the Mental Hygiene Institute, though it retained its own corporate status and its own Committee.

Services.

The Institute's services are rendered through the maintenance of a workshop where handicapped persons of all ages go daily. Its activities include educational work (academic), handicrafts (weaving, tapestry, lampshades, brushes, leather work, toys) and sewing.

The purposes of these activities are those of assisting the individuals to find themselves through developing interest in some form of work, and helping them financially through the sale of the produced articles.

The opinion of the professional worker, and of the medical members of the Institute's Committee is that significant physical, mental and social results are achieved through the Institute's activities. A rather remarkable record exists with respect to the reduction in the number of epileptic seizures amongst clients under care.

Statistics:

A. Religions (1933)

Protestant	24 or 75%
Roman Catholic...........	7 or 21.8%
Jewish	1 or 3.2%
	32 or 100%

G. continued - Statistics.

B. Services and Costs

	1929	1930	1931	1932	1933
Enrolment	27	16	16	19	27
Aver. Attendance	9	10	9	12	14
Budget	$3679	$3313	$3250	$2741	$2417
Feder. Grant	2251	2264	2243	2260	2252

OBSERVATIONS

1. Coordination of Services:

(a) The Survey Committee has received for its consideration the following resolution passed by the Health Division of the Council on November 21st, 1934.

> "That in the opinion of this Division it appears desirable that the Occupational Therapy Department of the Victorian Order of Nurses, the Montreal Industrial Institute, and the Handicapped Workers' Division of the Protestant Employment Bureau should be coordinated under one direction."

(b) The suggestion made in the foregoing resolution had previously been given extensive discussion by the three agencies mentioned. At an informal conference held on April 19th, 1933, the following resolution was passed:

> "This Committee believes that the interests of the handicapped would best be served by an amalgamation of the activities of the Industrial Institute for Epileptics, the Handicapped Workers' Division of the Protestant Employment Bureau and the Victorian Order of Nurses' occupational therapy service, under the jurisdiction of one committee, and that a separate agency should be formed to carry on the work of these three organizations receiving money now allotted by Financial Federation to these activities.
>
> The programme of the new organization would be conducted under three main headings:
>
> 1. Employment service for the handicapped.
> 2. Sheltered Workshop
> 3. Home Occupational therapy service."

G. continued. (1)

(c) The Survey Committee is in receipt of a letter from the Board of the Mental Hygiene Institute, under date of February 7th, 1934, reading in part as follows:

> "Several years ago, on suggestion coming from Financial Federation group, it (the Institute) became a sub-committee of the Mental Hygiene Institute. This apparently was done in the hope that this relationship might stimulate the work being done by the Industrial Institute. The Board of the Mental Hygiene Institute have in the past two years questioned not the value of this piece of work but the return which was being obtained in terms of the expenditure and have felt that the present expenditure could probably be justified only in terms of a more comprehensive piece of work for handicapped individuals. The proposed plan has been made that this piece of work should be merged with the comparable vocational therapy being done by other groups, namely the handicapped division of the Protestant Employment Bureau and the home vocational services being rendered by the Victorian Order of Nurses. In the meeting yesterday, the Board of the Mental Hygiene Institute again stressed the desirability of such an amalgamation of the work of the above-named groups under one committee and hope that in your survey of the situation you may consider the desirability of such a plan".

(d) The Committee is of the opinion that the various suggestions put forward with respect to the amalgamation of the foregoing services for handicapped persons are essentially sound. The Committee is recommending the amalgamation, under certain specified conditions.

2. Services to Non-Protestants

It will be noticed that twenty-five per cent of the Institute's clientele is non-Protestant in religion.

In view of the recommendation which is being made respecting the coordination of services, it is obvious that a non-sectarian policy will, of necessity, have to be maintained - because certain agencies through which the Institute will render service are themselves non-sectarian, e.g. the V.O.N.

The Committee is of the opinion that the costs of providing such services are a legitimate charge upon the funds of the respective Federations.

6. continued (1)

(c) The Survey Committee is in receipt of a letter from the Board of the Mental Hygiene Institute under date of February 7th, 1934, reading in part as follows:

"Several years ago, on suggestion coming from Financial Federation group, it (the Institute) became a sub-committee of the Mental Hygiene Institute. This apparently was done in the hope that this relationship might stimulate the work being done by the Industrial Institute. The Board of the Mental Hygiene Institute have in the past two years questioned not the value of this piece of work but the return which was being obtained in terms of the expenditure and have felt that the present expenditure could probably be justified only in terms of a more comprehensive piece of work for handicapped individuals. The proposed plan has been made that this piece of work should be merged with the comparable vocational therapy being done by other groups, namely the handicapped division of the Protestant Employment Bureau and the home vocational services being rendered by the Victorian Order of Nurses. At the meeting yesterday, the Board of the Mental Hygiene Institute again stressed the desirability of such an amalgamation of the work of the above-named groups under one committee and hope that in your survey of the situation you may consider the desirability of such a plan".

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The Committee is of the opinion that the costs of providing such services are a legitimate charge upon the funds of the respective Federations.

G. continued.

3. Vocational Placement Service

One of the agencies involved in the foregoing discussion, the Handicapped Workers' Division of the Protestant Employment Bureau, maintains a placement service for its clients.

The Committee believes that such a service is socially and financially justifiable, as a part of a more complete service for handicapped persons. Much personal work must be done with potential employers, and the agency must often maintain supervision for long periods of time if its placements are to become permanent.

4. Functional Supervision by the Health Service.

In view of the reasons being advanced by the Committee for its recommendations with respect to the establishment of the Health Service as the primary, supervisory agency in the health field, it appears to be desirable and consistent that the proposed coordinated agency be given functional supervision by the Health Service for Federated Agencies.

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H. MURRAY BAY CONVALESCENT HOME

Description

The Murray Bay Convalescent Home was established fifty-three years ago, and incorporated in 1903. The Home is located at Pointe-Au-Pic, Quebec. For many years convalescent patients were received from both Montreal and Quebec, but now the Home's intake is received entirely from Montreal.

The affairs of the Home rest in the hands of a permanent Committee located in Montreal, but a great deal of interest is taken in the work of the Home by a group of summer residents at Murray Bay and Cap a l'Aigle. The local group contributes almost half of the annual operating budget of the Home, and, from time to time, has provided funds for buildings and equipment.

The Home is open from about June 15th to the beginning of September.

Services

Convalescent patients, of both sexes, of most types are accepted, with the exception of certain cases which need intensive nursing care, close supervision, or isolation - for which cases the Home has no facilities. The Home maintains a small surgery and meets emergency needs for surgical attention on the part of local summer residents. The latter service, when required, is paid for by the recipients at regular hospital rates. An out-patient department provides periodic clinics and is used by some of the local permanent residents.

