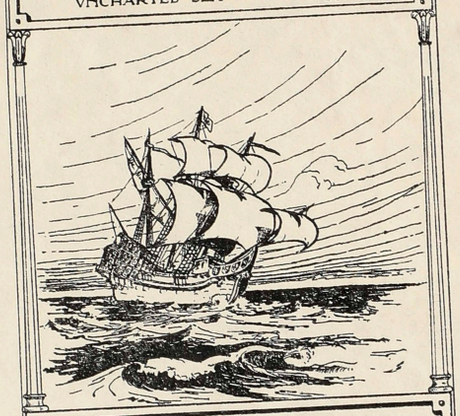
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TO STVDY THE PHENOMENA OF DISEASE WITHOVT BOOKS IS TO SAIL AN VNCHARTED SEA —— OSLER



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CP)—A bold new that the prov- er full respon- spital insurance in return get a nal share of ne taxes — was Prime Minister he federal-pro- nce yesterday.

al would free heavy cost bur- 00,000 in the tarting today. Prime Minister er, other con- s on Page 3.)

Under certain circumstances, the provinces would get new freedom to run the plan. As compensation, Mr. Pearson suggested they might receive an added 12 or 13 per cent of the taxes — a share officials said would mean $360,000,000 to $390,000,000 for the whole country this year.

Mr. Pearson's proposal left room — within limits — for provinces to "contract out" of the insurance system, on which Ottawa now pays half the costs, in return for tax concessions from the federal government. All provinces need not take over full responsibility for the program.

But in opening the conference discussion on the whole field of shared - cost programs jointly financed by federal and provincial governments, the Prime Minister indicated a go-slow approach to Ottawa's withdrawal from four other major welfare programs.

These four schemes are unemployment assistance, blindness and disability allowances, and old age assistance to needy persons aged 65-69.

Mr. Pearson said these four should be considered as a whole — and will be discussed at a federal - provincial meeting of welfare ministers in May.

There was widely varying provincial reaction to Mr. Pearson's proposal.

Some premiers, notably Premier Smallwood of Newfoundland, were concerned over the implications of federal withdrawal from joint programs. Premier Roblin of Manitoba said the proposal as it stands is "not acceptable."

But Quebec's Premier

Several provincial delegation leaders, including Premier Stanfield of Nova Scotia and Saskatchewan's Health Minister Blakeney, took a careful approach to Prime Minister Pearson's plan on hospital insurance. They said they wanted detailed dollars-and-cents figures. Premiers Manning of Alberta and Bennett of British Columbia were coolly cautious.

Mr. Blakeney said Saskatchewan is anxious to avoid "demolition of the entire structure."

Premier Roblin of Manitoba said the federal plan "has some built-in defects."

Premier Robichaud of New Brunswick was reported urging flexibility in future arrangements on shared - cost programs.

Premier Shaw of Prince Edward Island pleaded for understanding and appreciation of the problems of small provinces like his own.

Mr. Pearson's opening statement contained no proposal whatever to change the basic - tax sharing arrangements governing income tax and death duties or the related equalization payments to less - well provinces.

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rongly emphasizing nces' constitutional ields covered by the ost programs, pre- detailed proposal sweeping than the

Quebec wants to not only hospital and the four wel- rams mentioned by arson, but also winter works r public health and construction.

age suggested Que- e an extra 40 per cent of personal income taxes in compensation.

He also reiterated as "an absolute need" Quebec's demand for a large share of the direct tax fields covered by the existing five - year tax agreements between Ottawa and the provinces. Quite apart from the 40-per-cent of personal income taxes as compensation for taking over the shared-cost programs, he said Quebec wants 25 per cent of personal income taxes, 25 per cent of corporation income taxes and 100 per cent of death duties.

The present system provides for federal abatements in favor of the provinces of 18 per cent of personal income taxes, 22 per cent of corporation income taxes and 75 per cent of death duties.

Mr. Lesage said Ottawa also should not apply in Quebec its new plan to extend $10 family allowances to students aged 16 and 17 — his government has a similar plan in existence — and said that in return Quebec should get an extra three-per-cent share of personal income taxes.

Altogether, the Quebec premier's proposals if adopted would mean a 68-per-cent share of personal income tax for the province.

Premier Robarts of Ontario took a different tack on the shared - cost programs. He said federal conditions attached to its payments are too rigid. He proposed a system of "general purpose" or "block" grants by Ottawa, offering the provinces a broad range of federally-aided programs and allowing the provinces to pick and choose the ones they want.

He also said that "co-operative federalism" can- not mean a system whereby Ottawa allows one province to stay out of a joint program while accusing another province which stays out of "breaking up Confederation."

He was obviously referring to the proposed Canada pension plan, from which Quebec plans to abstain, and to the federal pressures on Ontario to join. He warned against attempts to "coerce some provinces into line" while exempting others.

Prime Minister Pearson told reporters he agreed with Premier Robarts that all provinces should have equal rights to drop out of a joint program.

(However, under proposed federal legislation Ontario would have to adopt a similar universal retirement pension plan in order to be excempt from the federal scheme.)

At the Ottawa federal - provincial conference last November the federal government announced changes for this year giving the provinces an added $87,500,000 through a higher share of death duties and improved equalization payments.

Complaints that the basic tax - sharing arrangement is inadequate were repeated here by premiers of Quebec, Ontario, British Columbia and Prince Edward Island.

But no early change is

— Dr. and Mrs. Ronald n (nee Ruth Strachan) o announce the birth of ter, Leslie Ruth, on 1964, at St. Paul's Hos- ver B.C.

— Dr. and Mrs. Avi- rnick (nee Beryl Wilen- eased to announce the eir daughter, Elisheva dnesday, March 25, 1964, Hospital.

— Dr. and Mrs. Robert O. ee Lois Fulton), 105 Met- St. Thomas, announce the daughter, Martha Louise, a Hospital on Monday, 1964.

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Say Kidney Recipient, Donor 'Doing Well'

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The donor and recipient in London's second kidney transplant operation were described last night as "doing well and in good spirits" by officials at St. Joseph's Hospital.

The 44-year-old grandmother donor, Mrs. James Ackworth, is expected to be released from hospital today or tomorrow, her husband said. Yesterday she was up and walked to a sunroom.

Robert Bainbridge, 21, recipient of the kidney, is "holding his own," a nursing supervisor said, "but it is still too soon to tell (whether his body will accept the transplant)."

Yesterday he was able to sit up and shave himself.

Hospital chief of surgery, Dr. Vincent Callaghan, said Mr. Bainbridge's progress was normal, but added "it is still very early. It will be a matter of three or four weeks before we know whether the kidney will be rejected by his body."

Dr. S. E. Carroll, a vascular surgeon, and Dr. Lionel Reese, an urologist, performed Saturday's operation. They performed a similar transplant last year. The recipient's body rejected the kidney in that operation and he died several days later.

Doctors said the surgery was only the first step in the transplant.

The second, they said, is Mr. Bainbridge's fight against infection and the third and most critical stage is that of the body's natural tendency to reject the transplanted kidney as a foreign body.

To combat rejection, Mr. Bainbridge has been treated with special drugs.

Last night, Mr. Ackworth told The Free Press he understands there will be no cost to him for his wife's part in the operation. Prior to the operation, he said, a series of tests were conducted at the hospital. "I was told they would be free," he added.

Mr. Ackworth said he has coverage under the Ontario Hospital Insurance Commission and Physicians Services Incorporated and understands they will cover part of the cost.

He was not sure what arrangements had been made for the remaining portion, but repeated it was his understanding it was "all taken care of."

ANN ARBOR, Mich (AP) — Pretty 15-year-old twin girls who "look out for each other" were reported doing very well yesterday after one donated a kidney to the other in an effort to save her life.

Doctors said they would "posibly know within three days" whether Janice Ottenbacher, of Richmond, Mich., will be able to resume a normal life.

She and her blonde twin, Joan, were side by side in a room at University Hospital, where doctors worked 15 hours yesterday to transplant the kidney.

Janice was brought to the hospital February 16 after complete kidney failure. An artificial kidney kept her going and the girl was reluctant to have her sister give up a kidney.

Change Blood Type Of Leukemia Victim

apr. 1/64

A man in Paris, France, dying from leukemia a year ago, is living today after having his blood type completely and permanently changed.

The New York Times reported today that the 28-year-old patient may be not only the first whose blood type has been changed but also the first from whom leukemia has been erased.

His doctors emphasize, however, that it is still too early to consider him cured.

Leukemia is a cancer of the body's blood-forming tissues, the chief of which is bone marrow.

Doctors at the Gustave Roussy Institute near Paris altered the man's blood-forming system. They devastated his bone marrow with radiation and then injected marrow taken from his father, mother, sister and three brothers. All had blood type O, though there were some differences in each.

Prior to the injections, the patient was suffering acute lymphoblastic leukemia and "was a patient at the end of his disease," said Dr. George Mathe, a leader in bone marrow transplantation research.

The treatment began April 23, 1963. By July 6, Dr. Mathe said, the patient had recovered so well he was discharged from the hospital.

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Shocking Parental Medical Neglect

apr. 1/64

IF A parent wilfully neglects to provide adequate housing and diet for a child, the law can intervene and either remove the child from the home or persuade that parent to change his ways. Yet children whose lives are imperiled through lack of preventive measures get no such protection.

It is shocking to learn from London's medical officer of health, Dr. D. A. Hutchison, that his department found 1,130 children who had not been given Salk vaccine for polio; 1,227 had not received smallpox vaccination, and 740 were unprotected against diphtheria and tetanus.

These are the figures one might expect to encounter in a backwoods region where parents were simply unaware that such preventive measures were available. In Dr. Hutchison's words; "There is no excuse for this ignorance. It would be disastrous, but not surprising, if diphtheria once more occurred in this community . . . when complacency supersedes sensible precaution."

Despite the number of children who did not get Salk vaccine, the dramatic efficacy of that treatment is revealed in the department's report that in the four years since 1960 there were no cases of polio. What was once a dreaded crippler has become almost a medical curiosity.

This would be equally true for smallpox, diphtheria and tetanus if immunization were universal. The first two are violently contagious diseases; parents who neglect to protect their children against these are doing them and the community a grave disservice.

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xpected to be offered
Ottawa.

Mr. Pearson's statement stead centred wholly on question of shared-cost grams and on how provin could "contract out" of th — dropping federal assista in return for added tax powers or cash payments.

Besides federal withdraw from hospital insurance, said there are "a great ma smaller programs" such hospital construction a n forestry grants on whic "contracting out" could b discussed now. Ottaw wanted to maintain its gen eral health grants.

Mr. Pearson said that without unanimous approval by the provinces, his government could not withdraw from hospital insurance until 1970 when present agreements expire.

In the meantime, if the agreements could not be negotiated, provinces wishing to "contract out" would have to agree to continue a hospital insurance program identical to that in the other provinces.

Mr. Pearson's statement avoided a specific commitment of what Ottawa would offer to a province wishing to contract out of the joint hospital insurance plan. It has a complex matter which would require provincial consent.

"Clearly the time for the federal government to make a definite proposal is after hearing your views in more detail," he told the premiers.



Apr. 3/64

HAPPY MEETING — Robert Bainbridge, 21, had a visitor yesterday — Mrs. James Ackworth, the woman who gave him one of her kidneys so he might have a chance to live. Both are patients at St. Joseph's Hospital. Dr. B. D. Ragula, physician for both patients, said the transplanted kidney is functioning "close to normal" and Robert is eating well. The operation took place six days ago.

Says Doctors Prescribe Drugs Without Knowing Cause of Illness

Apr. 1/64

MONTREAL (CP) — Dr. Raymond Villey, an instructor at the national school of medicine and pharmacy at Caen, France, said yesterday many physicians use an indifferent "heads-or-tails" approach in prescribing medication without being sure of a patient's actual illness.

Dr. Villey told delegates to a four-day international conference on general practice that society is confronted with a strange paradox:

"At a time when medicine has been enriched with methods enabling the physician to identfy ailments, many physicians now are practising a heads-or-tails type of medicine," he said.

"To save face and not show their perplexity at the first examination many physicians will take a chance and prescribe potentially - dangerous drugs."

He said general practice is heading toward a medicare destiny because of this attitude and the prestige of the medical profession is suffering because of impatient doctors who practice on "an assembly-line of drug-prescribing."

In many areas hospital physicians and specialists enjoyed acceptable conditions of practice "while a vast number of general physicians act as case screeners, pill-pushers, form-fillers, and are condemned to examine a great number of patients."

This is one of the main reasons, he said, that general practice is losing in the battle with specialization to attract new doctors.

"This is the downhill position we now occupy but it is a fact that although the general practitioner alone is not sufficient today, he is nonetheless indispensable."

Doctor Heads Newman Alumni

Apr. 4/64

Dr. L. L. De Veber, 298 Wortley Rd., was elected president of the Newman Alumni Club of London at the group's annual meeting last night.

Dr. De Veber, a pediatric haemotologist, has been with the University of Western Ontario faculty of medicine since 1961. He takes over the office from G. E. Mottram.

Other officers elected by the 180-member group were: Vice-president (men), F. J. "Fred" Cockburn; vice-president (women), Miss Nelzie Brennan; treasurer, Dr. L. J. Matthews; secretary, Mrs. Joan Devereaux; chaplain, Rev. Paul Crunican.

Rt. Rev. A. P. Mahoney, rector of St. Peter's Seminary, installed the officers.

In other business, Dr. John Hart discussed the activities of the group's Newman Centre study committee which is considering a closer relationship between the present Newman House operation at Albert and Ridout streets and the University of Western Ontario.

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Blame Hospital For Tonsils Death

Apr. 4/64

TORONTO (CP) — After deliberating for more than two hours yesterday, a coroner's jury found that errors in judgment, inadequate procedures and careless chart preparation contributed to the Dec. 3 death of three-year-old Christopher O'Kelly, who died about eight hours after removal of his tonsils and adenoids.

The jury, after studying two days' testimony regarding the death of the Toronto boy, also said there was lack of continuity and communication among members of St. Michael's Hospital staff.

Dr. Terence J. Maloney, the ear, eye, nose and throat specialist who performed the operation, said he was critical of hospital doctors for failing to notify him until the third time his patient began hemorrhaging — about six hours after the operation.

Dr. Robert E. Greenway,



DR. T. J. MALONEY

- - - shocked by boy's condition

ear, nose and throat specialist at the University of Western Ontario, told the jury that errors appeared to have been made in estimates of the amount of blood the child had lost.

Pathologist Hugh Van Patter of Toronto St. Michael's Hosital said the child died from heart stoppage resulting from loss of blood and accumulation of bloody mucus in his windpipe and bronchial tubes that caused partial collapse of his lungs.

Mrs. O'Kelly, who was a nurse at St. Michael's Hospital until last August, said she took her three children, Sean, Christopher and Michael, to hospital to have their tonsils removed Dec. 3.

"About 3:15 (two hours after the operation) Chris started vomiting and two kidney basins were partially filled," she said.

"By this time Chris had



CHRISTOPHER O'KELLY

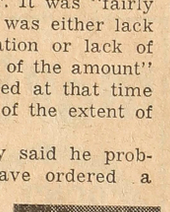
- - - died after tonsilectomy

blood on his sheets. I told the nurse about his condition, and she replied: 'I'm surprised at a nurse worrying about this. We get it every day.'"

Mrs. O'Kelly said she estimated her son had vomited 700 cubic centimetres of blood — about 1½ pints — before being given a transfusion.

Dr. Greenway said if Mrs. O'Kelly was correct in her blood vomited, a transfusion was called for. It was "fairly obvious there was either lack of communication or lack of understanding of the amount" if interns called at that time did not know of the extent of blood loss.

Dr. Maloney said he probably would have ordered a



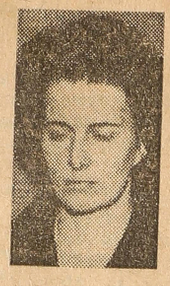
MICHAEL O'KELLY

- - - his son died

transfusion earlier had he been notified of the child's condition.

"Were you shocked by the condition he was in?" asked Dr. F. D. Cruickshank, coroner.

"I was, sir," replied Dr. Maloney.



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Plan Inque
In Death

OSHAWA (CP) — Crown Attorney Bruce Affleck announced yesterday that an inquest has been ordered into the death of Theresa Ann Treleaven, 8, of nearby Whitby Township, who died in Oshawa General Hospital Thursday following an appendectomy.

Mr. Affleck said an autopsy showed that the girl died from internal hemorrhaging. He said he believed deaths after appendectomies were rare.

Nothing has been brought to his attention to indicate any neglect on the part of anyone, said Mr. Affleck. The inquest has been called to learn all the facts.

Doreen Treleaven, the girl's mother, said five doctors an nurses tried desperately to sav her daughter.

"I don't think they could have saved her," she said. "There is no doubt they did everything they could. I accept it the way it is."

Say Doctors' Strike Danger to Health

Apr. 2/64

BRUSSELS (Reuters) — The Belgian government last night accused the country's medical unions of "endangering the health of the population" by calling a national doctors strike.

The accusation was made in a communique issued after an extraordinary meeting of the cabinet to discuss the situation caused by the strike begun earlier in the day by more than 90 per cent of Belgium's 12,000 doctors.

The communique said the government will continue to take all necessary measures concerning the situation. It broke off negotiations with government and trade union representatives at the time when the foundations of an agreement had been laid.

The doctors went on strike inst government health serv- ice plans, which they claim curtail their freedom, abo professional secrecy and imp the standards of medical t ment.

The government plan prov for a fixed scale of fees for medical treatment and granting of free medical t ment to all categories patients.

Meantime in Charleroi, metal workers, carrying ners saying "no to the doct whistled and shouted slogans front of the medical associa offices.

The government communi made an "ultimate appeal" doctors not to abandon t work or their patients, and vited the population to their local authorities to "in vene" in cases of necessity.

Justice Minister Pierre V meylen declined to answer porters' questions as to whe er the government planned order doctors back to wor He said the situation was "n so alarming."

Only hospitals in some ar were functioning normally deal with the most press cases.

Patients in urgent need medical attention in Brus could dial a telephone num to obtain the addresses of pitals at which they could ceive emergency treatment.

In cases of extreme urge ambulances or five engines w ready to pick up a patient take a duty doctor to him.

Communiques issued by doctors told patients how to a skeleton emergency serv but one communique war that any maltreatment of tors, their families or prope would halt the emergency se ice immediately.

Dr. Roger Thone, president the National Federation of Med ical Unions, told a press confer ence patients throughout country understood and s ported the doctors' position

Belgium Mobilizes Army Over Doctor Strike Crisis

Apr. 6/64

BRUSSELS (Reuters) — The Belgian police and army were mobilized during the weekend to deal with serious repercussions growing out of the country-wide strike of 12,000 doctors.

Police leave was cancelled in several Belgian provinces where trade union workers demonstrated in protest over the strike.

The army began setting up emergency hospitals to deal with an overflow of patients. The citizenry found the only way to obtain medical care was to call an ambulance or fire engine and be taken to a hospital.

Police put special guards at the houses of two Brussels doctors as press reports and rumors circulated that deaths had occurred as a direct consequence of a lack of medical care. Thousands of doctors have fled the country.

Several deaths, including those of a pregnant mother, a four-year-old girl and a four-month-old baby, were reported, but judicial investigations exonerated the absent doctors from responsibility.

The Belgian News Agency reported that an Ostend doctor had refused to answer a request by Princess Paola, wife of Prince Albert who is a brother of King Baudouin, to examine her ailing son.

A palace spokesman denied the report, however.

Trade unions prepared a mass counter - offensive against the strike, with demonstrations planned throughout the country today.

The strike entered its fifth day yesterday with no solution in sight. The doctors are striking in protest against a new national insurance health law.

Adding to the confusion was a strike by 81 per cent of the country's druggists.

In several provincial towns, doctors' houses were defaced by hostile slogans. Doctors and their wives and servants received anonymous threats by letter and telephone.

Socialist and Christian trade unions in the Mons, Southern Belgium, area called on their members yesterday to defend clinics and hospitals against "flying squads" of doctors who tried to persuade specialists to join the strike.

Police posts along the frontier with Holland were reinforced to prevent anti-doctor demonstrators from crossing into Holland where self-exiled groups of Belgian doctors established a headquarters in the southern Dutch town of Valkenburg.

Thousands of doctors also crossed into France, Luxembourg and Germany, where they awaited further developments.

All Belgium's hospitals were packed.

Small teams of doctors organized by the strikers themselves, helped by harassed and overworked nurses and hospital staff, tried to cope with the mounting stream of patients who would normally have been treated by their family doctors.

A hospital spokesman said: "It is becoming extremely difficult to feed these crowds of patients or to find enough bed sheets for them."

Several thousand persons demonstrated Saturday in Antwerp and the small southern Belgian industrial town of La Louviere against the strike, but no violent incidents were reported.

Study Why Cancer Fear Seems No Bar to Smokers

April 6/64

LONDON (CP)—If you believe cigarettes are really cancer sticks, why do you go on smoking them?

That is what a country-wide British inquiry hopes to find out. The investigation, ordered by Britain's central office of information, starts this spring with a massive survey using latest statistical techniques.

The survey was prompted by an official report showing Britons smoked a record number of cigarettes during 1963 despite authoritative warnings published both here and in the United States linking lung cancer with tobacco.

The report, compiled by the Commonwealth Economic Committee, says tobacco sales in Britain totalled £959,000,000 dur-

compared with £926,000,000 during the corresponding period in 1962.

During the whole of 1963, the report estimates, Britons paid some £1,285,000,000 for the privilege of puffing tobacco—the bulk in the form of cigarettes.

The government hopes the survey's findings will help the ministries of health and education discover the proper approaches for anti-smoking propaganda.

The investigators want to know why the fear of cancer is quelled by the urge to smoke, why attempts to break the habit have frequently failed and what complex of psychological, personal and physical motives have started people, especially teenagers, smoking in the first

London Doctor Dies At 72

Apr. 6/64

Dr. Frederick H. Nelson, 72, of 67 Thornton Ave., died last night at Westminster Hospital.

He graduated from the University of Western Ontario medical school in 1917 and interned at Victoria Hospital. During the First World War he served with the Canadian Army Medical Corps in England.

Dr. Nelson practised in Sebrinsville and Stratford and served as medical officer for the Perth Regiment, Stratford at the beginning of Second World War. He was at one time commanding officer for No. 10 district medical hospital, Kitchener.

He retired from the army with the rank of major in 1945 and served with the department of veteran's affairs in London until 1957.

He was a member of the Ontario Medical Association, the Canadian College of Physicians and Surgeons, St. Thomas Lodge, No. 44, St. Thomas Preceptory, No. 22, AF and AM, Stratford and the Royal Canadian Legion, Stratford.

Surviving are his wife, the former Margaret Green; a daughter, Mrs. Edmond A. (Eleanor) Blake, London; a son, James, of Edmonton; a sister, Mrs Edna McKillop, of St. Thomas and three grandchildren.

The body will be at Needham Memorial Chapel.

Leukemia Vaccine Forecast

Apr. 7/64

WASHINGTON (AP) — A top government scientist predicts that a spectacular victory — perhaps the development of something like a vaccine — may be coming soon in the war against leukemia.

Dr. Kenneth M. Endicott, director of the National Cancer Institute, said that leukemia — or blood cancer — might be transformed "in the not too distant future" from a completely incurable disease to one that will be completely curable.

In testimony before a House of Representatives appropriations subcommittee, he said that his scientists had "the hope and expectation that we will be able to develop something comparable to a vaccine."

He based his optimism on research that seems close to establishing that leukemia is caused by a virus and thus susceptible to chemical controls.

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Doctor Describes Fight To Control TB in Korea

The fight to control tuberculosis in Korea was described yesterday afternoon to First-St. Andrew's United Church Women by Dr. Ernest B. Struthers of Toronto.

The high incidence of this disease in Korea was outlined by the speaker as he told the group that there are approximately 800,000 TB patients in Korea, with only 30,000 to 50,000 of these under treatment. Each year about 120,000 new cases develop, but there are only 4,000 beds to accommodated them.

Dr. Struthers, who was a medical missionary in China for 37 years, came out of semi-retirement in 1953 to lead the TB control crusade in Korea. With a staff of one woman doctor and two graduate nurses, he set up a clinic in Seoul with a few patients. The number of patients attending the clinic rose steadily to 120 a day last year when Dr Struthers left his post to return to Canada.

During his stay in Korea, Dr Struthers and his co-workers established five clinics in the capital city of Seoul and 11 in other parts of the country.

Initial backing of Dr. Struthers' work in Korea was given by the Korea Civil Assistance Command, which is under the jurisdiction of the United Nations Health Service.

His talk was illustrated with slides. Mrs. Struthers spoke also, mentioning her work at the university in Seoul, and showed slides. Dr. Struthers is the father of Dr. Mary Mckinn of London.

Mrs. John MacDonald introduced the speakers, and they were thanked by Mrs. John McKee.



DR. E. B. STRUTHERS
--- UCW Speaker

Doctor Explains Problem Of Mental Retardation

Mental retardation — the biggest social, educational and medical problem in the world today — has only recently begun to receive the attention it merits, Dr D. E. Zarfas told more than 300 members of London Life Women's Club.

Dr. Zarfas is clinical assistant professor of psychiatry at the University of Western Ontario and superintendent of the Children's Psychiatric Research Institute, Byron.

Mental retardation is the arresting or failure of normal development of the brain, or intellectual impairment, he explained, while mental illness is an emotional disturbance.

In the past, purely medical diseases have received greater attention, he said, although mental retardation is 600 times more prevalent than polio ever was. Three out of every 100 persons are born mentally retarded.

"Advances in medical science have greatly reduced the danger and incidence of such diseases as TB and polio, and new fields of endeavor are now being sought out, one of them the problem of the mentally retarded."

To find a cure for retardation, a cause must be found, and the causes are not well known or understood, the speaker said.

Among causes, Dr. Zarfas listed genetic deficiences in the parents, hereditary diseases, physical or emotional isolation, poor environment, accidents or infections during pregnancy and incompatible blood types between mother and child.

The speaker outlined facilities, training centres, schools and work centres now organized or being organized for the mentally retarded. He cited London as a unique city in Canada, for facilities available and training being undertaken.

The Children's Psychiatric Research Institute is the only one of its kind in Canada. London has a sheltered workshop for training and employing those who can benefit, which is about 75 to 80 per cent of the mentally retarded; pre-school training and schools for mentally retarded children; and special schools, he said.

The speaker was introduced by Miss Lois Eberlee and thanked by Miss Grace Fry, who presented him with a cheque for $100 for the research institute.

Await Reply On College Of Dentistry

A proposed dental college for the University of Western Ontario, dependant now on government support, is still in the hands of the provincial health and education departments.

Dr. Wesley J. Dunn, registrar-secretary of the Royal College of Dental Surgeons of Ontario, said yesterday that the organization has had no reply to its letter of recommendation sent to the government Feb. 17, but has been assured that the matter is "under active consideration.

The University of Western Ontario has assured the RCDS that it wants a dental school, but also stated definitely that nothing can be done unless capital and operating costs are guaranteed by the government, Dr. Dunn said.

The RCDS on Feb. 14 agreed that Western should be the site of a much-needed second dental school for the province. The only dental school now in the province is located at the University of Toronto.

The only concern the group had in choosing London was that there might not be enough clinical material (patients who would be available for senior students to work on). Population growth figures indicate there should be a plentiful supply, he said.

Dr. Dunn will speak to the London Kiwanis Club April 24 on the subject of the proposed dental school.

Hospital Set To Utilize Jury's Advice

TORONTO (CP) — St. Michael's hospital here will adopt the recommendations made Friday by a coroner's jury as a result of the death of a boy following an operation in the hospital, an official said yesterday.

Dr. Edward F. Brooks, medical superintendent at the hospital said the administration is willing to put into effect any of the measures not already practised.

Christopher O'Kelly, 3, died Dec. 3 of a heart stoppage resulting from loss of blood and an accumulation of mucus in his bronchial tubes that caused a partial collapse of his lungs.

He had undergone a tonsilectomy about eight hours earlier.

The jury made six recommendations relating to admission of patients, post-operative care and equipment.

Dr. Brooks said the hospital already provides a post-operative tonsil room under constant nursing supervision — the jury's major recommendation.

He said other measures, applying to equipment and tests would be quite easily carried out.

Boy Dies as Doctors Strike

Apr. 7/64

BRUSSELS (AP) — Two doctors in the Herentals area of Belgium were arrested yesterday on charges of failing to help a person in distress—an 18-month-old boy who died of what police described as a serious lung ailment.

Police said the doctors — one of them the mayor of the town of Olen—did not answer the call of the boy's parents for six hours.

The Doctors' Federation, fostering a strike of Belgium's 12,000 doctors and dentists in a dispute over socialized medicine, claimed, however, that the parents had indicated to the doctors that the boy's illness was not serious and that the six-hour time lag was not unusual.

The death of the boy stirred the northern town of Olen to anger.

Demonstrations against the strike took place elsewhere in the country, with the tempers of trade union members getting shorter as the strike continued. In the Liege area, some 14,000 workers staged protests, carrying banners that said Belgian doctors are more interested in money than in humanity.

With the strike in its sixth day, doctors charged that the country's socialized medicine system would destroy the privacy of patients, particularly women.

They said they would not poison the traditional physician-patient relationship by allowing government inspectors to investigate the ailments of people and discover the treatments in various cases.

"This regulation could be a source of tremendous embarrassment particularly to women suffering from conditions of an intimate nature," said a spokesman for the 10,000 doctors now joined by 2,000 dentists.

Government [illegible] dispute.

LeFevre presided at an emergency cabinet meeting and then told reporters his government would not negotiate with the striking doctors until they had returned to work.

Belgium has had a national health system, covering 5,000,000 of its 9,000,000 inhabitants, since the Second World War. Only farmers, shopkeepers and other self-employed persons are outside the plan.

The doctors and dentists charge the new law forces them to operate under the system whether they want to or not, places them under tighter government control and tends to hamper free exercise of their professional skills. They say they suspect there will be almost no private practice once the new arrangements become fully operational.

LeFevre's government, a coalition of Socialists and Social Christians, came to power in 1961 with a promise to reform the country's debt-ridden national health scheme.

ed the doctors' claim, saying great care would be taken to see that people's private lives remain private.

Growing alarm manifested itself in government circles as the strike showed no sign of ending.

The Doctors' Federation issued a statement saying Premier Theo LeFevre's left-leaning coalition government had badly underestimated the strength and determination of the physicians.

Gets Aviation Medicine Fellowship

Apr. 8/64

Dr. Richard Philp, currently completing doctoral studies in pharmacology at the University of Western Ontario, has been awarded a $5,000 post-doctoral fellowship in aviation medicine by the Defence Research Board.

Dr. Philp will use the fellowship to continue studies on decompression sickness at the Royal College of Surgeons in London, England, with Prof. G. V. R. Born, a leading authority in the field.

Dr. C. W. Gowdey, head of the UWO department of pharmacology, said the fellowship is the first in the short history of the award to be given to a person not associated with the department of national defence.

Dr. Philp, 30, was born in Guelph and in 1957 graduated from Ontario Veterinary College.

Following graduation he practiced in Woodstock, Ill., for 14 months, then moved to Mitchell Ont., where he stayed for three years.

In September, 1961, he came to Western to begin work on a PhD in pharmacology.

Dr. Philp will go to England this summer to begin work on the fellowship.

Move Starts To Speed Death Report

Apr. 9/64

TORONTO (CP) — The Ontario Hospital Association has issued recommendations aimed at ensuring that questionable hospital deaths are reported swiftly to coroners.

In a questionnaire accompanying the OHA circular, the Ontario College of Physicians and Surgeons has asked the province's 175 hospitals what action is taken to determine the competence of doctors granted hospital privileges and what disciplinary action is taken against offenders.

The OHA circular says that all persons suspecting a questionable death must immediately inform a coroner and suggests that the primary responsibility for this rests with the attending physician or hospital administrator.

The college questionnaire adds that one of the major responsibilities of hospitals' medical staff advisory committees is to inquire "into alleged instances of malpractice, incompetence, negligence . . . and make recommendations . . . for the curtailment, suspension or cancellation of the (offending) practitioner's privileges."

Stick to Own Field Medical Specialist Told

Apr. 9/64

MONTREAL (CP) — Dr. J. T. McCullough, of Elmira, president of Canada's College of General Practice, said yesterday the medical specialist "has abrogated his right to personal or family practice in narrowing his field of activity."

He told the college's scientific assembly — winding up today — that such narrowing of activity "will create an even greater demand for a physician who understands and deals with the patient as a whole man" while collaborating with the specialist.

Meanwhile, he said, the specialist "will be a better specialist when he ceases to dilute his efficiency by occupying his time with non-specialist practice."

Dr. McCullough also said the general practitioner's work is "a distinct and special field of medical science, not a thing compounded of bits and pieces left over from other medical disciplines."

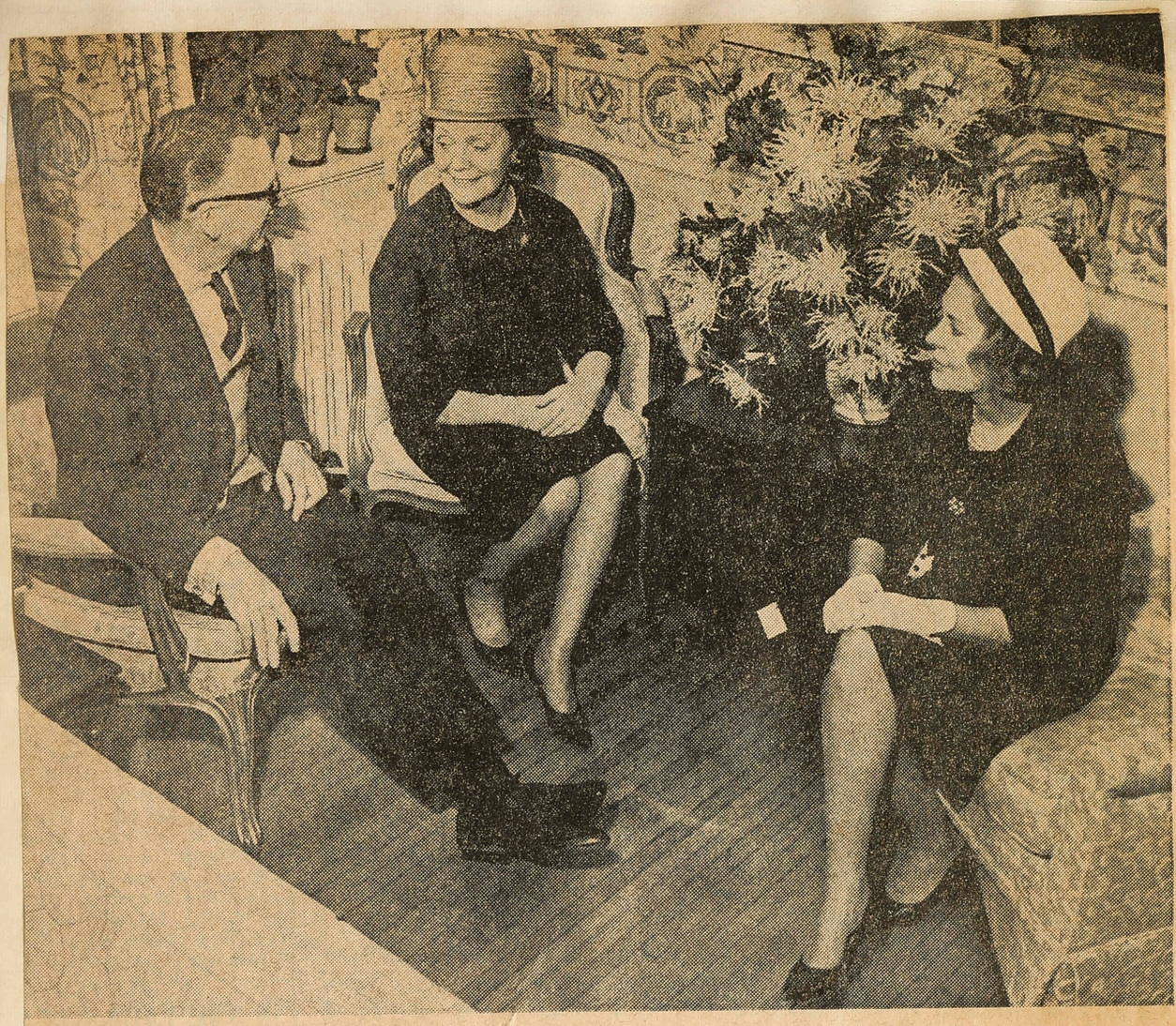
In a panel discussion on family practice, Dr. I. W. Bean, of Regina, a former president of the college, said GPs will continue to treat 85 per cent of all illnesses if only because "common things occur more commonly."



Belgian trade unionists in Seraing, a Liege suburb, demonstrate against the six-day-old nation-wide doctors' strike. Large central banner reads: "Don't they have children, those doctors who abandoned consultations for babies." Yesterday two doctors were arrested following the death of a child. (AP Wirephoto)

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Mammoth Tea Aids Cancer Work

More than 500 persons attended the annual Daffodil Tea, held by the Women's Service Committee, London-Middlesex Unit of Canadian Cancer Society, yesterday at Corey Galleries, Waterloo Street. Left to right, C. R. Corey, owner of the galleries; Mrs. C. E. Isard, chairman of London volunteers, and Mrs. George Mulligan, Toronto, chairman of Women's Service Committee, Ontario Division of Canadian Cancer Society.

Apr. 9/64

Corey Galleries Setting for Annual 'Daffodil Tea'

Topiary trees topped with ...eenery and daffodils flanked ...e front door of Corey Galler...s, Waterloo Street, yesterday ...r the annual Daffodil Tea held ...y the Women's Service Committee, London-Middlesex Unit, Canadian Cancer Society.

More than 500 guests were received by Mrs. J. A. Beechie and Mrs. J. L. Thomas in the morning and in the afternoon by Mrs. F. A. Buskard, chairman of special events, Mrs. C. E. Isard, chairman of London volunteers, and Mrs. George Mulligan, Toronto, chairman of the Women's Service Committee, Ontario Society.

In the morning coffiee was poured by Mrs. G. W. Benson, Mrs. W. W. Ollerhead, Mrs. I. H. Smith and Mrs. J. A. Kennedy while afternoon tea was poured by Mrs. T. A. Watson, Mrs. J. H. Walters, Mrs. W. J. L'Heureux and Mrs. W. R. Smith

Mrs. C. W. Kemp was tearoom convener.

Assistants were: Mrs. A. E. Hetherington, Mrs. I. D. Campbell, Mrs. C. E. Charles, Mrs. J. N. Alexander, Mrs. Jack Piper, Mrs. J. F. Dubeau, Mrs. Thomas Ryerson, Mrs. M. B. Greer, Mrs. G. S. Mullins, Mrs. E. E. Bender, Mrs. Archie McCulloch, Mrs. Norman St. Cyr, Ilderton; Mrs. Ernest Hord, Ilderton; Mrs. John Clark, Thorndale; and Mrs. P. G. Van Der Velden.

Gallery assistants, in charge of Mrs. D. G. Ness, guided guests through the gallery. They were: Dr. Helen B. Allison, Mrs. W. P. Simpson, Mrs. W. R. Fry and Mrs. J. A. Kennedy.

Donations were received by Mrs. G. W. Benson, Mrs. G. R. Coulter, Mrs. L. W. Dalgliesh and Mrs. Dorothy Foster.

DIRKS — Dr. and Mrs. John H. Dirks (nee Fay Inman) are happy to announce the birth of a son, John Mark, on April 9, 1964, at George Washington Hospital, Washington, D.C.



DOCTORS TALK SHOP — Dr. Warren Wilkins, president of the London Academy of Medicine, tries on a new type of plastic splint, on display at the academy's refresher day yesterday. Dr. C. C. Ross, Westminster Hospital chief of surgery, puffs manfully at the inflatable splint. From left are: Dr. H. G. Mackichan, past president of the academy; Dr. David State, professor of surgery and chairman of the department of surgery, the Albert Einstein College of Medicine, Yeshiva University, New York; Dr. Wilkins; Dr. Ross and Dr. Albin T. Jousse, medical director of Lynhurst Lodge.

Ulcer Freeze-Cure Limitations Stressed

The freezing of the stomach lining in the treatment of ulcers is an experimental technique that should not be casually undertaken, a New York surgeon said in London yesterday.

Dr. David State, professor of surgery and chairman of the department of surgery of the Albert Einstein College of Medicine of Yeshiva University, was a guest speaker at the London Academy of Medicine's annual Academy Day.

More than 100 doctors from the London district and other sections of Western Ontario attended the one-day refresher course.

Another speaker yesterday was Dr. Albin T. Jousse, medical director of Lyndhurst Lodge and associate professor in the division of rehabilitation medicine of the University of Toronto.

Dr. Jousse discussed the problems involved in the care and treatment of paraplegics.

Dr. State, commenting on the radical stomach-freezing treatment of ulcers, said it is unfortunate that doctors without proper training in the technique have been tempted to use it without being fully aware of its limitations and dangers.

Properly used, the treatment does seem to have good results, Dr. State said. "But whether the results are better than other forms of treatment remains to be seen."

The freezing does reduce the acid secretions of the stomach but tissues are damaged under freezing and the question is whether the tissues can return to a healthy state.

For Dr. State, Academy Day was a return to familiar grounds. A native of St. Thomas, he is a graduate of the University of Western Ontario medical school.

Chairman of the morning session was Dr. H. G. MacKichan, past-president of the academy. Dr. W. W. Wilkins, current president, was chairman of the afternoon session.

Alberta May Run Hospital

OTTAWA (CP) — Veterans Minister Teillet indicated yesterday the Col. Belcher Hospital, in Calgary, will be turned over to provincial government operation if an agreement can be reached to safeguard veterans' rights.

He told the Commons the probable arrangement will be that the veterans affairs department would continue to control the hospital building and decide whether or not veterans would be admitted for treatment.

But Mr. Teillet declined to say whether there are similar turnover plans for all veterans hospitals.

Plan Fair Roles

Seven countries have announced their intention of participating in the 1967 Montreal World's Fair, and another 35 to 50 countries are communicating with Canada on the question, Trade Minister Sharp said.

Definite commitments have come from Austria, Belgium, Britain, France, Germany, Morocco and The Netherlands.

Invitations have gone out to 133 countries and territories.

Sport Carnations

Red carnations were worn by Liberal MPs in the Commons to mark the first anniversary of their election victory.

When Prime Minister Pearson rose for the first time during the question period, his supporters gave him a thumping ovation, lasting nearly a minute.

Dairy Policy Due

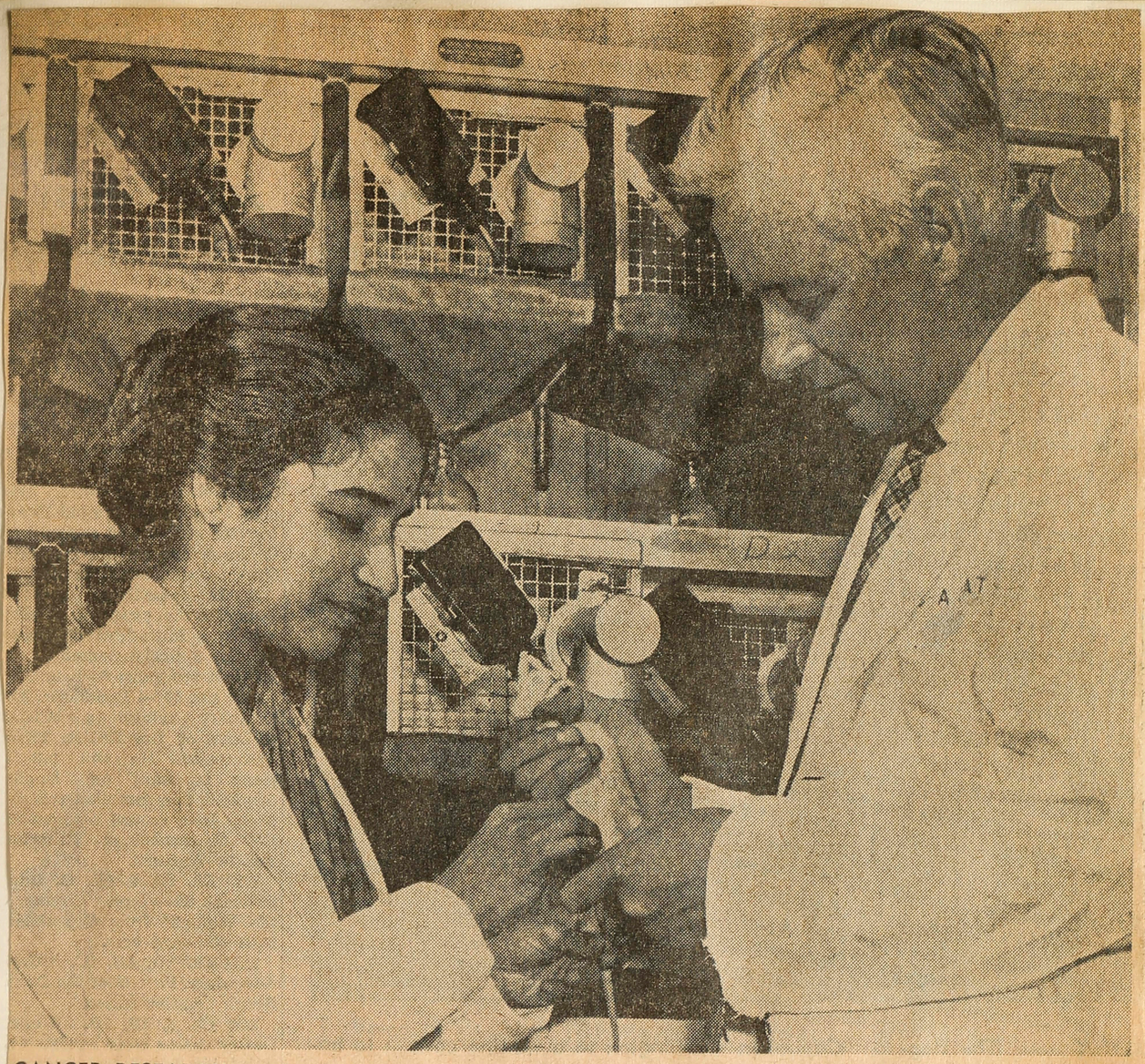
The government's price support policy for dairy products in the year starting May 1 likely will be announced "in the next week or so," Agriculture Minister Hays said.

Mr. Hays said he was "elated" with the results of last year's policy. Prices had been higher than for a number of years and butter production had levelled off.

Ponder Extension

Labor Minister MacEachen said he will consider an extension of the municipal winter works incentive program in depressed areas after the normal expiry of April 30.

Earlier, Mr. MacEachen had said the program, under which the federal government pays half of the payroll costs of municipal projects between Nov. 1 and April 30, would not be extended in cold - climate areas where unemployment has been heavy.



CANCER RESEARCH — Dr. Parvathi Basrur, left, discusses condition of a cancer-infected rat with Dr. John Gilman. The two doctors, both at the Ontario Veterinary College in Guelph, are studying the possibility that some kinds of metallic dust, particularly nickel dust, can cause cancer.

Metallic Dust as Cause of Cancer Under Study by Doctors at Guelph

Apr. 10/64

GUELPH — The possibility that some kinds of metallic dust can cause cancer is being studied by two doctors at the Ontario Veterinary College here.

Ontario Health Minister Matthew Dymond has said his department is highly interested in studies being made by Dr. John Gilman and Dr. Parvathi Basrur into the cancer-causing potential of dust produced by industrial nickel-refining processes.

The work of the two scientists is supported by the National Cancer Institute of Canada and is one of very few NCI-supported studies on the possible casual relationship between exposure to certain metals in various forms and the development of cancer.

The two were asked to undertake the research project because it has been suggested that there was an increased frequency of certain types of cancer among workers exposed to nickel dust in industrial refineries.

Because it is not practicable to carry out such studies on humans, these two scientists are working with experimental animals. They have found that certain chemical compounds containing nickel or cobalt regularly cause tumors at the place of injection in muscle.

Apart from the possible industrial application of this work, the program of these two scientists has provided a new and interesting tool for the study of fundamental aspects of the causation of cancer.

It takes four to six months for the nickel or cobalt induced tumor to become palpable in the muscle of the rats. During this time successive studies can be made of changes occurring at the site of injection of the chemical. Drastic cell changes take place, and these are studied, both in the animal itself, in tissue culture and under the electron microscope.

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Filter Cigarettes Said Getting Safer

April 13/64

CHICAGO (AP) — Cancer researchers came up with a wee bit of comforting news for cigarette smokers Saturday.

And they offered some tips for making cigarettes still "safer."

A majority of filter tip cigarettes now contain less "cancer-inducing properties" than cigarettes formerly did, said Drs Ernest L. Wynder and Dietrich Hoffmann of Sloan - Kettering Institute, New York City.

In fact, the person smoking a filtered cigarette is exposed on the average to about half as much "tar" and nicotine as the smoker of a regular cigarette 10 years ago, they said.

And there is less of the cancer - inducing materials in the remaining tar, if the tobacco has been homogenized, and air-cured rather than flue-cured or sun-cured, they added.

As for tips for further improvement:

A moistened filter is more effective than a dry one in protecting the cilia, the fine hair-like projections on linings of bronchial tubes. Destruction of cilia is thought by some experts to be a first step toward inducing lung cancer.

They discovered this in drawing smoke through water in the manner of a turkish waterpipe.

For smoking without need of carrying a glass of water, a filter-tip might be developed which becomes moist with the first puff of smoke through it, Dr. Wynder said.

Drawing smoke through compressed charcoal cut down on the cilia - injuring gasses more than drawing it through a filter of granulated activated charcoal, the researchers found.

All this evidence is based on chemical analyses and tests with laboratory animals, they told the American Association for Cancer Research.

Whether the changes in tobacco and filters would really reduce lung cancer could be learned only by keeping track of the health of smokers, they said.

Dr. Wynder, one of the first researchers to point to an association between cigarettes and lung cancer, said that some of the findings might not be easily practicable.

He said he felt "it is our job to set up principles of how to produce less hazardous cigarettes. The only way to cut out the risk is not to smoke at all. But I fear many people will continue to smoke."

"No single agent in cigarette is responsible for the hazards Dr. Wynder said. "A multip approach is the key to makir them less hazardous."

Clam gills were used in tes ing effects on cilia. A mou skin test measured cancer i ducing effects of tars.

The more completely the t bacco burns, the less cancer i ducing effect there is from the tars, Dr. Wynder said. Homogenization of tobacco helps.

In the laboratory, even more complete burning was achieved with cigarettes made partly or entirely of stems and homogenized tobaccos, or by use of finer cuts of tobacco.

Drs. Wynder and Hoffman also achieved slower and more complete combustion by adding traces of metals, such as copper nitrate, to the cigarette.

But they quickly noticed a serious drawback to this kind of cigarette — it smelled horribly.



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THE UNIVERSITY OF WESTERN ONTARIO

FACULTY OF MEDICINE

REFRESHER COURSE

ADVANCES IN BASIC MEDICAL SCIENCES

APPLICATION TO MODERN PRACTICE

✦

Wednesday, May 6, 1964

Thursday, May 7, 1964

✦

E. D. Busby Memorial Amphitheatre
Victoria Hospital
London, Ont.

New Drive Under Way in Britain To Educate Mentally Handicapped

Apr. 9/64

By CAROL KENNEDY

LONDON (CP)—A new drive is under way to tackle the problems of educating mentally handicapped children — the "submerged sixth" of Britain's high school population.

The man behind it is Stanley Segal, headmaster of a special school and chairman of the guild of teachers of backward children.

Segal, a small dark man with an infectious zeal, has two projects rolling—a four-year course of graded textbooks for backward students, first comprehensive program of its kind, and a plan to found a Kennedy institute for special education and research dedicated to the late U.S. president.

The first project has just been launched by the London publishers Cassell's, a firm noted in Victorian times for its pioneering work in "penny educators" for the masses. Called The Working World, the series is designed to develop powers of expression and creativity in backward pupils of high school age and to enable them to emerge as integrated members of society instead of "second class citizens."

The books, written by a team of specialist teachers, are expected to be on sale in Canada in the fall, after minor adjustments to text and illustrations. The first year's course, dealing with the broad theme of the home, comprises 14 attractively designed books aimed at making the child observe and participate in life around him.

Subsequent yearly themes deal with the neighborhood, the wider world and careers.

The course is described as a "unique venture" because up to now there has been no planned program for retarded pupils of high school age, though a number of so - called "backward readers" exist for younger children.

Older children classed as "educationally sub - normal"—IQ below 85—have had to struggle to keep up with brighter classmates or use infant-style books that insult their sensitivities and make them painfully aware of being "different." Either way, school is likely to be an agonizing experience.

Educationists are conscious of difficulty in arousing public or political interest in this problem. As one expert put it, there is great political glamor attached to the building of new universities, far less to the needs of "the other end of the scale."

Segal hopes his plan for a Kennedy institute may catch this interest now that the government is considering the form of Britain's national memorial to the president. He has set up a steering committee to urge government approval of his project as part of the memorial, but if this doesn't succeed, he plans to raise the money some other way.

"One way or another there will be a Kennedy institute," he told this reporter emphatically.

The proposed institute would for the first time combine under one roof facilities for research and a training school where findings could be applied. It would make its discoveries and experience available to other nations.

The needs of the mentally retarded were a special interest of President Kennedy, one of whose sisters is handicapped. Three weeks before his assassination, the president signed a mental retardation act, commenting that few legislative actions could have a more lasting imprint on human welfare and happiness.

Some $16,000,000 of the Kennedy fortune, channelled through the Joseph P. Kennedy Foundation, have been devoted to work for the handicapped.

Ontario Loans to Hospitals Aimed at Speeding Building

Apr. 9/64

By JOHN A. PETHICK
Free Press Staff Writer

TORONTO — An offer to loan hospital boards up to a maximum of $5,000 for each active treatment bed in addition to the present grant of $5,300 per bed was made yesterday by the Ontario government in a move designed to reduce hospital bed shortage in the province, particularly in the Metro Toronto area.

The offer was made by Dr. M. D. Dymond, minister of health, following a conference yesterday with representatives from nine hospital boards in the Toronto area.

The loans would be made at the rate of three per cent, Dr. Dymond said, and the scheme would apply to all hospitals in the province which received the approval of the Ontario Hospital Services Commission.

The minister said he believed the new financial help would accelerate hospital projects by five years. He also said there was no ceiling on the amount which could be loaned, mentioning one Metro-Torton area hospital as being eligible for a loan up to $2,000,000.

The minister explained the question was considered of making the loans interest-free, but said experts had cautioned that this type of loan was not following a conference Tuesday considered good business.

He said the Ontario government has been advised the federal government would not increase its capital grants assistance beyond the present rate of approximately 16 per cent.

Dr. Dymond said loans would be repaid by the OHSC claiming 75 per cent of the hospitals' share of preferred income.

Announcement of the loans was enthusiastically received by officials of London Victoria Hospital and St. Joseph's Hospital.

"This would be of considerable help to any hospital," said Dr. C. J. Kirk, superintendent of Victoria Hospital. "I think it would help alleviate the bed shortage."

He said the offer would have to be considered more fully by the hospital board before a decision on whether to apply is made.

Sister Imelda, in charge of St. Joseph's Hospital's present building project, said the loan offer "sounds very good" and is "a very wonderful thing."

She said it is possible the hospital will consider the loan plan.

The hospital's waiting list, however, "is not too far advanced." When the present 180-bed addition is completed, the hospital will have 600 beds, which should help accommodate waiting active - treatment patients.

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THE UNIVERSITY OF WESTERN ONTARIO
FACULTY OF MEDICINE
in co-operation with Victoria Hospital
presents

ADVANCES IN BASIC MEDICAL SCIENCES —APPLICATION TO MODERN PRACTICE

Wednesday, May 6th, 1964

9:00 a.m. Registration

Department of Biochemistry—Medical Aspects of Molecular Biology

10:00 a.m. Introduction and General Principles
DR. R. J. ROSSITER

10:30 a.m. Recent Concepts in Molecular Biology
DR. H. B. STEWART

11:00 a.m. Coffee

11:15 a.m. Molecular Biology and Medicine
DR. W. C. C. MCMURRAY

11:45 a.m. Discussion Panel
Chairman—DR. W. R. FRASER
DRS. W. C. C. MCMURRAY, J. C. RATHBUN, J. POSZANYI, H. C. SOLTAN

1:00 p.m. Lunch

Department of Physiology — Body Water, Kidney and Acid-Base Regulation

2:00 p.m. Review of Fundamental Concepts and some significant recent advances
DR. J. A. F. STEVENSON

2:30 p.m. The Antidiuretic Hormone
DR. D. G. MONTEMURRO

2:40 p.m. Illustrative Clinical Cases
DR. L. REESE

3:15 p.m. Coffee

3:30 p.m. Gastrointestinal influences on Water and Electrolyte Balance—Vomiting and Diarrhoea
DR. G. W. STAVRAKY

3:45 p.m. Illustrative Clinical Cases
DR. G. G. HINTON

4:15 p.m. General Discussion

6:30 p.m. Dinner—Holiday Inn—downtown
Guest Speaker—
DR. M. H. MURDOCH MACKINNON
Professor of English,
U.W.O. University College.
"The Nature of Language"

Thursday, May 7th, 1964

Department of Pharmacology—Drugs and the Nervous System

9:00 a.m. Neuromuscular and ganglion-blocking drugs
DR. J. T. HAMILTON

9:30 a.m. Antihypertensive drugs
DR. C. W. GOWDEY

10:00 a.m. Discussion Panel
Chairman—DR. J. B. WALKER
DRS. C. W. GOWDEY, J. T. HAMILTON, L. W. HERSEY, A. J. HUDSON

10:45 a.m. Coffee

11:00 a.m. Sedatives, Tranquillizers and Antidepressants
DR. C. W. GOWDEY

11:30 a.m. Discussion Panel
Chairman—DR. D. R. SMITH
DRS. J. C. BRYCE, C. W. GOWDEY, W. E. KEIL

1:00 p.m. Lunch

Department of Psychiatry and Preventive Medicine—Epidemiology in Modern Medicine

2:00 p.m. Theory and Practice of Immunizaton
DR. D. A. HUTCHISON

2:30 p.m. Recent advances in Viral Vaccines
DR. I. B. R. DUNCAN

3:00 p.m. Coffee

3:15 p.m. The Epidemiology of Infectious Hepatitis
DR. C. W. BUCK

3:45 p.m. The Diet and Heart Disease Controversy
DR. G. E. HOBBS

Approved by The College of General Practice of Canada for Category I Study Credits



coal, the researchers found.

All this evidence is based on chemical analyses and tests with laboratory animals, they told the American Association for Cancer Research.

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But they quickly noticed a serious drawback to this kind of cigarette — it smelled horribly.

Please return application not later than April 30, 1964, to Dr. D. Bocking, Assistant Dean, Faculty of Medicine, The University of Western Ontario, 346 South St., London, Ont.

I will attend the Advances in Basic Medical Sciences Course on

Wednesday, May 6, 1964 A.M. ☐ $5.00
P.M. ☐ $5.00

and on Thursday, May 7, 1964 A.M. ☐ $5.00
P.M. ☐ $5.00

I will attend all four sessions ☐ $15.00

I will attend the dinner on May 6, 1964 alone ☐ $5.00
with my wife ☐ $10.00

Enclosed find cheque for $..... payable to the University of Western Ontario.

Name .....

Address .....

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Doctors' Strike Said Beginning to Falter

Apr. 9/64

CP From AP-Reuters

BRUSSELS — The Belgian government claimed last night that a strike of 12,000 doctors and dentists against a revised socialized medical plan shows signs of faltering.

A spokesman for the medical men promptly denied the claim but independent checks revealed some cracks in the doctors' firm stand. The strike began eight days ago.

Meanwhile there were indications King Baudouin was seeking resumption of talks between the government and the doctors and dentists.

Reliable sources indicated the young monarch was trying to have Professor Jan-Jacques Bouckaert, rector of Ghent University and former dean of its medical faculty, act as mediator. The king and Bouckaert conferred in the Royal Palace but there was no immediate announcement about their conversations.

An interior ministry spokesman said in an interview that physicians in rural districts were drifting back to work.

He added: "Sometimes subterfuges are used. If, for example, there are two doctors in a given community they may trade their list of patients. This makes it appear they are still striking, but in actual fact everyone is receiving treatment.

"Elsewhere doctors are functioning entirely normally. This is particularly true in the Flemish section of the country. In French-speaking districts inhabited by Walloons, the strikers largely are maintaining their position."

In Brussels a group of pediatricians met and decided they would resume house calls.

In the light of developments, Premier Theo Lefevre's government decided to stand pat and wait for the doctors to make the next move. The spokesman said the cabinet cannot abandon the medical statute without risking a general strike.

Trade union leaders throughout the country are demanding that the government resist the pressure of the doctors.

The spokesman said there was no possible combination of political strength which the doctors could gather in Parliament which would enable them to overturn the law, which provides among other things for a list of fixed fees for specific types of treatment.

Premier Tries Again To End Strike By Belgian Doctors

Apr. 11/64

BRUSSELS (AP) — Premier Theo Lefevre made a fresh attempt last night to get Belgium's 12,000 striking physicians and dentists to call off their walkout and join in efforts to end the controversey over the socialized medical law.

He presided at a 3½-hour cabinet meeting which delved into all aspects of the unique dispute.

Then Lefevre, accompanied by four of his ministers, met strike leaders for the second straight day at Val Duchesse, a mansion set in spacious grounds on the outskirts of Brussels.

Each side promised to observe secrecy while the delicate talks continued.

At this stage the discussions relate to negotiating procedures. The government and the strikers have not gotten down yet to the complex task of thrashing out their differences on each aspect of the medical law.

Lefevre was accompanied at Val Duchesse by Interior Minister Arthur Gilson, Justice Minister Pierre Vermeylen, Social Affairs Minister Edmond Leburton, the author of the law, and Labor Minister Leon Servais.

The 10-member doctors' group was headed by Rene Thone, Andre Wynen and Pierre Mundeleer.

The strike continued with medical care being given on an emergency basis to serious cases sent to hospitals. The strikers themselves provide this skeleton service. Maternity cases were being taken care of.

Much of the tension resulting from the [illegible] which began April [illegible] porated, however. [illegible] demonstrations t[illegible]ainst the doctors. The fact that the two sides are talking to each other convinced ordinary Belgians that the worst is over.

Belgium's physicians and dentists accept the concept of a national health plan but maintain the new plan places unreasonable restrictions upon them.

The statue provides a system of inspection of doctors' records. It lists 3,600 distinct types of treatments and specifies the maximum charges doctors can make for each. The strikers claim this list was drawn up in an unrealistic way. In some cases they would receive more money for performing simple treatments than for engaging in complex medical techniques.

Furthermore the system would tend to break down the confidential relationship which exists between physicians and patients and undermine professional dignity, the strikers maintain.

The law was adopted with the support of the Socialists and the moderate Social Christians, the political parties which put Lefevre in power.

Government sources said the cabinet could not and would not scrap the law in its entirety. Any modifications which the cabinet offers the strikers would have to be approved by parliament, and this would be a long process.

But the government believes if the strike is called off and negotiations on details are conducted in good faith a reasonable solution can be found, the sources said.

As he entered Val Duchesse, minister Leburton told reporters: "We are among well disposed people. I have moderate optimism."

Cancer Drug Success Cited

Apr. 10/64

CHICAGO (AP) — A drug nicknamed DON is bringing some apparent cures of rare types of cancer in women, researchers reported yesterday.

And, notably, it causes remarkably few harmful side effects, they said.

Latest results with the drug were reported to the American Association for Cancer Research by Dr. David A. Karnofsky and Dr. Robert B. Golbey, of Memorial Hospital and Sloan-Kettering Institute, New York City, and Dr. Min Chi Li of Nassau Hospital, New York.

DON has brought benefits lasting one to seven years in six women with chorio carcinoma, a cancer related to pregnancy, and closely related tumors, they said. In three women, the cancers had spread throughout their lungs.

Artificial Heart Tests Successful

Apr. 14/64

CHICAGO (AP) — A new assistant heart is designed to do half of an ailing heart's work.

Placed in a dog's chest, this artificial heart has functioned for as long as 14 days. In time it may come to the rescue of humans with weakened or diseased hearts.

It does not replace the living heart—it simply gives a big assist.

The new device was described Sunday to the American Society for Artificial Internal Organs by Dr. Yukiohiko Nose, Dr. Franz Gradel, Dr. Yoshio Kondo and Dr. Adrian Kantrowitz of Maimonides Hospital, Brooklyn, N.Y., and Fred Russell, an engineer with Avco Company, Everett, Mass.

The living heart is basically a pump, pushing blood out through one great artery, the aorta, for distribution through the body.

The key part of the assistant heart looks like a flattened rubber ball. The assistant heart fills with blood coming from the living heart and squeezes it along.

A battery, electronic controls and miniature pump are worn outside the body. Electronic controls keep it in step with the living heart's own action.

"It takes over 50 per cent of the heart's work," Kantrowitz said. "Since it does not completely replace the heart, if the artificial pump should fail, the person's own heart could still keep him alive."

Hope Talks to End Belgian Doctor Strike

Apr 24. 10/64



Trade unionists at Clervaux, Luxembourg, demonstrated yesterday against striking Belgian doctors. Signs read, "Remember your oath" and "Belgian doctors go back home, perform your duties." (AP Wirephoto)

BRUSSELS (AP) — Premier Theo Lefevre's government began bargaining with 12,000 striking doctors last night on terms for ending a walkout which already has deprived Belgium of normal medical services for nine days.

The strike continued in force while ministers and strike leaders argued behind closed doors at Val Duchesse, a luxurious state residence on the outskirts of Brussels. But one government official told reporters:

"This could be the beginning of the end."

The negotiators met for two hours and agreed to convene again at 5 p.m. (11 a.m. EST) today.

With national anger evident in demonstrations and picketing, the talks came just in time to relieve pressure on the doctors and enable the government to seek a face-saving formula for all while still maintaining essentials of a new socialized medical scheme.

Hope rose throughout this country of 9,000,000 that the country's 10,000 physicians and 2,000 dentists would soon resume their regular practice. At present only grave cases are being treated for on an emergency basis.

The ministers and strikers' leaders drove through the spacious grounds of Val Duchesse on Brussels' first day of spring-like weather this year. They all seemed relieved that at least the first steps were being taken toward a settlement.

Lefevre, Interior Minister Arthur Gilson, Social Affairs Minister Edmond Leburton and Justice Minister Pierre Vermeylen spoke for the government.

The doctors were represented by Dr. Rene Thonet, president of the physicians' association; Dr. Andre Wynen and Dr. Pierre Mundeleer.

Earlier in the day, a doctors' delegation had called on Gilson at the interior ministry. Gilson promptly informed an emergency meeting of the cabinet that the strike leaders produced "a show of good will which must be answered in the country's interests."

The doctors and dentists went on strike against the new medical law which placed them under the close supervision of government inspectors and fixed the various fees they could charge for 3,600 listed types of treatments.

The strikers held the legislation would undermine the dignity of their professions and abolish the confidential nature of their relationships with their patients.

Trade union leaders, insisting that the law be maintained, said the strikers really feared their incomes would be cut. Government sources said that under the law it will be easier now to keep track of doctors' incomes for taxation purposes.

Beginning of the talks was expected to halt an exodus of physicians to the neighboring Netherlands, West Germany, Luxembourg and France. Many took their vacations early and spent their time in those countries reading newspaper accounts and listening to broadcasts about the strike.

Says Lack Of Interns 'Critical'

TORONTO (CP) — Dr. John Neilson, chairman of the Ontario Hospital Services Commission said Sunday he is seriously concerned about the critical shortage of interns.

He said he will meet members of the Ontario College of Physicians and Surgeons to try to reach a solution.

Dr. Neilson said he was surprised to learn that Toronto's Wellesley Hospital will staff its wards and emergency department with undergraduates instead of interns.

He said he would support a program of English lessons for foreign interns to help them pass a new test stipulated by the college.

Coroner Elie Cass said last week some doctors who have been rostered for emergency work are charging for services that would be provided free by an intern.

Dr. Neilson said doctors were within their rights to charge although the OHSC provides a per capita grant to hospitals that operate emergency departments.

Dr. C. J. Kirk, superintendent of Victoria Hospital, said the shortage of interns is "a large problem" but that doctors have not been rostered to provide intern services at Victoria.

Dr. Kirk said there are 17 junior interns at Victoria this year, compared with 21 last year. He said having doctors perform duties usually performed by interns is the only way some small hospitals can provide necessary service.

He said Victoria has about 55 interns altogether, but would hire more if they were available.

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Belgium Orders Striking Doctors Into Armed Services

Apr. 13/64

BRUSSELS (Reuters) — Striking doctors in Belgium's armed forces reserve were reporting to military posts yesterday after a government call-up aimed at maintaining at least emergency medical services.

The call-up meant that any of those who were members of the military reserve and did not return would be automatically considered deserters and liable to extradition under the rules of NATO.

Civilian doctors now running the emergency services at public and private hospitals also were answering a government "requisition" ordering them to remain at their posts or face legal action.

These sweeping measures on the 12th day of the doctors' strike against government health service plans were announced yesterday morning after an emergency cabinet meeting and 13 hours of abortive negotiations during the night.

There are 3,600 doctors in the military reserve. They were given three days to don their uniforms and report to their units for assignment to hospitals.

The number of doctors obeying the order was not immediately determined.

Yesterday's measures were announced by Interior Minister Arthur Gilson. He said the striking doctors had told him they would cease to operate even emergency services from mid-day.

But officials of the National Federation of Medical Unions emphasized later they had not decided to cease emergency services for urgent cases but merely to leave the responsibility for their organization to the government.

More than 5,000 Belgian doctors have crossed into neighboring countries since the beginning of the strike to avoid possible requisitioning.

for private practice which, under the new law, would be three afternoons a week. The doctors insist on four afternoons.

Premier Theo LeFevre told reporters that on matters of principle, such as freedom of treatment, professional secrecy, and administration of the disputed plan, the government and doctors were agreed.

Although considerable differences remained over the problem of free treatment for widows, orphans and pensioners, he had believed these could be reconciled.

Dr. Roger Thone, president of the National Federation of Medical Unions, said: "We did not break off the negotiations. It was the government which did it. It will be very difficult for us to resume contacts.

"We were insulted during the negotiations by some ministers and their aides. They threatened to throw us into prison."

Dr. Thone said he had appealed to doctors all over the country not to abandon their posts in the emergency services and had even appealed to them to reinforce their teams.

(In Valkenburg, Southern Holland, a spokesman for 300 Belgian doctors staying there said they would accept mobilization orders if they were handed over personally and addressed to them by name.

(He added their attitude was that otherwise they would not know about any mobilization order, since they were not reading newspapers or listening to the radio.)

An interior ministry s man said 15 doctors re Saturday before the and a further 28 yes but the number was s significant.

At the St. Pierre and military hospitals in Brussels the staffing situation was unchanged except that some reservist doctors relieved those who have been on emergency service duty.

Government sources said the overnight talks broke down over the scale of fees to be paid doctors under the new health insurance law, which doctors deemed insufficient.

Another point of contention was the time allowed doctors

ations t ainst the ate optimism."

London Hospitals Lead Province In Number of Beds per 1,000

Apr. 13/64

By JOHN A. PETHICK
Free Press Staff Writer

TORONTO — The number of active treatment beds per 1,000 population in London hospitals is one of the highest in the province, the Legislature was told yesterday by Health Minister Dr. M. D. Dymond in his report on steps the government is taking to meet the shortage of hospital beds.

In London, the minister said, there are 5.1 hospital beds for every 1,000 persons—a ratio matched only by Kingston.

For the first time, the Legislature learned officially of the government's offer to loan hospital boards up to $5,000 per bed to accelerate construction. Three per cent interest would be charged.

In Toronto, the ratio of beds is a five per 1,000 residents.

Dr. Dymond said the United States has 3.5 beds per 1,000 and a ceiling on federal aid. The Ontario government now makes a grant of $5,300 for each bed constructed by hospitals. The federal government chips in $2,700.

Dr. Dymond claimed the government had never tried to minimize the seriousness of the hospital bed situation in Metro Toronto and rejected any suggestion that the gover should build, own and o public general hospitals.

The hospital insurance created in 1959, was meant to pay for constr Dr. Dymond stressed.

Total number of beds tario public hospitals, ex of Metro Toronto, was 31 1959. Last year, the figu increased to 43,669.

Figures he gave showe St. Joseph's Hospital, L treated 25.5 per cent of from outside the city bour while Victoria Hospital's centage of outside patien 32.4 of the total treated.

Drug Addiction No Great Problem In United Kingdom

Apr. 15/64

By BILL GOLD

LONDON — Although a few more cases arise each year, serious drug addiction is still a relatively minor problem in Britain.

The word serious issued to cover the addiction of North America parlance — morphine and heroin and their derivatives.

To the average Englishman the terminology of narcotics and drug peddling does not mean the "mainliners" whose cravings support a vicious, multi - million dollar industry in the U.S. and Canadian cities like Vancouver.

It means instead the "purple heart" pep up pills sold on Soho street corners to teen-agers looking for kicks — and this is pretty small potatoes compared to the criminal big leagues in the new world.

With a few Canadians and Americans riding the band wagon there are still only 532 known addicts in this kingdom of 54-000,000 people.

And this relative handful is supplied by doctor's subscription at practically no cost under the National Health Service.

The closest thing to a narcotics racket is that some addicts try to get additional prescriptions to supply close friends.

The success of this system, compared to the crime and violence in other countries, probably stems from the fact that there is no real system.

Countrary to popular belief, addicts in Britain are not the subject of a central register. They do not receive their supplies from a civil service office.

Instead, they go to the general practitioner aroound the corner and tell him their troubles.

Here an important piece of official philosophy laid down by the government's Rollestor Committee on Addiction in 196 comes into play.

If the patient can satisfy the doctor that he lives a useful life on a certain, non-progressive drug dosage, and could not do so without that dosage, then the doctor can and does prescribe narcotics for him indefinitely.

Under National Health the patient then takes his prescription to the drug store and gets it filled for 30 cents.

The fee would be the same for cough medicine or an exotic wonder drug.

Some Canadians and Americans are undoubtedly on the narcotics gravey train but the method of gathering information is so loose that it is impossible to tell how many—perhaps 10 per cent in total or about 50.

There is some apprehension on this score, but it is considered the number of "imports" is actually quite low in view of the number of years the existing scheme has been in operation.

The government plays no part in the proceedings. It keeps informed of the number of addicts through control procedures surrounding the prescription of drugs.

Each doctor may be called upon to explain why he is prescribing so much of a certain drug. Beyond that, a person can be addicted for years and never see a civil servant, let alone a policeman.

He has committed no crime. The official attitude is that addiction is a form of mental illness, not criminal activity.

This view has been basically unchanged since 1962. In 1961 the Brain Committee, composed mainly of civil servants, reviewed the whole question.

In all fundamental respects it supported the findings of 1926, although it suggested attempts should be made to treat addicts in general hospital psychiatric wards.

It officially conceded, however, that the "cold turkey" withdrawal treatment used in the United States is not successful most of the time.

Thus it envisioned a perpetuation of the old system, and that is what has happened.

The question of success or failure really doesn't enter into it. The government simply accepts that there are addicts and that many of them are going to remain so, so it allows them to have drugs.

It is of course making a tacit admission of failure in each of the 532 cases, but the official view is that this is an acceptance of reality rather than failure of the system.

New Artificial Kidney Treats 15, Cuts Cost

Apr. 14/64

CHICAGO (AP) — A new artificial kidney can give life-saving treatment to 15 persons at a time, a medical team from Seattle reported yesterday.

It promises to cut the cost of treatment sharply — from the present $10,000 a year for each patient to perhaps $6,000 or $7,000 — and is 13 per cent more efficient, they said.

It is an improved, multiple version of an artificial kidney which during the last two years has kept nine men and two women alive despite chronic kidney disease, physicians said.

Without repeated help, they would die in a few weeks.

