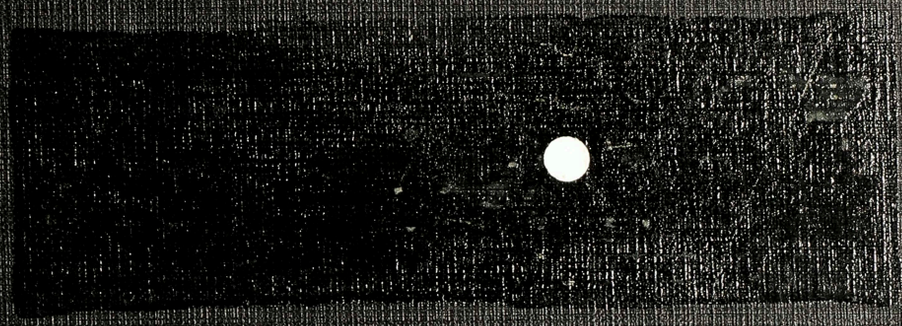
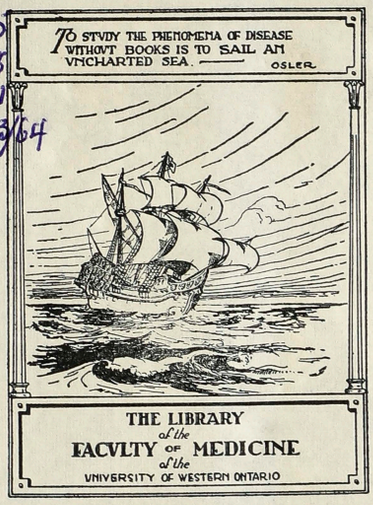




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Volunteers Hear Results Of Research on Children

July 5/63

A group of volunteer workers at the Children's Psychiatric Research Institute, Byron, sat in on a staff conference at the institute yesterday to hear the results of a research project on which they have been working for the past year.

Volunteers Attend

The research problem concerned the psychological problems of mentally retarded children and was carried out by Dr. Griffith. Yesterday's conference represented the first time volunteers have been invited to attend.

Probably the use of volunteer help in medical research is unique, but doctors in the centre could not spare the hours needed to read through the hundreds of reports searching for specific information.

Dr. Griffith deemed his research a "pilot study" and staff discussions of the more important findings are expected to lead to further exploration.

One aspect of the study, considered to be of particular value, was the number of related children found in Dr. Griffith's three - generation study.

A new concept of factors contributing to mental retardation, Dr. Griffith's research supported that there were large numbers of behavior problem children in the three generation framework.

Emotional Deprivation

Disturbed children whose parents appeared to be normal, well adjusted adults having good relationships with each other and with the child were found in a startling number of cases to have suffered severe emotional deprivation in their own childhood.

Grandparents, through death, desertion, rejection, severe marital conflict, alcoholism, serious physical or mental illness, frequently induced psychological trauma in a parent which Dr. Griffith believes can affect the child of such a parent.

This pattern becomes most apparent in the group referred to as "familial-cultural," where there is a history of mental retardation irresponsibility and social incompetence in the family background.

Illegitimacy played a role in another area of the project. Of the 400 cases studied, 30 were found to have physical departures from normal, and a significant 63 per cent of these were children of unwed mothers. This high figure was attributed to the trauma of unwanted pregnancy, particularly during the first months when the mother would be subject to anxiety, panic and confusion.

In children from the familial-cultural group, however, there was not a single incidence of anomalies in an illegitimate child, probably due to the casual manner in which people in this structure of society produce babies out of wedlock.

Other Factors

Dr. Griffith touched on a number of other factors; separation of children from parents, marital stresses, pre-natal trauma and character temperament in the mental growth of a child.

The volunteer research group includes 22 women who have assisted with 15 projects during the past two years. Mrs. Rhoda Weltman and Mrs. Greta Grant head the group. Guests for the seminar of Dr. Griffith's paper yesterday were Mrs. S. S. Greenberg, Mrs. William McKee, Mrs. C. F. Deeley, Mrs. D. M. Scott, Mrs. C. F. Taylor and Mrs. W. D. Fitzpatrick.

Dr. Zarfas, director of the institute, judged Dr. Griffiths' report to be one of the most important to come out of the research institute.

He congraulated the volunteer workers on their efforts, stating that the research could not have taken place without their help. Dr. Griffith added his thanks and suggested that "the mainstream of this project will lead to many tributaries. We will need as many volunteers as possible to help us follow them."

Long - Time Coroner

Dr. Paul J. Sweeney Suffers Stroke, Dies

July 5/63

Dr. Paul J. Sweeney, of 487 Dundas St., well known London surgeon and coroner for London and the County of Middlesex for about 30 years, suffered a stroke and died yesterday in St. Joseph's Hospital. He was 71.

Dr. Sweeney was a native of Arthur, Ont., and graduated in medicine from the University of Toronto in 1911. He was 19 at the time. A year later he was licensed to practise.

For several years he practised general medicine and surgery in Tottenham, Arnprior and Hastings.

He came to London in 1919. In 1929 he was appointed head of physiotherapy at St. Joseph's Hospital where he initiated the first hydro-therapy in London in 1930.

In March of 1960, Dr. Sweeney was made a life member of the London Academy of Medicine, which he had served as an active member for more than 25 years. He was also an active member of the Ontario Medical Association.

An ardent golfer, he was a member of the Sunningdale Golf Club. Dr. Sweeney was a member of the London Kiwanis Club, the London Council of the Knights of Columbus and the Sir Henry Dormer Assembly, 4th degree K of C.

He attended St. Mary's Roman Catholic Church and was a member of the Holy Name Society.

Surviving are his wife, the former Blanche Molloy; four sons, Dr. John Paul Sweeney, resident in surgery at Victoria Hospital, Terry and Brian of London and Patrick of Ottawa; a daughter, Mary Helen McPhillips of Toronto; two brothers, Dennis of Regina and James of Vancouver, B.C.; a sister, Mrs. George Riordan of Guelph and six grandchildren.

Requiem high mass will be celebrated at 10 a.m. tomorrow at St. Mary's Church. Burial will be in St. Peter's Cemetery. Prayers will be recited at 8 tonight at the John T. Donohue funeral home.



—Photo by Bill Barrett

DR. P. J. SWEENEY
- - - stroke fatal

Chief coroner for Middlesex County, Dr. J. Bev C. Robinson, is out of town and is not due back until July 12. In the interim, Dr. William Butler, of Ailsa Craig, or Dr. J. E. D. Colling, of Lambeth, will look after coroner duties, Crown Attorney C. C. Savage, QC, said.

SWEENEY — Suddenly at St. Joseph's Hospital on Thursday, July 4, 1963, Paul Joseph, M.D., dearly beloved husband of Blanche Sweeney, of 487 Dundas St., dear father of John P., M.D., Terrance, Brian of London; Patrick, Ottawa; Mrs. William (Mary Helen) McPhillips, Toronto; dear brother of Dennis Sweeney, Regina; James Sweeney, Vancouver; Mrs. George (Ursula) Riordon, Guelph; survived by 6 grandchildren. Resting at John T. Donohue Funeral Home, 362 Waterloo St. Requiem High Mass at St. Mary's Church on Saturday morning, July 6, at 10 o'clock. Interment St. Peter's Cemetery. Prayers Friday evening at 8 o'clock. In lieu of flowers tribute contributions to the Monastery of the Precious Blood.

GALORE IN ALL DEPTS.

Women Today

Auxiliary Meets $15,000 Pledge



Members of St. Joseph's Hospital Auxiliary have cause for celebration this month. Five years after pledging $15,000 to a special building fund for the new addition to the hospital, they have made the final payment. Looking over part of the new building are, left to right: Sister Mary Elizabeth, hospital administrator; Sister M. Imelda, in charge of hospital building; Mrs. Lionel Reese, immediate past president of the auxiliary; and Mrs. Harold A. Hallman, who was president when the original pledge was made five years ago.

July 2/63

Series of Major Projects Completed By St. Joseph's Hospital Auxiliary

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Five years ago St. Joseph's Hospital Auxiliary pledged $15,000 to a special building fund for the new addition to the hospital. This month final payment on the pledge was made.

The money was collected under the leadership of three presidents, Mrs. Harold A. Hallman, Mrs. Lionel Reese and Mrs. Howard S. Cameron.

During this period the active membership of 115 women has also refurnished, carpeted and decorated the reception room in the nurses' residence, provided an isolette for the fourth floor pediatrics, an amplifier for the PA system in the nurses residence, a de-silvering machine for the X-ray radiology department, television sets and a humidifier for the fourth floor and five scholarships at $1,000 a year.

* * *

The auxiliary has also ordered a $2,000 operating room table as an initial start in equipping a complete theatre in the new building, provided a $200 Glee Club fund for the student nurses and volunteered hundreds of hours for various in and out-patient services.

Funds for the projects have been raised through Tag Day, dinner-dance, tuck shop and travelling cart, gift shop and baby photo service.



EXHIBITION OPENS — Attending the official London opening of a display depicting "The Life and Work of Richard Maurice Bucke, M.D.", at Victoria House Museum yesterday afternoon were, left to right: Dr. J. D. Griffin, general director of the Ontario Mental Health Association; Mrs. W. D. J. Moss, Glencoe, a granddaughter of Dr. Bucke; Mrs. Edwin Seaborn, London, a daughter; and Mrs. J. L. McMurray, London, a granddaughter.

July 4, 1963

Bucke Historical Collection Showing at Victoria House

July 4/63

Tribute to a pioneer of reform in the treatment of mental illness and a founder of the University of Western Ontario's medical school was paid yesterday as an historical collection depicting "The Life and Work of Richard Maurice Bucke, M.D." went on public exhibition at Victoria House Museum.

Permanent Home

The official London opening of the display was coupled with a formal offer from Dr. G. E. Hall, UWO president, to provide a permanent home for the historical "memorabilia" at the university.

The offer, read by Dr. J. D. Talman, UWO librarian, came coincidentally with a suggestion from guest speaker Dr. J. D. Griffin that a permanent home be found for the collection in London, preferably at the university.

Dr. Griffin, general director of the Ontario Mental Health Association told spectators attending the opening Dr. Bucke "pioneered in engineering reforms in treating the mentally ill which even today we regard as new."

Born In England

Dr. Bucke, who lived from March 18, 1837 to Feb. 19, 1902, was born in England, came to Canada with his parents the following year and 38 years later was appointed superintendent of the Ontario Hospital here.

The collection, which will remain on display at Victoria House for at least the remainder of this month, includes many of his writings, photographs of his life and family, objects he treasured and many articles of evidence of his close friendship with the great American poet Walt Whitman.

Among the books he authored is "Cosmic Consciousness," a volume now in its 21st edition and still highly valued after 66 years of publication as a study in the evolution of the human mind.

Many relatives and London dignitaries attended the opening which is jointly sponsored by the London Public Library Board and the Canadian Psychiatric Association.

Wandering Laborer

At 16, Dr. Bucke left home, wandered and worked as a laborer in the Ohio and Mississippi valleys and in the cypress swamps of Louisiana, crossed the plains with a pack train from the Missouri River to th Pacific and worked as a mine with the discoverers of the famous Comstock Lode.

Returning to Canada, he decided to study medicine and graduated from McGill University as a gold medalist in 1862. In 1865, after two years of postgraduate study in Europe, he returned to Canada, married the former Jessie Maria Gurd and settled down to medical practice in Sarnia for the next 10 years.

Served 25 Years

In 1876 he was appointed medical superintendent of the new mental hospital in Hamilton but the following year came to the Ontario Hospital here where he served for 25 years.

Dr. Bucke, after helping to found the UWO medical school, was appointed professor of nervous and mental diseases in 1882. In the same year he was elected a Fellow of the Royal Society of Canada.

In the full-room display, visitors will also be able to view Dr. Bucke's many academic degrees, an antique silver tray given him by Sarnia residents, a carved red and white chess set he bought in San Francisco and his writings which held the theory that Sir Francis Bacon was actually the author of Shakespeare's works.

The exhibits have been gathered from nearly two dozen sources in Canada, the United States and the United Kingdom.

Dr. Griffin was introduced by Dr. G. E. Hobbs, UWO psychiatry department head, and thanked by Deane Kent, director of the London Public Library and Art Museum.

Leslie Gray, chairman of the museum advisory committee, introduced the family members and dignitaries.

UWO Medical School Names Assistant Dean

July 6/63

Dr. Douglas Bocking has been appointed assistant dean of the University of Western Ontario school of medicine, medical dean Dr. O. W. Warwick announced yesterday.

Dr. Bocking has been on the school's staff since 1952, and is a specialist in the field of arthritis.

He was born in St. Thomas where he attended primary and secondary school. He graduated in 1943 from the Western Medical School and went to Montreal General Hospital as an intern.

After a stint with the Royal Canadian Navy Volunteer Reserve, he returned to the same hospital for post graduate study, then did clinic work at Hawksbury, Ont. He followed this with further study at Massachusetts General Hospital and Harvard medical school as a reserve fellow in arthritis.

Dr. Bocking served as chairman of the curriculum committee which sat for two years, and about a year ago made recommendations for changes in the medical school curriculum.

He is a member of the staff at Victoria Hospital, and a consultant at Westminster Hospital.

$1,[illegible] as a special building fund[illegible] the pledge was made.

Doctors Protest On-Campus Plans For New UWO School of Medicine

July 5/63

Controversy over the University of Western Ontario's plans for an on-campus medical school has boiled up again in a letter to The Free Press from several members of the teaching faculty of the medical school.

The letter, addressed to Ontario newspaper editors, protests the move as a waste of money and one that would lose the advantage of the medical complex built up around Victoria Hospital and the medical school on South Street over the years.

Declaring themselves to The Free Press as signers of the letter were: Dr. E. A. Bartram, Dr. J. A. Lewis, Dr. L. D. Wilcox and Dr. C. C. Ross. Dr. H. G. Fletcher said he knew the contents of the letter and was willing to sign it.

Also indicating he knew the contents of the letter and was willing to sign was William Loveday, long-time member of the Victoria Hospital Trust, who said he would sign both as "an independent person and a taxpayer, and as a member of the hospital trust."

The letter, re-introducing a controversy which threatened to split the medical profession in London two years ago, came on the eve of closing of tenders on a $5,500,000 medical school building to be constructed on the north end campus.

University officials said a meeting of the board of governors is planned for today to award a contract, if a quorum is available.

Dr. G. E. Hall, president of the university, former dean of the medical school, and one of the strongest proponents of a move to the campus, left for Europe only yesterday and was unavailable for comment.

Also out of town were Dr. O. H. Warwick, dean of the faculty of medicine, and Col. D. B. Weldon, chairman of the board of governors.

R. B. Willis, vice-president of the university, said he would make no comment on the letter.

Dr. B. L. Hession, chairman of the public relations committee of the London Academy of Medicine, said the letter was in no way a statement from the academy.

"The opinions which you received in letter form are the opinions of those who signed the letter," he said. "All are members of the academy, but they are not speaking for the London Academy of Medicine."

The letter would have to be presented to the academy before there could be any official expression of opinion by the academy, Dr. Hession said.

He recalled that in a vote on the question of moving the medical school held in 1961 the academy was almost exactly "split down the middle." (Actual vote on the question as reported at the time by The Free Press was 71 to 67 against the move.)

"To my knowledge it hasn't been rehashed," Dr. Hession said. "I don't think there has been any gross change in the thinking of the academy."

In their letter, the doctors claim that many well-known medical schools are not sited on the campuses of their respective universities; that there are several instances where campus medical school plans were first used and later rejected; that adding to the physical plant may dissipate funds that could be used better on teaching staff and improving present facilities, and that $2,000,000 spent on enlarging the current school would provide essential needs for a lengthy period.

The letter follows:

Dear Mr. Editor:

"We, senior members of the Teaching Faculty of the University of Western Ontario Medical School and practising physicians in this community, feel it a public duty at this time to express our concern at the proposal to build a new school of medicine for some 6 million dollars to accommodate 150 medical students on the Arts campus of the University of Western Ontario for the following reasons:

(1) There is no known example of a similar effective planning in an unendowed university.

(2) There are well-known medical schools which are not on their university campuses but are adjacent to or within the hospitals they use. Examples of such arrangements are to be found at Yale, Harvard, Johns Hopkins, Baylor, the University of Texas, the University of Illinois, Northwestern, the University of Louisville, the University of Rochester, and all the hospitals in London, England.

There are several instances where the campus medical school plan was first used and later rejected. These schools have moved or are moving from campus to the large hospitals where their students and staffs are concerned with the care and study of patients. Such examples are to be found at the University of Syracuse, the University of Michigan, McGill University, Queen's University, the University of Manitoba in the City of Winnipeg where the situation is **million dollars the present Medical School could provide the essential needs for an indefinite period of time. This would involve adding to the present brick construction which would be flexible and inexpensive and at the same time would take advantage of the $20,000,000 medical complex which has been developing around Victoria Hospital for more than 80 years. Experimental laboratories housed in the Medical School facilitate research work carried on by the active Victoria Hospital staff. The fact that the existing Medical School is located so conveniently to Westminster Hospital and St. Joseph's Hospital where a large amount of clinical teaching is done, makes it reasonable to consider even more seriously the entire question.**

The Board of Trustees of Victoria Hospital is on record as being opposed to the move of the Medical School to the University campus, and up to this date has found no reason to alter its carefully-considered opinion in this regard.

In the light of these facts, we feel that since this discussion has been going on for 15 years, it would be sound business to defer expensive building for 12 months more in order to allow closer consultation between the staff at large, the University Board of Governors and the Victoria Hospital Trust. During this time a study of the real needs could be made by American and British experts in medical education.

Yours very sincerely.

Dymond Calls Metro Talks On Hospitals

TORONTO (CP) — Ontario Health Minister Dymond promised yesterday to call a meeting to discuss Metropolitan Toronto's hospital bed shortage.

He said he will call a conference of the Ontario Hospital Services Commission and Metro executive committee as soon as he reads a report made Wednesday charging that Metro's 8,248 hospital beds are 2,360 short of the existing need.

Earlier, Mayor Donald Summerville called for an immediate conference to discuss the bed shortage which the committee described as "staggering" if allowed to continue to 1970.

Mayor Summerville said the city itself was well supplied with beds but hospitals were overtaxed by patients from other parts of Ontario searching for specialized treatment.

Dr. Dymond said about 25 per cent of patients in Toronto's hospitals were from outside municipalities.

Research Groups Awarded Grants

OTTAWA (CP) — The health department has awarded two grants totalling $108,498 to research units in Toronto and Montreal for study in the field of rehabilitation of crippled children.

A grant of $66,013 was allotted to the research and training unit, Ontario Crippled Children's Centre, Toronto. The unit, working in co-operation with Toronto Sunnybrook Hospital, will study rehabilitation procedures for both young and old.

The second grant of $42,485 was awarded to the research and training unit in prosthetics and orthotics of the Rehabilitation Institute of Montreal.

very similar to the one we have around Victoria Hospital in London, Tulane University in New Orleans, and the University of California in San Francisco.

July 5/63

There is, therefore, nothing original in suggesting that the present Medical School facilities, which are connected by tunnel with Victoria Hospital, might be retained and enlarged in keeping with the Basic Medical Science Departments and the Clinical Departments in the hospital.

(3) Ontario now supports 18 universities and 4 of these have medical schools. Since the UWO Medical School is totally dependent on provincial and municipal grants and students' fees, it would seem reasonable to be frugal since these grants are not likely to be unlimited. It has been pointed out by one financier that adding physical plant tends to dissipate the budget and this of course is soon reflected in decreasing staff and teaching excellence.

(4) We have sustained a long list of faculty losses, none of whom have been replaced. Five of these highly-trained specialists — all graduates of this university — have gone to the United States during the past year. These are losses to the school, to London, and to Western Ontario.

(5) We find ourselves in close agreement with Mr. Leslie Frost who said: "It is a good time for our people to assess what we have to do first and then set aside the things we can do without." (Queen's University, January, 1962,) and with The Globe and Mail in its editorial February 5, 1962: "Immense sums will certainly have to be spent, but let us make sure that they are spent first of all for the things that matter — enough classrooms, adequate books and equipment, properly-qualified teachers — in preference to fancy buildings!"

(6) It is held that for two

London Rivals Toronto's Hospital Need

July 8/63

Similarity of hospital needs in Toronto and London is revealed by Dr. Harvey Agnew's survey of Metro's deficiency in care for the ill. In many respects the two cities are similar, both serving as active treatment centres for serious disease in a wide sector of Ontario.

Perhaps London has not been emphasizing its need as Toronto is doing. No sooner had Dr. Agnew's report been issued than Health Minister Dymond said the Ontario Hospital Services Commission and medical authorities would go into emergency session to study the case.

London's position has been evident since the Ontario hospital plan was set up. The OHSC officials received reports of the condition here, but they declared that the need was greater elsewhere than in London . Although there have been grants made for extensions of present hospitals, no new hospital has been approved, and most necessary convalescent and chronic centres have not been built.

Toronto statistics show that 2,360 more hospital beds are needed there at present than are available. Although the London position eased this summer, as usually happens, last winter 1,600 persons were on the waiting list at London hospitals.

On a ten-for-one basis set by populations of Metro and London, it would appear that this city and surrounding Western Ontario is in even greater need.

No doubt the Hospital Services Commission is using London and Middlesex population as the basis for statistics of city hospitals. This cannot be justified any more than their estimates for Toronto covering only the Metropolitan population. Both Toronto and London are major hospital complexes and should be given special consideration.

Another similarity is noted. Toronto's survey shows 200 beds are empty in the Sunnybrook Military Hospital. London has a like condition with Westminster beds at times being vacant. Co-operation to make use of these facilities should be attempted.

It is time the city or county figures were dropped by the OHSC as a basis for its calculations. A wider field of operation might partially meet the need. Undoubtedly there is need for more hospitals, but the right places to build them must be found.

...the pledge was made.

Ask 3 Doctors About Leaving Faculty

July 9/63

Three of the four London doctors who signed a letter to The Free Press last week, objecting to an on-campus medical school at the University of Western Ontario, have been asked if they wish to resign from the faculty of medicine, it was learned yesterday.

The three are Dr. E. A. Bartram, Dr. J. A. Lewis and Dr. C. C. Ross.

Dr. L. D. Wilcox, fourth signatory to the letter, said, when asked if his resignation had been invited: "I have not received any such intimation. The others have."

Asked if he knew why, he replied: "No. Only that I haven't been reached."

Dean Keeps Mum

Dean of the faculty of medicinue, Dr. O. H. Warwick, said only: "I wish to make no comment."

Dr. Lewis said that he received a telephone call from Dr. Warwick immediately after publication of the letter, addressed to Ontario newspaper editors, which protested the move of the medical school from the Victoria Hospital area to the university campus.

Dr. Warwick asked if he was signatory to the letter. Dr. Lewis said. "I confirmed it."

"He said: 'Do you wish to resign'?"

"I said: 'No, sir'."

End of Talks

The conversation ended there, Dr. Lewis said.

He had recieved intimation from Dr. Warwick that a request for his resignation could follow publication of the letter on Wednesday of last week, the day before publication, Dr. Lewis said.

Dr. Warwick had knowledge of the letter, and it was the hope of the doctors who signed it that it would not have to be published, Dr. Lewis said.

"The letter was submitted to Dr. Warwick, and there was a long conversation," Dr. Lewis said. "The upshot of it was that we were advised not to contact the press or the board of governors (of the university). We contacted the press, but not the board of governors. I don't know them," he said.

Dr. Lewis, who has taught medicine at the UWO school since 1939, with a four-and-a-half year break when he was serving in the navy in the Second World War, said that he has not yet been officially asked for his resignation, despite the intimation.

cine, the letter was not an official statement from the academy, a spokesman said Thursday. In a vote in 1961 on the question of moving the medical school, the academy members were divided 71 to 67 against the move.

Dr. B. L. Hession, chairman of the public relations committee of the academy, said Thursday he did not believe opinion among academy members had changed.

A contract for construction of the medical school was awarded Friday by the university board of governors to Ellis-Don Limited of London.

Cost of the building will be $3,778,439 and construction is slated to begin immediately.

Not Backing Down

"I don't know if I will be," he said. "I have no reason to suspect that I will not be, or that I will be."

