

## Medical Social Service in Halifax

Cure and Rehabilitation are two processes which inevitably lean upon each other

By J. W. MACMILLAN.

As social service has increased it has inevitably become linked with medical service. Cure and rehabilitation are two processes which inevitably lean upon each other. Hence, since Dr. Cabot founded an auxiliary medical social service department in connection with the Massachusetts General Hospital, twelve years ago, the example he set has been widely followed. Not only in the United States but in Canada as well leading hospitals have their corps of nurses and visitors, who follow up the cure to its completion in the home and aid in readjusting the patient to the conditions of normal life. Every illness means a rupture of the relations of the patient to his home and work. When he recovers he is apt to find that he has changed, or his environment has changed. He cannot just step back into the place he left. Hence the task of the medical social worker — to assist him in regaining the wholesome community and family relations which had been broken by his illness.

In the Halifax disaster such service was rendered on a scale far beyond anything previously attempted. In Canada at least. A summary and interpretation of it has just been published, and is full of interest.

With the first Red Cross party which hastened to the stricken city from Boston went Katherine McMahon, head worker of the Social Service Department of the Boston Dispensary. Shortly after, a number of other workers of the same class arrived, among whom the leading figures were Elizabeth Richards Day, organizer of the same institution, and Lucy Wright, from the Massachusetts Commission for the Blind. Their work began about December 12th, six days after the disaster.

Naturally the first estimates of the numbers of those injured were not perfectly accurate. But by December 16th it was known with precision that the hospital population of Halifax and Dartmouth numbered 860. These were in five hospitals which had been newly organized, as well as in the Military and other regular hospitals.

### SOCIAL CONDITIONS.

The medical social workers immediately set themselves to study the social conditions of the sufferers in the hospitals. They interviewed fully 800 of the hospital patients, and many of these interviews naturally led to further investigation among the relatives, employers and friends of the victims. Six avenues of service were opened up:

1. Aid in getting out the patients who were ready for discharge. This was often a perplexing problem, requiring arrangements for clothing, shelter and board.

2. Preparation of material for the Rehabilitation Committee, in order that the registration files should be complete, looking to the working out of the larger problems which were coming later.

3. Co-operation with the District Nursing Committee for those patients who, after discharge from the hospitals, required further medical care at the outpatient or dressing stations. In like manner, co-operation with the Children's Committee and the Committee on the Blind was organized. Besides, co-operation with the Rehabilitation Committee for those whose cure had been effected, and who were ready for strictly social treatment, such as reassembling of families, provision of homes, and securing of work.

4. A census of the handicapped. Many were issuing from the disaster less fit than formerly for the duties of life, and requiring re-education or assistance. So cases of eye injuries, fractures, wounds, burns and amputations were compiled in a list.

5. Making connections with organizations and persons who were undertaking after-care and follow-up work. Such were the Victorian Order, physicians in the city, and a number of private individuals.

6. Case-work with those families and individuals not strictly of the relief order, but whose problems were of a partially medical sort.

### SAMPLE CASE.

Here is one sample case, illuminating both as to the nature of the catastrophe and the usefulness of medical social service:

"Family of five. The father killed in the explosion. The mother totally blind. Girl of 21, one eye enucleated and the other injured and needing care-

ful medical supervision before a prognosis could be made. Girl of 17, one leg amputated below the knee. Boy of 9, one eye enucleated and face badly mutilated. The mother must stay in the hospital, but the two girls and the boy were ready to leave. The problem was to find them homes. It was arranged that the older girl should go to her employer's family. The second girl was taken by a convent. The little boy was sent to the home of a relative."

But, besides this immediate task of refitting the recovered patients into normal life, there opened up the problem of those who could not be immediately readjusted into places in the working community. Such were those whose eyes had been injured, for one of the most terrible features of the explosion was the large number who had been struck in the eyes by flying glass. The medical social workers made a careful study of these cases. It is somewhat of a relief to learn, as a result of their researches, that the first reports were exaggerated. Still the truth is horrible enough. Of the 330 persons thus injured whose hurts were studied it was found that 32 had become totally blind; 58 were injured in both eyes and their vision doubtful; 124 were blind in one eye; 171 had doubtful vision in one eye; and 124 had recovered vision in both eyes since the injury had taken place. These 330 persons are not nearly all the cases of eye injuries. Since Miss Wright left Halifax the number has been brought up to 633. Even this may not be the full tale of the agony of loss and impairment of vision. They are sample cases.

