

## IMPRESSIONS OF THE INTERNATIONAL CONGRESS OF NURSES AT MONTREAL.

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Well, it is over! How I looked forward to it, and how quickly it has all come and gone. It was wonderful from beginning to end; it was all I had expected and more; from the moment we left the Clyde till the moment we arrived back again, the sun seemed to shine on us in reality and metaphorically. Even the brisk and brusque Customs Officer on our arrival in Montreal, and Glasgow, simply looked at the labels on our boxes—which indicated that we were attending, or had attended, the International Council of Nurses at Montreal—smiled, and hoped we would have, or had had, a good time. These labels throughout the Congress had been the "open sesame" for us, and at the dock were the "keep shut sesame" for us.

And what a time we had on those wonderful liners—the *Letitia* and the *Athenia*; the fun and the games, the concerts and masquerades, the community singing, the thrills of seeing for the first time in our lives real icebergs and whales, the solemnity of seeing no land, and the awe at beholding the isolated coasts of Labrador and Newfoundland, with here and there the lighthouses telling of the lonely lives of the heroic coastguards. I am finding it hard to settle down again to plain fare after the wonderful catering of the Anchor-Donaldson line, to which we all did more than justice, for good spirits and good appetites were synonymous.

But this brings me to the Congress. Like the tables on the liners, it was so groaning with good things that I fear I, for one, occasionally suffered from Congress indigestion. On looking over my diary I find that, in addition to the Sessions and Round Tables which I attended, I visited no less than eighteen institutions in Montreal, Ottawa and Toronto. They are great cities, all of them, so clean and spacious, and with many of their streets richly tree-lined and with buildings of grandeur and wealth.

The country districts were beautifully wooded, and everywhere the vast lakes and lake-shores made one feel that one's own country was a "wee bit place." The Canadian hospitality, too, was like their country—of tremendous dimensions. I can recollect one day receiving no less than five invitations to functions (which happened to be all at the same time) till I was fairly bamboozled and had reluctantly to make a choice of one, regretting all the while that there was only one of me.

The hospitals—well, the superabundance of some of those buildings I shall never forget. The ones I remember as being the most outstanding were the Royal Victoria, Montreal, the Shriners Children's Hospital, Montreal, and the Civic Hospital, Ottawa. Some idea can be had of the size of the latter when it is understood that, in addition to the public wards, this hospital has no less than seventy private rooms and several sun rooms. The equipment of all these hospitals is of course of the best and most up to date. The Shriners Hospital has a very fine kindergarten department, with a trained kindergarten teacher, where little convalescent patients are taught pretty handcrafts. Some of us wanted to buy, but we were told that the goods were not sold as the children took them home when they left. One thing I did miss in the large wards of all the hospitals which I visited was the pretty decorativeness of the abundant flowers we always have in our wards at home. Flowers are very dear in Canada. Probably the friends of patients cannot afford to pay fees and supply flowers at the same time, for everyone has to pay in Canadian hospitals. One feels that they are really more huge nursing homes than hospitals as we know them. I am glad

that our hospitals are voluntary institutions. Probably we recognise that the poor we shall always have with us.

The Canadian Department of Health are very keen on preventive work, but I think that we, by our voluntary hospital system, co-ordinate prevention and cure. No person in our land, be his means ever so limited, or for that part nil, requires to keep a minor illness until it becomes a major one, through fear of the expense of treatment or advice. There certainly are a few agencies for treatment and help of the poor, but so far as one could see, such patients would require to be very far down the social ladder, in fact not even on the first rung of it.

As I am particularly interested in Public Health work, especially in relation to Mother and Child Welfare, I visited several Public Health Institutions in the three aforesaid cities, and I was filled with admiration for the splendid administration of preventive work done by these bodies. Specially good is the system carried out in Toronto in relation to parent education. Whenever a birth is notified, the mother receives from the Public Health Department a booklet containing valuable health teaching. This booklet is a mine of information, dealing with such subjects as breast feeding, the care of milk, bottle-fed babies, care of the child, feeding—nine months to six years—child development, habits of infants and children, dentition, diseases of infants and children, and the expectant mother. The rights of the private family doctor are always considered in any literature sent to the homes. For example, an invitation to the Child Health Centre will read:—

"The Department of Public Health, Toronto, invites you to attend a Child Health Centre for Infants and Children of free school age. Consult your doctor about attending."

### The Neighbourhood Nurse.

In Toronto every new baby is visited at least once by the Health Visitor, or, as she is known, the "Neighbourhood Nurse." Re-visits are made when it is considered necessary in the interest of mother and baby, for, in spite of the excellent booklet sent to each household, the Health Visitors have, in many instances, to combat ignorance and carelessness, especially in the poorer districts. The nurse does not wear uniform, and she does not seem to find this in any way a hindrance. She gets into most homes quite readily. She is not known as nurse, but as Miss So-and-So. As the health services of Canada are co-ordinated, the Health Visitors' work embraces the mother, the infant, the pre-school child, the school child, the consumptive, the mentally sick, etc. The training for Health Visitors' work is three years in a general hospital, and one year in the Public Health Department of a University. Salaries are good, but living is high; minimum salary £290 per annum, maximum £330. There are superintendents and supervisors appointed for each district, and one director and one assistant-director for the whole. These posts are very desirable to the ambitious nurse. The duties attached to such posts are entirely administrative and are heavy and onerous. Salaries are as under:—

	Minimum per annum.	Maximum per annum.
Superintendents and Supervisors	£340	£380
Assistant Director.. ..	£400	£500
Director .. .. .	£560	£700

The routine of health visiting is something like the under-noted:—

*Morning.*—Visit to school or day nursery. Nurse does minor dressings or treatments, and reports to doctor any child whom she thinks requires attention. Pays home visits.

*Mid-day.*—Goes to the district office for lunch and staff conference. Individual conference with district superintendent. Personal or telephone conference with allied

*previous page*

*next page*