He was not backing down, in any event, Dr. Lewis said. "This is a matter of deep personal principle. This is what I believe. I have no intention of trying to remove my name from the letter. I realized that this move was taken with the risk of certain things happening."

It was his hope that a reasonable solution could be reached without the matter assuming larger proportions than it deserved. "I hope we are dealing on all sides with reasonable men," he said.

Called Waste of Money

The doctors' letter protested the move to the campus as a waste of money and one that would lose the advantage of the medical complex built up around Victoria Hospital and the medical school on South Street over the years.

While the doctors who signed the letter are all members of the London Academy of Medi-

London Firm Awarded Medical School Job

July 6/63

A contract for construction of a new medical school on the University of Western Ontario main campus was awarded yesterday to Ellis-Don Limited, of London.

To Start Immediately

Cost of the building will be $3,778,439.10. Construction will begin immediately. The building is expected to be ready for use by the fall of 1965.

In announcing the contract award, Col. D. B. Weldon, chairman of the university board of governors, took note of a letter protesting construction of a medical school on the campus, addressed to Ontario newspaper editors by a group of London doctors and published Thursday in The Free Press.

"The board of governors of the University of Western Ontario, after having given consideration to all the facts, have again decided unanimously to proceed with the construction of the medical sciences building on the main campus, and the general contract was awarded this afternoon to Ellis-Don Limited for $3,778,439.10, being the lowest of the 10 bids received," Col. Weldon said.

Propose Alternative

The doctors protested that building a medical school on the campus might dissipate funds that could better be used for teaching staff and improving present facilities, and that $2,000,000 spent on enlarging the current school would provide essential needs for a lengthy period.

They voiced the fear that moving to the campus would decrease the educational value built up in the medical complex of the school on South Street and Victoria Hospital.

The university plans to centre the first four years (pre-medical and medical) of medical teaching on the campus, with the remaining two years (the years of clinical teaching) to be taught at the South Street school.

Four Floors

The new building will have four floors with a tower rising another three floors, giving a total of 175,000 feet of floor space. Although the building will be one of the largest on campus, it has been designed so that three wings may be added if needed.

It will have facilities for 75 students in each of the first two years of the professional course — an increase of 15 over present classes.

The building is the largest single expense in the university's seven-year, $36,000,000 building plan. Cost of construction and equipping the new school is estimated at $5,500,000.

Surgery Reducing Twin's Deformities

July 9/63

WINDSOR (CP) — Windsor's thalidomide twins are doing nicely at home after operations to reduce their deformities.

Wearing Casts

Debbie and David — their parents have asked that their family name be withheld — are still wearing casts from the operations that were performed almost a month ago.

However, David still must undergo major surgery that could not be performed because of an infection that developed after a preliminary operation.

The 17-month-old twins were operated on in Hotel Dieu, the same hospital in which they were born in January, 1962. Their mother had been taking thalidomide pills during her pregnancy and became a victim of the drug that deformed infants around the globe before doctors in Germany discovered the drug was the cause of the deformities.

The right forearms and hands of each child appear almost normal. It is the left forearms that are affected the most, as neither of them have radial bones — the bone on the upper side of the arm that links the thumb-side of the wrist with the elbow.

Left Hands Bent

As a result, the left hands of both infants are bent inward.

They underwent preliminary operations to loosen the skin and tendons on the deformed hands so there would be more elasticty in the limbs when the straightening surgery was performed. To do this, doctors planned to cut existing bones and attach them at such an angle that would leave the forearm straight.

Deborah has already undergone these operations, and David is expected to undergo the further treatment within the next week or so.

The stumps of what appeared to be thumbs on both of Deborah's hands have also been amputated.

Both are recuperating splendidly, according to both parents and doctors. The mother of the twins said they have had no difficulties getting along with the other four children in the family.

Government aid is being given the family because of the deformities.

Doctors Do Lung Change

July 9/63

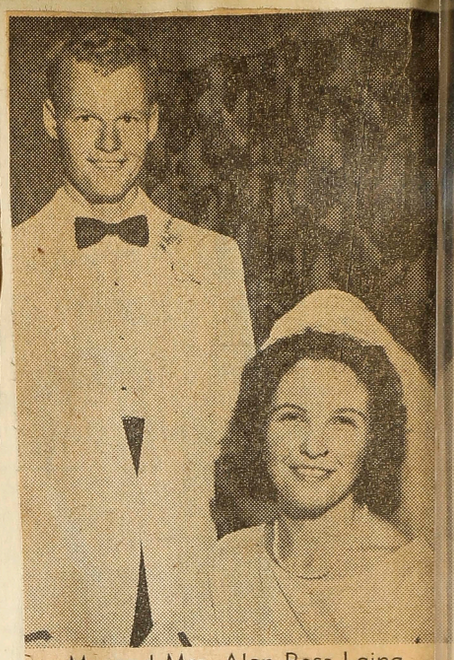
PITTSBURGH (AP) — Doctors at Presbyterian University Hospital have transferred a lung from a dead person to a living person for the second time in history, it was disclosed yesterday.

The transfer was made from a man 33 years old to a 44-year-old man. Names were not available.

Doctors said the man who received the lung was suffering from a condition in which the air space of the lung becomes enlarged. He had been given less than a week to live.

The operation was done Sunday by a team of 15 doctors. The organ was kept "alive" at low temperatures. Blood was circulated through it artificially.

The doctors still doubt the patient will live.



Mr. and Mrs. Alan Ross Laing
(Photo by Roy Kumano)

July 6/63

Laing - Beattie

Rev. Dr. John McNab officiated at a wedding in Calvary United Church when Pauline Beattie and Alan Ross Laing, both of London, exchanged wedding vows. The bride is the daughter of Mr. and Mrs. Bert J. Beattie and the groom is the son of Mr. and Mrs. A. R. Laing, Sr., all of London.

The bride wore a floor-length gown of silk organza over peau de soie styled on semi-princess lines. The bodice was fashioned with scoop neckline and half sleeves. The A-line skirt was banded with peau de soie and hand-embroidered silk organza flowers and swept to a chapel train. A draped peau de soie headdress held her floor-length veil of silk illusion and she carried an arrangement of white orchids.

The Mrs. Delmar L. Bradley, [illegible] chener, was matron of hon[illegible] and bridesmaids were [illegible] Sheila Ferris, Ottawa, and [illegible] Heather Stanley, London. Ka[illegible] Loft, Ilderton, was flower [illegible] Senior bridal attendants w[illegible] floor-length gowns in th[illegible] shades of mauve silk organ[illegible] over peau de soie. The flo[illegible] girl wore a floor-length dres[illegible] white eyelet with mauve sas[illegible]

Rory McLachlin, London, [illegible] groomsman and ushers [illegible] Gordon Glaves, Paris, [illegible] James Laing and John La[illegible] both of London.

For a wedding trip, the b[illegible] wore a beige boucle dress [illegible] jacket with beige shoes [illegible] gloves, beige and coral bag [illegible] corsage of deep pink carnati[illegible] The bride is a graduate of [illegible] University of Western Ont[illegible] and the groom is a studen[illegible] the University of Western [illegible] tario Medical School. The co[illegible] will live in London.

[illegible] to a special building fund on the pledge was made.

Retardation Study Accord Is Sought

July 11/63

WASHINGTON (CP) — Canadian and U.S. medical authorities conferred yesterday on ways of co-ordinating their efforts to help prevent mental retardation in children and to strengthen rehabilitation prospects for those afflicted.

Dr. G. Allan Roeher, of Toronto, executive director of the Canadian Association for Retarded Children, said he opened exploratory talks with Dr. Stafford Warren, President Kennedy's new special assistant in this field, and with Dr. Donald Stedman, associate research director for the Joseph P. Kennedy Jr. Foundation.

Last year the foundation awarded Dr. Murray L. Barr, of the University of Western Ontario $33,333 for his work in the mental retardation field.

Research Aid

Dr. Roeher said he is investigating possibilities of providing more research aid which could be channelled towards deserving Canadian research men. However, the Kennedy Foundation plans to concentrate its main attention on research in the United States, aside from its annual awards which are distributed on an international basis.

Dr. Roeher also plans to hold talks with the U.S. National Institute of Health which provides many research grants. He plans to return to Toronto Thursday night.

The Canadian Association has launched a campaign to raise $1,000,000 during the next five years to aid research in prevention of mental retardation and to expand work in the social and other sciences to learn more about the effects of retardation and how the lives of children afflicted could be made happier and more useful.

British Doctors Urge Anti-Smoking Crusade

July 12/63

OXFORD, England (AP) — Britain's doctors called on the government yesterday to launch a massive campaign against cigarette smoking as a move to help eliminate lung cancer.

Cancer Link

The conference of the British Medical Association — representing Britain's 50,000 doctors —urged the health ministry to aim the crusade especially at persuading young people not to start smoking.

In a resolution, the doctors unanimously declared themselves "alarmed at the amount of lung cancer associated with smoking."

They said they want the health ministry and civic authorities throughout the nation to intensify the current poster campaign against the dangers of smoking.

A Belfast physician, Robert A. McIlrath, said 26,000 persons died in Britain last year of lung cancer. He asserted that 20,000 of these deaths were associated with cigarette smoking.

Doctors, he said, already had set an example. A year ago two-thirds of the doctors at the conference smoked cigarettes. Now only one-third are cigarette smokers.

"But the problem is financing such a campaign," the physician said. "The cigarette companies spent £38,000,000 ($114,000,000) last year on advertising. I suggest the government put a small tax on each pack of cigarettes to help pay for the anti-smoking campaign."

At the same time, the 500 doctor-delegates threw out a suggestion that the sale of cigarettes to people under 18 be made illegal.

The physicians met in an atmosphere unclouded by smoke fumes. Smoking inside the conference hall was banned.

In other policy decisions, the association reaffirmed its official support for fluoridation of public drinking water and decided to urge the government to step up medical aid to underdeveloped countries.

UWO Professor Heads Foundation Of Prescription Drug Industry

July 13/63

Dr. F. S. Brien, professor of medicine at the University of Western Ontario, has been appointed chairman of a foundation for the study of therapeutics which has been formed by the Canadian prescription drug industry.

Dr. Brien, who was chairman of the special committee on new drugs appointed by the Royal College of Physicians and Surgeons of Canada at the request of the minister of national health and welfare, which gave its report last December, is currently out of town for several weeks.

Establishment of the foundation was announced at the spring general meeting in Quebec City of the Canadian Pharmaceutical Manufacturers Association by its president, Roger Larose. The project has been in the preparation stage for more than two years.

General purpose of the foundation will be to improve the standards of evaluating new drugs and to initiate interest in the field. It will operate as an independent body under direction of a board of trustees as yet not appointed.

Dr. R. F. Farquharson, of Ottawa, director of the Medical Research Council is honorary chairman of the new foundation. The prescription drug industry has pledged $50,000 to support the work of the foundation during its first year and will continue contributions for at least five years.

Main Areas

"The foundation will provide financial support in two main areas, the training of clinical investigators in the methodology of drug investigation and research in the study of methodology itself, with the aim of improving and refining the methods of evaluating drugs," said Mr. Larose.

"Specific projects of general interest such as the intermediate metabolism of drugs, toxicology, etc., could be considered to be areas which qualify for support from the foundation. Primarily the foundation would distribute its funds in universities and teaching hospitals. It would not itself support the evaluation of individual drugs."

Schools, UWO See Large Tax Savings

July 10/63

Removal of educational institutions from the shadow of the federal government's 11 per cent sales tax on building materials means savings of $1,000,000 to the University of Western Ontario's expansion program and $80,750 for London public and separate school construction next year it was estimated yesterday. The savings are based on building plans now projected.

Western is in the midst of a huge expansion program that will mean an expenditure of an estimated $36,000,000 by 1970-71.

"It is most gratifying that the government has given recognition to the place of universities in Canada's future," said R. B. Willis, university vice-president.

The London Board of Education has estimated $1,240,000 for public school construction for 1964. The tax would have increased this amount by about $62,000.

London Separate School Board's expansion plans call for an expenditure of about $375,000 for next year. The tax on this was calculated at $18,750.

Softening the sales tax on building materials and production machinery hasn't changed a London developer's decision to cancel a 50-unit apartment project in North London.

But expressions of relief came from those connected with the printing industry in the city The budget "clarification" exempted materials used in typesetting and other manufacturing processes from the additional tax.

Revision of the budget means that the 11 per cent tax on building materials and production machinery will be imposed in three stages: Four per cent from last June 14 to March 31, 1964; eight per cent from March 31 to Dec. 31, 1964; and the full 11 per cent from then on.

E. K. McLean, president of Realty Development Co. Ltd., who announced last week he was not going ahead with a $600,000 luxury apartment project in the Grosvenor-St. George streets area, said yesterday he hasn't changed his mind "and I don't think I will."

"The budget has had the effect of making the market too uncertain," he said.

W. A. Paterson, vice-president and general manager of Eaton Automotive Canada Limited, who said last week that the tax on production machinery put long-range expansion plans "in jeopardy," said he couldn't comment on the effect, if any, the budget revision would have on his company's plans.

The firm has projected plans to produce axels and other components here at some future date instead of importing them from the United States. The expansion program would entail a capital investment of $2,250,000 in equipment and tooling and provide jobs for a minimum of 40 additional hourly-rated employees.

Murray Kelly, president of Murray Kelly Printing and Lithographing Ltd. termed the exemption on materials used in manufacturing processes as "happy news" for the printing and graphic arts industries. He said it is "difficult to estimate" how much of an increase in cost the tax would have meant to the buyer of printed items.

"But it would have been substantial," he said.

Hospital Workers Ask Full Bargaining Rights

July 10/63

The Building Service Workers' Union yesterday asked board of control to scrap legislation barring full collective bargaining rights to Victoria Hospital employees.

Bylaw Target

Target of the union objections is a 1951 bylaw removing hospital employees from the terms of the Ontario Labor Relations Act.

The bylaw was enacted by council at the request of hospital trustees, after the Ontario Labor Relations Board ruled the hospital staff were employees of the municipality.

After hearing John Askin, business agent for local 220, London and District Building Service Workers' Union, board of control decided to ask the OLRB if it still felt Victoria Hospital employees are under council — rather than hospital board — jurisdiction.

The board also received a letter from the hospital trust requesting retention of the bylaw excluding hospital employees from Ontario's labor legislation.

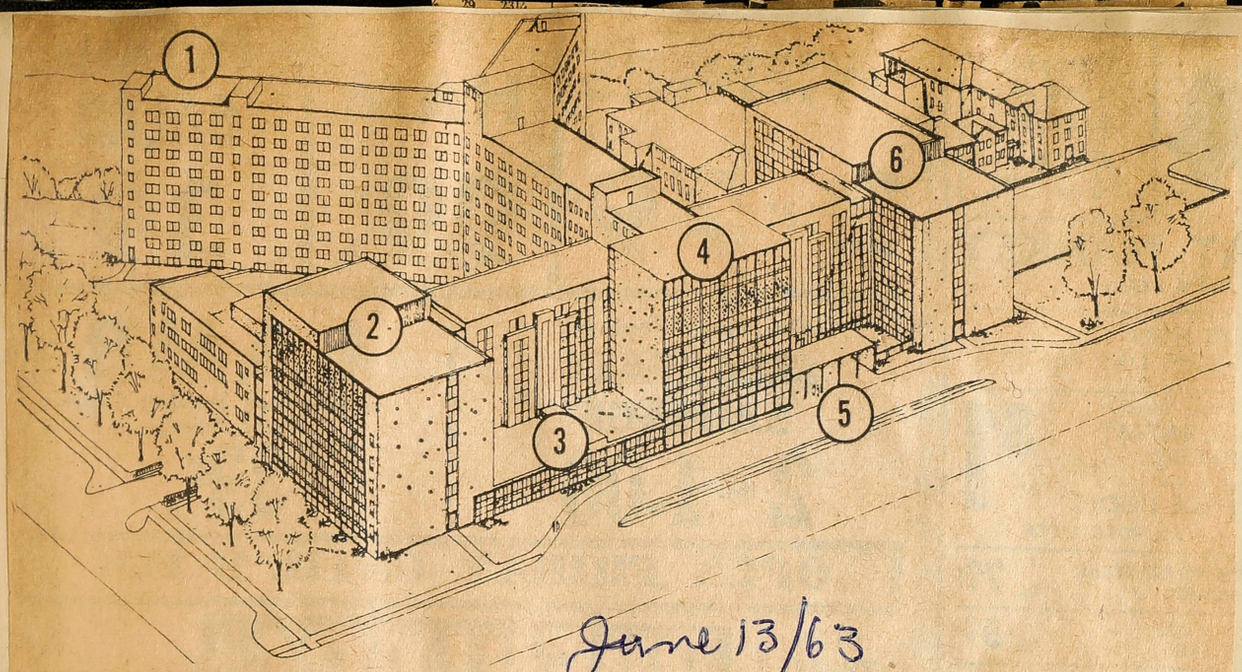
The board agreed to seek talks with hospital authorities on the issue.

Evaded Point

Mayor Stronach charged the hospital trustees had "evaded the point altogether" and maintained the bylaw made "second class citizens" of employees.

Approximately 500 non-professional hospital employees are now members of local 220, which has an agreement with the hospital board. The agreement was not worked out within the scope of the Labor Relations Act, however, and the union maintains an additional 200 employees would become members if the city lifted restraint to collective bargaining.

In the letter, the hospital trustees said the employees had been fairly treated and they could see no reason to repeal the bylaw.



June 13/63

HOSPITAL PLAN — This, Victoria Hospital Trust hopes, is the way Victoria Hospital will look sometime in 1968 after changes estimated to cost more than $6,000,000. Numbered areas represent additions or major alterations. Construction of the first addition (No. 1) is expected to get underway in 1964. Specific plans for use of the expanded areas have not yet been established. The expansion is designed to increase and improve facilities for operating rooms, X-ray quarters, laboratories, and diagnostic areas like the emergency treatment section. There will be no major addition of bed space. Architects are Nolan and Glover, of London.

CMA Concerned Over Road Toll

TORONTO (CP) — Canadian doctors, concerned about the rising human toll in traffic accidents, called yesterday for improvement in ambulance services, compulsory installation of seat belts in automobiles and breath tests in drunk-driving cases.

The general council of the Canadian Medical Association approved a report describing ambulance services as "unsatisfactory" in most parts of Canada and calling on provincial and municipal governments to review their services "as a matter of the utmost importance."

Dr. Wallace Troup of Ottawa, chairman of the CMA committee on traffic accidents, said in his opinion ambulance services should be run by public authorities and "ideally" by hospitals.

Private ambulance services in general lack adequate licencing, equipment and training, Dr. Troup said. Montreal handed ambulance service to the police and now has an efficient operation, he said.

The recommendations called for compulsory installation of seat belts and suggested padded dashboards, sun visors and headrests as safeguards against head and neck injuries.

The CMA decided to seek a meeting with the Canadian Bar Association to urge an amendment to the Criminal Code to allow the admissibility of evidence on blood alcohol and breath tests in Canadian courts. Currently, if a drunk-driving suspect declines a police blood or breath test it cannot be mentioned in evidence.

Dr. Hall Renamed To Canada Council

July 18/63

By ROBERT W. NEEDHAM
Free Press Staff Writer

OTTAWA — Dr. G. Edward Hall, president and vice-chancellor of the University of Western Ontario has been appointed for a second three-year term as a member of the Canada Council, Prime Minister L. B. Pearson has announced.

The prime minister at the same time identified five new appointees: Dr. Henry D. Dicks of Halifax, former Nova Scotia Liberal leader and now vice-president of Dalhousie University; Rev. Jean A. Arsenault, Charlottetown, a teacher of French and of fine arts at St. Dunstan's University, Dr. Miriam Dorrance of Vancouver, Stuart Keate of Victoria, publisher of the Victoria Daily Times and Dr. C. J. MacKenzie, Ottawa, former president of the National Research Council and the Atomic Energy Control Board.

The five fill the following vacancies: Mrs. Margaret Bell of Victoria, first appointed May, 1959, re-appointed May, 1962, resigned April, 1963; Mrs. A. L. MacDonald of Hamilton and Dr. Frank MacKinnon of Charlottetown whose second three-year term expired in May, Sir Ernest MacMillan of Toronto and Dr. N. A. MacKenzie, Vancouver, whose second three-year terms ended July 15.

The Canada Council Act states that members who have served two consecutive terms of three years are ineligible for re-appointment for 12 months thereafter.

Re-appointed along with Dr. Hall was Dr. John W. T. Spinks, Saskatoon, president and vice-chancellor of the University of Saskatchewan.

Cigarette Smokers Labelled 'Deficient'

June 13/63

TORONTO (CP)—The adult who smokes cigarettes is "intellectually deficient and morally derelict," the Canadian Medical Association was told in no uncertain terms yesterday.

Dr. Norman C. Delarue, Toronto chest surgeon, who helped plan the CMA's plan of action against lung cancer, hammered at the importance of convincing the public that cigarettes threaten lives. At the same time he worked to convince his fellow doctors at the CMA annual meeting to start the ball rolling.

* * *

His description of the adult smoker was based on the idea that the person who continues smoking is ignoring scientific evidence on its danger and is setting a bad example. Parental example is one of the most important factors influencing the young people to smoke or not to smoke, he suggested.

Only a couple of doctors in the meeting hall were seen smoking cigarettes during the speech and they were sitting at the back of the hall.

* * *

Dr. Delarue said Canada should follow Britain's example in promoting government publicity campaigns against smoking. He displayed British posters, including one showing a coffin with the caption: "The big flip-top box for smokers."

He contrasted the readiness of the government to take sweeping action against the drug thalidomide last year, which affected slightly more than 100 Canadian babies, with lack of official action against cigarettes.

The chest surgeon, who once smoked mildly but gave it up before lung cancer became "epidemic" said a smoker fully convinced that cigarettes cause lung cancer can quit cold without discomfort. He said outside the meeting that he has observed this among patients with lung cancer and members of their families.

He spoke a day after the CMA's governing general council approved plans to attack the cigarette-lung cancer problem, seeking government support in a program of education.

Examining the causes of the public's apparent reluctance to accept "overwhelming" evidence of the risk, Dr. Delarue concluded the blame lies jointly in doubts about the evidence, advertising pressure, apathy and the absence of example and leadership, particulary among doctors.

Over-emphasis of the importance of addiction "merely provides the smoker with a crutch with which to rationalize his continuing use of cigarettes."

* * *

"One cannot fail to be impressed by the ease with which the confirmed smoker gives up the habit when faced with the challenge of actual disease, either personally or in his immediate family. . . withdrawal symptoms are non-existent under these circumstances."

Giving up cigarettes may cause discomfort among quitters less personally involved with proven risk, but withdrawal is not overwhelming "provided the smoker believes the evidence implicating ciggarettes in the increased risk of lung cancer. . . and the risk to life."

* * *

Repeating the accumulated evidence, Dr. Delarue reminded colleagues that:

1. More people died last year in the United States of lung cancer than in traffic accidents.

2. About 95 out of every 100 lung-cancer patients die within five years of treatment.

3. Non-smokers, whether city or country dwellers, "remain risk-free for practical purposes as far as lung cancer is concerned."

4. The more exposure to cigarette smoke the greater the risk of lung cancer, whether the smoker lives in the country or the city.

The association recorded its opposition yesterday to the association in advertising of athletic activity and athletes with smoking and the use of alcohol.

Dr. G. E. Duff Wilson of Kitchener, chairman of the CMA committee on physical education and recreation, said the doctors considered cigarette and alcohol advertisements that feature well-kown athletes or athletic activity an unfair inference that those activities go well together.

* * *

In Ottawa, Dr. Andrew Stewart, chairman of the Board of Broadcast Governors, will meet Health Minister Judy La Marsh shortly to discuss cigarette smoking and lung cancer in relation to radio and television advertising.

BBG Vive-Chairman Carlyle Allison said yesterday the BBG has received representations from the Saskatchewan Cancer Commission expressing concern at the effect of cigarette advertising on television on young persons.

The commission, a branch of the Saskatchewan public health department, suggested that a similar cigarette advertising policy be adopted as for liquor ads.

Board members are reported to have discussed the matter at a closed meeting last week but have expressed the view that the BBG should not act unilaterally in taking steps to control cigarette advertising without some lead from the federal and provincial health departments.