Intake

In 1933 patients were received through the following hospitals and agencies:

Royal Victoria Hospital, Montreal General Hospital, Women's General Hospital, Verdun General Hospital, Homeopathic Hospital, Children's Memorial Hospital, Royal Edward Institute, S.P.W.C., Catholic Welfare Bureau, Family Welfare Association, Children's Bureau, Victorian Order of Nurses.

The Home establishes an "intake" Committee each season, and engages a social case-worker to investigate applications. In 1933, 278 applications were considered, of which 260 were accepted. All patients are medically examined immediately preceding their departure for Murray Bay.

Statistics.

	1929	1930	1931	1932	1933
Individual Cases...........	205	194	250	233	252
Patient Days................	4531	3918	5250	4750	5293
Average Stay (days)..........	22	20	20	20	21
Religion Protestant.........	155	60	183	182	187
Rom. Catholic......	42	120	62	46	62
Hebrew............	2	4	5	3	2
Other............	5	1	0	2	1
Total Budget................	$6284	$5858	$6355	$5436	$5301
Feder. Grant................	3789	3199	3200	3207	3043
*Total Cost per patient......	$30.65	30.19	25.02	23.33	21.04
*Feder. Cost " ".........	18.57	16.75	13.61	14.91	12.73

*Not including transportation, which is raised separately by referring agency - Adults $8.50, Children $4.25.

OBSERVATIONS

1. Services of Home are Necessary

Inquiry has been made by the Committee as to whether, in view of the recent opening of the Montreal Convalescent Home, the need for the Murray Bay Home continued to exist.

In June, 1934, the Montreal Convalescent Home (capacity 100) had 89 patients. In the succeeding months its capacity was reached and has been maintained until the present time.

Obviously, then, this latter institution cannot absorb the 240 patients cared for by the Murray Bay Home. The Committee has reached the conclusion, therefore, that the Murray Bay Home should be maintained. However, while fully conscious of the good work for purely convalescent care which can be carried on by the Murray Bay Home, the Committee realizes the difficulties involved, both financial and physical, by reason of the distance of the Home from Montreal. The Committee would, therefore, recommend that no capital expenditure be contemplated, other than that of minor repairs to the building. This, in anticipation of any representations which the Council of Social Agencies may see fit to make in connection with the Montreal Convalescent Home - in the hope that the expansion of the latter will soon be undertaken in order to accommodate the increasing number of patients for whom convalescent care is required, by the Montreal Hospitals and Social Agencies.

2. Provision for Transportation

It would appear to be illogical for Federation to provide funds for the operation of the Home, and fail to provide funds, where necessary, for the transportation of patients. There is evidence to show that the failure to provide such funds has had the result of preventing agencies from sending patients who are in need of the care which the Home provides.

3. Work for non-Protestants

The Home follows a non-sectarian policy. The number of Roman Catholic patients during the past five years has ranged from sixty to twenty per cent. In 1934 the percentage was thirty-six - an increase of about eighty per cent over the two previous years. In this latter year, Roman Catholic cases cost Financial Federation $1095. not including transportation.

The Committee is of the opinion that the cost of care for non-Protestant patients is properly a responsibility of the non-Protestant Federations.

4. Some Problems.

There are several problems relating to the policy and operations of the Home. These problems have been discussed with the representatives of the Agency, and are as follows:

(a) Clarification of Policy

The function of the Home, as its name implies, is "convalescent" care. The actual services of the Home, however, have not been restricted to the fulfilment of this function. A number of persons who have been accepted for care have no record of illness. They may be described as persons, chiefly mothers, who are in need of a change and a rest. In a fair number of cases a mother and child, or children, who by no means fall within the category of 'convalescents', have been accepted for care. In some cases 'patients' have become more or less regular visitors at the Home - returning in successive summers.

In the conference held with the Agency, the representatives, in referring to the difficulty of filling the Home to capacity during the first few weeks of the season, made reference to the fact that it was "difficult to get people to take their vacations so early!" The representatives pointed out that the Home has a large percentage of children and that "they might easily be placed in summer camps".

If the function of the Home is to provide 'convalescent' care - and the Committee believes that it should be so - it is the opinion of the Committee that the situation being described may be due to a lack of clear definition, with respect to policy, and a consequent lack of understanding on the part of referring agencies, and lack of discrimination on the part of the selection committee.

(b) Difficulty in Securing Cases During Early Part of Season.

The agency reports that it always has difficulty in filling its capacity during the first part of the season (June 15th to July 1st). It points out that the weather is good at that time and that there is no reason why more cases should not be sent during the early period.

It is possible that the cause of this difficulty may be the forementioned misunderstanding of the Home's function - on the part of referring agencies and their clients.

3. Non-Protestant Patients

The Home follows a non-sectarian policy. The number of Roman Catholic patients during the past five years has ranged from sixty to twenty per cent. In 1954 the percentage was thirty-six - an increase of about eighty per cent over the two previous years. In this latter year, Roman Catholic cases cost Financial Federation $1000, not including transportation.

The Committee is of the opinion that the cost of care for non-Protestant patients is properly a responsibility of the non-Protestant Federations.

4. Home Problems

There are several problems relating to the policy and operations of the Home. These problems have been discussed with the representatives of the Agency and are as follows:

(a) Clarification of Policy

The function of the Home, as its name implies, is "convalescent" care. The actual services of the Home, however, have not been restricted to the strict fulfilment of this function. A number of persons who have been accepted for care have no record of illness. They may be described as personal, anxious mothers, who are in need of a change and a rest. In a fair number of cases a mother and child, or children, who by no means fall within the category of 'convalescents', have been accepted for care. In some cases these have become more or less regular visitors at the Home - returning in successive summers.

In the conference held with the Agency, the representatives, in referring to the difficulty of filling the Home to capacity during the first few weeks of the season, made reference to the fact that it was "difficult to get people to take their vacations so early". The representatives claimed too that the Home had a large percentage of children and that "they could easily be placed in summer camps".

If the function of the Home is to provide 'convalescent' care - and the Committee believes that it should be so - it is the opinion of the Committee that the practice of doing described may be due to a lack of clear definition with respect to policy, and a consequent lack of understanding on the part of referring agencies, and lack of discrimination on the part of the admission committee.

(b) Difficulty of Filling Home During Early Part of Season

The Agency reports that it always has difficulty in filling the capacity during the first part of the season (June 15th to July 15th). It points out that the weather is good at that time and that there is no reason why more cases should not be sent during the early period.

It is possible that the cause of this difficulty may be the somewhat unsound orientation of the Home's function - on the part of referring agencies and the admission committee.

H. continued. (4)

(c) System of application and selection

As has been mentioned, the Home engages a special worker for three months to receive and investigate applications, and appoints a small committee to whom all applications are referred and by whom final selection is made.

