

# HOME and COUNTRY

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Address

## KEEP THIS COPY FOR REFERENCE

All branch and district presidents and secretaries are being furnished with a copy of this issue while 4 extra copies are being sent to the branch secretary for distribution among the leaders in the local branch.

### PROGRAMME FOR STANDING COMMITTEES

In order that all Institutes may have before them an outline of the field covered by each Standing Committee, we are presenting the same herewith.

**Health and Child Welfare**—Medical and Dental services, health rules and laws, preventive measures and disease, nursing and first aid, diet for corrective purposes and disease, public sanitation, health conferences and exhibits.

**Home Economics**—The study of clothing, feeding and housing, including food values and desirable combinations, clothing requirements, house planning, labour saving equipment, water supply, power, heating and lighting, household budgeting.

**Education**—The utilization of literature,—standard works, bulletins, reports, periodicals, etc. Programmes for regular meetings, lecture courses, debates, plays, music. All co-operation with and assistance to the schools, except along "health" lines and supplies and equipment for school grounds. Education in temperance.

**Agriculture**—All efforts of women and girls to increase the production of the farm or to add to its beautification. Tourists camps and other money-making undertakings by women and girls on the farm. School Fairs and Fall Fairs and marketing of farm produce.

**Legislation**—The study of laws, and regulations made thereunder and method of administration, laws concerning inheritance, property rights, marriage, custody of children, orphanages, care of the unfortunate, are of special interest.

**Canadianization (Immigration)**—The study of immigration laws and assistance given to immigrants, welcoming newcomers and helping them to get established in community life, teaching the foreign-born the English language, and instructing in Canadian ways and customs.

**Relief**—Assistance to the individual or the family which is in need of clothing, food, household equipment or temporary help in the home. Assisting homes for the aged, hospitals, children's shelters. Financial assistance to those requiring special treatment and care.

**Community Activities**—Undertakings in the interests of the whole community, such as providing or maintaining community halls, rest rooms, parks, libraries, fire equipment, street lights, school grounds, cemeteries, banquets, entertainments, Christmas trees, games, amusements, for the whole community.

**Historical Research**—Making collections of historical records and articles. Compiling local and township history of individuals, industries, customs, developments; making records of interesting current events; Exhibits of antiques; Co-operating with the provincial Archivist.

**Canadian Industries**—A study of the natural resources and industries of the locality, the Province and the Dominion. The comparison of imported and home-made articles as to quality and price. To encourage the purchase and use of Canadian goods where the values compare favourably with the price and quality of imported articles. Study of trade methods.

May we remind the members that the classification of the work as indicated above does not require, as some have concluded, that each branch should devote a regular meeting to each standing committee

in the year's programme. Some of the most successful branches pay no attention to the standing committee classification until it comes to the time for preparing reports for the District Annual and the Convention. On the other hand, some branches devote the major portion or the whole of one meeting to each standing committee. This does not seem judicious. The officers and leaders in general should all acquaint themselves with what has been done by the Institutes as a whole and select from this very comprehensive programme the features which they think could be included in the year's programme with greatest benefit and profit to the members.

### ACTIVITIES OF STANDING COMMITTEES

We give herewith a summary of the reports of work carried on throughout the province during the past year, as presented through the various area conventions and received from other sources. This summary is supplementary to the reports of provincial conveners which were published in the 1933 September issue of "Home and Country". Members should read carefully the Sept., 1933, reports as well as this additional summary of activities, noting the suggested plan of dividing the subjects under different headings for greater convenience and creating more interest in securing desired information along definite lines. We still have a number of copies of the September, 1933, issue which may be had by writing the Institutes Branch.

In preparing the reports of standing committees presented herewith, we have found it impossible, of course, to give credit to individual branches, districts or Convention areas.