It was felt that the board should not impose restrictions on cigarette advertising on radio and television, unless the health department was willing to extend such controls to all media, including newspapers and advertising.

The BBG decided to instruct Dr. Stewart to seek a meeting with Miss La Marsh to discuss the question and to ascertain the views of her department. The date for the meeting has not yet been set.

* * *

In Montreal, Mrs. W. M. Stewart, president of MacDonald Tobacco Inc., said her firm will go along with any federal legislation on cigarette smoking because "we would have no choice."

She was commenting on the medical association's decision to seek federal legislation that would require cigarette manufactures to print warnings on each cigarette package that the product is dangerous to health.

"It hasn't been proved in any way, shape or form that smoking causes cancer," Mrs. Stewart said. "But if the government recommends against this, I don't see what we can do but go along."

Appointed Director Labatt Subsidiaries



DR. G. E. HALL

July 18/63

The appointment of Dr. G. E. Hall, president and vice-chancellor of the University of Western Ontario, as a director of Canada Duphar Limited and Labatt Industries Limited, is announced by John B. Cronyn, president of the two London, Ontario, companies.

Dr. Hall is a graduate of the Ontario Agricultural College, Guelph; the University of Toronto and the University of Ghent; was on the teaching staff of the Banting Institute from 1929 to 1939; and during the war supervised R.C.A.F. research in aviation medicine. He became dean of Western's faculty of medicine in 1945 and president in 1947.

Canada Duphar manufactures and markets medical pharmaceuticals; Labatt Industries ingredients for feed, food and drugs.*

Name Committee Members To UWO Governors' Board

June 24/63

Appointments to committees of the University of Western Ontario board of governors for 1963-64 have been announced by Lt.-Col. D. B. Weldon, chairman. Among them are:

Faculty of medicine committee: A. R. Ford, Dr. C. Y. Hauch, of Owen Sound; Capt. Joseph Jeffery, R. H. Reid, J. H. Stevens and Dr. O. H. Warwick, dean of the faculty of medicine, secretary.

Property: W. L. Duffield, J. E. Smallman, C. F. Stevens, J. H. Stevens and B. F. G. Ward, secretary.

Finance: Mr. Duffield, J. H. Stevens, Mr. Reid, Mr. Smallman, Lt.-Col. J. G. Thompson and Mr. Ward, secretary.

Ex-officio members of all three committees are Chancellor V. P. Cronyn, Col. Weldon, board of governors vice-chairman W. L. Duffield, UWO president Dr. G. E. Hall, UWO vice-president R. B. Willis, board secretary F. H. Rowland, and comptroller R. R. Glover.

Engineering science advisory committee: H. R. Newell, of Watford, Mr. Stevens and Col. Thompson. Dr. Hall and Dr. R. J. Uffen are ex-officio members and R. M. Dillon, dean of the faculty, secretary.

Other members are E. V. Buchanan, J. B. Cronyn, J. W. Barrington, R. L. Hearn, V. A. McKillop, E. V. Rippingille Jr., G. R. McMillin, D. B. Strudley, L. D. Smithers, K. F. Tupper, J. P. Carriere, R. E. Costello, J. R. Houghton, L. D. Dougan, D. D. C. McGeachy, E. P. Geary, A. D. Misener, A. K. Rowntree, S. Thurgar, W. A. Woodcock. Honorary members: A. W. Cope, J. L. Mingle, C. H. Ivey, J. A. Vance, J. Judge.

W. C. P. Baldwin was appointed chairman of a new municipal government committee, membership of which is yet to be chosen.

Joint relations committees: Beck Memorial Sanatorium, Dr. F. S. Brien, Dr. A. D. McLachlin, Dr. Hall, Dr. O. H. Warwick and Capt. Jeffery; Victoria Hospital, Mr. Ford, Mr. Reid, J. H. Stevens, and the faculty of medicine committee chairman; Dr. Hall, and Dr. Warwick; St. Joseph's Hospital, Dr. Hauch, J. O. Hughes, Mr. Reid, and the faculty of medicine committee chairman, Dr. Hall and Dr. Warwick.

Appointements to special committees, 1963-64: advisory committee on athletics, W. B. Granger, J. J. McHale, Sr., E. H. Nelles, A. Smith, C. R. Somerville, C. A. Thompson; athletic directorate, Mr. Duffield, Dr. Hauch, J. H. Stevens; alumni, Mr. Duffield, Dr. Hauch, W. H. Hemphill, Mr. Newell, J. H. Stevens.

School of Business Administration advisory committee: W. H. Rea, chairman, J. H. Moore, W. A. Bean, T. F. Moore, Paul Bienvenu, J. H. Ratcliffe, G. A. Burton, Mr. Reid, N. R. Crump, F. T. Sherk, H. G. DeYoung, Col. Smallman, Mr. Duffield, J. H. Stevens, Dr. Hall, R. B. Taylor, E. L. Harvie, Col. Thompson, Mr. Hemphill, W. A. Thompson, J. W. Horsey, D. B. Weldon, R. G. Ivey, J. J. Wettlaufer, F. W. P. Jones, J. R. White, G. A. Labine, R. B. Willis, L. L. Lang, J. E. Woods.

Jeffery stamp collection trustees: J. A. Campbell, Capt. Jeffery, Dr. Fred Landon, K. R. Richardson, Stanley Shantz, Dr J. J. Talman.

Faculty of Medicine Lists Award Winners

June 22/63

Scholarships and prizes won by undergraduate students during the past year were announced yesterday by the faculty of medicine of the University of Western Ontario.

Actual presentation of the prizes will not be made until students return to school in September.

The Verda Taylor Vincent scholarship, the Hippocratic Society award in anatomy, and the C. B. Mosby Company scholarship award for first year biochemistry were won by Christina DeJonge, of Caistorville.

David Michael Grace, of London, won the Leonard Sutcliffe memorial scholarship, the Sandoz prize in medicine, the Ciba prizes in medicine, and the C. V. Mosby Company scholarship award for third-year pathological chemistry.

Other Award Winners

The J. B. Campbell memorial scholarship in physiology, Neil Roderick Willis, of London; the B'Nai Brith scholarship in pathology, James Gregory Johnston, of London; the Dean Russell prize in neuroanatomy, Gary Gilbert Ferguson, of London; the Ciba prize, James Leslie Hiscox, of Collingwood; the Ontario Medical Association prize, Donald James Henderson, of Toronto; the Khaki University and YMCA scholarship, Raymond Henry Hollands, of London;

The Canada Duphar Limited prizes in pharmacology, jointly to David Michael Grace and David Marshall Parks Thomson, of Windsor;

The C. V. Mosby Company scholarship awards — first-year histology, James Arthur Sharpe, Brantford — second-year bacteriology and immunology, Neil Roderick Willis — second-year psychiatry, Gary Allan Gibson, of Galt;

The Rowntree prizes in medical history — Dale Virginia Edwards, of Grimsby, first — Edwin John Franczak, of London, second — Catherine Elizabeth Musclow, of Hamilton.

UWO Names 21 Fellows Of Residence

June 22/63

Hon. Milton F. Gregg, VC, former warden of Medway Hall, yesterday was appointed by the board of governors of the University of Western Ontario as honorary residence fellow of the university, along with 20 fellows of residence appointed from the faculty.

Mr. Gregg, who retired early last year as warden, formerly was minister of veterans affairs and later minister of labor in the cabinet of Prime Minister St. Laurent. He had a distinguished career in public life following a successful military career and in recent years has served in several capacities with the United Nations in Asia.

Other Fellows

Other residence fellows:

Medway Hall — New appointments, Dr. Walter Balderston, Dr. J. H. Blackwell, Prof. R. W. Packer, Dr. E. R. Plunkett, Dr. J. A. F. Stevenson; reappointments, Dr. D. R. Ladd, Dr. E. G. Pleva, Dr. G. L. Reuber, Dr. H. B. Stewart, and former Chief Justice Dean I. C. Rand.

Sydenham Hall — New appointments, Dr. Jaroslav Havelka, Prof. Leonid Ignatieff, Prof. W. J. L'Heureux, Dr. P. C. Stratford, Prof. Walter A. Thompson, and Dr. W. H. Wehlau; reappointments, Dr. A. H. Johnson, Dr. R. G. E. Murray, Dr. R. W. Nicholls, and Dr. Robert J. Uffin.

Drug Control Plans Outlined

June 20/63

ST. ANDREWS, N.B. (CP) — Health Minister Judy La Marsh told a gathering of druggists last night "unknowing and wilful disregard" of the public interest has led to federal controls in the drug field.

She made the remark in outlining to the Maritime Pharmaceutical Association steps being taken by the federal government to ensure drug safety.

"The primary responsibility for the safety of drugs rests with the manufacturer and should remain there," Miss La Marsh said in her address. "The pharmacist and physician bear a dominant responsibilty for ensuring that potent drugs are intelligently used under competent direction."

Through drug legislation, she said, the federal health department sought to fortify and support the "competent and ethical members" of the drug industry and of the pharmaceutical, medical and related professions.

UWO Appoints Three to Faculty, Department Heads Given Leave

June 22/63

Three senior faculty members were granted leave of absence and three new faculty members were appointed yesterday by the board of governors of the University of Western Ontario.

Dean R. M. Dillon of the faculty of engineering science leaves Monday for two months at the request of the government of Thailand to help establish a school of engineering there. He will visit Bangkok and other parts of the country during a tour arranged through the external aid office of the Canadian government.

Dr. Alan C. Burton, head of the biophysics department has been invited by the chancellor of the University of London, England, to be a "distinguished visitor" for six weeks at the university during January and February.

Dr. Murray L. Barr, head of the department of microscopic anatomy, who last December was given a $33,333 cash award by U.S. President Kennedy for his research work in mental retardation, will take a "busman's holiday" during September and October when he will visit leading universities and laboratories in the United Kingdom and Europe.

Appointed lecturer in the department of pure and applied mathematics and astronomy, University College, is Kimmo Innanen, 26, who is now with David Dunlap Observatory, University of Toronto. Mr. Innanen expects to receive PhD. degree this fall from the University of Toronto.

He graduated from the University of Toronto in 1959 with an honors BA degree in Aeronautics option of engineering physics, and received a MSc. degree from the University of Waterloo in applied mathematics the following year.

Dr. Frank Joseph Hayden, research associate and lecturer at the school of physical education, University of Toronto for the past 2½ years, has been named assistant professor in the department of physical health and recreation, University College. He is 33 and is a graduate of St. Catharines Collegiate Institute and UWO in honors physical education. He obtained MSc and PhD degrees from the University of Illinois in 1957 and 1962, respectively.

Dr. Hayden for 18 months was commissioned by the RCAF to help design the now-famous 5BX plan for physical fitness and to construct training programs and course curricula for RCAF recreation officers.

Dr. Hayden served for three years as research assistant to Dr. T. K. Cureton in the physical fitness research laboratory at the University of Illinois as a graduate student and last May with Dr. Cureton presented a paper at the scientific sessions of the annual meeting of the American College of Sports Medicine in Minneapolis. As an undergraduate at UWO he was active in student affairs, participating for three years in the wrestling team and serving as an assistant coach of the intermediate football team.

James M. Arrowsmith, 22, who graduated in 1961 from the London (England) School of Economics, has been appointed lecturer in the department of economics, University College. He won a state scholarship in England and other scholastic awards, and a Harkness Fellowship to study in the United States, awarded by Commonwealth Fund University of Michigan, 1961-63.

'One Big Meal' Eaters Get Fatter Than Nibblers

June 22/63

Canadian nutritionists were told today that "one big meal" eaters are liable to be fatter than "nibblers" who spread their food intake throughout the day.

Dr. J. A. F. Stevenson, head of the department of physiology in the University of Western Ontario faculty of medicine, recounted his experiments in controlling the diets of rats.

When given a mixed diet (largely made up of starches) to be eaten within a short period of time, the rats remained happy and healthy but their ability to produce fat in the body was greatly increased.

The obvious inference is that late - day eaters (who may take no breakfast, little lunch, and then eat a heavy meal and several snacks from 6 p.m. to midnight) probably will be greater fat producers.

And they'll show it.

Better to spread your food intake over the day, says Dr. Stevenson. "To eat all your food for the day at one time encourages your body to form fat."

Nutrition Society

In another paper to the annual conference of the Nutrition Society of Canada, meeting at Western, Miss M. R. Graham, also of the UWO physiology department, reported that dietary restriction during youth showed more permanent retardation in growth than in later years.

Experimental rats whose diets were restricted (but not enough to harm their health) before puberty, were unable to throw off the effects in later life. They remained smaller all their life than rats which had a normal diet before puberty.

Rats which had dietary restrictions for a time after puberty were more able to overcome the deficiency when returned to a normal diet.

The same conclusions probably hold true for the human child, Miss Graham said.

Births

BOYCE — Dr. and Mrs. Murray Boyce (nee Shirley Blackwell) are happy to announce the birth of identical twin sons on June 23, 1963, at Victoria Hospital. Brothers for Karen, Kimberly and Rebecca.

GOLDBERG — Dr. and Mrs. Ben Goldberg (nee Moraff) announce the arrival of a daughter, Adele Esther, on June 20, 1963, at Victoria Hospital. A sister for Joel, Mark and Brian.

Unsaturated Fat Theory Not Proven

June 22

A five-year experiment on seven patients who were told to drink three ounces of corn oil a day has not proven a heavy diet of unsaturated fat will prevent heart disease, Dr. Gaston Choquette, of Montreal, told Canadian nutritionists yesterday.

Dr. Choquette said that the blood cholesterol count of patients in the experiment went down during the first year of study, but then gradually rose again.

It is believed that cholesterol may be to blame for certain coronary diseases. Saturated fats (animal fats) in the diet seem to increase formation of cholesterol in the blood while use of unsaturated fats (vegetable fats) seems to reduce cholesterol formation.

Aim of the experiment was to see whteher a higher than usual amount of unsaturated fat would lower the blood cholesterol count even more.

In a paper to the Nutrition Society of Canada, meeting at the University of Western Ontario, Dr. Choquette said no conclusion could be reached because it is not certain if the patients actually stayed on the oil-drinking diet.

Perhaps an adaptation of the body mechanisms may have brought the cholesterol count up again, or perhaps " . . . it is because at the present time the population in general and even these patients are not motivated enough to stay on such a diet," he said.

New U.K. Medical Code of Ethics To Guard Against Unproved Drugs

July 13/63

OXFORD, England (AP) — British doctors drafted a new code of ethics yesterday designed to guard patients against the dangers of unproved drugs.

They said a basic question a doctor must ask himself before using untried preparations is would I use it on my wife or children?

The drafting of the code by a panel of doctors from the British Medical Association followed published claims recently that human patients had been used as guinea pigs — unknown to themselves — for the testing of drugs.

Used in Experiments

A British magazine reported that sick persons, sometimes too ill or too muddled to know what was happening, had been used for such experiments. The drugs were not necessarily calculated to aid the patients' condition in the short run, it was claimed.

The magazine article said a group of university students had been fed with a drug and then had been told that a terrible mistake had been made — the drug they had been given was lethal. Their heart beat and other reactions to this use were tested. Then they were told that the drug wasn't lethal at all. The magazine claims this was done purposely.

Must Tell Patients

The new code says doctors must take patients into their confidence and not use them as unwitting guinea pigs.

The British Medical Association's spokesman said:

"This is really just a stop-gap measure until something more elaborate can be fixed by the world association — a code that can be applied universally."

The British move was given an added sense of urgency by the thalidomide tragedy last year when hundreds of babies were born deformed — said to be the result of their mothers taking the tranquillizer drug in early pregnancy.

Five Points

The five-point code laid down by the British doctors, meeting in their annual conference, states:

1. New drugs should not be prescribed unless prior investigation into the possible effects upon the human body have been fully adequate.

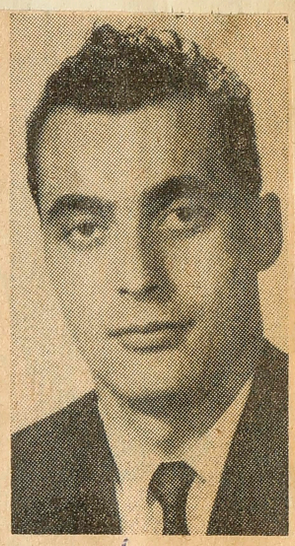
2. Before a new drug is used in treatment, the clinician should ensure that the distributors of the drug are reputable and their claims for the drug's efficiency include independent evidence.

3. No new technique shall be undertaken on a patient unless it is strictly necessary for the treatment of the patient, or alternatively that, following a full explanation, the doctor has obtained the patient's consent.

4. A doctor wholly engaged in clinical research must be at special pains to remember his responsibility to the individual patient.

5. The patient must never take second place to research; a doctor must be satisfied that the patient knows what is happening and what risks he is taking.





July 18/63

Engaged

Wedding plans have been announced by Jacqueline Miriam Fisher and Robert Alexander Lutz for Aug. 17, at 2 p.m., in Metropolitan United Church. The bride-elect is the daughter of Dr. and Mrs. John Fisher, and the groom-elect is the son of Mr. and Mrs. Cameron Lutz, all of London. (Miss Fisher's photo by Geraldine Carpenter; Mr. Lutz's by Ken Jensen).

St. Paul's Benefits From Doctor's Will

July 23/63

Dr. George Carleton Hale, who died May 27 at the age of 78, bequeathed $5,000 to St. Paul's Cathedral, London, and left his entire medical library to the University of Western Ontario's faculty of medicine.

The will, filed in surrogate offices here, reveals he left the remainder of his $350,084 estate to relatives and friends.

Dr. Hale, one of the founders of the Royal College of Physicians and Surgeons of Canada, was a former head of the UWO faculty of medicine and was associated with the university from 1913 to 1944. He was also prominent in aviation decompression research.

The London and District Crippled Children's treatment centre has been left $1,000, War Memorial Children's Hospital, London, $500, and the Salvation Army's Children's Village, London, $500 by Edward Barnes Flint who died June 1 at the age of 79.

Mr. Flint was president of the W. E. Saunders Pharmaceutical Manufacturers and Distributors.

The remainder of his $109,765.73 estate was left to relatives, surrogate records show.

U.K. Health Plan 15 Years Old, Lauded by Doctors' Spokesman

July 15/63

OXFORD, England (AP) — Britain's health service — compulsory, publicly - financed system of medical care for all, rich and poor—is 15 years old this month.

A prominent British physician has pronounced the service fit and flourishing, though "it is abused by some people."

Said Dr. Alfred B. Davies in a weekend interview:

"The national health service is the most comprehensive medical care system in the world. It will probably be with us forever. It has its faults. But it is evolving all the time. Gradually it is getting better."

Introduced In 1948

The system was introduced by the post-war Labor government July 5, 1948. It has since become an essential part of almost every Briton's way of life and of every political party's election planning.

Davies is chairman of the general medical services committee of the British Medical Association. As such, he is the leading spokesman for Britain's family doctors, the general practitioners.

There are about 50,000 doctors in Britain. About half are family doctors. These are the men on call day and night. They do most of their work in crowded offices where medical aid — a splint for a broken leg, a wonder drug or a simple sleeping pill — are available for the asking.

Taken Out Of Pay

The cost of the system comes out of the people's pay-cheques. But a man who is unable to pay can qualify for the most expensive treatment in the most modern clinics.

There are extra charges in some cases, but these are slight.

The system currently costs the nation about £900,000,000 ($2,700,000,000) a year.

Davies is a sworn supporter of state medical care.

"The vast majority of British doctors are," he said.

"The items on the debit side are small compared with those on the credit side."

One of the debit items is a certain restriction on a doctor's freedom to practice where he wishes. And, while anyone paying professional prices can receive private care, private rooms in hospitals are rather rare.

"On the credit side is the principle of the thing — the idea that no one need want for medical care," the doctor said.

3 10-Year Plans

The government has announced a 10-year plan to build new hospitals and modernize old ones. It will cost about £70,000,000 ($210,000,000).

A committee of the British Medical Association is studying the future development of the role of the hard-working general practitioner. Said Davies:

"The family doctor is the cornerstone of the entire system. But there is a big danger that the family doctor will die out . . . we need to narrow the gap between his earnings and those of the specialist."

Analyzing opposition in North American medical quarters to the idea of socialized medicine, Davies said:

"Doctors there are fighting like hell to avoid a national health service. As far as I can see it, there are two main reasons—they don't want to lose their freedom and they don't want a limitation on their earnings.

"British doctors have lost some of their freedom and their earnings are limited. But they did not become doctors to become rich. They did so through a sense of vocation — they wanted to care for people and to heal the sick. If they can get a reasonable income, a decent standard of living and the prospect of a reasonable pension in their old age, they will be satisfied."

Decision Reserved by OMB On Hospital Extension Protest

July 18/63

The Ontario Municipal Board yesterday reserved decision on an appeal on the committee of adjustment ruling giving the Sisters of St. Joseph permission to build an extension to the House of Providence.

Board member A. L. McCrae said the board felt a decision should be given in writing, setting out the reasons for it.

The appeal was made by M. H. Leff, who has an interest in property at the southwest corner of Richmond and College streets, across the road from the proposed addition. He argued that permitting the new building to go up only five feet from the College Street property line, rather than the 30 feet required in the zoning bylaw, would tetnd to hem in his apartment building and make renting more difficult.

He also indicated that, if the smaller setback is to be allowed, he is opposed to the House of Providence buildings going higher than the permitted 40 feet. The extra height, he added, would not be too bad if the building is set back.

The committee of adjustment had granted the variance in setback and height requirements.

Plans Redrawn

Originally, the project was to sit closer to Richmond Street, but this plan was opposed by the committee and plans were redrawn to extend further along the College Street.

Mr. Leff said the design of the new building would encourage patients to sit out on balconies, and would destroy the privacy of his tenants, since the House of Providence would be higher than his building.

Lawyer O. W. Durdin, who appeared on behalf of the sisters, pointed out that the new building would be nearly 80 feet from Mr. Leff's apartment and that the northward view from the apartment now was toward the laundry building and drying area of the House of Providence.

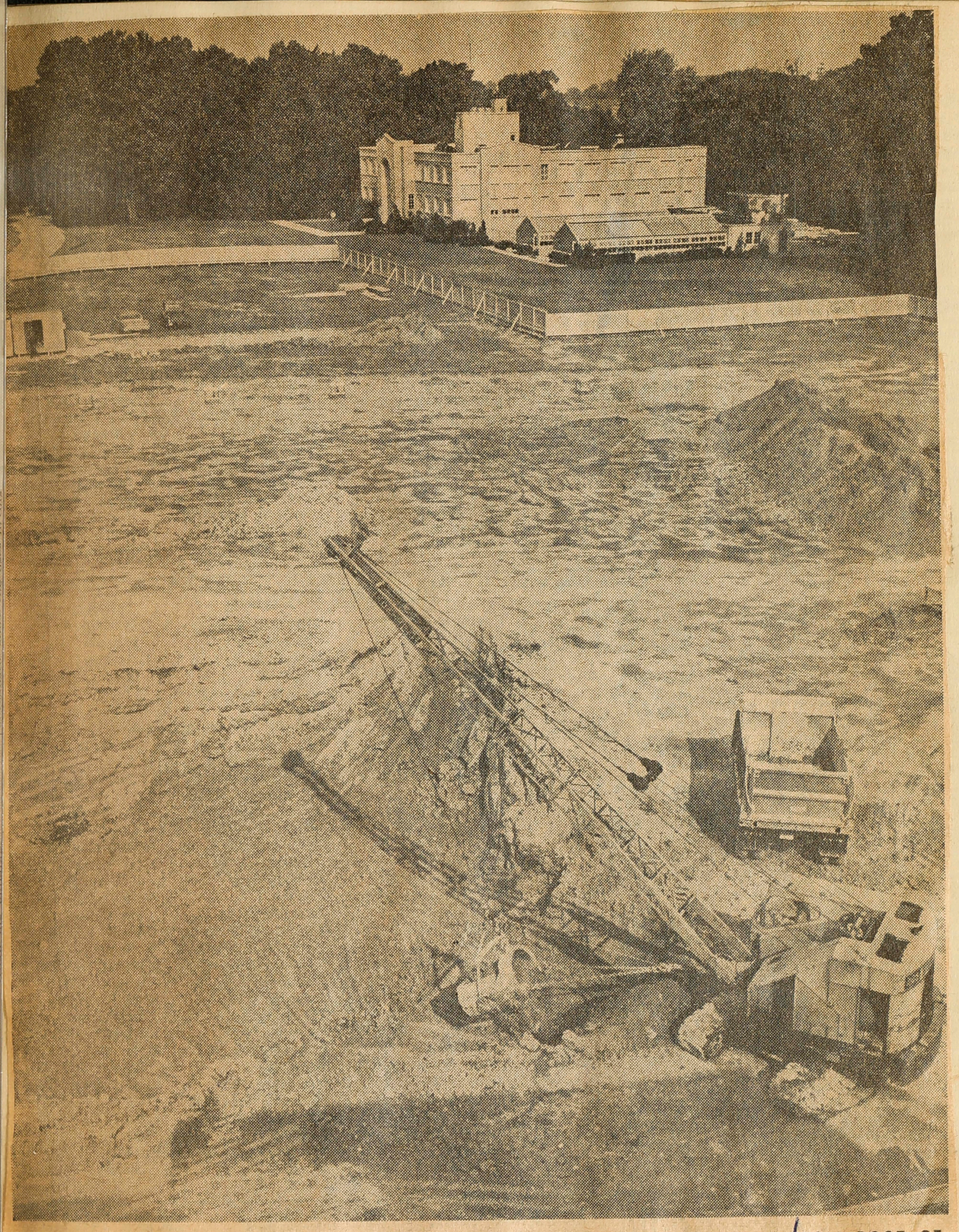
He said observing the 30-foot setback would cripple attempts to extend the buildings.