The Committee is of the opinion, provided the function of the Home is defined and restricted to convalescent care, that more effective selection could be achieved by - (i) placing responsibility for social investigation and report thereon upon the referring agency, and (ii) placing responsibility for medical investigation, examination and final recommendation thereon upon the Health Service.

(d) Activity of the Board.

The Agency representatives have stated that the Board is an inactive body and that the affairs of the Home, on the Montreal end, are managed by a small group of persons who have been interested in the Home for many years.

While the Committee recognizes a difficulty in maintaining the interest of a large group of persons for twelve months in the year in a project which is confined to a three-month period, it nevertheless believes that the stimulation of Board interest and activity would help to extend the usefulness of the Home - through bringing about a wider understanding of its function and services.

****

I. BREHMER REST PREVENTORIUM

(Ste. Agathe des Monts, Quebec)

Description

Brehmer Rest was established in 1905. Girls from fifteen years of age are accepted for care. Accommodation is available for sixteen patients. The Institution is non-sectarian.

Types of cases under care include inactive T.B., T.B. contact, girls in need of a'change' or 'rest', convalescents, etc. Active T.B. cases are not accepted, nor are bed-patients.

The Rest does not maintain an office in Montreal, and has no Montreal Staff. The staff at St. Agathe consists of a matron, local physician, cook, and general domestic. The girls in residence assist in the general work of the house.

Intake Procedure

Cases may be referred by any agency, or application may be made direct. Most of the cases are referred by the Royal Victoria Hospital and the Royal Edward Institute. Application is made through the President of the Board. Responsibility for social and medical investigation is placed upon the referring agencies. A committee of the Board approves or disapproves the applications.

Financial Policy

The Rest was originally very nearly self-supporting, through paying patients. In recent years, however, fewer and fewer such patients have been available. Free patients have always been accepted. Latterly the majority of patients have been in the free category, or have been paid for by agencies. Transportation is not provided by the Rest.

The Laurentian Sanitorium has recently made an arrangement to use the Rest as an "extension ward" for appropriate convalescent cases. When so used the Sanitorium pays the Rest at an equitable rate.

Statistics	1929	1930	1931	1932	1933
Total Hospital Days	4903	5643	5026	5037	5084
Total Budget	$6935	$6565	$6346	$5410	$4924
Feder. Grant	$4567	$3709	$3772	$3122	$3486
Religions					
Protestant	32	12	30	27	22
Roman Catholic	15	12	13	12	7
Hebrew	3	1	3	1	2

I. continued.

Work for non-Protestants.

Jewish patients have been paid for by Jewish Agencies.

Recently an arrangement was made whereby English Roman Catholic cases would be accepted through the Catholic Welfare Bureau at a rate of $10.00 per month. It should be pointed out, however, that the monthly cost of care (1933) was about $30.00, of which amount Federation paid $20.55 per month for all cases.

French Roman Catholics are accepted for free care by the Rest.

OBSERVATIONS.

1. Lack of Demand for Service

For several years the Brehmer Rest has had difficulty in achieving full use of its facilities. In considering the following statements it should be remembered that the accommodation at the Rest is small - 16 persons.

(a) This difficulty was stressed in the conference held with the Agency's representatives by the Committee. The same problem was stressed in the Agency's official statement to the Survey. The statement says that relationships with the agencies have not been very satisfactory:

> "In the first place they do not seem to understand that we do not accept active cases of T.B.C. Secondly, because we have no professional worker in Montreal we are dependent upon the aforementioned agencies for our patients (Hospitals, V.O.N., F.W.A.) They repeatedly say they have no applications for the Rest....."

> "At the moment our beds at the Rest are not filled, despite the fact that we have repeatedly called the V.O.N., Hospitals, etc......"

> "Sometimes the Hospitals have sent us cases, two of them recently, in which the record of the patient has made no mention of very obvious difficulties, which made them unfit for residence there. One of these cases has asthma, for which Ste. Agathe is notoriously unsuitable. The other had a sprained or dislocated wrist, for which there is no treatment at the Rest....."

(b) The representatives stated that there is great reluctance, on the part of a good many girls, to go to 'Ste. Agathe', as they think it stigmatizing, and a handicap in finding employment after their return, (nearly half the cases in 1933 were domestic servants).

(c) The Rest has invited physicians to recommend their patients for care by the Rest, free if necessary, but the agency states, "they do not send us a case".

(d) In an endeavour to use the full capacity of the Rest, the previously mentioned arrangement with the Laurentian Sanitorium was completed.

2. The Committee's Conclusion

In view of the foregoing situation it would appear that the need for the present services of the Rest at Ste. Agathe is open to very serious question.

The Committee suggests that if the facilities of the Rest are not required by the Laurentian Sanitorium for T.B. convalescent care, the activities of the agency should be suspended.

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J. MENTAL HYGIENE INSTITUTE

Aims:

The aims of the Mental Hygiene Institute, as stated in its charter, are as follows:

> "To prevent by any and all means or methods and in any manner the occurrence of mental disease and to aid in, assist and otherwise promote the amelioration of mental disease and generally to promote mental health".

Development:

The Mental Hygiene Committee was organized in 1919, through the agency of the Canadian National Committee for Mental Hygiene. For its first four years the Committee received its financial support entirely from the National Committee. During this period it operated a clinical mental health service.

In 1923 the agency entered Financial Federation, which assumed responsibility for its support. In 1924 and 1925 research personnel was added to the staff and the National Committee assumed responsibility for approximately half of the agency's budget. In 1933 the National Committee was compelled to reduce its appropriation by more than half (from $13,673. to $6427.) and in 1934 to an amount of $1,000. (see page 56)

In 1929 the Institute became a corporate body, under its present name.

Services:

The Institute describes its services as falling within three categories:

(1) A Clinical Mental Hygiene service for individuals;

(2) An Educational programme;

(3) A Research programme.

(1) Clinical Services

Clinical services are provided for both sexes, which are about equally distributed. Approximately 73% of the clinical service is with persons under 20 years of age. About 60% of the clinic clientele are referred by Federation agencies. The remaining 40% are referred by other social agencies, courts, hospitals, schools, private physicians and private individuals.

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In 1925 the agency entered Financial Federation, which assumed responsibility for its support. In 1924 and 1925 research personnel was added to the staff and the National Committee assumed responsibility for approximately half of the agency's budget. In 1932 the National Committee was compelled to reduce its appropriation by more than half (from [illegible]), to [illegible], and in 1934 to an amount of $1,500. (see page 56)

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Clinical services are provided for both sexes, which are about equally distributed. Approximately 75% of the clinical service is with persons under 16 years of age. About 60% of the clinic clientele are referred by [illegible] agencies. The remaining 40% are referred by other social agencies, courts, hospitals, schools, private physicians and private individuals.