An artificial kidney removes wastes from a person's blood. Machines now in use can treat only one person at a time, giving each one an overnight assist twice a week. That limitation is part of the reason for the high cost.

The new system under test is treating three persons at a time and could treat 15 in a large hospital ward, the physicians and engineers told the American Society for Artificial Internal Organs.

The developers include Lars Grimsrud, Jack Cole, De Loss Fry, George Lehman, Dr. Albert Babb and Dr. Belding H. Scribner, a pioneer in development of artificial kidneys, of the University of Washington in Seattle.

In an artificial kidney, the patient's own blood flows from an artery through one side of a plastic "sandwich" and then back into his body. A fluid not unlike sea water is circulated along the other side.

Waste products in the blood pass through the wall of the "sandwich" into the fluid — a purifying process normally done by the human kidney.

Present machines at the Seattle Artificial Kidney Centre require a tank of purifying fluid for each patient. His blood has to be cooled and then warmed up again before it re-enters his body. This is done because the salt-like fluid is kept cool to keep bacteria from growing in it. The fluid is used over and over again.

The new system uses one 150-gallon tank of concentrated fluid. This is automatically mixed with water, sterilized and brought to body temperature. Then it is piped through walls to a "sandwich" at each patient's bedside.

His blood does not have to be cooled and re-warmed and the fluid is used only once, then is piped into a sewer. This single use increases efficiency of filtration.

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UWO May Increase Tuition Fees 10 p.c

Apr. 14/64

Students at the University of Western Ontario may have to pay higher tuition fees during the 1964-65 academic year.

R. B. Willis, vice-president, said yesterday increased fees schedules and salary increases for both academic and non-academic staff will be presented to the university board of governors on Friday. The recommended fee and salary increases were not disclosed.

Informed university sources indicated however that the fee increases would likely average a bit more than $50 or about 10 per cent of the current fees.

He was commenting on a report of increased salary scales at the University of British Columbia where academic salaries will rise to an average of $10,000 a year as a result of the increases. The present average at UBC is $9,460.

The average academic salary at the University of Western Ontario is now $9,900, Mr. Willis said.

"The budget for 1964-65 will be placed before the board of governors on Friday," he said.

"The estimates also take account of recommended necessary increases in tuition fees," was Mr. Willis' comment.

If tuition fees are raised, Western will not be alone among Ontario universities. Several universities in the province have already served notice that fee increases would be necessary.

The current scale of undergraduate tuition fees (the figures given contain $49.50 for student activity and health fees) is: Arts and science, $465; third and fourth year business, $490; music, $500; engineering, $550; law, $500; medicine, $675; nursing, $465.

Part time fees per course were $90 but recently were raised to $100 for each course.

Graduate fees (also containing certain student activity costs) are: Master of arts and master of science, $345; doctor of philosophy, $345 (dropping to $55 for a third year if needed); master of business administration, $490; master of science in nursing, $465; and master of engineering science, $550.

The current academic salary scale is (minimums): Instructor, $5,500; lecturer, $6,000; assistant professor, $7,000; associate professor, $9,000; professor, $

The last general in tuition fees at Weste 1960-61.

Middlesex Authorizes $35,000 For New Four Counties Hospital

Apr. 15/64

Middlesex County council yesterday approved a $35,000 grant to the Four Counties General Hospital board and recommended that next year's council authorize a similar amount.

Reeve John McNaughton, of Newbury, hospital board chairman, said the board will move "as quickly as possible" with final plans.

Preliminary plans have been approved by the Ontario Hospital Services Commission.

George McCallum, of Glencoe, hospital finance chairman, said it would take four or five months to get provincial approval.

Mr. McNaughton said the $35,000 grant will permit construction of the $720,000 hospital. It will have 45 beds.

A four-man delegation from the hospital board appeared before council and brought them up-to-date on plans for construction and financing.

Building committee chairman Floyd Jones of Newbury said the board has decided to build the hospital on the original Martin site just east of Newbury. On the weekend, the latest information was that the hospital would be built on the McCann site, an alternate site between Wardsville and the original Newbury site.

Mr. Jones said Elgin County turned the McCann site down and would not contribute to financing. Elgin would not contribute to the original Newbury site either.

He said the hospital's board of management found that it could obtain larger financial commitments from the municipalities concerned if the hospital was built at Newbury rather than the McCann site or a site at Wardsville known as the Archer site.

Mr. McCallum reviewed the latest financing proposals. He said total cost in 1962 was estimated at $617,000.

Increased costs, plus additional furnishings, landscaping and working capital has pushed the estimated cost to $720,000.

A second provincial grant of $88,000 plus an original government grant of $259,000 is now available. Also, the board could obtain a government loan of $5,000 per bed which was approved for all new hospitals by recent provincial legislation.

Mr. McCallum said municipal commitments and government grants and loans that are available would give the hospital board $735,000 or a credit balance of $15,000. The figure does not include Elgin County participation.

Financing would be available through the following sources: Government grants, $347,000; government loans, $200,000; Middlesex, $70,000; Kent, $40,000; Euphemia Township, $11,000; Glencoe, $10,000; Moss ... ship, $20,000; Newbury, $... Zone Township, $6,000; ... well, $6,000; Orford To... $3,000; Ekfrid and M... combined, $2,000; for a ... $735,000.



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34 UWO Students Win Research Council Scholarships

Thirty-four University of Western Ontario graduates or graduates of other universities who will work at Western have received scholarships and bursaries from the National Research Council.

They are among winners of 971 scholarships awarded by the council. The scholarships have a value of $2,357,400. They cover the 1964-65 academic year.

The largest awards were overseas post-doctoral fellowships won by Tony Durst of RR 3, Vanessa, who will work at Munich in organic chemistry; F. J. Morgan, of London, who will study physics at Abingdon, England; G. E. Thompson, of London, who will study phsyiology at the Royal Free Hospital in London, England; and H. E. Turner, of London, who will study meteorological physics in Australia.

The post-doctoral fellowships are valued at $3,500 a year for a single person or $4,500 for married students.

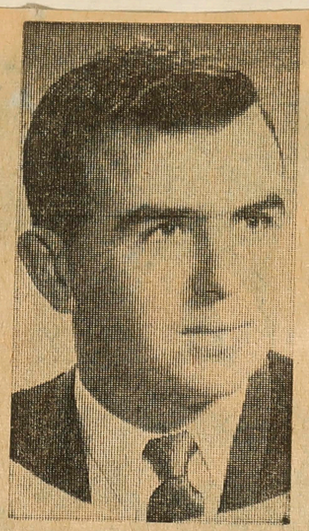
Winners of $2,400 scholarships and studentship renewals from UWO are: D. J. S. Barr, of London; J. J. Dugan, of Welland; Miss M. C. Fallona, of London; T. R. Hollands, of London, A. T. McGregor, of London; A. K. McQuillan, of London; D. M. Ogilvie, of North Head, N. B.; and D. J. Poulton, of Moose Jaw, Sask. Most of the winners will continue their studies at Western.

R. J. F. Smith, now at the University of British Columbia, was awarded a studentship to study at the University of Western Ontario.

New scholarships and studentships were awarded to: D. J. Aberhart, of Goderich; R. J. Hosking, of Australia; Michel Kraidy, of Lebanon; Mrs. F. A. McElroy, of London; Hugh Rance, of London; S. D. Scott, of London; D. S. Sheppard, of Chapleau; and R. E. Williams, of St. Thomas.

Graduating UWO students who receive bursaries valued at $2,000 are: M. D. Bender, of Hensall; R. C. Dynes, of London; L. M. Haddad, of London; W. H. Henneker, of Chatham; Miss Maaike Hoeksma, of RR 5, Watford; C. H. Jackson, of RR 3, Ilderton; and J. W. Kavelaars, P. B. Marriage, F. W. Tucker, and C. H Warren, all of London.

A special $2,000 bursary in psychology was awarded to P E. J. Gamlin, RR 2, Ridgetown, to work at UWO.



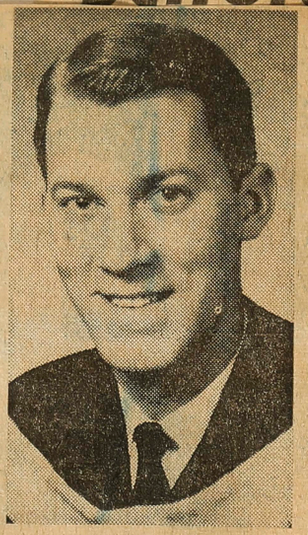
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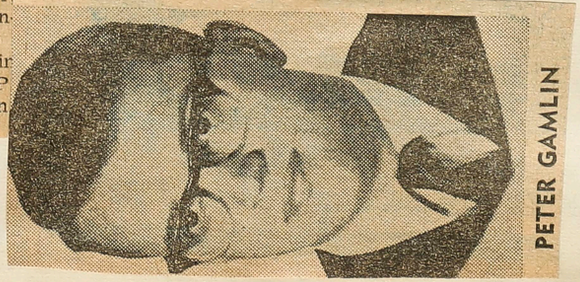
L. M. HADDAD



S. D. SCOTT



A. T. McGREGOR



PETER GAMLIN



PAUL MARRIAGE



R. C. DYNES



FRANK TUCKER



an Daffodil Tea

Dpt. 7/64

ne artistic furnishing of Corey Galleries, 554 Waterloo Street, will provide e setting tomorrow for the annual Daffodil Tea sponsored by the Women's rvice Committee of the London-Middlesex Unit, Canadian Cancer Society. ans for the tea are completed by Mrs. F. A. Buskard, left, special events nvener, and Dr. Helen M. B. Allison, member of the education committee. ffee will be served in the morning from 10 to 12 and tea in the afternoon m 2 to 4 p.m. The tea is one of many fund-raising projects being spon ed this month by women's service committees throughout Western Ontario support of their programs for cancer patients. Projects include international bake sales and luncheons as well as teas

Non-Smoking Judy Praises Doctors

Dpt. 7/64

MONTREAL (CP)—Judy LaMarsh, Canada's non-smoking minister of health and welfare, said yesterday the medical profession is making praiseworthy efforts to discourage smoking, among both its own members and the public.

Speaking at the annual convention of the College of General Practice of Canada, she termed this a fine example of the profession's "progressive attitude toward preventive medicine in its broadest sense."

Miss LaMarsh gave up cigarettes several months ago. She told a reporter later she thinks it was last June but " I can't remember the exact date."

She also said in the interview nothing happened at last week's federal-provincial conference in Quebec City to make the federal government believe there will be fewer than nine provinces in the Canada pension plan. Quebec was the only one known to want to stay outside.

She said she was amused by a statement of Rene Levesque, Quebec's natural resources minister, that Quebes was the only province that did its homework for the recent federal-provincial conference.

"I read it and laughed," she told reporters.

Quebec had been the only province bringing specific demands to the conference but it was incorrect to suggest the others were unprepared to back up whatever they had to say.

As for Mr. Levesque, she said "he sat there all week and didn't say a word."

In her address she said it is evident throughout the country that the medical profession, especially the general practitioner is increasingly concerned about the harmful effects of smoking.

"As you go from place to place, from hospital to hospital, you find a great many more indications that general practitioners are telling their patients to give up smoking, not only for fear of cancer, but for the sake of their general health.

"And I notice many of you appear to have given up smoking."

Miss LaMarsh said the college can be proud of its efforts to promote research among general practitioners on both the nature of general practice and of its clinical problems.

With the co-operation of the federal health department, the college had recently sponsored a study of medical education and practice in two provinces, Nova Scotia and Ontario. This research project had been a kind of professional self-analysis with few parallels in medical annals anywhere in the world.

riking Belgian Doctors Scrap Emergency Treatment Plan

14/apr. 1964

LS (AP) — Belgium's doctors called off last night emergency treatment maintained since they struck government's socialized medicine plan 13 days ago. is up to the government authorities to take care cy medical situations," Dr. Joseph Farber, spokes- doctors, told a press conference.

tion apparently was in retaliation for the govern- er Sunday conscripting 3,600 of the country's 10,- who hold military reserve commissions. About a third of the reserve doctors have shown up for duty, but a career army doctor said the call-up had helped little.

"I am extremely pessimistic," he said. "The situation is deteriorating. Drafted doctors are showing deliberate ill will."

The government announced earlier yesterday that the strike front had been cracked in the Mechelen area, saying 100 doctors signed an agreement with the local health insurance association.

The doctors' union denied the strike had ended at Me-

Apr. 14/64

eports reaching Brussels late in the day said it the regional agreement was still being negotiated Mechelen's doctors had not resumed normal practice. nouncing an end to the system under which 2,000 ere assigned by the union to handle emergencies in d hospitals, Farber was asked what would be done hild needing urgent care.

the government," he replied. "It has ceased to be blem."

But a striking pediatrician told a reporter: "I am striking, but I am not going to leave any child unattended, strike or not."

The doctors struck April 1, charging new government medical care laws would lower fees and violate the confidential relationship between doctor and patients. The government denied the latter charge. Negotiations between doctors and the government broke off Sunday and neither side has made a gesture to reopen them.

66,150 Given London Cancer Work

Apr. 17/64

nts totalling $66,150 have awarded by the Ontario r Treatment and Research dation to the foundations n clinic and the Univer- f Western Ontario faculty edicine, it was announced rday.

rty-five grants totalling 13 to Ontario hospitals, utes and universities were unced by Rhys M. Sale, rman of the foundation. than half of the total to Toronto.

Of the grants to London, $45,000 is for work at the clinic. All recipients are members of UWO.

London recipients: Dr. F. C. Heagy, treatment and diagnosis with radioactive isotopes; Dr. W. R. Inch and Dr. John A. McCredie, factors influencing radiosensitivity of animal tumors; Dr. J. C. F. MacDonald and Dr. D. H., Thomson, investigation into the feasibility of a beta particle irradiator for treatment of superficial malignant and non-malignant lesions of the skin (a continued grant); Dr. J. C. F. MacDonald, Dr. F. C. Heagy and Dr. P. M. Pfalzner, ultrasonic echography as an aid in cancer diagnosis; Dr. P. M. Pfalzner and Dr. J. C. F. MacDonald, improvements in recording treatment factors in radio therapy; Dr. J. H. Walters, psychological investigation of the hormonal status in cancer of the female.

The UWO recipients, in department of medical research, are: Dr. E. R. Plunkett and Dr. K. K. Carroll, clinical and laboratory study of tumors influenced by variation in hormonal environment; and Dr. E. R. Plunkett, investigation of endocrine aspects of cancer.

The foundation also is supporting two research fellows at the London clinic, both worth $14,000. The two are Dr. Plunkett and Dr. McCredie.

Professor Claims Sterilization Legal

Apr. 16/64

KINGSTON (CP) — A Queen's University law professor said Tuesday that sterilization to prevent procreation is within Canadian law.

Speaking at a public forum on contraception, birth control and the population explosion, Stewart Ryan said:

"I don't think it's illegal for a surgeon to perform such an operation and I think it's perfectly legal for a person to submit to voluntary sterilization for the purpose of prevention of procreation.

He said he does not believe it is necessary for one marriage partner to have the consent of the other prior to any such operation. But anyone wanting an operation might have trouble finding a surgeon to perform it and a hospital in which to have it done.

Archdeacon E. R. Bagley c Toronto East said neither th Bible nor human experienc support the view that procrea tion is the prime reason fo marriage.

Equally deep - rooted in Genesis is the need of man and woman to fulfill themselves, he said. This concept, recognized by the Anglican Church since 1958, creates a "new problem of conscientious choice."

"Couples who postpone children until they can afford them, or have gained certain possessions, must make a rigid examination of their consciences," he said.

"Those who create children indiscriminately are also in the same position."

Operations for sterilization now are performed for therapeutic reasons if there is a danger to the mother's health through pregnancy, Mr. Ryan said. There has never been a test case on sterilization to prevent procreation.

Another speaker at the Queen's University forum,

Find Last-Born Child in Family More Likely to Become Alcoholic

Apr. 16/64

TORONTO (CP) — The last-born child is more likely to become an alcoholic than the first-born, according to the Alcoholism and Drug Addiction Research Foundation.

The Ontario government agency says a psychological study, concerned with birth order in relation to the development of alcoholism, has established that "last-borns" were over-represented among alcoholics of both sexes.

H. David Archibald, chairman of the foundation, says in its annual report tabled in the legislature the foundation now wants to find out whether the same holds true for excessive smokers, eaters and drug addicts,

Last-borns apparently are more susceptible to addictions because of "early parental deprivation" — meaning that their parents were older at the time of their birth.

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New Talks Indicated By Doctors

apr. 16/64

BRUSSELS — Dr. Xavier Fontaine, a spokesman for Belgian doctors, told a press conference yesterday that new contacts had been established between the union and political circles in an attempt to settle the doctors' strike, now 15 days old.

Fontaine refused to elaborate on this statement.

Another doctors' union spokesman, Dr. Joseph Farber said: "There is little difference left between the government position and ours. Furthermore, for us the negotiations have never been broken but merely suspended. Technically we are still talking with the government. We were not the ones to leave the conference room first last Sunday."

Other events quickly confirmed that progress was being made toward a resumption of negotiations with the government.

Social Christian representative Paul Meyers met with three leaders of the doctors' union yesterday afternoon and later told reporters: "Nothing should be neglected to help the negotiations to resume."

Premier Theo Lefevre met the rectors of the four Belgian universities, who might act as mediators.

With hints here and there, it seemed that some form of negotiations for a settlement of the strike might open toward the end of the week.

Meanwhile Brussels lawyers gave powerful backing to the 12,000 striking doctors and de[illegible] of whom face [illegible]ction from the [illegible]t.

The governing council of the Brussels Lawyers' Association said it recognized that the fight of the Belgian doctors is in defence of "essential principles."

Crippled Children Centre Closed by Diphtheria

apr. 17/64

TORONTO (CP) — The Ontario Crippled Children's Centre here was closed to visitors and new patients last fall and again this spring — for a total of 11 weeks—because of the discovery of diphtheria carriers among the patients, it was reported yesterday.

The centre, which treats children from all over Ontario, was closed to visitors and additional patients from early October to Dec. 2 last year and for three weeks in March.

The closure followed the discovery of seven child carriers at the centre in the fall and six in March. They were isolated, treated and sent home apparently free of the organism.

Carriers do not have the disease, but they may transmit it to others.

Medical director Dr. Ian Davidson said the centre "did not fear a diptheria outbreak in the hospital, but we were worried about somebody coming in contact with it and carrying it to others."

A Guelph boy may have started the chain infection both times. He is now under close check at home. The other carriers included children from Peterborough, Fort William, Kenora and Smiths Falls. The youngest was three, the oldest 15.

The centre is planning special measures to guard against further incidents.

Epidemics Said Peril in Belgium

apr. 17/64

BRUSSELS (Reuters)—Children in some hospitals face the danger of epidemic in the strike by most of Belgium's 10,000 doctors, the Belgian National Federation of Medical Unions said yesterday.

A statement issued by the doctors' group said Belgians might have to "pay . . . with their lives" unless the strike, which began April 1, is settled soon.

Later, a spokesman for the federation said "important moves" were under way to settle the strike. He said he hopes to have news in 24 or 48 hours.

The statement issued by the federation scored the senseless obstinancy" of Belgian authorities in refusing to come to terms with the doctors.

It said that in present circumstances it is impossible to isolate persons with contagious diseases from those with non - contagious dieases in many Belgian hospitals, and warned the prevention of epidemics could no longer be guaranteed.

The statement said children with influenza were lying side by side with children with measles and tonsilitis.

It said "indescribable disorder" reigned in emergency medical services set up by the doctors for the duration of the strike but taken over later by the government.

However, the interior ministry said the emergency services operated by the government since Sunday under a decree which in effect drafted doctors were in general working well.

The doctors went on strike against a new Belgian national health program which, they said, would lower medical standards as well as cut doctors' incomes.

Surgical Instrument Check Developed

apr. 16/64

HAMILTON (CP) — Physicists from McMaster University have demonstrated that hospital instruments can be accounted for before an incision is closed following surgery.

The development follows a year's work by Dr. R. H. Tomlinson, health physicist, David Whiteford, assistant health physicist, and Dr. Joseph Moody, Elliott Lake, physician and surgeon.

Radioactive materials from the McMaster reactor were used last week to "label" surgical instruments during operations at St. Joseph's General Hospital in Elliott Lake, a uranium mining town 80 miles west of Sudbury.

Doctors found they could conduct an accurate and positive check within 10 to 15 seconds before closing the incision.

During last week's operations the slightly-radioactive instruments were tracked with a crystal scintilator, a detection devise more sensitive than a geiger counter.

Dr. Tomlinson said the radioactive instruments could be detected in the patient's body despite the presence of several hundred other radioactive items in the operating room. The detection was found to be quick and non-disruptive to ordinary routine.

The researchers also made surgical sponges radioactive. Normally they carry metal tags which show up in post-operative X-rays. The radioactive material allowed an immediate and quick check before the patient was closed up.

Dr. Tomlinson said hospital equipment could be adapted to the system for about $800.



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Find Surgeon Erred, But Was Not Negligent

Apr. 17/64

By ERIC FINCH
Free Press Staff Reporter

GUELPH — A coroner's jury here yesterday found that a surgeon made two serious surgical errors which led to the death of a Palmerston woman, but decided that the errors, and a surgical clamp left in her stomach, "showed no significant evidence of negligence."

Just before the jury retired, the Crown's expert witness, Dr. A. D. McLachlin, of London, an observer at the three-day hearing, termed the operation a "disaster" and at another point referred to the death of Mrs. Ina Noer on March 7 as an accumulation of errors.

Mrs. Noer, 54, died eight days after undergoing a gall bladder operation performed by Dr. R. K. Graham, of Palmerston.

Discovery of a surgical clamp in the woman's abdomen during an autopsy brought an order for the inquest into her death.

Yesterday the five-man jury, all residents of Palmerston, decided the clamp left in the abdominal cavity indicated lack of care on the part of Dr. Graham, but only during one point in the operation (closure of the incision).

The verdict read:

". . . and that the death was caused by bile peritonitis.

"This bile peritonitis resulted from two significant surgical errors: One, insufficient and inadequate dissection of the operative area, including failing to distinctly identify the cystic duct, the hepatic duct and the common bile duct, and particularly the junction of the cystic duct and the common bile duct; secondly, inadequate closure of the cystic duct.

"There is no significant evidence of negligence in these serious and unfortunate errors.

"The fact that a clamp was left in the abdominal cavity did not contribute to the death, but this error did in our opinion show a lack of care on the part of Dr. Graham at this phase only of the operation."

The jury made no recommendations.

During the three-day hearing pathol[illegible]ts and experts had testifi[illegible]t the common bile duct [illegible] been tied off with ligatures instead of the cystic bile duct, allowing bile to drain freely from the cystic duct into the abdomen where it caused peritonitis (inflammation of the lining of the abdomen).

Bile is a fluid secreted by the liver, which is normally either stored in the gall bladder or flows into the duodenum to aid the digestive process.

Dr. McLachlin, chief of surgery at Victoria Hospital, London, and head of the department of surgery of the University of Western Ontario Medical School, said that proper identification of the duct structures was vital to the success of the operation.

"The whole disaster was started by failure to carry out what we (surgeons) would call a clean dissection of the anatomical structures," he said. "The clamp was a failure in surgical management, but did not contribute to death."

Dr. McLachlin said gall bladder surgery is "common surgery" and its complications are thoroughly understood.

Dr. Graham contended throughout his testimony that the tissues of the area were so swelled that dissection would have caused bleeding that would have obscured the operative area and this would have been dangerous for the patient.

However, Dr. Graham's assistant for the operation, Dr. J. S. Hogg, of Arthur, said he saw no swelling and no bleeding in the operative area and could see no reason why Dr. Graham could not do the dissection needed for proper identification.

Operating room nurses too said they noticed no excessive bleeding.



DR. A. D. McLACHLIN - - - critical of surgeon's Technique

Dr. McLachlin, final witness at the hearing, categorized the operation and care of Mrs. Noer as an accumulation of failures which (Continued on Page 8, Col. 8)

Find Surgeon Erred, But Not Negligent

(Continued From Page One)

would not be expected of a surgeon of Dr. Graham's training and qualifications.

Dr. Graham is a fellow of the Royal College of Surgeons, which calls for years of study and a marked degree of knowledge, said Dr. McLachlin.

Dr. McLachlin emphasized however, that Dr. Graham is not the only surgeon ever to have made an operating error.

It was for the jury to weigh the amount of criticism due Dr. Graham, considering the circumstances and the fact the same error has been made before by more experienced surgeons, he said.

Dr. McLachlin said failure to recognize the onset of peritonitis was one of the multiplicity of failures, committed by the doctor, but again he emphasized that Dr. Graham was "a comparatively young surgeon faced with a difficult and dangerous situation that I am not sure he had faced before.

"He should have known about it, but whether he has seen it I don't know," he said.

Duty nurses at Palmerston General Hospital testified during the trial that Dr. Graham had been advised of bile stains on Mrs. Noer's dressings during the days before she died.

One said that a two-foot area of the bed sheet was stained with bile.

These indications when first noticed, Dr. McLachlin said could probably have been followed by corrective surgery which could have saved Mrs. Noer's life.

Dr. McLachlin said the principle that the duct system must be dissected out for clear identification is vital in gall bladder surgery. He cited Dr. Graham's own testimony that he had considered such dissection to have been too hazardous when he performed the operation.

Referring to the ligatures, which earlier testimony revealed had been tied around the common bile duct instead of the cystic duct, Dr. McLachlin noted that the amount of suture material, the number of stitches taken, and the amount of tissue enclosed in the ties "were not in the principles of good surgery."

"In looking at the area, this is not the type of technical work one would expect from a surgeon of Dr. Graham's training and experience. This is not good technical surgery."

In precise, professional fashion, Dr. McLachlin diagrammed the Y-shaped duct area to explain the reasoning behind the principle of dissection of the area.

"Before committing himself, the surgeon must have seen the cystic duct and the common bile duct above and below it," he said.

"These are principles that should not lightly be cast aside. These are the things that make gall bladder surgery safe. They should be persisted in with great care and caution in getting them all done."

Dr. McLachlin noted there are two methods of removing a gall bladder: First by identifying the duct area and cutting the cystic duct, then removing the bladder; secondly, by removing the gall bladder from the top down, following closely along its walls until the junction of the cystic duct and the common bile duct can be clearly identified.

In either case, he said, the duct area must be clearly seen.

Dr. Graham would make no comment on the inquest following the hearing.

Dr. H. B. Cotnam, Ontario's supervising coroner who conducted the hearing, commended members of the jury for their attentiveness and serious approach to a difficult case.

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Dr. George Sumner City Pediatrician Dies

Apr. 20/64

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Dr. Sumner, who lived at 357 Tecumseh Ave., practised here since 1936. His office was located at 289 Dufferin Ave. He specialized in pediatrics.

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Service will be held tomorrow at St. James Westminster Anglican Church at 11 a.m. Rev. Canon H. E. Merifield, of St James Westminster assisted by Rev. Terence J. Finlay, DD, of St. Bartholomew's Church, New York City, will officiate. Burial will be in Woodland Cemetery.



DR. GEORGE SUMNER
- - - dead at 55

Belgian Doctors Accept Strike Settlement Propose

Apr. 18/64

BRUSSELS (Reuters) — Agreement to end the Belgian doctors strike was officially announced early today.

Justic Minister Pierre Vermeylen said the agreement to call off the stoppage took effect immediately.

He added that no understanding was reached concerning the conflicting points of view on the new social medicine legislation which sparked the walkout.

The settlement came after hours of negotiations last night between representatives of the doctors and mediators, who had earlier presented new government proposals aimed at ending the crisis.

Shortly before news of the settlement, right-wing anti-government demonstrators clashed here with socialist and communist youths over the stoppage.

Police broke up the demonstration, in which two people were slightly injured.

At 12:20 a.m. today, Msgr. Deschamps, rector of Louvain University helping to mediate in the strike, announced: "The strike will be called off in one hour's time."

Belgium's 12,000 doctors and dentists struck April 1 over the government's controversial new health insurance law.

The government reacted by drafting doctors who were on the military reserve.

Two doctors and pital technician were ed yesterday after tions of sabotage in sels clinic Thursday

Police sources said the doctors had admi ting out of order the stallations at the clini by another doctor and nician.

Police said the in the clinic — the Edith Institute — began afte tient died. The clin staffed partly by doct bilized by the governm Sunday.

Establish Department Of University Affairs

Apr. 23/64

By Staff Writer

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The department of university affairs is to come under William Davis, minister of education.

Reports say the new deputy minister will be Jack McCarthy, at present on the staff of the department of education.

Creation of the department has long been heralded in government circles.

The Premier also introduced a measure establishing the Ontario Universities Capital Aid Corporation, a companion piece of legislation.

The Premier said the need for such a branch resulted from the complexities of university education, emphasized by the rapid growth in enrolment and the establishment of more centres of higher learning.

He said over the last four years total provincial grants to universities have risen from $29,000,000 to more than $100,000,000.

"It is not the intention of the government to interfere with the traditional areas of academic freedom enjoyed by the university," the Premier explained.

"The big task of the new department will be to help guide the universities in the financing of construction or addition to existing institutions."

Medical Image Tarnished Once More

Apr. 21/64

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There are many parallels with the bitter situation that existed in Saskatchewan two years ago, the familiar arguments that patient-physician relationship would be destroyed, that doctors were not sufficiently consulted before Belgium's health insurance law was passed last December, and that medical standards would suffer.

Saskatchewan's plan is working now because all parties have come to accept it, if not gracefully. Whether the Belgian strike could have been ended this quickly had the government not recall-

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Clashes between free enterprisers, whether in business or the professions, and socialist governments are inevitable. When strikes occur, it is the public that suffers while it ponders, in this instance, how many physicians pay more than lip service to their Hippocratic Oath. Rightly or wrongly, we do not expect doctors to withhold services on which the health and life of the community depend.

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LONDON, CANADA

1878 1964

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requests the honour of your presence
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Laying of the Cornerstone of the
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on Friday 17th April, 1964 at 2:00 p.m.

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	A. P. Mahoney Seminary and College of Christ the King
Introduction of Col. D.B. Weldon	Dr. G. E. Hall President University of Western Ontario
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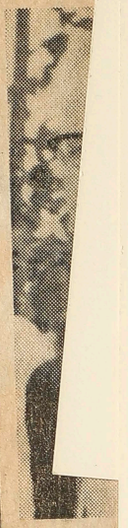
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Linda and Judith, both at home;
two brothers, Charles E., and
Osbert W., both of London.

Service will be held tomorrow
at St. James Westminster An-
glican Church at 11 a.m. Rev.
Canon H. E. Merifield, of St
James Westminster assisted by
Rev. Terence J. Finlay, DD, of
St. Bartholomew's Church, New
York City, will officiate. Burial
will be in Woodland Cemetery.



DR. GEO
- - - dead at 55

Establish Department Of University Affairs

Apr. 23/64

By Staff Writer

TORONTO — A bill setting up a branch of government to deal solely with Ontario universities was introduced yesterday in the legislature by Premier John Robarts.

The department of university affairs is to come under William Davis, minister of education.

Reports say the new deputy minister will be Jack McCarthy, at present on the staff of the department of education.

Creation of the department has long been heralded in government circles.

The Premier also introduced a measure establishing the Ontario Universities Capital Aid Corporation, a companion piece of legislation.

The Premier said the need for such a branch resulted from the complexities of university education, emphasized by the rapid growth in enrolment and the establishment of more centres of higher learning.

He said over the last four years total provincial grants to universities have risen from $29,000,000 to more than $100,000,000.

"It is not the intention of the government to interfere with the traditional areas of academic freedom enjoyed by the university," the Premier explained.

"The big task of the new department will be to help guide the universities in the financing of construction or addition to existing institutions."

Medical Image Tarnished Once More

Apr. 21/64

IT APPEARS to be more of an uneasy truce than a settlement of Belgium's 18-day medical strike. As in all such disputes, there will have to be major concessions by both sides, whose spokesmen are getting together under a "moral guarantee" that their differences will be compromised.

There are many parallels with the bitter situation that existed in Saskatchewan two years ago, the familiar arguments that patient-physician relationship would be destroyed, that doctors were not sufficiently consulted before Belgium's health insurance law was passed last December, and that medical standards would suffer.

Saskatchewan's plan is working now because all parties have come to accept it, if not gracefully. Whether the Belgian strike could have been ended this quickly had the government not recall-

the crisis.

ed doctors for military service is doubtful.

Belgium's is a very complex situation, with the medical profession loosely organized until the present crisis, and with a socialistically-minded government determined to force upon the profession a law which, among other things, will put an end to widespread income tax evasion on the part of doctors.

Clashes between free enterprisers, whether in business or the professions, and socialist governments are inevitable. When strikes occur, it is the public that suffers while it ponders, in this instance, how many physicians pay more than lip service to their Hippocratic Oath. Rightly or wrongly, we do not expect doctors to withhold services on which the health and life of the community depend.

the military reserve.

THE UNIVERSITY OF WESTERN ONTARIO
LONDON, CANADA

CEREMONY

LAYING OF THE CORNERSTONE

MEDICAL SCIENCES BUILDING

17 APRIL 1964 - 2:00 P.M.

PROGRAMME

Prayer of Invocation	Right Rev. A. P. Mahoney Rector St. Peter's Seminary and College of Christ the King
Introduction of Col. D.B. Weldon	Dr. G. E. Hall President University of Western Ontario
Laying of the Cornerstone	Colonel Douglas B. Weldon Chairman The Board of Governors
Benediction	The Reverend J.G. Morden Principal Huron College

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CORNERSTONE PLACED—Col. D. B. Weldon, left, chairman of the board of governors lays the cornerstone for the new Medical Science Building at the University of Western Ontario yesterday. Assisting in the ceremony were Rt. Rev. A. P. Mahoney, Rector St. Peters Seminary; Dr. G. E. Hall, president UWO, Rev. J. G. Morden, principal Huron College.

Apr 18/64

Medical Science Building Stone Placed by Chairman of UWO Board

A cornerstone containing medical instruments and other items relating to the history of the University of Western Ontario faculty of medicine was placed in the medical school building now under construction on the university campus yesterday.

About 200 spectators attended the short ceremony.

Col. D. B. Weldon, chairman of the university board of governors, trowelled the symbolic dash of mortar marking the laying of the stone.

"It would be hard to imagine any structure on a university campus more directly vital to the whole community than one such as this," Col. Weldon said.

"It will be devoted to the training of young men and women whose minds will carry on the struggle for the conquest of disease, whose hands will bless and heal, whose hearts will know both rapture and despair from the searching, vital decisions involving the very lives of their fellow beings."

Col. Weldon noted that when the building is occupied the university will have students in the medical sciences, the natural sciences, the humanities, the social sciences, and engineering within a few hundred yards of each other on one campus for the first time in the university's history.

"This will be a wonderful achievement — the medical student or the medical researcher will be able to communicate easily with the biologist, the chemist, the psychologist and others," Col. Weldon said. "This is an essential requirement in the university of today and . . . this will be a great accomplishment in the history of the university."

Dr. G. E. Hall, president of the university and a former dean of the medical school welcomed the audience of retired and active medical school staff, medical students, representatives of other faculties and the affiliated colleges of the university.

He particularly welcomed Dr. Edward Spence, of London, gold medallist of the medical school class of 1904; his son, Dr. J. H. Spence, also of London; and his grandson, Jay Spence, of London, now a pre-medical student who can expect to graduate in 1968.

Rt. Rev. A. P. Mahoney, rector of St. Peter's Seminary and the College of Christ the King gave the prayer of invocation. Rev. J. G. Morden, principal of Huron College, pronounced the benediction.

Among the items contained in the cornerstone box were: A picture of the old medical school at the corner of York and Waterloo streets, used from 1882 to 1921, and a picture of the present school on South Street; the names of the 2,432 doctors who have graduated from the medical school since its founding in 1881 and the names of staff members and students of the present faculty of medicine; and a stamp collection donated by William Byles, a senior technician at the school since 1928, covering the period of the school's history.

Also included were an opthalmoscope which belonged to the late Dr. G. C. Hale, who was professor and head of the department of medicine from 1925 to 1944, and other medical instruments.

The new medical school is expected to be in operation by September of next year.

1878 1964

The Board of Governors

of

The University of Western Ontario

requests the honour of your presence

at the Ceremony

of the

Laying of the Cornerstone of the

Medical Sciences Building

on Friday 17th April, 1964 at 2:00 p.m.

Two Pathologists Dispute Testimony of Surgeon

(Continued From Page One)

hree minutes?" asked Mr. Hoolihan.

"It could have been three or four seconds," Dr. Hogg replied.

Dr. Hogg also said he could see no swelling or bleeding in the area of the ducts, the reason given earlier by Dr. Graham for not dissecting out the ducts to make positive identification.

Dr. Hogg, who said he has assisted about 15 surgeons in 80 to 85 gall bladder operations, said he was not aware of any reason why Dr. Graham could not have cut the tissues surrounding the duct system.

Dr. John Williams, of Harriston, who administered anaesthetic for the operation, said there could have been no excessive bleeding for there was no blood pressure drop during the operation.

Asked if he had noticed bile in the operative area, Dr Hogg said he saw a little bile in the bottom of the wound just before Dr. Graham closed the incision.

Mr. Hoolihan asked if Dr. Hogg felt that the surgeon had the sole responsibility in the operation.

"I never thought too much about it," Dr. Hogg replied, "but after the patient passed away I sincerely hoped so."

Mrs. Dorothy Webber, nurse in charge of the operating room the day of the operation, said she was not asked for additional sponges and clamps as she would have been if there had been excessive bleeding.

No count of instruments was made after the operation, she said.

"Was it ever made at Palmerston Hospital?", Mr. Hoolihan asked.

"It is now," she replied.

Mrs. Margaret Murphy, one of a succession of Palmerston General Hospital nurses called to testify on post-operative care of Mrs. Noer, said that on March 4 she noticed a "profuse" drainage of bile on the woman's dressings. The bile had stained an area about two feet in diameter on the bed sheet, she said.

Dr. A. D. McLachlin, chief of surgery at Victoria Hospital, London, and head of the department of surgery of the University of Western Ontario medical school, who has been observing the inquest as an expert witness.

Mrs. Marjorie Faulkner, sister of Mrs. Noer, said Dr. Graham told her on March 5 that her sister had "taken a spell in the night or in the early morning."

"I asked what it was and he attributed it to her heart," she said.

Earlier a Guelph specialist in internal medicine, Dr. Andrew MacRae, said he was called as a consultant on the case by Dr. Graham on March 5.

Dr. MacRae said Mrs. Noer appeared to be dying when he saw her at 10:30 p.m. March 5. He said he felt there was some underlying inflammation of the abdominal cavity, but couldn't be sure what it was.

He considered the possibility of peritonitis, he said.

Dr. Graham said bile stains had been reported by nurses to be on the woman's dressing shortly after the operation, but he had not believed that any overflow of bile was indicated.

In his final half hour of testimony yesterday, Dr. Graham again insisted that swelling and inflammation in the area of the operation had prevented him from seeing the duct area properly.

He agreed with a comment from a surgical textbook read Mr. Hoolihan that a surgeon "should work by sight and not by touch" in a gall bladder operation.

No one would dispute the desirability of the steps mentioned in the textbook, Dr. Graham said, "but to get the necessary exposure would have been hazardous to the patient."

The inquest likely will close today with testimony of

Scientists Closer to Finding Genetic 'Code' of Life

By ALTON BLAKESEE

CHICAGO (AP)—Scientists yesterday announced a major step toward deciphering the genetic "code" of life itself.

This code determines all your heredity—eye color, sex, even partly your chances for long life — and how all living cells behave.

Man's Morse code can say anything just with dots and dashes. Nature's genetic code is basically simple, too. It uses only four chemical "letters."

But no one knows how nature forms thousands of words or commands with those few letters. A long sentence of these words is a gene.

Now researchers have succeeded in making bits of genetic material. They know, in advance, the sequence of letters in each simple gene.

These bits of "genes" now can be used to make short pieces of protein — the material all life is made of.

By determining what kind of protein is made each time, they could trace back to spell out nature's full code that makes people or animals or plants what they are, and in such tremendous individuality.

Deciphering of the code could lead to possible prevention or correction of some inherited diseases, better control over cancer, or improving animal, plant or even human heredity.

The new step is chemical methods of making the synthetic chains of genetic material, or DNA.

These were described to the Federation of American Societies for Experimental Biology by a team of University of Wisconsin researchers, headed by Dr. H. Godbind Khorana. He's been searching for this key for 10 years.

Khorana, a native of Raipur, India, formerly headed the organic chemistry section of the British Columbia Research Council at the Uni-

Won Strike, Say Belgian Doctors

BRUSSELS (AP) — Belgium's 12,000 physicians and dentists have ended their strike against a socialized medical law with assurances from their leaders that the government of Premier Theo Lefevre has backed down.

The government remained silent on this point, but the strike leaders said they had won a promise that the law would be sharply modified by Lefevre's Socialist - Social Christian government.

"We have won a victory," said one prominent physician. "We have won on most of the points we made to the government."

The strike began 19 days ago. As soon as its end was announced Saturday, Lefevre demobilized the 3,600 reserve army physicians drafted last Sunday to assure medical care.

It was expected to take days or even weeks to get the nation's entire medical machinery back to normal, but efforts were being made to speed the process.

Hundreds of physicians and dentists, who had fled into neighboring countries, began returning.

The strike involved 10,000 physicians and 2,000 dentists.

Lefevre could claim a victory in getting the strikers to call off the walkout. But he still faces problems in gaining a final settlement.

Belgian Coalition Government Split On Action to End Doctors' Strike

apr. 15/64

BRUSSELS (AP) — The Social Christian-Socialist government coalition appeared split yesterday on what to do about the Belgian doctors' strike against a new medical insurance law.

Socialists repeated in political caucuses that the new medical insurance law should be applied with no changes, despite the doctors' protests.

But among Social Christians, the attitude was different.

Antwerp representative Antoon Fimmers asked for a parliamentary committee to prepare amendments to the law.

Senate President Paul Struye, a Social Christian, seemed to put an indirect appeal to the government for a revision of the law when he said:

"Conditions in which the law was presented to Parliament prevented proper debating. The consequence of this is the deplorable and regrettable situation now prevailing. Asked by both the doctors and the government, I am willing to act as a mediator."

Meanwhile, Premier Theo Lefevre, a Social Christian, said "the government has decided to wait and let the situation evolve."

The doctors' representatives remained adamant.

"Even if the Parliament convened to review the government law, it would not be enough to call off the strike," they said in a statement. "We want the authorities to give us guarantees."

They demand that provisions of the law to which the doctors object be deleted from the law or suspended.

The Liberal opposition demanded an immediate meeting of Parliament which still is on an Easter recess.

Politically, the government was stuck. The Socialists were not likely to accept amendments to the medical law and, without the Socialists, the government would be defeated in Parliament.

The government claimed, meanwhile, that the country's medical situation was returning to normal by the mobilization of 3,600 army reserve doctors and the requisition of civilian doctors attached to hospitals.

But the authorities still reported a lack of anesthetists and X-ray specialists in Eastern Belgium.

Light army aircraft were on standby orders to rush specialists where they may be needed.

In the Charleroi area, a request for 10 more doctors to man emergency stations so far had not been answered by the authorities. All children's wards were overcrowded with many cases of measles, normally treated at home.

Pathologists Dispute Surgeon's Testimony

apr. 16/64

April 16/64

By ERIC FINCH
Free Press Staff Reporter

GUELPH — The bile duct system removed from Mrs. Ina Noer, of Palmerston, in an autopsy following her death March 7 was introduced as evidence yesterday at an inquest into the case.

Mrs. Noer, 54, died eight days after undergoing a gall bladder operation conducted by Dr. R. K. Graham, of Palmerston.

The inquest was ordered after the autopsy revealed that a surgical clamp had been left in the woman's abdomen.

Dr. E. L. Barton, Guelph pathologist who conducted the autopsy, returned to the stand to point out an impression he had found in the common bile duct which, he said, probably was left by a gall stone in the duct.

He said he believed a ligature tied around the duct was probably tied over the top part of the stone and the rest of the stone projected below the ligature.

Tuesday Dr. Graham admitted making an error in the operation by tying off the common bile duct instead of the cystic duct.

Dr. Barton had said the fact the cystic duct was not tied off allowed bile to escape into the abdomen, causing peritonitis, and resulting in Mrs. Noer's death.

Dr. Graham contended that despite the error, Mrs. Noer was doing well until two days before her death. He said he believed the stone found by Dr. Barton had come down the duct and blocked the passageway the bile would have taken.

Dr. Barton used the Y-shaped duct system to point out to members of the Wellington County coroner's jury the impression he believed was caused by the stone, and why he felt that it had been tied off in the duct by the ligature at the time of the operation.

Dr. H. B. Cotnam, Ontario's supervising coroner, who is conducting the inquest, explained that the specimen was introduced because photographs did not show the impression referred to by Dr. Barton.

Dr. W. J. Deadman, medical examiner for the attorney general's forensic (crime) laboratory in Toronto and a pathologist for 35 years, said he agreed with Dr. Barton that the stone had been lodged in the duct when the ligature was tied.

A part of the stone was also introduced in evidence. Dr. Barton said it had crumbled when he probed the duct and thus he was not able to say definitely where it had been lodged.

The haemostatic clamp (used to control bleeding) found in Mrs. Noer's abdomen was referred to by Crown Counsel John Hoolihan in his examination of a general practitioner who assisted Dr. Graham at the operation.

Dr. J. S. Hogg, of Arthur, said that Dr. Graham had not made a manual search of the abdominal cavity for clamps following the gall bladder operation.

Dr. Graham also performed a uterine suspension on the woman following the removal of the diseased gall bladder. He testified earlier that he had done the two operations under one anaesthetic because he thought the woman's condition was good enough to withstand both.

Dr. Barton said earlier that the clamp found in Mrs. Noer's abdomen was not the cause of death.

In testimony Tuesday Dr. Graham said he had made a two or three minute search of the abdominal cavity with his hand before closing the incision.

Today Dr. Hogg said Dr. Graham did not make such a search.

"He spread the wound open with his hands for an inspection, then proceeded to close the wound," Dr. Hogg said. The procedure took "about two seconds."

"Could it have taken two or (Continued on Page 8, Col. 7)

Crown counsel John Hoolihan, of Toronto, noted that a stump of the cystic duct was visible at the autopsy. "Surely you should have seen that that was not where the ligatures (ties) were," he said.

"Certainly the ligatures were not where I thought they were," replied Dr. Graham. "I had hoped that they were in the right place, but obviously they were not."

Calm and controlled during his 2½ hours of testimony, Dr. Graham said he felt the ligatures on the common bile duct effectively closed the opening of the cystic duct until March 5, when, he said, he believed the bile duct was plugged by a stone.

Dr. Barton had testified earlier that a stone was found in the bile duct. He said it appeared that the ligature had been tied around the stone.

Asked by Mr. Hoolihan if he had looked or just felt the operative area when sewing up the duct, Dr. Graham said his vision was obscured by swelling and he "misinterpreted what I saw."

Dr. Graham testified he had not known the surgical clamp was left inside the woman's body, although he

happen to you," Dr. Graham replied.

Dr. Barton had said earlier that a two-minute search of the abdomen would have found the clamp.

Dr. Graham said nurses had informed him of bile discharge on Mrs. Noer's dressings, and he had been ". . . alerted but not alarmed."

On March 5, no surgical procedure could have saved Mrs. Noer, he said.

He agreed that Mrs. Noer would have had a 50 per cent chance of recovery if action had been taken earlier, when bile stains were noticed, but "I didn't think it was indicated when she was doing well."

The clamp was found directly beneath the abdominal wall, about two inches away from the gall bladder area.

Dr. Barton said when a gall

Sees Delay in Start Of Medical Insurance

Apr 22/64

It is unlikely that Ontario's proposed medical insurance plan will be ready to start by the beginning of 1965, a member of the plan's examining committee said in London last night.

The committee's report will not be available for consideration at this session of the legislature, Carman Naylor told the Y's Men's Club of London.

Mr. Naylor, a London Life Insurance Company actuary, is a member of the 14-man committee set up by the Ontario government to study a proposed medical insurance plan on a voluntary basis through private insurance. The committee received 59 briefs during its sittings in December and January.

Mr. Naylor said while premium rates have not yet been determined, the cost in Ontario 'might be a little higher" than premiums in a similar plan now in force in Alberta.

The maximum premium rates in Alberta are $5.25 a month for the individual, $10.50 a month for a family of two and $13.25 a month for a family of three or more.

Mr. Naylor said the committee is still trying to decide whether services of practitioners other than doctors should be included in the bill. It is also working on a basis of eligibility and subsidy for those unable to pay for the coverage.

Mr. Naylor stressed that he was speaking as an individual, not as a member of the committee.

Competition among insurance carriers will keep costs "at the lowest possible level," he said, and will mean losses to the carriers, who will be restricted by the maximum premium to be set.

The carriers will have to set up a pool under Medical Carriers Incorporated, with all policies placed in the pool. At the end of each year, the losses will be distributed among the carriers, he said.

The government would not be involved in the pool plan.

All insurance carriers will have to make the coverage available and will be required to sell to anyone regardless of health or economic status, said Mr. Naylor.

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the duodenum. He said he found the common bile duct had been ligatured and sutured in four places, and obviously no bile had been flowing through it. The cystic duct was not tied, he said.

About four pints of bile fluid were found in the abdominal cavity, Dr. Barton told the inquest.

Dr. Barton said the clamp could be seen immediately the abdomen was opened, and agreed that with short careful search of the abdomen during the operation the clamp would easily have been found.

The pathologist said he found on opening the 6½-inch incision of the operation that there were broken sutures. The incision should have been sutured in three

layer, he found that either it had not been completely sutured or several sutures had broken and fallen into the abdominal cavity.

Questioned by Mr. Hoolihan, Dr. Barton agreed that the duct system frequently varies from person to person and that great care must be taken identifying and tieing off the proper duct.

Earlier, Dr. H. F. Farmer, Wellington County coroner, testified that Dr. Graham had sent Mrs. Noer's body to Guelph on the day of her death with an autopsy release. A short history of the woman's illness was sent to him by Dr. Graham, he said.

Dr. Farmer read to the inquest Dr. Graham's resume of the woman's progress. It showed that Mrs. Noer on March 5 suffered a sudden acute dilation of the stomach, severe shock and blood pressure loss.

Mrs. Noer was treated with blood pressure sustaining drugs and appeared to recover slightly, then died suddenly March 7, the report said.

Dr. Graham named the cause of death as shock and gastric dilation.

Earlier, Mrs. Jean Hunt, relief head nurse at Palmerston General Hospital, and Jack Miller, Palmerston funeral director, testified to the release of Mrs. Noer's body after her death.

Crown Counsel Hoolihan said Mrs. Hunt would be called later with evidence concerning the post-operative care of Mrs. Noer.

Jury members are Ephraim Gray, Kenneth Henderson, George Blyth, Arthur Shantz and Donald Wick.

About 25 witnesses were expected to be called in the inquest, expected to last two more days.

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Death Laid to Surgeon's Error

Jan 15/64

By ERIC FINCH
Free Press Staff Reporter

GUELPH — Dr. R. Kingsley Graham, a Palmerston surgeon, yesterday admitted making an error in surgery, which a Guelph pathologist earlier said had caused the death of Mrs. Ina Noer, 54, of Palmerston.

Dr. Graham gave a Wellington County coroner's jury a step-by-step outline of a gall bladder operation he performed on Mrs. Noer Feb. 28, explaining he had used an unusual method because of swelling and inflamation in the area.

The 28 - year - old surgeon contended the woman was recovering well despite the error and "something dramatic" must have happened inside the body March 5, the day Mrs. Noer suddenly became critically ill.

Dr. E. L. Barton, Guelph pathologist who conducted an autopsy, said the wrong duct had been tied off in Mrs. Noer's body, allowing bile to escape into the abdominal cavity.

Mrs. Noer died March 7. Subsequent investigation showed a surgical clamp had been left inside her body.

However, the six-inch long clamp was not the cause of death, Dr. Barton told the jury.

In his opinion, death was caused by bile peritonitis, due to an open cystic duct, which let bile flow into the abdomen, he said.

The pathologist used diagrams and photographs of the abdominal cavity to show the jury the common bile duct, instead of the cystic duct, had been tied during the operation.

Dr. Graham said he did not dissect out the duct system to make proper identification because of the inflamation. Instead, he tied off what he thought was the cystic duct, then snipped off the gall bladder.

There was no seepage of bile, so he assumed the duct was properly tied off and closed the abdominal cavity, he said.

had spent "two minutes" making the abdominal are hand.

"You made a search?" asked Mr

"Obviously not," Graham.

Dr. Graham s never made instrum after operations. cently most surgeo have felt such a the bounds of imag

(Patricia Morgan a Toronto hospital ber because a surg had been left ins days earlier. Mrs. N occurred less than after completion o into the Toronto

"I suggest that very well it ha from time to Hoolihan said.

"You never



Dr. Robert Kingsley Graham and his wife listen to evidence at Guelph inquest ... death March 7 in Palmerston Hospital of Mrs. Ina Noer, 54. (CP Wire-

Criticizes Duplication Of Research

Apr. 23/64

Duplication of research among Canadian universities came under fire yesterday by Dr. A. D. Misener, director of the Ontario Research Foundation, who predicted the whole structure of research in Canada will fall apart if universities don't soon begin to work together.

"It does not make common sense for every university to turn out the same type of graduate in science and technology," Dr. Misener said during a noon hour address to the Canadian Club of London, at the Hotel London. "It is fine for each university to provide a broad education but at the research level there is a definite need for some organization out of chaos."

Dr. Misener, head of the department of physics at the University of Western Ontario from 1949 to 1960, suggested the formation of an advisory council on research based on the concept behind the treasury board. He said such a council would be non-political in nature and its chairman would report directly to the cabinet.

He said a report on the situation has been recently submitted to Prime Minister Pearson by Dr. C. J. MacKenzie, former head of the National Research Council.

"I don't know what is in this report but I hope it reflects this idea of the formation of an advisory research council."

He said there is no planned, organized thinking behind the channelling of research funds to universities and other research groups in Canada at present.

However, he pointed out that it would do absolutely no good to form an advisory research committee from among government people.

"There are very few, if any, in government today who have any concept of what research is," he charged.

Dr. Misener said lack of adequate organization has resulted in a wide duplication of laboratories and facilities in universities.

"There has to be some sense knocked into boards of governors and university presidents so they realize that not all of them can do everything," he said. He was careful to point out that by organization he did not mean control. Instead he meant for research groups, by careful study, to come to a common meeting ground, share the research responsibilities, and save a great deal of time and money for the good of Canada.

Third Annual Symposium on Mental Retardation

TREATMENT OF MENTAL RETARDATION

Wednesday, April 29th, 1964

2:00 p.m. - 5:00 p.m.

Children's Psychiatric Research Institute,
Sanatorium Road between Oxford Street
and Riverside Drive, London

Sponsored by

THE FACULTY OF MEDICINE
University of Western Ontario

and

THE CHILDREN'S PSYCHIATRIC RESEARCH INSTITUTE
London

ALL PHYSICIANS INVITED

(No registration fee)

Mail Check To Hospital

Apr. 28/64

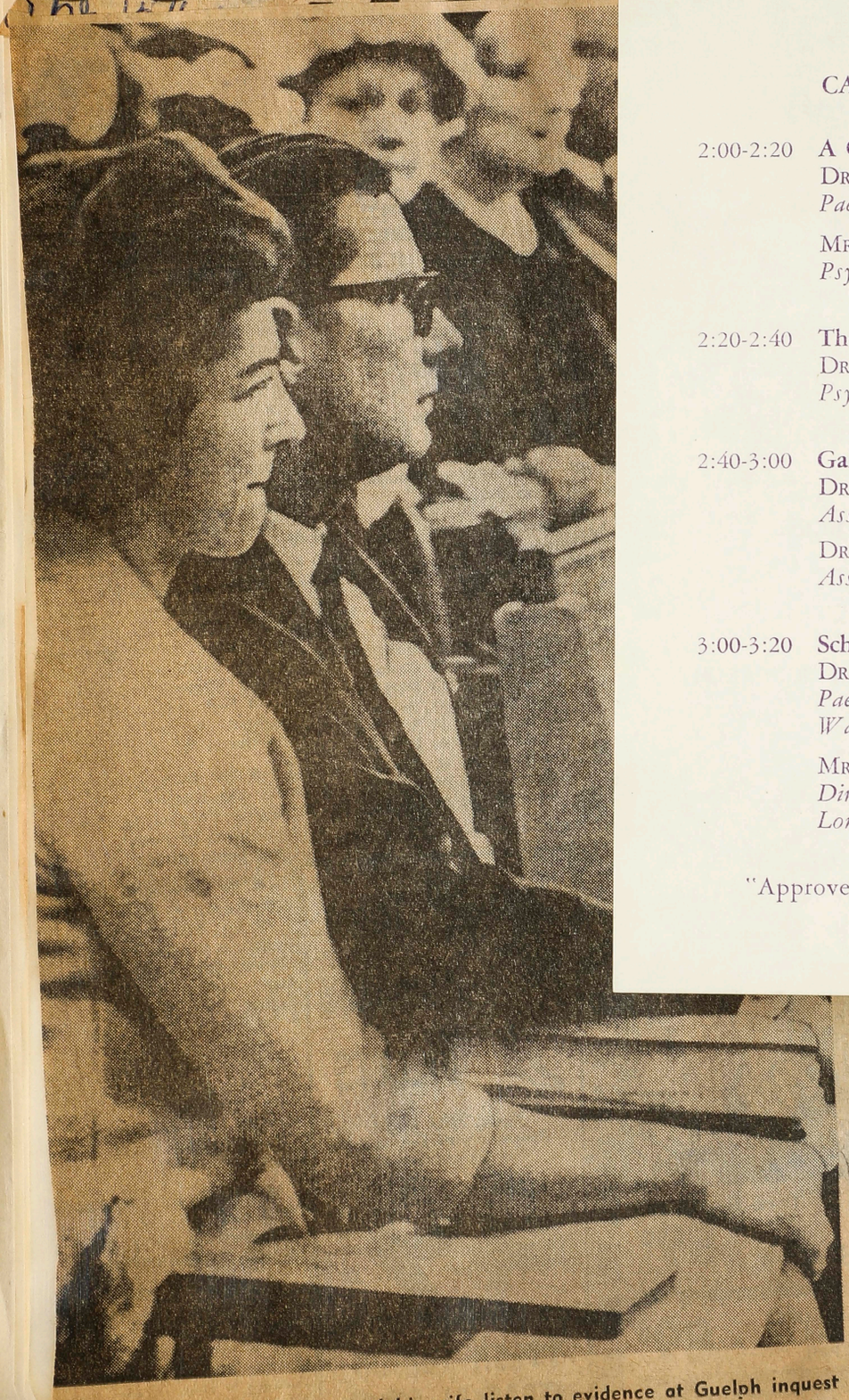
TORONTO — The first of four checks, which will total about $50,000, has been mailed to London's Victoria Hospital by the provincial treasurer.

The check for $10,364 is the first instalment of the government grant on renovations to the nurses' residence, John White, Conservative MPP for London South said.

Hospital officials said the renovation was completed about two months ago. It included increased classroom space, an enlarged cafeteria, locker rooms and washroom facilities.

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Dr. Robert Kingsley Graham and his wife listen to evidence at Guelph inquest ... March 7 in Palmerston Hospital of Mrs. Ina Noer, 54. (CP Wire-

duct, instead of the cystic duct, had been tied during the operation.

Dr. Graham said he did not dissect out the duct system to make proper identification because of the inflamation. Instead, he tied off what he thought was the cystic duct, then snipped off the gall bladder.

There was no seepage of bile, so he assumed the duct was properly tied off and closed the abdominal cavity, he said.

TREATMENT OF ME

Wednesday,

CHILDREN'S PSYCHIAT
LO

Chairman: Dr. J. C. RATH

CASE PRESENTATIONS:

2:00-2:20 **A Case of Retardation to Genius**
Dr. J. Poszonyi,
Paediatrician, C.P.R.I.

Mr. D. Charlton,
Psychologist, C.P.R.I.

2:20-2:40 **The Defective Delinquent**
Dr. B. Goldberg,
Psychiatrist, C.P.R.I.

2:40-3:00 **Galactosaemia**
Dr. G. H. Valentine,
Assoc. Prof. Paediatrics, U.W.O.

Dr. W. C. McMurray,
Assist. Prof. Biochemistry, U.W.O.

3:00-3:20 **School Failure**
Dr. G. G. Hinton,
Paediatric Neurologist,
War Memorial Children's Hospital

Mr. M. W. Chalmers,
Director of Special Education,
London Board of Education

"Approved by the College of General Practice

TREATMENT OF MENTAL RETARDATION

Wednesday, April 29th, 1964

CHILDREN'S PSYCHIATRIC RESEARCH INSTITUTE
LONDON

Chairman: DR. J. GRIFFITHBUN, *Prof. Paediatrics, U.W.O.*

PRESENTATIONS:

3:20-3:30 General Discussion

3:30-3:45 Coffee (Served by the LONDON ASSOCIATION FOR RETARDED CHILDREN)

3:45-3:50 Introduction of the Guest Speaker
DR. D. E. ZARFAS,
Superintendent, C.P.R.I.

3:50-4:50 SPECIAL GUEST LECTURE
Treatment of Metabolic Diseases
DR. G. A. JERVIS,
Director of Research,
Joseph P. Kennedy Jr. Foundation,
Washington, D.C.

(Dr. Jervis's visit is sponsored by the ONTARIO ASSOCIATION FOR RETARDED CHILDREN,
Special Post-Graduate Education Fund)

...College of General Practice of Canada for 3 hours Category 1 study credits"

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Mail Check To Hospital

Apr. 28/64

TORONTO — The first of four checks, which will total about $50,000, has been mailed to London's Victoria Hospital by the provincial treasurer.

The check for $10,364 is the first instalment of the government grant on renovations to the nurses' residence, John White, Conservative MPP for London South said.

Hospital officials said the renovation was completed about two months ago. It included increased classroom space, an enlarged cafeteria, locker rooms and washroom facilities.

UWO Researchers Study Growing Danger of 'Bends'

Apr. 24/64

By ERIC FINCH
Free Press Staff Reporter

Experiments conducted over the past two years at the University of Western Ontario have opened up a pathway of research that may eventually lead to medical treatment for the "bends."

As most persons know, "bends" is the term for decompression sickness — the occupational hazard that continually haunts the diver or pressure worker.

With pressure work on the increase all over the world, decompression sickness naturally has become an important medical problem.

Few people are aware, however, that it is also becoming a major source of what might be termed a "sports injury".

This is the result of the steadily growing popularity of SCUBA diving.

Even the most expert and knowledgeable diver can be afflicted, but over-enthusiastic neophytes who dive too often and too deeply are increasingly being struck by severe attacks of decompression sickness.

And now the UWO research Work has revealed that SCUBA divers who safely reach the surface without bends will almost certainly get them if they then go up in a plane.

While this may seem to be a combination of circumstances not likely to occur frequently, it can and does happen. Worse still is the possibility that persons stricken with decompression sickness might be airlifted from one centre to another where treatment is available.

Dr. Charles Gowdey, head of the UWO department of pharmacology, and Dr. Richard Philp, a graduate student working toward his PhD in pharmacology, warn that airlifting of a person with the bends, even at low level, could be very hazardous.

Simply, the condition results when gases (particularly nitrogen) which are normally in solution in the blood and tissues (more gas also goes into solution when the body is in a pressurized atmosphere) form bubbles as the body goes through decompression. These bubbles may interfere with circulation, cause extreme pain and even death.

To ward off the bends, divers normally come slowly to the surface and pressure workers go through a decompression chamber which gradually accustoms the body to normal pressure again.

The only known treatment for the bends now is to put the sufferer immediately into a recompression chamber where the environmental pressure can be raised to the level at which the individual had been working, or even greater. After recompression the pressure is lowered over a lengthy period of time until the body can again stand normal pressure.

Working with rats in a compression and decompression chamber, Dr. Philp showed that the connection between the dive and the flying was important.

With an "experimental situation" developed, Dr. Gowdey and Dr. Philp began to investigate various factors which might affect a person's susceptibility to the bends, some of which had been suspected by pressure workers for years.

They found:

Incidence and severity of the bends is related to the amount of body fat (in other words, the fatter a person, the more likely he is to develop a severe attack of decompression sickness);

Nitrogen storage in body fat seems to be cumulative and other exposure too soon after the first increases the risk;

A high carbon dioxide content in the compressed gas mixture seems to increase the severity of the bends. This could result either from overexertion or faulty breathing apparatus.

Dr. Philp, who recently won a fellowship in aviation medicine to work in England, expects to follow up this line of experimenting with the hope that a medical treatment for the bends may eventually be tracked down.

Dr. Robert King... ...death March 7 in Palmerston Hospital of Mrs. Ina Noer, 54. (CP Wire

Quebec Wants Biologist To Delay Leuke

Apr. 29/64

QUEBEC (CP) — The Quebec health department is seeking information on an alleged leukemia vaccine developed by a French biochemist and in the meantime plans to ask the biochemist, Gaston Naessens, not to attempt to use it on a 3½-year-old Montreal boy.

"If he does use it, he can be prosecuted by the College of Physicians and Surgeons of Quebec," Dr. Jacques Gelinas, deputy minister of health, said.

He said Mr. Naessens, who arrived in Montreal Monday night, is not a doctor and "obviously" cannot practise under the law.

There was a possibility the drug could be legally administered by a Quebec doctor but Mr. Gelinas said "any doctor would have to be very sure it was good" and probably would have to face the college as a result of his action.

The province would ask Mr. Naessens not to use, or allow, use of the drug until details could be gathered by the external affairs department in Ottawa.

If necessary, the department would study the possibility of banning use of the vaccine until it could be properly assessed.

Dr. Gelinas said the department has not yet got in touch with Mr. Naessens, who told reporters Monday he is "convinced" he can cure the boy.

The French biologist was called to Montreal by restaurateur Rene Guynemer, whose son has been given four months to live.

Mr. Guynemer said the search for a cure has already cost him $3,500 but "money doesn't matter as long as I can save my boy."

Dr. Gelinas said that though leukemia "is generally acute and fatal" in children, there are various types and victims can live for various periods. There were drugs that could postpone death for a year or two.

Among Canadian specialists in treatment of leukemia in children was Dr. Albert Royer of St. Justine's Children's Hospital in Montreal.

Dr. Gelinas said the danger of using an unproved treatment like the Naessens vaccine, even as a desperation measure, was that if the child had "a flurry of well-being," this might falsely be attributed to the treatment.

This would raise "false and cruel hopes" among parents of victims of the disease and it would be difficult to convince them the treatment was really worthless.

Dr. Gelinas said Quebec experts will assess the information gathered by the external affairs department before any tests of the vaccine are carried out here.

"We want to be fair," he said. If experts could prove there was no point in further research, however, none would be done.

The French government last year forbade Mr. Naessens to use the vaccine on a fatally ill child brought to Corsica by his parents. France has been studying the vaccine for several months and most of Quebec's information probably will come from there.

Meanwhile in Ottawa Health Minister Judy LaMarsh told the Commons that her department is following the plans of a French biochemist who wants to produce his claimed leukemia serum in Quebec.

Leon Balcer (PC — Trois Rivieres) asked the health minister whether she planned to order an inquiry. She said the production and sale of drugs comes under her department and developments were being followed.

Doctors Not Acting On Leukemia Issue

Apr. 30/64

MONTREAL (AP) — The Quebec College of Physicians and Surgeons said in a statement yesterday it does not oppose the use of French Biochemist Gaston Naessens' leukemia vaccine, providing "the efectiveness of this product has been recognized by the federal authorities."

Mr. Naessens, who claims his vaccine — called anablast — can cure leukemia, arrived in Montreal earlier this week accompanied by Montreal restaurateur Rene Guynemer, who asked him to use the vaccine on his 3½-year-old son Rene.

Doctors have given the boy four months to live.

"It is up to the federal government, charged with protecting public health, to define which drugs or medicines can be put on the market," the college statement said. "That's the intention of the federal food and drug act.

"The responsibility of the college lies in another domain, that of the practice of medicine. The college, after having granted the right to practise, is then charged with supervision of the manner in which a doctor practises his profession. The doctor does not have the right to use drugs not scientifically recognized. That is, for the moment, the case with anablast . . ."

New Hope for Mental Health

May 1/64

MENTAL Health Week this year should be a means of drawing attention to the remarkable revolution in this field. It is symbolized by the move to drop the sharp distinction between mental and general hospitals and to have both types of patient treated in the same institution. Nothing could more effectively demonstrate how much mental and physical ailments have in common.

Rejection of the old idea that there is something special, carrying a stigma of its own, about mental illness can well be one of the first steps to effective solution of this problem. For it is still a big problem. In spite of the new hopes and new weapons in the struggle against it, mental illness is still a formidable foe.

Another of the more hopeful developments is the institution for post-hospital care. This is demonstrated in London's new White Cross centre. It not only provides opportunities for training for new jobs, but it is a place where people can meet others and break through the terrible isolation long associated with this condition.

Public support is needed because the job is such a big one and personnel and funds are so limited by comparison. With enough support for the various projects, and with individuals making special efforts to help those who suffer from such difficulties, we may eventually find Mental Health Week liquidating itself, or at least becoming part of the general health picture.

Three Special Centres Studying Problems of Thalidomide Babies

Apr. 29/64

By JEAN SHARP

TORONTO (CP) — Though they are no longer in the headlines, Canada's 74 surviving thalidomide victims must go on living. Most of them, now about 18 months to two years old, face a normal life expectancy.

What can be done for the infants, born deformed after their mothers took the drug thalidomide during pregnancy, depends on the degree of deformity.

One of the three special centres set up by the federal and provincial governments to study the problems of these children, and to help them, is in Toronto's Crippled Children's Centre. It is a sprawling modern hospital set well back from a main road near Sunnybrook Hospital for war veterans. Its ramps and electric eye doors are designed to smooth the path of children in wheelchairs and on crutches.

Fourteen of Ontario's 24 thalidomide survivors are being treated there. They are the more severe cases, says Dr. I. W. Davidson, medical director. The others are being treated by family doctors and specialists near their homes.

The children do not live at the centre. They come in for special help, medical and psychological, and are sent home as soon as possible. At the same time, their parents are being taught how to teach and care for them.

"The parents are an excellent group, they are co-operative and have a good understanding," Dr. Davidson says. "But as each child grows older there will be more problems which will have to be met as they appear."

All of the treatment depends on the nature and extent of the deformity of the individual child. Some can be trained to use the deficient limbs they have. If the child's arms are long enough to reach his mouth, he can be taught to eat and to play. Surgical correction can help some so that they can be fitted with conventional artificial limbs. Some of the most difficult and tragic cases may have what is called flippers, misshapen growths, where an arm or a leg should be.

Basic training for any of the children begins with balance. Their bodies are not normally balanced, their deformities prevent many of them from developing muscles and muscular control in the normal thrashing, experimental way most babies do.

When necessary the children are propped in a sitting position at first. The next stage is to improve their sitting balance on a rocking board.

Then they can be put in a canvas seat slung on a frame, similar to an ordinary baby tending chair on wheels, in which they can rock a little and get used to being up.

If necessary, they can begin to learn to stand in the frame, when they are old enough. A child can be propped on small curved skis, like barrel staves. He can teeter, get accustomed to the height he should be, and possibly learn to move forward.

Once they show some balance, some of the children can be given artificial lower limbs. A kind of bucket grips the child's pelvis to attach the legs.

Only if a deficiency is great enough to demand it are artificial limbs used, Dr. Davidson says. The first replacement for an arm or hand will have sponge rubber mitts. When the child is about one, the mitt can be replaced with a hook which allows him to grasp objects, to hold and use them. If he has enough upper arm, a conventional artificial arm can be used.

"Research is being carried out in the use of external power to provide movements in limbs. They are now powered by carbon dioxide. Tiny electric motors do the work, controlled by a valve system operated by the child. German and English children who are older are using them."

All of the work with the children is developing as they grow as part of the program set up by the federal government to look into the problem of thalidomide children and the whole problem of juvenile amputees and limb deficiencies. "This is one of three prosthetic research and training units set up, supported by federal provincial governments," Dr. Davidson says. "We have a program of research and development of prosthetics for juveniles, a training program and sponsor refresher work for prosthetists."

The Toronto centre is in its second year of operation. It is a 105-bed hospital with, currently, about 110 day-care patients. Amputees are treated there along with children afflicted with cerebral palsy, poliomyelitis, children who have orthopedic problems, some with cleft palates. Other treatment centres are at Winnipeg and Montreal.

Birth Control Inquest Planned

May 1/64

HAMILTON (CP) — The suspicions that the possibility that birth control pills played a part in the death of a 23-year-old Hamilton woman will be investigated by an inquest.

Mrs. Shirley Vail died April 24 from pulmonary embolism — a blood clot in her leg that travelled to her heart and lungs.

Dr. H. R. McAllister, the coroner said: "This is not the first case of pulmonary embolism following the use of birth control pills. There haven't been many cases, but we want to investigate."

He said there have been

A date for the inquest has not been set. A decision on when results will be available from the provincial general's laboratory.

Dr. McAllister does not think there can be sure whether pills have caused the death is a suspicion.

The pills, which were refused to women, only be obtained on doctor's prescription and used for family planning as well as birth control.

Says Size of Scars Indicated Nazi Surgeon Worked 'Blind'

Apr. 30/64

LONDON (Reuters) — A London gynecologist told the "Exodus" libel trial yesterday that scars on some of the women Dr. Wladislaw Dering operated on at the Auschwitz concentration camp were of such a size the surgeon must have worked "blind."

Dr. William Wallace Nixon also recited the doctors' Hippocratic oath in suport of his belief it was wrong to carry out certain operations against a patient's will.

The case involves a suit by Dr. Dering against Leon Uris and the British publishers of "Exodus" because of a paragraph in the book alleging Dr. Dering was a "monster" while a prisoner doctor at Auschwitz.

Dr. Nixon said he examined eight Greek-Jewish women who testified Dr. Dering performed sexual operations on them.

The London professor said scars on some of them showed the incision must have been so small it prevented completion of the necessary surgical toilet and that the surgeon performing the operations must have worked "blind."

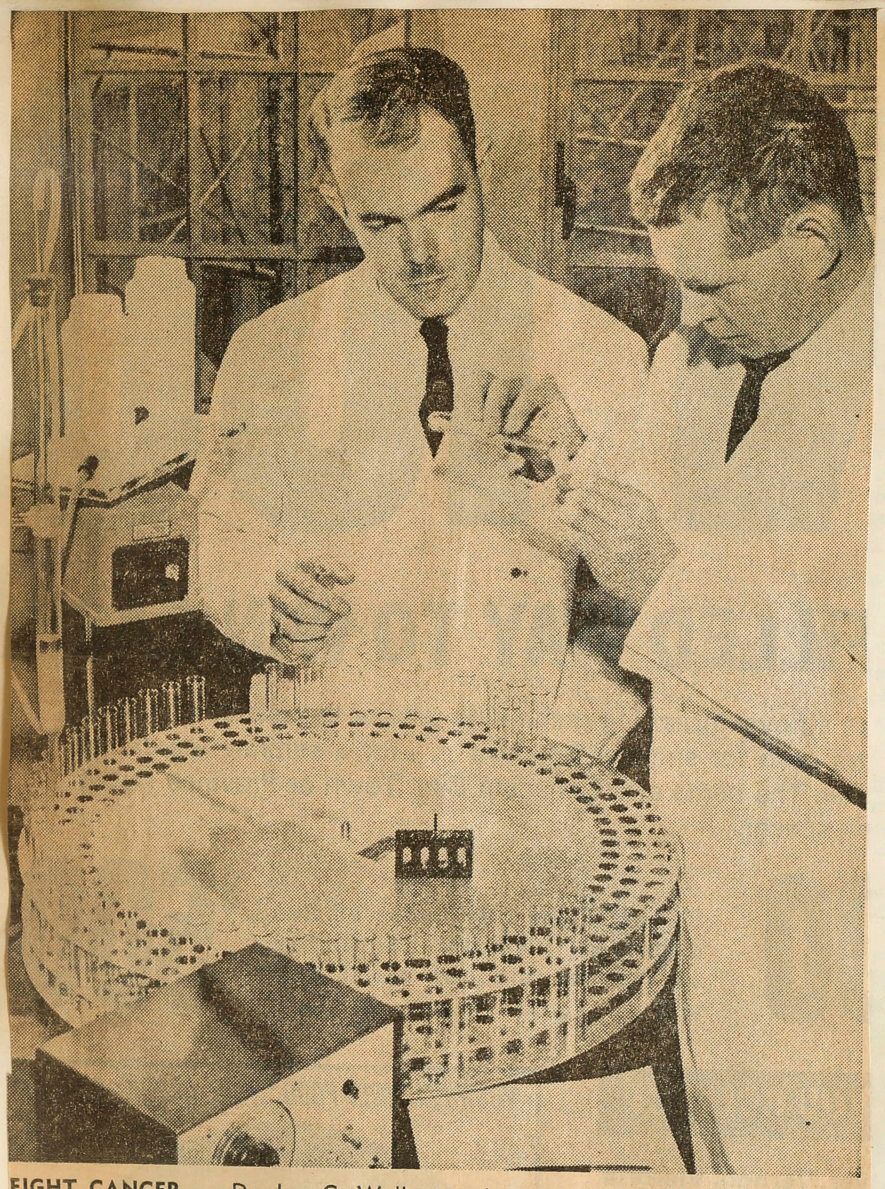
The defence counsel asked Dr. Nixon whether, a surgeon, in spite of risk to himself, would "be justified in carrying out an operation which he knew was not required for any legitimate medical purpose, against the will of the patient."