"He wants to get rid of his building," the lawyer said, and that is what the appeal is about. Mr. Durdin said the appellant had asked the sisters to buy his property, but they are not in a position to do so.

Seen Unrealistic

The board members indicated they felt that perhaps the zoning of the area—two-family—is unrealistic since the uses in this section have been predominantly hospital and institutional.

City building inspector John



OUTLINE OF THE FOUNDATION OF THE NEW MEDICAL SCHOOL IS VISIBLE FROM ROOF OF NURSING SCHOOL. July 18/63

Construction Continues

July 18/63

UWO Fund Drive Hits Doldrums

While construction continues full tilt at the University of Western Ontario in its concentrated seven-year building program, the progress of its building fund campaign has slowed during the summer months.

Campaign officials said today the fund stands at $6,180,000, just over $1,000,000 short of its goal.

* * *

Original target date for completition of the $7,200,000 campaign was July 6. No new target date has been set. The campaign will continue until the target is reached.

A large part of the remaining amount will be made up by alumni. The university alumni association has pledged to raise $1,000,000 among its members. So far alumni have raised roughly $600,000.

* * *

Although the campaign staff has been cut down, more than 1,500 canvassers will continue their fund-raising efforts. In a letter to campaign workers, H. George De Young, general campaign chairman, said it was anticipated that $7,200,000 would be difficult for a university of Western's comparative youth and small size to raise. Raising more than $6,000,000 is an achievement worthy of congratulation, but he was confident that continued effort would mean the goal could be reached without trouble.

Meanwhile excavation work is under way on the largest single item in the $36,400,000 building program — the new medical school on the university campus. The building and equipment is expected eventually to cost $5,000,000.

Two additions to Middlesex College are proceeding rapidly and will probably be in use this fall.

* * *

Although the major part of the funds for the building program will come through grants from senior governments, the university must raise at least a third of the $36,400,000. About $6,100,000 was on hand when plans got under way, making it necessary to raise another $7,200,000.

MOH Says Salty Diet Helps Beat the Heat

July 25/63

An increase in salt consumption during the summer months could help to eliminate that "completely done out" feeling, Dr. D. A. Hutchison, medical officer of health for London, said yesterday.

"There's a natural desire to increase salt consumption in hot weather," Dr. Hutchison said. "Persons doing especially strenuous work — such as athletes — should particularly take an extra amount of salt."

Dr. A. C. Burton, professor of biophysics at the University of Western Ontario School of Medicine, says the salt problem stems from a phenomenon known as homeostasis — the tendencey of the body to maintain a balance among internal physiological conditions, such as temperature, sugar, air and salt.

In hot weather there is a tendency, for the body temperature to be thrown out of balance. To counter-act this imbalance the body perspires and cools off. (As the perspiration evaporates from the skin, heat is withdrawn from the body.)

Perspiration is nearly all water (about 99 per cent) but there is some salt content. And as the sweat leaves the body, so does the salt.

Salt Key

The human body, says Dr. Burton, contains approximately a quarter pound of salt. And salt, along with several other ions, is the key to proper functioning of nerves and muscles. A deficiency can lead to heat cramps and exhaustion.

grams. Some persons may lose as much as 20 grams of salt.

Must Make Up

In order to maintain an inter nal physiological balance, th body must in some way mak up the salt lost or suffer fror heat exhaustion.

"Just increasing the amou you put on your food is a that's necessary to do," Dr. Burton said. "You don't have to take salt tablets. These often cause nausea because of the high concentration of salt in the stomach when they dissolve."

"You generally feel like taking more salt on your food anyway in this weather," he added.

Heat Cramps

Heat cramps are often caused when a large amount of lost sweat (and salt) is offset by downing only a large amount of water. The salt loss is not balanced.

But whether salt consumption is increased or not will be of little effect in the long run.

For after a few days of hot humid weather, the body becomes acclimatized anyway.

Can Adapt

This, Dr. Burton says, is one of the most remarkable features of physiology — where a human being can adapt to the conditions in which he is forced to live.

Can Adapt

Persons living continuously in a hot, humid climate will adapt to that environment. Little is known about this type of acclimatization, other than the fact that the salt content of perspiration will decline in hot weather until the total amount lost equals the total intake.

"There are very accurate limits as to the amount of salt the body should have," Dr. Burton said. "A homeostatic mechanism keeps it at a definite and precise level."

On a normal day the body will lose approximately a half gram of salt (twenty eight grams equal one ounce) in urine and perspiration. This amount is counter-balanced by salt intake in food.

When the thermometer climbs to 90 and 95 degrees, however, the amount of salt lost (via perspiration) jumps to four or five

Pesticides Seen Link To Cancer

July 25/63

WASHINGTON (AP) — A government research specialist has told a Senate subcommittee that some pesticides sold on the open market can and do cause cancer and death.

Dr. W. C. Hueper, chief of the environmental section of the National Cancer Institute, called them "biological dynamite."

Challenging testimony that the risks have been exaggerated, Hueper cited as examples of the danger: A "serious epidemic of chronic arsenic poisoning and arsenic cancers" among German vineyard workers and an "episode of accidental mass poisoning from hexachlor used in the processing of feed grain and introduced into the food supply of turkey."

He told the government operations subcommittee, which is holding hearings to determine whether stricter laws on use of pesticides are required, that there is a need for better policing and more research.

Londoner Co-Chairman Of Congress

July 25/63

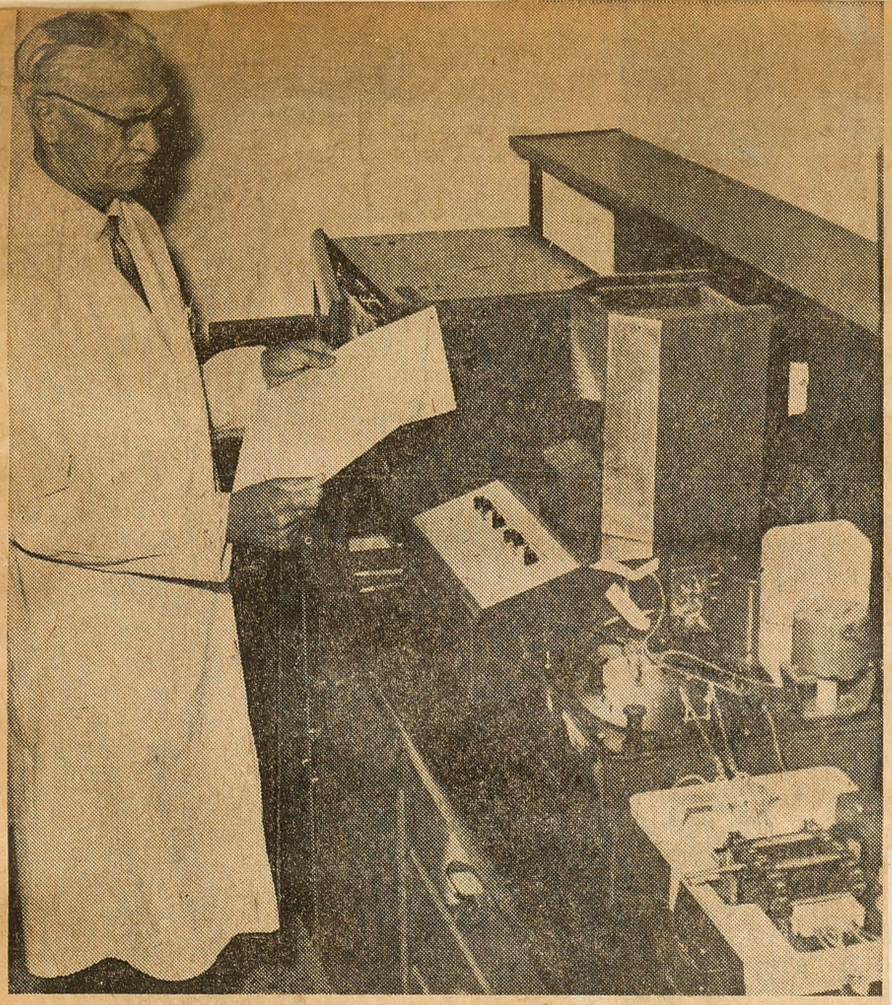
Dr. A. H. Neufeld, professor of pathological chemistry in the University of Western Ontario faculty of medicine, will be a co-chairman of the fifth International Congress on Clinical Chemistry to be held in Detroit Aug. 19 to 23.

Dr. Neufeld, who is also head of the clinical pathology laboratory at Victoria Hospital is president of the Canadian Society for Clinical Chemistry, one of the sponsoring bodies.

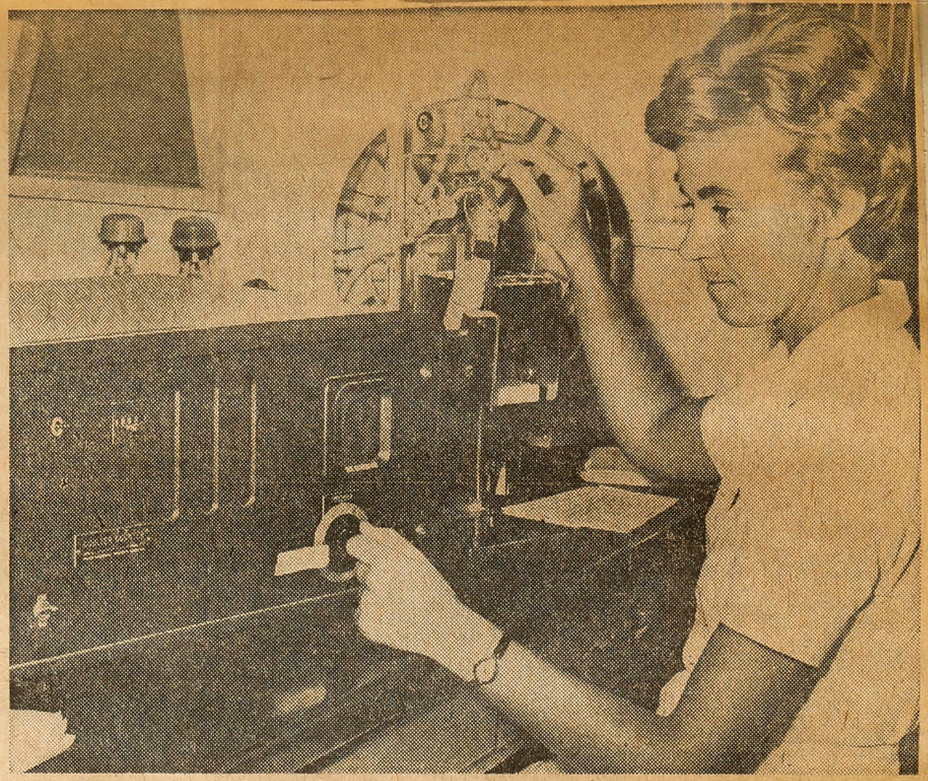
First Co-Sponsor

This year for the first time the congress is being co-sponsored by the Canadian society and the American Association of Clinical Chemists. It is also the first time that the Canadian society has been a sponsor.

The congress, held every four years, will attract representatives of national societies for clinical chemistry from 45 countries, including Russia.



LABORATORY AUTOMATION — Automation is invading the hospital laboratory as newly discovered tests and greater patient population begin to strain laboratory facilities. Shown with an auto-analyser is Dr. A. H. Neufeld, head of the clinical pathology laboratory at Victoria Hospital. The machine, which can be programmed to do literally dozens of different kinds of blood tests, can perform the work of three technicians. Tiny samples of blood are drawn through the machine in plastic tubes, at right. Dr. Neufeld is reading results on graph paper which emerges from the box at his left.



WHITE CELL COUNTER — Replacing the method of peering in a microscope and counting white blood cells is this automatic cell counter. Technician Miss Frederica La Salle is operating the machine. A blood sample passes through a capillary tube past a photo-electric cell which counts the cells as they pass. The number is recorded on the glorified adding machine at left.

July 25/63

More Work, Lack of Staff

July 25/63

Medical Laboratories Turning to Automation

By ERIC FINCH
Free Press Staff Reporter

Increasingly heavy work loads coupled with a lack of trained technicians is causing hospital clinical pathology laboratories to turn to automation.

At Victoria Hospital, for instance, there are now three machines doing blood chemistry and haemotology tests each day that would ordinarily be a day's work for nine technicians. Each machine requires only one operator.

* * *

Simple white blood cell counts now are practically all done by machine rather than by white-smocked girls peering into microscopes. The machine gives the count in seconds. An expert technician cannot do it in less than 10 minutes.

One machine can do roughly 40 blood sugar tests per hour. At Victoria, where an average of 80 blood sugar tests are made daily, it used to occupy one technician full time and another half time to handle the day's tests.

* * *

The white cell counter is a fine example of a simple procedure used to perform a complicated function. It looks like an outsized slot machine with some incidental accompanying glassware.

By means of a vacuum a tiny blood sample is drawn through a capillary tube past a photo-electric cell. As the blood passes through, each white cell breaks the flow of current and each current break is recorded on the counter. A few whirrs and the machine has recorded the passage of thousands of the cells.

* * *

Dr. A. H. Neufeld, head of the clinical pathology lab at Victoria, forsees the day when such laboratories may be almost completely automated in larger hospitals.

* * *

"Before a patient is sent to hospital in future, a blood sample might be sent along with a request for a complete chemical profile. It could almost all be done by machine. This, in turn, will have a tremendous beneficial effect on medical service," he said.

Medical research is just about doubling every five years with resulting increase in methods of testing and treatment. "Now, if you want a modern practice of medicine, you must have tremendous scientific laboratories available to you," Dr. Neufeld says.

Dr. Neufeld emphasized he is not belittling the "art" of medicine — the diagnostic skills that only profound education and wide experience can bring — but "We now clearly recognize the human being as a chemical organism that functions normally with tremendous ramifications in the chemical makeup. Illness results from changes which we can detect in the laboratory."

New procedures are always being added. Over the past three years in which Dr. Neufeld has been laboratory head, the work load has increased roughly 40 per cent each year, yet, because of automated techniques, there has been only a corresponding increase of about 10 per cent in staff.

* * *

It is not only lack of technicians that forces the move to automation. If workers are overloaded, human error naturally creeps in, but "It just got to the point where I couldn't supervise the number of technicians I would require to do all the work," he said.

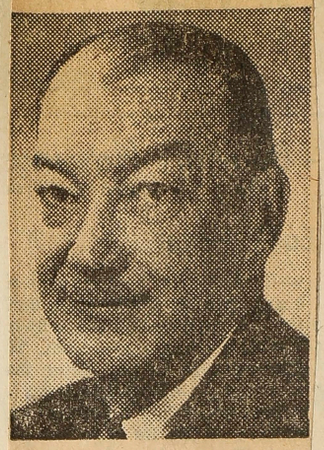
Westminster Hospital also has two of the auto-analysers, the term for the multi-purpose testing machines. St. Joseph's Hospital has a cell counter but no auto-analyser as yet.

* * *

Although the machines do enable the technicians to accomplish larger workloads, they don't do the work at the expense of the human element. Technicians, in fact, not only have to know their business but also every part of the machine and how to repair it.

"The machine cannot break down because then the patient would suffer," Dr. Neufeld said. "Tecnicians must be able to take it apart and put it together again."

JOINS IBM BOARD



EDWARD HALL

July 26/63

At the recent annual meeting, Dr. G. E. Hall, A.F.C., E.D., M.S.A., M.D., Ph.D., LL.D., D. es S., F.R.S.C., was elected to the Board of Directors of International Business Machines Company Limited.

Dr. Hall, President and Vice-Chancellor of the University of Western Ontario, London, has gained wide renown in the fields of education and research, and has served on numerous government councils and associations.

He is a graduate of the Ontario Agricultural College, University of Toronto, and studied at the University of Ghent. *

July 30/63



Dr. and Mrs. G. Noel Chant
(Photo by Gerry LaPlant)

LAKEFIELD — Marriage vows were exchanged by Dorothy E. Clark and Dr. G. Noel Chant in Lakefield United Church. Rev. Gordon Ballentyne officiated. Mr. and Mrs. James J. Clark, Young's Point, are parents of the bride and the groom is the son of Mr. and Mrs. George G. Chant, London.

The bride chose a floor-length gown of white faille. The high scooped neckline was outlined with a yolk of re-embroidered lace sprinkled with pearls. The short sleeved bodice was fashioned along Empire lines emphasized by a set-in band trimmed with a self bow. The skirt was princess style and was enhanced by re-embroidered lace motifs. A high wedding ring headpiece held her bouffant fingertip veil and she carried a bouquet of pink roses with streamers and rosebuds.

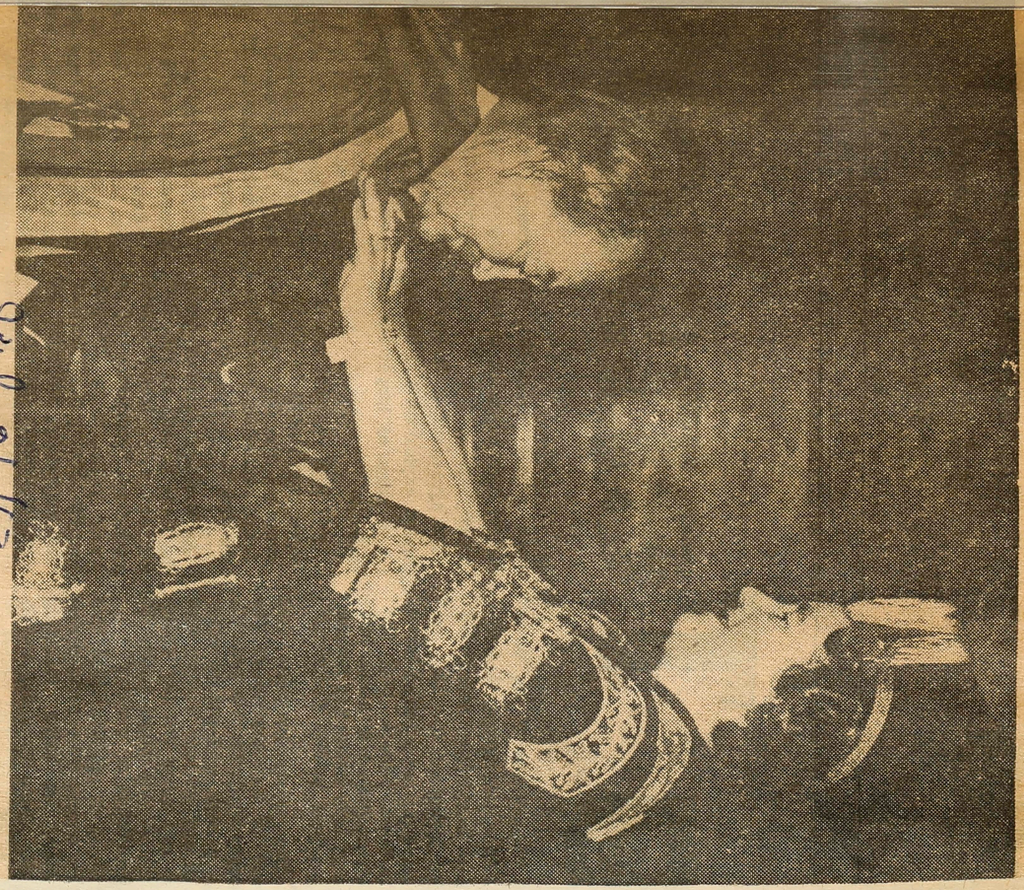
Mrs. Robert Organ was her sister's matron of honor, Miss Diane Mepham was maid of honor and Miss Pat Cavanagh was bridesmaid. They were gowned in full skirted dresses of pink silk organza with white lace inserts at the waist.

Dr. Carl Moore attended the groom and guests were ushered by Dr. Bill Finn, Bob Clark and George Collins.

For travelling to British Columbia the bride donned a pink ensemble with white accessories and white silk organza picture hat. The couple will reside in Galt.

R. HALL HONORED — Queen Elizabeth, the Queen Mother confers an honrary degree on Dr. George Edward Hall, president of the University of Westrn Ontario in London, England, during the ninth quinquennial Congress of Universities of the Commonwealth. (CP Wirephoto).

July 26/63



Ontario Studies Shortage of Nurses

July 27/63

ONTARIO is properly concerned about the supply of fully-trained nurses. A special committee has made recommendations to Health Minister Dymond for a program to double the yearly output of nurses from 2,500 to 5,000.

Some hospital beds—not many, but enough to constitute an indicator—are even now unoccupied because of a shortage of nurses. The demands of a rising population, more hospitals, and public health programs will increase the demand.

It is well and good to recognize the situation and lay plans for expanded training facilities to correct it. But if the program is to succeed it may be necessary to also examine the reasons why this shortage has come about.

Deficiencies in training accommodation is one reason. In-hospital training, and the output of a limited number of schools of nursing, have obviously not kept pace with rising demand. The special Ontario committee urges new schools for nurse training be built and the operation and scope of existing schools expanded.

Graduate nurses in recent months have inserted a word of caution here. Some are fearful that if their profession is brought more effectively under the Department of Education its standards and status may be affected. This is not necessarily so. Proper and beneficial co-ordination between schools of nursing and hospitals can surely be established.

But there is another factor. Conditions in the nursing profession today leave room for improvement. Private nurses in many cases must fend for themselves in matters of security. To build daily rates of pay into a high weekly income requires a seven-day grind which may be repeated for weeks at a stretch. Nursing is no bed of roses and by its exacting nature it can never be made one. But working conditions in the profession is something the Department of Health must consider in tackling the problem of shortages.



Mr. and Mrs. D. A. Waud
(Photo by Micron Studio)

July 27/63

bodice and lilypoint sle... Alencon lace motifs were a... qued around the shallow sc... ed neckline. A princess p... at the front of her bouf... skirt was accented with ... florettes. A blossom head... held her fingertip veil of sil... lusion, and she carried a col... bouquet of shasta daisies.

Miss Janice Carr, London, ... ter of the bride, was ma... honor, and Mrs. Joseph ... Byron, and Miss Marilyn ... ings, London, were bridesm... They wore bouffant street-l... gowns of white Swiss ... over blue taffeta.

Groomsman was Th... Prentice, London. Joseph ... the bride's brother, of B... and Dolph Coates, London, ... ushers.

For travelling the ... changed to a yellow sheath ... of organza with matching ... white accessories, and a co... of yellow roses.

The couple will reside in ... don.

Waud - Carr

APPIN — Phyllis June Carr and Donald Adams Waud exchanged marriage vows at Appin Presbyterian Church, in a ceremony conducted by Rev. Donald McDonald. The bride is the daughter of Mr. and Mrs. Harold R. Carr, Appin, and the groom is the son of Dr. and Mrs. Russell A. Waud, London.