### HEALTH AND CHILD WELFARE

Provincial Convener, Mrs. W. F. Parsons, Port Credit

The branches have given a great deal of attention to the study of health. Many have very wisely placed emphasis on preventative health measures by featuring a "Health Day" with local doctors giving addresses on "Preventive Measures in T. B.", "Rickets", "Cancer Control" and similar subjects; by distributing literature, by emphasizing the necessity of an adequate diet for health and helping with a hot lunch at school and by studying health habits for children. Many have had short courses in Home Nursing and First Aid and some have sponsored inoculations for the prevention of diphtheria and smallpox.

One district held "Well Baby Clinics" once every two months at the local doctor's office where the mothers have their children weighed, measured and examined, and have the privilege of asking questions regarding health. This service is free. The doctor gives his services without charge, a nurse is in attendance, and the Institute members take turns in serving a lunch to the mothers during the cold weather.

Other branches arranged for the examination of school children for goitre and had the local doctor address the branch meeting on the cause, symptoms and treatment of goitre.

A feature at one branch was that of summer emergencies dealing with poisons and their antidotes, treatment of insect bites, etc.

In one area glasses were supplied for children with defective sight and medical and X-ray treatment provided for special cases.

In many districts graduate nurses have given valuable service in talks and demonstrations while the Institute members themselves are doing much to foster a greater health consciousness by their activities along health lines.

### THE HAZARDS OF MATERNITY

Radio talk given by Dr. J. T. Phair, Director Child Hygiene, at request of Health and Child Welfare Convener.

In view of the fact that there is a day specifically set aside for the purpose of paying tribute to Motherhood, it would seem appropriate that some reference be made to the dangers that are associated with maternity.

While much has been said regarding this subject, during the last few years, there is no appreciable evidence that the remedial measures suggested are being widely adopted. From time immemorial, despite its presumed physico-logical character, women have died in childbirth. If one were to go far enough back, one would find that deaths from this cause rose in proportion to the amount of interference found necessary to ensure the birth of a normal child, and the peak was reached just prior to the introduction of aseptic obstetrical practice. The price paid for maternity was high during the era of child-bed fever; the rate fell rapidly following the general acceptance of the value of surgi-

cal cleanliness and has remained, with minor fluctuations, from that time until today more or less constant.

From time to time efforts have been made to arouse public interest in the fact that, while other preventable conditions are gradually being brought under control, little change is evident in the death rate among expectant women.

Reviews of the statistical data which have accumulated following a study of the death certificate have resulted in a division of the causative factors into four or five major groups, namely, those resulting from abortion, those due to sepsis, those resulting from haemorrhage, those from kidney involvement and those from accidents of labour. No such division can be expected, however, to give an adequate picture of the contributing factors or their importance. It is with the contributing factors of importance that we are chiefly concerned, today. Serious studies for the purpose of placing these factors in their appropriate sequence have been carried out within the last two or three years.

These studies would seem to show:

*First*, that maternity is not free from certain ill-defined risks of its own.

*Second*, that abortions and miscarriages contribute to a greater than often conceived extent to this death rate;

*Third*, that operative interferences increase the risk;

*Fourth*, that the insistent demand for a lessening of the pain and discomfort of child-bearing is an important contributing cause;

*Fifth*, that faulty technique or ill-advised procedure in obstetrical practice is a consideration of major significance;

*Sixth*, that a large number of women are poor risks before conception.

On the positive side of the picture, it has been established that early and continuous contact as between patient and physician, with appropriate supervision in the interval, materially lessens the hazard.

Those deaths resulting from kidney involvement bulk larger than those in any other single group and the problem of their control warrants more consideration by both the public and the profession than it sometimes receives. Under favourable conditions, most of these deaths are preventable. Favourable conditions imply—early recognition of any potentially serious clinical signs, ready acceptance by the patient of advice proffered by the attending physician and a full appreciation by the physician of the seriousness of the possibilities associated with this condition, leading to prompt, effective treatment.

The too often insistent demand of both the patient and her relatives for a speedy delivery, particularly in the first pregnancy, is probably the most important factor leading to unnecessary interference. One would gather that women today