J. continued.

Types of Clinic Problems

The 703 new clinical cases in 1933 represented the following types of problems:

Suspected mental disease	71
Mental depression	22
Attempted suicide	2
"Nervousness" and fears	32
Seclusiveness, sensitiveness	11
Peculiar behaviour	6
Epilepsy and fainting spells	7
Physical complaints	9
Enuresis	13
Speech defect	21
Suspected mental defect	54
School failure	56
Unmarried mothers	10
Social failure and marital maladjustment	49
Stealing	20
Temper tantrums	23
Sex problems	16
Truancy	16
Disobedient, uncontrollable	66
Mental health study	142
Vocational guidance	51
Psychotic parents	6
Total	703

Sources of Clinic Cases (New cases, 1933)	No.	Approx. %
Federation Agencies	410	58.3%
Other Agencies	105	14.0%
Juvenile Court	6	.8%
Hospitals	51	7.2%
Schools	62	8.8%
Physicians	11	1.6%
Private Individuals	58	8.2%
Total	703	

J. continued.

Religions of Clinic Cases
(New cases, 1933)

	No.	Approx. %
Protestant	499	71.0%
Roman Catholic	90	12.8%
English R.C. 75 or 10.7%		
French R.C. 15 or 2.1%		
Hebrew	102	14.5%
Others	12	1.7%
Total	703	

Sex and Age Distribution
(New cases, 1933)

	Male	Female	Total	%
Under six years	61	45	106	14.0%
6 to 12 years	145	73	218	31.0%
12 to 20 years	91	96	187	26.6%
20 years and over.	79	113	192	27.4%
Totals	376	327	703	

In connection with the clinical services of the Institute, it should be mentioned that the Institute has the services of two part-time psychiatrists (the Director and the Assistant Director), a social worker and a psychologist. In 1933 the total number of clinical cases was 1186.

A large majority of the clients of the Institute are economically unable to pay for clinic services. While no restriction is placed upon intake, the Institute takes the stand that those persons who are sufficiently independent, economically, to provide such clinical service for themselves, should do so through such private facilities as exist outside the Institute.

(2) Educational Programme

The Institute has maintained a persistent and widespread educational programme for some years. The programme has taken the form of lectures, study courses, case-conferences, individual conferences, and publications.

The Institute has on its staff an "Educational Secretary", who has major responsibility in this aspect of the programme. However, all members of the executive staff participate extensively in the various educational activities.

J. continued. (2)

In 1933, the Institute's staff gave 117 hours of lectures in formal classes for undergraduate and graduate nurses, medical students, social work students, and parents; an advanced course for leaders; 21 addresses to physicians, teachers, church groups, etc.; 56 group conferences; issued eight issues of the Bulletin "Mental Health", three pamphlets and three published articles.

Many of the foregoing educational activities have been conducted in relationship to Federation agency groups. For example, a weekly conference has been held with the staff of the Federation Health Service and supervision given to the mental hygiene worker on the latter's staff. It should be mentioned in passing that this represents a type of agency relationship which is highly desirable and which should be extended considerably.

The Institute maintains, however, that its function is community-wide and that it should seek and accept all opportunities for educational service. The Institute records "an embarassing increase in the demand for this educational service, coming from social agencies, from professional groups in training and in practice, from the parent group, etc."

In its educational service, the Institute has been dealing very largely with leaders in the various fields, with individuals who for the most part are economically independent. In the Parent Study Groups, all parents who have been able to do so have been expected to pay a fee for the Service.

(3) Research Programme

The research activities of the Institute are directed towards the evaluation of techniques used and results achieved in the various other activities.

> "Individual contacts in the clinical and educational aspects of the programme are used in an attempt to arrive at:-
>
> (1) A more adequate clinical classification of behaviour problems;
>
> (2) A more complete understanding of the significance of certain types of behaviour;
>
> (3) A critical analysis of the results to be attained by treatment measures, etc.
>
> (4) The statistical use of clinic material in an attempt to evaluate the effect of certain individual and general social factors in the production of significant problems of mental ill-health."

J. continued. (3)

Services inter-related

The Institute holds to the opinion that the maintenance of the three aspects of its services - clinical, educational and research, is essential to successful achievement in any one. The three are intimately inter-related and, together, comprise an inclusive and comprehensive programme.

Clinical work, in addition to its direct service, both stimulates a need for, and arises as a result of, education. Clinical and educational services are both dependent, in their qualitative aspects, upon continuous review, analysis and evaluation - which is research.

Statistics

Some further service and financial statistics are recorded:

Item	1930	1931	1932	1933	1934
New clinic cases	497	507	567	703	579
Continued cases	202	281	314	483	401
Total cases	699	788	881	1186	980
Total Budget	$28,991	$27,256	$27,956	$23,896	$19,748
Feder. Grant	14,469	12,870	14,280	16,690	18,189
Nat. Com. Ment. Hygiene	14,500	14,371	13,673	6,427	1,000
Fed. Cath. Charities	--	--	--	500	500

Some Significant Facts

The five-year period 1930-1934

Reduction in Total Budget	$9,243.	or 31.8%
Increase in Clinical services	281	or 40.2%
Increase in Federation grant	$3,720	or 25.7%
Increase in educational work. (Has been substantial)		

OBSERVATIONS

1. Institute's philosophy respecting community Organization of services.

From its establishment up until about ten years ago, the approach of the Institute towards the development of community mental hygiene programmes and services was that of the establishment of a complete central organization for the provision of such services. At that time - ten years ago - the professional staff consisted of:

J. continued. (Observations)

A Director and Chief Psychiatrist
An Associate Director (Psychiatrist)
An Assistant Psychiatrist
A Social Service Director
Two Psychiatric Social Workers

The trend, at that time, was in the direction of a greatly enlarged staff organization, within the agency itself, in order that all the needs of the community might be met. The recorded "purpose" of the Committee stated: "The Montreal Mental Hygiene Committee is organized to consider and deal with problems concerning mental health in the community. It is the present function of the Committee, more specifically, to study and treat various types of disordered behaviour. This includes, in the present programme, all types of minor and major asocial and anti-social tendencies manifested in the home, in the schools and in social and industrial situations. This Committee will further constantly have in mind the necessity for providing increased facilities for a more adequate service than has so far been possible."

Ten years ago the policy and activities of the Institute were subjected to critical review and evaluation. As a result a major change was made in its policy. It was discovered that most of the data gathered on the referred cases, and most of the follow-up social treatment, was a responsibility of the social work staff of the Institute's own clinic. This staff was assuming too large a responsibility for functions which belonged more properly to the general social agencies. Everything which appeared to relate in any manner to mental health was "handed over" to the mental hygiene staff. Most of the community agencies and workers appeared to assume that the problems of mental health were no part of their responsibility.

In view of this situation the Institute reached the conclusion that its policy was retarding satisfactory progress in the development of an adequate community programme directed towards mental health. As a result of this conclusion the Institute changed its policy.