The bride wore a floor-length gown of faille, with a basque

Say Addicts In Panic After Raid

TORONTO (CP) — The smashing last week of a drug syndicate, in which more than $100,000 worth of heroin was seized, is causing panic "at street level," police said yesterday.

An RCMP spokesman said addicts, shuffling about Toronto streets Sunday, "couldn't make a score."

He said that until Sunday there had been enough heroin in the illicit system to keep the junkies going.

Metro Toronto has an estimated 150 addicts who pay $15 a cap for heroin. The normal demand is more than 500 caps a day.

Police raided seven Toronto apartments Wednesday night.

They arrested 12 persons who will appear in Toronto magistrate's court today on charges of conspiring to traffic in narcotics and possession for the purpose of trafficking.

The RCMP spokesman said there are one or two syndicates operating in Toronto which will expand to meet the heroin demand if they are not broken.

Aug 7, 1963

Compound Fights Drug Addiction

SINGAPORE (Reuters) — Medical men working in Australia and Singapore have produced a chemical compound that relieves drug addicts of their physical craving for drugs in three days, according to a spokesman for the Australian group here.

He said in a series of tests using amiphenazole, 12 confirmed opium smokers were treated and cured of their physical addiction. The worst case was cured physically in two weeks.

The spokesman said the compound was effective against heroin, morphine and pethidine.

Reverses Building Procedure

UWO Professor Discovers Dome-Like Body Structure

July 31/63

By ERIC FINCH
Free Press Staff Reporter

For 30 years R. Buckminster Fuller, now of the University of Southern Illinois, labored to evolve a system of mathematics that would allow him to build domes of maximum strength with a minimum of materials.

For five years Dr. A. H. von Hochstetter, professor of anatomy at the University of Western Ontario, searched for the element that allowed the body to build from tissue dome-like structures that would not change their shape even when distended by infections.

* * *

Mr. Fuller found the element he needed and Dr. von Hochstetter found that nature had anticipated Mr. Fuller.

Dr. von Hochstetter began searching for the answer to the body's ability to build dome-like structures (such as the eyeball or the testes) more than five years ago, while teaching in Switzerland.

On first examining such tissues he found what appeared to be concentric rings spreading over the surface of the structure. Further examination revealed them to be not rings, but polygons.

* * *

Reasoning that fibres making up such a structure as the eyeball would have to be many-layered in order to hold liquid, he succeeded in isolating just the topmost layer, which he considered would be the dome structure.

He found it to be a single grid of interconnected six-pointed stars — the familiar Star of David, made up of two equilateral triangles. So basic in this structure that Dr. von Hochstetter has been able to magnify and photograph just one such star on the tip of a very tiny blister. Even the walls of micro-organism have been found to be made up of this construction.

* * *

Reversing the procedure, Dr. von Hochstetter drew a pattern of six-pointed stars on paper, then photographed and re-photographed it in slightly changed positions. The same pattern of concentric polygons that he first observed emerged from the photograph.

It was only after he had discovered the six-pointed star that Dr. von Hochstetter found that Mr. Fuller had earlier come to the same conclusion — that this was the element which would enable the construction of dome's with maxlmum strength from a minimum of material.

* * *

Mr. Fuller, now professor of design science and exploration at the University of Southern Illinois, had reasoned that in proper dome construction there should be an equal force in all directions. The interconnected six-pointed stars satisfy this requirement. Dr. von Hochstetter also found that a cross section of cylindrical body structures (such as the optic nerve or the umbilical cord) show a six-pointed star, also indicating an equal force in all directions in order to hold the cylindrical shape.

* * *

Mr. Fuller's domes are called geodesic domes (from geodetic lines — lines which are the shortest distance between two points on a curved surface). He has put the theory into spectacular practice. He is the designer of the dome which covers the Ford Rotunda Building at River Rouge, Mich. Architects said that a dome could not be placed on the building because it would be so heavy under ordinary construction (160 tons) that the building could not support it. The dome of Mr. Fuller's design weighs only 8½ tons.

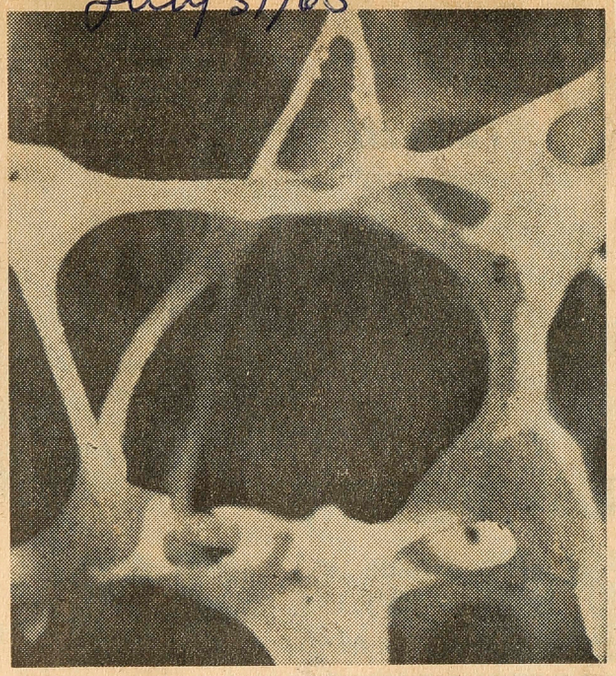
Many other domes of his design have been erected throughout the United States. He has even proposed a plan to build a dome two miles in diameter over the centre of Manhattan which would weigh 80,000 tons and cost $200,000,000.

* * *

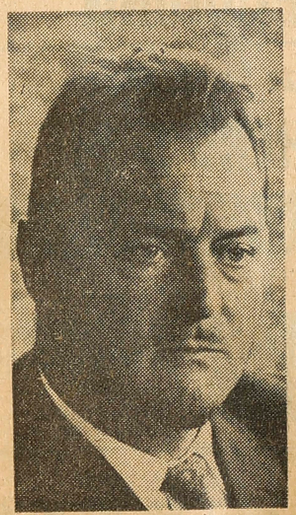
Dr. von Hochstetter has the satisfaction of having discovered for the first time nature's method of building domes from fibrous body tissues.

The UWO anatomist is amazed that Mr. Fuller arrived at the same type of construction without having first observed it in nature.

"He discovered by theory alone what nature realized was the only construction possible," Dr. von Hochstetter said.



Even in cylindrical structures of the body the six-pointed star construction is found. This is a cross section of a bone.



DR. VON HOCHSTETTER
- - -UWO anatomist

Thousands Deformed

All of these voices tell of the 6,000 deformed babies left in the wake of the widespread use of thalidomide, a drug given to calm and tranquillize but which unexpectedly struck at developing babies within their mother's wombs.

They raise a question ever present in modern society:

How far does man dare go in determining his own future, his own environment, life itself?

Mercy - killings and infanticides, abortions and contraceptions all somehow arrive at that question.

There are some who say: "If man is going to determine his fate, he must then take responsibility for his mistakes—even if he must decide life and death."

There are others who say: "We have been taught that human life is sacred. This is the basis of the Judaeo-Christian ethic, the difference between civilized life and barbarism. Man would be as pretentious to presume he gives life, as to presume to take it."

It is, of course, not a problem that began with thalidomide, but one that has existed as long as society.

Less Danger

The ancient Greeks, Romans and some Germanic peoples practised infanticide as a matter of course — a primitive means of population and family control. In his book, The Sanctity of Life in Criminal Law, Glandville Williams points out that in the primitive scheme of things, this was less dangerous to a mother than unskilled abortion or crude methods of contraception.

Even today the news focuses each year on dozens of cases before the courts—cases of infanticide, mercy-killings of elderly persons in great pain and incurably ill.

Even doctors sometime give in after a personal battle to save a flickering, painful life.

It was a Belgian doctor who prescribed the poison for a mother to dispose of her thalidomide-deformed baby.

In the United States, a doctor injected an air bubble into the vein of a fatally ill patient, and the patient died. The doctor entered his deed in the hospital record.

In both cases, juries acquitted the doctors.

Disregard Law

It is not uncommon to read

aug 7 1963

Some of Those Affected Bare Feelings On Man's Bitter Mistake, Thalidomide

1963

By JOHN BARBOUR

ANN ARBOR, Mich. (AP)—Listen to these hurt voices, raised over the human debris from one of man's most bitter mistakes—thalidomide:

A mother—"If I had thought my baby was going to be deformed, I would have done my best to see that it was not born."

Another mother—"During the first six months I would have much preferred to have the child put to sleep. But then the child developed his own personality and now I could not do without him."

A lawyer—"The accused have never denied having taken their tragic decision. They have said they did not regret it."

A woman — "There will be criticism of me no matter what I do. But I'd rather have that for months than have a child deformed for years. . . . Sweden is the most realistic, down-to-earth country in the world."

This last woman is an American, denied an abortion in her country, but given one in Sweden to prevent the birth of her baby which might have been deformed.

of a daughter who killed her fatally ill father—or of a father who—unable to stand the constant grief and futile care—killed his deformed and retarded daughter.

This is a netherland of law and ethics. Juries have often disregarded the law and freed the accused. But juries are unpredictable—and some persons have been given long prison terms.

One lawyer says that for every case that is prosecuted, there are likely many others that never come to trial or public notice.

In most countries, death by another's hand is murder or manslaughter by law, despite the circumstances.

There are exceptions. In Switzerland a doctor—faced with an aged patient doomed to death—may place a poison within reach of that patient, with impunity under the law.

In Norway, mitigating circumstances may cut the punishment by half.

Even in the United States, the criminal law is not prosecuted to its letter, and there is a tendency to prosecute for a lesser offence.

Duty Is Clear

At a recent conference on congenital malformations, doctors allowed a glimpse into their personal feelings in the care of deformed children—some of whom might recover a greater measure of life, some who would know only the fringes.

Dr. James Wilson, University of Michigan pediatrician, reaffirmed what most doctors believe: Their duty and only ethic is to continue and enhance life.

But even this can lead to personal and enigmatic choices. There are times when the life of a deformed child requires elaborate, dramatic procedures which may in themselves be a danger to the child's life. With these small, frail people on the fringes of existence, it is a very difficult choice indeed.

"Many times a doctor may regret he's saved a life," says Dr. Wilson. "But it is never a question that this is what he tries to do. A greater problem for the doctor is deciding the question of 'passive euthanasia.' Should he or should he not withhold some recognized treatment from a child who is so severely handicapped that he will probably be a useless burden forever?

"Furthermore, what is the community responsibility to help the family with a helpless child when we withhold from them the right to destroy the pathetic little creature?"

Mental Patient Space Termed Urgent Need

aug 1 '63

TORONTO (CP) Mental pa
tients continue to be cramme
into Ontario hospitals and hos
pital schools and the lack o
accommodation is becoming ir
creasingly serious, says Dr. F
W. Richards in the current issu
of the Canadian Medical Assoc
ation Journal.

Dr. Richards, visiting profe
sor in mental retardation at t
University of Toronto, predict
the future needs for mental p
tient facilities. His discussion i
volved a supply, demand an
turnover analysis of hospit
beds in Ontario.

Looking first at the supp
angle, he said Ontario has
rate of accommodation of
beds per 100,000 population
greater than that in both En
land and the United States.

More Needed

Despite this relatively h
ratio, he said, Ontario ne
1,000 more beds immediately
abolish overcrowding. If
mand and turnover rates w
held constant, 150 new bed
year would be required to c
with expanding population.

He said that in England
supply of beds is only 125
100,000 while in the United St
the figure is 93. But in
countries pressure upon e
ing facilities is less than in
tario, where there is a wa
list four times as long as
in England.

"Demand (chiefly for
dren's beds) . . tends to
crease with increasing u
ization," he said. However
development of a planned
munity service and the
duction of short-term care
have the opposite effect o
ducing demand.

He said that "turnover
ences the balance of supp
demand," but queried how
over should be computed.
mission rates are of limite
ue if overcrowding is incr
. . .or new hospitals are op
Perhaps an analysis of
tion and discharge is the
measure of hospital polic
its influence on turnover."

Even this obscured the
of forecasting reliably the
ulation's needs, since pe
leaving the hospital wer
discharged but merely pla
probation.

Aug 12, 1963

Loveday's Views on Medical School

Sir: Several letters have appeared in your paper regarding the building of a new medical school on the campus of the University of Western Ontario, and the eventual erection of a 400-bed general hospital adjacent thereto.

In a report on this matter, referring to a letter prepared by eminent doctors of the medical school, who are against the proposal, it was reported I was in agreement with them and was willing to add my signature to the same. Since that time I have in no way changed my thinking or my stand on the matter. As an elected member of Victoria Hospital Board of Trustees for the past twenty-five consecutive years and a resident and taxpayer of the City of London for fifty years, I feel I should make myself clear on the subject to the taxpayers who have so consistently elected me and the citizens at large.

It is my opinion that the erection of an elaborate and costly building as a medical school and general hospital on the campus is a senseless waste of the people's money, since governments on all levels are expected to make substantial grants to such projects, from taxation of the people on all levels of society.

Previous letters have given various reasons as to why the school should not be built on the campus. My reasons against the buildings go much beyond those already expressed.

In the first place, the present medical school is a well-built structure and can accommodate 60 students each year. The proposed new school I understand will accommodate only 75 students. Sufficient property is available adjacent to the present school to enlarge it to accommodate many more than 75 students. It is surrounded by all the teaching facilities provided by Victoria Hospital. Many thousands of dollars have been spent to keep these teaching facilities up-to-date and maintain the highest standards for the teaching of medicine. One of the reasons given, I believe, by the Board of Governors of the University for the proposed building on the campus is that medical students would be able to engage in other activities on the campus. Would this diversion of time and activities make for better medical men and women?

Secondly, it has been said the new hospital to be built on the campus is for teaching purposes. A further senseless waste of the taxpayers' money. For the 15 years I have added my voice to others in declaring that the greatest need of the City of London is not another active treatment hospital, but a convalescent hospital. Built near an active treatment hospital, such an institution could receive many of the patients now in our hospitals, and be provided with adequate medical attention at a saving of doctors' time and the building could be serviced and maintained on a fully satisfactory level, and at a decided saving of the people's money.

Thirdly, the erection of a new active treatment hospital should be viewed from a geographical location standpoint. The north end of our city is well served by St. Joseph's and St. Mary's Hospitals, each with additions presently being erected. Vital additions to Victoria Hospital and the War Memorial Children's Hospital are in the planning stage. I submit that if an additional active treatment hospital is to be erected in our city it should be built in the east end, where the population is growing more rapidly than in other areas.

Fourthly, there seems to be a growing danger of overlooking the fact that Victoria Hospital is owned by the City of London. The citizens through the city council have made substantial financial contributions to Victoria Hospital down through the years. In addition when the need for a medical school was recognized by far-sighted doctors of those days, according to city bylaw No. 5840, debentures were issued in the amount of $100,000 at 5½ per cent interest, towards the erection of the present medical school, and finally fully paid up by the city.

Finally, the laboratories located in Victoria Hospital were made possible by the generosity of the late Dr. Henry and Mrs. Meek. These laboratories are kept up-to-date and are numbered among the best anywhere. The section now occupied by the blood bank of Victoria Hospital was originally equipped for animals for the research work of the medical school. The hospital paid $10,000 to the university to compensate for the costs of moving these laboratories to the school and changes of equipment, etc. The many people in our city who have watched the co-operative progress and association between the medical school and Victoria Hospital, cannot but marvel at the far-sightedness of the medical profession and laymen of those early days. They laid a sound foundation for the training of men and women for the medical profession by placing the medical school, not on the university campus, but adjacent to an excellent teaching hospital.

Newcomers to our city may not appreciate or even value the contribution to the health services made by such men, but they laid a foundation on which others have builded well, of which we may all justly be proud.

WILLIAM LOVEDAY
Member, Victoria Hospital Board
of Trustees

Aug 9, 1963

Hearts Mended By Shock

A revolutionary machine which shoots 7,000 volts of electricity through faulty hearts has been in use at Victoria Hospital for about three months.

The electric jolt, which lasts about 1/400th of a second, extinguishes abnormal heart rhythms — formerly incurable or which required extensive use of drugs.

Previous treatment for the ailment has been only 70 per cent effective. Drugs often inflicted further heart damage.

Dr. John Coles, a member of the cardiovascular unit at Victoria, said the machine is a " . . revolution in the treatment of rhythmia."

The new treatment is considerably more effective and a good deal safer than drug treatment, he said.

Dr. Coles said he believed the machine, developed by a Boston heart expert, Dr. Bernard Lown, was first used in Canada at Toronto Western hospital.

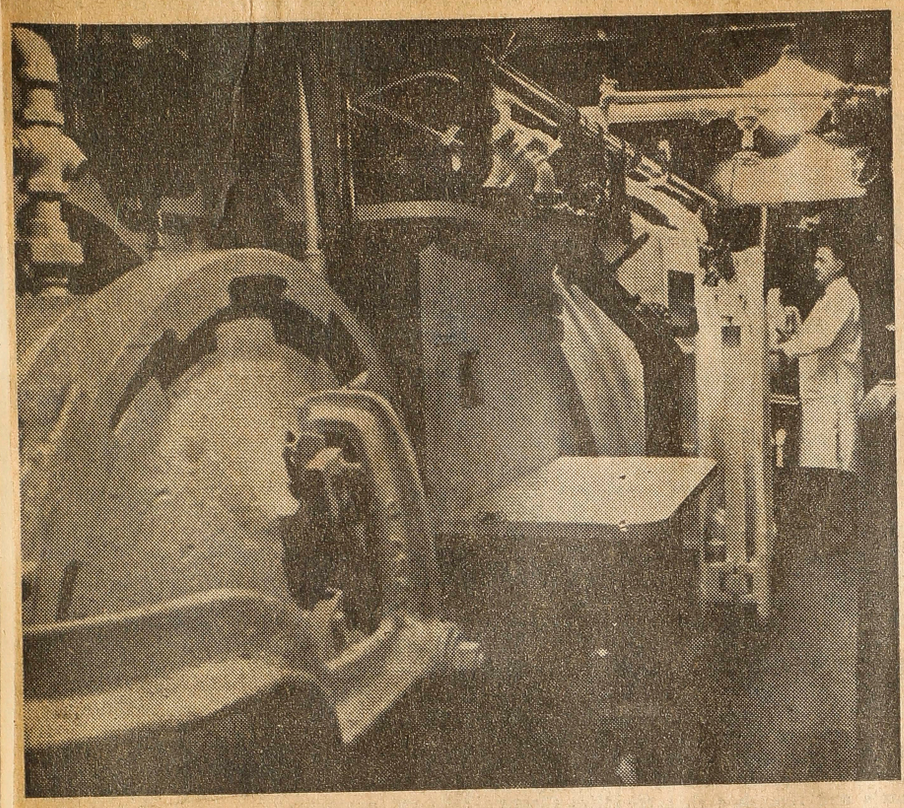
The machine is called the Lown cardioverter and cures all types of abnormal heart beats which often cause death, paralysis or strokes to persons recovering from other types of heart ailments. It does not cure heart diseases.

The treatment is external. Electrodes are attached to each side of the patient's chest and the carefully timed current is passed between them.

Victoria has successfully treated five patients, Dr. Coles said.

Aug. 9, 1963

Kennedy Baby Fights for Life



PRESSURE CHAMBER AIDING PRESIDENT'S SON — This is an exterior view of the Hyperbaric pressure chamber — an unusual breathing apparatus — which was brought into play last night to aid one-day old Patrick Bouvier Kennedy, son of President Kennedy. Patrick's condition was listed as improved but still serious. The three compartment device is 31 feet long and eight feet in diameter. (AP Wirephoto).

BOSTON (AP) — An enormous breathing
only one of its kind — was put to use yeste
baby son of President and Mrs. Kennedy.

One-day-old Patrick Bouvier Kennedy's cond
as improved but still serious.

Doctors at the Children's Medical Centre
born 5½ weeks prematurely on Cape Cod
a three-compartment device that measures 3
eight feet in diameter. The baby weighed
ounces at birth.

Press Secretary Pierre Salinger told reporters the child then showed immediate improvement.

Earlier in the afternoon, the President telephoned Mrs. Kennedy, who is recovering from the caesarean delivery at Otis Air Force Base hospital, that the baby was "slightly improved."

Plans called for the President to remain in Boston last night, as he did Wednesday night following the transfer of the child to Boston.

Salinger said at the press conference that "a halt in the downward trend in the baby's condition" occurred in late afternoon.

The unusual breathing device was brought into action at 4:41 p.m. to force oxygen into the baby's system.

"During the late morning and early afternoon the condition worsened," Salinger said, and attention then turned to the spacious, submarine-like, high-pressure chamber.

Salinger said emphatically that no operation is being performed on the baby.

Two specialists, Dr. James E. Drorbaugh and Dr. William Bernhard, are in the breathing chamber as part of a team, Salinger said. Drorbaugh was one of the first specialists to reach the baby after the birth Wednesday. Bernhard is a surgeon from Harvard University.

Kennedy was beaming broadly as he walked out of the building where the chamber is located and talked happily with Salinger and then turned back into the main hospital section again.

It was a direct contrast to the solemn-faced President and the brisk efficient stride of the doctors earlier in the afternoon.

Shortly after, the President left the hospital for his hotel where he was to spend the night.

Mrs. Jacqueline Kennedy's press secretary, Pamela Turnure, said Mrs. Kennedy was pleased to hear the baby was feeling better."

Doctors had said earlier it would be about four days before anything definite could be determined on the child's condition.

The Kennedys have two other children, Caroline, 4½, and John Jr., 2½. Both also were born by caesarean section, John prematurely.

Aug. 12 1963

Insecticide Cloud Fells 38 Persons

TOPPENISH, Wash. (AP) — "I noticed this kind of white cloud sort of hanging near the ground, so I went out of my shed and there on the ground were two of my heifers dead.

"Then three more fell over and my 10 other cows began coughing and heaving, dropping and getting up. In a minute or two I started to choke and couldn't hardly breathe."

This was how rancher Ray Cerna, 51, described the start of a freak crop dusting mishap that sent 38 men, women and children to a hospital Saturday night after exposure to a poisonous insecticide.

The 38 were residents of an area of a little more than a square mile in the lower Yakima Valley about seven miles west of here. Everyone in the area was evacuated for observation and treatment.

A weather condition known as a thermal inversion held the toxic spray in the air instead of allowing it to settle normally to the ground. Two crop dusting planes were applying the insecticide in the early evening to a hop field near Cerna's vegetable farm.

Dr. Glenn Doornick of nearby Wapato, whom Cerna called after he became ill, said the spray was tetraethyl pyrophosphate, a poison which affects the nervous and respiratory systems.

1963

Press Survey Reveals Nurse Shortage Having Coast to Coast Repercussions

ug 14, 1963

By PATRICIA RUSAK
Canadian Press Staff Writer

Western Memorial Hospital in Corner Brook, Nfld., reced services by one-third this summer because of a shortage nurses.

A 36-bed unit at the Saint John General Hospital in New unswick stands completely equipped waiting for sufficient aff.

t. Joseph's Hospital in Ham-n has a 76-bed floor ready be opened as soon as staff available.

Medicine Hat General Hos-l in Alberta has suspended first year of nursing training the 1963-64 term because of shortage of instructors.

These are examples of a prob-n that has been receiving ie attention in Canada in re-nt months—the problem of tting enough nurses.

A Cross-Canada Survey by e Canadian Press shows the tent of the problem ranges om real shortages of nurses some rural areas to a tenu-s balance between supply and mand in urban regions.

In some places the shortages e spasmodic — felt during mmer vacations or when new spitals or wings are built.

In areas where there are ough general duty nurses, ere may still be lack of public alth, administrative or teach-g personnel.

Shorter Work Week

Hospital officials and spokes-nen for nursing associations ffer a variety of reasons for he shortages that exist. Some-imes it's a combination of fac-ors.

On the one hand more Cana-lians are seeking hospital treat-ment. But while admissions to hospitals have been rising, the nurse's work week has in most regions been reduced gradually to 40 hours.