Dr. Nixon said in his opinion this type of operation was not justified and then recited the following passage from the Hippocratic oath which doctors take on assuming practice:

"I will use treatment to help my patients according to my ability and judgment, but never with a view of injury or wrong doing . . . and I will abstain from abusing the bodies of men and women either free or slave."

The defence had admitted during the trial that the paragraph in question is defamatory but contends it is true in substance and fact subject to certain qualifications.

Dr. ... possibly ... death March 7 in Palmerston Hospital of Mrs. Ina Noel, 54, (C...



FIGHT CANCER — Dr. Ian G. Walker, right, with his student, Brian Reid, at work with fraction collector in Cancer Research Laboratory, University of Western Ontario. Laboratory was built and equipped by the people of Ontario through their gifts to the Canadian Cancer Society.

Apr. 29/64

Relative' of Mustard Gas Enlisted in Cancer Fight

A close relative of mustard gas used with such destructive effects in the First World War is now being linked with DNA molecules in the constructive field of cancer research.

"For the last twenty years, says Dr. W. G. Cosbie, vice-chairman and medical director of the Ontario Cancer Treatment and Research Foundation, Toronto, "the idea of treating cancer with chemicals has been studied in great detail with an unbelievable amount of research being done as a background to these studies."

"The exposure of military and naval personnel to mustard gas in solution during the war," says Dr. Cosbie, "permitted post mortem observations to be made of the destructive effect of this chemical on the lymphatic glandular tissues and bone marrow of the body. It was not long before research scientists began to think in terms of the use of a relative of mustard gas to destroy cancer cells."

Today certain derivatives of nitrogen mustard are being used in the treatment of cancer, with a broad program of clinical research supported in the Princess Margaret Hospital, Toronto, and certain of the Foundation-supported centres in Ontario.

Chemotherapy, or the destruction of cancer by drugs, is used in association with surgery and-or radiotherapy, or where either or both of these are not effective. It is not the only non-surgical method of treating cancer. Today, says Dr. Cosbie, hormone therapy is being used in certain cases. Cases of cancer of the prostate gland in men generally shows a remarkable response when treated with female sex hormones, likewise cancer of the breast may respond to treatment with male sex hormones.

In the case of cancer of the breast the hormone balance of the female may be changed by surgical procedure, and the remission of breast cancer effected in this way.

In contact with Drs. W. Rodger Inch and John A. McCredie in their clinical research in the Foundation Clinic, London, is Dr. Ian G. Walker, at the Cancer Research Laboratory on the campus of the University of Western Ontario. In his fundamental research Dr. Walker is making an experiment in testing nitrogen mustard in combination with another anti-cancer chemical, Fluorodeoxyuridine, known as FUDR.

This chemical has also been used as an anti-cancer drug because it tends to halt the reproduction of cells as soon as they reach a particular stage in their life cycle. At this precise stage in their life cycle the cells appear to congregate together waiting for the barrier to lift.

Researchers have determined nitrogen mustard somehow disrupts the key DNA molecules which carry the reproductive pattern inside the nucleus of cells. Dr. Walker has determined that members of this family of drugs attack most effectively while the cell is busy manufacturing new DNA to enable it to divide and reproduce itself.

Labelling the nitrogen mustard with radioactive tracers and treating free-floating cancer cells in tissue culture, he is able to take cells at various points in their life cycle, break them down, and study at what point of growth and in what part of the cell the radioactive chemical is concentrated.

By administering a combination of FUDR and nitrogen mustard, it may be possible to trap many of the tumour cells just when they are all busy in the vital DNA-manufacturing portion of their cycle. If successfully trapped at this precise time it is hoped the drug will have its maximum effect.

'Scare' Fades, Cigarettes Bounce Back

Apr. 30/64

NEW YORK (AP) — "Most smokers seem to be getting over the cancer scare. After all, most people don't worry about the atom bomb" — a Denver distributor of tobacco products.

"I guess everyone figures he won't be the one to get cancer" — an Atlanta druggist.

"I ask customers about cancer and they say it's for the younger ones to stop smoking. The older generation is a goner anyway" — a Hollywood salesgirl.

Cigarette smoking in the U.S. is still in vogue and these are some of the reasons smokers are giving.

The turnaround, following a cigarette sales slump caused by a U.S. government report linking cigarette smoking to cancer, began last month and continued through April.

The change has caused the price of cigarette company stocks to increase, and brightened the sales outlook for manufacturers, whose revenue lagged in the first quarter of the year.

And the report also has brought new emphasis on charcoal filtered brands. An entirely new approach to cigarette advertising may develop.

Most experts had expected the report would fail to knock out cigarette smoking since past "health scares" have had only temporary effects. But few expected so many smokers to abandon so quickly their intentions to quit or cut down smoking.

A Louisville tobacco retailer, quoting customers, came up with another reason why many regulars resumed smoking so quickly: "We were gaining too much weight."

On Jan. 11, an advisory committee to the surgeon general of the United States branded cigarette smoking as the major cause of lung cancer and a contributing factor to other serious diseases. The committee recommended appropriate remedial action without elaborating.

A U.S.-wide survey by The Associated Press determined that cigarette sales are back to normal or near normal in most major cities.

preceded March 1963. In two other states March was about unchanged.

Reflecting the report, first quarter earnings and sales of the major cigarette manufacturers declined from 1963, ending the continuous upward trend of recent years.

Profits of the five biggest U.S. manufacturers fell 6.4 per cent from a year ago on a sales dip of 4.8 per cent. Individual declines ranged from about 2 to 50 per cent.

The only first quarter increases over 1963 were by R. J. Reynolds, the industry leader (less than one per cent in earnings), and a four per cent rise in sales by Philip Morris, by far the most diversified of the tobacco leaders.

Industry experts considered the decline less than could have been expected in view of the severity of the smoking health report.

Clarence Look, Michigan revenue director, said: "Our guess is that the confirmed smokers are back on cigarettes."

However, Jack Matthews, collector of cigarette taxes in Missouri, said "the youngsters are just not starting to smoke in the numbers they did before the cancer report."

Retail and wholesale sales equalling or approaching pre-Jan. 11 levels were reported in Minneapolis, Detroit, Chicago, Albany, San Francisco, Seattle, Dallas, Los Angeles, Raleigh, Atlanta, Boston, Columbia, S.C., Charlotte and Durham, N.C.

In Kansas City, Philadelphia, New Orleans and Dallas, cigarette volume was estimated at still slightly below former levels.

In Kansas City, Philadelphia, New Orleans and Dallas, cigarette volume was estimated at still slightly below former levels.

Among 18 of the largest states, first quarter cigarette tax revenues fell behind last year in 13, were about unchanged in four and increased (11.6 per cent) in Kentucky. Officials of that tobacco-producing state declined to guess why.

January revenues had been estimated at off six to nine per cent and February off 15 per cent from a year earlier.

First quarter revenues lagged behind 1963 by less than one per cent in South Carolina to an estimated 10 per cent in Pennsylvania and California. The average was down 5.9 per cent.

However, in eight of 13 states where figures were available, March revenues ex-

Three Artificial Valves Inserted In Heart of Canadian Woman, 51

Mar 1/64

VANCOUVER (CP) — A 51-year-old woman has had three plastic valves inserted in her heart in a rare operation, the medical staff at St. Paul's Hospital here said Wednesday night.

A team of eight doctors and two nurses, using a technique developed by Dr. Albert Starr, of Portland, Ore., performed the operation on Mrs. Lillian Barker a week ago.

It took six hours, during which the heart was stopped for an hour and 20 minutes, to insert the valves, which control the vital flow of blood through her body.

Doctors said she is the second woman in the world and the first Canadian to have three artificial valves inserted in her heart.

They said the only other similar operation was performed by Dr. Starr in Portland, but they did not say when or identify the patient.

The medical staff said Dr. Starr developed the technique in Portland a year ago. He used a plastic and metal valve about the size of a golf ball.

The St. Paul's staff took up the development in October and have since inserted valves in the hearts of 11 patients. But Mrs. Barker, wife of a gardener, was the first Canadian to have all three valves replaced.

She sat on the side of her hospital bed Wednesday morning and ate a breakfast. She should be home in a couple of weeks.

Doctors said Mrs. Barker suffered rheumatic fever many years ago. As a result of this ailment the tiny leaflets which permit the flow of blood to the aortic, mitral and tricuspid valves in the heart began to fail. Two years ago she began suffering chronic heart failure and led the existence of an invalid.

The St. Paul's doctors said medical science has long been aware of the kind of valve-action trouble suffered by Mrs. Barker. But even with the advent of open-heart surgery they were unable to duplicate the fine workings of nature — until Dr. Starr's findings.

Here is how doctors described the operation:

The heart is cooled to the point where its stops beating.

The vital mechanics of life are taken over temporarily by a heart-lung machine.

The faulty valves are removed and the plastic valves inserted in their place. Nature takes over to build up tissues around the valves which then become in effect a working part of the human system.

Doctors said Mrs. Barker could expect a return to a normal life but is advised not to do heavy work.

The only reminder of her medical history operation will be a faint ticking from the area of her heart, not at all unlike a normal heart beat.

London Doctor Protests Principle Of Compulsory Tests of Newborn

Apr. 30/64

A London psychiatrist yesterday voiced objection to the principle of New York State's new compulsory testing of all new-born babies for a metabolic disease which leads to mental retardation.

Dr. Donald Zarfas, superintendent of the Children's Psychiatric Research Institute, said that any good medical practice will be followed as a law of medicine, and no legislation is necessary.

He made the statement after attending a press interview with Dr. George Jervis, reasearch director of the Joseph P. Kennedy Jr. Foundation for Mental Retardation, Washington, who spoke on treatment of metabolic causes of retardation at the third annual sypmosium on retardation at the London institute.

Dr. Jervis referred to a law passed in New York State last week, making it compulsory that all babies born in the state be tested for phenylketonuria, a metabolic disease which gradually brings about mental retardation in babies.

Under the law (New York is the only state which has it), the state pays for a special diet to combat the disease. Doctors instruct parents on how to use the diet.

The diet is a synthetic milk called lofenalac, given instead of ordinary milk, Dr. Jervis said. The reason is that ordinary milk contains a substance called phenylalanine, not digested by babies, which when combined with the phenylketonuria (or PKU) condition results in a gradual poisoning of the brain.

The synthetic milk is free in Ontario, Dr. Zarfas said, and is obtained locally from the War Memorial Children's Hospital.

Figures show that one out of 10,000 babies have the disease.

Phenylalanine, the substance in ordinary milk, is an amino acid essential in human nutrition. Since babies require it in limited amounts, the artificial milk supplies it in delicate proportions to those suffering from PKU.

(PKU is the presence of phenylketone, a protein, in the urine. Phenylalanine changes from an amino acid to phenylketone after going through the metabolic process).

Detection and treatment of PKU leads to a saving of millions of dollars, said Dr. Jervis. The baby can grow up to lead a useful life instead of spending it in an institution which, if the person lived to an old age, could cost up to $100,000.

But Dr. Zarfas objected to the principle of legislative law to making the practice binding.

"You have to practise medicine from the point of view that it will be done if it's good practice," he commented. Therefore, it would become a law of medicine, with no legislative laws necessary.

"You cannot legislate what type of treatment a person should have."

Many people believe that if one has a certain symptom [illegible] must have a certain [illegible] "but this is not so," Dr. [illegible] said.

Nursing Conditions Need Urgent Study

May 4/64

JUST where and how changes must be effected in working conditions and pay of Canadian nurses may not be easy to determine, but certainly the situation is crying out for adjustment. It deserves the sympathetic study of hospital boards, medical bodies and the public, working in conjunction with the nurses' own organizations.

The Registered Nurses Association of Ontario at its convention was informed that qualified nurses are leaving Canada at the rate of 1,400 a year, that not nearly enough recruits are being attracted to the profession, and that only 35 per cent stay in nursing within Canada for any length of time, even on a part-time basis.

There may be numerous causes for this, and the solution may not all lie in one or two proposals. But if it continues it will surely undermine all efforts to build up a higher standard and scope of hospitalization and medical care for Canadians.

Said Miss Ruth Le Roux, chairman of the committee for the Advancement of Professional Nurses: "Shortages are so great in some hospitals that a single registered nurse on night duty may be responsible for more than 40 patients."

Grievances also include low salaries, lack of incentive payments for unpopular shifts, absence of accommodation for changing and storage of clothing, thoughtlessness in alloting working hours with no consideration for the personal problems of individual nurses.

Surely most if not all of these conditions could be corrected in every hospital and nursing organization in Ontario if a real effort was made.

The fault may not all lie with the employers of nurses. It is up to all those who have a responsibility in the matter to urgently address themselves to a corrective program.

Dr. Robinson New Director Beck San

May 5/64

Dr. James Beverley Robinson has been appointed medical director of Beck Sanitorium.

Dr. Robinson replaces Dr. Leslie M. Spratt who retired last week after serving as medical director for more than three years.

Dr. Robinson, a native of Toronto, was graduated from the University of Toronto in 1928 and interned at Hamilton General Hospital. He is not related to coroner Dr. J. Bev C. Robinson.

Dr. Robinson came to London and the Beck Sanitorium May 1, 1932, after practising in Shelbourne about a year.

A specialist in internal medicine (tuberculosis), he lectures at the University of Western Ontario to both medical students and public health nurses.

Dr. Spratt has been at the sanitorium since 1927. He served as assistant medical director for 10 years before becoming director Sept. 20, 1961.

He was senior physician of the institution for many years before his appointment as assistant medical director.

Dr. Spratt is a graduate of the University of Toronto and practised for about three years in Burgessville before coming to the sanitorium. He will live in his home town of Caledonia.

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New Treatment Reduces Numbe of Long-Term Mental Patients

Apr. 30/64

By ERIC FINCH
Free Press Staff Reporter

Twenty - eight years ago when Mrs. X, then 30 years old, entered London's Ontario Hospital severely afflicted with schizophrenia, she had little better than a 50 per cent chance of getting out again.

In fact, Mrs. X managed to return to normal life, but only 22 long years after she entered hospital.

Today, if she went into the hospital under the same conditions she would have a good chance of getting out in three months and almost certainly could be discharged within a year.

Mrs. X is one of the most dramatic examples of long-term patients, for years considered incurable, who have been returned to at least reasonably good health and to life outside the hospital.

She came to hospital in 1936, shortly after bearing a child, and for many years was "very, very disturbed," hospital officials said. Throughout much of that time she had been visited by her elder son, and eventually a daughter-in-law, but with little help to the healing process.

Eventually the severe psychosis had "burned itself out" but the patient was sunk in the apathy and disinterest, the usual state of the long-term sufferer.

Then came a new treatment. She began to display an interest in her surroundings. Her family began to take her out, first for a walk around the hospital grounds, then out into the city for a day, a weekend, and finally, weeks at a time.

The family feared her return home at first for her husband was 20 years older than she, and they were afraid she had lost the housekeeping skills needed to care for him.

And so she had, for in 22 years, household appliances, grocery shopping, even public transportation had changed. She had never used a telephone, for in 1936 not every family had one.

But with extensive help of social workers, Mrs. X was able, in 1958, to leave the hospital and care for her invalid husband and her younger son. Her husband has since died and her son married. Unfortunately, the new daughter-in-law could not accept her mother-in-law.

Despite these shocks she was still able to maintain her life outside the hospital and is now employed as a housekeeper.

The success of Mrs. X, and other long-term patients, in leaving the hospital is largely due to the ataraxic drugs which have come into use over the past 10 years.

To the public, these drugs are known as tranquilizers, but to Dr. W. A. Wickware, superintendent of the hospital, the term is a misnomer. He prefers to call them "psychic energizers."

Probably they do tranquilize some areas of the patient's personality, he said, but other areas will be interfered with by directors and stage managers. This practice is to continue until the trial's end.

But drugs and other forms of treatment would not be of great value if it were not for social workers who help recovering patients to re-accustom themselves to the outside world.

Several years of intensive help by social workers went into the rehabilitation of Mrs. X, said Miss Margaret A. Briault, senior social worker.

A helpful family is most important, she said. "If one has an active and interested family, the chance of getting a patient back into the community is greatly enhanced."

To Dr. Wickware, the rehabilitation of long-term patients is dramatic, but even more dramatic is the fact that many who would formerly have become long-term patients now enter and leave hospital in a year. "The discharge rate has tripled over the past 15 years," he said.

For the crowded hospital, this is important. Acceptance and discharge rates are running about even. Likely never again will there be the gradual build-up of long-term patients which caused the aged hospital to be filled to overflowing.

Only with community help and understanding can the problem of mental illness be defeated, says Dr. Wickware. "It's never the illness per se that brings a person to hospital. It is the behavioural symptoms of the illness that cannot be tolerated in the community."

"Community understanding cannot be stressed enough," said Miss Briault. "Not only family, but friends and employers."

To encourage that understanding the hospital observes Mental Health Week, this week by holding public open house at the institution.

Tours will be held Frid from 2 p.m. to 3:30 p.m., a 7 p.m. to 8 p.m.

Registered Nurses Seek Right To Full Collective Bargaining

May 4/64

TORONTO (CP) — The Registered Nurses' Association of Ontario voted Saturday to seek Ontario legislation making the association bargaining agent for Ontario nurses.

The decision was made in a resolution at the third and concluding day of the association's annual meeting.

Only four of 121 voting delegates opposed the resolution, an initial consent giving nurses collective bargaining and compulsory arbitration rights.

After the meeting, Margaret R. Page of Port Arthur, new president of the 32,000-member organization, declined to comment on when the board would act on the resolution.

The resolution proposed that a committee be formed to start the collective bargaining machinery and that the RNAO take action to publicize and eliminate sub-standard working conditions and salaries of nurses.

During the three-day session, attended by some 2,000 members, the association announced that a management consultant firm started a study Friday of the RNAO.

In an interview Ruth Le Roux, CAPN chairman, said her group is pleased that the collective bargaining resolution was was passed.

But she said the CAPN would wait to see some reaction to the resolution and the study before making any conclusions.

Another issue is whether nurses should be paid extra for working unpopular shifts. A resolution was passed asking for a referendum to find out what they want done about the matter.

Before Saturday's resolution was passed a personnel policies report, designed to give a guideline to employers, was approved.

It includes a suggested salary range and a schedule of raises aimed at equalizing pay standards throughout the province.

The range begins at $4,320 a year for a registered nurse and rises to $8,230 for an assistant director.



Overcoming Handicaps

Apr 29/64

A young victim of the drug thalidomide plays with beads on a pegged board at Toronto's Crippled Children's Centre where thalidomide children are being taught to overcome their handicaps. The children, born with deformities after their mothers took the drug during pregnancy, are taught to use their deformed limbs, or, where necessary, artificial limbs. (CP Photo).

COATES — Dr. and Mrs. Rober Coates (nee Elva Young, Reg. N. are happy to announce the birth of their son, Robert Alexander (Robbie) on Friday, April 24, 1964, at Victoria Hospital. A brother for Kelly Anne.

50 YEARS AGO

April 30, 1914

Apr. 30/64

Nine were known dead, others believed killed, in the continued fighting which marked the Colorado coal fields strike. Among those arrested earlier at New York protesting the strike was the novelist Upton Sinclair.

The habit of cigarette smoking among young girls did not prevail to the degree that some people appeared to believe, Dr. R. Bruce Smith said at the anti-cigarette committee hearings in Ottawa. He was opposed to further prohibitory laws. As for tobacco smoking among adults, he thought that it did no more harm than tea drinking among women, Free Press staff correspondent Fred Landon reported.

The new Western University would be located in the north end of the city, according to the best of information furnished The Free Press.

Believe Researchers Can Cut Health Hazards in Smoking

Apr. 28/64

WASHINGTON (AP) — The United States agriculture department's top researcher says there is a good chance that science can decrease the health hazards of smoking.

"But it is going to take intensive work," Dr. B. T. Shaw says, "and I couldn't predict how soon the answer would come."

Shaw, administrator of the department's agricultural research service, made his assessment in testimony before a house of representatives appropriations subcommittee on agriculture last Feb. 25. A transcript of the hearing was released yesterday.

Shaw testified that although the public health service has issued a report that smoking can cause cancer and other diseases, the federal government does not know exactly what elements in tobacco or in the burning of it are the agents of disease.

"We do feel that it is very important then that we . . . do everything in our power to identify and remove the substances that are hazardous," he said.

"Now, when we find out what the problems are, we do have opportunities through breeding of tobacco to change the characteristics of the tobacco."

As an example, he said, researchers can produce tobacco with no nicotine in it or any percentage of nicotine that they desire. He said the same probably could be done with the tars in tobacco.

Dr. G. W. Irving Jr., a deputy administrator, described the isolation of two fatty acids in tobacco.

"We have found that Turkish tobacco, of all those tested, contains substantially greater amounts of these two fatty acids," he said. "We have also demonstrated that by addin these two acids in appropriat amounts to American tobacc we can stimulate the aroma an flavor of Turkish tobacco."

Irving said he could not describe the practical significance of this at present.

In New York U.S. cigarette makers said yesterday they have agreed on an advertising code stating that ads will "not represent that cigarette smoking is essentail to social prominence, distinction, success or sexual attraction."

Banned by the code are testimonials from athletes, celebrities or anyone "who might have special appeal to persons under 21."

The code also ends the distribution of free sample cigarettes to anyone under 21 and promotion of cigarette smoking on school or college campuses.

The companies, represented by the tobacco institute, said an administrator to enforce the code will be named soon. All advertising must be first submitted to him for approval.

The code states that cigarette advertising shall not appear on television and radio programs or in publications that are directed primarily to persons under 21, or in spot announcements during, or immediately before or after such programs.

Doctor Tells Secretaries About Mental Retardation

Apr. 25/64

Interest in the care and treatment of retarded children was sparked by an appeal made by the mother of one of these children in a newspaper advertisement, Dr. S. J. Koegler told members of the London branch of the Ontario Medical Secretaries' Association at their annual meeting in the Nurses' Residence, Victoria Hospital.

Dr. Koegler, clinical director of the Children's Psychiatric Research Institute, spoke on the subject of mental retardation.

The doctor told the group that the ad, which appeared 20 years ago in a New York newspaper, asked mothers of retarded children to get in touch with the writer.

Until this time, such children were poorly cared for and considered a hindrance to the rest of the family, the doctor said.

He explained how the mothers of these children formed a club in New York, to discuss their problems and try to get help for the children.

Dr. Koegler told members he had talked with some of the parents in New York and has his interest aroused.

Describing his work with children, the doctor said: "The children are now being accepted by society and taught to do things to the best of their ability."

He was introduced by Mrs. G. E. Ball and thanked by Mrs. Ernest Williams.

New officers are: President, Miss Wilma Latta; vice-presidents, Miss Helen Kirin, Miss Shirley Jones; secretary, Mrs. Charles S. Fitzgerald; treasurer, Miss Edna Whyte.

Conveners are: Membership, Miss Helen Wisener; publicity, Mrs. J. R. Carlton; historian, Mrs. C. R. Sinclair; program, Mrs. Ball; social, Mrs. L. J. Birch.

Miss Wilma Radford, chairman of the nominating committee, presented the slate and Miss Latta presided for the meeting. Installation will take place at the annual meeting in May.

Gifts were presented to the Cancer Clinic gift cupboard.

Miss Eileen Disher, social convener, served refreshments.

Kidney Disease Foundation Receives Federal Charter

May 1/64

MONTREAL (CP)—The Kidney Disease Foundation of Canada is about ready to go into business.

A. I. Boidman of Montreal, president of the board of directors, said yesterday the foundation has been given a federal charter.

He said the foundation will elect a national board at the annual meeting of the Canadian Urological Association in Vancouver June 30.

Conceived in Decmeber, 1962, the foundation elected an executive of laymen April 1, 1963, to do the preliminary planning leading to incorporation of a national body.

Executive members have been across Canada twice trying to promote the formation of chapters in all 10 provinces.

Mr. Boidman said the foundation's chief aim is "to support research into the incidence, causes, prevention and cures of all kidney and related diseases." It also would promote professional and public education about care and prevention, and the 'human needs of kidney patients".

He said a public appeal for funds may be undertaken next year. So far, the foundation has been operating on private donations.

Kidney diseases cause more than 22 per cent of all deaths in persons under 50. This compared with 115 per cent for cancer and six per cent for heart disease.

Firm Gets Injunction

May 1/64

Jay-Dix Construction Co. has won an interim injunction forbidding picketing of the site at Clarke Sideroad south of Huron Street where the firm is building an industrial mall.

The injunction was granted yesterday afternoon by Judge Ian MacRae.

A group of "mystery" pickets appeared at the site a week ago carrying signs saying, "I am unemployed." Mystery surrounded the picketing because the men were reluctant to identify themselves and they gave no reason for the picketing.

They also declined offers of

ence McLaughlin, identified as business agent for the London local of the bricklayers' union, and Albert Grech, restraining them or persons under their instruction from picketing the site.

J. E. Sexton, of the London law firm Giffen and Pensa, acted for Jay-Dix Construction.

Earlier this week a similar injunction was granted another



ANDRE COUTURE
- - - plans to defend self

May 4/64

Brother Says 'Doctor' Accused as Imposter Worked as Sweeper

May 4/64

HAMILTON (CP) — The Spectator says a man who worked two years in Joseph Brant Hospital as a doctor and who has been accused of being an imposter may have worked as an ambulance attendant and factory sweeper before going to the hospital in adjacent Burlington.

The paper says Paul Couture of Hamilton, said Saturday in an interview the man who identified himself as Dr. Andre Couture is his brother, Adrien.

Paul Couture is quoted as saying Adrien and his wife arrived in Hamilton in 1960, in poor circumstances and unable to pay rent. Paul Couture said his brother worked at Barber Die Casting Company here as a cleaner and was an ambulance attendant in nearby Oakville.

"Then one day he came home with a diploma and said he was a doctor. I was dumbfounded."

The College of Physicians and Surgeons in Toronto has said that the Dr. Andre Couture, 34, who worked as an interne in Brant Hospital was "an imposter."

The only MD of that name in the Canadian Medical Directory graduated from Laval in 1956 and now practices in Chicoutimi, Que.

Paul Couture said the Chicoutimi doctor is a cousin of himself and Adrien.

In Hawkesbury, near Ottawa, the man who worked at the Brant hospital said Friday night of the imposter charge: "It's the first time I've heard about it.

"I don't know what they're talking about. I am going back to Burlington to see what it's all about."

He planned to leave during the weekend."

Dr. D. C. R. Burrows, chief of the Joseph Brant X-ray department, said doctors at the hospital felt sorry for Dr. Couture and felt they should teach him as much as possible so he could pass medical council examinations.

"Dr. Couture did no more at the hospital than would a medical student," he added.

"He wasn't given as much responsibility as other interns have been," Dr. Burrows said. "He was really quite restricted."

Paul Couture said he lost track of his brother for many years and knew nothing of his educational background. He estimated Adrien's age as 35.

When the family separated, Adrien went to live with his father's sister. At that time, he would have seen a lot of his cousin, Andre, said Mr. Couture.

The College of Physicians and Surgeons, which licenses medical men in the province, investigated Dr. Couture, of Burlington, after a complaint had been filed by Dr. H. R. McDonald, of Kilbride. The intern had taken over Dr. McDonald's practice while the physician spent a holiday in Florida.

Dr. McDonald said the hospital sent him a letter while he was in Florida, advising him that Dr. Couture did not have the necessary qualifications.

The doctor said it was at this point that he called on the college to investigate.

are not acceptable by society in

Doctor Urges Emergency Action To Guarantee Ambulance Service

May 5/64

OTTAWA (CP) — The problem of providing ambulance services for victims of Ontario's highway accidents is so critical that emergency measures should be taken without even taking time for a study, the Ontario Chamber of Commerce was told yesterday.

Dr. R. M. Anderson, of Toronto, chairman of the chamber's health and health services committee, said ambulance operators are being forced out of business because they often cannot collect fees for handling highway accidents.

He told the chamber's 52nd annual meeting that the prospects for adequate ambulance service on the highways are remote.

Dr. Anderson called for the establishment of an immediate emergency fund to deal with the problem until a government committee that was set up recently can look into the problem.

Questions of health and health services sparked the most of the controversy during the first policy session of the three-day meeting, ending today.

The delegates turned back a proposal from the Sarnia Chamber of Commerce—put forward with the backing of the Ontario body's board of directors — that coverage under the Ontario Hospital Plan should include a basic charge against patients entering a hospital for treatment.

The recommendation, defeated by a vote and returned to a committee for further study, said such a charge could serve as a "means of discouraging unnecessary visits to hospitals for treatment."

Another part of the recommendation would have asked the chamber to support the action of the Ontario government in increasing hospital plan premiums to help meet climbing costs.

C. E. McVicar, president of the Brantford Board of Trade, said he was amazed that the chamber would be asked to encourage any government to increase fees for anything. Governments were experts in that field and should be left to it.

The delegates hammered through a multitude of other recommendations, many of them restatements of old chamber policies.

nancing current operations on a year-to-year basis.

The meeting agreed there should be more attention paid to consumer demands in marketing agricultural goods and said government controls over agriculture should be kept to a minimum, including the marketing area.

A major proposal returned to a committee for further study was Windsor's recommendation that Ontario appoint an "ombudsman," an official who could investigate people's complaints that they had not received fair treatment under the government or its agencies.

The Windsor delegation noted that New Zealand and the three Scandinavian countries have such an official and argued that one is needed in Ontario because of the gradual erosion of civil rights.

Windsor said there are so many government regulations in force that some injustices are inevitable.

W. B. C. Burgoyne, out-going president of the Ontario chamber and publisher of The St. Catharines Standard, said in a review of his year in office that the most important development was the establishment of closer links with Quebec's Chamber de Commerce.

He said the value of the closer links, marked by two of the first joint meetings of the groups' board of directors in history, cannot be overesti-

mated.

On pensions, the delegates endorsed a recommendation expressing approval for Ontario's portable pension plan. The proposal also said government-operated public pension plans should be on a pay-as-you-go basis and opposed "the principle of accumulating a fund under a government plan beyond the amounts necessary for [illegible]

Says End Not in Sight In Battle Against TB

May 6/64

Tuberculosis may be brought under limited control in Canada within a lifetime, but the eradication of the disease is not in sight, the annual meeting of the Beck Memorial Sanatorium, London and Middlesex, was told last night.

"Global eradication will never be achieved without new methods and new drugs," said Dr. C. A. Wicks, superintendent of the Toronto Hospital for the Treatment of Tuberculosis, Weston.

Dr. Wicks, speaking to 175 persons at the Carousel Motel, said the World Health Organization considers TB to be under control if only one per cent of children react positively to skin testing at age 14. This goal is so far unachieved.

"Unfortunately, TB in the early stages is not apparent," Dr. Wicks said. "We must examine people when they are well. We have the tools of early diagnosis. They are available to everyone. But our greatest problem is to combat public indifference."

Diagnosis is done through skin testing and X-rays.

Thirty out of every 100 persons in Canada have the TB bacilli, although it is usually inactive. In India, where 5,000,000 persons have active TB, 50 per cent of the children are infected by the time they are five.

Dr. Wicks said that last year the Weston hospital admitted 850 TB cases, one-third of the Ontario total. Of these, 390, 85 of them Eskimos, are still being treated.

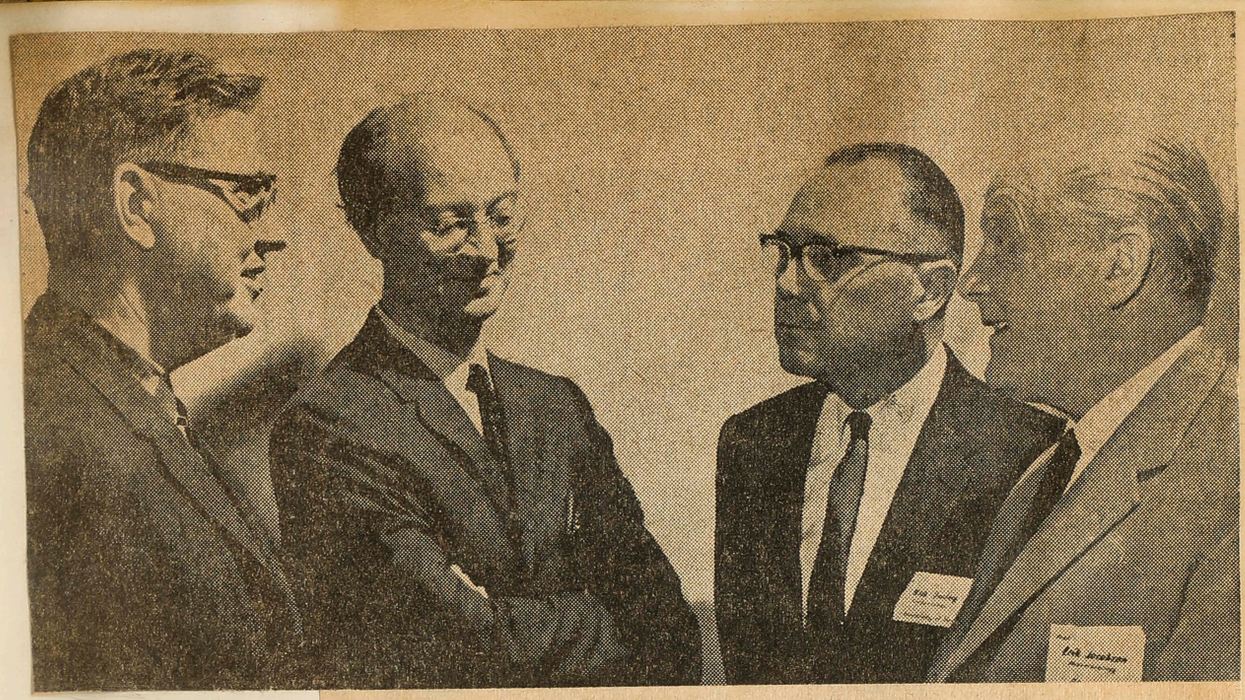
Special guests at the annual meeting were Dr. Vongnivat Kashemsant, of Bankok, Thailand, and Dr. Edgardo Woyward, of Concepcion, Chile, a member of the Chilean national health service. They are studying methods of treatment and control, as well as administrative methods, in Ontario.

W. Keith Riddell, outgoing president of the Middlesex group, said that 45 new cases, 30 of them active, were found in London in 1963. The Board of Health Clinic in London gave 23,453 check-ups, X-rays and tuberculin tests during 1963, compared with 14,902 in 1961.

Mr. Riddell said a Middlesex County register of TB patients is being prepared. It will be used to follow up TB patients discharged from sanatoriums into the area outside London.



DR. WILLIAM SHARPE last nigh elected president o Beck Memorial T culosis Association, don and Middlese



DISCUSS ALCOHOL PROBLEMS — A two-week course on alcohol and problems of addiction has started at the University of Western Ontario. Some of those taking part are, left to right: Gordon M. Patrick, of the Alcoholism and Drug Addiction Research Foundation, course director; Dr. S. G. Laverty, associate professor of psychiatry, Queen's University; Prof. R. C. Dailey, associate professor of anthropology, University of Toronto, and Dr. Erik Jacobsen, co-discoverer of the drug antabuse and professor of pharmacology, Royal Danish [illegible]nark.

Says Addiction to Alcohol Possible Within Four Weeks

May 5/64

It is possible for a person who is continually in a high state of tension and drive to become addicted to alcohol in three to four weeks, Dr. S. G. Laverty, of Queen's University, said yesterday.

Dr. Laverty, head of the department of psychiatry at Queen's medical school, said he personally has observed a case in which such a sudden addiction occurred.

Normally, he said, the transition from social drinking to abnormal drinking occurs much more slowly, usually over a period of years, and often so slowly that the individual's associates are not aware that it is taking place.

Drug addiction, on the other hand, usually takes only a matter of weeks to take place, he said.

Dr. Laverty spoke yesterday afternoon at a summer course on alcoholism and problems of addiction being held at the University of Western Ontario.

In an interview following his talk he pointed out that the transition from normal to abnormal use of alcohol or drugs always follows a general pattern:

Initiation — Easily accomplished and even socially acceptable in our society (drugs are not acceptable by society in general but may be acceptable for an individual sub-group of society in which they are habitually used);

Regular use — Usually because an individual finds it enjoyable but often to relieve unpleasant symptoms of anxiety and tension;

Use to combat withdrawal symptoms—Where the individual has reached the stage at which he must have alcohol or drugs to prevent painful suffering.

"The paradox of addiction lies in the melancholy fact that what has been the source of pleasure and relief from pain becomes itself an intolerable unrest, only assuaged by the agent itself," Dr. Laverty said.

Addiction is both physical and psychological, but it has been shown in experiments that rats which have first been made addicts and then removed to their cages and physically cured of the addiction, will again show withdrawal symptoms if they are merely returned to the surroundings in which they became addicted.

This suggests that "old associations" can have much to do with keeping persons addicted, he said.

Earlier, Prof. R. C. Dailey, a University of Toronto anthropologist, established a basis for the study course with a lecture on the history of alcohol and its use.

Man probably discovered the process of fermentation about 6,000 B.C., "and he's had a bottle by his side ever since," he said.

"Despite all kinds of attempts to prevent the use of alcohol, including capital punishment, we haven't stamped it out," he said.

Even so, there has never been truly unbridled use of alcohol, he said. "Most people in the world are very social drinkers, not solitary drinkers. Even when it is used to excess it is used to excess socially. I believe this in itself is one of the brakes to unbridled use."

Only in the North American society does the solitary use of alcohol seem to appear, Prof. Dailey said.

The excess use of alcohol seems to depend on the society in which a person lives and the amount of stress that society places on the individual, he said. It is when fears and pressures build up that an individual turns to alcohol for solace.

Whether the neolithic discoverers of alcohol used it to excess there is no way of knowing, Prof. Dailey said. "Presumably they didn't use it to such an excess that it destroyed society or we wouldn't be here."

The course, not open to the press, is being attended by about 90 representatives of industry, the church, medicine, and psychology, most of whom are connected in some way with the drive to combat alcoholism and addiction.

The third annual summer course on alcoholism and addiction, it is sponsored by the Alcoholism and Drug Addiction Research Foundation with the co-operation of the University of Western Ontario and the UWO School of Business Administration.

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Area MPs Win Review of Tobacco, Smoking Research

May 7/64

By ROBERT W. NEEDHAM
Free Press Staff Writer

OTTAWA — Government and opposition MPs, notably from Western Ontario, teamed up in the Commons yesterday to demand the government provide increased funds for research into tobacco production and processing and for the elimination of the health hazard from cigarettes.

Tobacco growers and cigarette smokers thus found vocal allies in the house. And paradoxically, a partial ally in the government which is committed to an anti-smoking campaign.

The government accepted the demand in part, agreeing to an agriculture committee study of the extent and effectiveness of present tobacco research facilities — at the producer level. And the Commons agreed.

In a rare display of unanimity, the House backed a proposal by Jack Roxburgh, (L—Norfolk) that the government step up spending on all phases of the tobacco industry from production to processing, to the control of whatever hazards there might be in consumption—in smoking.

Specifically, Roxburgh called upon the administration to earmark $200,000 a year for such research—five per cent of the $400,000,000 in tax revenues it receives from this industry alone.

Mr. Roxburgh called for a stepped-up research program at Delhi and Harrow experimental stations. He gibed that Health Minister Judy LaMarsh's research program to remove the health hazards from smoking — $200,000 over a five-year period or $40,000 a year — was scarcely enough said. In comparison, the Canadian health department set aside about $200,000 over a five-year period. This, he said, was hardly enough to buy postage stamps for the program. One year's federal excise tax on tobacco was of the order of $410,000,000.

In the tobacco counties of Norfolk, Elgin, Essex, Oxford, Brant and Durham, he said, municipal services which had been based on the revenue from flue-cured tobacco. Without it, the economic structure of these counties would collapse. In Norfolk alone, the additional tax on tobacco land, assessments on kilns, greenhouses and the like amounted to $17,500,000 annually.

Mr. Roxburgh specifically asked for more research in relation to smoking and cancer: more research in the production and processing of tobacco under supervision of the federal experimental farm at Delhi. There had been little or no thought given, he said, to any alternative uses of tobacco as had been the case in the dairy industry which had seen milk diverted into the production of plastics.

Mr. McBain said no other farm product was taxed as was tobacco. He backed the Roxburgh proposal and suggested that at least one per cent of the $400,000,000 in tobacco tax revenues be used for a research fund and to further export sales. Such funds, he suggested, might be used when necessary to subsidize export sales.

The Elgin MP said the present ministry had refused to help tobacco farmers and, as a result, growers presently were left with 15-20 million pounds of the 1963 crop unsold. A support price had been placed on tobacco but it was only moral support.

The former administration, he said, had helped growers to remove unsold tobacco from the market, to have it processed and stored.

Mr. Brown said he would hesitate to estimate what would happen to the economy of his Brantford riding if tobacco growers were deprived of their source of revenue either by questionable propaganda against tobacco or unfair trade practices. The loss of purchasing power and the losses in investment that would result would dislocate the entire economic structure of the riding.

Mr. Nesbitt said that despite current criticism, the tobacco industry could be expanded and could be in
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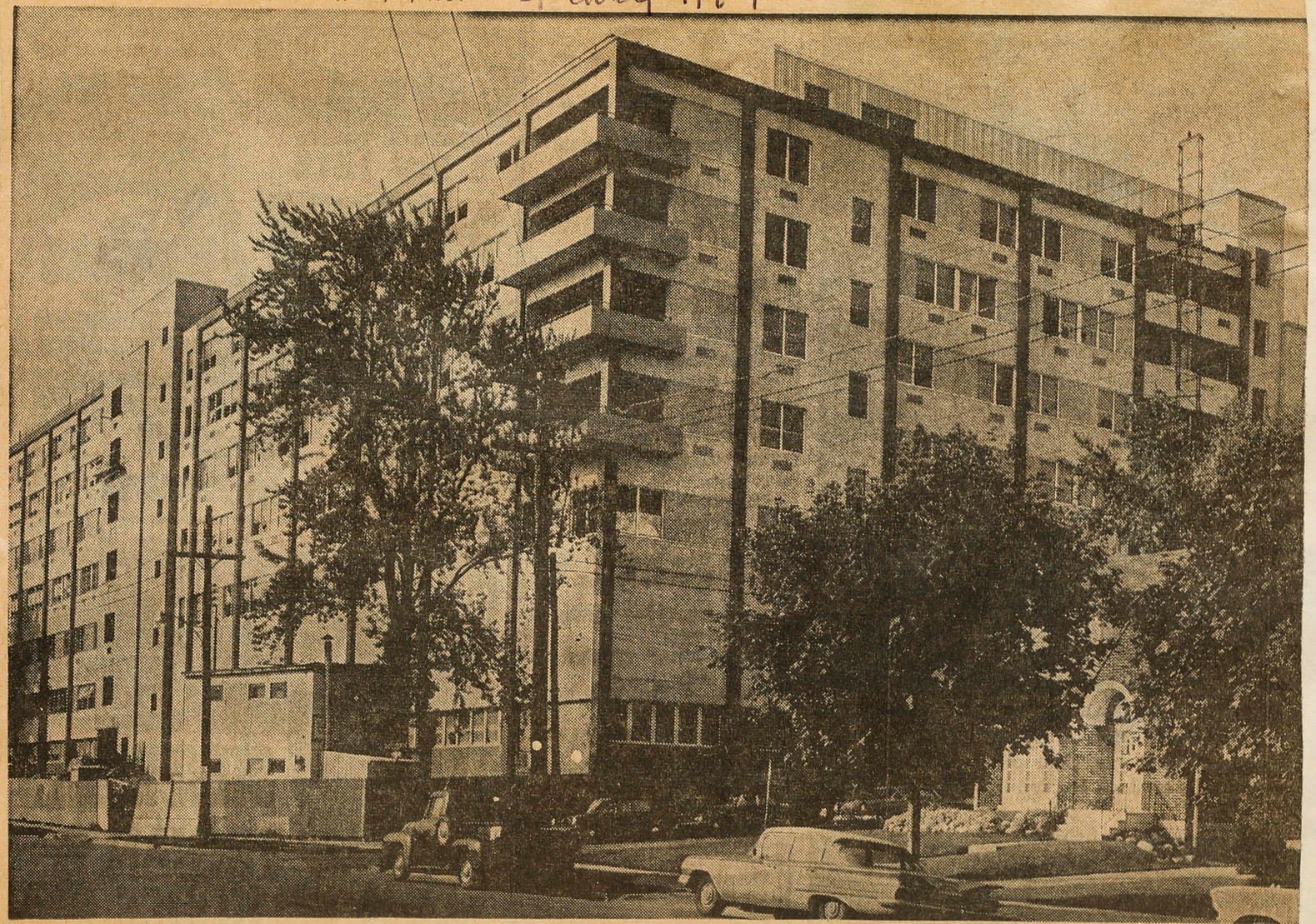
Elgin), James Brown (L—Brantford), Wallace Nesbitt (PC — Oxford), Eugene Whelan (L-Essex South) and Mr. Hales all supported the Roxburgh plea.

In response to a suggestion from Mr. Nesbitt, the solicitor general said that a reference might be made later to the special committee on food and drugs in order to obtain advice on how best to approach research that might isolate and remove whatever cancer - causing substance there might be in tobacco But the minister asked the House to be content for now with the agriculture committee reference.

Mr. Roxburgh formally proposed that in order to ensure the continuance of the vital part played by the tobacco industry in the nation's economy, the government should

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 9 May 1964



ST. JOSEPH'S ADDITION — A $6,000,000 expansion program undertaken by London's St. Joseph's Hospital includes this 180-bed addition, scheduled for completion next month. The program brings total bed capacity at St. Joseph's to 600.

In Hospital Field May 9/64

Institutions Translate Science Into Service

When a doctor says a person must go to the hospital he insures a prescription for a unique combination of ingredients.

He prescribes the most modern scientific services yet developed plus the individual care and concern of a dedicated hospital staff.

London's hospitals, which have a province-leading ratio of 5.1 hospital beds for every 1,000 persons in the city, unite science and individual patient care to help speed recovery and lengthen life.

From the moment each patient is admitted his health, safety and comfort become the concern of a team of professionally - trained and skilled hospital people.

In industry, scientific methods are used to produce identical products in assembly line fashion, but scientific services in hospitals are provided individually to meet each patient's needs.

Hospital services cannot be automatic or routine because patients' needs are not the same. X-ray, surgery or drugs must meet individual needs.

The scientific services centered in the hospital enable doctors to expertly diagnose illness and prescribe treatment. As progress is made in medical science it is translated into hospital services.

Today more potent and more specific drugs, new anaesthetics more advanced laboratory techniques, dramatic equipment such as the artificial heart and therapeutic X-ray machines, have meant a return to health and added years of life for many persons.

But scientific care is not the total story of hospital care. Personal services and sympathetic understanding are also important.

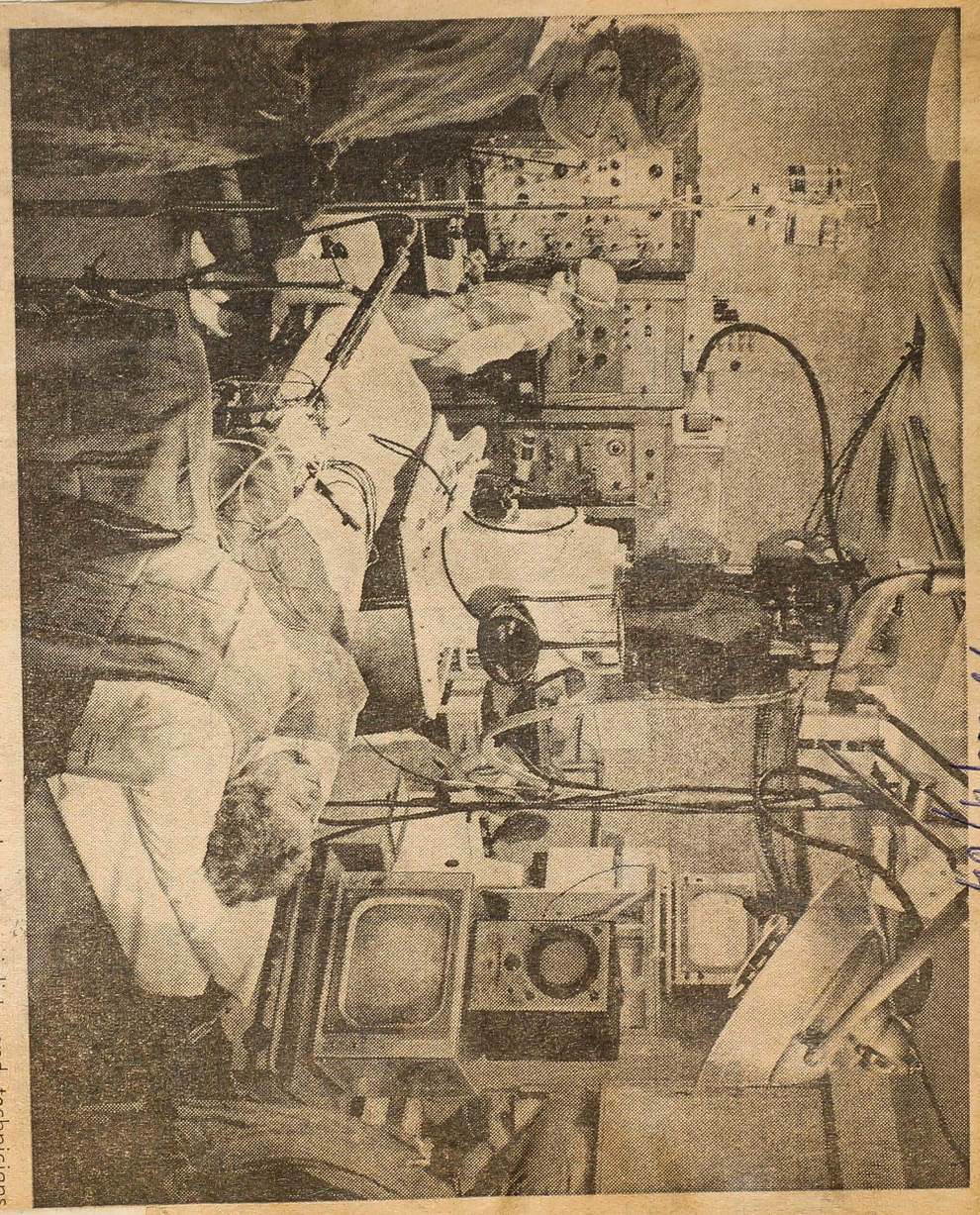
Nurses are on duty 24 hours a day to administer bedside nursing care. In addition to fulfilling each patient's physical needs, nurses have an understanding of the emotional needs of patients and provide encouragement and support when it is needed most.

At mealtimes many hospitals have selective menus. If a special diet is required, meals and nourishment are prepared carefully and individually.

Hospital rooms are kept as comfortable and cheerful as possible. Their cleanliness, important to safe recovery, is maintained by a careful housekeeping staff.

Neither do hospitals overlook the spiritual needs of patients. Many hospitals have a chapel and arrange personal visits by a chaplain.

Hospitals strive in every way to meet the physical, personal, emotional and spiritual needs of each patient. Scientific services are added as they are perfected, but will never replace the compassionate understanding and individual care so necessary to a patient's quick recovery.



INTRICATE EQUIPMENT — Hospitals are continually seeking new ways to improve medical and patient care services. Here is an example — a cardiac investigation unit at London's Victoria Hospital, where heart specialists and technicians can listen to sounds and trace the flow of blood in the heart itself using a tiny microphone and high-speed X-ray camera. (Ron Nelson Photo).

May 9/64

London Sets Expansion Pace

Hospitals Move to Solve Shortages, Raise Total Bed Capacity by 2,000

May 9/64

Throughout Ontario more than 200 community hospitals are carrying on an endless campaign against illness and disease.

Ontario hospitals and their staffs cared for nearly 1,500,000 patients in 1963 — an average of one in every five residents of Ontario. Their combined efforts add up to an impressive story of service.

1963 Story In Figures

- 900,000 persons received inpatient care.
- 10,000,000 days of care were provided.
- 157,000 babies were born in hospitals.
- 500,000 emergency cases received treatment.

To render this volume of care, it took more than 65,000 full-time and 10,000 part-time hospital employees. The total cost of providing this care exceeded $273,000,000.

In addition, more than 2,000 new hospital beds were added in 1963 in Ontario communities.

A hospital's story of services does not end with the provision of patient care. They plan an important role in the fields of health education and research.

Hospital schools of nursing graduate more than 95 per cent of Ontario's nurses — a total of 2,100 in 1963. In addition, hospitals provide the clinical facilities for the further education of doctors, technicians, and nursing assistants.

London hospitals' story is one of progress: Victoria Hospital is in the midst of a 10-year, $16,000,000 expansion program; St. Joseph's Hospital is now carrying out a $6,000,000 expansion; modernization program was completed at Westminster Hospital in 1963; the first phase of the $12,000,000 construction program at Ontario Hospital has started; a $150,000 project at Parkwood Hospital is complete, and plans are being considered for other area hospital projects.

At Victoria Hospital a seven-storey addition to the nurses' residence, built at a cost of $1,275,000, was completed early in 1963 and construction is currently underway on a $350,000 maintenance building.

St. Joseph's Hospital addition, scheduled for completion in June, will provide space for 180 beds, raising the hospital's capacity to 600 beds. It will also provide new facilities for central treatment and services.

A seven-storey, $6,500,000 addition at Westminster Hospital was officially opened in 1963.

Demolition of buildings has been completed and sewer construction is underway in the first phase of a project by the Ontario government to replace outmoded buildings at the Ontario Hospital.

An ultra-modern, glass-fronted boiler plant and maintenance building was completed recently at Parkwood Hospital.

No definite expansion plans are being considered at present by the Children's Psychiatric Research Institute, operated by the mental health branch of the Ontario Department of Health. Two new diagnostic and research laboratories were completed last year.



TAKING SHAPE—A $350,000 maintenance building at Victoria Hospital, when completed, will provide about 30,000 square feet of floor space. The building is part of a 10-year $16,000,000 expansion program currently under way at Victoria. (Photo by Gerry Hess).

Hospitals Told to Help Set New Boundaries

May 7/64

Free Press Stratford Bureau

STRATFORD — If hospitals in Ontario want changes in regional boundaries they will have to start presenting some concrete suggestions.

Otherwise the Ontario Hospital Commission will set up areas with a "do what we say or else" attitude.

George Morgan of the commission, speaking to representatives from hospitals at a Region 2 meeting here yesterday, said the commission did not pretend to have experts in regional development, but was trying to ascertain the needs and desires of regional members.

Ontario is now divided into 13 regions, primarily on a geographical basis. Any reorganization has to be looked at from service and other points of view, he said.

Proposed new zone boundaries have been suggested by the commission on the basis of available "district" hospitals with facilities to serve regions.

Peter Smith, of Woodstock, regional president, said the regional organizations were formed to discuss administration problems. "Now it looks like finances" and other subjects would have to be taken into consideration, he said.

He suggested Perth and Oxford counties be transferred to Region 5 with London as central point for the present Region 1.

London hospitals felt they had their own "absolutely different" problems and were not giving support to other regional organizations, he said.

Region 2 includes Clinton, Exeter, Goderich, Ingersoll, Listowel, London Seaforth, St. Marys, Stratford, Tillsonburg and Wingham.

Nurse-Midwives Replace Doctors In Routine Delivery of Babies

May 7/64

BALTIMORE (AP)—A modern variation of the old-style midwife is delivering about 10 per cent of the babies in Baltimore city hospitals.

Nurse-midwife is a specialist and replaces doctors in operating rooms during routine deliveries.

The nurses have been trained in obstetrics at the Johns Hopkins Medical School and take care of one of every 10 expectant mothers from pre-natal treatment to the six weeks check-up after delivery.

Patients with possible complications, or those who develop complications, are turned over to a staff physician. A staff doctor also double checks each nurse-midwife's patient at the first examination.

The nurses' work is the first American study of the practicality and safety of using nurses, instead of doctors, for routine hospital deliveries.

The three nurse-midwives now working at city hospitals are graduate nurses and have just completed the Johns Hopkins course in nurse-midwifery.

Dr. D. Frank Kaltreider, the hospital's chief obstetrician, says the nurses "have done just about a perfect job in spotting complications."

Johns Hopkins trains four out of the 25 nurse-midwives turned out annually by American institutions that now teach graduate nurses to handle normal pregnancies and deliveries.

Dr. Allan C. Barnes, Johns Hopkins obstetrician in chief, said the nurse-midwife could solve a possible critical shortage of obstetricians and general practioners who deliver most of the babies today.

No statistical results of the city hospital's study are completed, but Dr. Barnes said "obviously there has been no jeopardy to anyone's health or we wold have stopped the study at once."

The nurse-midwife is trained only to work under supervision in a hospital or an obstetrician's office.

"She does not represent a retreat from quality care, but a retention of quality and addition of trained minds," Dr. Barnes said.

a patient's quick recovery.

12 Firms Subpoenaed in Probe Of U.S. Doctor-Owned Drug Firms

May 11/64

WASHINGTON (AP) — The U.S. Senate anti-trust subcommittee announced yesterday it has served subpoenas on 12 firms in its investigation of doctor-owned drug manufacturing and repackaging plants.

In addition, letters requesting data have been sent to 100 other drug companies. The subpoenas are returnable May 13.

Chairman Philip A. Hart (Dem. Mich.) said, "The request for information by these subpoenas and letters should in no way be construed as an indictment of any of these companies."

Hart said the U.S. drug bill passed last year, with its emphasis on prescribing drugs by their generic or chemical names rather than by trade names, is expected to reduce drug prices.

"However, such things as doctor-owned drug plants and doctor-owned pharmacies could frustrate this expectation," Hart said.

In doctor-owned drug companies, he said, common drugs are produced or repackaged under a trade name adopted by the company and sold at a much higher price than the same drugs under generic names.

"Certainly it seems when a doctor owns part of a pharmacy or a drug plant it is unreasonable to expect he would prescribe by the generic names which would return him less profit," Hart said. "Once again it is the consumer who loses."

The companies on which subpoenas were served were listed as:

Merit Pharmaceutical Company, Houston, Tex.; Para Pharmacal Products, Inc., Salem, Ore.; Winters Pharmaceuticals, Inc., Kansas City, Mo.; Scott-Lee Laboratories, New Orleans, La.; Mason Pharmaceuticals, Inc., Sacramento, Calif.; Deseret Pharmaceutical Company, Inc., Salt Lake City, Utah; Carrtone Laboratories, Inc., Metairie, La.; Delta Drug Company, Jacksonville, Fla.; Laquar Pharmaceuticals, Inc., Butley, N.J.; Palmedico Company, Columbia, S.C.; Reid Laboratories, Atlanta, Ga.; and Sig Laboratories, Marshall, Ill.

May 9/64

MacMaster - Barr

Dr. and Mrs. Murray L. Barr, 452 Wonderland Rd., are pleased to announce the engagement of their daughter, Carolyn Ruth, to John Robert MacMaster, son of Mr. and Mrs. Angus MacMaster, London. The wedding will take place May 30, 4 p.m., at Wesley United Church.

Parties Special Guests Surround Nurses' Graduation, May Court Ball

May 9/64

Proud parents entertained at receptions following graduation exercises of St. Joseph's Hospital School of Nursing at Thames Hall last evening. Marking 24 years to the day that Mrs. J. R. Jaquith graduated from Victoria Hospital here, she and Mr. Jaquith were at home to 65 guests at their home, Devonshire Avenue, honoring their daughter Jill.

Miss Sheila Anne Flynn, winner of the $1,000 St. Joseph's Hospital Auxiliary scholarship was honored at her home, Mamelon Street, where her mother, Mrs. Timothy Flynn, entertained 35 guests.

Miss Mary Susan Loughlin received congratulations at her home, St. James Street, where her parents, Dr. and Mrs. Hubert Loughlin, entertained.

Another graduate, Miss Maxene King, was feted by more than 40 guests when her parents, Mr. and Mrs. J. M. King, held a reception at their Beverley Street home. Miss Jane Ellis' party for 60 was arranged by her father, T. W. Ellis, at the Glen Allen Restaurant. The party for Miss Yvonne Mainprize was at the downtown Holiday Inn where her parents, Mr. and Mrs. Byron Mainprize of Talbot Street received 30 guests.

Mr. and Mrs. John Parkinson, Empire Street, were doubly proud. They honored two daughters, Miss Dianna Parkinson, graduating from the nursing school, and Miss Barbara Parkinson, graduating from London Teachers' College. The girls' aunt, Mrs. Verna Salmon, joined Mr. and Mrs. Parkinson in entertaining more than 70 in the recreation room at the Inglewood Apartments.

Among those attending the party for Miss Carole Sheldon, at which 20 were present, was her fiance, Dr. Juan Teran of Arkansas. Miss Sheldon's parents, Mr. and Mrs. W. K. Sheldon, arranged the evening at their home, Starlight Avenue.

Fifty guests from Galt, Hamilton, London and Woodstock extended their congratulations to Miss Diane Gales at her home, Beechwood Avenue, where Mr. and Mrs. Richard Gales arranged a buffet party for their daughter. Miss Carol Anne Rayner was also honored by 50 guests when her parents, Mr. and Mrs. H. A. Rayner entertained at Bellhaven Road.

Miss Mary Catherine Traher received warm wishes and congratulations from 50 friends and relatives at a reception arranged by her parents, Mr. and Mrs. Joseph Traher at their home, Wellington Street. Mr. and Mrs. R. J. Osborne also expressed pride in their graduate daughter, Miss Heather Osborne by entertaining 40 at their Ross Street home.

Miss Laurie Findlay, daughter of Mr. and Mrs. Adam Findlay, Aylmer, was honored at a reception for 50 guests held at Cobblestone Inn following the graduation. Mr. and Mrs. Harry Shipley, Denfield, entertained friends and relatives at Ilderton Parish Hall in honor of their daughter, Sylvia.

* * *

Plans are under way for the May Court Ball at Hotel London, May 15. Many members will be entertaining prior to the dance.

Mr. and Mrs. Robert Trumper, Huron Street will entertain Dr. and Mrs. John McKim, Dr. and Mrs. F. John Rounthwaite, Mr. and Mrs. Joseph Beechie, Mr. and Mrs. David Gunn, Mr. and Mrs. John Gunn, and Mr. and Mrs. E. H. Hagarty.

Mr. and Mrs. S. H. Carver, Lombardo Avenue will have as their guests, Mr. and Mrs. John W. Adams, Mr and Mrs. M. R. Dennis, Mr. and Mrs. C. J. L. Killoran, and Mr. and Mrs. G. Ernest Jackson. Among those also entertaining will be: Mr and Mrs David Weldon, Gibbons Place; and Mr. and Mrs. M. Stanton Hatch, Regent Street.

Weekend guests with Mr. and Mrs. Peter Tillmann, Harrison Avenue, will be Mr. and Mrs. J. E. Brent, Toronto. Mr. and Mrs. Robert Robarts, Canterbury Road will have as guests, Mr. and Mrs. W. H. Nickless, Sandusky, Ohio. Dr. and Mrs. Jack Walters, Westchester Drive will have Dr. and Mrs. C. T. Lamont for the week-end. Guests with Mr. and Mrs. Bruce Ward, Huron Street, will be Dr. and Mrs. J. McDermid, Tillsonburg, and Dr. and Mrs. Alexander Graham, Chatham. Mr. and Mrs. John Duff, Burlington, will be guests of Mr. and Mrs. Hugh Gregory, Upper Queens.

* * *

Miss Katharine Ladd will be returning home from school at Natick, Mass., in early June. She and her parents, Dr. and Mrs. Dwight R. Ladd, Wellington Street, will be leaving at the end of June to reside in Durham, New Hampshire.

* * *

Recently returned from Louisville, Kentucky, are Dr. and Mrs. W. B. Barton, Manchester Road; Dr. and Mrs. M. L. Robinson, Oakridge Park Terrace; and Dr. and Mrs. W. P. McInnis, Doncaster Road. While there, they attended the Kentucky Derby.

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St. Joseph's Nurses Graduate

— Free Press Photo by George Blumson

Graduation exercises were held in Thames Hall last night for the 1964 graduating class of St. Joseph's School of Nursing. Graduates are from left: FIRST ROW: Maxene Isabelle King, London; Kristen Jill Jaquith, London; Sylvia Agnes Shipley, Ilderton; Heather Jane Osborne, London; Joan Elizabeth Delaney, Ottawa; Jane Mary Ellis, London. SECOND ROW: Patricia Ann Cooke, Toronto; Margaret Isabell Smith, Glanworth; Donna Mary Dietrich, Iona; Dorothy Ann Warren, Sarnia; Mary Susan Loughlin, London; Mary Delores Carbert, Clinton; Mary Josephine Lennon, Stratford. THIRD ROW: Joan Rosella Coyne, Seaforth; Laurie Jean Findlay, Aylmer; Sheila Anne Flynn, London; Mary Suzanne Quinlan, St. Thomas; Mary Carole Sheldon, London; Donna Marie Lampitt, Woodstock; Marietta Elizabeth Somerville, St. Marys. FOURTH ROW: Karen Elizabeth Ash, Otterville; Marion Haagsma, Salford; Janet Ann Kirkaldy, Amherstburg; Karen Ann McKee, Kincardine; Bernice Sylvia Snauwaert, Sarnia; Nancy Helene Calcott, Stratford; Diane Gales, London; Mary Jane Carr, St. Thomas. FIFTH ROW: Mary Lynne Haines, Sarnia; Sharon Jean Smillie, Hensall; Dianna Jeanne Parkinson, London; Yvonne Rose Mainprize, London; Carol Ann Fair, Kincardine; Mary Catherine Traher, London; Claire Marie McHenry, Sarnia; Mary Catherine McGuire, Petrolia; Carol Ann Power, Windsor. SIXTH ROW: Katherine Mary Cascagnette, Strathroy; Margaret Ellen Faulds, St. Thomas; Rita Elizabeth Kennedy, Seaforth; Elizabeth Gail Prymack, Windsor; Carol Ann (Bonnie) Rayner, London; Joan Maria Verhoeven, Simcoe; Margaret Ann Dillon, Merlin; Margaret Ann Brunet, Mt. Brydges; Rebecca Louise Taylor, St. Marys.

May 9/64

Forty-Six Graduate At St. Joseph's Hospital

Forty-six nurses, the majority of whom are from South- ... were presented with diplomas and medals at ... Hospital School of ...

Hospital Auxiliary Honors Nurses

Members of St. Joseph's Hospital School of Nursing 1964 graduating class were honored at a tea yesterday afternoon in the reception room of the Nurses' Residence. The annual social event was sponsored by St. Joseph's Hospital Auxiliary.

The nurses, their parents and friends were greeted by Rev. Sister Mary Elizabeth, hospital superintendent; Rev. Sister St. Roch, director of nursing; Mrs. W. J. L'Heureux, president of the auxiliary; and Mrs. Howard S. Cameron, past president.

The tea table, covered with a pink linen cloth, was centred with a floral arrangement in varied shades of pink, flanked by pink tapers in silver candelabra.

Pouring tea were Miss N. E. Healey, University of Western Ontario School of Nursing; Mrs. N. W. Seabrook, president, Nurses' Alumnae; Mrs. W. A. Tillmann; Mrs. V. A. Callaghan; Mrs. B. L. Hession; and Mrs. J. H. Walters.

Tea room assistants were: Mrs. Harry Schaef, Mrs. R. H. Wade, Mrs. B. F. Wallace, Mrs. J. R. Jones, Mrs. D. G. McLeod, Mrs. W. A. McTeer, Mrs. W. T. McMorran, Mrs. J. J. McKeogh, Mrs. A. F. Cullen, Mrs. John Sinclair, Mrs. J. T. Donahue, Mrs. E. I. Louglin, Mrs. C. W. Tyres, Mrs. G. G. Van Horne, Mrs. Ralph Antonucci, Mrs. D. G. Mills, Mrs. John Moore, Mrs. Harold Hallman, Mrs. William Corfield, Mrs. A. L. Furanna, Mrs. M. G. Couldrey and Mrs. D. L. Griffett.

Rt. Rev. A. J. Durand, St. Peter's Seminary, was guest speaker. He spoke on "Christian Care of the Sick" and stressed that a sick human is not just a machine or animal out of order, but a conscious person.

"The matter of healing, as an encounter between two persons — the healer (doctor or nurse) and the patient—is by its very nature, a Christian endeavour," Fr. Durand said. "For ages, the care of the sick has been the Christian's way of relating to other people in need."

Miss Claire Marie McHenry, Sarnia, was valedictorian for the class.

A scholarship of $1,000, presented by St. Joseph's Hospital Auxiliary for post graduate study at the University of Western Ontario, was awarded to Miss Sheila Anne Flynn, London.

Miss Joan Maria Verhoeven, RR 3, Simcoe, received the $500 A. E. Silverwood Foundation Bursary, also for post graduate work at UWO.

Post graduate scholarships were also presented to Miss Sharon Jean Smillie, Hensall, who won the Clarinda Bailey Memorial Scholarship; and Miss Mary Josephine Lennon, Stratford, who received the Thelma M. Bailey Memorial Scholarship. Both scholarships were donated by Oliver W. Durdin, QC.

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Cool, Calm Approach Suggested for Parents Of Children in Hospital

When a child goes to the hospital a strange new world opens to him. There are new sights, new sounds and new smells.

The hospital can be a terrifying experience for a child or it can be a reasonably comfortable interlude.

War Memorial Children's Hospital in London has issued a booklet with suggestions to parents, intended to make a child's hospital stay as pleasant as possible.

As members of the healing team a parent must avoid communicating their own fears and anxieties to the child. Explain calmly to the child where he is going and why, and encourage the child's secret curiosity to overcome apprehension.

The formalities of admitting include an identification bracelet for the child, an examination by a doctor and assignment of a room. The doctors will want a detailed history of the child's illness.

If an operation is necessary, the parents will be asked to sign a consent form. The date and time will have to be confirmed. Parents who want to visit their child before the operation should be at the hospital at least an hour before the appointed time.

It is normal for a patient to be in the recovery room three, four or more hours. The only time visiting is allowed is if the patient must remain there overnight.

Certain tests require a parent's consent and where possible are arranged at admittance. Diagnosis takes time, and is a matter for discussion with the doctor and not the nursing staff.

Information about a child's condition can be obtained by telephoning the ward, although friends and neighbors are asked not to phone. Details must come from the doctor.

Parents take the child's clothes, other than slippers or shoes, home, unless the child is 12 or older when one set of day clothes should be left. All items left should be well-marked.

Children mislay valuables and money, and they can be a temptation to other children. Advise the nurse in charge of the ward of any problems, toilet habits, food dislikes or allergies.

Visiting is limited to parents during specified hours, although patients seriously ill may be visited any time. No visiting is allowed inside the nursery.

Clergymen can visit at any time, and school teachers are invited to visit their pupils and consult with the hospital teacher.

No food or drink should be taken to the hospital. Eating between meals results in loss of appetite for regular meals, and food left in lockers may be eaten by other children on special diets, such as diabetics.

Children are allowed to have their "intimates" such as a pet dolly or teddy bear in hospital. Other toys are provided. Personal toys should be marked with the child's name.



RESEARCH WORKERS — Dr. Joseph Pozsonyi, left, and Joseph Fama, analyse a chromosome of a retarded child in the research laboratory at the Children's Psychiatric Research Institute, Byron. This is but one of the many research projects now under way to help solve the problem of mental retardation

At Cedar Springs, Byron

Continue Efforts to Aid Mentally Retarded

Mental retardation is not a disease in itself, but a symptom of poor brain development. Its causes are various and many are unknown.

It results in slow learning and delayed achievement for those children who are affected.

The retardation process may vary from the extremely mild form, only detectable under stress, to a severe type where the child requires complete care for life.

Fortunately not all children who are mentally retarded have to be admitted to one of the hospital schools operated by the Ontario Department of Health. Less than five per cent of mentally retarded in Ontario are in hospital schools.

Those admitted are usually placed because they require special medical or nursing care, which cannot be given at home or in the community.

In mildly retarded cases such factors as broken homes, lack of foster homes and absence of training facilities in a particular community are often responsible for the child's admission.

At the Ontario Hospital School at Cedar Springs near Blenheim, an attempt is made to provide services for retarded children who require either medical and nursing care or training and counselling.

Relatively few patients can return to the community, although many could if there were enough foster homes, residences and sheltered facilities able to give mentally retarded adolescents the support and direction they require.

To most of the patients and their parents the hospital school at Cedar Springs is a sheltered community where the patients assist the staff in many occupations.

Like all persons, the mentally retarded need to feel useful. In a hospital school like Cedar Springs they feel accepted free from the stress of modern living.

In Byron is located the Children's Psychiatric Institute which helps hundreds of London and Western Ontario parents with retarded children.

The institute is unique in North America and was established in 1960 by the mental health branch of the Ontario Department of Health.

While the average age of patients is four to 11 years, the institute has treated whole families, babies of 12 days of age and adults almost 70 years old.

Research at the institute is in collaboration with the University of Western Ontario, which was a reason it was established in London.

Such things as bone structure and the chemical make up of the human body in relation to retardation are studied. Minor changes in diet have been found to favorably affect the condition.

The institute advocates the growth of a child in a warm, family environment having found that this alone can increase a child's IQ. In an effort to provide this atmosphere, attendants at the institute wear sports clothes and furnishings are selected to give the appearance of a

Unofficial 'Open House' Planned At Several London Institutions

Tuesday is the anniversary of the birth of Florence Nightingale, founder of the nursing profession. In commemoration of the event, National Hospital Day is observed annually in Canada.

Although few ceremonies are planned in London hospitals, visitors will be welcomed and guided through the buildings during regular visiting hours.

St. Joseph's Hospital, with a major building program scheduled for completion by mid-summer, is not planning any commemoration of Hospital Day. Open house tours of the new addition will be held later this year.

St. Mary's Hospital marked Hospital Day on May 2 in conjunction with its annual May Festival, sponsored by the St. Mary's Hospital Auxiliary. However, visitors are always welcomed at this hospital for the chronically ill, and may see the facilities upon request during afternoon visiting hours.