For the past nine years the Institute has increasingly projected its point of view and its programmes into the community at large. Its emphasis has been upon the necessity for the integration of mental health objectives and techniques with general social work, educational and other health aims and techniques; upon the assumption by general agency workers of responsibility for the maintenance of mental health standards in client services; upon the fundamental nature of mental health principles with respect to any type of individual problem with which workers may be called upon to deal.

J. continued. (Observations)

One indication, put forward by the Institute, of the soundness of the foregoing policy, is the change in the types of cases referred to the Institute for clinical service. In the early years only the most obvious problems of mental deficiency and mental ill-health were referred to the clinic. Gradually, as the community and professional workers have become better informed, the clinic has become a centre for dealing with all aspects of behaviour difficulty in both children and adults.

The Committee endorses the present policy of the Mental Hygiene Institute as defined in the foregoing.

2. Fundamental Nature of the Principles and Techniques of Mental Hygiene.

The Committee desires to record some further observations upon the fundamental nature, for social work programmes, of mental hygiene principles and techniques.

An understanding of the purposes and viewpoints of mental hygiene is, of course, a pre-requisite to a recognition of the place which its techniques should have in the services of social work agencies. The following extracts from an article in "The Social Work Yearbook, 1933", by Clara Bassett, Consultant in Psychiatric Social Work, National Committee for Mental Hygiene (U.S.A.), are informative

> "The goal of mental hygiene is mental health, which has been defined by Howard Becker as 'the adjustment of human beings to themselves and the world at large with a maximum of personal and social effectiveness and satisfaction'. Becker continues: 'The highest degree of positive mental health permits the person to realize the greatest success which his capabilities will permit, together with the maximum of satisfaction to himself and the social order and a minimum of friction and tension. This means that mental health is not merely the absence of ill-health nor mere efficiency and contentment, neither is it solely the cheerful acceptance of the rules of the game. Mental health implies a degree of well-being in which the person is not occupied with unsatisfied tensions, does not manifest gross forms of socially inadequate or objectionable behaviour, and maintains himself intellectually and emotionally in all environments and situations that do not bring about crises too intense or frequent to be beyond the adjustive powers of human beings and that are not so rigid or over-authoritative that personality is inevitably warped........"

"According to Dr. C. Macfie Campbell, 'a disorder is a mental disorder if its roots are mental. A headache indicates a mental disorder if it comes because one is dodging something disagreeable. A pain in the back is a mental disorder if its persistence is due to discouragement and a feeling of uncertainty and a desire to have a sick benefit, rather than put one's back into one's work. Sleeplessness is a mental disorder if its basis lies in personal worries and emotional tangles. Many mental reactions are indications of poor mental health, although they are not usually classed as mental disorders. Discontent with one's environment may be a mental disorder if its cause lies, not in some external situation, but in personal failure to deal with one's emotional problems. Suspicion, distrust, misinterpretation, are mental disorders when they are the disguised expression of repressed longings, into which the patient has no clear insight. Stealing sometimes indicates mental disorder, as the odd expression of underlying conflicts in the patient's nature. A feeling of fatigue sometimes represents, not overwork, but discouragement, inability to meet situations, lack of interest in the opportunities available. Unsociability, marital incompatibility, alcoholism, an aggressive and embittered attitude, may all indicate a disorder of the mental balance, which may be open to modification'.

"Some of the basic mental hygiene concepts include the following: that the physical, mental, emotional and social life of the individual are but aspects of one indivisable, reactive whole which is a dynamic and ever-changing integration sensitively responding and adjusting to all the varied forces which play upon it; that personality is the product of an evolutionary process passing through various stages of development or unfolding from conception to old age and death; that maladjustments are usually produced by adverse conditions which result in a warping of this evolutionary process at one of the earlier stages with subsequent perversions and distortions of personality, or represent the frustrated expression of a divided personality; that in all such conditions careful study will reveal the orderly working out of cause and effect relationships; that personality is motivated by certain strong, basic instincts, desires, and wishes, conscious or unconscious, and that behaviour, however fantastic, is a purposive effort to attain satisfaction of those inner drives; that the most decisive period in personality development is infancy, childhood and early youth; that the emotional relationships between the various members of the family circle in the home exert a powerful conditioning influence upon the growing personality and have a most far-reaching effect on the future life of the child; that emotional

quotation continued.

> "maladjustments, behaviour disorders, and mental diseases are symptoms susceptible to scientific study and effective treatment, and that expert assistance should be sought for their treatment in the same spirit as aid is sought from the physician for the treatment of physical disorders; that in order to understand any individual, it is necessary to study the whole personality - physical, mental, emotional, and social - and the evolution of these aspects of personality as expressed in past life experience, personal and environmental."

In view of the foregoing statements, it is obvious that the concepts and techniques of mental hygiene are fundamentally related to adequate social work principles and practices. Mental hygiene is both a philosophy and a method. Its philosophy is educational, preventive, and social - for it is concerned with the growth processes of "persons", and their satisfactory adjustment, within themselves, and as members of families and larger social groups. Its techniques are derived from the sciences of psychology, biology, sociology abd psychiatry.

This philosophy and its applied techniques, whether known as "mental hygiene" or by some other term, have had much to do with the progressive development of what was little more than organized alms-giving to something far more significant. While there may still be some whose social work interests are exhausted with the distribution of bread or physic, the majority of social workers consider the amelioration of physical distress as incident to the achievement of more significant, far-reaching and permanent social goals. This is true whether one considers family case work, work with delinquent boys and girls, the care of dependent children, work for the handicapped, the unmarried mother, the physically unwell, or the homeless.

3. Need for Training and Supervision

The Committee is of the opinion that the qualitative standards in several areas of Federation agency activity could be improved greatly by the addition of staff personnel trained in mental hygiene techniques, and by further in-service training for present staffs. In its report on Child Care and Protection the Committee has indicated several situations in which trained mental hygiene or psychiatric personnel is essential to the effective achievement of agency objectives. In the present report further requirements are pointed out. In succeeding sections of the Committee's report additional reference will be made to the need for such trained service.

J. continued (OBSERVATIONS)

4. Training and Supervision Through the Mental Hygiene Institute:

(a) The demand for trained psychiatric social workers and mental hygiene workers far exceeds the ability of training centres to produce such workers.

There are no facilities for training in Canada, with the exception of the potential facilities of the Montreal Institute. The Institute recently was compelled, through curtailed income, to discontinue its very limited facilities for training which, up to that time, had been available to the social agencies. This would appear to have been a serious retrograde step.

The Institute possesses in its staff a nucleus for a thoroughly adequate training programme. The Institute cannot embark upon such a programme, however, without increased facilities and additional professional assistance - which implies an increased budgetary allowance.

(b) One of the major needs amongst Federation agencies, in the opinion of the Committee, is that of functional supervision in the field of Mental Health.

While the Mental Hygiene Institute has always provided counsel and guidance for agencies seeking advice, it has not assumed general responsibility for agency supervision. At the present time, with limited staff, it could not do so.