Business and industry are at-tracting more and more women who might previously have gone into nursing. And the sal-aries paid nurses are rarely high enough to draw any but the most dedicated young women.

Similarly, more professions are opening their doors to women and often provide greater benefits for the same number of years of training.

Improvement in the training of nurses is in itself a contribut-ing factor. Nurses now perform some medical procedures for-merly handled by doctors. The result is that more nurses are needed for the same number of patients.

Higher salaries in the United States act as a magnet for some Canadian nursing gradu-ates. And even when a new graduate chooses to stay in Canada, she may move from a region where salaries are rel-atively low to one that offers more money, producing re-gional shortages.

Duties Broadened

Dr. Helen Mussalem of Ot-tawa, executive director of the Canadian Nurses' Association, says that "while we can say there are unfilled vacancies" she is not convinced there is a basic shortage.

Canada's ratio of nurses to population—one for every 260 people—is considered one of the best in the world, she says. And 10 per cent of high school grad-uates—"a fairly good propor-tion"—go into nursing, although an average of one in five don't finish nursing school.

"But utilization of nurses is not satisfactory," Dr. Mus-salem declares, emphasizing that 15 per cent of their time is spent on non-nursing dutise.

This opinion is shared by Dorothy M. Percy, the federal health department's chief nurs-ing consultant, who says that while nurses don't do as much cleaning and scrubbing as they used to, the clerical work has increased.

Miss Percy concedes that the increasing availability of nurs-ing assistants helps but that "standards tend to get diluted" unless there are enough regis-tered nurses on staff.

Salaries Low

The average starting salary for a general duty nurse in Can-ada is about $300 a month, ranging from as little as $229 in Newfoundland to $325 in On-tario and British Columbia.

Maximums vary widely, de-pending on service and, in some cases, merit, but the gen-eral range is from $280 in Prince Edward Island to about $380 in Ontario, British Colum-bia and Saskatchewan.

There are 76,183 practising nurses in Canada. But many others have given up nursing for various reasons, often to get married and raise families. In Ontario alone 11,000 of 41,000 registered nurses are not work-ing at their profession.

Alberta has instituted a pro-gram of refresher courses for nurses who have been out of practice. It reports a degree of success in getting them to fill summer vacation jobs. Some are even returning to nursing full time.

In predominantly agricultural areas the supply of nurses may depend on the crops. In a good crop year many married nurses quit because they no longer need to supplement their hus-bands' income. In a bad year they may go back to work.

Americans Pay More

Laura Barr, executive secre-tary of the Registered Nurses' Association of Ontario, says many U.S. hospitals offer start-ing salaries as much as $100 more a month than in Canada. Some even pay the girls' trans-portation and find them apart-ments. Of 588 nurses who left Ontario last year, 368 went to the U.S.

And while Ontario and Que-bec lose nursing graduates to the United States, other prov-inces, especially the Atlantic provinces, lose nurses to cen-tral and Western Canada where salaries are higher.

British Columbia, in fact, usu-ally gains more new nurses from outside the province each year than graduate from its hospitals and university courses, says Evelyn Hood, di-rector of personnel services for the province's Registered Nurses' Association.

The idea of enlisting more male nurses is often raised as a possible solution to the prob-lem.

Dr. Mussalem says about 275 male nurses, including 150 in Ontario, 25 in Nova Scotia, 17 in Manitoba, 11 in Saskatche-wan, six in New Brunswick and one in Alberta, now are practis-ing in Canada.

Most were trained in Britain and France. There are about 100 male students now in Ca-nadian schools and 30 gradu-ated this spring. But Dr. Mussa-lem doesn't see much prospect of any significant increase, mainly because of the Canadian cultural background which as-sumes nursing to be a feminine role.

Banned in Quebec

Quebec's Nurses Act of 1946 goes so far as to exclude men from nursing. There are about 120 men trying to register with the Quebec Nurses' Association which is seeking an amendment to the act.

Among efforts to attract more women to public health nursing is B.C.'s offer of bursaries to help pay for training and a year of university. The candi-date must agree to sign a two-year contract for work after graduation.

The Saskatchewan Registered Nurses' Association has ap-proved a curriculum for train-ing nurses in two years instead of three, and Regina's Grey Nuns' Hospital is conducting a five-year experiment to deter-mine whether the two - year course will work.

The difficulty of determining just whether a shortage exists or not is reflected in Ontario's decision to set up a committee to investigate the seriousness of the problem and recommend so-lutions.

Just Enough

In B.C., Dr. Kenneth Benson, assistant provincial health of-ficer, says "the supply of public health nurses has just—and only just—kept pace with the de-mands."

In contrast is Newfoundland where more than 150 of 450 nursing stations in isolated areas are vacant.

In Alberta, the shortage is acute in rural areas and many hospitals cut service during sum-mer vacation months. It has been estimated that nearly 1,000 more nurses will be needed by 1967.

Some beds have been taken out of operation in two or three Saskatchewan hospitals and most rural hospitals, required by law to have at least four nurses to provide 24-hour serv-ice seven days a week, could use another nurse.

Lillian Pettigrew, secretary of

aug 16, 1963

Grant Boost Delights City Hospitals

Officials of London's two general hospitals were delighted at the news yesterday of a sharp increase in provincial grants for hospital construction.

Premier Robarts said grants on beds and service areas would be increased from $2,000 to $3,200 and a study would be made of teaching hospitals to determine if further assistance was required.

To St. Joseph's Hospital, with a $6,145,170 addition well under-way, the announcement is of more immediate interest.

Sister Imelda, in charge of the building program at St. Jo-seph's, said the new grant scale would mean an additional $216,000 for the 180 active treatment beds being added, and probably another $40,000 to $50,000 for service areas if the grant rise is made retroactive.

Even if the increase is not made retroactive, the hospital may still benefit from the rise on the remaining grant pay-ments still to be made by the province, she said.

Plan $5,000,000 Structure

Victoria Hospital, which is currently planning a $5,000,000 plus building program which should begin next year and be completed in 1968, will also benefit from the increases.

William Roberts, assistant su-perintendent, said no estimate could be made as plans are not yet final. Many of the beds to be added will be only replace-ments for already existing bed space in the Colborne Building. The net gain in beds and the amount of space to be devoted to service areas is still being considered.

T. W. Baker, chairman of the hospital trust, commented that the new grant system would have considerable impact on the building program. "It will spread the cost that much fur-ther," he said.

Aug 12 1963

Research May Assist Smoking Addict

THE GENERALLY accepted view is that if you want to stop smoking just quit. But this is not a complete answer as both smokers and medical men are finding. Perhaps an experimental clinic for the smoking-stopper being established in Buffalo may be helpful; it may prevent serious repercussions that result from constitutional changes that follow breaking the cigarette habit.

Recently a thoracic specialist feared that sudden gaining in weight by those stopping smoking might result in nearly as many fatal heart failures as lives that would be saved from lung cancer. This is but one of the problems the ex-smoker faces.

The Buffalo clinic is intended to develop systems that will help the individual and his doctor to set up a proper pattern of life. The clinic will supply chemicals or drugs which will tend to keep the system normal, not create a craving for food instead of tobacco.

In addition there should be studies made on the method of quitting the fag. Sudden ending of the habit has resulted in nervous conditions that require medical aid. Perhaps it is better to get a physician's advice in advance rather than waiting until you are a nervous wreck.

Recent reports, particularly from the Canadian Medical Association, undoubtedly have resulted in fresh attempts by smokers to abandon the habit in greatly increased numbers. It seems possible not enough study had been given to the residual effects on the smoker. These are appearing in such number that some national research may be necessary.

Aug 14 1963

Wood Alcohol Control Urged

WINNIPEG (CP) — The Canadian Pharmaceutical Association has called for federal legislation to prevent uncontrolled sales of wood alcohol.

The request was continued in a resolution approved yesterday at the final session of the association's annual convention here.

The resolution said "although retail druggists are required by law to record sales of wood alcohol in their poison registers, it is sold freely at other outlets such as hardware stores."

Also approved was a resolution saying the association recognizes a definite link has been established between the incidence of certain illnesses and the use of tobacco.

It urged its members to support programs which inform the public of the dangers to health resulting from excessive use of tobacco.

Aug 14 1963

Dealers in Miracle Cures Termed Most Dangerous Modern Quacks

WINNIPEG (CP) — A warning against quacks and quackery in drugs and pharmacy was sounded yesterday at the annual meeting of the Canadian Pharmaceutical Association.

Dr. C. A. Morrell of Ottawa, director of the Canadian food and drug directorate, told delegates "the only way we can prevent a flood of quacks' nostrums and devices is to develop and maintain an informed and critical public attitude against their schemes and methods."

Dr. Morrell described quacks as charlatans who claim to have knowledge and powers regarding so-called miracle cures and who use their persuasion to prey on the fearful and the ignorant.

Generally he categorized these persons as those who deal in drug and cosmetic quackery, food and nutritional quackery and medical device quackery.

Most Dangerous

Of these, he said he felt those dealing in miracle cures were the more dangerous as the purveyor of quick medicine is "substituting at best an impotent or ineffective combination of chemicals for an effective pharmaceutical product that may be available for the condition from which he (the patient) suffers.

Dr. Morrell said the directorate is preparing regulations that will exert more effective control over the introduction of new drugs in Canada.

Referring to cancer, Dr. Morrell said, "to my mind the exploitation of the cancer victim is one of the most obnoxious forms of quackery."

"The four horsemen of cancer that are almost as deadly as cancer itself are quackery, apathy, fear and ignorance."

He said cancer cure claims pose a special problem for his office because of the off-chance one of them may prove effective under certain conditions.

The head of a Canadian drug store chain says pharmacists should be aware of the threat posed by discount stores.

P. W. Goldman of Toronto, president of Plaza Drug Stores Limited, told delegates the number of discount stores in Canada may total 100 this year.

Many drug stores and department stores find the going tough and close their doors, he said. Hardier types maintained their volume but sacrificed one or two per cent in profit.

Mr. Goldman said discounters are running into stiffer competition from established stores.

Discount Trouble

In another session, delegates were told Canada will benefit from a $100,000 study conducted in the United States on the use and misuse of drugs and medicine.

Robert Abrams of Philadelphia, executive secretary of the American College of Apothecaries, said the project will include ways and means of educating the public on the use of drugs.

"Public education hasn't kept up by any means with the advent of new medicines and there is a lot of abuse of many medical products," he said.

Aug 15 1963

Maritimer Heads Pharmacy Group

WINNIPEG (CP) — J. K. Lawton, of Halifax, was elected president of the Canadian Pharmaceutical Association at its annual conference yesterday.

J. L. Summers of Saskatoon, was elected first vice-president and C. R. McLean, of Rothesay, N.B., second vice-president.

Dr. C. A. Morrell, of Ottawa, director of the Food and Drug Directorate, department of national health and welfare, was made an honorary member.

Aug 9, 1963

Clinic Hopes to Aid Addicted Smokers

BUFFALO, N.Y. (AP) — A ading cancer research centre nounced yesterday the open- g of an experimental clinic r persons who want to quit garette smoking.

Swedish Idea

Roswell Park Memorial Insti- te said the clinic was pat- rned to some extent after suc- ssful smokers' clinics in Swed- n.

The institute said 40 male nokers will take nicotine-sub- itute drugs at home for a nonth beginning Sept. 3. At the nd of the first week, they will ll out questionnaires on their rogress. After the second week nd the first month, they will ll out report forms submitted y mail.

The subjects will stop taking he drugs after the first month. hey will be asked five months ater if they were able to quit moking for the entire six nonths.

To offset possible weight gain hen smoking is reduced, the nstitute said, the volunteers vill be given another drug for ontrol of appetite.

Dr. Charles A. Ross, chief of horacic surgery at the insti- ute, said:

Hope To Cut Deaths

"Our aim is to develop tech- niques that can be used by oth- er groups. . . . If this program works, it can materially reduce lung-cancer deaths. If it doesn't work, we will develop a more involved program which can be used by physicians to help pa- tients stop the smoking habit."

The institute said the clinic was financed by private sources. The cancer centre itself is main- ly state-supported.

Drugs used in the clinic were tested by 50 smokers on the Roswell staff, a spokesman said.

Aug 13, 1963

Start 'Soon' On Hospital Expansion

TORONTO (CP) — The pro- vincial government soon will start an extensive modernization program of Ontario hospitals in Toronto and London, Deputy Health Minister W. G. Brown said Saturday.

He said new buildings costing about $12,000,000 will replace the hospital at London. The Ontario Hospital here will undergo reno- vations costing $10,000,000.

The London hospital expan- sion program was first project- ed 10 years ago. At that time the cost of the addition was es- timated at $4,000,000 and has in- creased through the years to the present $12,000,000 figure.

Aug 14 1963

Strontium 90 Level Rises In U.S. Milk

WASHINGTON (AP) — The public health service reports the amount of radioactive strontium 90 in U.S. milk as of May this year was almost twice that of a year ago.

The average daily level of strontium 90 was 26 micro- microcuries in each litre of milk — 1.05 quarts — com- pared with a May, 1962 aver- age of 14.

The public health service figures, based on milk samples checked at 62 stations across the country, were in line with federal radiation council esti- mates made May 31.

At that time the council said nuclear fallout levels probably would be heavier this year than last year but that exposure still would be too slight to cause concern.

Aug 14 1963

Rule Falsely-Won Patent Set Up Drug Monopoly

WASHINGTON (AP) — The J.S. Federal Trade Commis- ion ruled yesterday that Chas. Pfizer and Company, In- orporated, used unfair meth- ds to obtain a patent on an ntibiotic and that this set the tage for monopoly and price- ixing in a $100,000,000 market.

Reversing a hearing exam- ner's decision, the commis- ion said prices of tetra- ycline, probably the leading ntibiotic on the market, were igged by Pfizer, American yanamid Company, Bristol- Myers Company, Bristol La- oratories, Incorporated, Olin Mathieson Chemical Corpora- ion (Squibb) and the Upjohn Company.

Spokesmen for Pfizer, Cyanamid and Bristol La- boratories denied the charges and said the ruling would be appealed to the courts. In case of appeal, the commission's order would be delayed until af- ter final court action.

The commission said sales of the drug might run substan- tially more than $1,000,000,000 over the 17-year life of the Pfizer patent.

The commission ordered the companies to cease any con- spiracy, exchange of informa- tion, or other acts designed to set prices of antibiotics. It al- so called for opinions from the companies and the commis- sion's lawyers on what types of orders should be issued in connection with the Pfizer pat- ent, and a patent awarded to Cyanamid.

The five commissioners agreed on the general finding in the case, although com- missioner Philip Elman thought the commission should revoke Pfizer's patent privi- leges and commissioner Si- gurd Anderson held that the cease-and-desist order should not have covered all antibiot- ics.

The ruling said both Cyanamid and Pfizer either withheld information or gave false information in proceedings before the pat- ent office.

At one point, Cyanamid withdrew its contest of Pfiz- er's patent. Cyanamid holds a patent on chlorotetracycline, known as aureomycin, another valuable antibiotic and one from which tetracycline can be produced.

Commissioner A. Leon Hig- ginbotham Jr. wrote in the commission's main opinion that the record showed price uniformity, identical bidding and identical dosage forms, coupled with frequent contacts among the firms, including the exchange of up-to-date price lists.

Aug 16/63

Past No Guide for Future

Sir: William Loveday's letter was informa- tive, sensible and well-intentioned. It would appear to me that the same farsightedness of the early days of the Medical School must again be put into practise. We must build for the future.

One is grateful for the excellent teaching facilities of the past and the present, but there is a future when London will have triple its hospital facilities, placed in various appropri- ate areas. In fact we need it right now.

The medical school and its attendant hospi- tal on the campus of the University of West- ern Ontario seems most logical since the uni- versity is the focal point of co-ordinated learning and research.

One is reminded of Pangloss in Voltaire's "Candide," who thought he was living in the best of all possible worlds no matter what happened.

London. JULIUS A. COHEN

Aug 13 1963

Hospital Technician Shortage Said Acute

Hospital laboratory technicians are like shoe-button hooks these days — in short supply. But the technician is r[no] means as outmoded as button hook — despite a[n] mation.

Always More

In fact, the technician of day must have all the kn[ow]edge of technicians in the p[ast] plus new testing procedu[res] continually being devised.

For this reason a school medical technology, conduc[ted] at Victoria Hospital for the L[on]don area, will be increased length this year to 18 mon[ths] instead of 12. The two-year school has been conducted the basis of three months classroom lectures and n[ine] months of apprenticeship tr[ain]ing. This year's students receive six months of classro[om] instruction plus 12 months practical work in the labo[ra]tories. Within two years it likely the course will be tended to 24 months.

Victoria, Westminster, St. seph's and St. Thomas-El General Hospitals co-operate conducting the school.

Dr. A. H. Neufeld, head the clinical pathology labo[ra]tories at Victoria, and a m[em]ber of the teaching staff of school, says the lack of trai technicians was and still acute. This is especially t for the small hospital which quires from one to three able and fully trained te nicians, he said.

Students Paid

In the next course, which gins on Sept. 4, there are ready 28 prospective stude enrolled. The students are p $100 a month while traini The course is subsidized by f eral-provincial grants.

Dr. Neufeld is pleased t six male students have enrol for the new class. He expe this number may rise to 10 fore the course starts. He wo like to see at least 50 per c of the enrollment male.

It is here however that salaries have their effect.

The level of earnings to wh a technician may eventu rise is no high enough to attr men to the field.

At Victoria, for instance registered technician with no perience starts at $3,360 year and can rise to $4,500 year, Dr. Neufeld said.

"We're not even compe with the teaching profes (elementary school teach who attend teachers' college one year past grade 13), and course of training is now 1[8] er."

Aug 13 1963

Illness Threat to Doctors

WASHINGTON (AP) — More than 1,000 U.S. physicians have been forewarned that they may be headed for some serious chronic illness in the future, a Washington pathologist reported yesterday.

Evidence that these doctors, while healthy now, have bodily chemical abnormalities which may signal later trouble was uncovered through a unique mass testing experiment at the June meeting of the American Medical Association in Atlantic City, N.J., Dr. Thomas M. Perry reported.

He said all the doctors have been notified by letter, with the suggestion they have further tests made.

Perry, chief of pathology at George Washington University school of medicine, headed a special exhibit-laboratory which conducted tests on 1,564 doctors among those attending the big medical conclave.

In a preliminary report on the tests, Dr. Perry said 80 per cent of the 1,564 doctors tested showed "significant abnormalities." Many had more than one abnormal finding.

Since doctors at the meeting were largely males between the ages of 30 and 65, particular attention was given to possible signs of diseases likely to occur in this group, especially the chronic diseases of the heart and blood vessels, kidneys, liver, blood, bones and joints.

Largest Number

The largest number of abnormalities was found among doctors with elevated cholesterol — a fatty substance in the blood — with 607 doctors, or 39 per cent of those tested, showing elevated levels.

Declaring that high cholesterol levels may lead to coronary thrombosis or to other types of clotting of blood vessels, a digest of Perry's report said that "in the case of 174 doctors with marked elevation, (this) can indicate they are more prone to serious trouble."

A total of 326 doctors — 21 per cent — had elevated blood-glucose, which may forecast diabetes, and 339 doctors — 21.6 per cent — showed elevated uric acid, usually associated with gout.

Aug 17 1963

Surgery Eases Handicaps Of Thalidomide Twins

WINDSOR (CP) — Windsor's thalidomide twins have reached the end of a series of corrective surgeries performed at Hotel Dieu Hospital, doctors said yesterday.

Deborah and David (the parents have requested the family name be withheld) will not have normal hands and forearms as a result of the operations, but their handicaps have been greatly reduced.

The tots — now 18 months old — underwent preliminary surgery about two months ago. At that time skin on their deformed hands was made more elastic to take the added strain when their limbs were straightened. Doctors said the babies' deformities were caused by the mother's use of thalidomide pills during her pregnancy.

The right forearms of both babies look almost normal. Their left arms lack radial bones — the bone on the upper side of the forearm linking the elbow to the thumb side of the wrist. Because of this, their left arms were curled inward in the same manner as club feet.

The second stage of the surgical work involved cutting and re-attaching the radial bones at such an angle as to make the hands point straight.

Doctors said they have successfully accomplished all that can be done to bring the twins closer to normalcy.

Aug 16 1963

Given Wrong Drug But Death 'Natural'

HAMILTON (CP) — A coroner's jury brought in a verdict of natural death yesterday in the case of a two-year-old boy who had been given the wrong medicine in hospital — a dose 20 times more powerful than the morphine-based medication prescribed.

Coroner H. E. Bulford said he agreed entirely with the verdict.

However, the jury recommended that a registered pharmacist be on duty at all times in Hamilton General Hospital since "we find in this case that medication was irregularly handled."

David Parker, son of Mr. and Mrs. William Parker of Erieau, died June 30, four days after admittance, from what a pathologist said was gastro-enteritis, bronchial pneumonia and inhalation of vomit.

Amy White, head nurse on the boy's ward, said she went to the hospital pharmacy after it was closed and, after checking for the prescribed medicine in the medical dictionary, found it listed as camphorated tincture of opium. She took back to the ward tincture of opium, which an official of the attorney-general's laboratory said was 20 times as strong.

After taking the medicine the child became drowsy and died the following morning.

Medical School Owes Much to Paul McKibben

17 aug 1963

By FRED LANDON

When at some time in the future a competent writer sets out to tell the story of the medical faculty of Western University one name that will undoubtedly stand out prominently in the record will be that of Paul S. McKibben, Ph.D. In 1913 he became the first full - time professor of anatomy and was dean of the Faculty of Medicine from 1922 until his departure to the University of Michigan in 1927.

* * *

In the 14 years he was associated with Western he saw the erection of the present medical building opposite Victoria Hospital, he revised and reorganized the courses of instruction, he added to the staff men of established reputation in medical fields and, above all, he gave to the medical school a spirit which it has since never lost.

* * *

It was Dr. Hugh A. McCallum, then Dean of the old private medical school established in the early '80's, who invited the young American scientist to come to London. He was only 27 when he came to Western. He had taken a B.Sc. degree at Denison College in Ohio in 1906 and the next year he had gone to the University of Chicago on a fellowship which led on to the doctorate in 1911. Until the call to London came he had been engaged in teaching and research in his special field of anatomy.

* * *

In London McKibben found himself in an interesting atmosphere. There was at that time a rather remarkable group of local men interested in various branches of science; such as John Dearness and John Balkwill in botany; James Bowman in chemistry; W. E. Saunders and Melville Dale in ornithology and Solon Woolverton in geology.

Stimulating their interests was the library and museum of the Ontario Entomological Society, an organization which had been founded years before by William Saunders, whose great contribution was the establishment of the Federal experimental farms and whose son, Sir Charles Saunders, developed with the father the great discovery of Marquis wheat. These men had been accustomed to meet together for scientific discussion at the Entomological Society's library, and had made important contributions to the medical school in its earlier days.

* * *

More particularly, however, McKibben owed much to the backing which he received from Charles R. Somerville, chairman of the Board of Governors of the University and from Dr. McCallum. In the library of Dr. McCallum's home on Queen's Avenue, McKibben met other members of the Board and of the Medical Faculty and learned the plans that were under way for the erection of a new medical building. When instruction first began in October, 1882, the only premises available was a small five-room cottage adjacent to the Hellmuth College on St. James Street. In the first session 12 students were registered including a fourth year student from Trinity Medical School. This was William J. Roche, who graduated in 1883. He went to Manitoba, entered politics and after the election of 1911 was minister of the interior in the cabinet of Sir Robert Borden. Later he was Western's first chancellor.



Professor Paul S. McKibben came to Western University medical school in 1913 as head of the department of anatomy. He became dean of the faculty of medicine in 1922 after the present medical school was erected and brought the teaching to the standards of grade A of the American Medical Association.

By 1887 the cottage home of the school had become inadequate for the faculty, and in 1887 a new building was erected at the corner of Waterloo and York Streets from plans which had been drawn up by James Bowman, the acting professor of chemistry. Sixty-five students were registered when lectures began in October, 1887. Nine men had received degrees at the sixth convocation held in Victoria Hall in the previous April.

* * *

It was to this second home of the Medical Faculty that Paul McKibben came in the fall of 1913. I first met him through Dr. McCallum a few days after his arrival and I enjoyed a close friendship with him both in London and later at the University of Michigan. On the occasion of the golden jubilee of the university in 1928 Dr. McKibben received the honorary degree of Doctor of Science.