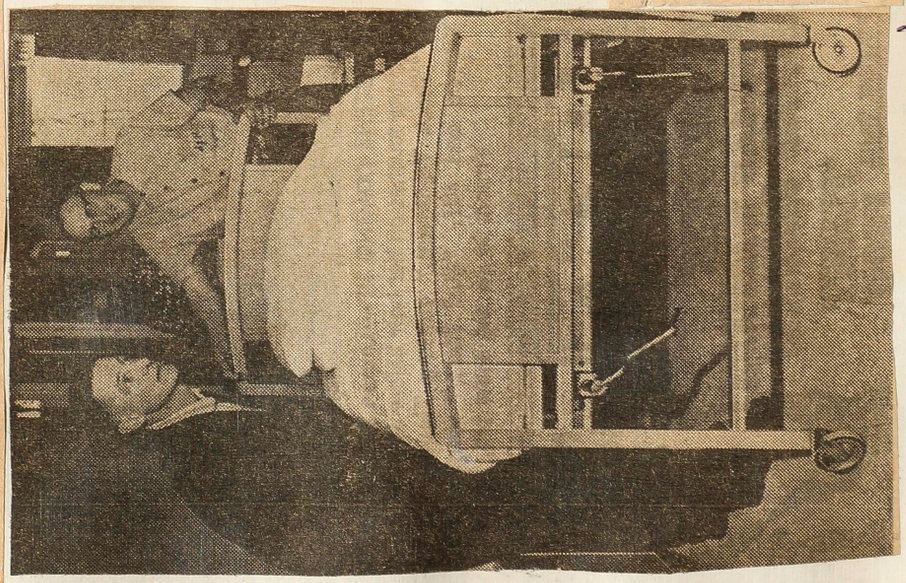
Parkwood Hospital, on Grand Avenue, is planning tours through the buildings and films showing the hospital staff at work between 2 and 4 p.m.

Hospital Day will be observed Wednesday at Westminster Hospital. Tours of the new active-treatment building, opened last year, will be conducted between 1 and 3 p.m. followed by tea in the main dining room.

Ontario Hospital, which recently marked Mental Health Week with tours through the buildings, will hold open house on Hospital Day with tours from 2 to 3:30 p.m.

Beck Memorial Sanatorium always welcomes visitors during visiting hours.

Although no particular observance of Hospital Day is planned at Victoria Hospital, officials will welcome visitors and guide them through the buildings during regular visiting hours.



RIGHT—Throughout the province, a flurry of hospital building during 1963 has increased the number of beds available to patients by more than 2,000. Here, a bed is moved into the new St. Joseph's Hospital wing, London.

V. P. Cronyn to Retire From Post As Health Association President

May 12/64

Retirement of V. P. Cronyn as president of the London Health Association was accepted by the board of directors yesterday.

Mr. Cronyn announced his attention to retire in his report to the board during the association's annual meeting at Beck Memorial Sanitorium. He has been a member of the board since 1928 and president for the past five years.

Directors made him an honorary president and honorary director.

J. H. Stevens was named to succeed Mr. Cronyn as board president.

In his annual report Mr. Cronyn said considerable progress has been made since last year on three main association programs. Building and operation of a university teaching hospital; development of an interim program to that of sole treatment of tubercular patients, and a reassessment of the physical facilities of the present sanatorium buildings.

He said the planning committee under chairman W. J. Blackburn had conducted an intensive study of three modern teaching hospital centres in the United States during the year. The research will be used in planning and building the association's proposed $15,000,000 400-bed teaching hospital slated for construction on the University of Western Ontario campus.

In the treasurer's report it was announced $2,476,590 is in the building fund for construction of the new hospital.

"My only regret at this time," Mr. Cronyn said, "is to report that following the meeting of the board of directors on Feb. 17, a request was directed to the Ontario Hospital Services Commission for a meeting to discuss the development of our plans. To date the commission for its own good reasons has found it impossible to arrange for such a meeting."



J. H. STEVENS . . . Named President

During recent weeks, Mr. Cronyn said, a number of offices and departments at the Sanatorium have been re-located to provide more compact, better-related and more efficient operation. During these moves, he said, the sanatorium was able to turn over to the Children's Psychiatric Research Institute additional space it required.

Mr. Cronyn said preliminary investigations into use of a building at Westminister Hospital, which might be needed if the sanatorium is required to move, indicate the proposed building is not large enough.

"Last week, the sanatorium was surveyed by the Canadian Council on hospital accreditation" Mr. Cronyn said. "We should be proud of the fact that the sanatorium has been continually accredited since 1930 and it is hoped that following this recent survey that accreditation may be continued."

Mr. Cronyn announced the retirement of Dr. L. M. Spratt as medical director and noted that Dr. J. B. Robinson, a member of the sanatorium staff since 1932, had begun his duties as Mr. Spratt's successor. Dr. W. W. Middlteton has been appointed assistant medical director.

Dr. Spratt's medical report showed 20,000 school children and students at UWO were given tuberculin tests last year. Patients of several institutions in this area and more than 1,100 students and staff at UWO were given X-rays during the year by the association's mobile diagnostic clinic, Dr. Spratt said.

Tuberculosis clinics were held at 30 centres in the seven-county area served by the association, in addition to 448 clinics held in London. During the year 276 patients were admitted to the sanatorium and of these, Dr. Spratt said, 214 were found to be tuberculous. This figure compares with 187 admitted with tuberculosis in 1962.

A. M. Dambra and George Hobart were appointed to the board of directors to replace Dr. Spratt and Dr. J. T. Bowman, who died last year.

At a board of director's meeting which followed the annual meeting the following officers were elected:

Honorary presidents, Mr. Cronyn, Col. Ibbotson Leonard, and K. S. Muray; honorary vice-president, C. F. Stevens; past president Dr. E. V. Buchanan; president, Mr. Stevens; vice-president of sanatorium operations, J. A. Vance, of Woodstock; vice-president of planning, W. J. Blackburn; secretary, Col. H. K. Ingram; treasurer, A. T. Hillary; and members of the executive committee, J. W. Adams, J. D. Harrison QC, J. A. Taylor, Dr. O. H. Warwick, and Col. D. B. Weldon.

Members appointed to the 1964 planning board include: Mr. Stevens, ex-officio; Mr. Blackburn, president; secretary, G. L. Blair; and C. E. Isard, and Mr. Warwick.

In addition to Dr. Middleton's appointment as assistant medical director the meeting announced appointment of Dr. Marjorie Mosbaugh to the medical staff. Her appointment is subject to approval of the joint relations committee of the UWO and the association.



V. P. CRONYN . . . Retiring President

Sherwood Fox Autobiography Describes Growth of 'Western'

May 12/64

A group of business, educational and publishing leaders gathered here yesterday to pay tribute to "Sherwood Fox of Western," and autobiographer Dr. W. Sherwood Fox who guided a struggling, unrecognized university to its development as a major Canadian university.

They came to help Dr. Fox mark the publication of his eighth book: "Sherwood Fox of Western."

Dr. Fox, now nearing his 86th birthday, welcomed the guests to his Whitehall apartment and almost at once began reminiscing about his three decades at the college which he helped shape into the University of Western Ontario.

Dr. Fox first served Western as classics professor, then as dean and finally as president. He retired in 1947.

His book, begun in 1956, has been interrupted by the death of Dr. Fox's wife, the former Julia McKinnon, and has been delayed by the autobiographer's increasing blindness. Friends say Dr. Fox began the book on his own typewriter, then had to switch to one with very large type. The last of the manuscript he laboriously penned by hand in one inch high letters.

Because of his failing eyesight, he was unable to read the manuscript as finally typed by secretaries. Dr. Fred Landon, a university vice-president during Dr. Fox's presidency, Col. Fraser H. Rowland, secretary, UWO board of governors, and Dr. Clare Bice, curator, London Public Art Museum, read the material to him.

Dr. Fox was born in the United States. However, he soon came to Canada with his Baptist minister father and his mother as a ninth generation "Canadian".

Looking back, Dr. Fox recalls experiences from his youth, when he was used to strict parental discipline, hard work and excessive idealism.

With his friends yesterday, he recalled his days as a high school student in Toronto; his graduation from McMaster College where he met his future wife; his studies in Europe and his doctoral research at Baltimore's John Hopkins University.

It was after Johns Hopkins that Dr. Fox went to Princeton University as a classics specialist. From Princeton, the 100-student university in London was able to lure him.

Two years later, in 1919, he was made dean of the faculty of arts. He remained in that post until 1928 when he was made university president.

He recalls in his book that "In my veins flows the blood of the two mingled strains of Canada's two principle cultures." This hereditary aspect, coupled with studies in Geneva where he mastered French — one of six languages he has learned — aroused in him an almost insatiable desire to create better communication and understanding between Canada's two major peoples.

The result was that under his guidance Western pioneered in sending English-speaking students to the French-Canadian town of Trois Pistoles to learn conversational French. A few years later, a permanent summer school was started there. Yesterday, Prof. T. J. Casaubon, head of the summer school, was with Dr. Fox.

Dr. Fox's book goes on sale across Canada today. The publisher is Burns and McEachern Limited, of Toronto.

TB Patient Kept in County Jail, Magistrate Fears Contamination

May 12/64

Magistrate Menzies yesterday expressed concern about the possibility of county jail inmates becoming contaminated by a tubercular inmate being held in isolation pending his charter flight to the Fort William sanatorium for treatment later today.

"I think he should be taken as soon as he can," said the magistrate. "It's not a very good place to treat him, in jail, and I'm concerned about the contamination of our other customers. . ."

Gerry Joseph Hachey, 32, of RR 3, Georgetown, was picked up in London during the weekend on a warrant held under the Sanatoria for Consumptive Act.

Hachey, described by doctors as having pulmonary tuberculosis in the infectious state, was held in the city lockup and transferred to isolation quarters in the county jail pending his court appearance.

Magistrate Menzies ordered Hachey to be admitted and detained for a year at the Fort William sanatorium. He will fly by chartered aircraft at the expense of the Ontario department of health.

When informed by Acting Crown Attorney A. J. Baker flight arrangements made it impossible to leave yesterday, the magistrate said:

"I don't think he should be held in the jail. If he's not ready to go out there now it will be up to the doctors to take care of him." The magistrate later abided by an earlier recommendation from Dr. Douglas Hutchison of the board of health.

Dr. Hutchison told the court there were two difficulties in having the man admitted to the Beck Memorial Sanatorium overnight: Lack of facilities to retain him, and fear that the medical superintendent would refuse to accept him.

Hachey was picked up at Talbot and Dundas streets on a warrant charging that he:

"Being a person suffering from pulmonary tuberculosis in the infectious state, is unwilling or unable to conduct himself in such a manner as not to expose members of his family or other persons to danger of infection and refuses to remain in a sanatorium. . . "

Evidence showed he was released from the Freeport Sanatorium at Kitchener without the consent of the superintendent. He said later he left because he felt well and wanted to work to earn money to buy clothes.

"It's difficult to understand that with his infectious state he would be released from the sanatorium," said Magistrate Menzies.

Dr. Hutchison said Hachey's medical history indicates the presence of organisms which are not susceptible to common drugs used in the treatment of tuberculosis, and that "it's now a question of surgery."

May 11/64



TEA TIME — A tea was held for foreign students and doctors at Medway Hall yesterday afternoon. Left to right are: Dr. G. W. Manning, professor of medicine; Dr. Paul Nardu, Hong Kong; Dr. C. A. Ramirez, Manila; Dr. N. K. Uzsoy, Turkey and Mrs. Mok Li, Hong Kong.

d Still to Rule on Barring Doctor

May 12/64

st where Graham on Gen- contra- various to the ew days, in: on staff e use of hospital facilities and that has been the status since shortly after the March 7 death of his patient, Mrs. Ina Noer, of Palmerston.

A coroner's jury later said he had committed two surgical errors and shown a "lack of care" when he left a surgical clamp in the woman's abdominal cavity. He was cleared of negligence.

After the death of Mrs. Noer, the hospital's medical panel recommended to the board of directors that he be suspended. He was and hasn't been back since.

At a meeting in late April, the medical staff recommended unanimously that Dr. Graham be barred from operating at the hospital and that he not be reinstated. The board of directors received the recommendations and says no official decision has been made.

The board has the power to re-instate Dr. Graham or to permanently bar him from the hospital.

Mrs. G. A. Wright, a board member, said yesterday no decision has been made. She said the board hopes to make one at a special meeting later this month, but she did not know the date of the meeting.

W. T. Brown, board chairman, has refused to comment on the matter, despite the flood of press calls to the town in the last several days.

As far as Mrs. Wright is concerned, Dr. Graham's status at the moment is one of "suspension."

Dr. D. E. Clunas, of Harriston, head of the medical panel at the Palmerston hospital, was quoted earlier as saying the board supported the doctor's recommendation that Dr. Graham be "barred" from operating at the hospital.

Dr. Clunas said yesterday he was not suggesting Dr. Graham has been "permanently" "barred" in that he has not been permitted access to hospital facilities.

If the board of directors felt otherwise (to what the doctors recommended), Dr. Graham obviously would be using hospital facilities right now, he said.

The board of directors is seeking legal advice before making a final decision, says Mrs. Wright. When the decision is made, there will be a public notice, she says.

Meanwhile, Dr. Graham is practising at his office in Palmerston.

McGREGOR — Dr. and Mrs. Donald F. McGregor (nee Marilyn King), Richmond Hill, Ont., announce the birth of a son, James, at Toronto Western Hospital, on Sunday, April 26, 1964.



May 9 '64

Although the sky threatened rain, families of 1964 graduates at St. Joseph's Hospital School of Nursing were able to take a few pictures yesterday afternoon on the lawn of the hospital. Parents and friends were guests at a tea in honor of graduates held by St. Joseph's Hospital Women's Auxiliary. Shown here is Mrs. Tony Verhoeven, RR 3, Simcoe (back to camera) taking a photograph of from left, her daughter Joan Maria, who was awarded $500 A. E. Silverwood Foundation Bursary for post graduate work at UWO; Mrs. Mary Flynn, London, and her daughter Sheila Anne, who received the $1,000 scholarship for post graduate work donated by the Women's Auxiliary; and Mrs. D. G. Mills, a member of the auxiliary.

Doctors' Strike Looms

May 12/64

BRUSSELS (Reuters) — Belgium faced the threat last night of another doctors' strike in the event of a breakdown in negotiations resumed by the medical unions and the government last month.

Medical sources warned that the doctors' unions had taken steps to call another strike at short notice because of new difficulties which had arisen in the talks.

Representatives of the doctors resumed negotiations with the government April 22 after an 18-day strike by the country's 12,000 physicians in protest against a new national health insurance act.

While it was hoped another strike could be avoided, the doctors called a "state of alert" of all the country's medical unions in case no solution is found to the present deadlock.

The main difficulty was reported to be the provision of the new health insurance law calling for higher reimbursement for patients treated by doctors signing the new health rules than for those treated by private doctors.

The Socialists, who along with the Social Christians make up the present coalition government, insist that this provision should be maintained.

The provision has met with strong opposition from the medical unions, which claim it would amount to unfair discrimination against patients, medical sources said.

The sources said twice-weekly secret talks between the unions and the government had not taken place last week because of the differences.

The talks were resumed late last month only after the government started mobilizing the striking doctors, many of whom had fled to Holland, Luxembourg and other neighboring countries.

Says Medical Association Won't Support Payment of Dentists Through Medicare

May 13/64

TORONTO (CP) — Dr. Patrick Bruce-Lockhart, of Sudbury, past-president of the Ontario Medical Association, yesterday told Ontario's 2,600 dentists to set up their own prepaid insurance scheme.

A special lecturer at the Ontario Dental Association's annual convention, Dr. Bruce-Lockhart said his association will not support dentists in their campaign to receive payments from Ontario's proposed medicare plan for medical services provided by dentists.

Noting the doctors operate their own prepaid scheme — Physicians' Services Incorporated — Dr. Bruce-Lockhart said: "Why does everyone want to climb on our bandwagon?"

He said the OMA had to draw the line somewhere because faith healers also had appealed to the committee studying medicare to be paid for their medical services too.

Speaking as a private doctor, Dr. Bruce-Lockhart said unlimited medical care would mean a blank cheque for the public to swamp doctors and facilities.

He suggested the government or some others in authority should have enough courage to tell the public medical care has to be limited if standards are to remain high. He added that users should pay part of the cost to limit unnecessary visits to doctors.

The doctor contended the proposed government-sponsored, noncompulsory medical plan will solve these problems.

The proposed plan provides for a voluntary prepaid medical plan using private insurance companies. Draft legislation was introduced in Ontario last year and the plan will be available to all citizens with the government paying premiums for those who cannot afford the expense.

The bill has been referred to a special government commission which held public hearings last winter and is expected to make its report in the fall.

Dr. Wesley J. Dunn, registrar-secretary of the Royal College of Dental Surgeons, attacked the bill on the grounds that patients will pick doctors rather than dentists for certain treatment because such services will be free under the Ontario scheme.

Urges Doctors Report All Persons Unfit To Operate Vehicles

May 13/64

TORONTO (CP) — People who are physically unfit to drive should be reported to the authorities by their doctors, medical and safety association spokesmen said Monday night.

They were commenting on statements by Dr. Norman Williams, director of occupational health in Saskatchewan, in the current issue of the Canadian Medical Association Journal.

Dr. Williams contended that 150 Canadian lives could be saved and 4,000 cases of injury prevented if doctors reported unfit drivers to the authorities.

Dr. W. W. Wigle, president of the Canadian Medical Association, said the unfit driver is "no less a menace" than a person suffering from a communicable disease, which doctors are required by law to report.

Dr. A. D. Kelly, general secretary of the CMA, said the medical code of ethics does not prohibit doctors from making such reports, and believed a doctor has an obligation to report unfit patients.

He said the doctor should first tell the patient he is unfit to drive, then notify provincial officials. Dr. Glenn Sawyer, general secretary of the Ontario Medical Association, said many doctors already make such reports.

Both Dr. Kelly and Dr. Sawyer opposed making such reports compulsory, however.

Magistrate C. O. Bick, chairman of the Metropolitan Toronto police commission, said doctors' reports would put many drivers off the road, but would not affect unfit drivers who do not see a doctor.

"If every driver, regardless of age, had to submit a certificate of physical fitness every few years it would take practically all unfit drivers out of circulation," Magistrate Bick said. "Under the present system, a driving licence is a lifetime membership in a club."

Transport Minister Irwin Haskett said he has given no thought to any law making doctors' reports compulsory, but the department would be "very interested" in information about the role of unfit drivers in traffic accidents.

54 UWO Students to Receive Doctor of Medicine Degrees

Fifty-four final year students of the University of Western Ontario medical school have been recommended to the university senate for graduation at convocation exercises May 30.

Names of the students who will receive the degree of doctor of medicine were announced today by Dr. O. H. Warwick, dean of the faculty of medicine.

Of nine scholarships and prizes available for the graduating class, David Michael Grace, of London, and Dorothy Frances McDade, of Fredericton, N.B., each captured three. Both students graduated cum laude, achieving honors standing in all four years of the course.

Also graduating cum laude are William Donald Reid, of St. Catharines, and David Marshall Parks Thomson, of Windsor.

Mr. Grace was the winner of the Medical Alumni Gold Medal, the Poulenc Award and Gold Medal, and the Roche Scholarship.

Miss McDade won the Alpha Kappa Kappa Gold Medal, the Dr. F. R. Eccles Scholarship, and the J. B. Campbell Memorial Scholarship in Medicine.

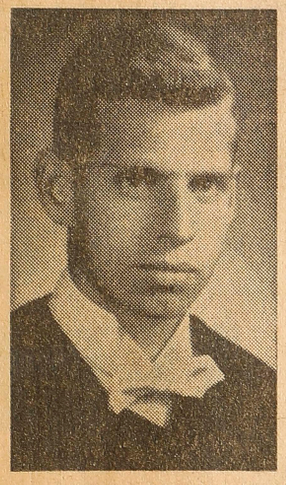
Other award winners were: The Kingswood Scholarship, Abraham Albert Yuzpe, of London; the Class of 1917 Prize, Jerry Roman Zownir, of Toronto; and the Reckitt and Colman (Canada) Limited Prize in Obstetrics, Mary Ellen Kirk, of London.

Passed final year with honors: David Michael Grace; Donald James Henderson, Toronto; Mary Ellen Kirk; Dorothy Frances McDade; William Donald Reid; David Marshall Parks Thomson; Fred Wiseman, London; Richard Elmer Wylie, London; and Abraham Albert Yuzpe.

Passed: Ralph Joseph Anderson, Dover Centre, Ont.; John Charles Aust, London; James Howard Ballard, Dunnville, Ont.; Telahun Bekele, Addis Ababa, Ethiopia; William Hamilton Bryant, Kirkland Lake; Phyllis Gloria Sax Burk, Windsor; Richard Lloyd Clark, Windsor; James Dowler Curtis, St. Thomas;

Alice Winnifred Dewdney, London; Donald Wesley Elliott, London; Vernon George Ellis, Hamilton; Rudy Louis Filipich, Sault Ste. Marie, Ont.; Florence Margaret Westcott Fisher, Simcoe; Garry Ford Fisher, Cobourg; Peter John Fowler, Woodstock; Mary Gwizdal, Brantford; Ronald Edward Habros, Hamilton; Joseph Hilton High, Delhi; Harry John Hyatt, London; Kenneth Douglas Jack, Clarkson;

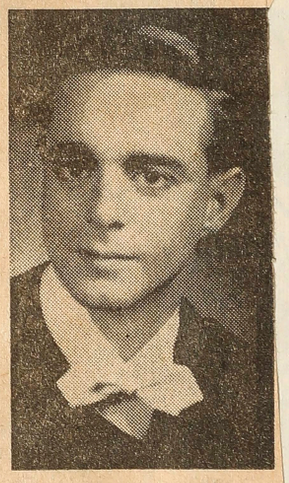
Donald George Johnson, Brantford; Patricia Anne Keeling, Owen Sound; Alan Ross Laing, London; Donald William Lawrence, Rosemere, Que.; Malachy Stanislaus McCullagh, London; Thomas George McGhie, London; George McNeill, London; Stanley Joseph Manax, London; Thomas Herman Martin, Wallaceburg; Svend Erik Melgard, London; Alastair McDonald Murray, Toronto; Mary McCraney Martin O'Dwyer, London; Michael Patrick Thomas O'Dwyer, London; Theodore Prawak, Hamilton; James Henry Purvis, Belle River, Ont.; Helen Elizabeth Ross, London; Francis Gordon Ellis Scott, Otterville; Robin Stuart Alvin Bernard O'Sullivan, London; Lucien Persyko, London; Harold Spratt, Sault Ste. Marie, Ont.; Shigeru Suglyama, London; Douglas Hollingshead Vair, London; William Galbraith Williams, Toronto; Jerry Romar Zownir, Toronto; Shearer, Fife, Scotland; Ernest



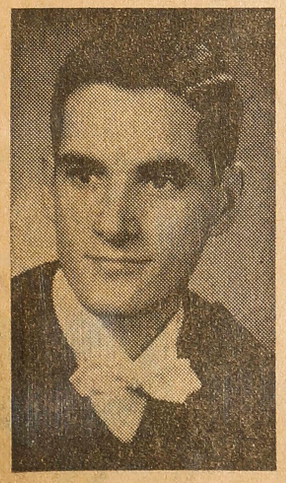
MICHAEL GRACE
- - - three awards



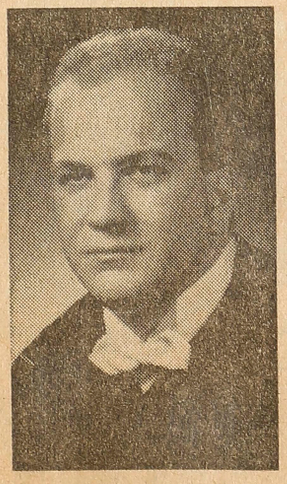
DOROTHY McDADE
- - - three awards



DONALD REID
- - - graduate cum laude



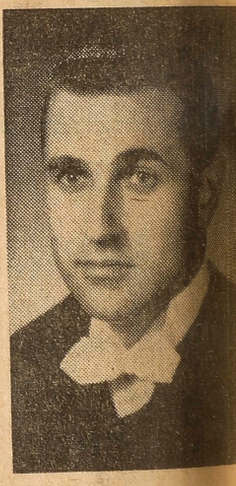
DAVID THOMSON
- - - graduate cum laude



JERRY ZOWNIR
- - - Class of 1917 prize



MARY ELLEN KIRK
- - - obstetrics prize



Photos By Roy Kumano

ALBERT YUZPE
- - - Kingswood Scholarsh

Ambulances a Provincial Problem

May 15/64

ONTARIO'S ambulance services are in trouble. An edict of the Labor Board requiring private operators to conform to minimum labor standards has revealed a sorry situation. An investigation by provincial authorities who would be prepared to find some solution is indicated.

Ambulance operators are at present under no regulation except those self-imposed or agreed to with municipalities which in return pay them subsidy.

It appears possible for any man to start an ambulance service with a pick-up truck and bed the patients down on a bale of hay. Conditions are nowhere approaching that low standard, but if what operators say is true, it would be little wonder if they did.

The president of the Ontario Ambulance Operators' Association who runs a service at Oakville says for instance he cannot afford to pay more than $50 weekly for 72 hours of work from his employees. The Labor Board has decided attendants should work only 48 hours a week for a minimum of $1 an hour.

Operators in London say their position is not much better.

They say their problem is not the amount of business they do, but their inability to get paid for it all. Too many times they answer highway accident calls to find the injured taken to hospital by some other means, or alternatively are unable to collect their fees.

There is no question that ambulance service is a necessity. Without regulation of any kind, the laws of economics and supply and demand have dictated the quality of service available.

London Labor Council criticizes the long hour, short pay aspect of present ambulance operation and concludes the answer is provincial control. This stand of unionism could be expected.

Having undertaken to place some regulation upon the operators, the province has put its foot into a door which may now have to open wide enough to let in a flood of standards. Having done this, it can hardly withdraw without providing some solution to the problem of finances.

Hospital Transfer Issue Cools

May 20/64

SOME of the heat seems to have been dissipated from the vociferous objections of the Royal Canadian Legion to any suggestion that local agencies be given control of some veterans' hospitals.

Veterans Affairs Minister Teillet showed courage almost equalling that of Prime Minister Pearson when he bearded the Legionnaires in the den of their national convention and told them he was going ahead with the transfers.

Prime Minister Pearson faced a lot of boos and catcalls with his proposal for a new flag.

Mr. Teillet wound up with rounds of applause, but the veterans weren't quite ready to accept all his arguments. The resolution objecting to any change in DVA hospital status was tabled for later discussion. Without his appearance, however, it might have passed immediately.

It seems only reasonable that the country should get the best use possible from whatever organizational and physical assets it possesses. Hospital beds are in short supply throughout the country. Veterans hospitals are not overloaded. Mr. Teillet says in fact something has to be done to prevent deterioration in care standards. The high ratio of convalescent patients to active treatment cases is responsible for this.

Legionnaires would not be on sound ground if they continued to object to public use of empty beds and other facilities not required by ailing comrades.

Being assured that veterans rights will be maintained, and the government will continue to meet its obligations toward them, members of the Royal Canadion Legion can do little else but take a second, judicious look at the proposal.

Doctor Injured In Two-Car Crash

March 16/64

Dr. Jan. W. Oosterhuis, 35, of 1965 Royal Crescent, was reported in satisfactory condition at St. Joseph's Hospital last night with injuries received in a two-car crash yesterday at Cheapside and Barker streets.

Dr. Oosterhuis suffered leg and pelvic injuries when his car was in collision with a car driven by Jack Hyman Marsden, 48, of 1011 Harrison Crescent, shortly after 10 a.m.

Constable Juergen Baingo, of the city police, estimated damage to the two cars at $5,000.

Five Area Doctors Get Research Fellowships

Five Western Ontario residents are among 120 recent medical graduates who have been awarded research fellowships by the Medical Research Council of Canada for 1964-65.

Dr. Beryl Chernick, of 231 Maitland St., London, received a fellowship valued at $4,200 for study in pharmacology at the University of Western Ontario.

Dr. J. A. Bain, of Listowel, also received a $4,200 award for study at Western. He will specialize in physiology.

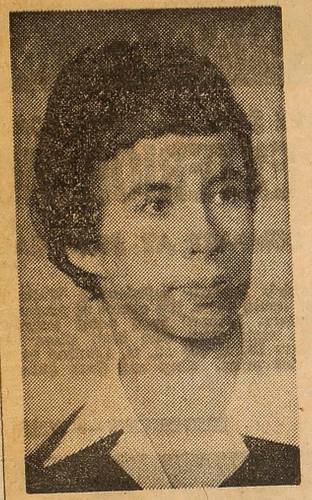
Dr. R. J. Gardiner, of 1048 St. Croix Ave., London, and Dr. J. W. D. McDonald, of 1342 Commissioners Rd., London, each received $4,600 awards to help them with biochemistry studies at UWO.

All four are graduates of the University of Western Ontario.

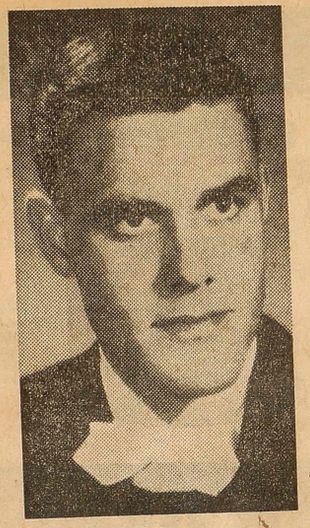
Dr. H. M. Scott, of Guelph, a graduate of Queen's University, received a $4,600 award for study in cardiology at the Karolinska Institute, in Stockholm, Sweden.

The awards for graduate training in research given by the council have a total value of $577,200 this year.

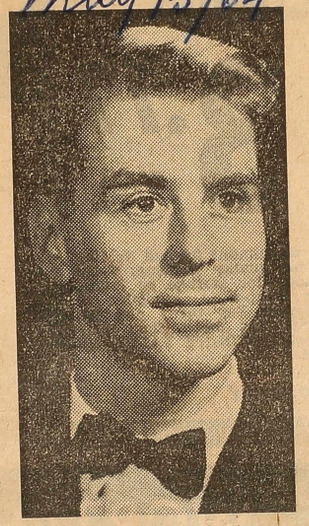
May 15/64



DR. BERYL CHERNICK



DR. J. A. BAIN



DR. J. W. D. McDONALD



DR. R. T. GARDINER

RC Body Says Private Hospitals Improve Patient Care

OTTAWA (CP)—The Catholic Hospital Association of Canada has criticized a recommendation of a New Brunswick royal commission which would place all hospitals in the province under provincial administration.

The association, in a resolution passed yesterday at its annual meeting, said the system of voluntary hospitals is the basis for the high standard of patient care in Canada.

It views "with alarm" the Byrne royal commission's recommendation earlier this year that all hospitals in New Brunswick be placed under the administrative control of a provincial hospital commission.

"It would be a great pity to see all our hospitals socialized. Our best defence is to make them as perfect as possible.

"The role of the state is to encourage private enterprise, helping to standardize patient care where hospitals are few and widely scattered, but at the same time respecting philosophical and moral ideals."

Rev. C. S. Godin, of Moose Jaw, Sask., was elected president of the association. He succeeds Very Rev. F. J. Smyth, of Antigonish, N.S., who remains president of the International Catholic Confederation of Hospitals:

Said Prof. Maisin, who is

Earlier in the day, Prof. Joseph Maisin, of the University of Louvain, Belgium, told delegates the key to fighting increased socialization of Catholic hospitals is professional excellence.

The association approved steps to set up a school of hospital administration in cooperation with the University of Ottawa. Plans for the school, which may be opened next fall, are subject to final approval by the senate of the university.

Other resolutions passed included one setting up a committee to relate the theological basis of Roman Catholic hospitals to practical application of this theology in hospital administration.

In this regard, the association also set up a special committee which is to resolve various medical - moral problems raised during discussions at the annual meeting.

This committee is expected to deal with a controversial question raised Monday: Where a Catholic hospital is the only hospital in a predominately Protestant area, what does the administrator do if asked to sanction an operation, by a non - Catholic doctor, that goes against Roman Catholic doctrine.

In another resolution, the association recommended that chaplains in Catholic hospitals equip themselves with a special knowledge of total patient care. It was recognized that hospital chaplains required a more extensive knowledge of patient care.

signed earlier this year because of pressure of other duties.

Apr 29/64

Inquest Ordered Into Hospital Death

May 16/64

By DEL BELL
Free Press Staff Reporter

An inquest has been ordered into the death of a 46-year-old London woman who died in Victoria Hospital April 24, about eight hours after she was admitted.

Mrs. Gilbert Martin, 394½ Richmond St., was taken to hospital by ambulance after she had hemorrhaged at home, said a son, James.

Dr. J. Bev C. Robinson, city coroner, said yesterday no date has been set for the inquest.

James Martin said his mother hemorrhaged in the X-ray department and again just before she died about 10:30 p.m.

She was taken to hospital about 2:30 p.m. he said.

Mr. Martin said his mother did not receive a blood transfusion while she was in hospital although he was told by hospital authorities later that blood had been ordered.

A hospital spokesman said blood was available and had been ordered shortly after the woman arrived at hospital.

Mr. Martin said he had engaged a lawyer who wrote to the provincial coroner, Dr. H. B. Cotnam setting out details and requesting an inquest be held.

Dr. Cotnam said yesterday he had just returned from out of town but was aware of the situation. He said he'd asked Dr. Robinson for a report but stressed it was up to the London coroner to decide whether an inquest should be held.

Dr. Robinson said he has sent a report to the provincial coroner. He said he called the inquest because "I think we should clear the air on it (the circumstances surrounding the woman's death)."

Mr. Martin said that six days before her death his mother had complained of severe stomach and back pains and visited Victoria Hospital.

He said his mother told him later she had received a urine test, had been released and was told to return to hospital a week later.

Hospital authorities said Mrs. Martin was examined and she was expected to return several days prior to the day she was brought to hospital by ambulance.

Mr. Martin contends that because of his mother's case history, she should have been kept in hospital for observation.

He said his mother had suffered from a kidney ailment and been treated for it until early in 1963.

Hospital authorities said the death certificate was signed by the coroner the day of Mrs. Martin's death.

Nurses Receive Prizes, Bursaries At Victoria Hospital Graduation

May 23/64

Six students of the 88 members of Victoria Hospital School of Nuursing 1964 graduating class received prizes and bursaries at graduation exercises held last night at Thames Hall, University of Western Ontario.

Miss Dorothy Ann Bicks, Chatham, and Miss Helen Louise McBeath, London, were presented with Women's Auxiliary bursaries for post-graduate study in nursing by auxiliary president Mrs. William R. Smith.

The Emma Myrtle Cuthbertson prize for general proficiency went to Miss Nancy Ann Montgomery, Kitchener. Making the presentation was Miss Heather Jean Inman.

Mrs. C. Stewart Ward, convener of the Pre-natal Group of the auxiliary, presented the prize for the highest standing in obstetrical and gynaecological nursing to Miss Beverly Joan Schiedel, St. Marys.

Winner of the Lillian I. Uren prize for paediatric nursing was Miss Ruth Anne Henderson, RR 4, Wingham, with Mrs. William S. Johnston making the award.

Miss April Diane Saltz, Petrolia, was presented with the Jean Rutherford Reekie award by Miss Gladys R. Erskine, assistant director of nursing education at Victoria Hospital.

J. Harold Gillies also presented the A. E. Silverwood Foundation bursary to Mrs. Harry L. Grauds, Reg.N.

The valedictory address for the graduating class was delivered by Miss Roberta Gail Shute, Arva, and guest speaker for the evening was Dr. Angus J. MacQueen, minister of First-St. Andrew's United Church, and ex-moderator of the United Church of Canada.

Dr. MacQueen gave the graduates a "Code of Living" in his address. "You as nurses know that persons are not just bodies, cases or animals but human beings," he said. "You have been taught to deal with the whole person, body, mind and spirit."

The speaker said that he wanted to talk to the group as "persons" and gave them a code by which to live, not only in the nursing profession but also in their personal lives.

"Live each day as it comes, look for the good in other people and make service your motto," Dr. MacQueen said. He completed his "code" with reminders that the graduates "keep God in their daily round" and "light a candle in the dark."

He was introduced by Miss Lenore Higgins, president of the Alumnae Association of Victoria Hospital School of Nursing.

J. Ronald Chapman, chairman of the hospital board of trustees presided and organist for the occasion was Gordon Atkinson.

Mayor Gordon F. Stronach brought greetings from the city while Dr. G. Edward Hall, president of the University of Western Ontario, extended greetings on behalf of the university. Greetings were also extended by Dr. Donaald R. Smith, vice-president of the hospital medical staff.

Reporting for the School of Nursing was Miss Evelyn M. Robson, director of nursing, while Miss Erskine, led graduates in the Nightingale Pledge.

Pins and diplomas were presented to the graduates by Dr. Dorothy Smith, and invocation and benediction were conducted by Rev. J. Murdo Pollock.

Financial Dealings With Provinces Harmful to Hospitals, Association Told

May 21/64

By BRENDA LARGE

OTTAWA (CP) — Present financial arrangements between the provinces and Canada's hospitals are outdated and hamper internal management of individual institutions, the Canadian Hospital Association was told yesterday.

Harold Livergant, of Toronto, said at the association's annual convention that the increasing amount of direction from provincial hospital plans is "direction based on yardsticks, indicators and averages which become more unrealistic, ineffective and unnecessary as hospitals become more complex, courageous and competent."

Concern that the system of voluntary hospitals in Canada would eventually be replaced by complete provincial administrative control was voiced by delegates at the convention's opening session.

Mr. Livergant, now a student at the University of Toronto but formerly a hospital administrator in North Battleford, Sask., advocated that hospitals agree with the provinces to adopt a "global" or "block" budget.

By this method, provincial hospital commissions would accept a total budget amount, rather than approving each individual item on a hospital's budget.

G. W. Phelps, of Orillia, director of the Ontario Hospital Association, said the future of the voluntary hospital system would be preserved only if trustees recognized and carried out their functions in co-operation with government - sponsored hospital insurance.

He stressed that hospital trustees should not be subservient to government but should co-operate with it by fulfilling their own responsibilities.

Mr. Phelps drew the attention of the association to a statement made in the Ontario Legislature in mid-April by Health Minister Dymond in which, he said, the minister indicated he was not in favor of the provincial government operating general hospitals.

"The reading of this complete statement would be good food for the soul of each and every hospital trustee in Canada," said Mr. Phelps.

The federal government's deputy health minister said there is an increasing need for better planning in the hospital field. "We want the hospital to be an individual institution but at the same time it must fit into some community or regional plan," said Dr. D. G. W. Cameron.

He said the federal government has gone as far as it can to ensure that hospital management rests with the provinces. The problem now was to find a way to preserve the individual character of hospitals within provincial hospital plans.

Hears Thames Valley Men

Board of Control Supports Higher Ambulance Fees

May 21/64

Board of control yesterday agreed Thames Valley Ambulance is entitled to higher fees for its services.

Cons. Earl Nichols and Norman Bradford suggested the ambulance service should receive a higher subsidy from the city than the $6,000 now paid annually. The subsidy is designed to cover welfare calls within London.

Earl Parsons and Donald Byrne, representatives of Thames Valley, were asked to prepare a revised rate structure for submission to board of control. As an alternative, they will also submit a proposal containing a general rate increase and a higher city subsidy.

Should the subsidy be increased, the rise in rates would presumably be smaller than it would be if the municipal assistance remained the same.

Board of control emphasized it is not inviting any other ambulance firms to bargain for municipal subsidization.

Mr. Parsons said Thames Valley also controls London Ambulance Service and hence is the only ambulance operator in London.

The city has subsidized ambulance service for indigents at the rate of $500-a-month since 1958.

The subsidy agreement also establishes the ambulance rates within the city — $8 for the first stretcher patient, $4 for the second — that are now the subject of renegotiation. Rates charged outside London are beyond the city's control.

Board of control received a summary of ambulance fees that indicated London's are lower than those in other Ontario communities of comparable size.

Mr. Parsons said Thames Valley operated at a loss last year. He expressed fear at the impact proposed minimum wage legislation will have upon ambulance operations.

On the basis of a six-day, 72-hour week, Mr. Parsons noted, ambulance attendants who now start at $40 would have to receive $72 if a $1-an-hour minimum came into effect.

If a $1.25 minimum were imposed, he added, "we would be floored."

He acknowledged that $40-a-week is not a high salary but pointed out that free room is provided for unmarried attendants.

JOURNALISM DEGREE

Jean Elizabeth McPhee, of 136 Albert St., London, has received her degree of Bachelor of Journalism from Carleton University, Ottawa. She is the daughter of Mr. and Mrs. Douglas McPhee.

DVA to Proceed With Hospital Changes

May 19/64

WINNIPEG (CP)—Veterans Affairs Minister Teillet entered the opposition camp yesterday and said his department must proceed with transfer of control of some veterans' hospitals to local agencies.

He told the 20th national convention of the Royal Canadian Legion the move is necessary to prevent deterioration in care standards. The 267,000-member Legion has been opposed to the move.

But the 1,500 convention delegates accorded Mr. Teillet a cordial reception, giving him several rounds of applause for answers to floor questions following his speech.

It was in marked contrast to boos and catcalls received by Prime Minister Pearson Sunday night when he advocated adoption of a maple leaf design for Canada's flag. The Legion wants the Red Ensign.

Mr. Teillet said there is some concern about how recipients of war veterans' allowances would be handled under the transferred hospitals.

He said there is "no substance to the suggestion that we intend to reduce our responsibility" in this respect.

Also, he said, his department "will continue to have full authority to decide when a veteran is to be admitted to hospital or discharged."

Judge C. C. Sparling, of Winnipeg, Legion president, said the speech appeared to clear up a major Legion misgiving that recipients of war veterans' allowances "would be at the mercy of general hospitals" when they sought medical help.

The president said the dignified, courteous reception the minister received was "much different than we expected."

Transfer of control of veterans' hospitals has stirred considerable emotion in the Legion.

Judge Sparling said it will be up to the delegates to decide whether they are in favor or against the Teillet plan.

Delegates must deal with a resolution objecting to any change in the status of the 11 veterans' hospitals in Canada.

The resolution was debated following Mr. Teillet's speech and delegates decided to table it and a strengthening amendment for study by provincial command caucuses. It likely will appear on the convention floor again today.

But Mr. Teillet said that in the post-war years most of the occupants of veterans' hospitals have become convalescent patients or others not requiring the highly-skilled care and equipment needed for active cases just after the Second World War.

"The declining need for and use of these facilities speeds their rate of absolescence and the purchase cost of replacements becomes prohibitive in terms of the use made of them," he said.

Neither, he said, are veterans' hospitals attracting interns, residents and nurses as they did when their population was mostly active cases. Professional recognition has been downgraded.

"Notwithstanding comments by some," he said, "doctors, nurses and skilled technicians are becoming increasingly difficult to find."

Medical people, he said, prefer to go to hospitals where experience in treating active cases is available.

"The time has passed for assumptions and bland assurances that all remains well and that what we have now will continue to stand us in good stead.

"The facts which confront us, although they are not easy to accept, require action now if we are to avoid the deterioration of standards which was experienced for somewhat similar reasons prior to the Second World War.

"This must not happen. We must act in time."

He said the answer "is to arrange with the responsible authorities for the transfer of operational control of these hospitals where we anticipate difficulty.

"This will not involve all of our hospitals and any such transfers will probably take place over a considerable period of time and only after comprehensive investigation and study."

The Glassco royal commission recommended the hospital transfer as a money saver, but Mr. Teillet said the economics is not the only motive.

"It may well be that the changes we anticipate will involve increased expenditures."

He said: "We are not going out of business and most assuredly have no intent of placing our treatment services on the auction block. We have agreed to entertain requests from responsible authorities to consider the possibility of some of our hospitals being made available for wider community use.

"But in all cases guarantees and priority accommodation adequate for our requirements and best suited to the needs of veteran patients must remain the paramount consideration.

"We believe that while accomplishing this we can ensure as well the maximum utilization of our facilities to the benefit of the non-veteran community."

Mr. Teillet added: "Broadly speaking, we are of the opinion that our objective can be reached by arrangements where possible with the teaching programs of medical colleges and universities or by satisfactory agreements with other hospital authorities."

Mr. Teillet promised that any transfer agreements will be discussed with veterans associations concerned before it is made final.

He said if standards deteriorated, the group most affected would be the disability pensioner and the government's foremost responsibility is to him.

'Cybernetics'--Science of Control May Help Shape Foreign Policies

May 20/64

By ALAN HARVEY

LONDON (CP)—Get out your dictionary and look up the word cybernetics. Mark it well. It is the spearhead of an unremarked revolution that is changing the world.

One consequence may be that Western strategists will start to worry about the "computer gap" the way they used to worry about the "missile gap."

For computers—high - speed electronic computers—are the tools of the new, unnoticed science named cybernetics. Usually called automation in Britain, this is the science of control and communication, heralding the push-button era par excellence.

If cybernetics—from a Greek word meaning to govern—is carried to its logical conclusion, foreign policy and the cold war will one day be reduced to a duel between master computers, into which will be fed all known facts about the world's strategic, political and economic situation.

And finally, in the utopian view, all world tensions will dissolve because both sides will know what the other is doing and there will no longer be any need for secrecy or hostility.

Too good to be true? Probably. But that's one possibility that can be read between the lines, though not stated in exactly those terms, in a new book by George Paloczi - Horvath, former Hungarian scientist who fled his native country in the 1956 revolution.

In his diffuse but closely-argued thesis, The Facts Rebel, Paloczi-Horvath is principally concerned to show the subtle ways in which cybernetics, catalyst of what he calls the second industrial revolution, is changing both the Soviet Union and the Western world.

"Marxism-Leninism is giving way to cybernetics," says the author. "This means that the very essence of the Soviet system is changing.

"This development is comparable in importance to that of the Protestant Reformation in the history of Europe and the world. . . . The Communist reformation changes the creed itself, relegates the remnants of Marxism to ceremonial political functions and attacks . . . the dictatorship of Communist dogma over contemporary reality."

Paloczi-Horvath describes in detail the complex process by which the "dictatorship of reality" is prevailing in the Soviet Union, elevating Nikita Khrushchev into the "Martin Luther of communism" and making Russia's intellectual isolation from reality a thing of the past.

The essence of the Communist reformation, he says, is the primacy accorded to science and economics over ideology and politics.

"In officially elevating cybernetics to an all - important, super-science, the Soviet leaders started a process of normalization and de - politicization. The mental climate . . . is turning toward a general re-appraisal. This climate is favorable to rethinking, to a new look at old ideas, to a revaluation of hitherto sacred Communist principles, to the experimentation with new hypotheses and new methods."

In his detailed argument, the author stresses the pace of change. Over the last two decades, transformations have taken place in many important fields that equal or surpass all previous changes "in the whole of recorded history before 1940." One pertinent example involves Canada's St. Lawrence Seaway.

The first British computer sent to Canada in 1951 to handle seaway calculations was "exceedingly primitive and slow." Yet it was able to do what human calculators would have taken 20 years to accomplish, and in that time the physical characteristics of the region, the flow of traffic, and so on would have rendered the human calculations largely obsolete.

Today, the new computers are 5,000 times as fast as the original seaway computer!

In discussing the impact of cybernetics on the Western world, Paloczi-Horvath places great stress on education and looks forward to the day when the dominant part of society will be the "quality population," a new class with a new set of values.

"It will be up to this quality population to ensure that the great technological and other changes should lead to more and not less democracy, to a more and not less humane society."

The book made its appearance in Britain almost at the same time as that of the death in Sweden of the "father of cybernetics," Professor Norbert Wiener, a polyglot genius who lectured in French in Paris, in Spanish in Mexico, in German in Berlin and in Chinese in Peking.

Writing in the Paris newspaper L'Express, Albert Ducroco says it is not impossible that one day Prof. Wiener's prestige may be as great as that of Einstein.

"Yesterday, the scientific world denied the theories of Prof. Wiener. Today . . . it is just starting to discover them."



Honor Nursing Graduates

23/May 64

The Student Nurses' Group of the Women's Auxiliary, Victoria Hospital School of Nursing entertained the 88 graduates of the 1964 class at a tea yesterday afternoon in the hospital auditorium. Miss Gladys Erskine, assistant director of nursing education, right, pours tea for, from left: Miss Dorothy Ann Bicks, Chatham; Mrs. William S. Dick, convener of the Nurses' Group; Miss Beverley Joan Schiedel, St. Marys; and Miss Helen Louise McBeath, London. The three graduates were winners of bursaries and prizes offered by the auxiliary.

Formal Afternoon Tea Precedes Graduation

An arrangement of purple gladioli, carnations and yellow shasta 'mums centred the lace-covered table for the graduation tea yesterday afternoon in Victoria Hospital auditorium sponsored by the Student Nurses' Group of the Women's Auxiliary to the hospital.

The floral arrangement was flanked by brass semi-circular candelabra with yellow tapers, and two other tea tables were similarly decorated. Bouquets of red roses were placed in the lounge, and ferns and cedars throughout the auditorium.

Receiving the 88 graduates of the 1964 class, their parents and friends were Mrs. William S. Dick, convener of the Nurses' Group; Miss Evelyn Robson, director of the school of nursing; and Mrs. W. R. Smith, president of the women's auxiliary.

Tea was poured by Miss Gladys Erskine, assistant director of nursing education; Mrs. G. B. McCall, past convener of the group; Mrs. R. G. McGugan, past president of the Women's Auxiliary, and Mrs. Angus J. McQueen.

Mrs. Victor H. Mold convened the tea, assisted by Mrs. J. A. McMillan, and in charge of floral decorations were Mrs. Lloyd T. Richardson and Mrs. Moir Waters.

Mrs. George Poole was hostess for the head table while acting as hostess for the other two were Mrs. G. G. Elliott and Mrs. E. Frank Gillies.

Inviting to the tea room were Mrs. S. Mark Dysart and Mrs. J. G. Curry.

Members of Nurses' Group with daughters graduating are: Mrs. Fred Brock, Mrs. W. O. Curtis, Mrs. Murray Davis, Mrs. C. G. Ford, Mrs. J. K. Harper, Mrs. A. F. Jerrard, Mrs. George Layton, Mrs. B. F. Mannen, Mrs. A. G. McBeath, Mrs. C. M. McCallum, Mrs. J. A. McMillan, Mrs. J. A. McVeigh, Mrs. George Mitchell, Mrs. Donald Reidy, Mrs. G. M. Teetzel Mrs. W. R. Thompson and Mrs J. G. Walker.

Hospitals Group Seeks Right to Levy Extra Fee

May 23/64

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In a bid to retain some financial and administrative independence from provincial hospitalization plans, delegates to the association's annual meeting approved a resolution yesterday favoring the concept of the additional services fee.

It would be determined, collected and retained by individual hospitals, and go towards providing such hospital extras as cobalt therapy units, mental health clinics and more comprehensive nursing services.

The assistant director of the association, George McCracken, of Toronto, has already served notice that the association plans to ask the federal and provincial governments to either accept the proposal or to restate their policy in the hospital field.

If the voluntary system was to be abandoned, he said, "the sooner we know about it the better so that we may turn our efforts to developing the best hospital system we can under centralized government control."

In a further attempt to prevent state control of Canada's hospitals, the association went on record as being "unalterably opposed" to the recommendations of the Byrne royal commission on taxation in New Brunswick.

The provincial commission findings, released several months ago, recommended that all hospitals be placed under the control of a commission to be set up by the provincial government.

"The implications of these recommendations should be a matter of concern to every taxpayer in the country," said Dr. L. O. Bradley, director of the Winnipeg General Hospital.

"I don't think the proud people of New Brunswick want rings through their noses this early in our history," he added.

Dr. Carl Trask of the Saint John General Hospital, president of the N.B. Hospital Association, said the commission's report had come as a complete surprise to both the hospitals and provincial health department officials.

The president of the Canadian Hospital Association, A. H. Westbury, of Montreal, expressed fears that the recommendations of the commission might be duplicated in other parts of the country.

In another resolution, the association asked that the special services fee be included under the federal - provincial cost-sharing formula.

Under this arrangement, the federal government would reimburse the provincial governments for half the amount of the special fee paid by patients.

The fee set by the hospitals might vary from 25 cents to one dollar, depending on the services provided in the individual hospital. It would be charged to all patients admitted to hospital, regardless of whether they were personally using the special services provided.

Adoption of the additional-services fee would help control rising hospital costs, said CHA officials.

Two other resolutions passed by the CHA in its final session urged the federal government to provide increased grants for hospital construction and make funds available to meet costs of claims on approved hospital construction projects so hospitals could avoid capital interest charges due to deferred payment of federal government grants.

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Miss Electra MacLennan, president of the Canadian Nurses Association at a meeting of the Canadian Hospital Association was supported by Dr. W. W. Wigle representing the Canadian Medical Association when she attacked what she called self effacing martyrdom preventing the nurses from fighting for their rights as employees. Dr. Wigle added that society no longer appreciates dedication and devotion to duty from people in the service professions.

The good doctor was perhaps not altogether right. There is appreciation of efficient, devoted and sympathetic nurses by those who are sick, at least. What the nurses are seeking is some tangible expression of this. Limitations are placed on nurses private lives by such things as shift and emergency work. Most others enjoy extra compensation for this. Nurses generally do not.

There is another viewpoint. Nurses who feel that they are appreciated, that devotion is reciprocated by the best possible conditions of work, find it easier to lavish the care and sympathy on their patients which is expected of them.

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List Graduates of UWO Faculties, Affiliated Colleges

Lists of students recommended to the Senate of the University of Western Ontario for graduation have been released by the university registrar's office.

Following are the lists in the faculty of graduate studies, the faculty of arts and science (all colleges), the School of Business Administration and the School of Nursing.

Results of the faculties of medicine, law and engineering science were released earlier.

In all cases the names are divided alphabetically. Unless otherwise indicated, the home address is London.

Convocation will be held May 27 for the College of Music, Huron College, Brescia College, and the School of Nursing; May 28 for Middlesex College, the Faculty of Arts and Science, St. Peter's Seminary College of Arts, and the College of Christ the King; and May 29 University College of Arts and Science; and May 30 for the faculties of graduate studies, medicine, engineering science, law and the School of Business Administration.

The Faculty of Graduate Studies

Ph.D. (Doctor of Philosophy)

Guy Louis Anne Graff (biochemistry), Belgium; Hans Martin Christophel (mathematics), Germany; Gregory Hendry Holyer (chemistry), Buffalo, N.Y.; Gordon Hugh Jones (zoology), Kingston; John MacKlipp MacDonald (chemistry), Cranbrook; Arthur Neville Orr (chemistry); Richard Blain Philip (pharmacology), Dublin; Ann Kathleen Pillai (zoology), Delhi, India; Richard Paul Steele (mathematics); Robert Walter Rice (physics), Saskatoon; Nanjundappa Siddaiya Siddaiah (mathematics); Bangalore, India; Frederick Raymond Sorgenfrei (microscopic anatomy); Samar Bahadur Singh (zoology), Delhi, India; Edward Raymond Thompson (physiology), London, England; Roy Albert Wentzell (physics), Kitchener; Linda M. Wilson, Alan Henry Westlake (chemistry)

M.A. (Master of Arts)

Christopher Mead Armitage (English), Guelph; Stanley Scott Barton (English), Saint John, N.B.; John Buchanan Black (political science), Moffat; Denis George Brearley (Latin Bothwell; Kay Foon Chan (mathematics), Hong Kong; Robert Charles Cheetham (geography), Barrie; Marilyn Illaine Davis (English), Chatham; Alexander Boyd Fancy (French), Neville, N.S.; William Alexander Ferguson (geography), Owen Sound; Peter Gilbert Galilee (French), Toronto; William Campbell Gault (economics), Bellingham; David Douglas Husband (economics), Vancouver

Ivan Charles Johnson (economics), Lucknow; Ernest Keith Kerbrine Keeling (French), Owen Sound; Peter Robert Kirkham (economics), Albert Gamma (psychology); Murray Allen McCance (history); Donald Alexander Macdonald (comparative literature), Tillsonburg; Donald Carl Mingay (economics); Charles Patrick Sibbald (geography), Toronto; Nicholas John Siler (geography), Leamington; Dennis George Sprogis (history); James Gordon Skinner (geography), Roxboro, P.Q.; Robert Harm van Velde (mathematics); Newmarket; Neil Gordon Whitford (M.S.)

M.E.Sc. (Master of Engineering Science)

William Alexander Crago, St. Marys.

M.Sc. (Master of Science)

Frank Mulvey-Anglin (geophysics); Ottawa; John Chadwick Day (geography); Frank Day Ford (geomorphology); Shirley Anne Hollingsworth (geology); Richard Lee Hutchinson (geography), Rockwood; Peter Ian Johnson (geography), Roxboro, P.Q.; Madronich (microscopic anatomy); Alan Carl Morgan (geography), Farm valley; Newmarket; Neil Gordon Whitford (M.S.)

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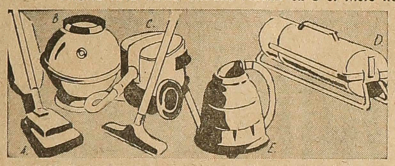
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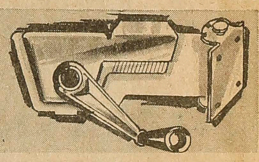
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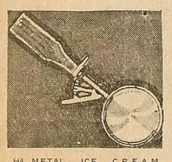
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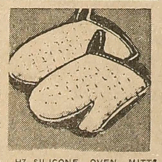
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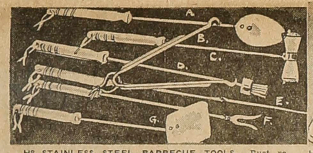
H5. 'COPELAND' ELECTRIC FRYPAN CLEANER. Removes carbon, grease and encrusted build-up. Safe on all porcelain, chrome, iron, steel or aluminum finish. 8-oz. can and brush ..... **88¢**



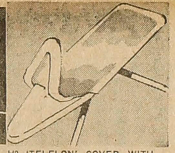
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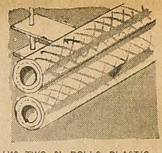
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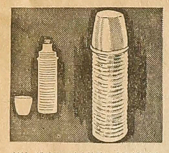
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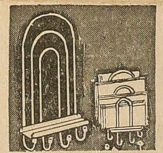
H11. SET OF 8 "LEFT-OVER" CONTAINERS. 20-oz. refrigerator or deep freezer containers in assorted colours — poly bagged. High impact styrene plastic with snug fitting glides .... Set of 8 for **88¢**



H12. 15-OZ. SIZE VACUUM BOTTLE. Sturdy aluminum case. Won't rust or tarnish. Leak-proof stopper. Keeps liquids hot for a long time. Each ..... **88¢**



H13. 'ORLON' BROOM COVER. With polishing mitt. Fits all corn brooms. Won't scratch and it's washable. Converts broom to mop in seconds. Each ..... **88¢**



H14. PAPER BAG STORAGE RACK. Screws on any flat surface. 4 plastic tipped hooks. Holds about 40 bags. 12 x 7½". Brass or chrome finish. Each ..... **88¢**



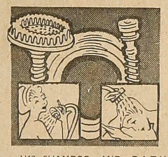
H15. GLAMORENE OVEN CLEANER. Even removes baked-on grease. Squeeze on type with built-in sponge applicator. Good for barbecue grills. 8-oz. size ..... **88¢**



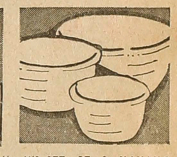
H16. TWO 4-OZ. BOTTLES KETTLE DESCALE. Removes harmful deposits from electric kettles. Set of ..... 2 for **88¢**



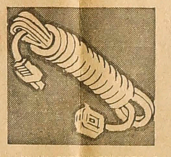
H17. 2 4-OZ. BOTTLES OF STEAM IRON CLEANER. Prevents clogging and iron spittings. Enough for 4 to 8 cleanings .... 2 for **88¢**



H18. SHAMPOO AND BATH SPRAY. Spray has head massager. Ideal addition to the bathroom. Fits any size tap. Pink, White, Blue. Each ..... **88¢**



H19. SET OF 3 MIXING BOWLS. 1 1/5 quart, 2 quart, 3 1/5 quart bowls. Durable polyethylene. Easy to clean. Rolled rims. Turquoise, Yellow, White, Sandalwood. Set of ..... 3 for **88¢**



H20. 18' EXTENSION CORD. 3-way outlet for lamps, radios, etc. Handy to have around the house. CSA approved. Each ..... **88¢**



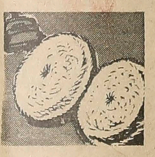
H21. 6 DOZEN SPRING CLOTHES PINS AND BAG. Wire frame to hang over clothes line. 6-dozen strong wire spring wooden clothes pins. Set ..... **88¢**



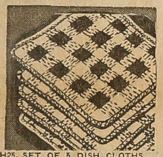
H22. GENEROUS 4-CUP PERCOLATOR of sturdy aluminum. Bakelite handle, glass knob. Get a cup of coffee in a jiffy! Each ..... **88¢**



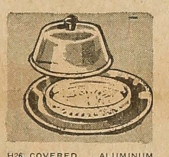
H23. 4-CUP ALUMINUM TEA POT. Insert polished aluminum. Ideal for apartment dwellers. Each ..... **88¢**



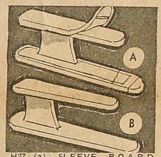
H24. SET OF 2 LAMBSWOOL BUFFING PADS. Fit any make of twin brush floor polisher. Snaps on over polisher polisher brushes. Set of ..... 2 for **88¢**



H25. SET OF 5 DISH CLOTHS. Closely woven 15 x 15". "Cassley" plaid pattern. Daffodil yellow, Red, Capri Blue on White. Set of ..... 5 for **88¢**



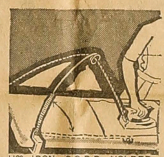
H26. COVERED ALUMINUM BUTTER DISH. Bright finish. 8½" diameter with 4" glass insert. Dome shaped cover with Black plastic knob. Each ..... **88¢**



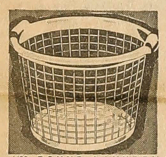
H27. (a) SLEEVE BOARD. Smooth edges. Standard size. Each ..... **88¢**
(b) SLEEVE BOARD PAD AND COVER SET. 2 elastic bound cotton covers with 2 foam pads. Set ..... **88¢**



H28. SCRATCHMASTER MAGIC BRUSH TOUCH-UP. Touches up scratches, blemishes on sinks, refrigerators, stoves, furniture, etc. Appliance White, Walnut or Mahogany colour. Each ..... **88¢**



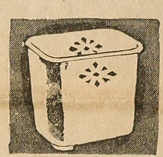
H29. IRON CORD HOLDER. Makes ironing safer and easier. Holds cord out of the way. Metal clamp holds cord securely. Folds for easy storage. Each ..... **88¢**



H30. ROUND LAUNDRY BASKET. Holds a bushel. Sturdy lattice design. Non sagging. Durable rolled edge and it's well ventilated. Turquoise, Yellow or Sandalwood. Each ..... **88¢**



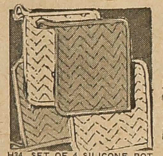
H31. PLASTIC OBLONG PAIL. Soft, durable, unbreakable polyethylene. 9¼ quart capacity. Metal handle with plastic grip. Turquoise, Yellow or Sandalwood. Each ..... **88¢**



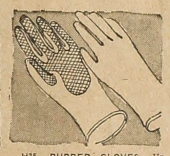
H32. LARGE PLASTIC WASTE BASKET. Rectangular shape with smooth edges. 9½ x 6½ x 10". High. White, Turquoise, Yellow or Sandalwood. Each ..... **88¢**



H33. SET OF 7 PLASTIC HANGERS. Slotted style for easy hanging of skirts, blouses, dresses. Mottled colour. Set of 7 ..... **88¢**



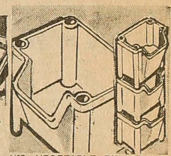
H34. SET OF 4 SILICONE POT HOLDERS. Silicone treated, stain and scratch resistant. Protects hands. Set of 4 ..... **88¢**



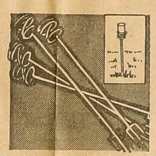
H35. RUBBER GLOVES. Unlined suction grip, comfortable fit. Pastel colour. State size: Small, Medium or large. Pair ..... **88¢**



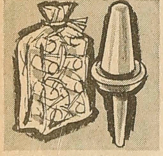
H36. "ONE WIPE" DUSTERS. Treated to absorb and remove dust instantly. Dusts, cleans and polishes all in one operation. Washable up to 20 times. Each ..... **88¢**



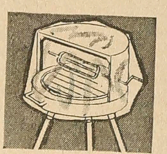
H37. VEGETABLE BIN. Durable plastic — easy to clean. One bin nests in another. 12 x 7½ x 6¼". Turquoise, Copper colour or Yellow. Each ..... **88¢**



H38. SET OF 4 LAWN COASTERS. Stick firmly in the ground. Holds standard size glass. Plastic coated steel, about 25" high. Assorted candy stripes of Red Green or Blue. Set of 4 ..... **88¢**



H39. 2 FROZEN-POP MAKERS. Frozen treat tray, each makes 8 popsicles. Reusable holder with spares. Unit made of unbreakable polyethylene. Set of 2 ..... **88¢**



H40. Plastic Barbecue Cover. Fits over hood and bowl. Protects your barbecue from the elements. Waterproof. Each ..... **88¢**

H41. 10-POUND BAG OF CHARCOAL BRIQUETS. Longer lasting, gives hotter flame. Easily ignited. Gives distinctive flavour to foods. 10-pound bag ..... **88¢**

H42. SPONGE MOP REFILL. Fits any make of sponge mop that attaches by wing nuts. Thick cellulose sponge. Each ..... **88¢**

H43. 5 STRING CORN BROOM. A new broom for spring cleaning. Finest quality corn, hardwood handle. Great for all sweeping jobs. Each ..... **88¢**

H44. PLASTIC CAKE DECORATOR SET. Six decorator tips, writing, ribbon, star, rose, leaf petal. Comes apart for easy cleaning. Set ..... **88¢**

H45. TOILET BOWL BRUSH AND HOLDER. Durable plastic. Pure nylon bristle brush. Overall height about 17". Pink, Turquoise, White or Yellow. Set ..... **88¢**

H46. BARBECUE STARTER. For finer, faster outdoor meals! Just squirt on a generous amount of fluid evenly over charcoal or wood. Follow direction on can for out-door cooking at its best. 32-oz. size. 2 cans for **88¢**

H47. HARDWOOD STOOL. For home or camping. About 11½ x 11½ x 13" high. Folds easily for storage. Each ..... **88¢**

H48. 3-CUP EGG POACHER. Polished aluminum, set about 7" x 2" deep. Wooden knob on cover. Use as a covered saucepan without insert. Set ..... **88¢**

H49. WICKER WASTE BASKET. Hand woven natural brown split willow. Can be sprayed or decorated. 12½" diameter x 11½ deep. Ideal for home or cottage. Each ..... **88¢**

H50. INSULATED TUMBLERS AND MUGS. (a) Tumblers, (b) mugs. Insulated double wall to keep liquids hot or cold. Turquoise, Tangerine or Yellow ..... 2 for **88¢**

H51. IRONING BOARD PAD. 2 layer, fully bound "Dura Flex" pad. Fits all standard size wood or metal ironing boards. Each ..... **88¢**

Automatic Defrost, 13 Cu. Ft. General Electric Refrigerators

With Working Trade-In. Each **$269**

NO DOWN PAYMENT, Only $14 Monthly

Enjoy the convenience of this famous name refrigerator with all these big features:

- Large 67-pound zero zone freezer
- Swing-out vegetable crisper — 4 inner door shelves, built-in egg holder, butter dish and handy meat keeper
- Magnetic door closes silently, automatically to give a tight seal — keeps cold in, heat out
- White enamel finish — porcelain liner
- Approximate size 61" high x 30" wide x 28" deep

5 REASONS WHY YOU SHOULD BUY ELECTRIC APPLIANCES AT SIMPSON'S

1. Simpson's famous Guarantee: Satisfaction or your money refunded
2. "We service what we sell"
3. Simpson's convenient credit terms, with no down payment
4. Simpson's expert salesmen, trained to help you choose exactly the right appliance
5. You get no money at Simpson's—and you get all these "extras" at no extra charge

TELEPHONE ORDERS FILLED — 432-5211
SORRY, NO MAIL OR ORDER OFFICE ORDERS
Simpson's Household Appliances (197)—Lower Street Floor

30-Inch Fully Automatic General Electric Ranges

$11 Monthly. Each **$209**

Even Less With Trade

Living is so easy with a General Electric . . . fast and automatic cooking for mealtime pleasure A few of the many features you will find:

- Automatic clock controlled oven — set it and forget it
- Large 25-inch oven ideal for special occasions
- Interior oven light — removable oven door for easy cleaning
- No-fog window — lets you see cooking progress from outside
- Rotary 7 heat controls — gleaming white porcelain finish
- Double chrome plated shelves for easy cleaning
- Large storage drawer — surface light can be used as night light
- No-drip cook top — drip trays save hours of cleaning time

SIMPSON'S APPLIANCES CARNIVAL CONTINUES

Bonus, 2 cases of 'Wishing Well Ginger Ale at no extra charge with every appliance purchase over $100.

5 REASONS WHY YOU SHOULD BUY ELECTRIC APPLIANCES AT SIMPSON'S

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NO DOWN PAYMENT on Simpson's Home Lovers Club Terms
TELEPHONE ORDERS FILLED — 432-5211
SORRY, NO MAIL OR ORDERS OFFICE ORDERS
Simpson's Household Appliances (197) — Lower Street Floor

Class of 88 Graduates From Victoria Hospital School of Nursing

Graduation ceremonies were held last night at Thames Hall, University of Western Ontario, for 88 graduates of the Victoria Hospital School of Nursing. FIRST ROW: From left, are: Polly Ann Lincoln, St. Catharines; Susan Diane Walker, London; Marilyn Charlotte Sharpe, Milverton; Diane Verna Herman, Stratford; Carol Anne Howlett, Southwold; Joanne Hazel Edwards, Chatham; Nancy Grace Tolton, Walkerton; Thelma Elizabeth Gowing, Bluevale; Phyllis Jane King, Woodstock; Carol Anne Westran, Niagara Falls; Audrey Gaye Smalldon, Elmira. SECOND ROW: Annette Elizabeth Gillies, Paris; Hazel Isobel Mardlin, Denfield; Bonnie June Butler, Arkona; April Diane Saltz, Petrolia; Mary Lou Guest, Thorndale; Shirley Rea Adams, London; Judith Elizabeth Bundscho, Kitchener; Susan Jane Mamnen, St. Thomas; Nancy Elizabeth Brock, London; Janet Maxine Shantz, Elmira; Gloria Caroline Shore, Stratford; Norma Loraine Palmer, Stratford; Frances Wray Fisher, Cobourg; Beverley Joan Schiedel, St. Marys; Lois Maryanne Cameron, Oil City. THIRD ROW: Ann Fullerton, London; Barbara Jane Dyble, Belleville; Lynda Mary Dobson, Seaforth; Evelyn Marlene Ort, Niagara Falls; Marjorie Munro Ritchie, Forest; Laura Jean McVeigh, St. Thomas; Mary Lynne Stewart, Kitchener; Alicia Amelia Washburn, Glencoe; Mary Elizabeth Kolle, Brantford; Hilda Audrey Mitchell, London; Marjorie Mary Ellis, Meaford; Karen Lilian McKee, Elmira; Sandra Joan Gervan, Vedder Crossing, B.C.; FOURTH ROW: Betty Lynne Wildfong, Kitchener; Karen Ann Wilson, Chatham; Katherine Janet Harper, St. Thomas; Karen Marie Mayne, Sarnia; Beth Marie Parker, Denfield; Sharon Joy Munro, London; Marion Elizabeth Clark, Thorndale; Patricia Anne Layton, London; Elizabeth Joan McCallum, London; Margaret Anne Hockin, Dutton; Gwen Mary Thompson, London; Myrna Barbara Pettigrew, Simcoe; Ruth Anne Henderson, Wingham; Catherine Louise Scott, Highgate. FIFTH ROW: Elizabeth Anna Tiessen, Leamington; Sharon Ruth Ann Thorpe, Kingsville; Judith Louise Knox, London; Karen Elizabeth Stover, Sarnia; Elizabeth Jane Kendall, Elmira; Lois Yvonne Farr, Elmira; Joanne Gladys Stokes, Chatham; Helen Louise McBeath, London; Dorothy Ann Bicks, Chatham; Roberta Gail Shute, Arva; Bonnie Lou Hunt, Sarnia; Sandra Carol Ford, Port Credit; SIXTH ROW: Dorothy Margaret Lenore Smith, St. Thomas; Annie Yvonne Pollard, Brussels; Nancy Ann Montgomery, Kitchener; Karen Virginia Curts, London; Janice Marie Davis, Wainfleet; Heather Elizabeth Reid, Toronto; Patricia Ellen Kirkby, Burwash; Barbara Jane Shields, Ancaster; Ann Marie Pierce, Petrolia; Patricia Ann Reidy, London; Grace Carolyn Hall, Harley; Brenda Joyce Cowlan, Dorchester. SEVENTH ROW: Patricia Elaine Davis, Lambeth; Eunice Dale Hickman, Brantford; Helen Elizabeth Thomas, Riverside; Jane Leslie, Chippawa; Dawn Berkeley Zimmerman, Niagara Falls; Judith Grace McMillan, London; Mary Cecilia Jerrard, London; Jo-Ann May Teetzel, St. Thomas; Janet Elizabeth Hanna, Galt; Janet Elizabeth Pierce, Stratford; Anna Margaret Appleyard, Preston.



MAY 23/64

University of Western Ontario
Faculty of Medicine
&
School of Business
Administration

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May 15/64

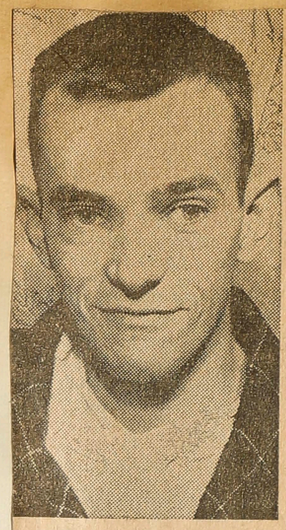
Residential
Summer Course
on

Alcohol and Problems of Addiction

May 3 through 15, 1964

in association with
The Alcoholism
and Drug Addiction
Research Foundation
of Ontario

BAIN — Dr. and Mrs. James Bain (nee Valerie Tate) are pleased to announce the birth of their daughter on May 25, 1964, at Victoria Hospital. A sister for Adam.



ROBERT BAINBRIDGE
- - - loses fight for life



MRS. ACKWORTH
- - - kidney donor

May 26/64

Gift Kidney Fails To Save Youth

Robert Bainbridge's struggle for a future ended yesterday—almost two months after a kidney transplant gave him his only chance to live. He died in St. Joseph's Hospital at about 2 p.m.

A hospital spokesman said the 21-year-old man had been on an artificial kidney machine three times in the last two to three weeks.

His condition had deteriorated gradually. Yesterday he did not appear to be responding said the spokesman, although on Sunday he was conscious and talking. An autopsy will be held.

The five - hour transplant operation was performed March 28, using a kidney volunteered by a stranger, Mrs. James Ackworth, 44.

They became close friends while Mrs. Ackworth was recovering.

When she went home, Mrs. Ackworth continued to visit the boy in St. Joseph's Hospital.

"He was a fine young man" she said. "Every mother's dream of a good son."

Since 1956 Robert had been treated for a kidney ailment by Dr. B. D. Ragula. Last September, the kidneys started to deteriorate.

Robert developed glomerulo-nephritis — a disease in which the small filter-like units in the kidney become inflamed and don't perform their normal function of filtering waste produce from the blood.

Without the operation, Robert had perhaps a month to live doctors said.

Preparations for a kidney transplant were launched. During this period, Dr. Ragula was discussing the case on the phone when Mrs. Ackworth chanced to be in his office.

She overheard part of the conversation, learned that a kidney donor was needed and volunteered.

Class of 88 Graduates F



May 23/64

This course is for men and women who are called upon in their professional activities or position to be concerned with problems related to the use of beverage alcohol and other addicting substances. It is directed especially to those engaged in developing or supervising programs which aim at reducing such problems wherever they occur. *The College of General Practice of Canada has approved the course for Category I study credit.*

The Addiction Research Foundation was established in 1949 by an act of the Ontario Legislature. It is financed largely by an annual government grant. Its responsibilities embrace the areas of research, treatment, and education (including professional training) in relation to alcoholism and other forms of addiction. Its aims are to investigate and seek means of controlling, reducing, and preventing addiction to alcohol and other substances.