On the other hand, if the assumptions made in the present discussion are well based, intensive and continuous supervision of agency techniques is imperative, if qualitative standards are to be maintained. If the achievement of adequate techniques in work with persons is dependent fundamentally upon an understanding and acceptance of the philosophy of mental hygiene and the incorporation of its techniques in agency activities, there are more than a few agencies which have not yet achieved adequate standards. There are agencies, also, which have learned certain mental health vocabulary, and make partial use of mental hygiene services, but who have not yet learned the full implications of mental hygiene in their own fields of work.

It is the opinion of the Committee that responsibility should be assigned to the Mental Hygiene Institute for:

(i) The establishment of satisfactory mental hygiene techniques within Federation agencies;

J. continued (Observations) (4)

(ii) The functional supervision of agency activities in the mental health field;

(iii) The inauguration of in-service and special training programmes for Federation agencies.

5. Services to non-Protestants.

About 71% of the Institute's clinical service is on behalf of Protestants, 10.7% on behalf of English Roman Catholics, 2.1% on French Roman Catholics, and 14.5% on behalf of Hebrews.

In the years 1933 and 1934 a grant of $500. was made by the Federation of English Catholic Charities. No grant has been made by the French or Jewish Federation.

It is the opinion of the Committee that work for non-Protestants is properly the financial responsibility of the respective non-Protestant federations.

6. The Institute's Budget

The points of view expressed in this report with respect to the fundamental nature of mental hygiene processes in the work of a majority of Federation agencies, and the need for greatly increased facilities for training and supervision, have definite implications in terms of the budget of the Institute - and for that matter, the budgets of the other agencies concerned.

In the latter regard it should be pointed out that whereas there are many community facilities in the field of physical health, there are no facilities in the mental health field giving preventive and clinical service, with the exception of the Mental Hygiene Institute.

With respect to the budget of the Institute itself, the past relationship of the National Committee for Mental Hygiene should be understood clearly. The National Committee undertook to provide approximately half of the Institute's total budget for a limited number of years, as a contribution to the local community and a demonstration of the value of the mental hygiene approach to community problems. The National Committee, in turn, received its support on a similar limited time basis through one of the Foundations. In 1932 the grants to the National Committee for the foregoing purpose were greatly reduced and, in addition, the Committee felt that the time was near when the local community should assume financial responsibility, in full, for its local services. In 1933, therefore, the National Committee's grant to the local Institute was reduced materially, and further reduced in 1934.

J. continued (Observations) (6)

Financial Federation has endeavoured to meet the situation resulting from the reduction in revenue from the National Committee. During the five-year period 1930-1934, inclusive, the annual grant from the National Committee has been reduced from $14,500 to $1000; during the same period, Federation's annual grant to the Institute has been increased from $14,469 to $18,189. Due to the particularly difficult bugetary problems of the past two or three years, it has not been possible to provide sufficient funds to replace in full the loss of revenue from National Committee grants. The Institute operated, therefore, with a total budget, 1934, which was 31.8% below the 1930 level - which compares with a reduction of 10.6% in the total budgets of all Federation health agencies.

The Committee is of the opinion that provision for mental health services is one of the fundamental necessities in the work of all Federation agencies, and, therefore, believes that as soon as funds can be made available such services should be extended.

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SECTION 11: RECOMMENDATIONS

SECTION 11: RECOMMENDATIONS

GENERAL RECOMMENDATIONS

It is recommended:

(1) (a) That the Health Services for Federated Agencies be assigned responsibility, as a functional agency, for the supervision of the health activities of all Federation Agencies and be held accountable for the maintenance of adequate standards in such programmes, their coordination and economical administration;

(b) That all medical and dental clinical services financed by Federation be placed under the direct administration of the Health Services.

(c) That all agency budget items relating to (b), above, be transferred to the budget of the Health Service.

(2) (a) That the non-sectarian policy of the health agencies be maintained, so long as the present agreement with such a policy, on the part of non-Protestant groups, is continued;

(b) That the respective non-Protestant Federations be requested to accept financial responsibility, on a pro rata basis, for services extended to non-Protestant clients;

(c) That where financial responsibility for non-Protestant work is assumed by a non-Protestant Federation, adequate representation be given upon the governing board of the agency concerned.

(3) (a) That a coordinated nutritional service be established, in order that the many needs for nutritional services to Social Agencies may be met effectively;

(b) That the Montreal Diet Dispensary, when reorganized, under the gen functional supervision of the Health Service,. assume the functions and responsibility of such a nutritional service.

Section 11: Recommendations continued

(4) (a) That a centralized agency be established for work with physically handicapped persons - the services of such an agency to include workrooms for mobile clients, home occupational service for the immobile, facilities for the marketing of products, and vocational placement services;

(b) That the present work of the Montreal Industrial Institute, the occupational therapy services of the Victorian Order of Nurses, and the Handicapped Workers' Division of the Protestant Employment Bureau be merged, and made the nucleus of the suggested agency.

(c) That the centralized agency here suggested be placed under the functional supervision of the Health Service.

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A: VICTORIAN ORDER OF NURSES

It is recommended:

(1) That the respective non-Protestant Federations be requested to assume financial responsibility for the free non-Protestant services of the V.O.N., commencing with the budget for 1936.

Based upon 1934 experience, it would appear that the responsibility of the respective Federations should be as follows:

(a) Federation of Catholic Charities, $18,000

Twenty-two point five per cent of Financial Federation's present grant, which is approximately $80,000. This implies an increase of $12,000 over the 1934 grant from this Federation;

(b) Federation des Oeuvres de Charité Canadiennes Francaises $9600.

Twelve per cent of Financial Federation's grant;

(c) Federation of Jewish Philanthropies $4800

Six per cent of Financial Federation's grant.

(2) That, when financial responsibility is assumed by the respective groups, adequate representation be given upon the Board of Directors of the V.O.N.

(3) (a) That free communicable disease visits shall not be made where facilities for hospitalization exist;

(b) That strong representations be made to the City of Verdun to the end of obtaining its acceptance of financial responsibility for the V.O.N's communicable disease services in that municipality.

(4) That the V.O.N. be requested to experiment with the use of a subsidiary nursing service for the care of chronic cases.

ALTH SERVIC

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(5)

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(9

A. continued.

(5) That the V.O.N. be encouraged to develop its Hourly Nursing Service; that a joint committee of the V.O.N. and the Council-Federation Publicity Committee undertake to explore the possibility of the development of publicity material on this Service which will be acceptable to both groups.

(6) That the nutritional services of the V.O.N. be placed under the functional supervision of the proposed central nutritional agency.

(7) That greater recognition be given to the educational function of the V.O.N., and the necessary steps taken to enlarge and extend its educational activities.