The building to which the new professor of anatomy came in 1913 must have shocked him when he first entered it. It had been a makeshift from the beginning and six years of student occupancy with an entire lack of supervision had left its marks on the interior. Floors were without covering of any kind, the paint was scored and defaced during unruly student tussles. Probably not more than once a year were the floors ever scrubbed.

Later in that year McKibben invited me to see what he had done to the building. On floors f several rooms there was now a covering and fresh paint had changed the appearance of some walls. He remarked cleaner premises appeared to have improved students manners and conduct. Each year that followed saw further evidence of McKibben's organizing ability, his constructive ideas for the school and his strong influence on the student body. In 1921 he saw the school move into its present building. In 1926 the school was given a Class A rating by the American Medical Association.

* * *

To my thinking, Paul McKibben was one of the most intellectually honest men I have ever known, and I quite agree with the opinion expressed by one of his colleagues of the time that "more, perhaps, than any other man, McKibben has influenced the Medical School of the University of Western Ontario for good". Further, his work has endured "because it was founded on the best academic traditions—indeed, upon the bedrock of science itself."

McKibben was not entirely pleased with conditions at the University of Michigan and two years later went to the University of Southern California medical school at Los Angeles where he again found himself involved in administrative work. As Dean K. P. R. Neville put it "He saved two medical schools". He died a few years later. One of the men's courts in a campus residence building is named after him.

HISTORY OF UWO

Aug 20 1963

100 Beds Seen Ready This Year

St. Joseph's Hospital should have an additional 60 beds to offer by November, and possibly 100 by the end of the year, it is estimated by Sister Imelda, in charge of the hospital's building program.

The other 80 beds of the $6,000,000 - plus addition project should be ready by spring, she said yesterday.

Work On Schedule

Projected completion date for the L-shaped addition is October, 1964. Work is on schedule or slightly ahead, Sister Imelda said.

The walls of the addition now are up and plastering has started in the bed area of the south wing. Most of this section should be occupied by the end of this year, she said.

Tender price of the addition was established last summer at $6,145,170. The total could run to $6,700,000 when equipment and furnishings are included, Sister Imelda estimated.

Patient areas are being given preference in the project. The operation room, X-ray department and laboratory are expected to follow closely, with completion set for March or later.

The 180 active treatment beds in the addition will boost St. Joseph's capacity to 600 beds.

The addition also will provide new facilities for central treatment and services; will include major renovations to parts of the older buildings; and will reorganize the hospital to provide for maximum efficiency.

The addition extends from Grosvenor and Wellington streets, north along Wellington to Cromwell Street, and west on Cromwell to meet the old building. Much of the Wellington Street wing will have seven storeys, the rest six storeys.

Floor-by-floor facilities:

Ground — Emergency department, with minor operating room, recovery and treatment rooms; large out-patient department; a central supply to service the entire hospital; and a kitchen and central stores.

First — New surgical suite with large recovery room and care unit; new radiology department adjoining the surgical suite; new doctors' lounge with adjoining medical records department.

Second—New psychiatric department.

Third—New obstetrical department, with 110 bassinets, increased delivery rooms and new accommodation in private, semi-private and four-bed wards; solarium area for patients.

Fourth—Devoted to surgical patients.

Fifth—New children's ward, providing for private, semi-private and ward accommodation, playroom areas and screened balcony.

Sixth—For medical and gynaecological patients, with private, semi-private and ward accommodation. Space on the roof will be used as a deck area.

Aug 19 1963

Meeting Set On Special Fellowships

A special committee will meet in London Aug. 28, to advise the Canada Council how to implement its new special fund for fellowships in engineering, medicine and science.

Anonymous Gift

The eight-member consultative group will discuss the proposed program of fellowships for advanced studies or research in Canada made possible by a gift by an anonymous donor.

The fund consists of an initial instalment of $1,000,000 from the donor and in time will reach $4,000,000. The fellowships will be financed by the annual investment income of the fund.

The special committee includes three council members, Dr. G. E. Hall, president of the University of Western Ontario; Dr. J. W. T. Spinks, president of the University of Saskatchewan; and Dr. C. J. Mackenzie of Ottawa.

Other Members

Other members are Dr. John Johnstone, professor of physics at Dalhousie University, Halifax; Dr. J. McCreary, dean of medicine, University of British Columbia; Dr. Louis-Paul Dugal, dean of science, University of Ottawa; Dr. Louis-Philippe Bonneau, vice-rector, Laval University, Quebec; and Dr. Pierre Gendron, vice-president, Dow Breweries Limited, Montreal.

The Canada Council will hold meetings in London Aug. 25 to 28 and for the first time 12 former council members have been invited to attend — but not to vote on policy decisions.

The council is expected to consider a large number of applications for grants from symphony orchestras, theatre groups and individuals.

On Aug. 27, council members will attend a performance of "Troilus and Cressida," at Stratford.

Aug 15 1963

Order Drug Firms Prove Claims

WASHINGTON (AP) — The U.S. Food and Drug Administration has ordered drug manufacturers to prove their claims for antibiotics in a wide variety of compounds such as throat lozenges, nose drops and sprays, which generally can be bought without prescription.

The FDA set a deadline of Sept. 6 in the order published in the Federal Register of July 23 and a spokesman for the Pharmaceutical Manufacturers Association said yesterday many companies cannot comply by that date.

The spokesman said companies cannot devise tests to prove the effectiveness of the drugs, as required, "let alone carry them out."

"This will be very tough on some manufacturers," the spokesman said. "However, as I understand it the antibiotics may be removed or its use discontinued and the marketing of the product could continue."

The FDA has not questioned the safety of the antibiotics, but it said labelling claims on effectiveness of the products are not supported by available medical data. The agency said there might be as many as 200 firms involved, with at least as many products.

Aug 20 1963

Doctor To Describe Cancer Test

Experiments which may lead to the diagnosis of cancer by a blood test will be outlined by a London doctor this week in an address to a world-wide meeting of clinical chemists in Detroit.

Dr. Y. S. Brownstone, of the department of clinical pathology at the University of Western Ontario and Victoria Hospital, will speak Friday to the week-long international congress on clinical chemistry.

Dr. Brownstone said in London yesterday that in the experiments he makes, blood is incubated at body temperature. Certain products in the incubating medium are then examined.

"The amount of these products may help in telling whether there is any cancer," Dr. Brownstone said.

Dr. Brownstone said the experiments, if successful, would be used in the diagnosis of all types of cancer, are continuing.

Aug 22, 1963

Unfair to Doctors and Patients

Sir: I say Amen to Mr. Loveday's letter. He has expressed the exact feeling of so many people about building the new Medical Building over on University Campus.

Why make it harder for the doctors to get back and forth from the university to the hospital? The new building will take them across the busy section and many stop lights of London, losing valuable time to be spent on patient care.

Why spend millions to train fifteen more doctors when an addition could be built on the present medical school? The money could be used to better advantage in building a chronic or convalescent building. The situation is appalling for a patient requiring further care but who can no longer be accommodated in our active treatment hospitals.

They must go to some nursing home where they would not get any benefits even though they are paying for hospitalization.

Salford. AN INTERESTED CITIZEN

aug 24 1963

First Cancer Clinic Bomb To Be Placed in Museum

The London Cancer Clinic's original and world-famous obalt therapy unit will be placed in the Museum of Elec-cal Progress to be established in Ontario, it was announced terday.

Establishment Assured

Announcement of the establishment of the museum was made by R. M. Laurie, of London, manager of Ontario Hydro's western region. Mr. Laurie is a member of the committee planning the museum.

Last month it was announced that the original unit used to treat cancer patients since 1951 would be replaced by a new unit costing just under $36,000.

Mr. Laurie said he received confirmation yesterday morning from Atomic Energy of Canada Limited, owners of the original Cobalt unit, for permission to place it in the museum.

Dr. T. A. Watson, director of the cancer clinic, said the new unit likely will be installed Sept. 2. Its principal advantage over the old one is better manoeuvrability around a patient's body.

A site for the museum, designed to portray the history of the electrical industry, is under study at the present time, said Mr. Laurie.

Plans are to have it open for visitors well before Canada's centennial in 1967.

The museum will contain examples of generating, transmission, metering and control equipment as well as home appliances and farm equipment dating back to pioneer days.

"We are looking for examples of this equipment to portray the development of the electrical industry," Mr. Laurie said.

Ontario Hydro is co-operating with the Ontario Municipal Electric Association and electrical manufacturers to establish the museum.

aug 16, 1963

ospital Grants Up Sharply

A. PETHICK
ess Staff Writer

D — Premier John terday announced a the system of On-ment grants to oviding for substan-es for construction lings.

gressive - Conserva- disclosed that, ef-ediately, the grants d service areas are $1,200. He said the provides for pay-e province of $3,200 n of each active ed and $3,200 for uare feet of service

grants in each case

As an alternative to payment of these grants, an Ontario hospital can receive a grant from the government not exceeding one-third of the total cost of construction, less equipment, the premier said.

"This new scale of grants means that the average hospital will get grants totalling $5,500 per bed," Mr. Robarts said. "The new system is the result of a continuing study of the whole hospital grants procedure during the past two years.

"We feel it is now time to make a complete revision of the grant system," the premier continued, "and the government is very aware that our teaching hospitals throughout the province provide services to people from far beyond their own communities.

"With this in mind, we propose to examine the financial position of our teaching hospitals to see what additional assistance they need to meet their financial responsibilities."

The Premier recalled that payments of grants on hospital beds began in 1947 with a grant of $1,000 per active treatment bed. In 1958, the grant was doubled to $2,000 and in 1959 grants were extended to cover certain service areas on the basis of $2,000 per 300 square feet.

"Service areas," said the Premier, "then covered five services not eligible for federal government grants." Today the service areas entitled to grants take in the X-ray department, laboratories, kitchens, occupational therapy, physiotherapy, autopsy, hospital training facilities and related community health services.

Premier Robarts noted that since 1947 the Ontario government had paid out in grants to hospitals a total of $105,500,000 up to December, 1962. So far this year, hospital grants have totalled $6,500,000. In addition, grants totalling $13,200,000 have been approved but not yet paid.

Aug 14, 1963

Montrealer Collects Baby Teeth To Study Radiation Effects

By JANET KASK

MONTREAL (CP)—"How a little nobody from Cote St. Luc could get involved in something like this, I don't know," said Mrs. Ethel Kesler, the Montreal housewife who started women across Canada saving baby teeth for scientific research.

Arouses Interest

Mrs. Kesler, a former social worker, has aroused international interest in her Montreal Baby Tooth Survey and has just been asked to write a paper on her work for Dr. Benjamin Spock, the renowned United States baby expert.

The mailbox at her suburban Cote St. Luc home is jammed with teeth and inquiries from mothers as far away as the Yukon. Sometimes entire sets of baby teeth arrive and she has even received teth from dogs and cows.

Scientists agree that teeth shed by children are an invaluable source of information about the absorption in the human body of strontium 90, thought to be the most dangerous of radioactive materials produced in a nuclear explosion.

Began in St. Louis

The first tooth survey was set up by St. Louis housewives, who have collected more than 110,000 deciduous teeth since 1958, following a suggestion by Dr. Herman Klacker, Johns Hopkins University biochemist, in a science journal. Scientists at Washington University in St. Louis, aided by the U.S. public Health Service, use the teeth to study effects of strontium 90 on children's bones.

Concerned about radiation hazards for some time, Mrs. Kesler learned about the St. Louis project and, in 1960, began what snowballed into a national baby tooth collection in Canada.

The Montreal Baby Tooth Survey began under the sponsorship of the Quebec Campaign for Nuclear Disarmament. This year Voice of Women has taken over the project, now operating in eight Canadian cities. Dr. Urusula Franklin, a physicist with the Ontario Research Foundation and the University of Toronto, is directing it.

Canadian baby teeth go to the laboratories of Dr. A. M. Hunt of the University of Toronto's School of Dentistry. Dr. Hunt in his research has found that breast-fed babies absorb less strontium 90 than those fed on bottles and that children of certain age groups have absorbed more than others.

Dr. Hunt tested teeth from 1951 to 1957 and found the strontium 90 absorption rate went up each year. Now he needs teeth to test the period from 1957 to 1961.

Baby tooth surveys in Vancouver, Edmonton, Saskatoon, Winnipeg, London, Toronto and Halifax are being patterned after the Montreal survey which operates in much the same way as the original St. Louis plan. Inquiries have also been received from mothers in Calgary and Hamilton interested in setting up local surveys.

Mothers are asked to fill in forms obtainable at local chain stores and send teeth with forms to the local survey office. Youngsters get buttons saying "I gave my tooth to science."

Helped by Sons

Mrs. Kesler says her own boys, twins of 11 and a nine-year-old, are among her best salesmen.

She said the nucleus of the Montreal survey consisted of herself and two other housewives. But she had hundreds of volunteers whenever she needed help.

Mrs. Kesler feels there is a dangerous "free floating anxiety" in this nuclear age and that giving baby teeth for research somehow helps mothers alleviate this feeling.

She is aided by an advisory committee of scientists. But people seem to regard her as some kind of a "lay dentist."

"I get requests for all sorts of information about teeth."

Women Today

THE LONDON FREE PRESS, Wednesday, Aug. 14, 1963—21

Aug 19 1962

Grant to Aid Blood Study

A research grant of $25,190 will be used at the University of Western Ontario in the biophysical study of blood cells.

The grant is one of eight totalling $156,970 made by the Life Insurance Medical Research Fund. It was made to the university in recognition of work done by Dr. Allan C. Burton, professor and head of the biophysics department of the UWO.

In 1961 Dr. Burton was awarded $5,000 cash by the Gairdner Foundation in recognition of his contribution to the research of arthritis and heart disease treatment.

Aug 15, 1963

Fluoridation Validity Test Being Sought

TORONTO (CP) — The Civi Rights League announced yes erday it will go to the Supreme Court of Ontario to challenge the validity of Ontario's fluoridation act.

George A. MacMillan, general director of the league which was formed here last May, also announced that the league will start a campaign next month to petition for a second vote in Metropolitan Toronto on fluoridation of the area water supply. The league will start a fund-raising campaign to sponsor the legal battle.

Fluoridated water for the Metro area was approved last December by a margin of 5,964 votes, among 340,000 votes cast in the 13 Metro communities which share a common water supply.

Metro chairman William Allen said yesterday fluoridation is expected to begin before Labor Day, Sept. 2, although the municipality would comply with any judicial order ordering a halt to fluoridation.

Aug 15 1963

Diet Foods Must Name Sweeteners

OTTAWA (CP) — New regulations under the Food and Drugs Act requiring manufacturers to give detailed information on the labels of their products about artificial sweeteners were published yesterday.

C. A. Morrell, director of the food and drugs directorate of the federal health department, said in a letter to food manufacturers and distributors that the regulations were passed in view of recent marketing trends and to define the conditions under which some claims may be made for dietetic foods.

When a packaged food product is advertised for special dietary use, its label must specify the type of diet for which it is recommended under the new regulation.

If it contains saccharin, cyclohexylsulphamic acid, or their salts the label must say so and describe it as a non-nutritive artificial sweetener.

The regulations also say a food may be described as sugarless, sugar-free or low in carbohydrates if it contains not more than 0.25 per cent glycogenic carbohydrates.

The regulations say a food can be described as low sodium only if it contains not more than 10 milligrams of sodium in an average serving, or 20 milligrams in a reasonable daily intake.

Nurses Seek Lighter Work Load Aug 21 1963
Better Leadership Training Program

By BOB TRIMBEE

SASKATOON (CP) — The nds of change are sweeping e nursing profession in Sas-tchewan.

The Saskatchewan Registered rses' Association has nched a campaign for auto-mous nursing schools and a rised educational and train-g program that would provide re leadership preparation.

"The graduate nurse now ust be a team leader who ects both the patient and the spital aides in the complex dern hospital routine," says zel B. Keeler, director of e school of nursing at the niversity of Saskatchewan.

"But in today's schools she rns to be a worker, not a der, and often she is not uipped to assume the leader-ip demanded by hospital rou-e. Sometimes the work load rried by the student nurse is o great to allow her time to sorb the leadership training ailable."

The 4,000-member association proved the first stage of its mpaign at its convention in skatoon. It agreed a revised aining program should be im-emented by 1965 and it sent s proposals to the provincial vernment and the Saskatch-van Hospital Association for pproval.

Stress Theory

Nursing schools now are oper-ed by hospitals. Jean Byam, inical co-ordinator of the Sas-toon City Hospital school of rsing and president of the skatoon chapter of the pro-ncial nurses' association, said rsing schools should operate milar to teacher colleges.

Miss Keeler said the idea of udent nurses working while ey learn—instituted when Ca-ada's first hospital was es-blished in 1873—is part of a adition which has made it fficult for nurses to imple-ent education changes. She ded :

"This is the only profession which students obtain education through labor. There's nothing wrong with looking after patients while attending hospital-operated nursing schools. That's how practical experience can be obtained. But the percentage of theory and service must be better balanced.

"Since the auxiliary nurse has entered the medical team a change has been demanded in the scope of work detailed to the graduate nurse.

"There have also been great strides in medical technology since the Second World War but the basic nursing curriculum is the same today as in 1936. Fins and chrome have been added but no change has been made to the chassis."

Miss Byam estimates that the current three-year dipoma program provides a ratio of 1,000 hours of theory to 4,500 hours of service.

Would Cut Course

The nurses' association would like the diploma course reduced to two years, providing 1,000 hours of theory and 1,200 hours of supervised clinical training in an educationally controlled medium. It would be taken by all nursing students as a basic course.

Those wishing additional education in specific fields or at university would continue after receiving their diploma. The remainder—estimated at 75 per cent of the total enrolment—would become regular hospital staff nurses.

There are indications, however, that not all the nurses' proposals will be acceptable to hospital authorities.

J. D. McMillan, general superintendent of City Hospital and executive director of the Saskatchewan Hospital Association, says autonomous schools are not needed.

"One of the most critical problems today is the lack of qualified instructors," he says. "If autonomous schools are established this would intensify the problem.

"The only place practical experience can be obtained is at a hospital. The hospital always must be responsible for its patients, therefore students must be supervised by hospital staffs.

"The hospital still would have this cost and the additional problem of juggling supervisory staff to supervise and instruct students coming to the hospital from the proposed autonomous schools."

For Central Schools

Mr. McMillan said hospitals would like to be able to close down nursing schools but they cannot see how the system of education through service can be eliminated.

Central schools for theoretical instruction should be encouraged "but it's difficult to see how even these would be able to be separated from hospitals."

Mr. McMillan said a shortage of instructors prompted the Saskatchewan Hospital Association to set up central nursing schools in 1956. At the schools student nurses are given four months of intensive theory. Then they return to home hospitals for practical experience and additional theory.

"We hope to be able to extend the block of theory instruction at the central schools to seven months next year. It will be an experiment to see if a longer lecture program will allow over-all reduction of the training period. I'm not at all convinced the course can be shortened by extending the initial lecture period."

Artificial Diaphragm Given Infant

Sept 3/63

SAN LORENZO, Calif. (AP)— A boy born without a diaphragm — the sinew wall separating the chest and abdominal cavities — has survived lustily for 22 months after what is probably the first surgery of its kind ever attempted.

The operation performed by Dr. J. Ordie Shaffer of Hayward on Donnie Lenhart when the boy was just 12 hours old was described by the Hayward Review Sunday in a copyrighted story.

In the operation's critical procedure, Dr. Shaffer sewed to the tiny baby's ribs a three-inch square of fabric designed for use in grafting patches on the aorta, the main artery carrying blood from the heart.

Fabric Mats

At first air flowed through the graft material but blood and serum soon became matted in the fabric.

By the time the operation was finished the fabric completely blocked passage of air from the lung area into the abdominal cavity.

Surgery disclosed, "there was not even the remnant of a diaphragm — it was 100 per cent absent," Dr. Shaffer said.

The condition was one Dr. Shaffer had never encountered before or since.

As the operation proceeded, the infant's stomach, small bowel and colon were shifted into normal locations from the left lung area into which they had crowded.

Recovery Swift

Recovery was swift and Donnie went home to his parents, Mr. and Mrs. Donald Lenhart of San Lorenzo, on Nov. 13, 1961, just 19 days after the surgery.

X-ray checks every three months since indicate the graft fabric material has served as a lattice around which scar tissue has grown to serve as a diaphragm.

As Donnie grows, the scar tissue stretches.

"The child can do everything that other children his age can do," says Dr. Shaffer.

Ontario Medicare Awaits Ottawa Move, Says Dymond

22 aug 1963

Health Minister Dymond last night indicated a federal commission report on health services may prompt changes in the medical insurance program Ontario's Conservative government hopes to put into practice next year.

Legislation establishing the province's first government-sponsored medicare plan received two readings during the last session of the legislature. Final reading is awaiting a report from a special citizens' committee appointed to conduct public hearings on the medical insurance question and help formulate details of the Ontario plan.

Unanimous Choice

Mr. Dymond was guest speaker at the Progressive Conservatives' Middlesex North nomination meeting, where William A. Stewart, agriculture minister in Premier Robarts' cabinet, was acclaimed party candidate in the forthcoming Sept. 25 provincial election.

Mr. Stewart was first elected to the legislature in 1957, capturing a by-election made necessary by the death of Thomas Patrick, also a PC.

Although Mr. Dymond emphasized the Conservative government was committed to the principle of voluntary coverage, he cautioned his audience not to consider the tentative medicare plan "is our final, and perfect proposal."

Await Report

He said the government would be guided by the federal commission report on health services soon to be completed. Mr. Dymond added that Ontario's move into the medical insurance field would also be influenced by any federal action that the report inspires.

Ontario now proposes a universally - available, voluntary medical insurance plan, using existing carriers. The province will pay all or part of the premiums for citizens unable to pay their own way — a cost the health minister estimated would total $30,000,000 during the first year.

Reciting the Conservatives' record of health legislation, Mr. Dymond pointed to the recent increase in hospital assistance, whereby per-bed construction grants rose to $5,500.

He said the provincial government will now be shouldering one-third the capital cost of hospital construction and challenged the federal Liberal regime to match that contribution, so hospital financing could be shared equally by the three levels of government—municipal, provincial and federal.

Approximately 150 attended Mr. Stewart's nomination at Medway High School in Arva.

Foregone Nomination

His name was put forward by Fred Kingsmill and the nomination was seconded by Fred Heaman. Mr. Stewart's candidacy was a foregone conclusion.

The 48-year-old farmer was active in London Township and Middlesex County affairs before entering provincial politics. He is a former chairman of the East Middlesex District High School Board and a past president of the Middlesex Federation of Agriculture.

He first entered the cabinet as minister without portfolio three years ago and became minister of agriculture in November, 1961, shortly after Premier Robarts succeeded Leslie Frost as Conservative provincial leader.

Chairman of the nomination meeting was Harold Corbett, president of the Middlesex North PC Association.

Aug 23 1963

Fallout in Excess Of Safe Dose Hits Alaskan Eskimos

WASHINGTON (AP) — Evidence was reported yesterday that Alaskan Eskimos have absorbed radiation doses exceeding at least average permissible limits — from eating reindeer and caribou meat containing unusually high concentrations of bomb-test fallout.

But Parker said he would not recommend that the Eskimos be removed from the seven villages where the evidence was obtained. It was learned that some Eskimos actually have petitioned the government to move them.

Meanwhile, it was also learned that the public health service and the AEC, at the urging of Senator E. L. Bartlett (Democrat-Alaska) are planning a much more extensive study of the situation.

The joint study will include an intensive analysis of radioactivity in the air and water in the Alaskan areas where the Eskimos and Indians live — and the caribou roam. It will also embrace intensive studies of the radioactive content of the reindeer and caribou meat — which is used extensively in the native diet.

Another report from Atomic Energy Commissio ficials said Alaska has ex enced "somewhat higher" out than any other state primarily because it's the region hit by the early fa from Russian nuclear tes polar latitudes.

H. M. Parker, manage the AEC's Hanford lab tories at Richland, Wash., told of the Eskimo radia findings, stressed that he not believe they are in danger.