With the guidance of
this Scientific Advisory Committee . . .

Chairman —

J. A. MacFarlane, O.B.E., M.B.,
Dean Emeritus,
Faculty of Medicine,
University of Toronto

W. E. Boothroyd, M.D.,
Head, Division of Psychiatry,
Sunnybrook Hospital, Toronto

G. H. Ettinger, M.B.E., M.D.,
Dean Emeritus,
Faculty of Medicine,
Queen's University

J. K. W. Ferguson, M.B.E., M.D.,
Director, Connaught Laboratories,
University of Toronto

Oswald Hall, PH.D.,
Professor of Sociology,
University of Toronto

The course is under the general
direction of

Gordon M. Patrick, B.A.,
Assistant Director of Education, A.R.F.*

with assistance on curriculum
development from

Robert J. Gibbins, PH.D.,
Supervisor, Psychological Studies, A.R.F.

Harold Kalant, M.D., B.SC., PH.D.,
Associate Research Director,
(Biological Sciences), A.R.F.

R. K. Ready, M.B.A., D.C.S.,
Professor of Business Administration,
University of Western Ontario

G. E. Hobbs, M.D., M.P.H., F.R.C.P. (C.),
Head of the Department of Psychiatry and
Preventive Medicine,
University of Western Ontario

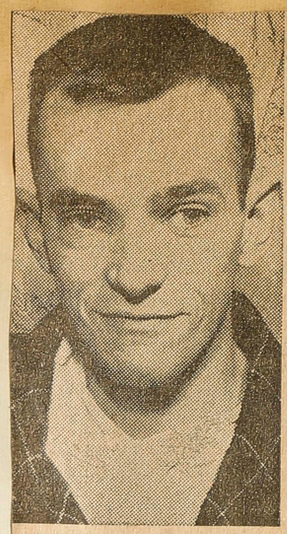
Robert R. Robinson,
Director of Education, A.R.F.

All inquiries should be addressed to

Director,
Summer Course on Alcohol Problems,
24 Harbord Street,
Toronto 5, Ontario

*Addiction Research Foundation

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Class of 88 Graduates



May 23/64

The Participation Plan calls for

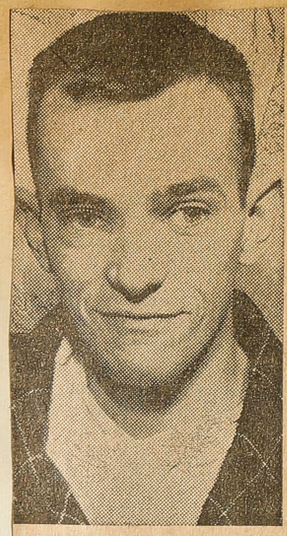
a fifty minute lecture
followed by
small group discussions
to formulate questions for
the lecturer to clarify in plenary session.

(These small question-sharpening sessions following each lecture will involve groups of mixed professional backgrounds.)

Beginning on the fourth day of lectures seminar groups will be formed for participants of similar professional interest. Under skilled leadership and with competent resource personnel, these seminars will explore the practical application of material derived from the academic presentations.

All participants are expected to live in university residence;
and
faculty members will be available in residence common rooms in the evening to take part in informal conversation.

The lecture rooms and residences are air-conditioned.



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- - - kidney donor

May 26/64

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Class of 88 Graduates



May 23/64

Summer Course on Alcohol and Problems of Addiction,
University of Western Ontario

APPLICATION FOR ADMISSION

please print or typewrite

name: surname first, full christian names

home address: street and city

home telephone:

age: sex: marital status:

name of employer:

business address: street and city

business telephone:

position:

title:

educational qualifications: list the course and the highest level reached:

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educational qualifications: list the course and the highest level reached:

occupational history: please cover the period of at least five years (state name of employer, position, dates of employment)

briefly describe responsibilities of present position:

who is paying for this course? (a) you personally (b) your employer (c) part by both

what is your purpose in taking this course?

have you attended a course of this nature before?

when? where?

civic activities:

please indicate the seminar of most interest to you.

medical	☐	social work	☐
industry	☐	education	☐
nursing	☐	law	☐
clergy	☐	(indicate first & second choice 1 & 2)	

signature date

please return this form not later than March 16, 1964, to:

DIRECTOR,
Summer Course,
Addiction Research Foundation of Ontario,
24 Harbord Street,
Toronto 5, Ontario.

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Lecturers

CHARLES H. AHARAN, M.A.,
Branch Director, London Branch, A.R.F.*

H. DAVID ARCHIBALD, M.S.W.,
Executive Director, A.R.F.

J. D. ARMSTRONG, M.D., D.PSYCH.,
Medical Director, A.R.F.

R. GORDON BELL, M.D.,
Director, Donwood Foundation

DUGAL CAMPBELL, M.A., PH.D.,
Assistant Professor of Psychology,
Queen's University

R. MARGARET CORK,
Chief Psychiatric Social Worker, A.R.F.

R. C. DAILEY, M.A., PH.D.,
Associate Professor of Anthropology,
University of Toronto

R. J. GIBBINS, PH.D.,
Supervisor of Psychological Studies, A.R.F.

P. J. GIFFEN, M.A.,
Assistant Professor of Sociology,
University of Toronto
Director, Chronic Drunkenness Offender Study

S. J. HOLMES, M.D., D.PSYCH.,
Director, Narcotic Unit, A.R.F.

ERIK JACOBSEN, PH.D., M.D.,
Professor of Pharmacology,
Royal Danish School of Pharmacy,
Copenhagen, Denmark

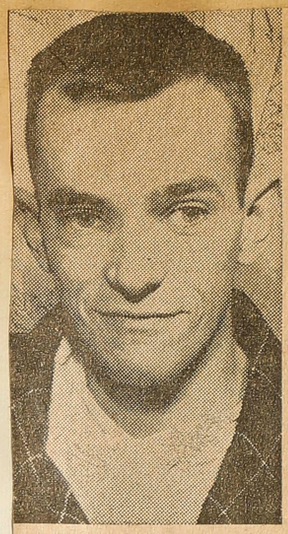
HAROLD KALANT, M.D., B.SC., PH.D.,
Associate Research Director
(Biological Sciences), A.R.F.

MARK KELLER,
Editor, Quarterly Journal of Studies on
Alcohol, Rutgers University
New Brunswick, New Jersey

S. G. LAVERTY, B.SC., M.B.,
Associate Professor of Psychiatry,
Queen's University

E. G. HILDEBRAND, B.A.,
Industrial Services Consultant, A.R.F.

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General Secretary,
The Canadian Federation on Alcohol Problems

WM. A. MCCLURE, B.S.W.,
Supervisor of Education,
Ottawa Branch, A.R.F.

B. H. MCNEEL, M.D.,
Chief, Mental Health Branch,
Department of Health, Ontario

JOHN L. NORRIS, M.D.,
Medical Director, Eastman Kodak Company,
Rochester, New York

ROBERT E. POPHAM, M.A.,
Associate Research Director,
(Behavioral Sciences), A.R.F.

ROBERT R. ROBINSON,
Director of Education, A.R.F.

WOLFGANG SCHMIDT, D.JUR., M.S.W.,
Supervisor of Social Work and
Legal Studies, A.R.F.

HARRISON M. TRICE, PH.D.,
Professor, School of Industrial Labor Relations,
Cornell University, Ithaca, NY.

*Addiction Research Foundation

For those interested . . .

QUALIFICATIONS — A university degree or equivalent, with priority given to those who are in a position to develop policy and/or to direct programs in business or industry, medicine, public health, social work, nursing, law, teaching and in religion.

APPLICATIONS — Official application forms should be used, and these are obtainable from the Director, Summer Course on Alcohol and Problems of Addiction, 24 Harbord Street, Toronto 5.

CLOSING DATE — All applications must be mailed no later than March 16, 1964.

ACCEPTANCE — Applicants will be advised of the decision of the Admissions Committee no later than April 6, 1964.

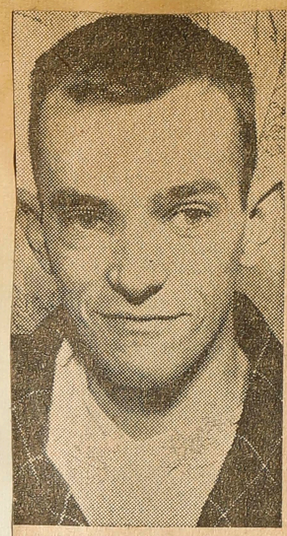
ENROLMENT — Limited to 80 participants.

COST — One comprehensive fee of $200.00 will cover university registration, tuition, room and board from Sunday afternoon, May 3 through the final lunch on Friday, May 15. No fees can be accepted until participants are notified of the approval of their application. All fees must be paid on or before registration.

REGISTRATION — This will take place between 3 and 6 p.m. on Sunday, May 3, at Sydenham Hall, University of Western Ontario, London, Ontario.

ACCOMMODATION — All participants will be accommodated in the new Sydenham Hall. Rooms will be available from 3 p.m. on Sunday, May 3 (it is not possible to provide accommodation for married couples).

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REFRESHER COURSE

ADVANCES IN BASIC MEDICAL SCIENCES

APPLICATION TO MODERN PRACTICE

✦

Wednesday, May 6, 1964

Thursday, May 7, 1964

✦

E. D. Busby Memorial Amphitheatre

Victoria Hospital

THE UNIVERSITY
OF WESTERN ONTARIO

Faculty of Medicine

Twenty-third
Dr. F. R. Eccles
Memorial Medical
Alumni Lectureship

ROBERT H. BARTER, M.D.
Professor of Obstetrics and Gynaecology,
The George Washington University,
Washington, D.C.

Wednesday, March 25th, 1964

Medical School Auditorium
London, Ont.

Salk, Sabin Vaccines Cut Polio Toll From 40,000 to 200 a Year

May 27/64



DR. JONAS E. SALK
- - - His Paved Way

By FRANK CAREY

WASHINGTON (AP) — Ten years ago, polio struck down 40,000 Americans every year.

This year, there are likely to be only 200 cases among the 180,000,000 people of the United States.

Behind this medical miracle stands the genius of two men, Dr. Jonas E. Salk and Dr. Albert Sabin.

Medical scientists estimate at least 212,000 Americans have been spared from death or crippling by poliomyelitis (infantile paralysis) since 1955. That was the year the Salk vaccine became available. The Sabin vaccine, after sensational successes in other countries, including the Soviet Union, became available in the United States in 1961.

Together they have virtually eliminated the ancient scourge of polio as a health problem in the United States.

(Canada also has experienced great success in the fight against polio. During the six years prior to 1955 the number of paralytic polio cases in Canada averaged 1,632. The range was from a high of 3,912 in 1953 to a low of 339 in 1950.

(Then came anti-polio vaccine, the Salk type being first used. In 1963 paralytic polio cases among Canada's 19,000,000 population totalled 123. Federal health department officials are optimistic that widespread use of oral vaccine will keep the number low. Both Salk and Sabin vaccines have been used in Canada.)

The principal dispute in the U. today is over the relative rits of the Salk or Sabin vacres. The Salk is given by injtion, the Sabin is taken oral-

Some experts say the strong- hope for eliminating polio s with the Sabin vaccine. In ass campaigns it has been giv- to 2,000,000 persons in a sin- day in a single city.

A few doctors say the Salk ccine "will become as obso- e as the horse and buggy," t all grant that it was the Salk vaccine that accounted for most of the gain so far achieved in the United States. That gain cost nearly $940,000,000 in research and other expenditures, but has saved the U.S. an estimated $9,400,000,000 in other ways, such as medical costs.

Basil O'Connor, president of the National Foundation—formerly the National Foundation for Infantile Paralysis — says Salk vaccine alone achieved the victory. His organization supported research on both the Salk and Sabin vaccines.

Without downgrading the Sabin vaccine, O'Connor rejects statements that Sabin protection is necessary even for people who have already received the complete course of Salk shots.

Despite medical arguments, 1964 could be the year that marked the beginning of the death rattle of the polio virus.

This was the year when, for two successive weeks in early January, and in another week in February, not a single case of paralytic polio was reported in the United States, which as recently as 1952, had recorded a peak of 58,000 cases, with 3,000 deaths.

The complete holiday from polio occurred right after health authorities had triumphantly recorded these statistics for the year 1963:

—Only 431 cases of polio, including 303 paralytic ones—the lowest number in a single year since reporting began in 1912.

—Fewer than two persons per million were paralyzed by polio in 1963, which is fewer than the number of people attacked b typhoid fever.

For the first 15 weeks of 196 only 19 cases of polio were re ported throughout the U.S., in cluding 13 paralytic ones.

This compares with 123 case annually for the period 1959-1963

If the present rate continues 1964 should see only half a many cases as last year, when the record low was 431. Thus the prospect of only 200 cases of polio in a country of 180,000,000 people.

There were that many cases in single towns prior to 1955, when Dr. Salk, a quiet young virologist from the University of Pittsburgh, gave the world a vaccine made of killed viruses.

In the five years immediately preceding the introduction of Salk vaccine, polio had hit an average of 40,000 Americans yearly.

Soon after doctors began shooting the new vaccine into the arms or rumps of thousands of children and adults, the magic began to work. In the first historic year, 1955, the toll dropped to 29,000 from 40,000.

The next year, it was down to 15,140. By 1961 when the government approved the oral vaccine developed by white-haired Dr. Sabin, of the University of Cincinnati, the toll dropped to 1,312, and the next year to 886—and finally to 431 last year.

Behind that record were these procedures and statistics on vaccines administered:

1. Salk "killed virus" shots: Given as a course of four injections, with an interval of six weeks between the first and second and the second and third shots, and six months or longer between the third and fourth. A booster shot every two years thereafter is recommended.

From 1955 through 1963, some 457,000,000 doses of vaccine were distributed—enough to give 113,750,000 individuals the full course of four shots.

However, because of apathy or distaste for needled shots, some people got as little as a single shot.

One estimate is that only 30 to 50 per cent of the population has received any Salk shots, and that many who took the full course have not received the "booster" shots recommended at two-year intervals.

Another estimate is that 80 per cent of school children have received Salk shots, along with a lower percentage of preschool children, and about one-half of the adults.

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By the end of 1963, Sabi vaccine distributed—and pr sumably used—including 85 200,000 doses of type I; 74,100 000 doses of type II; and 77,700 000 doses of type III.

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The public health service say many "pockets" of unvaccinate people still exist throughout th U.S., especially in poor areas.

The Public Health Service ha taken no stand on which vac cine is preferable, Salk or Sa bin. It says both are effective and leaves the choice to ind vidual doctors.

The American Medical Asso ciation and the American Aca emy of Pediatrics, while givin a bow to Salk vaccine for bein pioneer, a highly effective hav come out for the Sabin produc

Proponents say its chief advantages over Salk include, in addition to ease of administration:

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3. Sabin vaccine is faster-acting than Salk—hence can be used to check an epidemic even when it is under way.

4. Sabin is more effective than Salk. They say up to 20 per cent of all paralytic cases occur among patients who have had four or more injections of Salk. Dr. Salk has conceded no such superiority for Sabin vaccine.

Despite the claimed advantages of Sabin, a number of state and local health departments are using Salk vaccine alone. A slightly larger number are using Sabin alone. Still others are using both.

Some doctors, especially in rural areas, use Salk because it is easier to store than Sabin. The oral vaccine must be stored frozen and after thawing, the recommended life is only week.

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✦

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Thursday, May 7, 1964

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E. D. Busby Memorial Amphitheatre
Victoria Hospital

The Twenty-third Dr. F. N. Eccles
Memorial Medical Alumni Lectureship

presented by

THE FACULTY OF MEDICINE
THE UNIVERSITY OF WESTERN ONTARIO

Guest Lecturer: Robert H. Barter, M.D., Professor of Obstetrics and Gynaecology
The George Washington University, Washington, D.C.

MORNING SESSION

CHAIRMAN—DR. R. A. H. KINCH

10:00 a.m.—Clinical Presentations
ROBERT H. BARTER, M.D.

11:00 a.m.—Coffee

11:15 a.m.—Film—Vaginal Hysterectomy
ROBERT H. BARTER, M.D.
Discussant—DR. H. H. ALLEN

12:00 noon—Lunch

AFTERNOON SESSION

CHAIRMAN—DR. W. P. TEW

2:00 p.m.—The Use of Progesterone in the Treatment of Advanced Carcinoma of the Endometrium.
DR. E. R. PLUNKETT

2:30 p.m.—The Use of Sparteine Sulphate in the Induction and Stimulation of Labour.
DR. W. L. TEW

3:00 p.m.—Coffee

3:15 p.m.—Management of the Incompetent Cervix.
ROBERT H. BARTER, M.D.
Discussant—DR. G. PRUETER

Approved by the College of General Practice of Canada for 4 hours Category I Study Credits

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THE UNIVERSITY OF WESTERN ONTARIO
FACULTY OF MEDICINE
in co-operation with Victoria Hospital
presents

ADVANCES IN BASIC MEDICAL SCIENCES —APPLICATION TO MODERN PRACTICE

Wednesday, May 6th, 1964

9:00 a.m. Registration

Department of Biochemistry—Medical Aspects of Molecular Biology

10:00 a.m. Introduction and General Principles
DR. R. J. ROSSITER

10:30 a.m. Recent Concepts in Molecular Biology
DR. H. B. STEWART

11:00 a.m. Coffee

11:15 a.m. Molecular Biology and Medicine
DR. W. C. C. MCMURRAY

11:45 a.m. Discussion Panel
Chairman—DR. W. R. FRASER
DRS. W. C. C. MCMURRAY, J. C. RATHBUN, J. POSZANYI, H. C. SOLTAN

1:00 p.m. Lunch

Department of Physiology — Body Water, Kidney and Acid-Base Regulation

2:00 p.m. Review of Fundamental Concepts and some significant recent advances
DR. J. A. F. STEVENSON

2:30 p.m. The Antidiuretic Hormone
DR. D. G. MONTEMURRO

2:40 p.m. Illustrative Clinical Cases
DR. L. REESE

3:15 p.m. Coffee

3:30 p.m. Gastrointestinal influences on Water and Electrolyte Balance—Vomiting and Diarrhoea
DR. G. W. STAVRAKY

3:45 p.m. Illustrative Clinical Cases
DR. G. G. HINTON

4:15 p.m. General Discussion

6:30 p.m. Dinner—Holiday Inn—downtown
Guest Speaker—
DR. M. H. MURDOCH MACKINNON
Professor of English,
U.W.O. University College.
"The Nature of Language"

Thursday, May 7th, 1964

Department of Pharmacology—Drugs and the Nervous System

9:00 a.m. Neuromuscular and ganglion-blocking drugs
DR. J. T. HAMILTON

9:30 a.m. Antihypertensive drugs
DR. C. W. GOWDEY

10:00 a.m. Discussion Panel
Chairman—DR. J. B. WALKER
DRS. C. W. GOWDEY, J. T. HAMILTON, L. W. HERSEY, A. J. HUDSON

10:45 a.m. Coffee

11:00 a.m. Sedatives, Tranquillizers and Antidepressants
DR. C. W. GOWDEY

11:30 a.m. Discussion Panel
Chairman—DR. D. R. SMITH
DRS. J. C. BRYCE, C. W. GOWDEY, W. E. KEIL

1:00 p.m. Lunch

Department of Psychiatry and Preventive Medicine—Epidemiology in Modern Medicine

2:00 p.m. Theory and Practice of Immunizaton
DR. D. A. HUTCHISON

2:30 p.m. Recent advances in Viral Vaccines
DR. I. B. R. DUNCAN

3:00 p.m. Coffee

3:15 p.m. The Epidemiology of Infectious Hepatitis
DR. C. W. BUCK

3:45 p.m. The Diet and Heart Disease Controversy
DR. G. E. HOBBS

Approved by The College of General Practice of Canada for Category I Study Credits

Please return application not later than April 30, 1964, to Dr. D. Bocking, Assistant Dean, Faculty of Medicine, The University of Western Ontario, 346 South St., London, Ont.

I will attend the Advances in Basic Medical Sciences Course on

Wednesday, May 6, 1964 A.M. ☐ $5.00 P.M. ☐ $5.00

and on Thursday, May 7, 1964 A.M. ☐ $5.00 P.M. ☐ $5.00

I will attend all four sessions ☐ $15.00

I will attend the dinner on May 6, 1964 alone ☐ $5.00 with my wife ☐ $10.00

Enclosed find cheque for $..... payable to the University of Western Ontario.

Name .....

Address .....

THE UNIVERSITY OF WESTERN ONTARIO

Faculty of Medicine

Twenty-third Dr. F. R. Eccles Memorial Medical Alumni Lectureship

ROBERT H. BARTER, M.D.
Professor of Obstetrics and Gynaecology
The George Washington University
Washington, D.C.

Wednesday, March 25th, 1964

Medical School Auditorium
London, Ont.

Salk, Sabin Vaccines Cut Polio Toll From 40,000 to 200 a Year

May 22 '64



DR. JONAS E. SALK
- - - His Paved Way

By FRANK CAREY

WASHINGTON (AP) — Ten years ago, polio struck down 40,000 Americans every year.

This year, there are likely to be only 200 cases among the 180,000,000 people of the United States.

Behind this medical miracle stands the genius of two men, Dr. Jonas E. Salk and Dr. Albert Sabin.

Medical scientists estimate at least 212,000 Americans have been spared from death or crippling by poliomyelitis (infantile paralysis) since 1955. That was the year the Salk vaccine became available. The Sabin vaccine, after sensational successes in other countries, including the Soviet Union, became available in the United States in 1961.

Together they have virtually eliminated the ancient scourge of polio as a health problem in the United States.

(Canada also has experienced great success in the fight against polio. During the six years prior to 1955 the number of paralytic polio cases in Canada averaged 1,632. The range was from a high of 3,912 in 1953 to a low of 339 in 1950.

(Then came anti-polio vaccine, the Salk type being first used. In 1963 paralytic polio cases among Canada's 19,000,000 population totalled 123. Federal health department officials are optimistic that widespread use of oral vaccine will keep the number low. Both Salk and Sabin vaccines have been used in Canada.)

The principal dispute in the S. today is over the relative erits of the Salk or Sabin vaces. The Salk is given by intion, the Sabin is taken oral-

ome experts say the strongs hope for eliminating polio with the Sabin vaccine. In ss campaigns it has been giv- to 2,000,000 persons in a sin- day in a single city.

few doctors say the Salk cine "will become as obso- as the horse and buggy," all grant that it was the Salk vaccine that accounted for most of the gain so far achieved in the United States. That gain cost nearly $940,000,000 in research and other expenditures, but has saved the U.S. an estimated $9,400,000,000 in other ways, such as medical costs.

Basil O'Connor, president of the National Foundation—formerly the National Foundation for Infantile Paralysis — says Salk vaccine alone achieved the victory. His organization supported research on both the Salk and Sabin vaccines.

Without downgrading the Sabin vaccine, O'Connor rejects statements that Sabin protection is necessary even for people who have already received the complete course of Salk shots.

Despite medical arguments, 1964 could be the year that marked the beginning of the death rattle of the polio virus.

This was the year when, for two successive weeks in early January, and in another week in February, not a single case of paralytic polio was reported in 1963 which ad-

in the United States, which as recently as 1952, had recorded a peak of 58,000 cases, with 3,000 deaths.

The complete holiday from polio occurred right after health authorities had triumphantly recorded these statistics for the year 1963:

—Only 431 cases of polio, including 303 paralytic ones—the lowest number in a single year since reporting began in 1912.

—Fewer than two persons per million were paralyzed by polio fewer than the

number of people attacked by typhoid fever.

For the first 15 weeks of 1964 only 19 cases of polio were reported throughout the U.S., including 13 paralytic ones.

This compares with 123 cases annually for the period 1959-1963.

If the present rate continues 1964 should see only half as many cases as last year, when the record low was 431. Thus the prospect of only 200 cases of polio in a country of 180,000,000 people.

There were that many cases in single towns prior to 1955, when Dr. Salk, a quiet young virologist from the University of Pittsburgh, gave the world a vaccine made of killed viruses.

In the five years immediately preceding the introduction of Salk vaccine, polio had hit an average of 40,000 Americans yearly.

Soon after doctors began shooting the new vaccine into the arms or rumps of thousands of children and adults, the magic began to work. In the first historic year, 1955, the toll dropped to 29,000 from 40,000.

The next year, it was down to 15,140. By 1961 when the government approved the oral vaccine developed by white-haired Dr. Sabin, of the University of Cincinnati, the toll dropped to 1,312, and the next year to 886—and finally to 431 last year.

Behind that record were these procedures and statistics on vaccines administered:

1. Salk "killed virus" shots: Given as a course of four injections, with an interval of six weeks between the first and second and the second and third shots, and six months or longer between the third and fourth. A booster shot every two years thereafter is recommended.

From 1955 through 1963, some 457,000,000 doses of vaccine were distributed—enough to give 113,750,000 individuals the full course of four shots.

However, because of apathy or distaste for needled shots, some people got as little as a single shot.

One estimate is that only 30 to 50 per cent of the population has received any Salk shots, and that many who took the full course have not received the "booster" shots recommended at two-year intervals.

Another estimate is that 80 per cent of school children have received Salk shots, along with a lower percentage of preschool children, and about one-half of the adults.

2. Sabin vaccine: Made of living, but toned-down virus. Given in three oral doses, one to two months apart with each dose containing a different type of virus. A booster is recommended one year later for infants.

By the end of 1963, Sabi vaccine distributed—and pr sumably used—including 85 200,000 doses of type I; 74,100 000 doses of type II; and 77,700 000 doses of type III.

Since 1959 distribution of Sal has declined while distributio of Sabin has steadily increase

Currently, 4,000,000 doses month of Sabin are being di tributed, against 2,000,000 month for Salk.

The public health service say many "pockets" of unvaccinate people still exist throughout th U.S., especially in poor areas.

The Public Health Service ha taken no stand on which vac cine is preferable, Salk or Sa bin. It says both are effective and leaves the choice to ind vidual doctors.

The American Medical Asso ciation and the American Acad emy of Pediatrics, while givin a bow to Salk vaccine for bein pioneer, a highly effective hav come out for the Sabin produc

Proponents say its chief advantages over Salk include, in addition to ease of administration:

1. Longer immunity—possibly for a lifetime, compared with perhaps only several years with a course of Salk shots. Basil O'Connor says there is no proof of this.

2. Sabin vaccine gives "gut protection." That is, they say, Sabin vaccine, which gets into the intestinal tract, not only protects a person against polio, but prevents the growth of wild polio viruses in the intestines, and their possible later spread into the community.

3. Sabin vaccine is faster-acting than Salk—hence can be used to check an epidemic even when it is under way.

4. Sabin is more effective than Salk. They say up to 20 per cent of all paralytic cases occur among patients who have had four or more injections of Salk. Dr. Salk has conceded no such superiority for Sabin vaccine.

Despite the claimed advantages of Sabin, a number of state and local health departments are using Salk vaccine alone. A slightly larger number are using Sabin alone. Still others are using both.

Some doctors, especially in rural areas, use Salk because it is easier to store than Sabin. The oral vaccine must be stored frozen and after thawing, the recommended life is only week.

U.S. Drug Agency Claims Birth Control Pills 'Relatively Safe'

WASHINGTON (CP) — The U.S. food and drug administration said yesterday approved birth control pills are relatively safe and there are no plans to pull them off the market.

Dr. Ralph Smith, director of the administration's new drugs division, said "we are watching the situation all the time and we still think these drugs are all right."

He was commenting on a statement by Dr. Herbert Ratner, a public health officer at Oak Park, Ill., who said in a Toronto interview Monday he is convinced 12 women have died in the U.S. from the effects of these pills and urged the Canadian and U.S. governments to withdraw them from public use.

Dr. Smith said he is not familiar with the fatality figures used by Dr. Ratner, but recalled that a panel of medical experts had thoroughly investigated the relationship between the pills and thrombo-embolism —blood-clotting which can lead to death. The experts had concluded the incidence of this disease among women was no higher among those taking the pills than among those who did not take them.

"Perhaps that is why Dr. Ratner referred to the U.S. government saying the deaths were not considered 'statistically significant'," Dr. Smith said.

Walter Janssen, head of the administration's public information division, said experts found massive blood clot in the lungs. She had been taking birth control pills.

At that time a member of a scientific team which had developed the first oral contraceptive said he could not see any relationship between the pill and the death of a number of other women who had succumbed to thrombophelbitis.

On Aug. 4, 1963, a government advisory committee said in a preliminary report that there was a statistically significant increase in risk in women 35 years of age or over who took Enovid, one of the oral contraceptives.

On Sept. 20, 1963, the advisory committee revised its statement, saying further statistical evaluation by the committee indicated **that a higher rate of fatalities due to thrombo-embolism observed in Enovid users 35 years of age or over was not "statistically significant."**

The administration suggested **last year that some of the pills should be avoided by women who have certain cancers, liver diseases or a history of thrombophelbitis or pulmonary embolism.**

The question whether certain of these pills were related to blood-clotting arose during 1962-63. On Aug. 4, 1962, an autopsy report on the death of a 25-year-old St. Louis, Mo., woman showed death was caused by a

Ambulance Firm Asks For $14,000

Ontario's new minimum wage law is forcing Thames Valley Ambulance Limited to ask for an additional $14,000 revenue a year, board of control was told yesterday by Donald E. Byrne, president of the firm.

Mr. Byrne said the company paid more than $18,000 in wages last year but under the new wage scale it will have to hire more staff and pay an additional $20,000 in wages, for a total of at least $38,000.

The ambulance operators' association asked for exemption from the law but was refused, he said.

His firm, which he said has been operating at a loss for some time, presented three proposals for making up the additional revenue. The only difference between the three is the amount to be paid in an increased subsidy but the city compared with the amount to be paid in increased rates by the general public.

The company now gets an annual subsidy of $6,000 from the city in return for which it handles all welfare, indigent and police calls free of charge.

Under its subsidy agreement with the city, the firm is required to charge no more than $8 per trip in the pre-annexation city. It charges $10 to $15 in the sections beyond the old city boundaries, depending on distance.

Under the first proposal, the city would pay an annual subsidy of $20,000, plus all out-of-town welfare and indigent calls, and the rate for regular calls in the city would be $10 per trip.

The second proposal calls for a subsidy of $16,000 and pay for all welfare calls, but the public tariff would be $12 per trip. In the third proposal, the subsidy would be $12,500 with all welfare calls paid by the city, and the public tariff $15 a trip.

The board referred the proposals to the finance commissioner and city solicitor for study and report.

Dymond Pledges To Back Nurses On Bargaining

May 28/64

By HARVEY DOWKER
Free Press Woodstock Bureau

WOODSTOCK — Dr. Matthew Dymond, Ontario minister of health, last night supported collective bargaining for registered nurses.

He spoke to about 70 members of the Oxford chapter of the Registered Nurses' Association of Ontario at the Melrose restaurant.

Dr. Dymond told the nurses when they made up their minds on collective bargaining they would receive his support.

He noted dissention in the RNAO and disagreement on collective bargaining. He told the nurses they should come to a conclusion after studying the issue for 21 years.

"Those (collective bargaining) are fighting words to some doctors and nurses," Dr. Dymond said. "It smacks of unionism. So what? This is 1964."

Dr. Dymond said nurses could hardly be condemned for talking about collective bargaining when everyone else is seeking security.

The health minister urged nurses to consider the problem under trained guidance and when a majority seemed in favor of it, the provincial government would act.

He said when nurses started discussing collective bargaining they would also have to think about conciliation, arbitration and similar things while management would be emphasizing productivity to a greater extent.

The health minister warned the nurses not to let a "mad rush for status cause you to loose your stature."

Dr. Dymond asked the nurses to tell him what they wanted, what they were dissatisfied with and give their opinions on problems and projects concerning their profession and themselves.

than from, the provincial government and if nurses consider the sources of the money used to pay them as their employers they would have a number of [illegible]

He said the old style nursing training with trainees spending much of their time on hospital work went out "with long woollen underwear."

Dr. Dymond said there will be a decreasing amount of on-the-job training and more theoretical work in nursing training.

He said there is a need for a new outlook in nursing training emphasizing imagination and courage to try new ideas and methods.

He was challenged on the issue of doing away with on-the-job training and told it would lead to less dedication by nurses.

He agreed there was merit to the idea of nurses having a year's practical training after theoretical training.

Dr. Dymond said RNAO would be stronger and the ideal situation would be that all nurses be required by law to join RNAO as in the case of teachers and their professional organization. But he said he would have to oppose such a proposal in the legislature at present.

He said it should be possible to encourage all eligible registered nurses to join the association. He said there was often a difference between what one can do as a legislator and what one feels a group needs.

He emphasized that the department of health is not the employer of nurses in public hospitals.

He said about one third of hospital revenue comes from subscribers to the Ontario Hospital plan, 25 per cent from the federal government, some from the boards and other groups, and the rest from the provincial government.

He said the money given to boards comes through, rather

Dr. Dymond said the nursing profession has a bright image and a great deal of stature despite occasional sensational reports of mistakes and problems.

He said mistakes, such as leaving clamps in abdomens, should be brought out in the open since they would increase the vigilance of others in the medical profession.





Former Londoners to Wed

May 30/64

Wedding plans have been announced by Margrett Jean Wyatt and Dr. Craig Harcourt Cole, both of Montreal and formerly of London. The bride-elect is the daughter of George Wyatt, London, and the late Mrs. Wyatt, and the groom-elect is the son of Mrs. Frank M. Cole, London, and the late Dr. Cole. Miss Wyatt graduated from Sarnia General Hospital School of Nursing and the University of Western Ontario School of Nursing. Dr. Cole is a graduate of the University of Western Ontario School of Medicine and is presently doing post-graduate work at Royal Victoria Hospital, Montreal. The wedding is to take place June 20 in Robinson Memorial United Church. (Miss Wyatt's photo by Beta Photos, and Dr. Cole's by Victor Aziz)

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[illegible]s McAskile's photo
[illegible]er's by Gasparatto).

May 28 Copy for Library

1878 1964

THE

UNIVERSITY OF WESTERN ONTARIO

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ANNUAL SPRING CONVOCATION

(the 191st Convocation of the University)

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THAMES HALL

•

Wednesday - Thursday - Friday - Saturday

May 27th, 28th, 29th, 30th

nineteen hundred and sixty-four

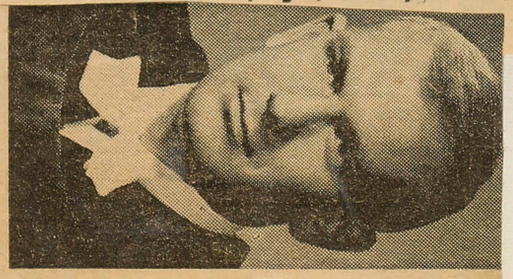
at three o'clock



Final segment of the four-day University of Western Ontario spring convocation was held Saturday. Receiving honorary degrees were, from left: Dr. James Bertram Collip, London; UWO law faculty Dean Ivan C. Rand, London; Dr. Arthur Dill Kelly, Toronto. Dr. G. E. Hall, right, UWO president, introduced the recipients to the vice-chancellor.

June 1/64.

une Wedding Plans June 3/64





June wedding plans have been announced by Elizabeth Ann McAskile, daughter of Dr. and Mrs. J. D. McAskile, and Dr. Peter John Fowler, son of Mr. and Mrs. J. A. Fowler, all of Woodstock. The wedding will take place June 20 at 3 p.m. in Chalmers United Church, Woodstock. Both Miss McAskile and Dr. Fowler are graduates of the University of Western Ontario. Dr. Fowler is a graduate in honors physical education and a 1964 graduate of the Faculty of Medicine. (Miss McAskile's photo by Bill Barrett and Dr. Fowler's by Gasparatto).

Free Press June 4/64

Birth Control Pill Issue Left to Toronto Council

TORONTO (CP) — Two city controllers delicately skirted the law yesterday and left it to city council to decide Monday whether women on welfare should receive birth control pills paid for by the city.

Controllers Herbert Orliffe and William Dennison had earlier backed the public welfare committee proposal of free pills on a doctor's prescription.

Wednesday Controller Allan Lamport, with the support of Controller William Archer, introduced a motion authorizing women on welfare to receive the pills "for all purposes of value with the exception of those uses contravening the Criminal Code." Section 152C of the code forbids the use of pills for prevention of contraception.

The board, thus split 2 to 2 on the recommendation, await council's decision.

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WEDNESDAY SECTION OF CONVOCATION

MAY 27th, 1964

THE ORDER OF PROCEEDINGS

The audience will rise as the Procession enters, and will remain standing during the playing of "God Save the Queen" and "O Canada" and while the Reverend Dr. D. A. Shanks offers the prayer of Invocation. The placing of the Mace by the Bedel before the Chancellor signifies that Convocation has commenced.

The Chancellor will be Mr. V. P. Cronyn. The Bedel will be Professor R. S. MacKay. The Marshal will be Dr. W. E. D. Atkinson. The Organist will be Professor John McIntosh.

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Laws *jure dignitatis*

WILLIAM EARL ROWE

Dr. William Earl Rowe will address Convocation.

Candidates of all Faculties, Schools and Colleges for degrees in course and for diplomas will be presented to the Chancellor by the Vice-Chancellor. The Pro-Chancellors will be Dean R. Catherine Aikin and Principal J. G. Morden.

The Reverend Dr. D. A. Shanks will pronounce the Benediction. Members of the audience are requested to remain in their places until the Convocation Procession has retired.

Following Convocation, the Chancellor, the Vice-Chancellor and the Honorary Graduate will receive, and refreshments will be served in the area of Somerville House to members of the graduating class, their parents and friends, the members of the faculties and the governing bodies.

THE FACULTY OF ARTS AND SCIENCE

COLLEGE OF MUSIC

HONORS BACHELOR OF ARTS

Howard Hugh Jones
Honors Music Education

Peter Scott Purvis
Honors Music Education

BACHELOR OF ARTS

Barbara Joan Eustace
Judith Grace Hunter

Judith Elaine Mantz
*Paulette Irene Marie Petz

Andrea Margarethe von Hochstetter

HURON COLLEGE

HONORS BACHELOR OF ARTS

Carol Anne McDonald
Honors Physical and Health Education

*Margery Lane Pearson
Honors English Language and Literature

Donald George Mitchell Robinson
Honors Politics

John Kent Sedgwick
Honors Geography

BACHELOR OF ARTS

Thomas William Allen
Catherine Louise Anderson
Patricia Anne Arnold
Joanne Helene Arnsby
Vivian Joan Austin
Patricia Joan Avey
Marianne Sherwood Bainard
Ronald Frederick Barber
*William Alfred Benbow
Pre-Theological General Program
Barbara Ann Bennett
William Paul Branscombe
Robert John Graham Buchanan
David Gordon Butler
William James Canning
William Brown Connor
Pre-Theological General Program
Robert Harold William Cook
Stephen Peter Corey
James Richard Cullen
Robert Gary Dallner
Brian Norman Danter
Pre-Theological General Program
Nancy Carolyn Dey
Judy Ann Douglas
Robert Graham Duncan
Harvey Leonard Dust
Millicent Olive Morenike Frazer
Richard Frederick Furness
Paul Stanley Goldstein
Janet Eva Grantham

Charles Alexander Gunn
James Bartley Hancock
Gordon Alexander Haugh
Patricia Gail Hodge
John Alexander Holman
James William Irwin
Kenneth George Jackson
Pre-Theological General Program
Loran Keith Jevons
Iain Dunbar Kirkaldy-Willis
James Chantler Lackner
Ronald Andrew Lane
Margot Helen Lathrop
David George Leeson
John Lind Lemon
Eric Warren Luce
Douglas Barry McCarthy
Kenneth Garry McCauley
Joyce Annabel McDermid
John Gordon MacGregor
Andrew Hugh McKeown
Mary Ruthann MacKinnon
Lucy-Jane McRae
Edward Harford Miles
Pre-Theological General Program
Stephen James Mills
Pre-Theological General Program
Richard Archibald Millson
Edward Barry Mitchelson
Lloyd David Monteith
Ian David Campbell Newbould

Sally Melinda Northway
Stanley Thomas Allison Norton
Roderick Arthur Parker
Robert Smith Parsons
Beverley Anne Paterson
Linda Jane Paterson
Drummond Stanley Peet
Mary-Joan Phillipson
John Graham Queen
Pre-Theological General Program
Frances Ellaine Rogers
Harry Sandford Rose
Pre-Theological General Program
Barbara Joan Scott
John William Dempster Shortill
Christopher Southam
Ethel Anne Sparling
James Richard Squire
Robert Wesley Stanley
David Laurence Talbot
Richard Burton Thomas
Dawna Helen Truss
Nancy Elizabeth Van Nest
Sheila Kathleen Kristina Walmark
Judith Lynne Walpole
Alexander Ross Waugh
David Brian Whitelaw
Michael John Whittaker
Caird Forrest Wilson
Gary Frederick Woolsey
Pre-Theological General Program

*Winner of award; see last page.

BRESCIA COLLEGE

BACHELOR OF ARTS

Mary Jane Arnold
Zinka Anna Banic
Jean Anne Bateson
Home Economics
Lynda Margaret Bedard
Anne Paulette Bourgeault
Laura Bucenicks
Bonnie Louise Bythell
Katherine Mae Mary Carlin
Elaine Martha Cole (Sister Marie Noel)
Diane Frances Crummer
Home Economics
Mary Noreen Donnelly
Jane Frances Doyle
Mary Anne Doyle
Jane Anne Drlicka
Mary Ann Faulds
Eleanor Marie Gleeson
(Sister Karen Marie)
Susan Anne Mary Harper
Mary Ann Hilton
Elaine Marilyn Hore
Home Economics
Joanne Yvonne Hunter
Home Economics
Jean Elizabeth Lundy
Judith Diane McCann
Margaret Ruth Meek
Sharon Mary Murphy
Carmela Laura Pepe
Aldona Helen Pleta
Angela Mary Ruby
Nancy Pamela Ryder
Irene Jean Stroz
Blanche Van Den Heede
Madeline Margaret Van Paemel
Mary Fay Claire Wallace
Lynda Darlene Wideman
Lucy Julia Yarem

THE SCHOOL OF NURSING

BACHELOR OF SCIENCE IN NURSING

Bonnie Lee Alcock
Joan Lorraine Armstrong
Shirley Louise Bates
Margaret Elizabeth Borland
Marie Anne Jacqueline Boulanger
Mary Joan Anne Clifford
Donna Corinne Coffey
Mildred Martha Cooke
Barbara Frances Curry
Sheila Jean Donnan
Isabella Jean Dunn
Diane Catherine Kendall Eady
Gwendolyn Christene Erickson
Yvonne Forler
Sharon Anne Francis
Donna Joanne Fraser
Joyce Etta Gibb
Mary Margaret Goodfellow
Betty Eleanor Hailstone
Illa Ruth Eleanor Horning
Dorothy Jean Macarthur
Elizabeth Ann McCauley
(Sister M. St. John)
Mary Ellen MacKay
Georgina Doreen Magyar
Mary Anne Malone, B.A.
Ann Marshall
(Sister Maris Stella)
*Joanne Frances Martin
Joyce Anne Mollenhauer
Lorraine Marie Morrow
Nancy Anne Neilson
Rosemarie Alberta Parker
Nancy Penelope Phipps
Evelyn Jacqueline Poleschuk
Lois Jean Rayner
Mary Josephine Beryl Rowntree
Dorothy Jacqueline Ste. Marie
Joyce Olive Shack
Linda Jane Sharpe
Margery Joan Sherlock
Margaret Lois Shippam
Mary Lois Smith
Jacquilyn Gloria Stewart
Helen Curtis Storry
Margaret Svenningsen
Grace Elizabeth Terry
Jean Ruth Thomson
Margaret Ann Turner
Barbara Margaret Anne Walmsley
Marjorie Beth Weylie
Jeanette Gillies Whitaker
Nancy Patricia White
Wanda Yarmoshuk

DIPLOMA IN NURSING EDUCATION

Judith Anne Branton
Helen Gail Brewer
Eva Mae Brubacher
Cora Mae Cole
Deanna Joan Dawson
Lorretta Ann Devereux
Dorothy Jean Fairman
Susan Mary Flood
Maureen Evelyn Hess
Heather Margaret Hibberd
Phyllis Katherine Hilton-James
Sheila Anne Hyndman
Lorraine Genevieve Joan Jardine
Joan Valery Georgina Johnston
Marilyn Catherine Johnston
Evelyn Ann Sharon Kemp
Audrey Muriel Kimberley
Margot Ingrid Klaes
Irene Marian Kokanie
Sheilagh Helen Marie McGlone
Margaret Jean Munro
Marion Agnes Nelson
Margaret Mary Paton
Joyce Irene Penziwal
Dolores Christine Prosser
Virginia Diane Reith
Dorothy Margaret Rilett
Iris Elaine Roberts
Katriné Jane Ulrichsen
Florence Gertrude Ward
Marilyn Joan Watson
Daphne Elizabeth Welch
Lynda Jean Whitmee

DIPLOMA IN NURSING SERVICE ADMINISTRATION

Dieuwke Abma
Mary Barbara Abray
Joan Merilyn Black
Berniece Evelyn Bodnar
Georgia Ann Brackenbury
Nancy Lou Bryson
Marlene Diane Calvert
Margaret Thelma Cummings
Margaret Louise Demers
(Sister Mary Michael)
Jean Audrey Fisher
Judith Diane Flynn
Marilyn Isabel Hall
Catherine Ruth Hart
Lilly Ilona Herrmann
Joan Mary Homeniuk
Marjorie Doreen Keenan
Ellen May Keetch
Patricia Irene Kennedy
Betty Ann Locking
Nancy Ann McCormick
Dianne Theresa McKeown
Mary Susan MacKinnon
Maila Mae Maki
Marilyn Joy Manning
Sandra Anne Maycock
June Evelyn Mepham
Diana Mary Meyer
Sandra Stephanie Moroz
Barbara Edith Reid
Ernest Harper Riley
Diana Elizabeth Sayers
Annabel Caroline Sells
Margaret Rose Smith
Margaret Pauline Steckle
Arlene Shirley Steep
Daphne Gwendolyn Taylor
Margaret Anne Taylor
Audrey Doris Tibbitts
Louise Ellamae Tremblay
Arla Faye Trouten
Mary Anne Patricia Walker

*Winner of award; see last page.

DIPLOMA IN PUBLIC HEALTH NURSING

Lois Joyce Andrew
Doris Alma Bacon
Kathryn Anne Barnes
Mary Louisa Bell
Frances Yauch Bishop
Cecily Grace Boyle
Lorraine Margaret Butler
Gail Isobel Chant
Ruth Alberta Coulton
Carolyn Nancy Cruickshank
Kathryn Winnifred Mary Currie
Kathleen Margaret Donnelly
Mavis Mary Doyle
Merle Alice Drew
Kathryn Lynn Dysart
Marilyn Anne Ellis
Lois Anne Ellison
Mary Suzanne Farah
Barbara Ann Flexman
Elizabeth Anne Forsey
Mary Teresa Giampaolo
Susan Elizabeth Graham
Patricia Jeanette Gray
Linda Suzanne Gunning
Leslie Ann Heenan
Kathryn Jean Hollands
Linda Joanne Hunter
Margaret Agnes Ivill
Janet Mary Jolly
Kathleen Marie Kearney
Elizabeth Ann Kelly
Karen Douglas Larsen
Beverley Ann McArthur
Willa Patricia McCallum
Mary Anne McCloskey
Florence Margaret McDonald
Marianne Olive MacLennan
Johanne Elizebeth McLeod
Lynda Joan Mahler
Judith Diane Marley
Bonnie Ellen Maxwell
Mary Anne Millar
Barbara Isabel Morton
Carmeta Thelma Murphy
Katherine Lorna Muzzin
Janet Marie Nichol
Penelope Dawn Nicholas
Judith Carolyn Page
Geraldine Marjorie Paquette
Katherine Margaret Paxton
Barbara Ann Penny
Barbara Ann Reed
Arline Shirley Ricketts
Gertrude Susanna Riediger
Patricia Elizabeth Rodger
Carmen Julie Sigouin
Elizabeth Ann Taylor
Marilyn Dorothy Walker
Laurel-Anne Wallace
Helen Eva West
Uliana Anne Yaworsky

COLLEGE OF MUSIC

MUSIC DIPLOMA

Music Graduate in Paedagogy

Barbara Joan Eustace
Judith Grace Hunter
Howard Hugh Jones
Judith Elaine Mantz
Paulette Irene Marie Petz
Peter Scott Purvis
Andrea Margarethe von Hochstetter

THURSDAY SECTION OF CONVOCATION

MAY 28th, 1964

THE ORDER OF PROCEEDINGS

The audience will rise as the Procession enters, and will remain standing during the playing of "God Save the Queen" and "O Canada" and while the Reverend R. J. Cummings offers the prayer of Invocation. The placing of the Mace by the Bedel before the Chancellor signifies that Convocation has commenced.

The Chancellor will be Mr. V. P. Cronyn. The Bedel will be Professor R. S. MacKay. The Marshal will be Dr. W. E. D. Atkinson. The Organist will be Professor John McIntosh.

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Laws *honoris causa*

CLENNELL HAGGERSTON DICKINS

Dr. C. H. Dickins will address Convocation.

Candidates of all Faculties, Schools and Colleges for degrees in course will be presented to the Chancellor by the Vice-Chancellor. The Pro-Chancellors will be Principal D. G. G. Kerr and The Right Reverend A. P. Mahoney.

The Reverend R. J. Cummings will pronounce the Benediction. Members of the audience are requested to remain in their places until the Convocation Procession has retired.

Following Convocation, the Chancellor, the Vice-Chancellor and the Honorary Graduate will receive, and refreshments will be served in the area of Somerville House to members of the graduating class, their parents and friends, the members of the faculties and the governing bodies.

THE FACULTY OF ARTS AND SCIENCE

MIDDLESEX COLLEGE

HONORS BACHELOR OF ARTS

*Robert Michael Aitken
Honors English and History
John Gordon Albinson
Honors Physical and Health Education
Judith Marion Allen
Honors English and History
Anne Marie Askew
Honors English and History
Margaret Anne Babbage
Honors French and Latin
Mary Ellen Barbour
Honors Physical and Health Education
*Mary Carolyn Biehn
Honors English and French
Brian Clemens Black
Honors History
Martha Jane Borschke
Honors Physical and Health Education
Isabel Christine Boyd
Honors French and Latin
*Margaret Joan Brown
Honors French and Latin
Marion Elizabeth Burgin
Honors History
Linda Maxine Butler
Honors Physical and Health Education
Susan Sweatman Carter
Honors Modern Languages and Literatures
Sheri Loretta Craig
Honors Journalism
Janet McKinlay Crawford
Honors Physical and Health Education
Andrew Dienesch
Honors Physical and Health Education
*Felix John Douma
Honors English and Philosophy
*Mary Elizabeth Downie
Honors History
Patricia Jean Ferguson
Honors English Language and Literature
Peter Ernest James Gamlin
Honors Psychology
Edward Charles Girard
Honors Physical and Health Education
Frank Joseph Gorman
Honors Classics
Cecil Bruce Grainger
Honors History
*Earl Kenneth Grant
Honors Economics
Sandra Lynne Griffith
Honors Geography
Peter Egmund Gunther
Honors Economics
Sally Anne Hamilton
Honors Geography
Paul Norman Harvey
Honors Economics
Rosemary Catherine Henderson
Honors English and Philosophy
*Eva Marie Hurtig
Honors Modern Languages and Literatures
Bevan David Johnstone
Honors Journalism
Karen Margaret Kearney
Honors Modern Languages and Literatures
Norman Lennox Kelly
Honors History
George Dickson Kerr
Honors History
David Michael Klinck
Honors English and History
Linda Diane Laird
Honors Modern Languages and Literatures
Terry William McBride
Honors Economics
*Donald Neil McCormick
Honors Politics
Colleen Elizabeth McCrea
Honors Classics
*Mary Jean McNally
Honors English Languages and Literature
Peter Francis McNally
Honors History
Robert James Clark McNeil
Honors Physical and Health Education
*Carolyn Ann McNiven
Honors Modern Languages and Literatures
*Barry David McPherson
Honors Physical and Health Education
Robert Daniel McTavish
Honors Geography
Linda Marilyn Morton
Honors French and Latin
Barrie Albert Noonan
Honors Psychology
Robert George North
Honors Physical and Health Education
John Charles Olmsted
Honors English Language and Literature
Patricia Helen Pegg
Honors English Language and Literature
Penelope Hope Pidgeon
Honors History
John Laverne Pressey
Honors History
David Prokop
Honors Journalism
William David Rajala
Honors Mathematics
John Michael Robinson
Honors History
Zoja Anne Rudusans
Honors Journalism
Barbara Jean Sampson
Honors English and French
Sandra Elizabeth Scott
Honors Modern Languages and Literatures
Michael Thomas Sharratt
Honors Physical and Health Education
Mary Ruth Sinclair
Honors Physical and Health Education
William Earle Spencer
Honors French and Latin
Joseph Michael Stempski
Honors Geography
Richard Arthur Stewart
Honors Physical and Health Education
Enid Elizabeth Street
Honors Physical and Health Education
Haldane Harmer Sullivan
Honors English Language and Literature
Philip Desmond Sullivan
Honors Politics
Donald Arthur Sutherland
Honors Physical and Health Education
Donald David Sutherland
Honors Politics
*George Wallace Tough
Honors Geography
*Peter Watson
Honors Psychology
*James Robert Weber
Honors English and History
Carol Ann Weiss
Honors French and Latin

BACHELOR OF ARTS

Nancy Jane Aikenhead
Wayne Stuart Allan
Michael James Anderson
John Edward Archbold
Carol Ann Archer
Janice Doreen Bailey
Robert Francis Baker
Egbert William John Bakker
John Alexander Ballachey
Frederick Barth
Jeffrey Montgomery Bee
Linda Mae Bennett
William McNeil Bennett
Nancy Eleanor Bishop
Joseph Gene Blain
Ian Mackey Blair
Uldis Boriss
Mary Jane Bowman

*Winner of award; see last page.

BACHELOR OF ARTS—Continued

*Julia Lynne Bradford
Robert Kenneth Bristow
Diane Marilyn Burley
Mary Susan Cakebread
Sandra Jane Callow
Mary Louise Campbell
Marnie Anne Campion
Janet Elizabeth Cane
Mary Chorniuk
Glenn Edward Christianson
Bradley Laurence Clements
Dana Merilee Clunis
Andrew Blake Cochran
Barry James Colman
Frank Douglas Colman
Donald James Arthur Cornish
Helen Eileen Craig
Elizabeth Ann Craven
Peter MacLean Current
Enid Gail Darroch
Elvira Irene Denes
Lois Edna Denham
Guildford William Deverell
Dale Elizabeth Dickson
Sandra Mary Dickson
Joan Marylin Dinwiddie
Carman Gary Dix
Peter Edward Dubas
Muriel Edna Eby
Mary English
Edith Patricia Epp
Paul Burke Erwin
Murray Kenneth Esselmont
Gordon Leslie Farmer
Fay Lorraine Featherstone
David Copland Finlay
Susan Elizabeth Fuester
Linda Louise Fuller
Margaret Mary Gallagher
David Stewart Gee
Lynda Elizabeth Gilbert
Wesley Newcombe Goodspeed
Sara Jane Graham
Ralph Sykes Greenhow
Godfrey Alexander Greig
Mary Louise Harris
*Georgina Rae Hartwell
Catherine Diane Harvison
Margaret Anne Hayes
Andrew Douglas Henderson
Jean Ross Hillen
William Edward Hinkson
Robert Boyden Hoffman
Derek Thirsk Hogg
Ralph Douglas Hopper
Robert Douglas Allan Houghton
Ruth Alice Hoyle
Melford Howard Huctwith
Brenda Jean Huggins
Ronald Clifford Hughes
Ruth Elaine Hussey
Constance Gail Ibbotson
Donald Bennett Irwin
Barbara Jane Isbister
John Birrell Izatt
Robert Edward James
Barry Eldon Johnson
Bruce Arthur Johnston
Catherine Margaret Louise Jones
Ann Parker Kearsey
Lois Elizabeth Knepflar
Nora Jean Knight
Jean Elizabeth Kraus
Jennie Krisfalusi
Mary Jane Kunkel
Karen Doreen Lamb
James Brian Larock
George David Laslo
Mary Elizabeth Lavis
Beverly Ann Lawson
Rosamond Susan Jean Lennox
Carman John Levie
Janet Louise Little
Geoffrey Williams Logan
Ruth Margery Longfield
Judith Brenda Lorimer
Peter Stanley McBirnie
Daniel Ian McCallum
Jean Mary McClelland
Margaret Ellen Macdonald
Patricia Anne McDonald
Donald Ross MacDougall
*Bonnie Lynn McGregor
William George McKinnie
Carol Anne MacKinnon
*Margaret Ann MacLachlan
George Harris McLean
Susan Margaret McVicar
Kenneth Douglas Malvern
William Howard Manderson
Margaret Carole Marks
Mary Jane Martin
Barbara Anne Maudsley
Wylie Craig Miln
Helen Heather Mitchell
JoAnn Miyagawa
Peter Belton Moffat
Sharon Elaine Moffatt
Nancy Andrea Morrow
Mary Anne Moss
Richard Albert Mullen
James Donald Murdock
John Paul Newman
Gary Ross Norris
Alan Robert Novosel
Jane Ellen Oakley
Thomas Gwynn Osler
Allan Russell Otton
David William Ozmond
Glenn George Parker
Robert Ross Parry
Gordon Charles Pelletier
Jette Helle Petersen
David Robert Peterson
Barbara Love Phipps
Phyllis Marie Pinder
Wilma-Jean Preiss
Barry William Reid
Janet Marilyn Richardson
David Edward Roberts
Muriel Anne Robertson
Ann Margaret Robinson
John David Robinson
Penelope Jane Robinson
Margaret Jean Elizabeth Rogers
Barry Graham Sampel
Terence Parry Scandrett
Edward Alfred Scott
Reginald Madison Scott
Carol Dean Shipman
Robert James Siberry
Robert Siebelhoff
Beverley Dale Smith
Heather Anne Smith
Lloyd David Smith
Patricia Rhoda Smith
Carol Eve Sorjonen
William Ryerson Sparling
Anne Elizabeth Stacey
Malcolm Wayne Stafford
Thecla Anne Stewart
Helen Irene Stuart
Dianne Kay Suzuki
Laura Delbridge Sweeton
Barbara Lynn Taylor
Fiona Diane Teeple
Catherine Marie Thompson
Clara Eleanor Truax
Annemarie von Sengbusch
Gordon Wayne Walker
Barbara Ann Ward
Louise Weyerman
John Alexander White
John Albert Whyte
William John Wilkins
Catharine Mary Williams
Charlotte Anne Williston
Gary David Wilson
Kathleen Emerald Wilson
Joyce Mona Woolnough

ST. PETER'S SEMINARY COLLEGE OF ARTS

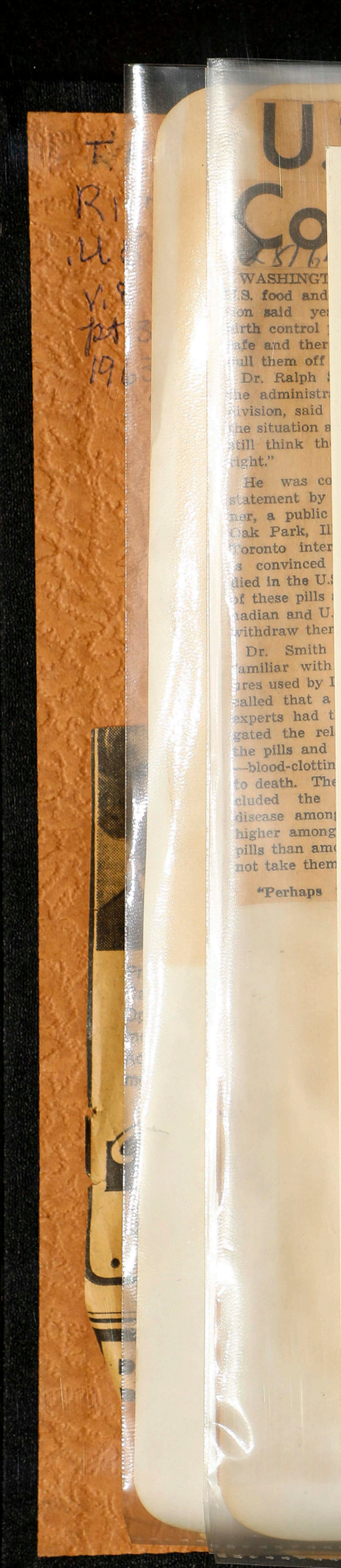
SEMINARY COLLEGE OF ARTS

BACHELOR OF ARTS

(Honors Philosophy Program unless othewise indicated)

John Walter Brothers
Gerard Thomas Campbell
Donald Albert Dufraimont
Peter Michael Hatton
Frederick Bernard Henry
John Michael Joseph Jackson
Joseph Jean-Guy Lajoie
Pre-Theology
Francis John Leslie
Joseph Thomas Lynch
Melvin Gerard MacIsaac
Jon Stanley Morse
Ronald Anthony Prieur
Paul Francis Smith
Pre-Theology
Lawrence George Michael Voisin

*Winner of award; see last page.



U.S. Drug Agency Claims Birth Co

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COLLEGE OF CHRIST THE KING

HONORS BACHELOR OF ARTS

Martin Edward Carbone
Honors English and Latin

David Joseph Ducharme
Honors History

Gerald Glenn Gormely
Honors History

Donald Leo O'Rourke
Honors French and Latin

Phillip Joseph Rody
Honors Philosophy

BACHELOR OF ARTS

Edward Jacob Billo
Donald James Black
Thomas Anthony Bordonaro
Robert Joseph Bridel
John Joseph Callaghan
Tony Mario Celli
Ronald James Cummins
Roger Arthur Doré
Robert Francis Farrell
Ted Joseph Farrell
Francis Xavier Fay
Paul Constantine Gawalko
Donald Campbell Graham
William Frederic Hickey
Louis Jarabek

Leonard Patrick Kavanaugh
Stephen Richard Koprich
Alphonse Anthony Lanza
Stanley Michael Lasanowski
Joel Kamami Makumi
Joseph George Metron
Edward Miazga
Alexandre Rosevelt Morin
Eugene Mullan
Harold Thomas Mullins
Stanley Naftolin
Eugene Peter Nesterenko
Michael Patrick O'Connor
Thomas Joseph O'Marra
Walter John Oprzedek

Paul Christian Paquette
Douglas Harold Parker
Dennis Rene Roy
David Vernon Sauvé
Thomas Richard Scoccia
Frederick George Stevens
Robert Stanley Karl Thomas
Frederick James Tufts
William Michael Van Helvert
Francis Bernard Villeneuve
Michael John Walsh
Renny George Weiler
Hugh Ashton Winter
Karl Paul Wysotski

FRIDAY SECTION OF CONVOCATION

MAY 29th, 1964

THE ORDER OF PROCEEDINGS

The audience will rise as the Procession enters, and will remain standing during the playing of "God Save the Queen" and "O Canada" and while the Right Reverend Angus J. MacQueen offers the prayer of Invocation. The placing of the Mace by the Bedel before the Chancellor signifies that Convocation has commenced.

The Chancellor will be Mr. V. P. Cronyn. The Bedel will be Professor R. S. MacKay. The Marshal will be Dr. W. E. D. Atkinson. The Organist will be Professor John McIntosh.

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Laws *honoris causa*

LESTER BOWLES PEARSON

Dr. Lester B. Pearson will address Convocation.

Candidates for degrees in course will be presented to the Chancellor by the Vice-Chancellor. The Pro-Chancellors will be Principal R. J. Uffen and Professor H. Battle.

The Right Reverend Angus J. MacQueen will pronounce the Benediction. Members of the audience are requested to remain in their places until the Convocation Procession has retired.

Following Convocation, the Chancellor, the Vice-Chancellor and the Honorary Graduate will receive, and refreshments will be served in the area of Somerville House to members of the graduating class, their parents and friends, the members of the faculties and the governing bodies.

THE FACULTY OF ARTS AND SCIENCE

UNIVERSITY COLLEGE

BACHELOR OF SCIENCE

Richard Armstrong
Honors Physics and Mathematics
John Patrick Ashmore
Honors Physics and Mathematics
Alan Trevor Blackwell
Honors Physics and Mathematics
George William Brandie
Honors Physics and Mathematics
William Lloyd Clayton
Honors Chemistry
Donna Marie Deaken
Honors Chemistry
Jerry Denhartog
Honors Physics and Mathematics
*Robert Carr Dynes
Honors Physics and Mathematics
Robert John Gibson, B.A.
Honors Biology
*James Peter Guthrie
Honors Chemistry
William Harrison Henneker
Honors Chemistry
*Maaike Hoeksema
Honors Physics and Mathematics
William Charles Edward Holborn
Honors Physics and Mathematics

Dennis Frank Amy
Honors Physical and Health Education
Douglas Allen Lauriston Auld
Honors Economics
Margaret Evelyn Axford
Honors English and French
Joseph Natale Barletta
Honors French and Latin
Gary William Begg
Honors History
*Mark Dale Bender
Honors Mathematics
John Francis Benny
Honors Mathematics
Frederick Gordon Bigham
Honors Economics
John Edward Blackwell
Honors History and Philosophy
David Horden Broughton
Honors Economics
Richard Martin Burgess
Honors English Language and Literature
*Patricia Anne Burton
Honors Modern Languages and Literatures
John Baillie Cairns
Honors Philosophy
*Margaret Campbell
Honors English and Latin
Frank Donald Christilaw
Honors Economics
Brian Herbert Coleman
Honors Economics
John Joseph Corbett
Honors Physical and Health Education
Glen White Davis
Honors Politics
Alexander Keewatin Dewdney
Honors Mathematics

Clarence Harold Jackson
Honors Chemistry
Stewart Albert Jackson
Honors Geology
Malcolm Eugene James
Honors Chemistry
Roy Edward Kari
Honors Chemistry
*Joseph William Peter Kavelaars
Honors Biology
*Bryan Richard Kerman
Honors Physics and Mathematics
*Victor Michael Kushnir
Honors Physics and Mathematics
Colin Leslie McIntosh
Honors Chemistry
*Paul Bernard Marriage
Honors Biology
Kenneth Hugh Mason
Honors Physics and Mathematics
Gaye Carol Minshall
Honors Biology
James Albert Myer
Honors Physics and Mathematics
William Stanley Oldham
Honors Biology

HONORS BACHELOR OF ARTS

Allan James Douglas
Honors Mathematics
William Walter Douglas
Honors Economics
Marion Irene Duke
Honors Journalism
Averille Thelma Eastman
Honors English and History
Sherwood John Albert Eddy
Honors English and Philosophy
Kenneth Anthony Edward Raymond Fadelle
Honors Mathematics
Leslie Illes Fekete
Honors Economics
John Thomas Richards Gilbart
Honors Physical and Health Education
*Paul Arnold Gingrich
Honors Mathematics
James Milton Good
Honors English and Philosophy
*Robert Oscar Gutcher
Honors Mathematics
*Lewis Marlin Haddad
Honors Mathematics
*Jane Helen Hamacher
Honors Psychology
David Peter Hicks
Honors History
Marianne Victoria Hoople
Honors History
John Paul Jacobsen
Honors Physical and Health Education
Tanya Johnson
Honors English Language and Literature
Ronald George Jorgenson
Honors Physical and Health Education

Elisabeth Marie Pollock
Honors Biology
Ross Frederick Randall
Honors Chemistry
Philip Ernest Charles Reed
Honors Geology
Alan Lane Sangster, B.A.
Honors Geology
Charles Leeman Dennis Sifton
Honors Chemistry
Elma Edith Sunaitis
Honors Chemistry
David Rodney Truax
Honors Chemistry
Uldis Upitis
Honors Geology
Maurice Piet Van der Meer
Honors Physics and Mathematics
Beverly Carle Walden
Honors Chemistry
*Charles Herbert Warren
Honors Chemistry
Mary Eleanor Warren
Honors Chemistry
Peter George Wright

Clarence George Karr
Honors History
*Carole Dawn Kennedy
Honors Business Administration and Secretarial Science
John Peter Klassen
Honors Geography
David John Knipfel
Honors Economics
*Henry Koop
Honors Geography
Arvo Luik
Honors Physical and Health Education
Gary Neil McLean
Honors Business Administration and Secretarial Science
Lanny James McQuain
Honors Physical and Health Education
William Keith Marshall
Honors Mathematics
Peter Thomas Ross Martin
Honors Physical and Health Education
Sandy Peter John Massaro
Honors Physical and Health Education
Hugh Ramsay Minielly
Honors Physical and Health Education
Bertha Marilyn Norrie
Honors Mathematics
Neil Thomas Norris
Honors Economics
Margaret Ann Olver
Honors Psychology
Jan Garrit Overduin
Honors English and German

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*Winner of award; see last page.

HONORS BACHELOR OF ARTS—Continued

Nana Oya
Honors Psychology
Richard John Picherack
Honors Economics
Thomas Douglas Pitts
Honors Mathematics
Joan Muriel Preston
Honors Psychology
Janet Bernice Randall, B.A.
Honors Physical and Health Education
John Buchanan Rice
Honors Astronomy
*Peter Cleland Russell
Honors Mathematics
Kenneth Lyle Sager
Honors Economics
Eleanor Winifred Irene Shaw
Honors Physical and Health Education
Garry Carl Shulman
Honors Physical and Health Education
Raymond Harry Shulman
Honors Physical and Health Education
Norma Stanbury
Honors English and French
Carolyn Anne Struthers
Honors English and Philosophy
Carol Elizabeth Taylor
Honors Mathematics
Susan Szekely Timar
Honors Mathematics
*Frank William Tucker
Honors Mathematics
Bruce Audley Weber
Honors Economics
James Bedford Whitney
Honors Mathematics
Mary Lou Joan Whitwill
Honors Physical and Health Education
Peter Williamson
Honors English and History
Thomas Reginald Williamson
Honors Physical and Health Education
Ronald Frederick Worboy
Honors Physical and Health Education
Graham William Wright
Honors Economics
John Charles Yuille
Honors Psychology
Karen Brenda Zarn
Honors Physical and Health Education
Rudolf Alois Zimmer
Honors Mathematics

BACHELOR OF ARTS

Lloyd James Abernethy
Donald Edward Atkinson
Stewart Irving Bailey
William Richard Bannister
Thomas Barrett
George Frederick Bates
Pre-Theological General Program
Janet Jean Bathgate
Secretarial Science
Susanne Elizabeth Beeston
Secretarial Science
Peter William Bell
Frances Gail Berkoff
Home Economics
Nina Bernotas
George Harvey Billings
Mary Catherine Bishop
Arthur Herbert Black
Madeline Ann Bolter
Gillian Marie Louise Bower
Secretarial Science
Charles Roger Braekevelt
Helene Elisabeth Braun
Edward John Brogden
George Arthur Henry Brooks
Constance Marlene Brown
Garnet Paul Brown
Robert Paul Brown
Rosalind Margaret Brown
Wilson John Brown
Douglas Eugene Buchner
Robert Alexander Buckingham
William Hilson Burnett
Maurene Ruth Burston
Margaret Ann Caffyn
Cynthia Mary Carsley
Enid Audrey Buckley Cassidy
Mary Jane Cates
Harold James Alfred Catling
Janne Maureen Naomi Cheney
Secretarial Science
Phyllis Elizabeth Chicoine
Laura Jane Chisholm
Roger Lewis Clark
George Brock Collins
Michael Loring Coombs
Bruce Stanley Cooper
Kevin Russell Cooper
Scott Ritchie Cowan
Virginia Worswick Cowan
Secretarial Science
John James Cowin
Joanne Helen Cox
Secretarial Science
David Clark Craig
Judith Mary Sharon Craig
Secretarial Science
John Pritchett Crocker
Gary Earl Cruickshank
Phyllis Winnifred Cullen, B.Sc.N.
Harold Featherstone Currie
James Alexander Darley
Richard Dennis DeMarchi
Julius Cornelius Deroo
Jeanne DeRose
Secretarial Science
Walter Grant Dickinson
Richard Allen Dolphin
Brian William Dore
Keith Shanly Dulmage
John David Eaman
Mary Economoff
Judith Kathleen Eddy
Douglas Hall Fairbairn
Harriet Laura Faris
Evelyn Anne Farr
Bonnie Flotron
Secretarial Science
Judith Elizabeth Fluter
John Alexander Ford
Barry Marc Foster
Donna Arlene Frame
Secretarial Science
Gary James Galvin
Allan George Garrett
Guillermo Garriz y Preysler
John Robert Gellard
Deris Primo Giavedoni
Sylvia Olive Gilbert
Barbara Elizabeth Jane Gilman
Russell Earl Louis Goodwin
Geraldine Grace Grant
Patricia Carol Green
Mary Margaret Greenwood
Alexander MacLennan Hall
Alto Bernice Hall
John Edward Hamblet
Lynda Jean Harris
Secretarial Science
Orland Emerson Harrison
Geraldine Marie Hart
Carl James Head
Wallace Robert Heinbuch
Larry Allan Herr
Steve Herr
John Franklin Hershey
Secretarial Science
Edward Thomas Hickerson
Joan Frances Hoffman
Secretarial Science
Kenneth Paul Holmes
Margot Bernice Hopper
Donald Murray Huband
David Carmen Hutchison
Christopher Carl Jastrebski
Shirley Marie Jeffery
Christine Ellen Johnson
Secretarial Science
Richard Leslie Johnson
Janet Louise Johnston
Sheldon Kalnitsky
Robert David Kee
Graeme Harrison Kennedy
James Peter Kennedy
Mary Eleanor Kennedy
Secretarial Science
William Aconley Kenny
Joel Anthony Leon Kerbel
Erma Marilyn Kew
Secretarial Science
William Thompson Kirkwood
Ruth Isabel Knox
Secretarial Science
Angela Kostis
Secretarial Science
Eva Katharina Kratochwill
Robert Edward Lee
John Howard Lundy
Mary Magdalene McCaffrey, B.Sc.N.
Mary Lynn McCalpin
Francis Trevor McClintock

*Winner of award; see last page.