(8) That, as soon as funds can be secured, a mental hygiene worker be added to the staff, to act in relationship to the nursing staff, under the functional supervision of the Mental Hygiene Institute.

(9) That, when facilities for twenty-four hour service are made available, all requirements for material relief be referred to the Family Welfare Association.

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B: CHILD WELFARE ASSOCIATION

The Committee records its appreciation of the objective attitude displayed by the Child Welfare Association with respect to the services which it is presently providing. It records its commendation, also, of the steps which it has taken already, in the direction of implementing some of the following recommendations.

The Committee wishes to express its appreciation of the cooperative spirit evidenced by the Civic Department of Health, in recent approaches made to it by the Child Welfare Association.

It is recommended:

(1) That the C.W.A. arrange for the transfer of its present Centre activities to the Civic Department as expeditiously as possible.

(2) (i) That, until such time as complete transferal has been made, and so long as the C.W.A. provides services for non-Protestant clients, financial responsibility for such services should rest upon the non-Protestant Federations; that those Federations be requested to assume this responsibility for the year 1936, and thereafter.

Based upon present experience, it would appear that the responsibility of the respective Federations should be as follows:

(a) Federation of Catholic Charities: $6000

Approximately, twenty-one per cent of Federation's grant of $29,000. The Federation of Catholic Charities has made a grant to the C.W.A. for the past two years of $1000.

(b) Federation des Oeuvres de Charité Canadiennes Francaises.

Civic Centres are available for French-speaking clients. C.W.A. has accepted few new cases for several years. It would seem to be inappropriate, therefore, to request support from the above Federation.

B: continued

(c) Federation of Jewish Philanthropies $1450

Approximately, five per cent of Federation's grant of $29,000.

(ii) That, when financial responsibility is assumed by the respective groups, adequate representation be given upon the Board of Management of the Child Welfare Association.

(3) That responsibility for the present group educational work of the C.W.A. be transferred to the Health Service for Federated Agencies.

(4) That, in view of the proposed diminution in the activities of the C.W.A., the present Board of Management assume specific responsibility for the administration and supervision of the Health Service, and consider C.W.A. activities as subsidiary to the former.

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C. HEALTH SERVICE FOR FEDERATED AGENCIES

It is recommended:

(1) That a closer relationship be cultivated between the Health Service for Federated Agencies and all Federation agencies, to the end that eventually, and as soon as practicable:-

(2) That the Health Service for Federated Agencies be assigned responsibility, as a functional agency, for the supervision of the health activities of all Federation Agencies and be held accountable for the maintenance of adequate standards in such programmes, their coordination and economical administration.

(3) That all medical and dental clinical services financed by Federation be placed under the direct administration of the Health Service.

(4) That all budget items relating to (2), above, be transferred to the budget of the Health Service.

(5) That the Mental Hygiene Worker, presently on the staff of the Health Service, remain subject to functional supervision by the Mental Hygiene Institute.

(6) That the Nutritionist, presently on the staff of the Health Service, be subject to functional supervision by the proposed central nutritional agency.

(7) That the respective non-Protestant Federations be requested to accept financial responsibility, on a pro rata basis, for services extended to non-Protestant clients, commencing with the budget for 1936.

Based upon 1934 experience, it would appear that the responsibility of the respective Federations should be as follows:

(a) Federation of Catholic Charities: $2500.

Approximately fourteen point five per cent of Federation's grant of $18,000.

(b) Federation des Oeuvres de Charité Canadiennes Francaises: $500.

Approximately three per cent of Federation's grant.

(8) That, when responsibility is assumed by the respective groups, adequate representation be given upon the governing board of the Health Service.

(9) That the Health Service assume responsibility for the group educational work of the Child Welfare Association, and other educational programmes for which it may discover a need.

(10) That provision be made for preventive health service, through the Health Service, for members of agency staffs.

(11) (a) That the present Health Service Committee be expanded so as to include the members of the Board of Management of the Child Welfare Association;

(b) That the Board of the Health Service take steps to secure articles of Incorporation.

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D: WESTMOUNT SOCIAL SERVICE ASSOCIATION

In view of the following facts:

(1) The American Hospital Association and the American Association of Hospital Social Workers conceive medical social work as an integral part of hospital organization, and maintain that a social service department should be subject directly to the administrative control of the Medical superintendent of the hospital;

and

(2) The Westmount Social Service Department defines its functions and relationship to the Hospital administration in precisely the same terms;

and

(3) The assumption of financial responsibility by Federation for the work of the Social Service Department of the Western Division of the General Hospital is anomalous, in relationship to the policy followed by the Hospital with respect to its Central Division Social Service Department, and the policy followed by the other hospitals;

and

(4) Financial Federation faces a serious problem with respect to securing sufficient funds to maintain services at their present level;

It is recommended:

(1) That strong representations be made to the Board of the Montreal General Hospital, by Federation, to the end of achieving the former's acceptance of financial responsibility for the budget of the Social Service Department of the Western Division of the Hospital, presently known as the Westmount Social Service Association, commencing with the budget for 1936.

(2) That so long as the Association draws its financial support from Federation, the suggestions made by the Committee with respect to present operations, be carried out. (Pages 30-32)

(3) That the Montreal School of Social Work, be encouraged to proceed with its study of the needs for medical-social work training facilities, and the provision of the same.

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F: MONTREAL DIET DISPENSARY

It is recommended:

(1) That the Montreal Diet Dispensary be assigned responsibility, under the general health supervision of the Health Service, for the coordination of the present nutritional services of Federation Agencies, the development of more adequate services, and the provision of continuous supervision in the nutritional field.

(2) That the Dispensary consider its major function to be education in nutrition, and its minor function the preparation and distribution of foods.

(3) (a) That the Dispensary develop a specific policy with respect to the dispensation of foods, and make its policy known to the agencies concerned. Such a policy should describe the specific categories, physical and social, under which special diets may be prescribed and properly provided by the Dispensary.

(b) That, in any case, provision of diets should be made only upon the prescription of a competent medical authority.

(4) That, in view of the proposed enlargement of function, representation be given on the Board of the Dispensary to the Health Service, the Victorian Order of Nurses, the Family Welfare Association and the proposed Children's Aid Society.

****

G. MONTREAL INDUSTRIAL INSTITUTE

It is recommended:

(1). That a centralized agency be established for work with physically handicapped persons - the services of the agency to include workrooms for mobile clients, home occupational therapy for the immobile, facilities for the marketing of products, and vocational placement services.

(2) That, for the purpose of achieving the above, the Montreal Industrial Institute be amalgamated with the occupational therapy services of the Victorian Order of Nurses and the Handicapped Workers' Division of the Protestant Employment Bureau.

(3) That with the merging of the Institute in the proposed new agency, the present relationship of the Institute with the Mental Hygiene Institute be discontinued.

(4) That the interested and active members of the Board of the Institute be invited and urged to associate themselves officially with the proposed new agency.