These cases came into the hands of the medical social workers after they had passed through the first stage of treatment by medical and surgical skill. The second problem had to be faced, of follow-up work and after-care, of the completion of as much cure as was possible, and then of the refitting of the blind and partially blind victims into society. There was disclosed the need for further facilities for medical treatment of injured eyes for educational information for the public; for supervision and vocational training for the blind and near-blind; and the general problem of rehabilitation behind it all. All this will necessitate well-organized machinery which shall continue to operate for a considerable time.

Another group of cases which was studied was that of those handicapped by other than eye injuries for re-entrance into normal life. Out of several thousand records 261 were selected and intensively studied by Miss Day, as an example of what should be done with all. These included amputations, burns, deep wounds, compound fractures, septic consequences and mental and paralytic cases. Many of them have not yet developed to the point where a final solution is possible.

### THE RESULTS.

The results of the study have been handed to the social workers who will remain in Halifax for some time, and some of whom are permanently resident there. There has been already organized a scheme of co-operation between a number of committees, with a definite programme for this class of needy ones, which should result in as complete a restoration of normal conditions as is possible under the circumstances.

No Canadian can help being thrilled by the ready and generous aid that came from New England and the Eastern States to our stricken city. Besides the gifts of money, clothes and material for rebuilding homes, there came, as the chief part of the gift, a band of helpers. And, again, the chief value of the help the helpers gave lay in its expert and skilled character. New England is in the front of intelligent social work on the continent. These doctors and directors who took charge of the welter of agony and ruin were capable, beyond almost all others, of restoring order, succoring the distressed, organizing relief, and overcoming the frightful destruction of the explosion. They both helped and taught. All Canada owes them double thanks. As a people we have not been swift to adopt the wonderful new methods of grappling with want, disease and death. We have now received such an advertisement and demonstration of the power and efficiency of modern enlightened social service as should win it favor throughout the whole Dominion.

### THE EXPORTER'S TROUBLES.

In a certain ship brokerage office hangs a card on which is pasted the following clipping from a Canadian source:

"We have been in this business since 1892. We have been pleasing and displeasing the people ever since.

We have been cussed and discussed, boycotted, talked about, lied about, lied to, hung up and rubbed down.

The only reason we are staying in business now is to see what in the hell is going to happen next. Men in the shipping business declare it is highly typical of their feelings to-day, save that the shipping obstacles are not so much personal and business criticism as governmental regulation and the obstacles of a badly congested and tangled business trying to do many times more than its normal business with many times less the facilities. In a recent letter between two well-known shippers and freight contractors a few of the daily annoyances of the field were listed in the following sequence:

The inquiry.

The search for a low price.

The fight for a reasonable freight rate.

The battle for low insurance.

The cable codes.

The censor.

The delays.

The mutilated cable order.

The repetition of the cable.

The opening of the credit.

The raise in price.

The increased freight rate.

The cable for additional money.

The yell from the customer.

The export license.

The perusal of the embargo list.

The headache.

The interview at the License Bureau.

The information that license is required.

The filing of the application.

The waiting.

The additional waiting.

The letter from Washington.

The statement that no license is required.

The additional headache.

The steamship company.

The rate clerk.

The arguments.

The verbal freight contract.

The written freight contract.

The difference.

The higher rate.

The murderous feeling.

The sarcastic letter of complaint from the customer.

The advice how to do things.

The anxious insurance agent.

The anxious freight solicitor.

The next ten insurance agents.

The next ten freight solicitors.

The insurance company.

The information that the steamer is a cousin of Noah's ark.

The big premium.

The additional premium.

The delivery of goods.

The dock clerk.

The rejected packages.

The longshoreman.

The strike.

The non-arrival of steamer.

Notice that the commodity has just been placed on the embargo list and export license is required.

The repetition of everything mentioned above.

The delay.

The consular certificate.

The foreign consul.

The delay.

The bank.

The waiting for the check.

The check.

The happy feeling.

Notice that the commodity has just been added to the conservation list.

The cancellation of license.

The final headache.