BACHELOR OF ARTS—Continued

Mary Robinson McClure
Secretarial Science
Judith Marilyn McCraney
Patricia Pauline McCreery
Margaret Jane McCullough
Marjory Evelyn Macdiarmid
Jane Elizabeth Ann McFarlane
Martha Louise McGowan
William George McHugh
Robert James McInnes
Dorothea May McInnis
Clarence John McKenney
William Emerson McKinney
Donald Henry McKnight
Robert Alexander McLarty
Audrey Marlene McLaughlin
Sharon Ellen MacLean
Neil Duncan McMillan
Raymond Terrence McNamara
John Roy William McWhirter
William Guy Mahaffy
Wayne Jack Mandel
Eric Jean-Maurice Manning
Ronald Lawrence Maxfield
Olyvia Anne Mighton
John Murray Millman
Finlay Charles Mitchell
Shirley Audrey Mitchell
Secretarial Science
Carole Marion Mitford
Leonard Alidor Monteyne
Elizabeth Marie Moore
David Charles Morgan
Ronald Joseph Muha
Peter John Muller
Sarah-Frances Murray
Dennis Michael Nazar
Charles John Neads
Elmer John Allen Near
Larry Sven Morten Daniel Olsson
Jane Elizabeth Orr
John Joseph Ostrander
Marven James Edward Oxley
Maureen Marjorie Palen
Secretarial Science
Peter Lloyd Parker
James Milton Phelps

Barry Thomas Reginald Playford
Donald Walker Pole
Michael George Pooley
Kenneth John Poulton
Daniel Pozihun
John Peter Pritchard
Judith Claire Pritchard
Secretarial Science
Mary Jane Pryce
William McDougall Puddicombe
Allan Paget Quirt
Joseph Francis Racey
Marion Cathryn Rauhala
Mildred Marks Ready
Maureen Frances Reeve
Donald Francis Rishea
Frank Joseph Robak
John Macdonald Roberts
David Earnest Roszell Rokeby-Thomas
Nancy Elaine Rowell
Secretarial Science
Tibor Ruff
John Toles Runnalls
*Lola Marie Russwurm
Margaret Alexandrina Sachs
Victor Martyn Sadler
Alan George Sargant
Anna Marie Schell
Paul Thompson Schmidt
Peter Hans Eugène Schwartz
Audrey Irene Self
Christine Ingrid Sennewald
Calvin Edward Shaule
*Barbara Ellen Shaw
Robert Michael Shellon
Ross Albert Shiell
Marjorie Lynne Silver
Ronald James Skippon
Chancey Allan Smith
Donald Mackenzie Smith
William Gary Smith
Winifred Dora Smith
Kalle Soomer
Janice Ellen Spencer
Home Economics
Richard Anthony Stacpoole
Hugh George Stark

Karen Ruth Stensson
Lyell Marvin Stokes
John Alexander Sullivan
David Dirk Syer
Margaret Eleanor Tate
Secretarial Science
Ronald Wayne Taylor
Keitha Anne Tennant
Secretarial Science
Marion Marjorie Thomas
Secretarial Science
Glen Russell Thompson
John Frederick Watters Thompson
Paul Herbert Thompson
Michael Dennis Tomlinson
Blanche Trew
Christos Miltiades Tsiapalis
Raili Gertrude Turja
Harold Raymond Turner
Michael Turner
Robert Harold Vandewater
Henricus Hubert Paul Vervoorn
Merrie Catherine Vince
Joan Marie Vine
Gary George Vogan
Henry Arthur Vogelsang
David Thiuri Wanjuki
Wendy Warwick
John McLachlan Waters
Carol Anne Watkins
Garfield William Webb
Helmut Weier
Philip Jay Weingarden
Leonard Thomas Weston
Robert Charles White
Thomas Boothy Michael White
Harry Wayne Wilford
Barbara Muriel Will
Wilma Cumming Williams
David Bruce Wright
Lenita Alda Wright
Sheila Wright
Secretarial Science
William Robert Wyett
Donald Wylie Young
John Charles Young
Ardath Evelyn Zimmer

*Winner of award; see last page.

SATURDAY SECTION OF CONVOCATION

MAY 30th, 1964

THE ORDER OF PROCEEDINGS

The audience will rise as the Procession enters, and will remain standing during the playing of "God Save the Queen" and "O Canada" and while the Reverend G. R. Oelsner offers the prayer of Invocation. The placing of the Mace by the Bedel before the Chancellor signifies that Convocation has commenced.

The Chancellor will be Mr. V. P. Cronyn. The Bedel will be Professor R. S. MacKay. The Marshal will be Dr. W. E. D. Atkinson. The Organist will be Professor John McIntosh.

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Laws *honoris causa*

ARTHUR DILL KELLY

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Science *honoris causa*

JAMES BERTRAM COLLIP

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Civil Law *honoris causa*

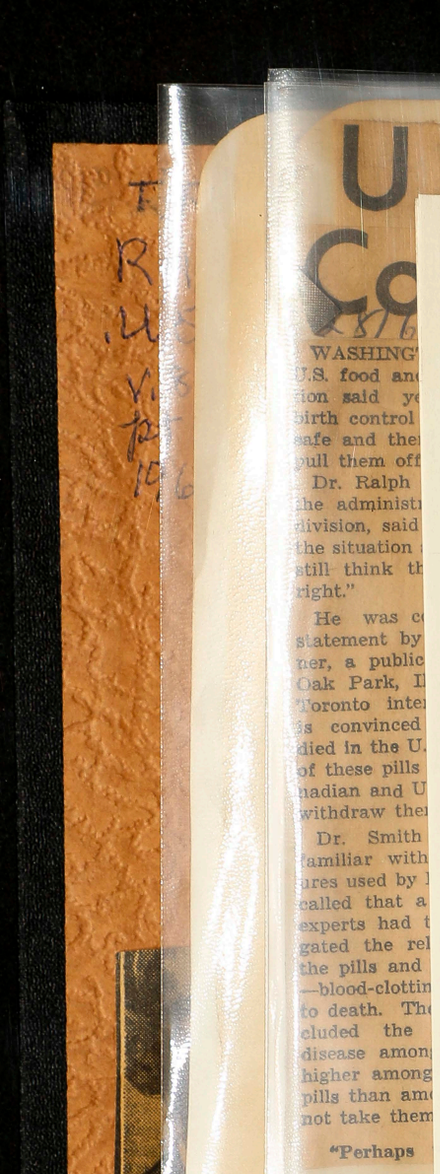
IVAN CLEVELAND RAND

Dr. I. C. Rand will address Convocation.

Candidates of all Faculties, Schools and Colleges, for degrees in course and for diplomas will be presented to the Chancellor by the Vice-Chancellor. The Pro-Chancellors will be Dean R. M. Dillon and Dean J. J. Wettlaufer.

The Reverend G. R. Oelsner will pronounce the Benediction. Members of the audience are requested to remain in their places until the Convocation Procession has retired.

Following Convocation, the Chancellor, the Vice-Chancellor and the Honorary Graduates will receive, and refreshments will be served in the area of Somerville House to members of the graduating class, their parents and friends, the members of the faculties and the governing bodies.



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THE FACULTY OF GRADUATE STUDIES

DOCTOR OF PHILOSOPHY

Guy Louis Anne Graff, B.Sc., M.D.
Biochemistry
Hans Martin Christopher Heick, M.D.
Biochemistry
Richard Henry Holyer, B.Sc.
Chemistry
Gordon Harry Sydney Hooper, B.Sc., M.Sc.
Zoology
John MacKillop MacDonald, B.Sc.
Chemistry
Rodney Louis Miéville, A.R.I.C.
Chemistry
*Richard Blain Philp, D.V.M
Pharmacology
M. K. Krishna Pillai, B.Sc., M.Sc.
Zoology
*Richard Peter Rand, B.Sc., M.Sc.
Biophysics
Delbert Walter Rice, B.E., M.Sc.
Physics
Nanjundappa Rudraiah,
B.Sc., M.Sc., M.A.
Mathematics
Frederick Raymond Sergovich, B.A.
Microscopic Anatomy
Gordon Edward Thompson, B.Sc.
Physiology
Roy Albert Wentzell, B.Sc., M.Sc.
Physics
Alan Henry Westlake, B.Sc.
Chemistry

MASTER OF ARTS

Christopher Mead Armitage, B.A., M.A.
English
Stanley Scott Atherton, B.A.
English
John Buchanan Black, B.A.
Political Science
Denis George Brearley, B.A.
Latin
Lai Kow Chan, B.Sc.
Mathematics
Robert Charles Christie, B.A.
Geography
Marilyn Illaine Davis, B.A.
English
Alexander Boyd Fancy, B.A.
French
William Alexander Ferguson, B.A.
Geography
Gwenneth Galilee, B.A.
French
William Campbell Glass, B.A.
Economics
David Douglas Husband, B.A.
Economics
Ivan Charles Johnson, B.A.
Economics
Nora Catherine Keeling, B.A.
French
Peter Gilbert Kirkham, B.A.Sc., M.B.A.
Economics
Albert Kozma, B.A
Psychology
Murray Allen McCance, B.A.
History
Mary Ellen MacDonald, B.A.
Comparative Literature
Raymond Carl Norgren, B.A.
Economics
Charles Patrick Sibbald, B.A.
Psychology
Nicholas John Siller, B.A.
Geography
Donald George Simpson, B.A.
History
James Gordon Skinner, B.A.
Geography
Wiebe Harm Van der Velde, B.A.
Mathematics
Neil Gordon Wildfong, B.A.
French

MASTER OF ENGINEERING SCIENCE

William Alexander Crago, B.Sc.

MASTER OF SCIENCE

Frank Mulvey-Anglin, B.Sc.
Geophysics
John Chadwick Day, B.Sc.
Geography
Ingomar Frank Ermanovics, B.Sc.
Geology
Shirley Anne Holloway, M.P.S.
Physiology
Nêst Holyer, B.Sc.
Botany
Ming Pao Li, B.Sc.
Chemistry
John Sylvester Madronich, M.D.
Microscopic Anatomy
Janet Margaret Dunlop Melvin, B.Sc.
Botany
Frank Harry Palmer, B.Sc.
Physics
Ross MacLennan Turnbull, B.Sc.
Physics

MASTER OF SCIENCE IN NURSING

Mary Oressa Hubbert, B.Sc.N.

Joan Gertrude O'Sullivan, B.Sc.N.
(Sister Mary Celestine)

MASTER OF BUSINESS ADMINISTRATION

Ronald Gary Adams, B.Sc.
Gerald Ross Anderson, B.Sc.
Kenneth James Barlow, B.A.Sc.
Marvin Benno Bayer, B.Sc.
Walter Donald Bean, B.A.
Thomas Adam Bethune, B.Sc.
Donald Benson Betts, B.Sc.
Paul Morse Bishop, B.S.A., B.A.Sc.
Joseph Patrick Boll, B.S.A.
Donald James Boomer, B.Sc.
Edward Francis Boswell, B.Sc.F.
Joseph Russell Brosseau, B.A.Sc.
Douglas Darryl Brown, B.A.Sc.
Gary Hunter Brown, B.A.
Gary Westrem Browne, B.Sc.
Robert Charles Bryce, B.A.Sc.
Derek Hedley Longworth Buntain, A.B.
David Eric Clifford
William David Cochrane, B.Sc.
Peter Copland, B.A.Sc.
Donald Blades Creath, B.E.
Timothy Verner Crooks, B.Sc.
Douglas Alfred Clark Davis, A.B.
Robert John Deyell, B.Sc.
Edward Karl Dobrucki, B.A.
William Joseph Dolan, B.Comm.
Peter Croome Douglas, B.Sc.
Jacques Douville, B.A., L.L.L.
Gerald Frank Erwin, B.A.Sc.
John David Fergusson, B.A.
James Allan Finlayson, B.A.
*George Robert Forsyth, B.I.E.
Melbourne Seton Howard Foster
John Lewis Fryer, B.Sc.
Garry Eugene Grant, B.Sc.
John Harold Hayhoe, B.S.A.
John William Sheesley Heeney,
B.Com.
Edward Condon Higgins, B.Eng.

*Winner of award; see last page.

MASTER OF BUSINESS ADMINISTRATION—Continued

John Albert Houlden, B.Sc.
Earl Stanley Humphreys
Paul Francis Joseph, B.Sc.
Jeremy Neville Kendall, B.A.
Edward Julius Koehler, B.M.E.
Robert Paul LaFlamme, B.Com.
Joseph Eugene Pierre Lépine, B.S.C., M.S.C.
William Leslie, B.A.Sc.
Douglas Albert Lloyd, B.A.
Gordon Robert McAthey, B.Sc.
David Cameron McCutcheon, B.Eng.
Herbert Stuart McEvoy, B.Comm.
Alfred Fletcher McLaughlin, B.A.
Allan Brent McLean, B.S.
William Bela Magyar, B.Eng.
Edward Francis Matthews, B.Com.
Peter Paul Miller, B.A.Sc.
Robert Carl Miller, B.A.
Kenneth C. Grant Newton, B.A.Sc.
Kenneth Edward Nixon, B.Sc.
Robert Eric Martin Nourse, B.Sc.
Philip Edward Oldale, B.Eng.
David Hibbert Patterson, B.S.A., B.A.Sc.
Robert Eugene Pedersen, B.A.Sc.
Peter Edward Pitsiladis, B.Comm.
Gerald Albert Pogue, B.A.
Edward James Prévost, B.A.
Michael Vincent Price, B.Eng.
Pierre Louis Raymond, B.A.
Bruce Hunter Reid, B.A.Sc.
Ronald Arthur Rhodes, B.A.
Leonard Arthur Roberton, B.A.
Graham Rutherford Ross, B.Eng.
Timothy Joseph Ryan, B.Comm.
Elio Julio Sasso, B.Comm.
Michael Chipman Schofield, B.Sc.
Siegfried Schranz, B.A.
Robert Murray Sharp, B.A.Sc.
Gary Edward Sharpe, B.Sc.
Blake Jefferson Sherman, B.A.
William Charles Shortt, B.Sc.
William Robert Solohub, B.Sc.
Eugene Stary, B.Sc.
Paul Reid Stewart, B.Sc.
George Ernest Sturgess, B.Comm.
James Edward Tangney, B.A.
Michel Louis Tassé, B.A., B.Sc.A.
John Godfried Verhoeven, B.Sc.
Donald Allan Waite, BA.
Robert Anthony Watson, B.Eng.
John Wilding, B.Com.
David Thomas Wilson, B.Sc.

THE FACULTY OF MEDICINE

DOCTOR OF MEDICINE

Ralph Joseph Anderson
John Charles Aust, A.B.
James Howard Ballard, B.A.
Telahun Bekele, B.Sc., M.Sc.
William Hamilton Bryant
Phyllis Gloria Sax Burk
Richard Lloyd Clark, B.A.
James Dowler Curtis, B.A.
Alice Winnifred Dewdney, B.A.
Donald Wesley Elliott, Phm.B.
Vernon George Ellis
Rudy Louis Filipich
Florence Margaret Westcott Fisher
Garry Ford Fisher, B.A.
Peter John Fowler, B.A.
*David Michael Grace (Cum Laude)
Mary Gwizdal
Ronald Edward Habros
Donald James Henderson (Honors)
Joseph Hilton High, B.A.
John Hyatt
Kenneth Douglas Jack, B.P.H.E., B.A.
Donald George Johnson
Patricia Anne Keeling
*Mary Ellen Kirk (Honors)
Alan Ross Laing
Donald William Lawrence, B.Sc.
Malachy Stanislaus McCullagh
*Dorothy Frances McDade, B.Sc., M.Sc. (Cum Laude)
Thomas George McGhie
George McNeill
Stanley Joseph Manax, B.A., M.Sc.
Thomas Herman Martin
Svend Erik Melgard, B.Sc.
Alastair McDonald Murray, B.A.
Mary McCraney Martin O'Dwyer
Michael Patrick Thomas O'Dwyer, B.A.
Alvin Bernard O'Sullivan, B.A.
Lucien Persyko
Theodore Peter Prawak
James Henry Purvis
William Donald Reid (Cum Laude)
Helen Elizabeth Ross, B.A.
Francis Gordon Ellis Scott
Robin Stuart Shearer, B.Sc., M.Sc.
Ernest Harold Spratt
Shigeru Sugiyama
David Marshall Parks Thomson (Cum Laude)
Douglas Hollingshead Vair, B.A.
William Galbraith Williams
Fred Wiseman, B.Sc. (Honors)
Richard Elmer Wylie (Honors)
*Abraham Albert Yuzpe, B.Sc.(Honors)
*Jerry Roman Zownir, B.Sc. Phm.

THE FACULTY OF ENGINEERING SCIENCE

BACHELOR OF ENGINEERING SCIENCE

John Foreman Aitken
Douglas Robert Barker
Gerald David Bonnar
Donald James Dickson
James Frederick Nelson Earl
John Fabi
Marshall Clark Foster
Michael John Fulham
Rodger Allison Fuller
William Lloyd Haas
Hanny Assaf Hassan
Larry Donald Holmes
Philip Alexander Holton
Arnold Wayne Jackson
Ronald Clifton Keating
Carl Erik Kohn
Walter William Korpela
*Juri Kortschinski
Victor Koszarny
Joseph Fernand Le Blanc
Ival Garfield McKay
Alexander Wesley MacKenzie
Gilbert Richard Mackie
Frederick Joseph Oille
Glen Aaron Pearce
Stanley Edward Peszat
Michael Petrenko
Keith Maurice Rainford
Richard Lorne Roth
Daniel Schebesch
*Leonard George Stass
Terence Clive Trecarten
*Gerald William Thomas Trick
William John Vanden Hengel
*Roger Albert Verscheure
John Weil
Arnold Vernon Weirmeir
George Weisz
Ronald Hiroshi Yamada

THE FACULTY OF LAW

BACHELOR OF LAWS

Brian Blackburn Beach, B.A.
Robert Allan Blackwell
Charles Alexander Brown, B.A.
Dennis Watson Brown, B.A.
Eugene Edward Chorozy, B.A.
David Crawford Smith, B.A.
Robert Mose Patrick Daudlin, B.A.
James Vaughan Goulasarian, B.A.
Alexander Murl Graham, B.A.
Perry Childs Hill
Leo Anthony Innocente, B.A.
Sandra Margaret Suzanne Johnson, B.A.
Frederick Joseph Lee, B.A.
Edward James Mann, B.A.
Bill Matwichuk, B.A.
John George Metras
Alan Robert McLean Mill, B.A.
Terrance Patrick O'Connor, B.A.
Albert Henderikus Oosterhoff
William Robert John Penman, B.A.
James Scott Peterson, B.A.
*Wesley Brian Rayner, B.A.
Charles Frederick Mitchell Ross, B.A.
John Alick Ryder
*Sheldon Lorne Sherman
Larry Donald Norris Smith, B.A.
Owen John Raymond Smith
*Ralph Paul Gillies Smith, B.A.
Peter Szkilniak, Ph.D.
Donald John Peter Taliano, B.A.
Vito Walter Targon, B.A.
Malte von Anrep
*Roger Dennis Yachetti, B.A.

*Winner of award; see last page.

THE SCHOOL OF BUSINESS ADMINISTRATION

HONORS BACHELOR OF ARTS

Edward Donald Anderson
Algis Steve Andrulionis
John Kenneth Gordon Bailey
Peter George Meyler Baker
Frederick Alan Beattie
Donald Gordon Bell
Richard Donald Betteridge
Normand Edouard Carpentier, B.A.
Paul Frederick Joseph Catena
David John Churchill
William Frederick Clark
David Baird Conn
Donald Arthur Lawrence Cooper
John Grant Craig
Albert Ernest Ficzere
Robert Joseph Gatfield
Walter Francis Gibson
Keith Henry Gloster
Eric Shaidle Hardman
Jack Douglas Harper
Peter Harold Harris
Peter Alan Heinz
Thomas Alfred Hickey
Thomas Fred Homeniuk
David Wesley Irwin
Gary Richard James
Wilfred Donald Jenkins
Raymond Wayne Jordan
Christopher Lang
David Kent Lowry
Philip Gordon MacDonnell
Ross Anthony McGill
Duncan Peter Macgregor
Peter Thomas Main
John Edmund Martin
George Kirk Campbell Mitchell
Keith James Herman Munro
Frank William Pratt
John Paul Richmond
Charles Frederick Riley, B.A.
Paul Thomas Robinson
Clifford Warren Scheifele, B.A.
Barry Nisson Shapiro
David Alexander Sharpe
Guy Archibald Simard
Inder Jit Singh, B.A., LL.B.
David William Soles
Bernard William Stranks
Richard Donald Suderman
Blaine Peterson Swint
Michael Allison Trites
Alexander Campbell Turner
James Arthur Wilfrid Van Slyck
Thomas Richard Wilson
Keith Delton Windross
William Timothy Wingrove
*John Frederick Wood
Ian Musgrave Young

DIPLOMA IN BUSINESS ADMINISTRATION

John Kenneth Arnold, B.A.
John McLaren Ashfield
William Copping, B.Sc.
Cecil Roy Wycliffe Gilbert, B.E.Sc.
Hugh Allan Kim Hay, B.Sc.
Joseph Andre Jean-Marc Legros, B.Comm.
Ronald Victor Peiluck, B.Sc.
James Terrence Stafford, B.Comm.

*Winner of award; see last page.

AWARDS TO THE GRADUATING CLASS

The Honorable G. Howard Ferguson Trophy for outstanding performance in scholarship, college life and athletics ..... To be announced

THE FACULTY OF GRADUATE STUDIES

The Collip Medal
for Medical Science ..... Richard Peter Rand, B.Sc., M.Sc.
The Robert W. Johnson, C.A., Medal for Graduate
Business Administration ..... George Robert Forsyth, B.I.E.
The Cairncross and Lawrence Ltd. Award
for Pharmacology ..... Richard Blain Philip, D.V.M.

THE FACULTY OF ARTS AND SCIENCE

The University Board of Governor's Medals for Honors Courses:
Botany ..... Paul Bernard Marriage
Business Administration and
Secretarial Science ..... Carole Dawn Kennedy
Chemistry (Physics Option) ..... Charles Herbert Warren
English and History ..... James Robert Weber
English and Latin ..... Margaret Campbell
English and Philosophy ..... Felix John Douma
French and German ..... Eva Marie Hurtig
French and Latin ..... Margaret Joan Brown
Geography ..... George Wallace Tough
Mathematics (Applied Option) ..... Lewis Marlin Haddad
Physical and Health Education ..... Barry David McPherson
Physics and Mathematics (Radio
Physics Option) ..... Victor Michael Kushnir
Zoology ..... Joseph William Kavelaars
His Excellency the Governor-General's Medal
for Proficiency in the General Course ..... Barbara Ellen Shaw
The Huron College Medal for Proficiency in
the General Course ..... William Alfred Benbow
The Huron College Medal for Proficiency in
the Honors Course ..... Margery Lane Pearson
The Alumni Association Gold Medal for
Honors Chemistry ..... James Peter Guthrie
The A. R. Davidson Medal for Proficiency in the
General Course (Summer School and
Extension Division) ..... Lola Marie Russwurm
The S. F. Glass Award for Honors
Economics ..... Earl Kenneth Grant
The Frances Weir Gold Medal and Scholarship
for Honors English and History ..... Robert Michael Aitken
The Helen M. B. Allison Gold Medal for English
Language and Literature ..... Mary Jean McNally
The Robert LaVerne Eagleson Gold Medal
for Honors History ..... Mary Elizabeth Downie
The Joseph J. and Annie R. Kingston Gold Medal
for Honors Pure Mathematics ..... Mark Dale Bender
The London Life Insurance Company Gold Medal
for Honors Actuarial Mathematics ..... Robert Oscar Gutcher
The Dillon Gold Medal for Honors Applied
Mathematics ..... Frank William Tucker
The Northern Life Gold Medal for
Honors Statistical Mathematics ..... Paul Arnold Gingrich
The A. Dorothy Turville Gold Medal for Honors
French and Spanish ..... Carolyn Ann McNiven
The Raymond Compton Dearle Gold Medal for Honors
Physics and Mathematics ..... Maaike Hoeksema
and Robert Carr Dynes
The S. F. Glass Award for Honors Politics Donald Neil McCormick
The R. B. Liddy Gold Medal for Honors Psychology .. Peter Watson
The Encyclopaedia Britannica of Canada Great Books
Award for a Science Student ..... Maaike Hoeksema
The National Council of Jewish Women Award
in Honors Psychology ..... Jane Helen Hamacher
The Remington Rand Scholarship for Computer
Science ..... Peter Cleland Russell
The Society of Chemical Industry Merit Award James Peter Guthrie
The Canadian Association of Geographers Prize ..... Henry Koop
The Frances M. Weir Scholarship for the winner of the
Governor-General's Medal ..... Barbara Ellen Shaw
The Ambassador of Switzerland Prizes for excellence in:
French ..... Bonnie Lynn McGregor
German ..... Patricia Anne Burton
Italian ..... Carolyn Ann McNiven and Paulette Irene Petz
The French Consul General Prizes for excellence in French:
Mary Carolyn Biehn
Patricia Anne Burton
Margaret Brown
Eva Marie Hurtig
Margaret Ann MacLachlan
Georgina Rae Hartwell
The Ambassador of Spain Prize for excellence in
Spanish ..... Carolyn Ann McNiven
The French Embassy Medal for excellence in
French ..... Mary Carolyn Biehn
The Stan C. Reade Prize in Physics ..... Bryan Richard Kerman
The W. Sherwood Fox Award for Trois-Pistoles
Julia Lynne Bradford

THE SCHOOL OF BUSINESS ADMINISTRATION

The University Board of Governor's Medal for Honors Business Administration ..... John Frederick Wood

THE FACULTY OF ENGINEERING SCIENCE

The Association of Professional Engineers'
Medal ..... Juri Kortschinski
The Harry Cross Silver Medal for the Electrical
Engineering Option ..... Leonard George Stass
The University Board of Governor's Silver Medal for the
Mechanical Engineering Option .. Gerald William Thomas Trick
The Encyclopaedia Britannica of Canada Great Books
Award ..... Roger Albert Verscheure

THE FACULTY OF LAW

The Arthur T. Little Gold Medal &
and Scholarship ..... Roger Dennis Yachetti, B.A.
The Canada Permanent Toronto General Trust
Company Prize ..... Ralph Paul Gillies Smith, B.A.
The Fruma Wolf Memorial Scholarship Roger Dennis Yachetti, B.A.
The McDonald, Davies and Ward Prize ..... Sheldon Lorne Sherman
The Canada Law Book Company Limited
Prize ..... Wesley Brian Rayner, B.A.
The Carswell Company Limited Prize .... Wesley Brian Rayner, B.A.

THE FACULTY OF MEDICINE

The Medical Alumni Gold Medal ..... David Michael Grace
The Alpha Kappa Kappa Gold Medal
Dorothy Frances McDade, B.Sc., M.Sc.
The Dr. F. R. Eccles Scholarship
Dorothy Frances McDade, B.Sc., M.Sc.
The Poulenc Award and Gold Medal ..... David Michael Grace
The Kingswood Scholarship ..... Abraham Albert Yuzpe, B.Sc.
The J. B. Campbell Memorial Scholarship in Medicine
Dorothy Frances McDade, B.Sc., M.Sc.
The Class of 1917 Prize ..... Jerry Roman Zownir, B.Sc.Phm.
The Roche Scholarship ..... David Michael Grace
The Reckitt and Colman (Canada) Limited Prize
in Obstetrics ..... Mary Ellen Kirk

THE SCHOOL OF NURSING

The Alumni Association Gold Medal for Bachelor of Science in Nursing ..... Joanne Frances Martin

ored at Convocation Finale

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received the
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Kelly, of To-
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Association

and Canadian representative to the World Medical Association and the World Health Assembly, received a doctorate of law.

In presenting Dr. Collip to Chancellor V. P. Cronyn, Dr. G. Edward Hall, president and vice-chancellor, said:

"We honor today not only the greatest medical scientist Canada has produced, but as well one of the world's great scientists.

"Diabetes was controlled and life given to hundreds of thousands of diabetics with the discovery of insulin in 1921 . . . by Dr. Collip. Rarely does a scientist make more than one contribution, but Collip had just begun. It was he who first described the adreno-cortico tropic hormone (ACTH) which was to have its significant place in medicine.

"One finds throughout the world professors of biochemistry, of physiology, and of endocrinology who studied under Collip and were stimulated by him."

Of Dr. Kelly, Dr. Hall said:

"We pay tribute to Dr. Kelly for his effective work in behalf of the general practitioners of this country and for his interest and efforts in strengthening the nursing services in Canada."

Dr. Kelly was especially cited for this work in advancing the medical profession's relationship with the public and in fulfilling its many professional responsibilities and interests.

Dean Rand had contributed to his chosen profession as legisla tor, barrister, jurist and teach er, said Mr. Hall.

"His passionate concern fo truth has marked his life; hi constant anxiety and arden defence of the freedom of th individual have been given ex pression in eloquent and maste ful judgments where his word and his thoughts are as pro found and enlightening as the are . . . scholarly.

"His kindness, his deep sens of justice, his humility, stam him always and forever as real gentleman. His decision and their influence will live for ever."

Dean Rand addressed the con vocation at which graduates o the faculties of graduate stud ies, medicine, engineerin science, law and business ad ministration received degrees

June 1/64



THE UNIVERSITY OF WESTERN ONTARIO

FACULTY OF MEDICINE

CLASS OF '64

Class Day Exercises

THAMES HALL

Saturday, May the Thirtieth

Nineteen Hundred and Sixty-Four

At Nine-Thirty A.M. Daylight Saving Time

Rare Blood Needed For Birth

June 1/64

TORONTO (CP) — Rare blood, needed for the birth of a baby in Oshawa, was to arrive by plane shortly before midnight last night from Halifax.

Red Cross officials said the rhesus (RH) negative-type blood would be delivered to Oshawa General Hospital today in preparation of the forced delivery of the child.

Hospital officials said Mrs. Evelyn Curtis, 28, will probably give birth to her second child later today by elective induction, making the time of birth convenient for doctors and hospital technicians.

The donors — Mrs. Edward Lumsden and Helen Hendsbee of Half-Island Cove, N.S. — are two of about 80 persons with the necessary blood group. However, age and youth have limited the number of donors to only eight in Canada. The blood is found only in Nova Scotia and Alberta.

Fourth Year — 1963-1964

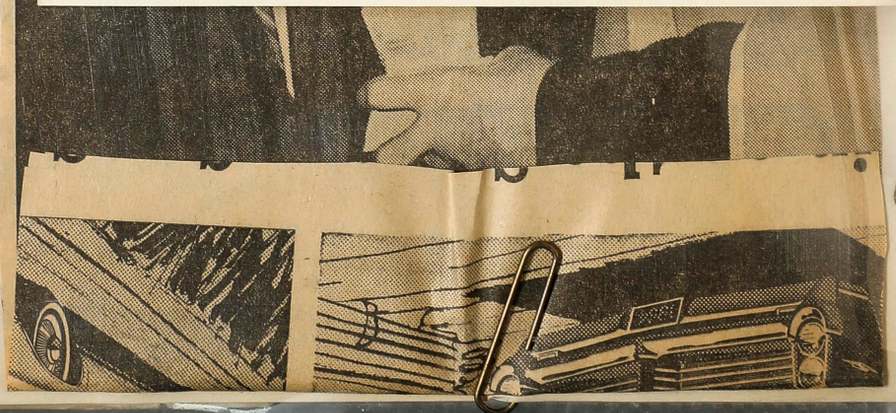
Ralph Joseph Anderson
John Charles Aust, A.B.
James Howard Ballard, B.A.
Telahun Bekele, B.Sc., M.Sc.
William Hamilton Bryant
Phyllis Gloria Sax Burk
Richard Lloyd Clark, B.A.
James Dowler Curtis, B.A.
Alice Winnifred Dewdney, B.A.
Donald Wesley Elliott, Phm.B.
Vernon George Ellis
Rudy Louis Filipich
Florence Margaret Westcott Fisher
Garry Ford Fisher, B.A.
Peter John Fowler, B.A.
David Michael Grace
Mary Gwizdal
Ronald Edward Habros
Donald James Henderson
Joseph Hilton High, B.A.
Harry John Hyatt
Kenneth Douglas Jack, B.P.H.E., B.A.
Donald George Johnson
Patricia Anne Keeling
Mary Ellen Kirk
Alan Ross Laing
Donald William Lawrence, B.Sc.
Malachy Stanislaus McCullagh
Dorothy Frances McDade, B.Sc., M.Sc.
Thomas George McGhie
George McNeill
Stanley Joseph Manax, B.A., M.Sc.
Thomas Herman Martin
Svend Erik Melgard, B.Sc.
Alastair McDonald Murray, B.A.
Mary McCraney Martin O'Dwyer
Michael Patrick Thomas O'Dwyer, B.A.
Alvin Bernard O'Sullivan, B.A.
Lucien Persyko
Theodore Prawak
James Henry Purvis
William Donald Reid
Helen Elizabeth Ross, B.A.
Francis Gordon Ellis Scott
Robin Stuart Shearer, B.Sc., M.Sc.
Ernest Harold Spratt
Shigeru Sugiyama
David Marshall Parks Thomson
Douglas Hollingshead Vair, B.A.
William Galbraith Williams
Fred Wiseman, B.Sc.
Richard Elmer Wylie
Abraham Albert Yuzpe, B.Sc.
Jerry Roman Zownir, B.Sc., Phm.

CLASS OFFICERS — 1963-1964

Honorary Class President	Dr. F. H. Fisher
President	Richard Clark
Vice-President	Vern Ellis
Secretary	Ralph Anderson
Treasurer	Malachy McCullagh
Historian	Elizabeth Ross

CLASS OFFICERS — 1964-1969

Honorary Class President	Dr. M. S. Smout
President	Douglas Vair
Vice-President	Donald Elliott
Secretary-Treasurer	Elizabeth Ross



Program

9:30 A.M. — CLASS DAY EXERCISE

Message from Dean	Dean O. H. Warwick
Congratulations from the Faculty	Dr. M. S. Smout
Address by Honorary Class President	Dr. F. H. Fisher
Presentation of Class Picture	Vern Ellis
Accepted by	Dr. F. H. Fisher
Presentation of Class Picture to School	Doug Vair
Accepted by	Dr. M. S. Smout
Presentation of Class of 1962 Award Presented to Dr. R. C. Rathbun	Richard Clark
Valedictory	Michael Grace
Administration of Hippocratic Oath	Dr. F. S. Brien
Presentation of Oath	Dr. A. McLachlin
"Hail to Thee Western U"	directed by Ernie Spratt
God Save the Queen	

Chairman
Dr. R. Kinch

Planting of the Class Tree in front of School of Nursing

MUSIC

T. C. Chattoe - Organist

Rare Blood Needed For Birth

June 1/64

TORONTO (CP) — Rare blood, needed for the birth of a baby in Oshawa, was to arrive by plane shortly before midnight last night from Halifax.

Red Cross officials said the rhesus (RH) negative-type blood would be delivered to Oshawa General Hospital today in preparation of the forced delivery of the child.

Hospital officials said Mrs. Evelyn Curtis, 28, will probably give birth to her second child later today by elective induction, making the time of birth convenient for doctors and hospital technicians.

The donors — Mrs. Edward Lumsden and Helen Hendsbee of Half-Island Cove, N.S. — are two of about 80 persons with the necessary blood group. However, age and youth have limited the number of donors to only eight in Canada. The blood is found only in Nova Scotia and Alberta.

Fear Third Typhoid Wave In Aberdeen

ABERDEEN (Reuters) — Health authorities expressed fear that a third wave of typhoid may be sweeping this Scottish city as 30 more persons were admitted to hospital yesterday, bringing the total to 301 in the two-week epidemic.

A hunt was launched throughout Britain for cans of possibly infected corned beef — said to be the source of the outbreak.

Latest official figures listed 262 confirmed cases of typhoid and 39 suspected ones in the northeastern port city.

The only death reported here in connection with the typhoid was that of an elderly woman who also suffered from two other diseases.

As the search for the infected cans of corned beef spread, county councils and local health committees banned corned beef from school menus and some city stores.

In other parts of Britain 13 cases were reported — six of them definitely confirmed as typhoid.

Aberdeen's medical officer Dr. Ian MacQueen called for the names of two suspected brands of corned beef to be revealed "in the public interest."

The government promised an inquiry into the outbreak.

MacQueen estimated the epidemic had cost Aberdeen, which usually has large numbers of tourists, £7,000,000 in lost business.

Main streets of Aberdeen have been sprayed with disinfectant, dance halls have been closed and the sales of ice cream and other food in theatres and public places has been stopped.

A gigantic hygiene campaign is being waged in hotels, restaurants, cafes and other places where people congregate.

Dr. MacQueen said it was still too early to say definitely whether or not a third wave of the disease has started.

He said the latest batch of victims probably was the "final kick" of the second wave combined with one or two small family outbreaks.

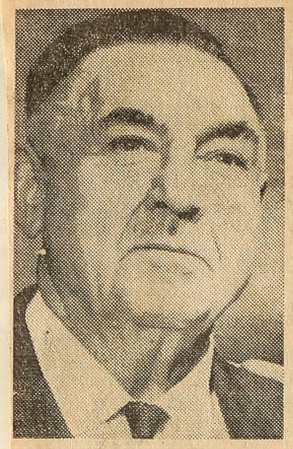
The search for infected corned beef was concentrated on South American cans of the meat weighing six pounds each and produced between January, 1963 and March 9, 1964.

A letter issued by the Scottish home and health department said the typhoid was of a type found in Spain, South America and the Southern United States.

Ex-Adviser to UWO

Dr. Arthur Smith Dies at Dorchester

Dr. Arthur Smith, 72, a general practitioner at Dorchester for 45 years, died Thursday in Victoria Hospital.



DR. ARTHUR W. SMITH

Dr. Smith served for many years on the advisory board on athletics at the University of Western Ontario and also on the stadium committee.

Col. D. B. Weldon, chairman of the UWO board of governors, called Dr. Smith a "great citizen" who will be very sorrowfully missed. He said Dr. Smith was a great football player during his university days at Western.

Dr. G. E. Hall, president of the university, said Dr. Smith's death is a great loss not only to the university but to the medical profession at large.

Dr. Smith graduated from the University of Western Ontario Medical School in 1919. He has practiced in Dorchester ever since.

He was the medical officer of health for North Dorchester Township and was a county coroner.

He was born at Wood County Wis., in 1892.

Dr. Smith was a past master of Merrill Masonic Lodge, No 344, AF and AM, and a former village trustee.

Last month he was named life member of the London academy of Medicine.

Dr. Smith is survived by his fe Constance Mary; a daughr, Mrs. Allan W. Little, of uth Bend, Ind.; a step-daughr, Mrs. George F. (Patricia) oney, of East Greenwich, hode Island; a sister, Mrs. Gus nnebosse, of Wisconsin pids, Wis.; two brothers, Wilm H., of Milwaukee, Wis.; d Charles, of Modesto, Calif.

Body is at the R. A. Logan d Son funeral home until :30 p.m. Monday. Service will held Monday at 2 p.m. at orchester Presbyterian Church, ev. Samuel Oliver, a family iend from the United States, ill officiate, assisted by Rev. dward Smith, of Dorchester resbyterian Church.

Burial will be in Dorchester nion Cemetery.

Standards Said High In Veterans Hospitals

OTTAWA (CP) — Rehabilitation and treatment services for aged patients in veterans hospitals are of a much higher calibre than comparable civilian services, the special Senate committee on aging was told yesterday.

Dr. Ronald Bayne, physician in charge of gerontology at the Queen Mary and Ste. Anne's veterans hospitals, Montreal, said that according to present information and under facilities available at the two veteran's hospitals, about 80 per cent of aged patients who had suffered strokes could be rehabilitated.

"The percentage, I believe, would be much smaller in civilian hospitals."

Dr. Bayne was a member of a delegation representing the Montreal Council of Social Agencies, the Federation of Catholic Charities and the Federation of Jewish Community Services of Montreal. The three organizations presented a joint brief to the Senate committee.

They recommended that the federal department of health and welfare establish a division or bureau on aging to co-ordinate existing research and stimulate new research into the problems of the aged.

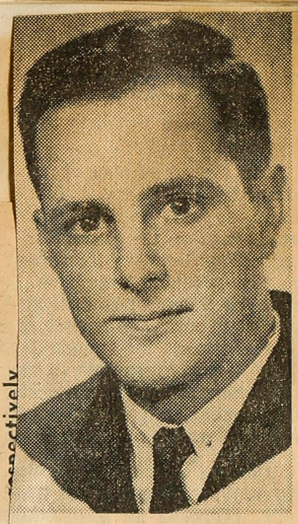
Another member of the delegation, Dr. Harry Grauer, director of the geriatric clinic of the Jewish General Hospital in Montreal, reiterated Dr. Bayne's statement that treatment and rehabilitation services to veterans were far better than those provided to civilians.

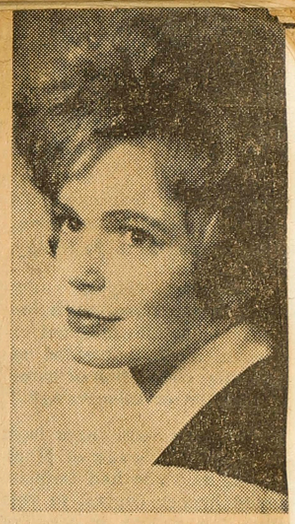
"If one of my patients is a veteran I know he has a far better chance of being rehabilitated."



Dr. C. J. Kirk, left, and Dr. Charles Ross beamed approval when their daughters graduated with degrees in medicine. Mary Ellen Kirk, second from left, and Helen Elizabeth Ross, will take th[illegible] respectively

June 1764





Plan Wedding in June June 2/64

Wedding plans have been announced by Mary Elizabeth Kirkpatrick and Gary Gilbert Ferguson for Saturday, June 27, in Zion Church, New Hamburg, Ontario. The bride-elect is the daughter of Dr. and Mrs. Thomas Crosby Kirkpatrick, New Hamburg, and the groom-elect is the son of Mr. and Mrs. Stephen Clement Ferguson, London. Miss Kirkpatrick is a graduate of the University of Western Ontario in honors English and philosophy. The groom-elect has received his BA from UWO and is entering his final year in medicine at Western. (Miss Kirkpatrick's photo by Bill Barrett; Mr. Ferguson's by MacKellar).

Wins CNIB Scholarship

June 2/64

Dr. E. J. Mularchyk, of Windsor, has been awarded a $2,500 scholarship to assist him in post-graduate work in ophthamology at Colby College, Waterville, Me.

The scholarship was presented to Dr. Mularchyk at a meeting of the London-Middlesex ad-



Dr. E. J. Mularchyk - - - for eye disease studies

visory baord to the Canadian National Institute to the Blind at Tweedsmuir Hall yesterday.

Dr. Mularchyk is a graduate of the University of Western Ontario.

The award—only the second one ever made—is made up of money from bequests.

The first scholarship was won by Dr. J. S. Madronich, who is completing his post-graduate work in London.

Artificial Muscles Forecast for 1984

EDMONTON (CP)—Artificial muscles capable of prolonged activity will be produced by 1984, a McGill University professor predicted yesterday.

Dr. F. C. MacIntosh, porfessor and chairman of the McGill physiology department, told 243 graduates at the University of Alberta convocation that the development of artificial muscles will respond to nerve stimulation and will be useful for replacing lost muscle tissue in patients.

Other predictions dealing with muscles made by Dr. MacIntosh included: Artificial membranes that will carry an excitation wave like the membrane of muscle fibre; chemical synthesis of the protein micromolecules in muscle and artificial muscle fibre capable of brief contractions.

He said parallels in other fields will also be developed if "our western world stays safe and prosperous."

"A clinical investigator, in sorting out the complex disturbance of regulation that characterizes the processes of disease, will find himself collaborating with the mathematician and the control systems engineer, he said.

Dr. MacIntosh gave his address after degrees were awarded to the graduates.

Degrees were awarded in dentistry, medicine, medical laboratory science, nursing, pharmacy, physical therapy, occupational therapy and dental hygiene.

Dr. MacIntosh and Helen G. W. McArthur of Toronto, national director of the Canadian Red Cross Society nursing services, received honorary doctor of law degrees.

Dr. MacIntosh is a member of the Royal Society of Canada and the Royal Society of London. Mrs. McArthur, a native of Stettler, Alta., was acting director of the University of Alberta nursing school and director of the public health nursing section of the Alberta health department.

Says 'Democratic Family' System Has Caused Mental Disturbances

KINGSTON, Ont. (CP) — Transition to a modern "democratic family" where mother and father play equal roles has caused mental disturbance in many parents, a Brockville psychiatrist said Wednesday.

Speaking to a convention of the Canadian Federation of Christian Reformed Ladies' Societies, Dr. A. Hoogenraad of the Ontario Hospital said family structure plays an important role in mental health.

The old patriarch system of family life, in which the father was supreme boss, was good he added.

He said that parents who were brought up under the patriarch system, but who bring their own children up democratically, are disturbed when children are no longer dependent on the father, who was head of the family in the old system.

Dr. Hoogenraad also said parents, particularly mothers, often cause mental disturbances in children.

He gave as examples the cold mother, who may appear outwardly successful in her undertakings, but has no true love or warm affection for her children; the over-indulgent mother who removes all frustrations and obstacles from her child's path, but keeps him tied to her apron strings; and the sexually-frustrated parent, who transfers his or her love to the child of the opposite sex.

Children or sexually-frustrated parents often have difficulty relating properly to a member of the opposite sex in adult life, he

Hospital Death Inquests Planned

An inquest into the death of Mrs. Gilbert Martin, 394½ Richmond St., who died April 24 at Victoria Hospital, will be held today at 2 p.m.

Mrs. Martin died eight hours after she was admitted to hospital. Her son James said she had hemorrhaged once at home, once in the hospital emergency ward and once again just before she died.

Dr. J. Bev. C. Robinson said a second inquest, in connection with the death of a Chatham woman, Mrs. Lena Luciw, who died in St. Joseph's Hospital, London, April 14, will be held June 30.

The Chatham woman was transferred to London from St. Joseph's Hospital, Chatham, in February.

Montreal Woman Assists Fight Against Leprosy

MONTREAL (CP) — Yvonne Champigneul teaches French to McGill University students during the day and raises money for lepers in her spare time.

An organization she founded called Help the Lepers has provided money to buy two travelling clinics in Africa—on the Ivory Coast and in Nyasaland.

The Montreal-based organization has also provided drugs, bandages and other materials used in fighting the disease.

Prof. Champigneul says there are 15,000,000 lepers in the world.

The French-born teacher began her work in 1952 when she read an article about Raoul Follereau of France, known as the "vagabond of charity" because of his annual visit to countries where the fight against leprosy was aided by funds from his organization, known as the Order of Charity.

She was so impressed she decided to become one of Follereau's supporters.

She said she sent a gift to France each year and eventually met Mr. Follereau. Later she began giving talks on his work and raising money. Last year she raised $7,000 for her Help the Lepers organization.

This year, under the patronage of the Gold Cross, a charitable organization founded by Paul-Emile Cardinal Leger of Montreal, she hopes to help raise $12,000.

Prof. Champigneul has made her own study of the disease, which she says is "older than written history." Egyptian mummies, she said, show unmistakable traces of leprosy.

She believes like Follereau that leprosy can be brought under control and possibly eliminated, with the means to detect early cases and sufficient medicine to treat hem.

The McGill teacher said thousands of leprosy victims have been cured and are living normal lives.

Claim Government Knew Meat Improperly Processed

June 8/64

LONDON (Reuters) — The British government knew three months ago that cans of corned beef which probably caused the typhoid outbreak in Aberdeen had been cooled in unchlorinated water, the Sunday Times says.

"But nothing was done to prevent its distribution in Britain," the paper adds.

"Last Monday, 10 days after corned beef had been confidently located as the source of the outbreak, it was finally established that the corned beef sold in the Aberdeen supermarket, where the epidemic began, came from the International Packers' factory, Industrial Argentina Establishment 1A," the article continues.

"Almost three months earlier, Dr. Leonard Grace, from the meat inspection department of the ministry of agriculture, on an inspection tour of South American corned beef plants, discovered that the chlorination plant at the same factory had not been working for 14 months.

"The ministry of agriculture immediately ordered that all imports from the factory be suspended. But the meat which eventually found its way to Aberdeen had already entered the country. Once that had happened the government had no statutory powers to prevent its sale," the Sunday Times says.

"Only last Tuesday, when the circumstantial link between the meat-cutting machine in Aberdeen and the broken chlorination plant had finally been established, did Mr. Michael Noble, secretary of state for Scotland, tell medical officers of health throughout the country that they should advise withdrawal of all six-pound tins of brands marked Industrial Argentina Establishment 1A."

Meanwhile, the number of suspected or confirmed cases of typhoid in Aberdeen's 19-day epidemic edged over the 400 mark during the weekend.

Twenty-three new cases were reported in hospital to bring the total of confirmed cases in the Scottish city to 342 and the number of suspected cases to 60, officials said yesterday.

Earlier chief medical officer Dr. Ian MacQueen said the outlook "was a bit more hopeful," but he declined to speculate on a trend in the outbreak until yesterday's final figures were in.

The number of confirmed cases in the port and tourist city has more than doubled in the last eight days.

The epidemic began with the apparently infected tin of corned beef in a local butcher's shop which was cut in a meat chopper. Three employees in the shop came down with typhoid and since then the disease has spread quickly.

Schools have been closed and visitors are discouraged. Citizens have been discouraged from gathering in large groups and attending entertainment until the epidemic subsides.

In Dundee, Scotland, there were four confirmed cases and 13 suspected cases; in Glasgow, four confirmed, two suspected cases and four persons under observation.

Several cases around London have been reported but none has been linked with the outbreak in Aberdeen.

The Aberdeen epidemic is the worst in Britain in some 40 years.

Typhoid Epidemic Easing in Aberdeen

June 6/64

ABERDEEN (AP)—Seventeen new cases of typhoid were registered in this Scottish city yesterday to bring the total in hospitals to 351. But there were signs the epidemic which broke out May 19 was easing.

The increase of 17 in the 24 hours ending at 5 p.m. yesterday was the lowest in some days. The increase was 33 Thursday.

"This is definitely the first real hopeful news that the figures have given us," said a city health official, Dr. Ian MacQueen.

MacQueen sent an urgent appeal for help to Edinburgh. He asked that a doctor of the medical department of the Scottish capital be sent to help. MacQueen said one of his assistants was ill with typhoid and that he and his other aides were exhausted.

An official denial was issued that a man who died in one of the city hospitals was a typhoid victim. Thus far there has only been one typhoid death in Aberdeen, an elderly woman who also had other ailments.

Outside Aberdeen, several new cases were reported.

There are four confirmed cases, two suspects and three others under observation at Glasgow.

In Dundee there are four confirmed cases and nine suspects.

Attach No Blame In Hospital Death

June 10/1964

No blame was attached to Victoria Hospital or its staff last night by a coroner's jury inquiring into the death of Mrs. Gilbert Martin, 46, of 394½ Richmond St., at the hospital April 24.

The jury found death was contributed to by a duodenal ulcer eroding a duodenal artery and causing hemmorhaging into the intestinal tract, and a lack of oxygen in the circulatory system, causing heart stoppage.

"We do not find the hospital or staff negligent in any way," the jury said in its written verdict, reached after an hour and 25 minutes of deliberation.

Crown Attorney C. C. Savage, QC, called 15 witnesses, including eight doctors and three nurses, during the 6½-hour hearing.

Dr. J. Bev C. Robinson, coroner, said "the jury asked a lot of intelligent questions." He complimented Det. Robert Young for preparing a long and detailed brief on the case. Mr. Savage also complimented the jury and Det. Young. (See full inquest report on Page 37).

Fingerprints Genetics Key

T P June 5/64

WINNIPEG (CP)—A University of Manitoba anthropologist believes fingerprints may hold the key to predicting the chances of parents having mentally deficient children.

Dr. Jamshed Mawalwala, an expert in dermatoglyphics—the study of print and crease pattern in the human hand—has found that mentally deficient children show certain distinctive patterns in their fingerprints.

For example, Mongoloid children have only one crease across the palm, one crease on a short little finger and distinctive whorls on their finger tips.

Dr. Mawalwala, a 31-year-old native of India, hopes to start a three - year research project here this fall to determine how the fingerprints show the inheritance pattern of individuals.

He said certain fingerprint traits are passed from generation to generation much as hair and eye color are. If it can be determined how these all passed on by normal persons, it would be possible to determine what sort of print pattern will indicate a possible genetic weakness which might produce mentally deficient children.

Expect Earlier Sex Education in Schools To Result From Study of Unwed Mothers

Free Press June 5 1964

By ERIC FINCH
Free Press Staff Reporter

A study of unmarried mothers that may result in earlier sex education in schools as well as a better understanding of the social forces causing an increase in the rate of illegitimate births is now under way in London.

The project, financed by the department of national health and welfare, is being carried out by the department of obstetrics and gynacology of the University of Western Ontario medical school.

Dr. M. P. Wearing, who is in charge of the project, said it will be the first such comprehensive study ever made in Canada, although several similar studies have been made in the United States.

During the research a group of 50 unmarried pregnant girls varying in age from 13 to 20 will be asked to answer a lengthy questionnaire. A control group of married mothers in the same age group will also be studied.

A pilot study has already been conducted from which has been developed a questionnaire which would produce the answers needed, Dr. Wearing said.

The problem of the unwed mother is a severe social problem and one that is steadily increasing, Dr. Wearing said.

In Canada from 1951 to 1955, illegitimate births made up 3.8 per cent of the total live births. By 1960, illegitimate births made up 4.3 per cent of all live births.

In Ontario in 1951 the rate of illegitimacy was 33.2 per 1,000 live births. By 1961 the rate had increased to 34.6 per 1,000 live births.

The department of obstetrics and gynacology, already a pioneer in sex education with the program it runs in senior grades of London secondary schools for the board of education, expects that the evidence will show that detailed sex education should be given at the grade nine and 10 level.

Study of the teaching in the schools has shown that by the time teen-agers are 15 they are either well informed [illegible] grossly misinformed, Dr. Wearing said. It is believed that this may have some bearing on the high incidence of pregnancy in the 15- to 16-year age group.

Dr. Wearing emphasized that the study is not being conducted in London because of any higher incidence of illegitimacy, although the study will achieve a good cross-section of urban and rural backgrounds as London is a medical centre for all of Western Ontario.

It is hoped the research will reveal the quality of medical care received by the unmarried mother. Many medical people believe unmarried teen-age mothers are more likely to have complications in pregnancy or difficult births because they do not have continuous medical care through pregnancy, either because of attempts to hide their condition or through limited finances.

The medical care and complications of pregnancy and labor will be compared between the unmarried and the married [illegible]

Among facts the interviewer will try to uncover will be the home life of the girls and the attitude of parents toward the unmarried pregnant daughter.

In the pilot study of 13 girls already completed, none of the girls came from broken homes although in six cases the mother of the girl worked outside the home.

"There was an obvious difficulty in communication between the parents and their children," Dr. Wearing said. Only one of the 13 girls told her parents of her pregnancy before telling either the father of the child, a doctor, or another relative or friend.

Only three girls believed their parents helped them. Most thought their parents had taught them poorly.

The project will probably take about a year to complete, Dr. Wearing said. If the information proves valuable it is hoped the research can be extended to cover a much wider area.

Aberdeen Typhoid Epidemic Said Threat to Whole U.K.

News 5/64

ABERDEEN (Reuters) — The typhoid-stricken Scottish city of Aberdeen braced for a third epidemic wave yesterday as the number of persons in hospital with the disease rose sharply.

The city's medical officer, Dr. Ian MacQueen, called the situation "serious but not necessarily catastrophic."

By last night there were 334 persons in hospital here as typhoid patients or suspects — a rise of 33 in 24 hours. Of these, 292 were confirmed cases.

MacQueen said the city was "definitely into something beyond the second wave. We are now definitely getting some cases that have developed since the existence of typhoid was first known in the city."

Aberdeen's figure of confirmed typhoid cases was nearing the total reached in Britain's last major outbreak in Croydon, Southern England, in 1937 when there were 310 cases.

Earlier yesterday, MacQueen warned that Britain could be "on the verge of a national disaster" unless the Aberdeen epidemic was checked.

In Glasgow, there were four confirmed typhoid cases in hospital, two suspects and three other persons under observation.

Meanwhile four confirmed typhoid victims and three suspects were announced about 100 miles from Aberdeen in the Scottish town of Dundee.

In Edinburgh, south of Aberdeen, another five suspected cases were in hospitals and eight of their contacts under medical observation.

A 10-year-old suburban London girl was also in hospital with a confirmed case but her illness had no association with the Aberdeen epidemic.

At the same time an Australian spokesman in London said no reservations would be accepted for immigrants from typhoid-affected areas in Britain.

As the disease continued to spread, a nation-wide hunt was on for cans of possibly-infected beef. It was such a can in an Aberdeen store which was said to be the source of the outbreak.

Port of London health officials scrutinized all canned beef entering the docks.

A spokesman said "the possible source of the typhoid break in Scotland must be stopped before the faulty cans reach London."

MacQueen said about 10,000 families or roughly 40,000 persons risked getting typhoid in the epidemic.

200.

F P June 9 1964

Londoners Host To X-Ray Group

Thirty-six British X-technicians passing thro London tomorrow on a No American tour will be trea to lunch by their London co terparts.

London members of the tario Society of X-ray Te nicians have arranged a lun eon at the Friar's Cellar for British visitors.

The group will be pass through London on their v from Detroit to Buffalo. T have been attending a te nicians' conference in Minne olis.

F.P June 10 1964

2 Men From UWO Named to Societies

Two University of Western Ontario professors have been elected vice-president of their respective societies at the annual meeting of the Canadian Federation of Biological Societies at Dalhousie University.

They are Dr. J. A. F. Stevenson, head of the department of physiology, and Dr. Charles Gowdey, head of the department of pharmacology, both of the UWO medical school.

No Blame Attached In Hospital Death

10 June 1964

No blame was attached to Victoria Hospital or its staff last night by a coroner's jury inquiring into the death of Mrs. Gilbert Martin, 46, of 394½ Richmond St., at the hospital April 24.

The jury found death was contributed to by a duodenal ulcer eroding a duodenal artery, and causing hemorrhaging into the intestinal tract, and the lack of oxygen in the circulatory system, causing heart stoppage.

"We do not find the hospital or staff negligent in any way," the jury said in its written verdict, reached after deliberating an hour and 25 minutes.

Crown Attorney C. C. Savage, QC, called 15 witnesses, including eight doctors and three nurses, during the 6½-hour hearing.

Dr. J. Bev C. Robinson, coroner, said "the jury asked a lot of intelligent questions." He complimented Det. Robert Young for preparing a long and detailed brief on the case.

Mr. Savage also complimented the jury members and Det. Young. "They did a good job," he said.

Several times during the inquest, Mrs. Martin's son, James George, asked why his mother had not been given more extensive examination and kept in hospital April 18 when she went to the emergency department complaining of severe pain.

"On April 24, they (Victoria Hospital staff) should have given her blood," he said. "There were insufficient tests. She should have had someone watching her a little closer, since she was losing all that blood.

Subsequent testimony showed Mrs. Martin vomited about a pint of blood at her home and in the hospital.

Dr. Lewis DeWitt Wilcox, in charge of the Colborne Two Building, where Mrs. Martin was admitted, testified that she had "a very serious coronary disease, as well as ulcers."

In usual ulcer cases, there is sufficient warning to adequately treat them, he said. But in the case of Mrs. Martin, "she must have ulcerated quickly. It was not an ordinary type of bleeding. There was nothing that could have been done.

"She was in an acute phase of a coronary attack, and she may have died with a transfusion. It is unwise to transfuse a patient in the midst of a heart attack.

"If one had taken the enthusiastic transfusion line, it might have brought about the patient's death immediately," Dr. Wilcox said.

He said the loss of up to a pint of blood would not be serious if it did not depress the blood pressure below a reading of 100.

In reply to James Martin, who asked again why his mother was not kept for further observation and X-rayed on April 18, Dr. Wilcox said the attending doctors did not feel ulcers were causing her pain.

Dr. Wilcox said Mrs. Martin complained of pain in the upper right side of her abdomen, where there were two surgical scars from previous operations.

"There was nothing hurried or slipshod in Dr. (Ralph) Ruby's examination of your mother," Dr. Wilcox told Mr. Martin.

Dr. Francis Brien, professor of medicine at the University of Western Ontario medical school, testified Mrs. Martin was treated at Victoria Hospital on seven separate occasions from October, 1960, to April this year.

Prior to April, Mrs. Martin had been treated for a diseased right kidney, which subsequently was removed.

Dr. Brien said he was satisfied with the diagnosis by Dr. Ruby and Dr. R. H. Gorwill April 18 and 24, when Mrs. Martin returned to hospital.

Dr. Brien said Dr. Gorwill left complete written instructions when Mrs. Martin was taken from the emergency department and admitted to the ward. He was satisfied with the procedures followed by the hospital staff.

Jury members were Arthur Brown, foreman, 106 Oxford St. W.; Lambert Schurmans, 1184 Patann Drive; James Aziz, 656 Dufferin Ave.; Norman Fountaine, 961 Ormsby St.; and James Kightley, 25 Wychwood Park.

Dr. John Fisher, pathologist at Victoria Hospital who supervised a post mortem examination on Mrs. Martin's body, testified he believed the immediate cause of death was a "sudden cardiac arrest (heart stopping)."

He said this was precipitated by loss of blood into her stomach and intestines and deficient circulation of oxygen-carrying blood through the coronary arteries to the heart muscle.

An internal examination, he said, revealed two duodenal ulcers. The larger of the two penerated deeply through the wall of the duodenum (the first part of the intestine beyond the stomach) and eroded a large artery in the pancreas. The artery was bleeding freely.

The second ulcer, Dr. Fisher said, had not eroded as seriously. Another significant finding, he said, was the presence of "an unusually severe coronary artery disease for a woman of this age.

"This (hardening of the arteries) would undoubtedly impair the supply of blood to the heart," Dr. Fisher said. "There were many small areas of disease in the heart muscle — some recent and others much older."

He said here was no doubt the artery in the pancreas eroded and that this was a major factor before death occurred. An ulcer, he said, could suddenly break into the artery if its wall was thin.

"The only treatment that would have helped, I believe, would be . . . to tie off the artery," he said. "An X-ray might not disclose the presence of an ulcer."

He said "bleeding undoubtedly came from the two duodenal ulcers." Dr. Fisher said he could not see how the artery could have eroded at 8 p.m. when Mrs. Martin's blood pressure had risen to 130-over-70 from the previous 100-over-40 reading.

The subsequent erosion of the pancreas artery by the ulcer could have occurred shortly before Mrs. Martin died, about 9:50 p.m., he said.

Dr. John MacKenzie, an intern in charge of the ward in the Colborne Building on the night Mrs. Martin died, testified he had given her between 50 and 100 cubic centimetres of blood "before her heart seemingly stopped."

He said "a sudden hemorrhage" may have cut off the supply of oxygen to her heart. He said he applied artificial respiration and external heart massage, without success.

The jury was told by Dr. Ralph Ruby, an intern, that he attended Mrs. Martin April 18 when she complained of severe abdominal and back pains.

Dr. Ruby said an examination showed Mrs. Martin felt a tenderness and pain in the upper right part of her abdomen. He attributed the pain to two surgical scars from previous operations for the removal of her right kidney, ovary and appendix.

"I didn't think it was particularly serious at the time," he said.

But, Dr. Ruby said, he felt Mrs. Martin should return for further diagnosis and an appointment was made for April 24. He gave her six 222 tablets to ease the pain.

Dr. R. Hugh Gorwill testified he saw Mrs. Martin in the emergency department April 18 and again April 24. On the latter date, he said, Mrs. Martin vomited blood and had a sharp pain over the upper right quarter of her abdomen, radiating to her back.

Mrs. Martin, the jury was told, had been taking two 222 tablets every four hours for two weeks prior to April 24. The tablets consist mainly of aspirin, with about a quarter-grain of codeine to relieve pain.

"You might get inflamation and erosion of the stomach wall over that length of time (as the result of taking the tablets)," Dr. Gorwill said.

"I felt she had a disease of her stomach due to her having ingested aspirin."

He said a sample of Mrs. Martin's blood was typed and matched and 1,000 c.c. of blood ordered in case it was needed.

At 5:30 p.m., when Mrs. Martin was admitted to the ward from the emergency department, Dr. Gorwill left written instructions that Mrs. Martin be watched in case she vomitted more blood, and that her blood pressure be taken every four hours.

Dr. MacKenzie, in charge of the ward, was to be called if there was a serious change in her condition, Dr. Gorwill said.

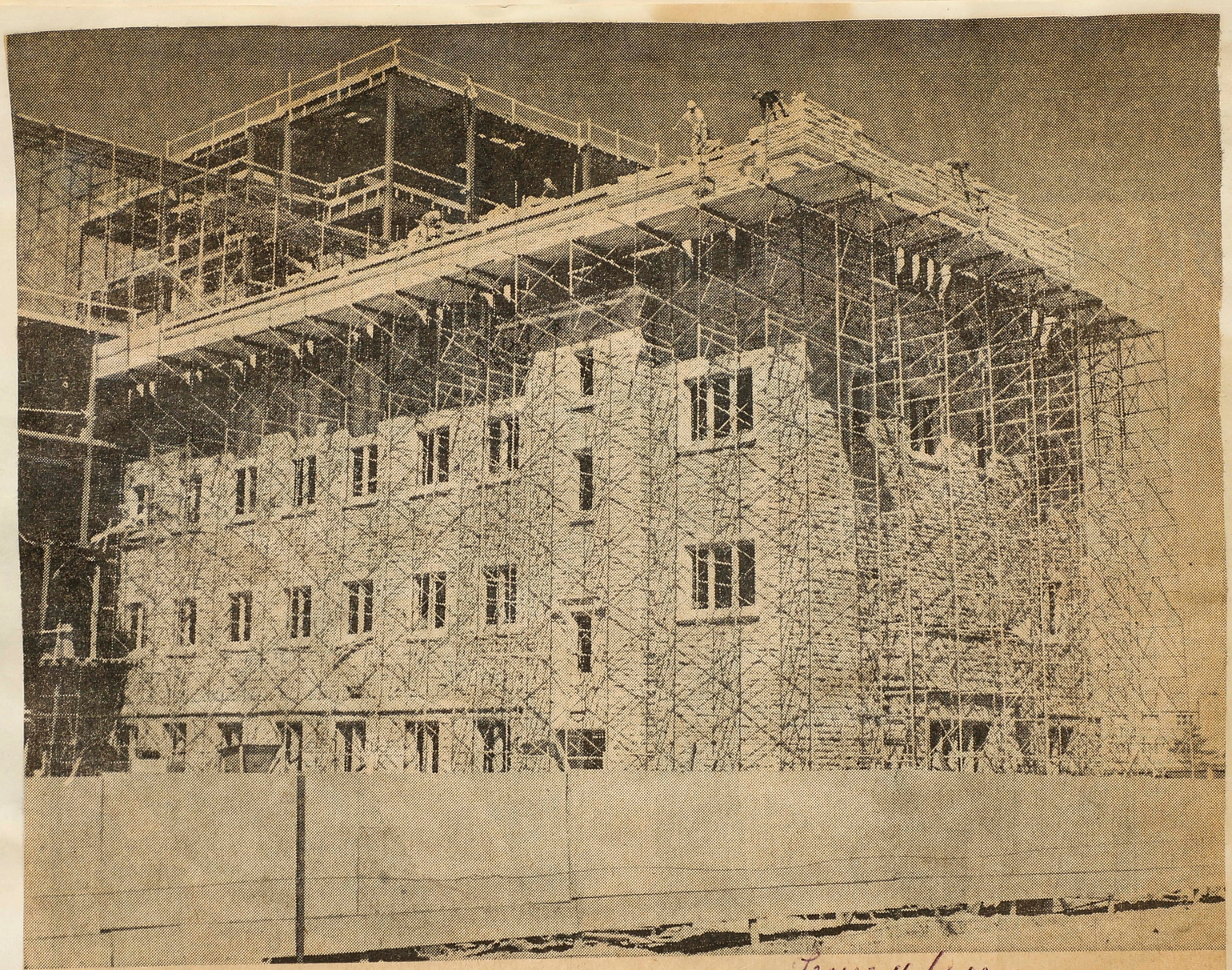
Calls Drain Of Scientists 'Very Grave'

June 12 64

HALIFAX (CP) — The annual meeting of the Canadian Federation of Biological Societies was told yesterday that the exodus of Canadian scientists to the United States, prompted by lack of money for Canada's research program, has reached a crucial peak.

Dr. M. L. Barr, professor of anatomy at the University of Western Ontario, said the situation is "very grave" and "we have got to find a way of inducing them to stay with us."

Dr. H. D. Copp, president of the Canadian Physiological Society and professor of physiology at the University of British Columbia, said many scientists are leaving Canada because they can get about $3,000 a year more in the U.S.



MEDICAL SCHOOL RISES — A web of scaffolding encompasses the new medical school building being erected on the University of Western Ontario campus. Stone masons are building the exterior walls of the school as steel work is nearly completed. The $5,500,000 structure is expected to be in use by September of 1965.

June 11/64

'Inside' Pictures

June 12/64

Hospital Gets Eye Camera

You don't have to be a camera fan in the ophthalmology department at Victoria Hospital—but it helps.

A specially-designed camera is helping the ophthalmologist record the progression or recession of eye diseases.

It will also be used by the department to provide visual instruction for medical students.

The $1,250 camera — it looks a little like a movie camera — can probe through the transparent pupil and vitreous to photograph small sections at the rear of the eye.

It was purchased for the ophthalmology department by the London and Middlesex advisory board to the Canadian National Institute for the Blind.

W. E. Holland, chairman of the advisory board, formally presented the camera to Victoria Hospital Trust member William Loveday yesterday.

The camera uses 35 mm film and is equipped with an electronic srtobe (flash) unit.

It has a built-in ophthalmoscope — an instrument specially-equipped with a series of lens that can focus on the rear of the eye—said Dr. John S. Madronich.

In a sense, it helps reinforce the eye-specialist's memory of certain cases. The patient's eye is photographed at specific intervals, the diseased area examined and slides filed for future reference.

Any change in condition is recorded on film and it helps give the doctor an indication, for example of how the diseased area is responding to treatment.

The slides will also provide a permanent visual record of rare eye diseases, their symptoms and different stages.

Medical Research Funds Need Said Urgent

13 June/64

OTTAWA (CP) — Dr. R. F. Farquharson, chairman of the federal medical research council, said yesterday a great need exists in Canada for more funds for medical research from both government and private sources.

He told the special Commons committee on food and drugs that the need for more medical research and the number of Canadians qualified to do this work is increasing more rapidly than funds are being made available.

It was important that competent medical researchers be provided with funds and facilities to conduct medical research in complete freedom.

Dr. Farquharson, professor emeritus of medicine at the University of Toronto, made the comments after Bruce Mackasey (L — Montreal Verdun) said "it's time we took our heads out of the sand and made more federal funds available for medical research." His statement was supported by several other committee members.

Mr. Mackasey said the federal government finds it easy to provide funds for new buildings and bridges and a world's fair but not for medical research.

Dr. Farquharson said federal aid for medical research would total some $7,000,000 in the current fiscal year, compared with $5,000,000 last year. This did not include amounts spent by the health department and the defence research board.

He felt responsible people in the government understand the need for more money for medical research and was confident this need would be recognized in a tangible way.

Dr. Farquharson agreed with committee members that if federal grants for medical research were on the same basis as those in the United States they would rise from $11,000,000 this year to $45,000,000.

The $11,000,000 includes $7,000,000 to be allocated by the medical research council, $3,500,000 to be spent by the health department and $500,000 by the defence research board.

Mr. Mackasey said clinical research facilities at Montreal's Hotel - Dieu Hospital are a "bloody disgrace." He said when the committee visited the hospital May 29 he was ashamed to be a Canadian.

Mr. Mackasey said Dr. Jacques Genest, director of the hospital's clinical research laboratory, is required to work under "deplorable conditions." There was no excuse for this.

(Dr. Genest's work at the hospital, especially in the field of hypertension, is being supported by grants awarded by the medical research council.)

Dr. Farquharson also told the committee, which is studying the safety of drugs, that there always is some potential danger of side effects in the use of new drugs.

"You never know when you use a new drug whether there will be any side effects," he said. "The side effects of penicillin were not known until the drug had saved many thousands of lives."

Dr. Farquharson said this factor is one of the major problems facing medical research today.



June 13/64

UWO Students to Wed

Wedding plans have been announced by Gisele Marie Lavergne and John Harry Chritchley, both of London, for June 27 in St. Mary's Roman Catholic Church, London. The bride-elect, graduate of the University of Western Ontario, is the daughter of Mr. and Mrs. Emmanuel Lavergne, Sturgeon Falls, Ont. The groom-elect, attending UWO School of Medicine, is the son of Col. and Mrs. Harry Chritchley, Calgary. (Miss Lavergne's photo by Kumano; Mr. Chritchley's by McKittrick's).

Study Diet Radiation In Eskimo

June 13/64

OTTAWA (CP) — An interim report issued yesterday by the health department says consumption of radioactive Cesium-137 by Eskimos in the western sector of the Northwest Territories is well below maximum permissible levels.

This is the first report by the department's radiation protection division on the results of a radiation measurement program started last year to determine the amount of radioactivity in the diet of northern residents.

The measurement program was still in the planning stage in 1962 when United States reports said radioactivity levels were higher in the North than the rest of Canada. In one report at that time, Dr. William Pruitt, a U.S. biologist at Fairbanks, Alaska, said contamination in Canada's arctic regions far surpassed considered safe levels.

Health officials in Ottawa took strong exception to that statement, stating that as far as they knew no measurements had been made which would justify such a declaration. Dr. Pruitt's remark speeded work on the northern study by the radiation division and the interim report contains the first results.

The report gives further data on Cesium-137 levels in caribou, reindeer and moose meat and the first information on concentrations of this isotope in the urine of Eskimos.

Cesium - 137 is a long - lived isotope produced by nuclear explosions and can result in genetic changes that can be passed on to future generations.

Scientific tests conducted in Ottawa showed that the concentration of Cesium-137 in caribou and reindeer meat is much higher than in moose meat. The concentration in moose meat is about the same as in beef in southern Canada.

The higher levels in caribou and reindeer meat arise from the fact these animals feed on lichens, which retain fallout isotopes more effectively than do other forms of vegetation. However, moose tend to browse on shrubs and aquatic plants.

Data was cllected on concentrations of Cesium - 137 in the urine of the three groups of Eskimos — those who eat large amounts of caribou, moose or reindeer meat, those who eat small quantities and those who eat none.

The figures show the Cesium-137 concentration is significantly related to the proportion of caribou and reindeer meat in the diet.

The radiation branch report said any attempt to make a quantitative estimate of the actual body burden of Cesium-137 would be difficult at this state of the study.

"Despite . . . . uncertainties, it appears safe to assume that the average body content would be well below the maximum permissible body burden suggested by the international commission on radiological protection for individuals in the general population," the report said.

beef enter...
A spokesman said ...

Sounds Critical In 'Orthopaedic

June 15/64

VANCOUVER (CP) — Doctors to whom a pain in the back is something the patient probably couldn't pronounce are meeting here discussing techniques designed to keep man moving.

About 500 doctors are here for the third combined meeting of the U.S., British and Canadian Orthopaedic associations with orthopaedic associations of South Africa, New Zealand, Australia and France.

For the rest of the week the doctors will hear highly-technical papers whose titles, to the layman, are as incomprehensible as the summaries of the contents of the papers in the official program.

Speakers will deal with such things as "surgery of tennis elbow and the orbicular ligament, and of the internal common origin." And there is a study of "treatment of spondylolisthesis by anterior fushio via the transperitonel route."

An orthopaedic surgeon is one who treats injuries of the bone and muscular system. He uses manipulation, operation, "re-education" and rehabilitation.

His field varies from the treatment of a torn knee cartilage of a football player to the "tennis elbow" of a worker who does a lot of hammering.

He deals with the congential deformaties — such as a club foot. And he treats the vast array of fractures that result from accidents.

Orthopaedic surgeons of Canada, the United States and Britain first held a joint meeting in Quebec in 1948. A second meeting was held in Washington in 1952.

The meeting is one of a series that will have brought 1,200 doctors to Vancouver by the end of the month. The Canadian Medical Association holds its annual meeting here next week.

Allow Use Of Serum On Boy, 3

16 June/64

MONTREAL (CP) — The Quebec College of Physicians and Surgeons announced late yesterday it has authorized immediate administration of anablast serum to the three-year-old son of Montreal restaurateur Rene Guynemer.

The college said Gaston Naessens, French biochemist who manufactured the serum, has been invited to bring phials of the fluid to Montreal's Ste. Justine Children's Hospital where it will be administered to the child, Rene Jr. today.

Mr. Guynemer says his son is dying of leukemia and desperately needs the serum.

The college has conducted tests on the serum since June 8.

The French health ministry has declared the Naessens serum worthless and forbade its use in France.

Shortly after Naessens' arrival in Canada in April, however, the federal food and drugs administration said the matter did not fall within its jurisdiction and the Quebec college agreed to allow doctors to inject the serum after it had been prepared under supervision and tested.

Knee Injury Facts Show Older People Now More Active

VANCOUVER (CP) — Dr. I. S. Smillie has performed 5,500 knee operations and they "weren't something you'd do on a kitchen table."

Delegates to the combined United States, British and Canadian orthopedic associations learned from the Dundee Scotland, specialist yesterday that patients requiring the delicate removal of knee cartilage are older than is generally believed.

Dr. Smillie was presenting his studies to the meeting which opened its scientific program yesterday after two days of executive and other business meetings.

The convention of doctors who treat bone disorders and malfunctions has attracted about 700 delegates — from France, New Zealand, South Africa and Australia.