****

H: MURRAY BAY CONVALESCENT HOME

It is recommended:

(1) (a) That the services of the Home be restricted to bonafide convalescent care.

(b) That the Agency, in consultation with the Health Service, formulate a definite policy, physical and social, with respect to the types of convalescent cases which can be accepted for care by the Home, and make such policy known to the referring agencies.

(c) That special attention be given to using the Home to its full capacity, especially during the early weeks of the season; that this problem be called to the attention of all agencies concerned.

(2) (a) That adequate social investigation be definitely insured by placing responsibility for the same either upon the referring agency, the Home itself, or some other suitable agency as circumstances warrant at the time of application.

(b) That responsibility for medical investigation, examination, and final recommendation be placed upon the Health Service;

(c) That, following (a) and (b), final selection rest in the hands of the Applications' Committee of the Home.

(3) That the activities of the Home be subject to functional supervision by the Health Service.

(4) That, financial provision for transportation, where necessary, be made by the Home.

(5) That, in view of the observations on page 46 with regard to the remoteness of the Home, and the desirability of an extension of the Montreal Convalescent Home......... the Murray Bay Home be not expanded beyond its present capacity, and that no capital expenditures, or extraordinary repairs to the building, be entered upon.

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I. BREHMER REST PREVENTORIUM.

It is recommended:

(1) That, in view of the statements of the Brehmer Rest, the Laurentian Sanitorium be offered the use of the Rest; failing the Sanitorium's acceptance of the offer, that Brehmer Rest be closed.

(2) That the active and interested members of the Board of Directors be invited and urged to maintain their interest in social work, through other Federation agencies.

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J. MENTAL HYGIENE INSTITUTE

It is recommended:

(1) That very serious consideration be given, by the Council, Federation and the Mental Hygiene Institute, to the need for an extension of mental hygiene services and a more thorough integration of mental hygiene philosophy and techniques with the work of all Federation Agencies.

(2) That the Mental Hygiene Institute be assigned responsibility for:

(a) The establishment of satisfactory mental hygiene techniques within Federation Agencies;

(b) The functional supervision of agency activities in the mental health field;

(c) The inauguration of programmes of intra-staff and specialized clinical training.

(3) (a) That the respective non-Protestant Federations be requested to accept financial responsibility, on a pro rata basis, for services extended to non-Protestant clients, commencing with the budget for 1936;

(b) That, when responsibility is assumed by the respective groups, adequate representation be given upon the Board of Directors of the Institute.

(4) That, in view of the suggested enlargement of responsibility on the part of the Institute, the Board of Directors be enlarged and made an active governing body.

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APPENDIX 1

APPRAISAL: VICTORIAN ORDER OF NURSES-GREATER MONTREAL
According to "Appraisal Form for City Health Work (3rd.Ed.,1929) Committee on Administrative Practice, American Public Health Association.

MATERNITY HYGIENE

Obstetrical Service

b - Organized home nursing service at time of delivery (interpreted to mean registration of mothers with agency and supervision for not less than three months before delivery.)

Standard: Number of cases registered at least 3 months before delivery equal to 15 per cent of births occurring in the home.

Quota (15 per cent of 1,102) = 165

Performance = 902

Score = 15 (full value of item 15)

Field Nursing Service

a - Number of nurses' visits made in behalf of prenatal cases.

Standard: 15 per cent of prenatal cases under nursing supervision.

Quota (15 per cent of other than French-Canadian births, approx. 5,000) = 750

Performance = 2,256

Score = 25 (full value of item 25)

b - Ratio nursing visits per case registered for prenatal supervision.

Standard: 5 visits per case registered.

Quota (5 x 2,256) = 11,280

Performance = 9,196

Score = 8 (full value of item 10)

INFANT HYGIENE

Field Nursing Service

a - Number of nurses' visits made in behalf of infants under 1 year of age.

Standard: 3,000 visits per 1,000 live births.

Quota · (3,000 visits to births other than French-Canadian, Approx. 5,000) 15,000.

Performance - 17,268.

Score - 30 (full value of item 30)

b - Ratio of total visits by nurses to number of infants on register.

Standard: 10 visits per infant registered.

Quota - 15,660.

Performance - 17,268.

Score - 20 (full value of item 20)

POPULAR HEALTH INSTRUCTION

Use of pamphlets; Lectures; Talks and Motion Pictures:-

Out of a possible 3 points score 1 point.

Publicity in the daily newspapers:-

Report of board meetings, news items, feature stories, et cetera -

Out of a possible 15 points score 10 points.

SUMMARY

Activity	Possible Score	Score Attained
Maternity Hygiene	50	48
Infant Hygiene	50	50
Popular Health Instruction	18	11
TOTAL	118	109

****

1, Vict
2, Chil
3, Fedc
4, West
5, Mont
6, Murr
7, Mont
8, Brel
9, Men

10, Con

1, Vic
2, Chi
3, Fed
4, We
5, Mo
6, Mu
7, Mo
8, Br
9, No

10, Co

APPENDIX 11

COSTS OF HEALTH SERVICES, 1930 and 1934

A: TOTAL BUDGETS

Agency.	1930	1934	Increase or Decrease
1. Victorian Order of Nurses	$131,935	$120,970	dec. 8.3%
2. Child Welfare Association	45,654	39,364	dec.13.8%
3. Federation Health Service	11,405	15,871	inc.39.1%
4. Westmount Social Service Assn.	9,744	8,427	dec.13.5%
5. Montreal Diet Dispensary	13,687	12,372	dec. 9.6%
6. Murray Bay Convalescent Home	5,858	5,805	dec .9%
7. Montreal Industrial Institute	3,314	2,503	dec.24.5%
8. Brehmer Rest Preventorium	6,565	4,847	dec.26.2%
9. Mental Hygiene Institute	28,991	19,747	dec.31.9%
	$257,155	$229,906	dec.10.6%
10. Can. Nat. Institute for Blind		26,080	
		$255,986	dec. 4.5%

B: FEDERATION GRANTS

1. Victorian Order of Nurses	$ 78,356	$ 79,760	inc. 1.8%
2. Child Welfare Association	29,730	22,909	dec.22.9%
3. Federation Health Service	11,400	15,871	inc.39.2%
4. Westmount Social Service Assn.	8,602	7,828	dec. 9.0%
5. Montreal Diet Dispensary	8,693	8,968	inc. 3.1%
6. Murray Bay Convalescent Home	3,199	3,043	dec. 4.9%
7. Montreal Industrial Institute	2,264	2,234	dec. .9%
8. Brehmer Rest Preventorium	3,708	3,730	inc. .6%
9. Mental Hygiene Institute	14,469	18,188	inc.25.7%
Sub-totals	$160,421	$162,531	inc. 1.3%
10. Canadian Nat. Instit. for the Blind		4,000	
Totals		$166,531	inc 3.8%

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