In an interview, Dr. Smillie, considered a world authority on knee injuries, said the general concept is that injuries to the knee occur to younger people and mainly in the realm of athletes.

His studies, based on case histories since 1940, show the average age of persons requiring treatment to the knee—excluding car accidents — has risen from 27.6 to 37.5.

"It's now based on an aging population," he said. "We are younger now at 50 than we were a few decades ago, resulting in older persons being more active."

He said injuries occur more frequently in the 37-year-old group because their bodies have begun to show signs of age but they remain active.

In Britain, we used to think teen-agers and people in their [illegible] who played football

occur for a slight reason—even a twist—in an older person after the degenerative aging process begins at 30.

"Injuries of this type which produce stiff and painful knee joints used to be commonly called arthritis. Such disorders are put right simply with surgery."

He said the surgery involves removing a piece of cartilage that acts like a washer in the joint. Results of the operation are about 90 per cent effective. Athletes who have torn the cartilage have returned to repeat previous feats.

Dr. Smillie suggested we "can age less by keeping active."

The meeting will hear a total of 33 scientific papers during the week's program and see six visual demonstrations.

16 June/64

'Buck Rogers' Era Said Coming for Amputees

VANCOUVER (CP) — Space-age technology may open a new world for amputees and paraplegics, says a United States expert on artificial limbs.

Leroy W. Nattress of Washington said in a weekend interview:

"There's a lot of far-out research going on in this field right now and some of it is being done by space scientists and engineers on a voluntary basis.

"It's Buck Rogers stuff at the moment, but it's coming closer all the time."

Mr. Nattress is executive director of the U.S. board for certification in orthotics and prosthetics — the fitting and manufacturing of braces and artificial limbs. He is in Vancouver to address some 50 limb and brace makers attending a regional meeting here of the American Orthotics and Prosthetics Association, the first such meeting held outside the U.S.

He said that miniature electronic components developed for rockets and satellites now are being used in experimental limbs in an attempt to pro-

thalidomide baby will wear artificial arms or legs operated by a computer no larger than a transistor radio and programmed to duplicate exactly the complex movements of flesh-and-blood limbs.

Mr. Nattress said he was sceptical however about the use of an electronic hand developed in the Soviet Union. This device, he said, apparently used minute electrical currents from the arm muscles to activate a tiny motor in the hand

tricity to artificial limbs for patients who have lost both arms at the shoulders.

"We're trying to find a way to help those who need it most," he said. "This Russian hand helps those who need it least."

He was more enthusiastic about a development by a Polish surgeon who he said has devised a way of getting a patient with a below-the-knee amputation back on his feet the day after surgery. The trick lay in fitting a temporary cast

CNA President Attacks Nurses' 'Apprenticeship'

ST. JOHN'S, Nfld. (CP) — Nursing education should be moved out of hospitals and into universities, delegates to the Canadian Nurses' Association biennial convention were told today. Association President E. A. Electa MacLennan of Halifax said, "no technical training, however good, is sufficient for professional personnel.

A broad understanding, she said, is essential of the physical and social sciences on which professional practice is built, and of the society which the profession serves.

"The education of nurses must be under the jurisdiction of institutions whose primary function is education."

Miss MacLennan, director of the School of Nursing at Dalhousie University, delivered the president's address on the first afternoon of the five-day conference. About 1,000 delegates are attending, representing the 78,000 membership in the CNA through its federation of provincial nursing associations.

Speaking at Memorial University, Miss MacLennan said that service institutions and hospitals, while they have a role in nursing education, should not be made to bear the cost of nursing education and of administering and supporting an educational institution.

She said nursing training will continue as an apprenticeship, rather than an education, as long as the majority of nurses receive their training in institutions whose primary objective is the treatment of the sick and injured.

"Education of professional nurses should be placed on a true professional basis. This will only be accomplished when schools are placed under the jurisdiction of institutions where both professional and cultural instruction are provided."

Miss MacLennan was underlining the stand taken by the CNA in its brief to the royal commission on Health services for Canada. The commission will be discussed during the convention.

16 June/64

Cites Courage Of Pioneer Canadian Nurse

ST. JOHN'S, Nfld. (CP) — The urgent need for meeting changes in nursing is underlined by the growth of membership in the Canadian Nurses' Association, executive director Dr. Helen K. Mussallem of Ottawa said yesterday.

In her report to the 1,150 delegates attending the 32nd biennial convention at Memorial University here, Dr. Mussallem said CNA membership has increased 14,000 to 77,618 members in two years. The courage of a Canadian pioneer nurse was used to illustrate the theme of the keynote address to open the five-day conference.

Jeanne Mance, founder of the nearly 300-year-old Hotel Dieu in Montreal, was cited as a courageous example by speaker Alice Clamageran of Rouen France. Miss Clamageran, president of the International Council of Nurses spoke at Memorial University.

She applied the nurse's need for courage to the International Code of Ethics of the International Council.

"It needs courage to carry through a difficult nursing task to control in detail the treatment entrusted to one; it needs courage sometimes to know how to insist upon the proper conditions and adequate equipment for a particular treatment, to insist upon its importance . . . when one knows that the well-being of the patient, his life perhaps, depends upon it."

Miss Clamageran is director of the School of Nursing, General Hospital, Rouen.

St. Joseph's Off Quota

Junior Interns Register in City

The 1964 crop of junior interns registered yesterday at London hospitals.

At Victoria Hospital 19 registered and eight were to sign in at St. Joseph's.

A spokesman at St. Joseph's said the number of junior internes there was about half the usual quota.

At Victoria the number was just short of the 21 hospital officials feel is best for training purposes.

Across Canada, the demand for interns was expected to exceed supply.

One of the obvious reasons, a hospital spokesman said, was the burgeoning growth of hospital facilities and increasing complexity of equipment for treatment.

Only three new medical schools have been opened in Canada during the past 10 years the spokesman said. They provide about 200 graduates a year.

"This is just a drop in the bucket" he said "when it's compared to the increase in size of hospitals and new hospitals opened."

Most hospitals have been drawing interns from countries outside Canada to fill the gap, but a regulation, calling for students from most foreign countries to write an exam set by an educational council for foreign medical graduates has slowed up this flow.

Some potentially capable interns are lost to Canadian hospitals, the spokesmen said, primarily because of the language barrier. They can't think quickly enough in English or express themselves clearly enough to meet the examination's requirements.

The examination is designed to screen out the unqualified but the spokesman expressed a fear that perhaps some of the potentially capable are also being lost.

At St. Joseph's Hospital, five of the eight new interns have been drawn from outside Canada.

Officials at the hospital said there are some junior interns on staff who registered late last year. They will continue at the hospital until later this year, easing the shortage considerably.

16 June/64



A group of graduates from medical schools commenced their first year of internship yesterday at Victoria Hospital. Discussing their new duties with Dr. J. P. McCabe, assistant medical superintendent, were, from left, Dr. R. J. Floyd, London, a graduate of Queen's; Dr. Michael Grace, London, from UWO; Dr. T. D. V. Cooke, London, England, Cambridge, and Dr. P. G. Price, Hamilton, McGill.

Birth Control Pills Linked To Cancer

17 June 64

PORTLAND (AP) — A birth control pill widely used by U.S. women speeds development of cancers already present in laboratory animals, three doctors report.

It is Enovid, which has been sold for several years as a prescription drug.

The findings of Doctors William S. Fletcher, Jr., Englebert Dumphy and E. Douglas McSweeney, Jr., at the University of Oregon medical school will be presented at the American Medical Association meeting in San Francisco next week.

A preliminary report was published in the May 4 issue of the journal of the American Medical Association. It said that in laboratory tests on rats with hormone-sensitive breast cancer the drug accelerated the development and growth of tumors.

"This does not mean that the same thing is true in humans, but does mean that a great deal more study needs to be done," Dr. Fletcher said.

Heart Artery Surgery Keeping Patients Alive

17 June 64

MONTREAL (CP) — Dr. Arthur Vineberg, of Montreal, said yesterday that during the last 14 years surgery has kept alive many of the patients he has treated for disease affecting their heart arteries.

He told the Interamerican Congress of Cardiology of two types of operation designed to bypass blocked or narrowed coronary arteries and to provide the heart with necessary blood.

Dr. Vineberg, who has specialized in this form of treatment, said the operations are called the internal mammary implant and the free omentum graft.

The first is aimed at opening a chest artery and placing an opened branch of the artery within the heart muscle itself.

In the free omentum graft, the greater omentum — a tissue in the abdominal cavity — is removed and wrapped about the heart to give that organ communication with surrounding areas of the body.

Dr. Vineberg, head of cardiac surgery at the Royal Victoria Hospital in Montreal, said implant cases observed for up to 14 years showed 62 per cent of patients still living and 57 per cent improved and working.

Where both operations were performed, 84 per cent of patients improved "despite disease" in the three major coronary arteries.

He said operative mortality for 72 consecutive implant cases was 2.7 per cent. In 31 cases involving disease of the three arteries and use of both operations, operative mortality had been 3.2 per cent.

Some 1,200 specialists from all parts of North and South America are attending the five - day conference, which ends Friday. The meeting is sponsored by the Interamerican Society of Cardiology.

Among numerous other speakers at the many-sided congress, Dr. L. D. Wilcox, of London, said wives of men struck by heart attacks seem to be more shocked than their husbands by the development.

He said doctors should give their patients a clear and comprehensive explanation of their ailments during consultations.

"The keynote of our approach should be optimism. A foundation for a hopeful outlook should be laid in the examining room as we do the physical examination."

Dr. Vineberg's remarks were made as a general comment on earlier statements by Dr. Mason Sones, of Cleveland, on improved methods of diagnosing diseases of the heart arteries.

Dr. Sones told of success achieved in draining the arteries of blood and then making still or motion pictures of their functioning.

Dr. W. J. Martin, of Rochester, Minn., said persons with valvular disease and congenital heart disease should have carefu' medical advice before undergoing any oral surgery such as dental extraction.

Dr. Hans Selye of the University of Montreal said physical exertion can be good or bad for the heart "depending on the individual."

He said exercise is good for an individual in good physical condition, but could have bad effects on the heart of an unfit person.

Dr. Selye said physical fitness should be started as a personal program at the age of 30 — "the age when people in our civilization cease using their bodies enough."

If this is not done, the body becomes "rusty" and any sudden exertion or other forms of stress in the years that follow could be dangerous if the individual's heart is weak.

"As far as I'm concerned," he went on, "people should get into a sweat at least twice a day."

Hospital Increases Air Cooling System

June 18 64

Installation of a $50,000 air conditioning unit to serve Victoria Hospital's 10 operating rooms is scheduled for completion by mid-July, the hospital trustees announced last night.

Work began 10 days ago to add the 76-ton capacity air conditioner to the 20-ton unit that has been installed and operating for some years now.

When the work is completed by the local Canadian Ice Machine Company, patients will be able to undergo summer operations in greater safety, trustee chairman J. Ronald Chapman said. He pointed out the hospital's new cooling system will tie in with an intricate air purifying system currently in operation.

The decision to install the unit was made at a previous meeting.

Trustees last night also empowered the chairman to meet with representatives of the hospital cancer clinic to discuss renewel of rental agreements due to expire this fall.

Woollatt Fuel and Lumber (London) Limited, was awarded a $69,876 contract to supply the hospital with coal.

Nursing Executives Plan Annual Seminar

June 18 64

The second annual two-week seminar for senior nursing executives gets under way Monday at the University of Western Ontario school of nursing.

Thirty-seven executives will attend the seminar, aimed at focussing on the challenge of change to the nursing profession seen within the context of a changing society.

Some of the major speakers at the seminar include: Miss Justine Delmotte, secretary, international program, Canadian Nurses' Association; Dr. Frank Jones, professor of sociology, McMaster University; Dr. Edith McDowell, special adviser, Canadian conference of Catholic Schools of Nursing; Dr. Beatriz Tuchweber, research assistant, Institute of Experimental Medicine and Surgery, University of Montreal.

In addition, these faculty members from UWO will address the seminar: Ross B. Willis, vice-president of the university; Dr. O. H. Warwick, dean, faculty of medicine; Dr. G. H. Turner, professor of psychology; K. J. Duncan, assistant professor of economics and sociology; Craig Lundberg, School of Business Administration; J. A. McIntyre, lecturer in sociology.

Members of the faculty of the School of Nursing, headed by Dean Miss R. Catherine Aikin, will assist with the seminar.

Medical Care Report To Be Released Today

19 June 64

OTTAWA (CP) — A lengthy and detailed study of Canada's health services will be climaxed today with recommendations from a seven-member royal commission on how to assure all Canadians the best medical care.

The commission's report has been two years in the writing following almost a year of cross-country hearings in which the main issues were set out.

Basically, the issue boiled down to whether Canada should have an all-out, tax-supported medicare program under full government control or one in which government involvement s limited.

The medical profession and business organizations generally argued in favor of the government providing only for citizens unable to provide medical care for themselves.

Organized labor and groups representing large numbers of consumers called for a government-run scheme to cover everybody.

But there were several related subjects to be considered — mental illness and facilities for treating it and medical education and the doctor-population ratio.

The commission was appointed June 20, 1961, under the chairmanship of Emmett Hall, at that time Saskatchewan's chief justice but since then named a judge of the Supreme Court of Canada.

Mr. Justice Hall and his six commissioners — an economist, an industrialist, a nurse, a dentist and two medical doctors — were given broad terms of reference by the former Progressive Conservative government.

They are reporting to a Liberal goevrnment in a main report of more than 900 pages containing their key recommendations.

Prime Minister Pearson told the Commons yesterday that he would table the report at 1 p.m. EDT today.

To be made public later, at a date not specified, are a second volume containing background information that led to the decisions, and between 12 and 16 separate studies in depth on such matters as tuberculosis, medical education, nursing education and psychiatric care.

The commission was instructed to make a complete study of existing facilities and future needs for health services, the resources to provide them and to recommend measures consistent with the constitutional division of legislative power between federal and provincial government to ensure the best care is available to all Canadians.

The Liberals made election commitments in 1963 to bring in a medical care plan within four years of taking office and to seek agreement on it from provincial governments. But there has been no indication whether the commission's recommendations will be acceptable to the government.

Canadian Given Grant To Further Blindness Study

TORONTO (CP) — Dr. Yousef Ma'tuk of the department of opathalmology, University of Toronto, will receive a $2,400 grant from the E. A. Baker Foundation for Prevention of Blindness to study corneal blindness.

Dr. Ma'tuk, now working on the metabolism of the cornea, will try to discover why corneas sometimes cloud over and cause blindness. The cornea is a small membrane of the eye about the thickness of an ordinary watch glass.

"If Dr. Ma'tuk solves this condition he will rid the world of a serious cause of blindness," said Dr. W. R. Feasby, chairman of the committee on professional training, the body approving candidates for Baker Foundation grants.

Dr. Arnold Freedman, of London, England received a $1,200 grant to continue investigating corneal defects among people living in Labrador.

The Baker Foundation was established in 1962 by the Canadian National Institute for the Blind to perpetuate the name of Colonel Baker, co-founder of CNIB and to continue the prevention of blindness interests he began during his 42 years of service.

Babies Says Research May Help Women to Abort Abnormal

19 June 64

VANCOUVER (CP) — Dr. David H. Carr, of London, said yesterday research now under way could lead to discoveries that would help the human body cast off unborn abnormal children.

Dr. Carr, a member of the faculty of the University of Western Ontario, said in an interview yesterday he is studying miscarriage, which he describes as "spontaneous abortion".

He is in Vancouver to attend the annual meeting of the Canadian Society for the Study of Fertility.

He stressed that the application of any discoveries resulting from his findings would be up to others.

But the body now aborted some abnormalities in a "very efficient way." Perhaps his research could lead to helping the process.

He said about 15 per cent of all pregnancies end in miscarriages.

Past research had shown that about 60 per cent of these pregnancies would have produced abnormal babies. Now his research had shown that 22 per cent of them would have had chromosome abnormality.

Chromosomes are forms that control the structural development of the body.

Dr. Carr said they are similar to a blueprint. Having chromosome abnormality was like "building a house in which the blueprint is disordered."

With chromosome abnormalities a child could be anything from sterile to mentally retarded. A mongoloid baby — there is about one in every 600 births — had this abnormality.

One out of about 200 babies was abnormal in some way, he said. But the body, using some mysterious method, rejected a far greater number of abnormalities through miscarriage.

Meanwhile, in another interview, Dr. R. A. H. Kinch, of London, society president, said changes in Canada's birth control laws would be "most welcome and intelligent."

He was commenting on a report that the general council of the Canadian Medical Association meeting here next week will consider recommendation about changes in the Crim Code section that forbids ad or advertising of birth co methods.

Dr. Kinch agreed that that is widely broken.

He said that repeal of that would permit birth control cl ics to spring up across th country. These clinics ar necessary for persons who c not afford to go to a doctor birth control information.

Birth Control Study Results Reported by London Doctor

18 June 1964

By STEPHEN SCOTT

VANCOUVER (CP) — If a woman believes in birth control she will put up with a lot to achieve it.

She needs a birth control pill with fewer side effects, but while she is waiting for it, she is willing to put up such things as periods of depression and increased weight.

The conclusion can be drawn from an address to the annual meeting here of the Canadian Society for the Study of Fertility by Dr. Beryl A. Chernick of the University of Western Ontario at London.

In a talk on the side effects of Orthonovum, one of the commonest birth control substances used, she said:

"At present its advantages as an aesthetic and reliable contraceptive outweigh the discomforts of the side effects for the highly motivated woman, particularly if she has experienced failure of other methods."

"But the modern woman, "acutely conscious of her emotional and somatic responses," wanted a birth control method that would not disturb her emotionally or physically.

Dr. Chernick, a pretty mother of one, reported on studies of 220 women taking the pill at a special clinic at Victoria Hospital, London, and of 52 private patients of Dr. R. A. H. Kinch, professor of obstetrics and gynaecology at the University of Western Ontario.

She said all patients showed an increase of weight of up to 15 pounds. Some, particularly private patients, showed emotional problems including depression and tension. There was some increase in blood pressure. About one-fifth had headaches.

She said the weight gain is a major deterrent in the use of the drug by private patients.

Clinic patients were aware of the gain and their appearance showed that for them the "infallibility of the medication as a contraceptive far outweighs this disadvantage."

Women complaining of gaining weight were offered a reliable contraceptive substitute.

"They reply that they would not stop the pill for anything and even if they would, their husbands wouldn't let them," said Dr. Chernick.

While there were complaints of emotional problems there were also opposite effects.

Some clinic patients said they had never had such peace of mind.

"Very few patients have discontinued medication because of the side effects."

But further refinements in the medication to eliminate the side effects would "increase its acceptability as a contraceptive for the sophisticated patients."

At the same time, Dr. Chernick said, a still simpler method of birth control was needed for many women who could not understand the use of pills. Patients among those at the clinic could not cope with the method and became pregnant.

Dr. W. S. Michael Arrata, of the Infertility Centre at the Royal Victoria Hospital in Montreal said the drug Enovid, commonly used for birth control, has been used to some effect on the pregnancy rate among patients attending the clinic.

Cancer, Contraceptive Link Questioned by U.S. Company

SKOKIE, Ill. (AP) — The developers of the birth-control pill enovid said yesterday a recent medical finding indicating that use of the oral contraceptive speeds development of cancers present in laboratory animals "is at complete variance with other laboratory and clinical data."

The finding, to be presented next week at the American Medical Association meeting in San Francisco, was announced Tuesday by doctors at the University of Oregon medical school.

The doctors, in a preliminary report published in the journal of the AMA, said enovid accelerated the development and growth of tumors on rats with hormone-sensitive breast cancer.

A spokesman for G. D. Searle and Company, developer of enovid, said:

"Published data does not indicate that the incidence of cancer of the reproductive organs in women receiving enovid is above the normal rate in women not receiving enovid.

"In fact, the data suggests that the incidence of breast and genital cancer in women receiving enovid actually is less than the normal expectancy in women not receiving enovid."

The spokesman said the firm's research findings indicate that "these (U.S.) West Coast animal studies, which were made with a strain of rats particularly susceptible to cancer, will demonstrate more favorable results if continued for a longer period."

Says Organization Key To Patient Care Problem

18 June 1964

ST. JOHN'S, Nfld. (CP) — Speaking on the third day of the five-day biennial convention of the Canadian Nurses' Association, Miss McLean said "We in nursing must have a commitment to improve the practice of nursing by putting into action proven solutions to nursing problems."

More than 1,300 delegates from across Canada, representing about 78,000 CNA members, are attending the conference at Memorial University.

Miss McLean said studies she has conducted show some supervisors spend as little as 20 per cent of their time supervising, head nurses only 49 per cent at their specific jobs, and general duty nurses spend about 76 per cent of their time nursing.

She said she would "solve this problem by re-allocation of the non-nursing activities to other departments," such as laundry, supply and housekeeping. Organization should make it possible for a registered nurse to be with the people she is caring for."

Nurses must have more training in how to talk and listen to patients to be able to help them, and better reporting systems should be set up between care agencies so that knowledge of a patient can be passed along.

Miss McLean said nurses should define their jobs to decide what they should not be doing, as well as what they should be doing.

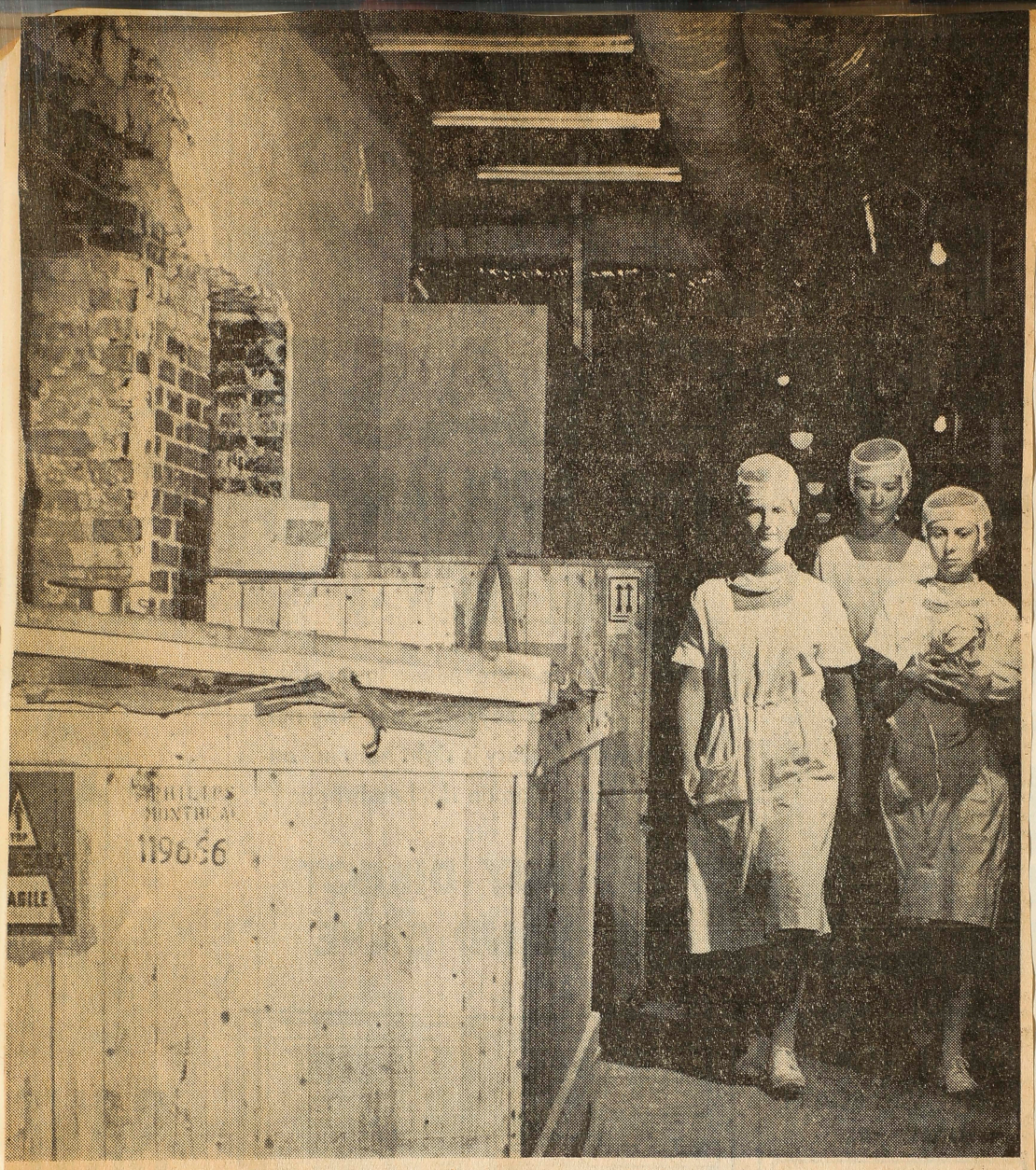
She also suggested more research in the field of nursing.

Representatives of the CNA attended the opening of the new nurses' residence of the St. John's General Hospital School of Nursing yesterday.

Today's business session will be held during the day, and delegates will hear an address by Newfoundland Premier Joseph R. Smallwood in the evening.

She agreed with suggestions made for changes in nursing education. She said continuing education is necessary and recommended that staff education programs and consultant services be organized.

To improve day-to-day care, Miss McLean said, "We must emphasize that nursing is a personalized service. The nurse cares for people and in her education and practice she must



Second-year student nurses at St. Joseph's Hospital make their way to the maternity ward's delivery room through this crate-lined corridor. From left are Janice Edwards, London; Mary McManus, St. Thomas; and Anna Karl, Aylmer.

19 June 64

Surgery on Hospital Near Completion

By MARCI McDONALD
Free Press Staff Reporter

The operation is almost over.

Bared and maimed, the walls of St. Joseph's Hospital are on the mend as interior construction on the $6,050,000 addition nears completion.

The staff, meanwhile, has become philosophical about the move.

"Please be patient", reads the contractor's notice. "St. Joseph's Hospital is undergoing surgery."

And patient they are.

Orderlies, interns and nursing sisters continue to flow smoothly in their white parade through the hospital's main arteries.

Supervisor Sister Mary Elizabeth said the construction had caused little inconvenience.

The only break in regular routine is an extra dose of nimble footwork as packing cases create surprise detours, or swinging scaffolds and spattering brick chips demand quick ducks and dashes.

Ninety per cent of the additional patient care area is already occupied. Yesterday the emergency department moved, and in the coming month, X-ray, operating and out-patient departments will follow.

Most of the moving has been swift and uninvolved. When the kitchen moved to its new quarters, supper was served from the old and next morning's breakfast apeared hot from the new.

New walls are up now; it's time for the old to give way.

Pneumatic hammers and the iron clang of mallet on brick supply background music for nervous fathers-to-be outside the first-floor maternity ward.

Expectant mothers are wheeled on their way to delivery past brick heaps and wheelbarrows of cement, while corridor walls slowly diminish around them.

'I may have to delivery you here in the hallway," jested a physician temporarily outmanoeuvred by shifting cartons as he accompanied a woman in labor to the delivery room.

But nurses agreed the construction had brought no mishaps, aside from one gown torn on a packing crate.

'It's a little hard when you're trying to listen to foetal hearts or blood pressure over all that banging, though," said a student in the maternity ward.

Upstairs in the bacteriology department, lab technologist Mrs. D. F. Van Buskirk spoke through a thick cloud of cement dust as she described the problems of air contamination.

The 180-bed addition boosts the hospital's capacity to 600 beds, as well as enlarging and centralizing existing departments.

Masculinity, Heart Disease Linked by Montreal Researcher

16 June 64

MONTREAL (CP) — Dr. Claude Allard of Montreal said yesterday some men who seem highly masculine" show a igh fat content in their blood-reams and therefore may be ore vulnerable to heart dis-ses.

He also told the InterAmer-an Congress of Cardiology at a gain in weight after the e of 25 is accompanied by an crease in some forms of fat ntent.

Dr. Allard, who works with e Montreal Institute of Car-ology (Institut de Cardiologie Montreal), said he based findings on tests adminis-tered to "1,000 French-Canadian men working for the City of Montreal."

He said the degree of masculinity was measured by the extent of muscular development on the neck, arms and thighs of the men involved as well as the circumference of their arms and thighs.

He said his tests indicated that men showing high masculinity "have a greater concentration of cholesterol and triglyceride . . . than others."

Some 1,200 heart specialists from throughout North and South America are attending the five-day congress, which ends Thursday.

Dr. Allard summarized his findings:

"It was observed that in the male an increase in weight of 10 pounds or more since the age of 25 appeared to influence the concentration of some serum lipid components."

Other research workers have related such high fat content with an incerased incidence of heart disease.

Dr. Allard said the difference between cholesterol in the blood of the weight-gainers tested and cholesterol in those not gaining weight "was very significant."

"At the age of 60 or greater, the cholesterol content was not different.

"Smilarly, in the 50-59 group the significance of the difference was not doubtful. However, in the years of 30 to 50 the difference was very significant."

The congress, sponsored by the InterAmerican Society of Cardiology, is being held in Canada for the first time since the organization was formed.

Another group of specialists at the congress heard Dr. D. W. Richardson of the Medical College of Virginia, in Richmond, report that ons, Gor that, eve often is lower fort ove during period could o

He said dr atomic p prevent the r cent of ure that othe States. company a s Gomul of sleep. the U.S.

Dr. Richard of three assi they found th siness there is fall in blood further fall hours of slee

Among oth Dr. C. P. Bai City who told heart valves

moved from the patient's own vascular system.

"For example, the aortic valve has been replaced by valve cusps created from the patient's own aortic wall."

At a symposium on genetics and heart disease, Dr. Kurt Hirschhorn of New York City said many heart specialists have observed a "familial disposition to coronary artery diseases."

He said a survey of 3,000 college students indicated that the incidence of abnormally hi the blood mal young three per cent to 10 per cent, varying with the ethnic background of the group study."

He continued:

"The highest incidence has been found in colleges where there is a high proportion of Jewish students."

He said there is a "protective mechanism in females preventing them from developing coronary artery disease."

This mechanism, Dr. Kirschhorn said, may also help to retain a lower fat - content level in women who were test-

the importance of "heart sounds and murmurs" in measuring the seriousness of heart ailments, and the feasibility of heart operations in hospitals where funds for the purchase of equipment are limited.

The InterAmerican Society of Cardiology was founded in 1944 largely through the efforts of Dr. Ignacio Chavez.

In that year, Dr. Chavez, now rector of the National

to witness the formal establishment of the National Heart Institute of Mexico.

The gathering was considered so successful as a forum for ideas that the group decided to set up the interAmerican society.

Dr. Chavez came to Montreal in 1946, announced a congress of the association for October of that year in Mexico City and invited his Canadian colleagues to send emissaries.

In September, 15 men founded the Montreal Cardiac So-

MOH Describes Merwin-Boullie 'Sewage Rivers'

18 June 64

There are "rivers of sewage" in the Merwin Heights-Boullie Street area because of malfunctioning private sewage disposal systems, board of health was told yesterday.

Dr. D. A. Hutchison, medical officer of health, said sanitary sewers have been installed in the area, but 115 of the 515 premises are not connected to them. Of these, he said, 79 have adequate septic tanks but the remaining 36 premises "have serious problems."

Twelve of the 36 premises will be connected this year, and other 20 want to do so but cannot afford it as yet. The remaining four do not expect to ever be able to afford it.

Financial assistance may be available through government loans for some of these, the board felt, and the remainder may have to be helped by the city if the health problem is to be eliminated.

In the case of a householder who can afford to connect but refuses to do so, Dr. Hutchison said, the city can install the connection and charge it against his tax bill, plus interest.

The doctor reported, in other matters, that some of the boulders and debris have been removed from the drain at West Lions playground with the result the water level has been reduced to nine inches. There have been complaints that until the whole watercourse is tiled, a hazard exists for pupils at nearby St. Joseph's Separate School. The matter was again referred to board of control.

The board was notified by the board of education and the public utilities commission that plans are underway to install a water main to supply city water to Masonville Public School, as recommended by the health board.

Leukemia Serum Viewed as Worthless

16 June/64

MONTREAL (CP) — The Quebec College or Physicians and Surgeons, accepting the results of tests made by French specialists, said yesterday there is every reason to believe a serum, manufactured by a self - taught French biochemist as a cure for leukemia, is "therapeutically and scientifically worthless."

The college made its views known at a press conference less than 24 hours after a 3½-year-old Montreal leukemia victim was given an injection of the serum, known as anablast.

Dr. Albert Royer, who administered the serum to the son of Montreal restaurateur Rene Guynemer, told the conference there was no change in the child's condition following the injection. He said it was too soon in any case for any kind of change to occur.

The serum was prepared by Gaston Naessens, brought here from France by Mr. Guynemer in what he said was a desperate effort to save the life of his son.

Under conditions laid down by Mr. Naessens, the boy is to receive a daily injection for the next 30 days. The injections will be interrupted for 10 days and then resumed for another 15 days.

"This plan does not involve any major danger and it will be followed unless condition of the child necessitates changes," said Dr. Royer. "We have been asked to discontinue gradually the treatments we have been giving. We reserve the right to resume the treatments if necessary."

Dr. Roger Dufresne, spokesman for the College of Physicians and Surgeons, said the fact that permission had been granted to inject the Guynemer youngster does not mean Quebec medical authorities recognize any curative powers in the product.

"It was strictly for humanitarian reasons that this permission was granted at a time when we had only scientific opinions about anablast," said Dr. Dufresne. "We now have every reason to believe that the preparation in question has no therapeutic value."

Dr. Dufresne said the college had only recently received the final results of tests made by French specialists on the serum, already banned in France.

Mr. Guynemer brought Mr. Naessens here in April and immediately launched a campaign to get permission to have the serum administered to his son.

The federal Food and Drug administration said the matter did not fall within its jurisdiction. The Quebec college and the provincial health department agreed to allow doctors to use the injection in the Guynemer case only, providing the serum was prepared under supervision and tested.

The serum was made in a laboratory at a home provided Mr. Naessens in suburban Duvernay by a sympathizer, who did not disclose his name. The preparation was watched by two scientists attached to the microbiology institute of the University of Montreal, headed by Dr. Armand Frappier.

Dr. Frappier said Mr. Naessens told him the serum was based on horse blood, hyperimmunized by certain filtered cultures. After tests, the institute advised doctors that the serum contained a quantity of salt and carbolic acid. The administering doctor was advised to "watch his patient daily for signs of carbolic acid poisoning."

Dr. Royer said he advised Mr. Guynemer he doubted the value of the serum.

Dr. Victor Goldbloom, vice-president of the college, said that many international institutes are carrying out research and tests in the field of cancer. These institutes were recognized in all scientific circles and their conclusions — as in the case of the Naessens serum — could not be doubted.

Dr. Leopold Long said people who have been given the anablast serum have all died. Tests carried out were sufficiently convincing for it to be said that it appeared anablast was scientifically worthless.

Dr. Dufresne said, if the Quebec college had decided to duplicate here the tests made by the French specialists, it would have taken so long that the Guynemer youngster would not have been able to receive the injections which have been allowed.

Medical Experts Study Danger of Anti-Depressant

17 June/64

OTTAWA (CP) — A five-member committee of medical experts is studying the drug parnate to determine its future use by Canadian doctors, Dr. C. A. Morrell, director of the federal health department's food and drug directorate, said yesterday.

Dr. Morrell was commenting on the decision of the U.S. food and drug administration Monday allowing the drug to re-enter the U.S. market with a revised label stating the hazards involved in its use.

The drug is intended for treatment of severe depression in which suicide is possible and in which electro-shock therapy may sometimes not be used. It now is available in Canada's mental hospitals and mental health clinics.

The U.S. food and drug administration said Monday "The conclusion has been reached that the hazards, including the possibility of strokes and even some deaths, are justified. These hazards can be minimized and substantially avoided by careful use of the drug."

Dr. Morrell said the Canadian committee has been studying the drug for the last six weeks to determine under what conditions it should continue to be available in Canada.

"I hope they will be able to make a report on their findings by the end of this month."

Boy Given Serum

17 June/64

MONTREAL (CP) — Anablast serum, manufactured by a self-taught French biochemist who says it is a cure for leukemia, was administered yesterday to the three-year-old son of Montreal restaurateur Rene Guynemer.

A spokesman for the Quebec College of Physicians and Surgeons said the college would not comment now.

A doctor administered the serum to Rene Jr., said by his father to be dying of leukemia, at Ste. Justine's Children's Hospital.

Gaston Naessens manufactured his serum under supervision of the college and the college allowed it to be administered to the child after tests indicated it would not have any immediate toxic effect.

Mr. Naessens arrived in Canada in April. The French health ministry had declared his serum worthless and had forbidden its use in France.

This is the first time the serum has been administered in Canada.

The boy's parents and Mr. Naessens were watching the lad from an adjoining room in the hospital.

UWO Professor To Preside

17 June/64

Dr. R. A. H. Kinch, professor of obstetrics and gynaecology at the University of Western Ontario School of Medicine will preside at a meeting in Vancouver tomorrow and Thursday of the Canadian Society for the Study of Fertility.

Dr. Kinch, president of the society, will take part in a panel discussion at the meeting.

He will also attend a meeting of the Society of Obstetrics and Gynaecology in Canada from Thursday to Saturday and will take part in a panel discussion on the use of hormones in obstetrics.

Next Monday and Tuesday, Dr. Kinch will take part in a panel discussion on prematurity at a meeting of the Canadian Paediatric Society.



Dr. Robert Fraser (left) of Edmonton, president of the Canadian Cardiovascular Society, congratulates Dr. Paul David of Montreal, newly-elected president of the Inter-American Society of Cardiology. Dr. David is the first Canadian to fill the post. (CP Wirephoto).

19 June 64

Heart Specialist Sees Doctors Aiding World Peace

MONTREAL (CP) — Cardiology may sound a remote activity to some people, but Dr. Paul David of Montreal thinks it can heal national conflicts as well as human hearts.

Dr. David, tall and full of professional zest, took stock yesterday of his newly - gained position as president of the Interamerican Society of Cardiology.

A 44 - year - old son of the late Senator Athanase David, he said in an interview he would devote his four - year term as president to building up the flow of information on heart research between North and South America.

"That's the big contribution we heart specialists can make to strengthening the bonds between the two continents," he said.

"keeping my scientists happy together."

"On top of that I have to go on earning a living and that means seeing my patients."

In his unsalaried post as president, he intends to strengthen the society's secretariat, which has headquarters in Mexico City, and through it to resume publication six times a year of a research bulletin.

The multi - lingual bulletin would convey to cardiologists in North and South America news of each other's findings.

"But most of all we have to develop cardiology centres in those South American countries where the standard of living now prevents the achievement of research standards reached elsewhere," the Canadian doctor said.

The money for all this comes from the member societies and the international group, founded 20 years ago, communicates with European and other doctors through world - wide channels built up in recent years.

Canadian members, he went on, have a major role to play in such bond - building.

"Canada is well - placed to mediate between the north and south of our hemisphere and we Canadian cardiologists share that advantage."

The doctor was interviewed between meetings at a congress of International Heart Specialists which the society sponsors every four years.

"I'll have to do a lot of travelling as president," he said, "and I have quite a lot of other things to do as well."

Director of the University of Montreal's institute of cardiology since 1954, Dr. David said he must continue with his duties there which he described as

Researcher Emphasizes Cancer, Environment Link

19 June 64

HONEY HARBOUR (CP) — Four out of every five cases of cancer develop from factors within man's control and thus could be prevented, a South African medical researcher said yesterday.

Dr. A. G. Oettle of the South African Institute of Medical Research in Johannesburg said he based his statement on studies that show the incidence of different forms of cancer can be correlated with diet, smoking, weather and methods of cooking.

However, he emphasized in an address to the sixth Canadian Cancer Research Conference here, that he did not imply that four-fifths of existing cancer could be eliminated immediately.

The epidemiologist said a recent report in the British Medical Journal shows that control of cigarette smoking prevents some cancer cases from developing.

The report said that after a campaign by the British Medical Association to persuade its 40,000 members to give up smoking, the incidence of lung cancer among the doctors dropped five per cent from 1956 to 1961 compared with the rate during the previous five-year period. During the same period, the incidence among the British public rose about 22 per cent.

Five cancer specialists, including Dr. Oettle, agreed that while there is no specific cause of cancer, some environmental conditions appear to link up with viruses, some of which may still be unknown, as the overall cause of the disease.

Expanding this, Dr. Oettle said research has shown that Africa has distinctive types of cancer and all cancer in Africa is much less evident than in European or white races.

"It is obvious in studying these differences that the incidence of cancer is so dependent on the environment of the peoples where they occur," he said.

He said an example is cancer of the foot among Africans who go barefoot, but this disease vanishes among the next generation when it starts wearing shoes.

Dr. Niels Dungal of the University of Iceland gave another example of the environmental factor in cancer. He said the only place in Iceland where women have a higher incidence of stomach cancer than men is a fishing village where there is no groundwater and rainwater is stored in barrels.

Soot from chimneys falls into the barrels and the women, who stay at home, drink far more of this water than their husbands, who drink water from natural reservoirs and ports while on their fishing trips.

Dr. Dungal also said the rate of cancer among people in Northern Greenland who consume a lot of wild fowl, either smoked or salted, is 50 per cent higher than in the general population.

Expert Says Muscles Heal Selves

19 June 64

VANCOUVER (CP) — A surgical specialist from Africa says the medical world may have to revise accepted ideas about the treatment of injured muscles and limbs.

Dr. W. H. Kirkaldy-Willis, senior surgical specialist for the Kenya ministry of health, told 600 bone and muscle specialists here Wednesday that contrary to accepted theory, damaged human muscle can heal itself.

His statement to the specialists attending a convention or orthepedic associations from Canada, Britain, United States, South Africa, New Zealand and France, goes against the accepted theory that damaged muscle tissue automatically degenerates and dies.

It means the practice of immobilizing broken limbs for weeks in casts may cost people use of muscles that could be saved.

Dr. Kirkaldy-Willis, said that "after a blow, the muscle is fragmented and starts to degenerate. but after about six days chains of cells appear to form. After 12 days there are ribbons of new fibres and in few weeks the new fibres show a gradual return to normal."

His observations had been carried out on monkeys whose legs had been artificially fractured with a trip-hammer device. The monkeys were allowed to climb and jump in their cages within two or three days of the injury and showed mus-

Link 'Soft' Childhoods And Heart Attacks

19 June 64

OTTAWA (CP) — Over - nutrition and easy life during childhood and young adult years may lead to heart attacks, strokes and sudden deaths among middle - aged citizens, heart specialist Dr. Paul Dudley White said yesterday.

Addressing a luncheon meeting of the Senate and Commons voluntary committee on health, the Boston cardiologist called for more intensive research into the causes of heart disease.

"We must do more than diagnose and treat patients who already have evidence of cardiovascular disease," he said. "We must prevent the causative factors. This should be the very first priority."

Dr. White, who treated former United States President Eisenhower following his heart attack, said cardiovascular diseases particularly atherosclerosis and hypertension, are a serious epidemic, but physicians are trying to control them are optimistic. The optimism would be justified only if doctors and laymen support the necessary medical research.

"Our achievements to perform this miracle within the next decade or two can actually surpass the historic record already made during the last generation in the control of the infectious diseases.

"We must begin the protection against the scourge of atherosclerosis practically at birth, for there is indication already that it is the over-nutrition and soft life of our children and young adults that leads to the sudden deaths, the heart attacks, and many of the strokes in our middle-aged citizens."

The committee is a voluntary group of doctor MPs and senators and others interested in health problems.

Later Dr. White was presented with the Canadian Heart Foundation's award of merit.

The foundation cited Dr White for his "world - wide inspiration and outstanding effort in the encouragement of heart research."

Patients 'Pressured' To Recover

19 June 64

VANCOUVER (CP)—A British orthopedic surgeon "pressures" surgical patients to help them recover.

Mr. R. H. Maudsley, of Ascot, described the technique yesterday in a technical paper presented to the current convention of English- and French-speaking orthopedic associations.

In an interview, the doctor — called Mr. in England — said the process involves inserting the patient in a sealed tank and increasing the pressure inside to twice normal.

He said the machine is similar to tanks used to relieve divers of 'bends' — except the patient breathes pressurized oxygen and not air.

Mr. Maudsley said he has used the process on 50 patients where a "whole or part was near death."

Mr. Maudsley, however, said the treatment is supplementary to normal procedures used to combat gangrene and other types of infection to wounds.

"We do not use this instead of other measures," he said.

Generally, Mr. Maudsley believes the idea — thought of 70 years ago but only recently practical — "has a valuable role to play in the management of threatened gangrene" after surgery or a wound.

The machine, made of clear plastic, was developed in Britain. A similar machine, but of the walk-in type, was being set up in Boston, Mass., at a cost of about $30,000. The British machine, accommodating only one patient, cost about $20,000.

"It's also one tenth the cost to manage and could be used in small community hospitals," he said.

In one patient, a man who's leg was amputated below the knee, gangrene set in. Oxygen treatment was given over a three-week period resulting in the wound healing and the man being able to use an artificial

20/June/64

Urge Prepaid Plan For Total Health

OTTAWA (CP) — A complete, prepaid package of health services—financed by higher taxes, perhaps even by lotteries in some provinces—was advocated yesterday in a huge, forceful report by the royal commission on health services.

The commission said the economy can afford this big public system—and government can do it for less than the private insurance companies.

And it said it is convinced Canadians would willingly pay the higher taxes required, when they see what they would get for their money.

As envisaged by the commission, practically no type of health services would be left to one man's ability to pay for it out of his own income. Everybody could get the services financed out of taxes, without paying extra charges. (Other stories on the plan are on Page 5).

Unveiling a broad "health charter for Canadians," the seven-member commission flatly rejected the idea of "state medicine" for Canada.

It defined state medicine as a system in which all providers of health services are officials under state control. For Canada, it said, the health program must be "based upon freedom of choice, and upon free and self-governing professions and institutions."



PROF. B. R. BLISHEN -- conducted research

The dominant theme in a forceful, 914-page report, tabled in the Commons, is that the federal and provincial governments must co-operate to provide the highest possible health standards for all Canadians regardless of age, condition, place of residence or ability to pay.

"That less than half of our population has some degree of reasonably adequate health insurance coverage for medical services is a matter of grave national concern," says the commission, set up three years ago today under the chairmanship of Supreme Court Justice Emmett Hall.

The commission called for a federal-provincial conference within six months to work out its sweeping health program and stressed the urgency for government leadership.

The 500,000-word report, weighing 4½ pounds, advocates virtually-free prescription drugs, fluoridation of all community water supplies, free dental care and eyeglasses for children up to 18, expansion of the hospital insurance scheme to include out-patient services and more emphasis on home care.

It calls for placing mental illness in the same category as any other health ailment and recommends special measures to deal with drug addiction and alcoholism.

The entire program, to be effective, would have to be reinforced by accelerated training of doctors and nurses — including establishment of new university medical schools across the country.

All of this would be expensive. The commission recognized that.

But it said Canadians now are putting so much into public and private health services that the amount will reach $4,015,000,000 by 1971—about $178 per person.

For an increase of 11 per cent—an additional $20 per person, for a total of $466,000,000—they could have everything proposed by the commission, the report said.

"A nation that in 1962 spent $756,000,000 on cigarettes and tobacco and $973,000,000 on alcoholic beverages can afford the program we recommend . . ."

The scheme would be put into operation just like hospital insurance.

In other words, Ottawa would take the leadership and pay about 50 per cent of the costs—raising its money by increasing income taxes.

But the provinces would set up their own schemes, financing their share as they pleased, entering the program only when they are ready—and then only with the health-service priorities that they consider right for their own people.

Once a province came into the scheme, the system would cover everybody in that province—regardless of age, health, or ability to pay. In that sense it would be compulsory.

The commission wasn't explicit in saying what would happen to existing provincial schemes—especially medicare in Saskatchewan.

But it said the provincial programs shouldn't have to conform to any "rigid pattern" to qualify for Ottawa's share of costs.

To quality, said the commission, a province would have to provide universal coverage and "adhere to the basic inclusive features of

(Continued on Page 4, Col. 2)

Board Urges Prepaid Plan For Total Health of All

20 June 64

(Continued from Page 1)

each of the programs recommended."

One of its most novel proposals is to permit provinces to finance health services by operating a lottery — at present outlawed under the Criminal Code.

The Liberal government has not yet indicated its plans for implementation of the report, which has been 1½ years in writing with the last chapter polished off just a month ago. Commission sources said there is no truth in reports the government asked for the report to be revised but admitted that the commission had been pressed to complete the job.

(Prime Minister Pearson was guarded in his comment on the report but he is on record during the last election campaign as pledging a national health insurance plan and a federal-conference on it. He said then it probably wouldn't be introduced until the Liberals' fourth year in office.)

The report's 200 recommendations, based on 74 days of cross-Canada public hearings, 385 briefs and 26 specific studies, embrace the fundamental principle that joint federal-provincial action on a broad health front is imperative.

Patients could choose their own doctors. Doctors could accept or reject patients, except in emergencies or on humanitarian grounds.

Doctors would charge their own fees for service. These fees would be set in negotiations between the medical association and the provincial agencies, which in all cases—never the federal government—would administer the whole scheme.

The program wouldn't arrive full-grown. The provinces would be free to "phase in" the program, deciding which aspect should come first.

Ottawa would pay half the actual costs, plus half the administrative costs. It also would make "fiscal need" payments to the "financially weaker" provinces. All of this would come out of federal income taxes.

Ultimately, with the whole system well established, Ottawa then could end its contributions — instead, giving the provinces the added taxing power to raise all their own money.

The commission said that even before a federal-provincial conference is convened, action could be taken to add out - patient benefits to provincial hospital insurance schemes. Preparation could also be made for crash programs for education and training of health personnel.

Although it concludes that the quality of medical services available to Canadians compares favorably with standards in other advanced industrialized countries, the commission says there are grave deficiencies.

Atop all this would be a progressive system of dental services—progressive in the sense that, at first, only young children would get free dental work.

Part of this recommendation was fluoridation of all community water systems in Canada.

Federal health grants would be expanded so that children aged 5 and 6 would first get dental examination and "restorative services" in 1968.

Year by year, the eligible age group would be expanded until in 1980 all children under 18 were covered. Then in the 1980s it would be possible to consider a general dental scheme for adults, "based on appropriate arrangements with all dentists in private practice."

The over-all health services program would include optical services—but not eye glasses—for everyone.

However, the glasses would be provided for children under 18—up to a certain standard of frame, lens and price. If they lost their glasses, they would have to pay one-third the cost of a new pair.

Dealing with the medical services alone, the commission rejected as unrealistic the argument that — given the time—the private insurance companies could insure practically everyone.

Even if this could be done—and the commission branded that an "heroic assumption"—the cost for medical services provided this way would be $1,020,000,000 by 1971.

By comparison, the commission estimated a public medical scheme would cost $837,000,000.

Can the country afford this big public system?

Yes, said the commission.

And will Canadians willingly pay the extra taxes required to finance it?

The commission said that, in a year of public hearings, every organization was asked whether its members would accept higher taxation in return for such benefits.

"The answer has been yes, and there has been no dissenting voice."

Commission members made first-hand studies of health systems in the United States, Britain, France, Holland, Sweden, Switzerland, Austria, Italy, Russia, Australia and New Zealand.

After all this, the commission wrapped up its package for Canadians, said the report:

"This is what Canada and the provinces working together should do.

"It is not an idealist's dream, but a practical program within Canada's ability, financially and practically . . .

"It is what Canadians ought to strive for and expect through their governments. They should not be content with less."

Typhoid Cases Drop

ABERDEEN, Scotland (Reuters) — The number of typhoid cases in Aberdeen hospitals dropped yesterday to 445 from 447. Four more suspected cases were confirmed and two discharged, leaving 411 confirmed cases and 34 suspects.

Corn Meal Used In Heart Research

21 June 64

POTCHEFSTROOM, South Africa (Reuters)—Corn meal may help to reduce the threat of one of the world's worst killer diseases: coronary thrombosis.

A research worker at South Africa's University of Potchefstroom, L. J. Rademeyer, has found that when corn meal is added to a high cholesterol diet fed to white rats the percentage of cholesterol in the blood shows a marked drop.

Cholesterol is believed to be one of the main causes of coronary thrombosis.

The rats were first fed on a high butter diet so that the cholesterol content of their blood increased.

Without changing the diet in any other way, Rademeyer added corn meal and the cholesterol dropped sharply.

Saskatchewan Resignations Include Chairman of Medicare

June 5/64

REGINA (CP) — Donald Tansley, chairman of the Saskatchewan Medical Care Insurance Commission, made public yesterday that he had resigned from the post. He gave no reason.

Earlier in the day Clifford Ashfield, special assistant to the minister of industry and information, announced he was resigning today because "it has been made obvious to me that I will not be retained."

In a prepared statement Mr. Tansley said:

"Although I have many regrets in leaving the commission and the Saskatchewan public service I leave with some satisfaction in the conviction that the medical care insurance program is firmly established.

"The new government is publicly committed to continue the plan without significant changes."

Paying tribute to doctors who have been co-operating in all aspects of the program he said: "I would be remiss if I did not voice my concern over an accumulation of problems and danger signs which could threaten the future of medicare.

"These programs range from . . . apparent overutilization by a few patients to apparent over servicing and perhaps over enthusiastic billing by a few doctors.

"It would be a shame if the abuses of a small number of doctors and patients forced imposition of controls that would limit the comprehensive nature of the plan."

He added leaders of the medical profession have yet to accept the plan as a permanent fact in Saskatchewan.

"The new broom, now sweeping, gives them a unique opportunity to re - examine their relationship to the plan and to the people of Saskatchewan."

Health Minister Steuart said it was apparent to him that Mr. Tansley had done a "very commendable job under difficult circumstances.

"I am most impressed by the efficient methods which have been developed by the commission," he said.

"Mr. Tansley has been most helpful in familiarizing me with the program and has kindly agreed to postpone his departure to assure a smooth takeover by the new chairman."

The commission looks after administration of the province's compulsory medical care insurance plan. Mr. Tansley became chairman when the commission was established in 1962 by the CCF government which was defeated by the Liberal Party in a general election six weeks ago.

Mr. Ashfield, who also has acted as director of public relations and publicity for the industry and information department, said in an interview that "the civil service is in a great flap."

He said "there is terrible uncertainty. I think you can expect a lot of top men to leave, be dismissed or to be squeezed out." Other provincial governments and the federal governmen are making overtures to many civil servants, Mr. Ashfield added.

Last week the Liberal government dismissed H. S. Elkin as deputy minister of labor. He now is executive secretary of the Saskatchewan Federation of Labor.

Premier Ross Thatcher earlier accepted the resignations of T. K. Shoyama as secretary of the economic advisory and planning board and Carl Edy, chairman of the Workmen's Compensation Board.

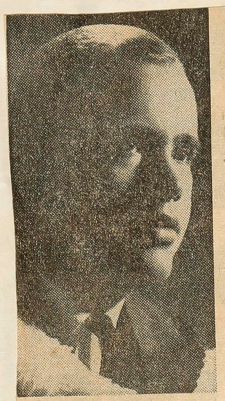
Mr. Shoyama has accepted a position on the research staff of the Economic Council of Canada.

Still vacant is the post of deputy provincial treasurer. A. W. Johnson, the former deputy, resigned to become federal assistant deputy finance minister.

Former Premier Woodrow Lloyd, now opposition leader, said the resignations and dismissals in the civil service are "more than disturbing."

He said "such loss is part of the cost of electing a Liberal government in Saskatchewan.

"How many people in less noticeable positions who have been dismissed is not as yet known, but there are some."





Plan June Wedding

Wedding plans have been announced by Barbara Ann Ward and Donald George Evans for June 27 at 3 p.m. in Colborne Street United Church, London. The bride-elect, daughter of Dr. and Mrs. Charles Stewart Ward, London, is a graduate of the University of Western Ontario. The groom-elect is the son of Mr. and Mrs. Joseph Cooper Evans, Toronto, and a graduate of the University of Western Ontario and Ryerson Institute of Technology. (Mr. Evans' Photo by Title; Miss Ward's Photo by Kumano).

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TEA

LOWER IN PRICE!

Typhoid Case Rise Lowest In 2 Weeks

June 9/64

ABERDEEN (Reuters) — Another 10 persons were admitted to hospitals in this typhoid-stricken Scottish city yesterday but the increase was the lowest since the second wave started about two weeks ago.

There now are 412 persons in hospitals — 345 confirmed cases and 67 suspected — compared with 342 confirmed and 60 suspected Sunday.

The secretary of state for Scotland, Michael Noble, told the House of Commons in London that outside Aberdeen there were 31 cases — 29 in Scotland and two in England and Wales. Another 40 were being investigated.

He said a widespread epidemic was not thought likely but medical officers in other parts of the country had been reminded of the importance of watching the situation in their areas.

The first typhoid case in the Scottish capital of Edinburgh was reported yesterday when the case of a young woman—one of 14 suspects — was confirmed.

The woman was one of the first suspects to be admitted to hospital in Edinburgh following a visit to Aberdeen.

From Glasgow, four confirmed cases were reported. There were two suspected and another four under observation.

In another Scottish city, Dundee, the suspected cases fell to 11 from 13.

A case of suspected typhoid was reported from Northampton in the English midlands.

Dr. Ian MacQueen, the city's health officer, expressed optimism earlier that the outbreak was being brought under control.

He said Aberdeen's food hygiene now was almost perfect and was still improving.

"If we are correct in these beliefs, the outbreak in the near future should begin to decline — and the evidence of the last few days suggests that the decline has actually begun," he declared.

Midwives Re-Appear In Baltimore

T.S. June 9 1964

BALTIMORE (AP)—A modern variation of the old-style midwife is delivering about 10 per cent of the babies in Baltimore city hospitals.

The nurse-midwife is a specialist and replaces doctors in operating rooms during routine deliveries.

The nurses have been trained in obstetrics at the Johns Hopkins medical school and take care of one of every 10 expectant mothers from pre - natal treatment to the six week's check-up after delivery.

Patients with possible complications, or those who develop complications, are turned over to a staff physician. A staff doctor also doublechecks each nurse-midwife's patient at the first examination.

The nurses' work is the first American study of the practicality and safety of using nurses, instead of doctors, for routine hospital deliveries.

The three nurse - midwives now working at city hospitals are graduate nurses and have just completed the Johns Hopkins course in nurse-midwifery.

Dr. D. Frank Kaltreider, the hospital's chief obstetrician, says the nurses "have done just about a perfect job in spotting complications."

Johns Hopkins trains four out of the 25 nurse-midwives turned out annually by American institutions that now teach graduate nurses to handle normal pregnancies and deliveries.

Dr. Allan C. Barnes, Johns Hopkins obstetrician - in - chief, said the nurse-midwife could solve a possible critical shortage of obstetricians and general practitioners who deliver most of the babies today.

No statistical results of the city hospitals' study are completed, but Dr. Barnes said "obviously there has been no jeopardy to anyone's health or we would have stopped the study at once."

The nurse-midwife is trained only to work under supervision in a hospital or an obstetrician's office.

"She does not represent a retreat from quality care, but a retention of quality and addition of trained minds," Dr. Barnes said.

Stop Discussing — Act Nurses' Convention Told

17 June/64

By JEAN SHARP

ST. JOHN'S, Nfld. (CP) — The time has come for nurses to stop studying and discussing their problems and do something about them, delegates at the Canadian Nurses Association biennial convention were told yesterday.

The results of a study for the CNA were given by Dr. Kaspar Naegele of the University of British Columbia, who told delegates to the five-day convention at Memorial University here, that both the problems and recommendations he was prepared to make are familiar. He said the nurses themselves must be the ones to act on them.

Nursing education as it is now handled in hospital schools is outmoded, Dr. Naegele said. Nurse trainees should be taught broad basic ideas in sciences and humanities, should have the opportunity to learn through observation , and to participate in diagnostic and other case conferences.

Dr. Naegele said for the time being both universities and hospital schools should be used for nursing education, partly because it would not be practical to try to move all of the trainees into universities. At the same time, the two levels would begin to cope with the shortage of nurses trained to take over teaching, research and administrative jobs, while continuing to supply clinical nurses.

"The nursing profession will have to combine unity with diversity, including the diversity of specialization," he said. "Increasingly nurses will have to work in settings outside traditional hospital settings."

Dr. Naegele said he believes nursing traditions of sacrifice, loyalty and low salaries have all combined to help prevent any action on there familiar recommendations.

Specifically, he urged the association to consider several plans, including autonomous schools of nursing, using hospitals for education purposes, but run by their own boards; two-year training programs; all entrance requirements to include high school graduation; all students to pay fees or be eligible for bursaries; and that all instructors be university trained.

During a panel discussion following Dr. Naegele's speech, national president E. A. Electa MacLellan, of Halifax, asked if nursing traditions were "root to nourish" or "ruts to get out of."

any educational program is the opportunity which students have to mingle with students in other courses.

A separate education denies this, said Joan Gilchrist, director of nursing at the Jewish General Hospital, Montreal.

"Many traditions are still good. We have to know which ones to part from," said Sister T. Castonguary, director of the School of Nursing at the Grey Nuns' Hospital in Regina.

Marguerite Schumacher, adviser to schools of nursing, University of Alberta , Edmonton, said affiliations with colleges which included work in hospital would retain traditions. She suggested amalgamation now so that scarce instructors would not be "spread too thin" in an attempt to change things hurriedly.

On the question of money, H. Jean Anderson, director of nursing at Victoria Public Hospital in Fredericton, said: "Nursing students are not getting a great deal of the health budget while other students pay their own way."

She said most students pay their tuition partly through service in the hospital.

The panel agreed that to move nurses into universities would involve entire curriculum changes, and financing would have to be reorganized.

Miss Schumacher suggested experimental studies to change the traditional time pattern of nurse training.

"One of the advantages of

Opposes Giving 'The Works'

TORONTO (CP) — Stewart Major, general manager of Physicians' Services Incorporated here, said yesterday the sweeping recommendations of the royal commission on health services are "the line of least resistance."

The commission recommended a government-sponsored medical care program for all Canadians —costing $466,000,000 a year and financed 50-50 with the provinces.

"They took the easy way out —it's simple to just recommend to the works," said Mr. Major.

Mr. Major said there would not be enough doctors to handle such a broad plan and the government would have to spread its adoption over many years.

He said he would have to study the report before making any detailed comments on its proposals.

"But I've been raised in a competitive—a capitalistic society. I think you should have what you can pay for," he added.

"I question how far the government can go without mucking up the entire economy."

Farquhar Oliver, Liberal House leader in the Ontario legislature, said the commission recommendation was a "sweeping report."

He said the provinces should sit down and "try to work out a plan along these lines."

"We might not reach the ultimate as recommended here in one fell swoop. But we are moving towards the ultimate."

Mark Eveson, clinical psychologist at the Bell Clinic, an expert in drug addiction control, said he favors the commission's recommendation to legalize narcotics for drug addicts on an experimental basis.

"I think it should be tried and if the practical difficulties can be overcome it may be the answer," he said.

He predicted that there would be problems at the outset be group" could be chosen for the cause only a "small, select experiment while other addicts would be "clamoring" for free drugs.

William Mahoney, national director for Canada of the United Steelworkers of America and vice-president of the Canadian Labor Congress, said he is happy about what he has heard concerning the commission's recommendations.

"Their (the commissioners) proposals for full, comprehensive coverage run by government commissions similiar to the hospital plans confirms labor's argument that his is the only practical way to handle costs and justifies the pioneering efforts of the recent Saskatchewan government."

He said in a statement: "We hope that the second volume dealing with costs will be issued shortly so that no provincial government will stand in the way because of their insistence upon maintaining high-cost, low coverage private schemes."

In Vancouver, the executive of the Canadian Medical Association took a brief look at the recommendations and called them a good basis for discussion.

But members of the executive said that they would have to study details of the report before they could make detailed comment on its findings.

They cautioned against a repeat of the situation in Saskatchewan, where doctors — in the words of executive members — "withdrew services" — in a dispute with the Saskatchewan government.

They said the governmen must not impose a medicar plan on the medical professio without discussion.

Attorney-General Robert Bonner of British Columbia, said lotteries would be an "inadequate, insufficient and variable" source of revenue, unsuited to the financing of a national health plan.

He was commenting on a suggestion by the commission that provinces be permitted to finance health services from the operation of lotteries if they so desire.

Mr. Bonner said he "disagreed entirely that a lottery would provide adequate funds for the administration of such a program as has been recommended."

He said the provincial government's share of the cost of operating the B.C. hospital insurance is $60,000,000 a year.

"The total racing handle in the province is less than one-third this figure," he said.

"To engage in betting to the level at which the costs of a health plan would be met would make us a nation of professional gamblers."

Lotteries were "no substitute for a sensible tax program which logically will become required with such a program.

Maximum Prescription Fee Of $1 Suggested in Report

OTTAWA (CP) — Drugs should be brought under the proposed national health services program with the purchaser of each prescription paying only $1, the royal commission on health services said yesterday.

"Although we accept that the manufacture and distribution of drugs in this country is a private enterprise venture, we have no hesitation in stating that the public interest is dominant," the commission said in its report to the government.

The report recommends that the federal government contribute to the provinces half the cost of a prescription drug benefit program within the over-all health program.

". . . the program should cover such quantities of drugs for each prescription as are required by good medical practice taking into account the need for flexibility to assure an adequate but not wasteful supply."

When the commission suggests a $1 payment by each prescription purchaser, it says that if the druggist wishes to reduce his standard price, and deduct the amount from the $1 fee, he should be free to do so.

The program should include a "multi-pronged approach" by both levels of government to the question of reducing drug costs.

The cost of prescribed drugs in 1961—latest year for which figures are available—amounted to 43 per cent of total medical expenditures.

Among the suggestions on drugs was one that the food and drug directorate of the federal health department prepare a national drug formulary, listing all the drugs which meet the specifications of the directorate for inclusion under the plan.

This should be accompanied by an information service to supply doctors, druggists and hospitals with the latest information on drugs. The report says this would tend to reduce the cost of prescribed drugs.

The 11-per-cent federal sales tax should be removed from prescribed drugs, the commission said, and the patent act should be extended so provincial governments and their agencies can patent drugs and collect fees.

Other suggestions for lowering the price of drugs include the centralization of all drug purchases by the federal government.

End of 'Asylums' by 1973 Sought

OTTAWA (CP) — The royal commission on health services has called for "an immediate end to the distinction that some still make in attitudes towards those who are mentally ill and those who are physically ill."

There was an encouraging trend toward this and "that very change is making positive action possible and the outlook for treatment results hopeful if not actually optimistic."

All cases of mental illness that can be treated should go to special wings of general hospitals or special psychiatric hospitals with no more than 300 beds, the commission said in its report.

"We belive that adequate treatment of mentally-ill patients cannot be properly achieved in large, isolated, segregated, undifferentiated mental 'asylums.' "

If an immediate start was made on adding psychiatric wings to general hospitals, at the rate of 1,300 beds a year, all patients could be transferred by 1973.

The commission also recommended similar approaches to the mentally-retarded — the elimination of big, impersonal institutions, more constructive projects to occupy them, and the establishment of community services so many mentally retarded persons can remain at home.

Because of the "extreme importance" of early diagnosis, all children should be examined for mental illness shortly after birth.

The commission found a serious shortage of psychiatrists, neurologists, clinical psychologists, psychiatric nurses and social workers. It recommended a seven-year crash program to recruit the necessary personnel.

Professional training grants of $5,000 a year should be made to medical graduates who go into psychiatry fields.

Grants of $3,000 should go to university graduates specializing in clinical psychology and social work, and medical schools should get special grants to help them conduct special courses in psychiatry for general practitioners.

Health Pleas Win General Acceptance

20 June/64

OTTAWA (CP) — For an extra cost of only $20 a year Canadians are being offered the biggest health-package deal in the country's history. (Other stories on the health plan appear on Page 5).

That's the price tag set by the royal commission on health services for progressively providing topnotch doctors' care for everyone under a proposed federal - provincial prepaid health services program.

Ultimately, dental care would be thrown in, too.

The commission, appointed three years ago today, asked the government yesterday to accept the responsibility for leadership in implementing a "health charter for Canadians."

It called for a federal-provincial conference within six months to set the program rolling. The Liberal Party's election program commits the government to establishing a national health insurance plan and holding such a meeting.

Following is a summary of reaction to the proposed plan, compiled by The Canadian Press:

Dr. Wesley Dunn of Toronto, registrar of the Royal College of Dental Surgeons of Ontario, said yesterday the commission's report has enthusiastically endorsed fluoridation as a public health measure.

He said the profession also welcomes the recognition by the commission of the need to create additional dental schools in Ontario. He agreed with the recommendation that a der school be established at the University of Western Ontario in London but disagreed that the University of Ottawa had equal priority.

Dr. Donald W. Gullett of Toronto, secretary of the Canadian Dental Association, also affirmed Dr. Dunn's approval of the recommendation calling for more dental schools.

"The association has sought for 20 years by every possible means to secure more dental schools and to increase teaching facilities," he said.

In Saskatoon, Dr. W. P. Thompson said last night it will be interesting to see the reaction of doctors across Canada to the report.

He said the report recommended a federal medical care scheme "essentially the same" katchewan by a provincial royal commission he headed.

The provincial royal commission report led to the establishment of a Saskatchewan government - operated, compulsory medical care insurance plan.

Meanwhile, the Saskatchewan Federation of Labor (CLC) said yesterday it supports fully a "health charter for Canadians" included in the report.

W. G. Davies, former health minister in the Saskatchewan CCF government and now program director for the SFL, said such a program could become an integral part of Saskatchewan's medical care insurance program.

Mr. Davies said it would be relatively easy to broaden the base of the provincial plan to make it an all-inclusive scheme covering drugs, fluoridation of community water supplies, dental care, eyeglasses and home care as recommended by the report.

In Toronto, Stewart Major, general manager of Physicians' Services Incorporated, said yesterday the sweeping recommendations on health services are "the line of least resistance."

"They took the easy way out — it's simple to just recommended the works," said Mr. Major.

He said he would have to study the report before making any detailed comments on its proposals.

Farquhar Oliver, Liberal House leader in the Ontario legislature, said the commission recommendation was a "sweeping report."

He said the provinces should sit down and "try to work out a plan along these lines."

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"I think it should be tried and if the practical difficulties can be overcome it may be the answer," he said.

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Mr. Bonner said he "disgreed entirely that a lottery ould provide adequate funds r the administration of such program as has been recomended."

Some newspaper editorial mments on the plan were:

Ottawa Citizen: It is one of he most important documents ver prepared for a governent in this country. The ommission shatters the timeorn myth that a distinction hould be made between hysical and mental illness hen it comes to providing ssistance from public funds.

Lethbridge Herald: There are hose who would take advantage of any insurance scheme. That is why certain checks are necessary. But with a proper and responsible attitude . . . there is no doubt the commission's recommendations would be very good for the country.

Boy's Condition Said Worse After Cancer Serum Shots

24 June/64

MONTREAL (CP) — The consulting committee of the Quebec College of Physicians and Surgeons said yesterday the condition of leukemia - stricken Rene Guynemer "has become worse since treatment with anablast was begun."

The 3½-year-old boy received his first injection of the serum June 16. It was manufactured by a self - taught French biochemist as a cure for leukemia, a cancer condition affecting the blood.

The committee said in a statement that it has decided the child must have blood transfusions.

It said it has informed Rene Guynemer, the boy's father, of its conclusions, and has also informed the manufacturer, Gaston Naessens.

Both are in accord with the decision, the committee said. A spokesman for the committee said the injections will continue.

The injections with anablast were begun after the microbiological institute of the University of Montreal had analyzed the serum and concluded it would have no immediate toxic effect.

The serum was produced in Montreal by Mr. Naessens. He was brought here by Mr. Guynemer, a restaurant - owner, who said he did so in a desperate effort to save the boy's life.

Favors Exercise Day Following Heart Seizure

19 June /64

MONTREAL (CP) — Dr. Andres Salazar of Santurce, Puerto Rico, said yesterday carefully supervised exercises seem to help some heart attack victims when given a day after the attack occurs.

He told the Interamerican Congress of Cardiology that such exercise, including walking, improves blood circulation and thus helps the healing of the arteries affected by the attack.

Dr. Salazar said some doctors fear to exercise their patients so soon after the illness has struck, or they refrain from such treatment out of caution.

"But the physiological effects of heart attacks have been exaggerated," he said, "and the heart will do at least as well if the patient is quickly up and about."

"I can best define it as getting the patient into vertical motion and exercising his legs," he said.

The period of exercise might last for three or four weeks, Dr. Salazar said, after which the patient could return to a degree of normal activity. The total period of recuperation would be eight to 10 weeks.

Dr. Salazar said he based his recommendations on three years of experience with 111 patients.

Dr. David Nathan of Miami, Fla., told the congress of an instrument that is keeping hearts beating in patients aged 12 to 86.

The instrument is an improved version of the "artifical pacemaker" and was introduced two years ago.

He said that, unlike earlier models, the latest model is "more natural," in its operation, and blending battery-provided power more closely with the actual rhythm of the heart's activity.

The pace-maker automatically adjusts to the body's needs in action or at rest, so that patients can often return to "normal, vigorous activity."

The congress heard a report on blood "thickness" from Dr. George Mayer of Queen's University in Kingston, Ont.

He said thickness or "vircuosity" is greater in healthy young men than in their woman contemporaries. This may account for the fact that men under 40 suffer more heart attacks than do women in the same age bracket.

Highly viscuous blood clots easily and such clotting is considered a factor that could promote heart attacks.

Dr. Mayer said that checks for viscuosity might help doctors forestall such attacks in vulnerable people through preventive treatment.

He based his findings on observations made of 1,500 individuals, both sick and well, over a five-year period.

The doctor said he is also concentrating on the effect of "turbulence" on blood vessels in an attempt to find why the walls of such vessels sometimes break down.

Dr. Abraham Rudolph of New York told the congress that more attention should be paid to adjustments in the system of blood circulation in newly-born babies.

He said that after birth the circulation system has to maintain itself independently whereas before it could draw on the assistance of the mother's organs.

Faulty circulation, such as the failure of the two halves of the heart to be shut off from one another, could cause conditions like that of "blue babies," he said.

Doctors Caution Against Medicare

21 June /64

VANCOUVER (CP) — The leaders of Canada's medical profession yesterday warned the government against arbitrary imposition of a medical insurance plan on doctors.

They cautioned against situations that could lead to a "withdrawal of services" such as happened in Saskatchewan three years ago or to an exodus of doctors from the country. They said any medicare plan must be preceded by doctor-government talks.

The warnings were the strongest reaction of members of the executive of the Canadian Medical Association at a press conference called to discuss the report of the royal commission into health services.

Obviously surprised that the report contained a medicare recommendation, the executive was reluctant to comment on the basis of press reports. They said the report will be studied during the weekend and further comment could be expected next week during the association's annual meeting here.

But pressed by reporters, they repeated the CMA's stand that medicare is fourth in an order of priorities. Needed first were improvements in personnel, education and research; institutional facilities and special services. And they said government should not pay the full cost of medicare.

Fats Needed in Diet, Says Doctor

20 June /64

MONTREAL (CP) — Dr. Pierre Mandel, a French biochemist, said yesterday fats have a place in the diet despite their possible involvement as a factor in hardening of the arteries.

He told a lecture audience at the final session of the Inter-American Congress of Cardiology that the elimination of fats from the diet means eliminating a big source of vitamins A and D, which help ward off the disease.

Dr. arteriosclerosis, can cause damage to the artery walls, which in turn can lead to heart attacks.

Dr. Mandel, a professor at the Strasbourg Medical School, said age rather than the fat content of the blood may be "the primary factor" in arteriosclerosis.

He said age should be defined "not in chronological terms for our purpose but in terms of physiological factors."

Such factors include the amount of activity engaged in by the individual, the infections he may have suffered during his life and "the volume of toxic agents he may have taken into his body."

Dr. Mandel said men and women should concentrate not so much on the "fat menace" as on controlling the factors that promote "physiological aging".

He included among these excessive smoking and drinking, over-eating, lack of exercise, emotional stress and anxiety, infections and extreme fatigue.

Hardening of the arteries, or

Birth Control Vaccine Predicted

20 June /64

VANCOUVER (CP) — It's on the way: A birth control vaccine that will last six months or a year.

It will be cheap, effective and easy to take.

The forecast was made by Dr. S. J. Behrman, professor of obstetrics and gynaecology and post-graduate medicine at the University of Michigan.

Here to attend the Canadian Society for the Study of Fertility conference, he said in an interview that the development is the outcome of studies into why some married couples are apparently incapable of having children.

Health Plan Proposals

20 June 64

OTTAWA (CP) — Major recommendations yesterday of the royal commission on health services:

Comprehensive health-services program financed by taxes, premiums and—if provinces wish—lotteries.

Everyone gets benefits. No means test. No extra charges.

System based on free choice by patients of doctors and dentists, who are free to accept or reject patients and choose place and nature of practice.

Provinces launch and administer program. Ottawa pays half.

Federal - provincial conference within six months to begin program without delay.

Scheme includes all medical services—diagnosis and treatment of all physical and psychiatric conditions in home, hospital, office.

Includes prescribed drugs, but patients pay first $1 on each prescription; federal sales tax removed from drugs.

Free dental service for children under 18, expectant mothers, welfare cases.

Eye care and eye glasses for children under 18.

Fluoridation of all community water systems in Canada to prevent tooth decay.

Air ambulances, medicine depots, nursing stations in remote areas.

Hospital insurance coverage for mental and tuberculosis patients under existing act.

Experiment: Give drug addicts narcotics under supervision.

Organized care of crippled and retarded children.

Six new university medical schools and expansion of existing ones.

Nurses' training cut to two years from three; 10 new university nursing schools; grants and bursaries to send graduate nurses to university.

Four new university dental schools, including one at the University of Western Ontario and expansion of existing ones.

Ottawa pays half the construction cost of new medical and dental schools.

Upgraded qualifications for optometrists.

Federal grants available for assisting provision of educational medical facilities and towards training doctors and nurses, including a seven-year crash program to train specialists and certain dentists.

Provinces take over administration of health services for Indians and Eskimos.

Commission Proposal Received With Praise

By The Canadian Press

Provincial politicians yesterday welcomed recommendations of the royal commission on health.

A government - sponsored medical care program for all Canadians to be financed on a 50-50 basis with the provinces was recommended in the report. It would cost $466,000,000 a year.

Health Minister Eric Martin of British Columbia told a press conference a suggestion that mental health and tuberculosis treatment be brought under the hospital insurance plans was "fabulous . . . terrific, equal to medicare itself."

He also announced that federal Health Minister LaMarsh had invited him to a federal - provincial conference in Ottawa July 20 and 21 to discuss the report's recommendations.

B.C. Attorney-General Robert Bonner also praised the recommendation on mental health and tuberculosis costs.

He said long-range objectives mentioned by the commission are consistent with his province's recommendations in the past.

A. E. Blakeney, minister of health in the former CCF Saskatchewan government, said in Regina the report appeared to be almost a blanket endorsation of the policies and actions of the CCF.

Federal reaction was also favorable, but in some cases, guarded.

Prime Minister Pearson said in Ottawa: "We will have t consider the recommendations first to see whether it is government policy to implement them . . . those which are to be implemented should be put into effect as soon as possible."

Oppositon Leader Diefenbaker said the commission, in recommending the universal health service program, has "proposed a solution for one of the most troublesome burdens upon all Canadians — the high cost of health care."

Social Credit Leader Robert Thompson said Canada will have made "a great step forward" if it can achieve the standards of care outlined by the commission.

"It goes a good deal further than I had dared to hope," said Stanley Knowles (NDP—Winnipeg North Centre), a strong advocate of a national health plan. "Even though it has rejected state medicine by name, it has recommended that everybody be covered."

Former Conservative health minister J. Waldo Monteith termed it "a job very well done."

"A very comphehensive study was asked for and this is what has been received."

Stanley Haidasz (L—Toronto Parkdale), a medical doctor, said his first reaction to the report was one of "relief and joy — we've waited for almost a year."

Because health is largely a provincial responsibility "whatever is done should be discussed with the provincial health departments," said Dr. Haidasz. He is parliamentary secretary to External Affairs Minister Martin and was formerly parliamentary secretary to the health minister.

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the other hand, that much more money would be available.

But can the country afford this scheme ?

This was a crucial point. While the Conservative-appointed commission was pondering it, Prime Minister Pearson was stumping Canada in an election campaign, pledging a Liberal government to "medicare" — but only when a rising economy could pay for it.

The economy can indeed afford this new system, the commission concluded. "The program is well within Canadian means . . . "

The commission said it took pains to avoid the British experience. Costs of Britain's National Health Scheme shot up quickly, but this was blamed on unrealistic estimates to begin with.

This is the Canadian economy as the commission sees it between 1961 and 1991:

- Population will nearly double to 35,100,000.
- Gross national product — value of all goods and services produced — will rise by between 228 and 284 per cent to between $113,000,000,000 and $133,000,000,000.
- Unemployment will drop from 7.2 per cent of the labor force in 1961 to between four and five per cent in 1991.
- Average weekly hours worked will decline by 18 per cent — to 33.91 hours from 41.5.

The commission then measured the projected cost of its proposed health services as a percentage of gross national expenditure — GNE, for short.

(GNE is a statistician's device. It adds up unduplicated amounts spent by Canadians on goods and services — for example, the amount for wheat but not for both wheat and bread. It adds their investments. It adds what foreigners spend on our exports. It deducts our imports.)

Using this yardstick, the commission said Canadians now are spending 5.4 per cent of GNE on health services and — if these services don't change — the amount will be 5.5 per cent in 1971.

For about 6.1 per cent of GNE by 1971, Canadians could have the proposed health services system.

These estimates are in terms of real dollars, after inflation.

Using "constant 1957 dollars" —which remove the inflationary element — the cost would be six per cent by 1971 and 6.4 per cent by 1991.

"We are convinced that Canada's expanding economy can afford to devote six per cent of gross national expenditure to health services in 1971 and between 6.4 to seven per cent in 1991, without in any way affecting detrimentally the requirements of the Canadian people for other goods and services to build a stronger economy and to achieve a higher standard of living."

At the outset, costs of the scheme would be borne about 50 - 50 by the federal and provincial governments.

But after the scheme was well established, the commission said, the federal government could turn over full responsibility to the provinces.

Instead of contributing federal money to the provinces, Ottawa would take a further step out of the tax fields it now occupies. The provinces would take up that room to raise their own money.

College-Trained Nurses Urged

OTTAWA (CP) — Sweeping changes in nursing education aimed at making one-fourth of Canada's future nursing force university graduates were recommended yesterday by the royal commission on health services.

It says 10 additional university schools of nursing should be established to create a pool of university-trained nurses to become instructors, supervisors, administrators and other leaders in the profession. Canada now has 14 university schools of nursing.

The new schools would be located at these universities: Victoria, Alberta (Calgary), Saskatchewan (Regina), Laurentian (Sudbury), York (Toronto), Carleton (Ottawa), Laval (Quebec), Sherbrooke, Moncton and Memorial (St. John's).

The commission, in its report to the government, says that as many as 42,000 nurses will have to be recruited in Canada between now and 1971. Of these, 20 to 25 per cent should be university graduates.

As part of a seven-year crash program to increase the number of graduate nurses, the commission urges that grants of $3,500 be made available to graduate nurses who wish to prepare for university and hospital teaching and bursaries of $2,000 to registered nurses wishing to obtain university qualifications.

To direct the drastic changes in nursing education it recommends, the commission proposes establishment in each province of a nursing education planning committee.

The committees would be made up of representatives of the provincial nurses associations, hospital associations, universities without claiming service from the students.

To encourage more women to enter the profession, it says "salaries commensurate with the training and responsibilities of nurses" and comparable with those in similar fields should be paid by federal and provincial agencies and by hospitals.

Other recommendations:

All university nursing schools should develop an integrated degree program. At least one school in each of Canada's four main regions should develop a master's degree course, one of which should be a French-language school;

More efforts should be made to attract men to the nursing profession, particularly as operating room technicians;

Present training grant bursaries should be expanded to enable more registered nurses to become public health nurses.

In order to make hospital schools of nursing "wholly educational in their function," the commission says budgets of schools now operated by hospitals should be separated from the regular nursing service budgets.

It also strongly recommends that hospitals make educational and clinical facilities available for the instruction of nurses

Health Plan

Canadians Said Able to Afford

22 June/64

OTTAWA (CP) — Higher taxes.

That's the price Canadians would have to pay for the big system of prepaid, comprehensive health services recommended by the Hall royal commission.

Would they pay the taxes willingly ?

The commission thinks so. It said that, in a year of public hearings, it asked every organization whether people would accept higher taxation for better health services.

"The answer has been yes, and there has been no dissenting voice," the commission reported.

How much higher ? The commission didn't attempt an answer. But it painted this picture of costs:

By 1971 the annual cost of Canada's present system of health services "with all its limitations and inadequacies" will be $4,015,000,000, or $178 for every man, woman and child.

The commission said the system it recommends would cost an additional $466,000,000, or $20 per person.

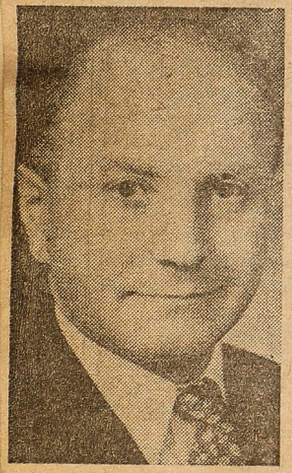
"We are fully aware that this is a substantial sum.

"But we are equally aware that the benefits which will flow from such a comprehensive universal health service will be more than worth the price in terms of good health and human happiness."

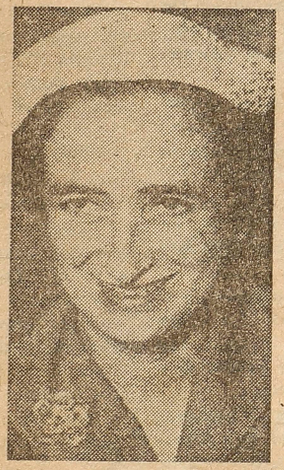
The $466,000,000 doesn't mean that taxes would go up by that amount. They would have to increase even more.

Explaining, the commission said its proposed system would mean a shift in outlays for health services from existing private plans to the public scheme.

So, besides the added cost of running the new system, private premiums now being paid also would be replaced by taxes. On



O. J. FIRESTONE
- - - economics professor



ALICE M. GIRARD
- - - director of nursing



SEN. McCUTCHEON
- - - resigned in 1962



DR. ARTHUR VAN WART
- - - Fredericton surgeon



DR. D. M. BALTZAN
- - - from Saskatoon



DR. C. L. STRACHAN
- - - London dentist

These Are the Six Members of The Royal Commission on Health Services



A two-week seminar in nursing is being held at the University of Western Ontario. Among those attending are, from left: Dr. A. E. Griffin, London, program director; Miss H. B. Lewis, St. Thomas; Miss L. M. Youngblutt, Goderich; Mrs. Evelyn Cunningham, Brantford; Mrs. H. W. Stearns, Sarnia.

23 June/64

'Fatal Availability,' Non-Professional Duties Seen Behind Shortage of Nurses in Canada

Canada's nursing shortage may be caused more by the non-nursing duties of nurses rather than an actual shortage of nurses, a University of Western Ontario nursing professor said yesterday.

Miss D. M. Hibbert made the comment in a theme address opening the second annual two-week seminar for senior nursing executives being held at the School of Nursing.

Of shortages, she said, "nurses are doing so many things somebody else might do, that you really can't say there is a shortage of nurses."

"Maybe it doesn't take a nurse to be a director of nursing, but rather someone trained in administration," she said.

In her talk, Miss Hibbert raised several points which will be the subject of discussion during the next two weeks.

The education of the nurse also enters into other problem areas facing the profession, she said.

Perhaps the nurse's image is being spoiled by the fact that nurses are expected to be expert in many areas not even taken in their training, she suggested.

"We know what we would like to do in nursing but because we help so many other people (doctors, social workers, etc.), we don't have time to take care of all these consolidating and managerial duties and still have time to give good nursing service."

The nurse has a "fatal availability" that puts her in the position of having to co-ordinate the work of doctors, social workers, dieticians, and pharmacists, she said.

This is not a clearly defined duty of the nurse, yet it is one that exists in fact and is an "accepted role," Miss Hibbert said.

Some nurses playing this role may feel inferior because most nurses do not have degrees yet doctors, social workers, dieticians and pharmacists do.

"Perhaps we need recognition of the fact the nurse is doing this work," Miss Hibbert said. "If she is doing it, then it should not be a haphazard thing. We should plan for it."

Thirty-two nursing executives, largely from Ontario, are attending the two-week session, aimed at studying the challenge facing the profession in our changing society.

Some of the major speakers at the seminar include: Miss Justine Delmotte, secretary, international program, Canadian Nurses' Association; Dr. Frank Jones, professor of sociology, McMaster University; Dr. Edith McDowell, special adviser, Canadian Conference of Catholic Schools of Nursing; Dr. Beatriz Tuchweber, research assistant, Institute of Experimental Medicine and Surgery, University of Montreal.

Lake Pollution Studied

4 June 64

WASHINGTON (CP)—The U.S. public health service yesterday announced that, with Canadian help, a network of 17 water-measuring stations has been established in Lake Erie as part of a $12,000,000 project to reduce pollution on the Great Lakes.

Station instruments, to operate for one year, will measure the speed of the current, the possible extent of pollution above and below the water's surface and collect other information to help scientists grapple with deterioration in the quality of water supply.

The stations were established in May with the help of a Canadian Coast Guard vessel and assistance from scientists of the Great Lakes Institute at the University of Toronto, the health service said.

William Kehr, head of the project, said in an interview from Chicago that the 17 stations, which include intruments attached to lines dropped to the lake bottom, will be moved next year to Lake Huron for similar studies.

The stations are reported to be scattered in an area about 10 miles offshore with each station about 20 miles from the other. Because of the shallowness of the west end, no stations are located in that area.

A new line of stations will be established in Lake Ontario this summer, Kehr added.

Virtually all cities bordering on the Great Lakes have pollution problems which may become aggravated as populations and industries increase. Scientists are trying to come up with recommendations to ease this danger to humans and fish. Their study, which includes a survey of the future impact of industry as well as physical testing of air and water, likely will be completed by 1966.

Of the $12,000,000, about $2,500,000 will be spent on Lake Erie, including the $250,000 for the existing stations; $3,500,000 on Lake Michigan; about $2,000,000 on Lake Superior, and about $1,000,000 each on Lake Ontario, Lake Huron and the Illinois River.

Kehr said Canada is not contributing funds directly to the project, but Canadian officials are co-operating wholeheartedly by providing equipment and scientific help where needed.

"Canada therefore is making a great contribution," he said. "If we were limited only to U.S. waters, the study would be less effective."

DVA Hospital Emphasis Shift Draws Concern by Pension Group

20 June 64

Hospitals operated by the Department of Veterans Affairs should strive to provide more active treatment and not allow their services to deteriorate, executive members of the War Pensioners of Canada Incorporated said in London Saturday.

Twelve executive members, representing war pensioners across Canada, met to discuss the Glassco commission recommendation that DVA hospitals be turned over to provincial and municipal governments or other control after 1980 for use as community hospitals.

"Instead of letting the services deteriorate, some way must be found to provide a balanced case load for the medical and surgical specialties, including younger patients," said M. W. Campbell, of London, first vice-president of the organization.

He noted the average age of Second World War pensioners is more than 49.

He said the executive agreed that only by providing a balanced case load could the hospitals keep top specialists, internes and other treatment staff.

The executive agreed that, wherever possible, DVA hospitals should be affiliated with universities, preferably university medical schools. Veterans entitled under present treatment regulations must have guaranteed admission priority if they require active treatment, said Mr. Campbell.

It was also suggested the DVA should pioneer the building and operating of smaller chronic care units across Canada that could be attended by veterans in or near their home communities.

Mr. Campbell said the executive's findings and suggestions will be forwarded to the minister of veterans affairs through the parliamentary committee on veterans affairs.

Medical Costs Up But Benefit Cited

23 June 64

SAN FRANCISCO (AP) — A 136-per-cent increase in the cost of medical care in the U.S. over the last 25 years was disclosed yesterday by a commission of the American Medical Association.

A 3½-year survey, released at the AMA's annual convention, showed the cost-per-day charge for hospitalization in the same period rose to $30.94 from $7.41 — a rise of 318 per cent.

Dr. David B. Allman, of Atlantic City, N.J., chairman of the commission, said the four-volume 513-page report reflects "a virtual explosion of medical advances in the past 25 years."

As a result of improved medical care and better standards of living, he said, "the death rate has declined, life expectancy for the population as a whole has approached the biblical three-score-years-and-10, hospital stay has been shortened and certain diseases virtually eliminated."

He added that, "since the quality of medical care has improved greatly and the present consumer price index procedures are ineffective in adjusting price indexes for these quality changes, the CPI (index) overstates the true rise in medical care prices."

As an example, he said, physician fees increased 112 per cent between 1935 and 1960 — 11 per cent less than the average price increase.

Doctors' Association Pans Health Report

23 June 64

VANCOUVER — The leaders of Canadian medicine do not like the medical insurance proposals of the Hall royal commission on health and do not think they will be implemented as written.

But if the commission-recommended scheme was accepted in its entirety there would not be a repeat of the situation in Saskatchewan two years ago when doctors withdrew their services.

The executive of the Canadian Medical Association, with more than 16,000 members, gave its position in a statement, a press conference and interviews yesterday.

They said the "method of providing medical services recommended by the commission will in the long run impair the quality of medical care."

Dr. W. W. Wigle, of Toronto, outgoing president and member of the committee, said the association opposes the scheme recommended by the commission because: It would be compulsory on all Canadians, would be monopolistic in that it would be under central government control in each province, there would be no deterrent to irresponsible patient demands because the government would pay all expenses and there would be no guarantee that doctors could practise outside the plan.

The Hall recommendations call for the Canadian government to pay 50 per cent of the cost of a compulsory all-embracing medical insurance scheme introduced by the individual provinces.

The statement said that the CMA feels that its primary concern is the quality of health care.

"The public interest is paramount and demands measures which will result in the highest quality of medical care.

"The CMA believes that the commission has an identical concern but we have found, on the basis of experience, that the method of providing medical services recommended by the commission will in the long run impair the quality of medical care.



DR. W. W. WIGLE

of a single compulsory plan in each province, administered by a commission but in effect controlled by the government of the day."

Dr. Wigle said in his interview that he had confidence that if the Hall scheme is implemented the "provinces will be careful in their methods of implementation."

"I don't think there would be a repeat of what has happened before in one province."

He was apparently referring to withdrawal of services by Saskatchewan doctors in protest of features of that province's health insurance plan which they felt were imposed on them.

Dr. Wigle was asked what would happen if governments announced tomorrow they would enact legislation to implement the Hall recommendations.

"We would head back to our homes and begin liaison with our provincial governments," he said. "And we have enough confidence in our provincial governments and in our liaison with them that we don't think that is going to happen."

In Ottawa a statement by the Association of Canadian Medical Colleges, representing the deans and faculties of all Canadian medical schools, gave unqualified approval of almost every educational recommendation made by the royal commission. It said it was "convinced that the educational aspects of the commission report will provide a charter for good health education in Canada for many years to come".

Advantage of Locating World Health Centre In Scotland Debated

23 June 64

LONDON (CP) — Top level argument appears to be going on behind the scenes of Whitehall over the question of where goes W.H.O.

Science correspondents say that the World Health Organization is considering establishing a £100,000,000 international research centre in Scotland, probably in Edinburgh.

Despite the prestige and research benefits that such a centre would bring, certain government officials are reported to be opposing the suggestion on the grounds that research is best advanced by individuals pursuing their own ideas rather than by organized teams of scientists.

The opponents also argue that research centres of this sort [illegible] effective if established in underdeveloped countries where they would be closer to the diseases under study.

Plans for the centre were first tablished made public at the W.H.O. congress last March. The British delegation was opposed in principle at the time but government policy was then being reviewed.

Leading the fight to bring the centre to Britain is Prof. Richie Calder, who holds the international relations chair at Edinburgh University.

"I am certain the issue is not decided yet," he says. "I would say Scotland has a 50-50 chance of housing this centre.

"This is a clash between big science and little science.

"The group who object take the view that it is better to back men with ideas rather than support large research projects.

"But this is an age of big science. The days of string and sealing wax are finished."

The Daily Mail, in an editorial criticizing the government for making discouraging noises notes that Britain is the third largest contributor to the United Nations but has never got anything back. All the big free-spending UN agencies are set up in the United States, Switzerland, Italy, Austria and France.

It says dislike of international research teams "seems a poor reason for passing up a W.H.O. centre that would attract foreign scientists, foreign conferences and foreign currency to Britain."

The W.H.O. executive meets in January to decide whether to go ahead.

The people of Canada should be aware that similar plans which are operative in other countres have led to excessive demands for services which have overtaxed the ability of health workers to provide. The consequences have been to substitute quantity for quality and has sacrificed, in many instances, the interests of the sick patient.

"We believe sincerely in the availability of health care services for all Canadians, but we are opposed to the creation

Medical Insurance Top Topic at National Doctors' Meeting

23 June/64

VANCOUVER (CP)—With medical insurance very much on its mind Canada's association of doctors today starts its week-long scientific and policy convention.

About 1,500 doctors were expected at meetings of the Canadian Medical Association and those of 10 affiliated associations during the week.

convention—and of the meetings of the 180-member CMA general council today and tomorrow — will deal with everything from smoking to psychiatry, the main item on everyone's mind will likely be medical insurance.

To the surprise of the CMA executive, the Hall

health was released Friday with a strong recommendation for a comprehensive medical insurance plan for all of Canada.

The CMA officers were obviously surprised by the release just before their convention and by the medical insurance recommendation.

comments Friday, they went into a weekend study of the report. The executive committee was to report to the association's general council — called the "Parliament of Medicine" — today.

The committee was to ask the 180-member council's permission to make a report to the press at a conference scheduled for 10:30 a.m. Then

the council was expected to spend most of today and tomorrow considering the report with another statement being released after that.

Doctors themselves will hear their officers on the report during general sessions later in the week, but one official said it could be months before the CMA could

Friday, executive members said that the commission recommendations — on the basis of press reports — did not appear to conflict with a 14-point statement of association policy issued at its annual convention in 1960.

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This statement says: "While there are certain aspects of medical services in which tax-supported programs are necessary, a tax supported comprehensive program, compulsory for all, is neither necessary nor desirable."

properly digest the report and decide policy on it.

Fluoridation of Water Across Canada Urged

23 June/64

OTTAWA (CP) — Fluoridation of all community water systems in Canada to prevent tooth decay was recommended yesterday by the royal commission on health services.

The commission's proposal in this highly controversial health area also recommended federal-provincial co-operation in the installation of fluoridation systems.

It said Ottawa should provide, under the commission's proposed health facilities development fund, grants to the provinces of 75 per cent of the cost of equipment and installation for fluoridating community water supplies.

"The evidence, now garnered over 30 years, is that the technique of fluoridation properly controlled is effective, inexpensive and safe," the commission said.

"Wherever it has been adopted the savings in dental costs have been impressive; and the reduction of human suffering equally great."

provide for fluoridation of water supplies in areas or institutions under its jurisdiction, including the northwest territories and armed services establishments.

In rural areas where community water systems are non-existent, public health authorities should adopt other methods of fluoridation.

The commission said dental personnel are in such short supply that there will not be sufficient dental resources in the present generation to meet total needs.

"The only possible effective solution is to reduce our needs, as well as to enhance our resources. Fortunately, the now-proven method of fluoridation by the use of a controlled quantity of fluoride in community water resources goes beyond a remedy; it does more by preventing a high proportion of dental caries (cavities) ever appearing at all."

The federal government should



MR. JUSTICE EMMETT HALL
- chairman of health services study

Commission Calls for Medicare Plan

20 Jan 64

THE last few months have seen several far-reaching reports by royal commissions which were set up by the preceding administration in Canada. None of them has been more comprehensive and free-swinging than the huge report on health services.

This will give Parliament something substantial to work on. It will require much study and negotiation with the provinces to work out details, and the financial problems will be formidable. The report urges a federal-provincial conference within six months, and calls strongly for government leadership.

The commission, headed by Supreme Court Justice Emmett Hall, came out firmly and sharply for prepaid, comprehensive health services for Canada. At the same time it rejected the idea of "state medicine." It stressed that freedom of choice should be preserved both for patients to select doctors and dentists and for practitioners to accept or reject patients, except on emergency or humanitarian grounds.

Organizational Failure

One of the sharpest paragraphs in the 914-page report commented: "There is probably no other area of basic human need where our organizational and financial arrangements have fallen so far short in making available to all our people what science has discovered and professions know how to do."

It also declares; "We need a set of principles and we need to apply them with vigor and imagination and without hesitancy."

"The achievement of the highest possible health standards for all our people must become a primary objective of national policy and a cohesive factor contributing to national unity, involving individual and community responsibilities and actions. This objective can best be achieved through a comprehensive, universal health services program for the Canadian people."

The report states that it is a matter of grave national concern that less than half our people have some degree of reasonably adequate health insurance coverage for medical services and that few organized insurance programs cover such areas as mental illness, dental and optical care, drug requirements and treatment of retarded and crippled children.

Controversial Subjects

It launches boldly into a whole group of highly controversial subjects, calling for fluoridation of community water services throughout the country, for more research into alcoholism and drug addiction, for action to reduce drug costs, and see that the most efficacious drugs are used.

Measures will be needed to supply more doctors, dentists and nurses. This includes establishment of new medical schools and dental colleges and action to attract more nurses into the profession.

The question immediately arises of how much this will cost, and whether the country can afford it. The answer is that it will mean higher taxes — probably an additional $20 per person in addition to the $178 estimated to be spent under the present set-up by 1971. This will mean an additional $466,000,000 in taxes.

According to the commission this can be met, particularly if our economy continues to expand.

The report will not end controversy. It will stimulate a new spate. But it does set down certain precise objectives and tries to draw the many aspects of the problem together. It affords a basis for future action. But working out the details and developing such a scheme is a major challenge which will give our legislators something more concrete to deal with than squabbling over what flag we should fly.

Consumer Association Brief Asks Registration of all Drugs Sold

17 June 69

OTTAWA (CP) — Compulsory registration of all drugs, both domestic and imported, sold on the Canadian market was urged yesterday by the national president of the 25,000-member Consumers' Association of Canada.

Mrs. A. F. W. Plumptre, of Ottawa, who presented a brief on behalf of the 25,000-member association to the Commons food and drug committee, said it is still possible for drugs to be sold without meeting any of the requirements of the Food and Drugs Act.

She asked the committee to recommend that legislation be introduced to require registration of all drugs.

She also said stricter control over the retail sale of drugs is needed. It was encouraging that the number of druggists convicted for sale of drugs without prescriptions had decreased in the last three years, but "there are druggists who disregard their legal and moral responsibilities."

"I understand that, after a conviction, a druggist is brought before a disciplinary committee of his provincial college of pharmacists, but no step is taken unless a druggist is convicted on a charge brought by the Crown."

"We know of no public announcement of the suspension of licence or other reprimand by this committee. In the meantime, this practice continues and has recently resulted in the death of a Toronto university student."

Mrs. Plumptre said consumers involved in purchasing drugs illegally could not be excused from part of the blame. "But the policy of pharmacists in controlling this practice deserves investigation by this committee."

She repeated a complaint, heard frequently by the Commons committee, that the present staff of the Federal Food and Drug Directorate is inadequate to ensure full enforcement of all food and drug regulations.

Mrs. Plumptre also criticized advertising of drugs, "especially on TV."

She said TV advertisements and other advertising should be more strictly controlled so adults and children would not be given the impression it was safe to take "any drug for any ailment without regard to the directions of the manufacturers or the advice of a doctor."

Nurses Told How Plan Will Affect Occupation

24 June 69

ST. JOHN'S, Nfld. (CP) — Within minutes after the official report on the Royal Commission on health was tabled in Ottawa, the 1,552 nurses at the Canadian Nurses Association convention here heard how it will affect them.

Mr. Justice E. M. Hall, the commission chairman told them not all of the commission's recommendation coincide exactly with their own proposals. His report on the final day of the five-day biennial convention was its highlight.

He said that by 1971, Canada will need 42,000 more nurses. By 1991, 160,000 would be needed, more than double the present CNA membership.

The commission found that not only is there a serious shortage of nursing instructors but that 75 per cent of the instructors now in hospital schools and 50 per cent in university nursing schools lack the minimum qualifications they should have.

The commission has recommended, as has a CNA report, that two levels of nurse training are required. At least 20 to 25 per cent should be graduates of university schools to be instructors, supervisors, administrators.

The remainder, Justice Hall said, should be graduates of a new type of diploma program who would function as clinical nurses.

He told the nurses that, in the commission's view, hospital courses should be revamped to give students diplomas in two years, but that the hospital schools cannot be done away with.

The new system, he said, must be introduced in stages so as not to disrupt hospitals unduly. Nursing education committees must be planned to act with other authorities advisory to the minister of health.

New Drugs Offer Hope To Arthritis Patients

25 June 69

MINNEAPOLIS — Three new chemical compounds that might be useful in the battle against arthritis, rheumatism and other inflammatory diseases were described here Tuesday by a Parke, Davis and Company scientist.

Two of the compounds have been under clinical testing for several years and show promise, said Dr. Robert A. Scherrer, research chemist for Parke, Davis at the firm's Ann Arbor, Mich, research laboratories.

One, mefenamic acid, has greater pain-relieving properties than aspirin and it is five times more effective in relieving inflammation. It also is free of drug-addicting properties.

The other clinically tested compound is flufenamic acid, an even more potent anti-inflammatory.

The third compound, being proposed for clinical testing, is CI-583, which Dr. Scherrer said is 150 times more potent than aspirin as an anti-inflammatory agent in laboratory tests.

Dr. Scherrer described the compounds — and Parke, Davis' work on new drugs for treatment of arthritis, rheumatism and other similar conditions — at the ninth National Medicinal Chemistry Symposium in Minneapolis.

He noted that more than 7,000 compounds have been tested, and said flufenamic acid was the 1,837th; mefenamic acid was the 3,355th, and CI-583 was the 4,668th tried in the laboratories.

Qualifications of Teachers In Nurse Schools Rated Low

24 June 64

The qualifications of teachers in schools of nursing are nowhere near what they should be, Dean R. C. Aikin, of the University of Western Ontario School of Nursing, said yesterday.

Miss Aikin made the comment in a talk to 32 senior nursing executives attending a two-week seminar at the school of nursing.

With Dr. O. H. Warwick, Dean Aikin was reviewing the changes which have taken place in the profession of nursing, setting the tone for the seminar — how to meet the challenge of change.

Miss Aikin said only a small number of teachers at the level of a master's degree are teaching in diploma schools of nursing (hospital schools) and even fewer in schools for registered nursing assistants.

There are somewhat larger numbers of teachers with baccalaureate degrees, but the largest number of teachers have only their diplomas and no teacher training at all.

"We certainly have not got the teachers needed for university programs," she said. "Yet it is the university - trained group that must be enlarged."

While the number of teachers and the preparation of teachers is a concern, the profession should also be prepared to look into such teaching methods as teaching machines and programmed learning in order to bring about better utilization of the teachers it already has, she said.

Dr. Warwick, in his talk, said the field of health services has entered a new phase — that of socio-economic change — as evidenced by the recent report of the royal commission on health.

The provision of new doctors and nurses to meet expanded health services is most important, he said.

Talks Set On Medicare Complaint

25 June 64

REGINA (CP) — Saskatchewan health minister D. G. Steuart indicated yesterday he plans to hold secret talks with community clinic doctors and other doctors in the province in an attempt to end a still-smoldering dispute over hospital privileges.

A royal commission was set up under the former CCF government to investigate charges by community clinic doctors that they were being unfairly denied hospital privileges—the right to admit their patients to hospital and treat them.

The commission found some ground for their complaints, saying it appeared other doctors were preventing community clinic doctors from obtaining privileges because of differences over the provincial medical care scheme.

Community clinic doctors generally support the medical care plan while other doctors have opposed it.

The commission recommended a permanent privileges appeal board and the CCF government set up the board and made appointments to it after the April 22 election.

When the new Liberal government took office, it revoked the appointments, apparently hoping it could bring about a voluntary solution of the problem.

A number of community clinic doctors remain without hospital privileges. Community clinics are co-operative operations

Pope Promises Promptness On Birth Control Study

24 June 64

VATICAN CITY (AP) — ope Paul VI yesterday an-unced a new Roman Cath-c study of birth control de-lopments, presumably con-aceptive pills. But he barred mediate changes in church les.

He also admonished Rom-n Catholic prelates to op discussing the new pills blicly, and he promised at church studies on the bject would be published soon as possible.

The 66-year-old Pontiff said birth control question was nder study' as broadly and foundly as possible" in the ht of "both theoretic and actical developments."

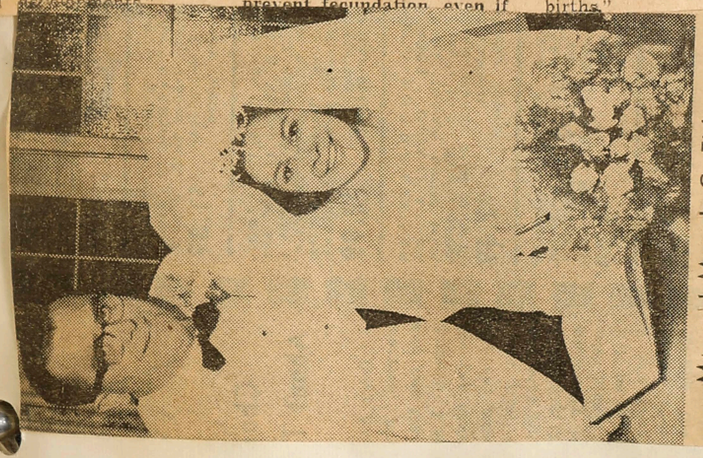
He said the study was being made with the collaboration of many illustrious experts.

"But let us say frankly that we have yet sufficient reasons to consider overcome, and therefore not obligatory, the rules given by Pope Pius XII in this connection," Pope Paul said. "They must be considered valid at least for so long as we do not feel in conscience obliged to modify them."

Pope Pius XII in 1951 reaffirmed Roman Catholic opposition to contraceptives; in 1958 he spoke of pills, saying a woman might use them to check ailments if not done with the intent to prevent fecundation even if that may be a temporary result.

"But," Pope Pius said, "one provokes a direct and therefore illicit sterilization when one stops ovulation for the purpose of preserving the uterus and the organism from the consequences of a pregnancy which it is not able to support."

He never mentioned the word "pills" in his speech, but his reference and emphasis at this time was clear. He said many problems faced the church in the future but that he would speak "only of one of these . . . the problem, everyone speaks of it, is that of the so-called control of births."



Mr. and Mrs. J. G. Fisher
(Photo by Spillane)

Fisher - Bringloe

STRATFORD—St. John's United Church was the setting for the wedding of Jessie Belle Cecile Bringloe and John Gordon Fisher. The bride is the daughter of Mr. and Mrs. E. C. Bringloe, Stratford, and the groom is the son of Dr. and Mrs. J. K. Fisher, Tavistock. Rev. W. H. Stewart officiated.

The bride chose a taffeta gown with lilypoint sleeves and portrait neckline and a bell skirt extending to a detachable train. The gown and train were trimmed with chantilly lace. A headpiece of pearls and stephanotis held her shoulder-length veil of French illusion and she carried a bouquet of white roses.

Pink shantung dresses were worn by Miss Sharon Mitchel Stratford, as maid of honor and Mrs. J. A. Fisher, Kitchener, and Mrs. J. W. Sommers, Stratford, as bridesmaids.

James Sommers was best man and ushers were James Fisher and Peter Francis, Tavistock.

For travelling the bride wore a white faille suit with black accessories. The couple will live in London.

Dymond Vows Support Of National Medical Plan

24 June 64

TORONTO (CP) — Ontario Health Minister Dymond says he is prepared to help make a national medical care plan succeed despite the fact he is personally opposed to compulsory government-operated medicare.

Dr. Dymond said in interview yesterday his first reaction to the report of the royal commission on health was "breath-taking" and something that requires "much and careful study."

The seven-member commission headed by Mr. Justice Emmett Hall of the Supreme Court of Canada, in a report issued last Friday, urged a comprehensive, government-sponsored, prepaid health insurance plan that would be available to all Canadians, regardless of age, condition, place of residence or ability to pay.

Dr. Dymond said that although Ontario's proposed medical health plan is philosophically different from the one proposed by the royal commission, "our thinking is not completely incompatible."

Dr. Dymond said the proposed scheme for Ontario was based on studies which indicated that private enterprise could do the job of providing medical care cheaper and more efficiently than the state.

Ontario's plan was rejected by the royal commission. It contended that the Ontario plan could neither provide medical care as cheaply nor as universally as the state.

In Vancouver yesterday Canada's "parliament of medicine"—the general council of the Canadian Medical Association — approved a recommendation that patients pay a part of their hospital bills, over and above what is paid under national hospital insurance.

Only Monday the council made it clear it wants the patient to pay part of his doctor bill, no matter what insurance he carries.

The reasons are the same — there is over-use of doctors and hospitals and service is suffering. Monday it was stated that doctor-sponsored medical insurance programs were "getting into difficulties." The same thing was said about hospitals yesterday.

Doctors Approve Birth Control Aids

25 June 64

VANCOUVER (CP) — The governing general council of the Canadian Medical Association, with at least tacit support from its Roman Catholic members, yesterday went on record as favoring birth control devices.

The council called for amendment to the much - broken section of the Criminal Code which forbids giving advice on birth control, or selling or advertising birth control devices.

The council, made up of representatives from each province, including Quebec, did this by passing a recommendation from its committee on maternal welfare.

Dr. L. J. Harris of Toronto, chairman of the committee, said there was little debate from the almost 200 council members.

And the committee approved the change despite the fact that some of the members are of the Roman Catholic Church which is opposed to birth control devices.

"Winds of change," one committee member told a reporter who expressed surprise at the lack of opposition.

At a press conference Dr. Harris said the association definitely believes in the dissemination of birth control information to those who wish it.

He said he personally thinks birth control pills "are a boon and carry little danger and have some very excellent side effects." He said charges that the pills cause breast cancer have been disproven.

It is the first time the council has gone on record as favoring the devices, and in so doing is joining the general council of the Presbyterian Church, two Ontario conferences of the United Church, the Toronto diocese of the Anglican Church and the Baptist Convention of Ontario and Quebec, all of which have called for a change in the law in the last month.

The council also expressed concern whether doctors have sufficient legal protection to perform therapeutic abortions.

It accepted a maternal welfare committee report which said there is considerable variation between provinces on the degree of assurances given by the attorneys-general departments that doctors, acting in good faith, will not be prosecuted for performing such operations.

Dr. Harris said the committee rejected the idea of issuing a guide on the matter to doctors because it could lead to abuse. It was decided it was much better to "individualize" cases, dealing with each one separately.

Under present laws a therapeutic abortion could be performed only after two doctors said that continuation of pregnancy would endanger the health and life of a patient, and after these findings had been supported by a hospital committee.

He said some lawyers feel that performing such an abortion is a criminal act. Others did not believe that. The law needed to be clarified.

Also accepted was a report from the mental health committee saying that the trend of integration of psychiatry and mental health generally with the rest of the medical profession should continue.

Dr. C. A. Roberts of Montreal, committee chairman, said eventually the completely separate mental institution must cease to exist.

Legislation that deals with the mentally ill should be wiped out, he said. There should only be legislation dealing with those who were mentally ill and refuse treatment. At present all provinces had legislation dealing with the admittance of all patients to mental hospitals.

Measles Vaccine 95 to 100 p.c. Proven

26 June 64

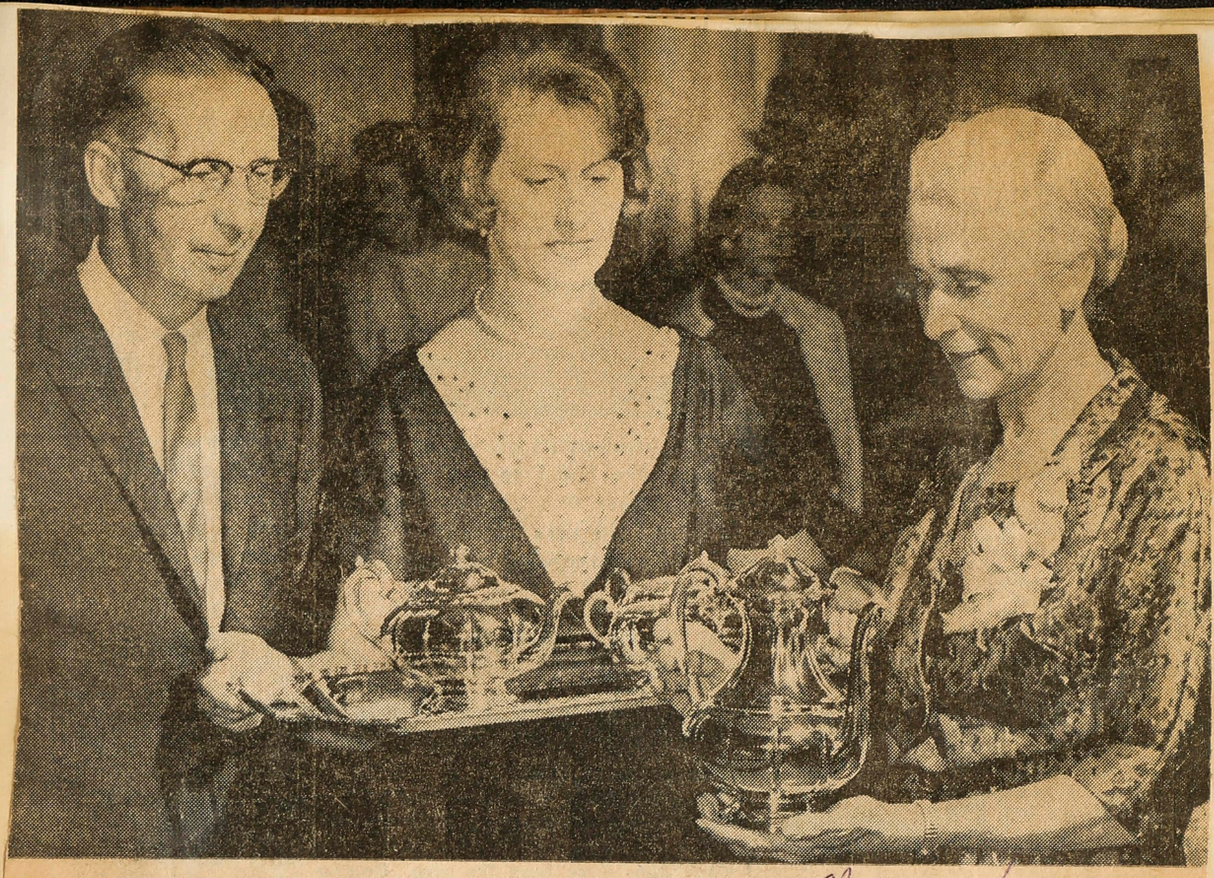
VANCOUVER (CP) — Evidence indicates that measles vaccine now available in Canada is between 95 and 100 per cent effective Dr. D. R. E. MacLeod of the Connaught Laboratories in Toronto said at the annual convention of the Canadian Medical Association.

Experience over the last three or four years indicates the effectiveness is permanent but public health authorities across the country do not feel they should offer the vaccine as anti-polio vaccine now is being offered.

In an interview, he said authorities feel administration of the vaccine is the job of a physician.

Because of the effectiveness of the anti-polio vaccines, the number of cases have dropped to almost nothing in Canada, he said. But there were about 100 cases of measles deaths last year.

Dr. MacLeod said a small trial was run recently at Campbell River, B.C., by the laboratory in an attempt to make the initial administration of Sabin oral vaccine more effective against this strain. However at least two administrations would still be necessary.



Honor School Medical Head

25 June / 64

Dr. Mary Schoffield, medical officer for the board of education since 1958, was presented with a silver tea service at a reception yesterday in the Education Centre on Elmwood Avenue. Dr. Schoffield, who has been a member of the board's medical department sinc 1943, is resigning. Making the presentation at right, were W. D. Sutton, director of education, and his secretary, Miss Fern Hill

Doctor Says Studies Show Heart Attacks Needn't Occur

25 June / 64

SAN FRANCISCO (AP) — Impending heart attacks reveal themselves at least a year in advance and need never occur, says an Ohio physician who has studied heart disease for more than 18 years.

Heart health is easy — just don't race your motor when you don't have to, advises Dr. Robert S. Green of the Heart Research Foundation of Cincinnati.

Dr. Green and his associates surveyed more than 1,000 heart attack victims — or their surviving close relatives — and came up with five common-sense rules for avoiding heart trouble:

- **Act your age.**
- **Accept your limitations.**
- **Condition yourself for each and every new activity.**
- **Avoid fatigue.**
- **Obey your instincts—if you feel tired, rest.**

Dr. Green told other physicians at the annual meeting of the American Medical Association that he never has had a heart case where there wasn't a warning of at least a year of a coming attack.

The warning?

First is unexpected fatigue, the more-tired-than-you-ought-to-be kind. If you don't slow down then, there's suddenly "rapidly progressive fatigue," then "absolute fatigue."

At this point, if you're lucky, Dr. Green said, you may get a stern and painful protest from the heart called angina pectoris. Or you may drop dead.

Dr. Green said it's all related to "the battle of man for money, to false values."

Relax and reflect, he advised "Go fishing—and don't use a fishhook"

Drug Addiction Up Sharply In Once-Primitive W. Africa

25 June 63

By KENNETH L. WHITING

LAGOS, Nigeria (AP) — An unhappy by-product of modern civilization, drug addiction, has sharply increased in once-primitive West Africa.

Ghana's ministry of health is producing movies to warn the public against narcotics dangers. Production of drugs in Nigeria is growing rapidly. The police seized 7,152 kilograms (4,444 pounds) of illicit drugs in 1962 against 832 kilograms (517 pounds) in 1961.

A Nigerian senator startled his Parliament by proposing that the government encourage production of Indian hemp because it was so profitable. When the laughter of his colleagues subsided, the senator explained he thought Indian hemp was used, as indeed it can be, solely for making rope.

Cannabis, a part of the hemp plant, is the main problem.

The World Health Organization opposes the medical use of cannabis preparations. Their production and consumption is illegal in most nations.

But in various places under various names—"kif" in Morocco, "bhang" in India and Pakistan, "dagga" in South Africa, "marijuana" in North and South America—cannabis preparations are widely known narcotics which affect mind and body.

Use of cannabis by Baluba tribesmen in The Congo is reported to explain their extraordinary indifference in the face of gunfire.

The casual acceptance by some West African truck drivers of extreme danger apparent to most other motorists is often explained by their smoking of "wraps," cigarettes made with cannabis.

Consumption is new in West Africa. But in North Africa it was long considered no different from smoking tobacco. It likely was introduced on the west coast by soldiers after the Second World War. In other parts of the continent—notably Ethiopia and Somalia—"khat," a narcotic which is only mildly dangerous, is chewed by people on all levels of society.

Cannabis can be grown easily in the fertile land. Farmers often conceal it in other crops.

The growing narcotic traffic, says one authority, is based on newly acquired knowledge of high prices paid overseas "for a commodity which requires little effort to produce." A pound of cannabis sold in Nigeria for £60 ($180) may bring £1,000 ($3,000).

Since it need not lead to real addiction, medical authorities say cannabis is not as dangerous as opium or its derivatives or other drugs. But it still creates a craving which in time may lead users to crime in order to get money to satisfy it.

Charges Drug Firms Use Pressure Plan

25 June 63

VANCOUVER (CP) — Drug manufacturers pay for "planted articles" in leading publications dealing with their product, a professor said yesterday.

Dr. Jesse D. Rising mentioned the articles as he warned doctors not to be stampeded by patient pressure into using unproven drugs in fear of being left behind in the therapeutic race.

He outlined some "abuses" in drug advertising and said doctors seeking information on new drugs are so swamped with information from companies they have not had time to accurately assess.

In a speech to the annual convention of the Canadian Medical Association Dr. Rising, professor of medicine and associate professor of pharmacology at the University of Kansas School of Medicine, said the majority of new drug products have "little or no value."

Patients almost daily request doctors to give them the latest miracle drug, he said, and many doctors say jokingly they have to read leading periodicals to keep up with advance in drug therapy.

"It seems not to be understood by physicians that pharmaceutical manufacturers employ advertising agencies that in turn commission writers to prepare stories about their products for publication in leading magazines and newspapers.

"These planted articles have all the appearances of being genuine news stories or accounts of scientific progress in medicine, and lead patients to put pressure on their physicians to employ the latest miracle drug in their treatment.

"It is indeed a stoical physician who is not tempted to hurry up and use the drug for fear of depriving his patients of the latest scientific therapy."

Dr. Rising, author and co-author of a number of scientific papers on medical education, said it is up to doctors to sort out drugs that show real promise from the flood that inundates his office annually.

And he said drug companies, and their salesmen — he called these "detail men," are not responsible for "abuses" in drug advertising because "it is physicians who determine what advertising practices are profitable, and who therefore bear the ultimate responsibility."

Dr. Rising said there were 28 new drugs announced in the United States in 1961, less than in the past because of new government regulations. But there were between 300 and 500 new products presented to doctors annually and these ranged from new names for old drugs to new combinations of drugs that have been previously available.

"Even a full-time person, well trained in pharmacology and in therapeutics, could not possibly become well-informed about each of the new drugs, not to mention the new products."

The doctor, seeking full information on the new drugs or products, was flooded with 40,000 pieces of advertising yearly. There was one "detail man" for every 15 U.S. doctors.

Scientists Gaining in War On Drug-Resistent Bacteria

25 June / 64

VANCOUVER (CP) — Science is extending its war on bacteria which develop increasing immunity to such wonder drugs as penicillin and streptomycin.

Dr. S. Nissen-Meyer of the school of public health at the University of California, Berkley, told delegates to the annual convention of the Pacific Division, American Association for the advancement of Science, yesterday that development of drug-resistant bacteria has been a serious health problem since the introduction of antibiotics and other antibacterial drugs.

By mathematical propection of statistical evidence, he suggested, the chances of a drug-resistant bacteriological strain arising in a patient can be reduced and existing drugs could be made more effective in combatting such diseases.

In some cases, he said, the degree of bacteria resistance to drugs rises during a series of mutations; in others a single mutation appears sufficient to produce a maximum level of resistance.

But, said Dr. Nissen-Meyer, the drug itself does not influence the rate of mutation, but only "acts as a selction factory by increasing the death rate or decreasing the birth rate of the susceptible bacteria."

"Bacterial populations ordi- proportion of resistant bacteria. On exposure to the drug, there is always an initial decrease in the size of the bacterial population."

In some cases, he said, the initial decrease is succeeded by a renewed growth of resistant bacteria.

By using stochastic models (mathematical formulae), it appeared to be theoretically possible to predict the growth of resistant strains of bacteria.

This would mean the effectiveness of a given treatment could be predicted, and the best use made of existing drugs to cure patients of their affliction before the resistant strain had a chance to arise.

Dr. Nissen-Meyer said the results of theoretical models used in his research have been found coincidental with results of empirical observations.

But, he said, his models may yet be found inadequate and more adequate ones evolved, especially for treatments requir- e than

Robarts Indicates Health Plan Support

26 June / 64

TORONTO (CP) — Premier Robarts indicated yesterday he is prepared to co-operate with the federal government if it institutes recomendations of the Hall royal commission calling for a national medical care plan.

Mr. Robarts said on his return from a five-week tour of Europe that Ontario is not "irrevocably wedded" to its own proposals for a voluntary plan.

He was careful, however, to refrain from outright approval of the findings of the commission under Mr. Justice Emmett Hall.

The Hall report recommended a government-sponsored scheme, administered jointly by the federal and provincial governments.

The Ontario Premier said that, if Ottawa approves the plan, Ontario is prepared to examine its own plan and see what changes can be made.

Although he has not seen the commission report, Mr. Robarts said, he has asked his experts to provide him with a concise analysis of it.

Ontario's proposal is to provide voluntary coverage through private insurance companies, with the province paying all or part of the premiums of those who cannot afford them.

"We are in the process of digesting a nation-wide pension plan which will have a wide impact financially on both employee and employer, he said.

"The financial implications of a national medical plan must be fully examined and fitted into the over-all picture of social security and the welfare needs of the country."

Let Nurses Concentrate on Nursing

26 June / 64

ARE WE really short of nurses, or is it simply that nurses are too occupied with bookkeeping to attend to their medical duties? Almost anyone who has been in hospital in recent years thinks he can answer that question; so can the nurses themselves.

Once again this vexing problem has been outlined, this time by Miss D. M. Hibbert, of the School of Nursing at the University of Western Ontario, who says "nurses are doing so many things somebody else might do that you really can't say there is a shortage of nurses."

Filling out fever charts and similar medical forms for the information and guidance of the doctor is a part of the nurse's work, and she would not want to escape it if she could. But with the expansion of hospitals and the introduction of medicare in one form or another, today's registered nurse finds more and more of her on-duty hours given over to clerical work.

This is not what she was trained for. She did not spend three arduous years learning to fill out hospital and governmental forms. Her place at the patient's side; this is her paramount responsibility.

Entire hospital wings in this country have remained closed for lack of nurses to staff them. Before there is any further talk of a nursing shortage, let our hospitals and doctors take a long look at what non-nursing jobs they have imposed upon that profession. Any duties that could be borne by clerical help would free many more nurses for nursing.

Sex Education in School Courses Recommended by Doctors

Sun
Tr. 26/69

VANCOUVER (CP) — Sex education in schools after discussions among the interested sectors of the community was recommended yesterday at the annual convention of the Canadian Medical Association.

The CMA's governing general council heard a report containing a recommendation that sex education be one of the health subjects taught in the schools.

Dr. G. E. Duff Wilson, chairman of the physical education and recreation committee, said the association believes in the education, but only after there is local consultation. This would include parent organizations.

The report said the recommendation should be referred to other CMA committees before it is ratified. After ratification it should be sent to provincial departments of health and education.

Dr. Wilson said the medical profession should be involved in community discussions on sex education. Doctors should be considered as teachers because there were not enough competent instructors on the subject.

He said he did not know whether sex education would decrease the illegitimacy or venereal disease rates — "but it will increase knowledge."

The council also dealt with the drunken driver in deliberations that ended its meetings.

On the drinking driver, the council passed a section of the report of the committee on the medical aspects of traffic accidents recommending "that all licensing authorities be asked to give special study to all persons with alcohol problems who apply for driving permits."

Committee chairman Dr. Wallace Troup, of Ottawa, said the intent of the suggestion is that convictions for alcohol offences, whether they involve driving or not, be considered when drivers licences are issued.

He said a person with a record involving drinking "might" have more difficulty obtaining a licence. He said the committee did not work out the details of the suggestion.

The committee also suggested provincial divisions seek support from provincial governments and bar associations for changes in the criminal code provisions dealing with drinking and driving.

Dr. Troup said there is a need for clear definitions of the offences of driving while impaired and driving while intoxicated.

At the same time consideration could be given to whether there should be mandatory blood tests for persons charged with drinking-driving offences. He personally thought there should be.

Dr. Troup complimented British Columbia and Nova Scotia for actions to fight traffic fatalities. Nova Scotia had the lowest number in Canada, he said, but gave no figures.

Both provinces had shown persistent efforts over a number of years to curb traffic fatalities. British Columbia had been the first province to introduce automobile inspection (in Vancouver only) and compulsory seat belts, among other things. Alberta now had a seat belt law and the rest of the provinces should follow.

The education committee recommended methods and subjects dealing with health education for elementary and high schools.

It recommended sex education at three levels — elementary, junior and senior high school — but Dr. Wilson said in a press conference this could be a matter of negotiation within a community.

Recommended also for elementary schools were subjects ranging from spelling and meaning of some medical terms to health habits.

For the junior high schoo there was smoking and health first aid and what to eat, among several other subjects.

High school students would learn of quackery el nosis and treatment and treatment by non-medical persons— alcohol and drug addiction.

Unable to Find Doctor For $1,000 Monthly Salary

PRINCE GEORGE, B.C. (CP)—Help wanted — salary $1,000 a month, guaranteed.

The offer was made four days ago by a $1,000,000 hospital serving the tiny community of McBride, B.C., midway between here and Jasper, Alta.

So far no doctor has replied and the lone physician at McBride hospital is away on a month-long vacation. The nearest doctor is at Valemont, about 40 miles to the east and about one and one-half hours away by car.

The community's school board has expressed concern for the 500 to 60[illegible] children in the area but A. W. Nichol, hospital administrator, said "outlying communities come to expect this sort of situation."

The 25-bed hospital, completed in April, 1963, was initially served by two physicians but one doctor retired last year and Dr. John Smart has since worked alone.

Belgian Government, Doctors Reach Accord

26 Sun/69

BRUSSELS (AP) — Belgium's government and its doctors reached agreement yesterday on a national medical insurance system. It was a compromise hammered out after a 10-months battle marked by a three-week doctors' strike in April.

Edmond Leburton, minister of social affairs, praised the agreement as "an important social and political decision."

A spokesman for the medical profession said the agreement "is in accordance with the highest interests of medicine. The fight was hard. We hope we will not have to renew it."

The government plan, which was amended considerably at the doctors' insistence, aimed at free treatment for widows, orphans, disabled and retired persons.

Under the agreement, at least 50 per cent of Belgium's doctors will have to apply fixed fees. There will be less control over fees than the government planned originally.

Patients treated by physicians outside the system will get the same reimbursement from the national social security fund as the others.

Maximum penalties for doctors found guilty of charging excessive fees will be fines. Jail sentences were originally proposed.

The doctors will have a consultative role in relations with medical insurance companies. The government's original idea was to bind them more strongly to the companies. Ethical problems will be settled by the medical profession.

Parliament will be asked to approve the agreement.

Centre to Treat Chronically Disturbed Children Requested

16 June/64

A report categorizing treatment facilities for emotionally-handicapped children in London as "most inadequate," and calling on the provincial government and the United Community Services to study the situation, was released yesterday by the Children's Aid Society.

The report, nine months in preparation, says London's services for emotionally-handicapped children are characterized by ". . . fragmentation, undue specialization, and a total lack of over-all responsibility and authority."

It calls on the provincial government to finance a residential treatment centre which it describes as urgently needed, and recommends that the province and the United Community Services consider the establishment of a central core agency ". . . with total responsibility for services to handicapped children."

In its report, the committee says it found 94 emotionally-handicapped children in London who were not receiving adequate services.

Five of these children were dubbed chronically psychotic and in need of care in a hospital setting. Yet this type of care for children does not exist, the report says.

M. T. O'Brien, local director of the Children's Aid Society, was even more emphatic.

"We're just not doing anything for the psychotic children at the moment, and if we are ever going to do anything for them, it's time we got started."

"In a province which pays for Ontario hospitals and which has prepaid medical handicapped care, you would wonder why this kind of service is not available in what is essentially a mental health problem," he said.

The committee report recognized that the recommendation for a central agency cannot and should not be implemented immediately but it makes other recommendations it feels could and should be immediately implemented.

It recommended that:

- The outpatient facilities of the Child Guidance Clinic be strengthened by an increase in the number of staff so that the clinic may extend its services (the clinic has stated that it is unable to meet demands for service and has been forced to establish a waiting list of some three months);
- A residential treatment centre be established in London (the committee labelled this the most urgent need and said that any efforts on the part of existing agencies to establish such a centre should receive encouragement and financial assistance);
- A small unit for psychotic children should be established in some suitable mental health setting;
- The Children's Aid Society should extend and refine its program of foster home care to meet the needs of children already being cared for and the increasing number of children being referred by parents and other social agencies.

The committee also recommended that need for hostels for teen-agers be studied by the United Community Services and that the present facilities of the board of education be increased to offer more effective service to emotionally-disturbed children in the school setting.

It registered approval of the attempt of the province to increase effective service for emotionally-handicapped children with the new Children's Institutions Act of 1963 but indicated disappointment that financial assistance for parents and institutions under the act ". . . appear to be inadequate and not in accord with actual treatment costs."

In explaining its stand, the committee pointed out that at present in London there is a Child Guidance Clinic, a Mental Health Clinic, two family agencies, a children's hospital, psychiatric departments in the general hospitals, private psychiatrists, the Ontario Hospital, and the Children's Psychiatric Research Institute. In addition, the board of education provide specialized instruction to emotionally-handicapped children and is attempting to increase its facilities. A similar service of the separate school board has been temporarily interrupted because of lack of staff.

The committee noted that co-operation on an individual case basis between agencies is usually excellent, but that ". . . in far too many cases, children and/or parents discontinue treatment because of numerous referrals, waiting lists, lack of adequate facilities and confusion as to the appropriate agency to turn to for treatment.

Mr. O'Brien, noting that the report might be criticized for recommending more of the fragmentation it deplores, commenting that the recommendations actually mean provision of facilities that do not exist and a way of making better use of existing facilities.

"It doesn't matter so much who provides the service if there was a diagnostic and referral agency which could see that the service is given," he said.

Something must be done about the problem, he said. "If not, children will just continue to be passed around from one agency to another. They'll get the best these people can offer, but it will still be a second-rate kind of service."

The main reason such service is not available is money, Mr. O'Brien said.

"We think the kind of costs involved here can only be handled by the provincial government."

W. Ontario Obituaries

FITZGERALD, Hugh C. W., 74, of 437 Dorinda St., London, yesterday in St. Joseph's Hospital. Retired CPR engineer. Survivors: Sons, William, Ross, Ronald, all London; daughters, Mrs. Harry (Jean) Cambridge, London Township; Mrs. Roy (Mary) Muntford, Prince Edward Island. Service, 1 p.m. tomorrow, Needham Memorial Chapel, burial, Woodland Cemetery.

WHITELAW, James M., 66, of 58 Josephine St., London, yesterday, at Victoria Hospital, London. Retired refrigerator repairman. Survivors: Wife, former Janet Gillespie; son, Charles J. G., Kingston; sisters, Misses Jean, Bella, and Jessie Whitelaw; brother, Archie, all of London. Service 2 p.m. tomorrow at Needham funeral home, London, burial in Woodland Cemetery, London.

LASCELLES, Mrs. J. D. (Aurore), 64, of Mt. Brydges, Wednesday at St. Joseph's Hospital, London. Survivors: Husband; sons, Arthur, Mt. Brydges; Dave, North Bay; Ralph, London; Joe, Sudbury; Henry, Mt. Brydges; daughters, Mrs. Alfred (Lea) Everett, Melbourne; Mrs. John (Rose Marie) Grindon, Aylmer; Mrs. James (Jean) Kelly, Sarnia; Mrs. Donald (Lorraine) Ducharme, Zurich; mother, Mrs. Marie Louise Laporte, Alderdale; brothers, Alex, Nipissing Junction; Leo, Edward, Alphonse, Lorenzo, all Alderdale; sisters, Mrs. Thelma Doyle, Toronto; Mrs. Wilfred (Simone) Laperriere, Alderdale. Requiem high mass 11 a.m. tomorrow, Sacred Heart Church, Delaware, burial, Mt. Brydges Roman Catholic Cemetery. E. J. Harding funeral home, Mt. Brydges, in charge.

Other Deaths

Mrs. Robert A. Fairman, 62, of Monkton.

Mrs. Graham (Myrtle) Reid, 70, of Toronto.

William O'Dwyer, 65, of RR 2, Mount Forest.

Gerald Cameron Deline, 57, of Clinton.

John Gofton, 6, of Brantford.

George H. Miller, 83, of Chatham Tp.

Clarence Olson, 57, of Detroit.

Mrs. Georgina McGhee, 83, formerly of St. Thomas.

Alexander Schiestee, 69, of Turnberry Tp.

Peter Edward Curtin, 64, of Stratford.

Walter Scott McGowan, 66, of East Wawanosh Tp.

Mrs. Mary J. Blais, 83, of Chatham.

Mrs. Phoebe Swainston, 66, of Chatham.

Miss Marjorie Struthers, 88, of Port Dover.

Harvey William Dafoe, 49, of RR 2, Paris.

CLERKS, SHERIFFS MEET

GODERICH — A. A. Russell of the attorney-general's department and R. M. Scott, Cornwall, president of the Ontario Association of Sheriffs, attended a Zone 2 meeting yesterday of the sheriffs' association and the Ontario County Clerks' Association. Zone 2 comprises Bruce, Huron, Wellington, Waterloo, Grey and Perth counties

Thalidomide Babies 'Amazing' to Doctor

16 June/64

VANCOUVER (CP) — The "amazing" development of handicapped thalidomide babies was described yesterday by an expert on rehabilitation.

Dr. Gustave Gingras, of Montreal, chairman of the Canadian Medical Association's committee on rehabilitation, used the word amazing when describing the babies' means of exploring their environment.

In a press conference he said that, with the use of mechanical limbs to make up for the ones they were not born with, these children should be able to attend schools with normal children.

"There is not a shadow of a doubt if we can send a missile to the moon we can send a child to school."

He said the children, born without some limbs or with only partial limbs because their mothers used the tranquillizer thalidomide when they were pregnant, have an excellent intelligence quotient.

Dr. Gingras said that the babies have developed through all senses available to them—touch, smell and sight. A child could be taught to eat with its attachments at the age of four months where a normal baby did not learn to feed itself until six months.

Of the 135 that were born in Canada, 100 survived and they were being treated in centres at Winnipeg, Toronto and Montreal. Specially - designed limbs manufactured in Canada and elsewhere were being fitted and officials were entering the "electronic phase" of their work.

A group of engineers was going to Russia next month to investigate a recently-developed electronically - operated arm of which there had been excellent reports.

Dr. Gingras said facilities developed for the thalidomide babies should be made available to all disabled children. The number of the former was "peanuts" compared to the number of disabled children born in Canada.

He was at a press conference to expand on a report of his committee presented to the CMA's general council. The report asked that department of veterans affairs facilities, for providing and maintaining artificial limbs, be made available to the general public.

The report said that because artificial limbs, or parts of these limbs, were imported, maintenance was difficult and cost was sometimes almost "astronomical" and outside the means of the individual disabled persons.

At the same time fitting was difficult and it could be six to eight months before the limb was finally delivered, sometimes too late for the growing child who required it.

It asked that the DVA services be turned over to another responsible organization so the facilities that the public needed would be available. The DVA had skills, experience and facilities that could not be duplicated.

Says Union Defrauded Of Funds

CHICAGO (AP) —At least $1,383,000 of a $3,348,000 loan made by the Teamsters Union pension fund for construction of an addition to a New Orleans hotel was diverted to other uses, a witness testified yesterday at the trial of union president James R. Hoffa.

The witness, a government accountant, also testified that one of Hoffa's seven codefendants in the mail fraud and conspiracy trial used pension funds to pay himself $498,920 for stock he owned in the hotel corporation.

Hoffa and the other defendants are accused of fraudulently arranging more than $20,000,000 in loans from the pension fund and diverting more than $1,000,000 for their own benefit.

The prosecution contends misrepresentation, deceit and artifice were used in obtaining the loans for real estate transactions.

Troy H. Gist, an FBI accountant, testified concerning his examination of the books and records of Pelican States Hotel Corporation, which built the Fontainebleau Motor Hotel in New Orleans.

Zachary A. Strate, Jr., a defendant, is former vice-president and principal stockholder of the corporation. The hotel was sold in 1961.

Government accountants are expected to trace disbursements from each of 14 pension fund loans involved in the trial. The loan to Pelican States is the second about which accountants have testified thus far.

Give a Theatre Enough Rope

Smoking Not Cause of Cancer Surgeon - Specialist Testifies

June 30/64

WASHINGTON (AP) — A St. Louis surgeon who specializes in treating lung cancer testified yesterday: "I do not believe that lung cancer is caused by cigarette smoking, and I do not believe smoking is responsible for any shortening of life."

The surgeon, Dr. Thomas H. Burford, said "so long as the cause of cancer is unknown it would seem only reasonable that to raise an alarm about cigarette smoking is unwarranted."

"We are producing a disease worse than cancer — cancerphobia," Burford said in testimony before the House of Representatives commerce committee.

The committee is considering 10 bills proposing various ways for the federal government to curtail cigarette smoking. Some bills were introduced after a special advisory report last January saying cigarette smoking may cause death from cancer and other diseases.

The Federal Trade Commission, basing its decision on the report, issued a rule last week requiring cigarette labels and advertising next year to warn customers that smoking is a dangerous health hazard.

Testimony by Burford and two other witnesses, a statistician and a heart specialist, disputed the health service report.

The statistician, Alan S. Donnahoe, said the report was based on haphazard statistical methods.

Donnahoe, executive vice - president and assistant publisher of the Richmond, Va., Times-Dispatch and News Leader, testified that the report's statistical data "are internally inconsistent, lead to unreasonable implications, and are contradictory not only with other research of a competent nature, but also with other facts known to be true."

The heart specialist, Dr. Henry I. Russek, formerly of the U.S. public health service, said research shows that emotional tion is related to coronary hear disease.

"Statistical findings linkin the tobacco habit to coronary heart disease afford no proof o a causal relationship," Dr. Russek said, "since excessive smoking, like over-eating and failure to obtain adequate exercise, is often an undeniable manifestation of psychological stress."

Doctors Fight Medical Insurance

June 27/64

THE LONDON FREE PRESS, Saturday, June 27, 1964—7

public money should be used for health of the needy only;

The commission said all doctors would work under a health plan. The CMA believes in the right of each doctor to practise privately;

The commission would take

cuss the report with interested organizations such as the College of General Practice of Canada.

Dr. Wigle listed these objections to the medical insurance proposals:

The commission said personal health is a social responsibility to be provided by the state. The CMA belives health is a responsibility of the self-supporting individual;

The commission recomended use of public money for health services. The CMA believes

VANCOUVER (CP) — The retiring president of the Canadian Medical Association said yesterday the CMA is "definitely antagonistic" toward the medical insurance proposals of the Hall royal commission on health.

He was speaking to about 200 doctors at the CMA's annual convention here. It was the first report of the executive to the convention's general session.

The executive and the ruling general council strongly criticized the medical insurance proposals in statements earlier this week.

Dr. W. W. Wigle of Toronto complimented the commission on many of its recommendations — but said:

"We are definitely antagonistic to the recommendations of a health service provided through a single and monopolistic source of funds in the hands of a commission fundamentally in the hands of government."

Dr. Wigle also said the association will approach Prime Minister Pearson in the next couple of days to express its "interest" in the recommendations of the commision. It would seek a conference to dis-

Children in grades one, nine, 10, 11, and 12 and all staff are tested each year. He said the number of positive reactions in the lower grades is so small it makes it impractical to check each grade every year.

As the children get older, the number of positive reactions increases, indicating not necessarily that the child has tuberculosis, but that he has come into contact with the germ.

Dr. Hutchison said that, when there is a positive reaction, the child and his parents are brought in for chest X-rays and clinical examination. This routine is followed each year "until the person is out of school, married or moved out of the city and we lose track of them."





To Wed Next Month

July 3/64

Wedding plans for August 8 have been announced by Judy Diane Timbrell and Gerald John Martin-Tevaarwerk. The ceremony will take place in the Reorganized Church of Jesus Christ of Latter Day Saints at 4 p.m. The bride-elect, daughter of Mr. and Mrs. Jack F. Timbrell, London, is a graduate of the University of Western Ontario and London Teachers' College. The groom-elect, son of Mr. and Mrs. J. H. Tevaarwerk, Lichtenvoorde, Holland, is attending the University of Western Ontario School of Medicine. (Photos by Beta Studio)

13 Schoolmates Contract TB, Source Mystery

July 4/64

Thirteen pupils from Holy Cross Separate School have been admitted to Beck Memorial Sanatorium as the result of what Dr. D. A. Hutchison, London medical officer of health, called a "sharp outbreak" of tuberculosis at the school. Seven other persons, including two teachers, are receiving drug treatment as outpatients.

Dr. Hutchison said yesterday efforts to track down the source of infection have so far been unsuccessful. All teachers, nuns, priests, and custodians at the school — and all students — have been checked.

The investigation now will extend outward to variety stores in the area, crossing guards and parents and relatives in homes of affected children. Holy Cross school is on Elm Street, just north of Hamilton Road.

The medical officer said such an outbreak of TB in a school is rare.

First notice of trouble came more than a month ago with discovery of a virulent case of TB in a 15-year-old girl. She was admitted to the sanatorium and two other cases came to light shortly after.

At this point, Dr. Hutchison said, his department decided to thoroughly check the whole school.

Subsequent tests revealed 10 additional cases requiring sanatorium care and seven milder infections.

Dr. Hutchison said the first three cases had been admitted to hospital by their own doctors and the TB diagnosis was made there.

"Then we quickly decided to go back and test every child in every grade all over again."

He explained that medical staff from Beck Sanatorium carries out yearly routine TB skin tests in the separate school system.

Fowler - McAskile

WOODSTOCK — Marriage vows were exchanged between Elizabeth Ann McAskile and Dr. Peter John Fowler in a ceremony in Central United Church, with Rev. Kenneth Oates officiating. The bride is the daughter of Dr. and Mrs. John Donald McAskile, and the groom is the son of Mr. and Mrs. John Alexander Fowler, all of Woodstock.

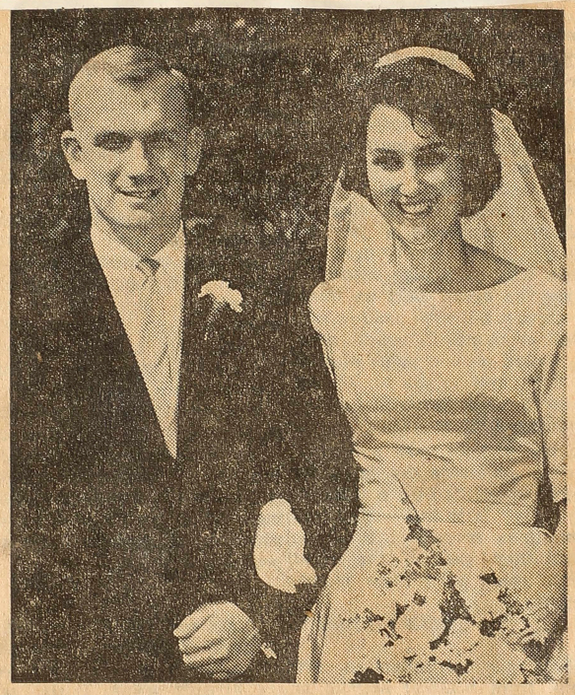
The bride chose a floor-length gown of Italian peau de soie styled with elbow-length sleeves and shallow scoop neckline. French Guipure lace appliques accented the bodice and the controlled skirt extended into a bouffant chapel train. Her fingertip-length veil of hand-rolled silk illusion was held by a pillbox of peau de soie appliqued with lace and she carried a cascade of gardenias, white stephanotis and ivy.

Identical street-length dresses of French blue linen shantung were worn by the bridal attendants, with Miss Mary Kirkpatrick as maid of honor and Miss Jennifer Hamilton-Wright, Mrs. Brian Peifer and Miss Jaclyn Fowler, sister of the groom, as bridesmaids.

Robert Enyon was best man and ushers were Dr. Michael Grace, Raymond McKerlie, Philip Poole and Peter McAskile.

For a wedding trip the bride changed to a robin's egg blue imported French silk knit suit with white accessories and corsage of orchids.

The bride is a graduate of the University of Western Ontario and the groom is a graduate of the University of Western Ontario School of Medicine. The couple will live in Ann Arbor, Mich., where the groom will intern at the University of Michigan Hospital.



Dr. and Mrs. P. J. Fowler
(Photo by Gasparatto)

July 3/64

Quince seeds may be boiled, trained, and diluted with a little alcohol, then used as a waveset. It does not flake.

BROWNIES ENTERTAIN

PAISLEY — Paisley No. 2 Brownie Pack entertained mothers at a pot luck supper to end the year's activities. Awards and badges were presented. Mrs. D. Lewis Coffman who is resigning after serving as Brown Owl since formation of the pack three years ago, was presented with a gift.

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