But he added, in testif at fallout hearings being by the Senate-House of resentatives atomic en committee:

"This is not to say t in the long term it (wou not be dangerous . . . an I were a resident there, begin to look around to how reasonable it would to substitute some of kind of food (for reind and caribou.)"

x-University taff Member Dies at 69

Aug 26/63

Dr. Jessie Josephine Bittner, of 186 Victoria St., a mem- of the department of bac- iology and immunolgy at the iversity of Western Ontario, m 1942 to 1956, died yester- at St. Joseph's Hospital.

Dr. Bittner was taken to hos- al Saturday morning after rence McGonigal 15, of 913½ terloo St., a London Free ss morning carrier boy be- ne suspicious when he no- ed her Friday paper still on porch and the light on in- e the home.

The boy notified police who ke through the back door d found Mrs. Bittner on the or, apparently suffering from troke.

Born in U.S.

Dr. Bittner was born in Web- r County, Iowa. She received r medical degree from the iversity of Iowa in 1923, fol- ring which she was a resident ysician at the University of va and Chicago Lying-In Hos- al. Her husband, Dr. Chris- her John Bittner, an assis- t professor in the department economics at UWO, died last r.

Dr. Bittner was the former sie Josephine Hummel. She s a member of the American men's Club, Soroptimist Club d the London Camera Club.

Surviving are sons, Dr. John lliam Bittner ,of Long Island, Y., and Dr. Richard Bittner, East Lansing, Mich., and a ter, Mrs. James W. (Ruth) ents, of Nashville, Tenn.

Rev. Moir A. J. Waters, of binson United Church, will duct service at 2 p.m. tomor- v at the A. Millard George neral home. Burial will be in odland Cemetery.

TTNER—At St. Joseph's Hospital, Sunday, August 25, 1963, Jose- ne (Hummel) M.D. of 186 Vic- ia St. Beloved wife of the late Christopher John Bittner. Dear ther of Dr. John William Bittner, Long Island, N.Y. and Dr. Rich- l Hummel Bittner, of East Lan- g, Mich. Dear sister of Mrs. nes W. (Ruth) Brents of Nash- le, Tenn. Dear grandmother of rtis John Bittner, of East Lan- g, Mich. Resting at the A. Mil- d George Funeral Home, Wortley . at Elmwood Ave., where fu- al service will be held in the pel on Tuesday, Aug. 27, at 2 . Interment in Woodland Ce- tery.

ULARCHYK —To Dr. and Mrs. dward J. Mularchyk (nee Marjie atterson), a daughter Edith (Edie) annette, born August 28, 1963, at ictoria Hospital.



BEST STUDENT — Dorothy Smith, Ingersoll, took highest marks in a class of 16 when she graduated from the London School of Medical Technology at special exercises held at Victoria Hospital School of Nursing yesterday afternoon. Chairman of the graduation exercises was Dr. A. H. Neufeld, director of laboratories.

29 aug. 1963.

Technicians Graduate At Victoria Hospital

29, aug. '63

Sixteen students of the London School of Medical Technology received their certificates and pins at graduation exercises held yesterday afternoon at Victoria Hospital School of Nursing auditorium.

The two-year-old school is conducted co-operatively by Victoria, Westminster, St. Joseph's and St. Thomas-Elgin General Hospitals. The graduates' course comprised three months class-room lectures and nine months of apprenticeship training. However, this year's class which begins studies Wednesday will have more comprehensive training with six months of classroom instruction plus 12 months of laboratory instruction.

Important Vocation

Dr. W. B. Barton, chief of haemotology at Victoria Hospital, was guest speaker. He was introduced by Dr. A. H. Neufeld, director of the school.

Dr. Barton told the graduates their vocation is vastly important because it allows them to take part in the complex task of relieving human suffering.

"With the increase in automation and mechanization in hospital technology", he added, "lab technicians will have to be pretty bright people with a continually growing knowledge of their field."

Congratulations were extended to the class by William Love, Victoria Hospital trustee. Dr. Bernard Adilman, representing St. Thomas-Elgin General Hospital; Earl Ziller, representing Westminster Hospital; and K. R. Gage, senior instructor of the school.

Graduates from Westminster Hospital were Ilga Berzins, London; Margaret Campbell, Kincardine; and Edith Crawford Granton.

Victoria Hospital

Victoria Hospital students receiving certificates were Linda Bennetton, London; Ike Blaak, London; Lawrence Bouchard, Blind River; Judith Hughes, Burlington; Donna Marsh, Thorndale; Sheila McClure, London; Trevor Nesbitt, London; Richard Sasaguchi, London; Elva Sheffield, Lyn; Kenneth Smith, London; Anne Torrie, New Hamburg, and Dorothy Smith, Ingersoll.

Attains Honors

Miss Smith was specially commended for having attained honor standing in each of her final examinations.

Rosemary Learn, St. Thomas, was the only student from St. Thomas-Elgin General Hospital.

The five students sponsored by St. Joseph's Hospital will have a separate graduation ceremony after completing six more months of laboratory training.

MD-Medicare Relations Still Uneasy After Year of Saskatchewan Plan

Aug 23 1963

By ALLEN SACKMANN

EGINA (CP) — An uneasy ionship exists between the ical profession and the gov- nent after the first year Saskatchewan's compulsory paid medical care insur- e plan.

r. Harry Portnuff of York- president of the Saskatche- College of Physicians and geons, says doctors are still r, suspicious and worried ut their professional future.

remier W. S. Lloyd says the tors' fears are groundless maintains the plan is work- despite strained relations tween his CCF government the profession. He antici- es no major changes.

he plan went into effect y 1, 1962. Most of the prov- e's 900-odd doctors withdrew r normal services and for days only emergency treat- nt in hospital was generally ilable.

n July 23 an agreement was ched enabling the doctors to id direct dealings with the ernment's agency by accept- payments through existing dical insurance firms.

he agreement put the doc- s back in their offices, med residents and smoothed ne of the ruffled feathers on h sides. Dr. Portnuff insists as not, however, removed the fession's fear that its free- n of action remains in pardy.

"You can't legislate good- l," he says. "The climate is healthy. We've become dis- sioned, suspicious and full of strust toward the actions of government."

Speaking for the government, alth Minister A. E. Blakeney ys there has been a significant o. But Dr. Dalgleish says the ft of attitude which indicates e plan is fulfilling its designed rpose.

He declares there is no longer philosophical dispute about civil conscription" but only sagreement over intricate de- ils such as payment methods x-ray billing procedures.

The Socialist government, ly one in North America, fi- ances the plan through per- nal premiums and taxes. It dministers the scheme through Crown agency, the Medical are Insurance Commission.

The medical profession had ught introduction of a plan in hich enrolment was voluntary nd one that could be adminis- ered through existing provincial nedical insurance companies rather than a government agency.



INVESTIGATE DOCTORS' COMPLAINTS — A royal commission was set up to hear complaints from community clinic doctors in Saskatchewan who said they had difficulty obtaining hospital privileges. Dr. Reynold Gold of Saskatoon, a clinic doctor working directly under the Saskatchewan medical insurance plan, is with counsel George Taylor (left) during hearings. (CP Photo).

Modified Plan

The Saskatoon agreement which ended the 23-day crisis in the summer of 1962 modified the government's plan, to give the doctors three choices:

1. They could work directly with the government agency, sending bills to the commission and receiving payment directly from it.

2. They could work through approved private agencies (former insurance companies) which would collect from the government commission and handle payments to doctors.

3. They could ignore the insurance scheme completely, billing patients directly and leaving it to the patients to decide whether to seek reimbursement from the commission (as most do).

Most doctors chose to have the former medical insurance firms act as their agents in dealing with the commission.

However, even here there is some grumbling. Dr. Portnuff said that when doctors signed the Saskatoon agreement they had expected these agencies to retain some autonomy but that "they now are useless."

This feeling is not unanimous. Dr. H. D. Dalgleish, who led the profession in its fight last summer when he was college president, says the role of the agencies today is vital.

Seen as Check

The agencies act as an audit on both the commission and the doctors, he says. They were responsible for scrutinizing all accounts to ensure only proper claims are filed and proper payments made.

Dr. Dalgleish says preservation of the agencies enables the doctors to circumvent direct contact with the government commission. He emphasizes that if doctors feel the commission is becoming dictatorial they can discontinue filing claims through the agencies and bill patients directly.

The commission then would have to deal directly with the public, a situation that would act as a check on improper practices.

Dr. Dalgleish says doctors felt the original terms of the scheme gave the government the right to tell them where and how they could practise. He says he is worried that this "threat" remains.

Premier Lloyd says the fears are unjustified; that they never materialized and that now there is wide acceptance of the plan, at least among patients. He contends that even doctors agree they have not lost any professional freedom.

Remains Confident

The premier says he is so sure of acceptance among the people of the province that he will stake the future of his government on it when a general election is held, probably some time next year.

Health Minister Blakeney says criticism has waned but that some opponents have attempted to keep the issue alive solely for political reasons. He says some doctors hope the issue will result in the defeat of the government.

Answering those who still contend that a voluntary plan would be better, Premier Lloyd says the value of a compulsory scheme is that it distributes the cost of medical care among residents on the basis of ability to pay and removes any chance a resident will have to forgo medical care because of its cost.

About 870,000 of Saskatchewan's 930,000 residents are enrolled in the plan. Most of those not covered and who do not pay premiums are Indians. Mr. Blakeney says discussions are under way to provide coverage to Indians through an agreement with the federal government.

Single persons pay annual premiums of $12 and families pay $24. The premiums account for 28 per cent of the plan's total revenue. Bulk of the revenue comes from a six-per-cent surcharge on income taxes, a one-per-cent surcharge on corporation taxes and a 1.5-per-cent sales tax. Operations are expected to cost about $20,000,000 a year.

Secrecy at Issue

But while residents pay the premiums without serious complaints and receive the services, side issues and conflicts between the profession and government continue.

Most recent complaint by doctors was that the government was interfering with the confidential relationship between them and their patients.

Dr. Portnuff said that when an account is submitted by a patient, the commission encloses copies of the doctor's diagnosis with the payment. There was a danger that someone other than the patient might open the letter.

Saskatchewan now has 900 doctors, four fewer than a year significant aspect is that among those who departed are many specialists. None of the 35 specialists had been replaced.

An irritant in the relations between doctors practising under the government plan and those working through private agencies is the community clinics.

During last summer's strife, supporters of the government plan set up the clinics and hired doctors who agreed to scheme. Most of these were doctors who came to the province from Britain. Campaigns were started to attract members to the clinics.

Doctors Resentful

"Our relations with community clinic doctors are bound to be bad," says Dr. Dalgleish, charging that clinics are attempting to steal patients from other doctors through campaigns carried on by clinic members.

Dr. Portnuff is critical of patients who left him in favor of the clinics, saying: "I've brought their children into the world, treated them and counselled them and because I didn't fall under political pressure they left me."

Some community clinic doctors have had trouble obtaining hospital privileges and the government set up a one-man royal commission to study the complaints.

The community clinic doctors say the profession has discriminated against them by refusing, for the most part, to sponsor their applications for hospital privileges.

Start Hospital Project Within Few Days

Aug 30/63

Plans for a new, radically-signed 600-bed Ontario Hospital which will cost from 0,000,000 to $12,000,000 and place the existing 1,500-bed ospital in London East have een unveiled by the department of public works.

Demolition of some of the present buildings is expected to begin within the next few days, with construction of the first of three stages in the new unit probably to start in November, said John H. White, member for London South in the last Ontario legislature.

Completion is expected 18 to 24 months after construction commences.

The new hospital includes a central core of administrative, supply and therapy treatment centres. From this lengthy corridors project to four propellor-like ward wings to the north and south.

Prime purpose of the new design is to provide an ultimate in freedom for mentally-ill patients in compliance with the most advanced treatment techniques, said Dr. W. G. Brown, deputy minister of health, and Dr. Douglas Wickware, superintendent of the London hospital.

"These patients get over the first phase of their treatment rapidly and, being ambulatory so soon, are entitled to a considerable degree of freedom," said Dr. Brown.

He stressed the department is moving away from the old box-like hospital construction with wards of lined beds.

The reduction in overall bed capacity, said Dr. Wickware, is in line with a regional plan to construct more mental hospitals throughout Western Ontario and permit patients to be located closer to their families and friends.

To be constructed in the first stage are new business administration offices, out patient departments and day-night care centres along with new occupational therapy centres.

The two-storey ward branches with wings radiating from circular central foyers will be included in the second construction stage along with more administrative offices, an admitting department and pharmacy and central supply centres in the multi-storeyed core area.

With two floors on each of the ward wings the new hospital will actually have eight ward sections to both the north and south.

Dr. B. H. McNeel, chief provincial mental health officer, said the design permits the new unit to actually work as two alternately operating hospitals.

Expanding on this, Dr. Wickware said the division of "hospitals" will enable doctors to work with patients for more prolonged periods of time and thereby give them greater assistance. For example one doctor would be assigned specifically to one ward section and a second to another.

It will also enable the hospital to switch doctors from one ward section to another should a pressing need for a special type of psychiatric treatment develop, he said.

It was indicated the core area will rise to a height of about six storeys.

The final stage will see the construction of new kitchen and dining room facilities and a community centre in

Each of the ward areas will have one wing designated for treatment of the acutely ill, said Dr. Wickware. There will also be ward blocks for geriatric or elderly patients.

Design of the new hospital has evolved from studies of mental hospitals throughout North America, Dr. Brown said.

Tenders for demolition of some of the existing buildings to clear the way for construction of the first phase were slated to close in Toronto yesterday afternoon. Actual demolition of the present East College will probably begin next week.

Dr. Wickware said some of the existing bed areas will still have to be used until the overall regional plan is complete.

He noted that new mental hospitals have already been built at Goderich and Owen Sound and another is under construction at Palmerston. The London ospital is even now in the process of transferring some of its present 1,500 patients to Goderich and Owen Sound.

Other buildings to be demolished to make way for the first phase are the North Cottage, the old superintendent's residence and the present nurse's residence.

The second construction phase also calls for the erection of a new nurses' residence to the northwest of the new north wards.

Dr. McNeel noted the new nurses' residence will be smaller than the existing building because all instruction rooms, normally included in such residences, will be located in the central medical building.

He also pointed out these living quarters will be mainly for student nurses on affiliation from other hospitals because permanent nurses at the Ontario Hospital are expected to live off the grounds.

Whereas the present hospital faces onto Dundas Street the new hospital will front onto Highbury Avenue.

Dr. McNeel said there are no immediate plans for any other new mental hospitals in the district but it is hoped the case load at existing facilities can be substantially reduced by general hospitals taking on psychiatric treatment services. Such services are increasing, he said.

While the ward areas will be two storeys high the administrative, medical offices, out patient and day care clinics would be only one storey high. Laboratories, classrooms, prolonged clinical treatment areas will be in the central medical building.

The only beds in the central section will be those for post-operative recovery purposes.

Dr. McNeel stressed that some of the old buildings at the London hospital will be in use for "some time" because the relocation of patients to hospitals in areas nearer their homes will necessarily be "gradual."

Neither he nor Dr. Wickware anticipated any reduction in the medical, nursing and service staff which now totals 625 persons.

Dr. McNeel said final specifications and plans for the new hospital are now being prepared. The proposed new unit has been under discussion for about two years, he stated.

Planning also calls for considerable landscaping on the grounds to permit patients even greater freedom of movement. More window area will be provided to assist in conveying to the patients a feeling of freedom and normalcy of surroundings.

D. Wickware noted the design is aimed at "flexibility" to provide for further development if necessary.

On the 400-acre site is sufficient space for construction of a new general hospital for East London should city taxpayers deem such an institution essential, he said.

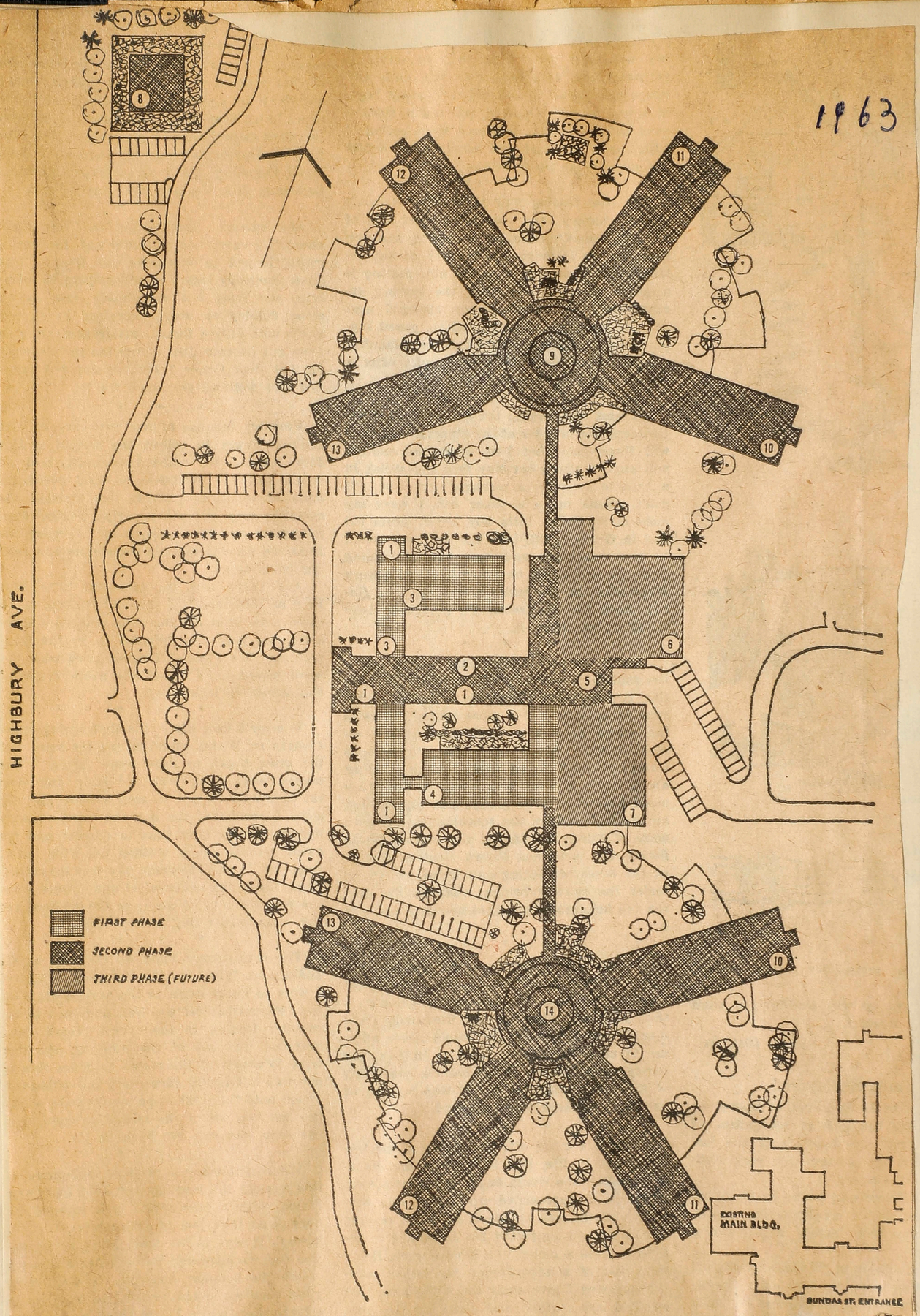
Hopes that a general hospital could be located on the Ontario Hospital grounds have been expressed frequently by mental health officials in recent months. Dr. Wickware said that with the development of the city the OH grounds would be the logical spot for a new general hospital in that portion of the municipality.

Eventually it is anticipated all the present 93-year-old buildings at the Ontario Hospital will be removed, Dr. Wickware and Dr. McNeel stated, but a portion of the existing main building will remain in use for a considerable period.

ATTENDS CONVENTION

N. Roderick Willis, 22, a third year medical student at the University of Western Ontario, is one of 200 students attending the Delta Upsilon Fraternity 129th international convention and leadership training school in San Jose, Calif., this week. He is the son of Mr. and Mrs. R. B. Willis, 200 Sherwood Ave.

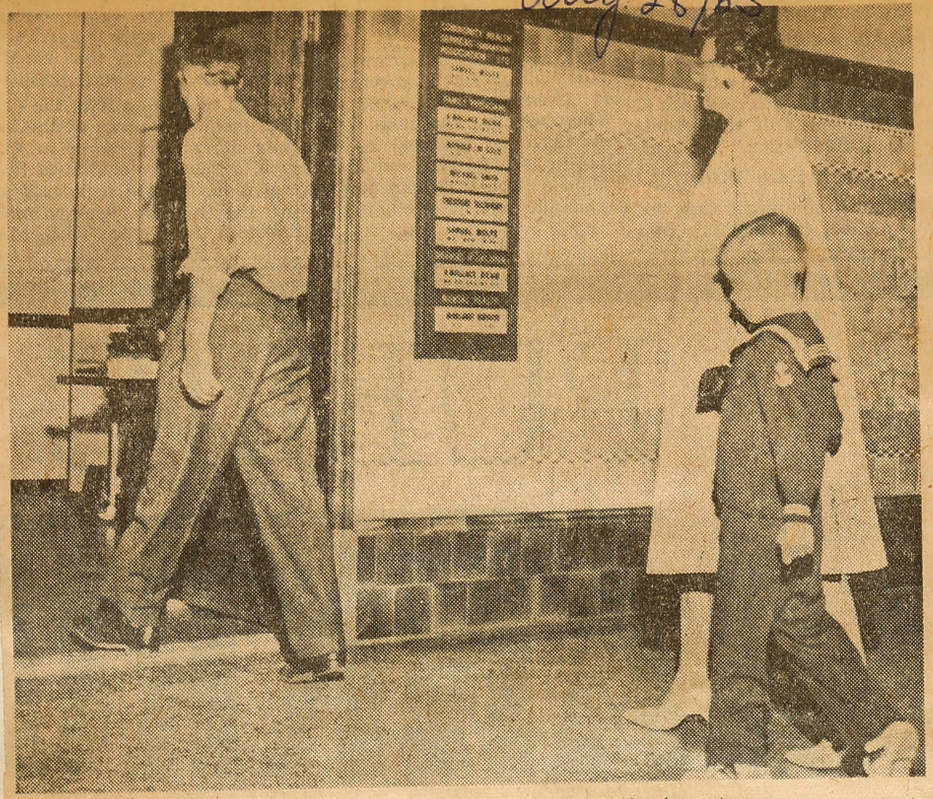
1963



NEW ONTARIO HOSPITAL — This is a ground plan of the radically-different Ontario Hospital to be built on Dundas Street East. All existing structures will be removed. The key at lower left indicates sequence of construction and numbers indicate: 1. business administration; 2. admitting; 3. out-patient and day-night care; 4. occu... therapy; 5. pharmacy and central ... kitchen and dining room; 7. commu... 8. nurses residence; 9. north unit; 1... wards; 11. convalescent wards; 12. ge... 13. intermediate wards; 14. south u...

Medicare Wounds Healing Slowly in Biggar, Sask.

Aug 28/63



CLINICS IN SASKATCHEWAN — An outgrowth of the doctor-government medical dispute in Saskatchewan last year is the growth of community clinics. The clinics are staffed by doctors willing to work under the government's compulsory prepaid medical insurance program. A mother and her son enter a community clinic in Saskatoon. (CP Photo).

By ALLEN SACKMANN

BIGGAR, Sask. (CP) — The bitter Saskatchewan medical care insurance dispute ripped this prosperous farming community in two last summer and the breach has not yet healed.

Citizens are reluctant to discuss the dispute with outsiders. Officials on both sides are tight-lipped and suspicious.

Biggar, a community of 3,000 is 65 miles west of Saskatoon, in the heart of Premier W. S. Lloyd's riding.

It became a focal point of interest in July, 1962, when a government-hired doctor from Britain arrived on the scene, practised for less than a week and then was transferred elsewhere.

That happened just after most Saskatchewan doctors withdrew normal services July 1, 1962, in protest against the government's compulsory medical insurance scheme.

Dr. Ida Fisher was sent here by the Medical Care Insurance Commission. Her arrival, and departure a few days later, were given wide publicity. On the one hand there were statements that her removal followed complaints about her professional ability. On the other, there were suggestions that ill will in the community resulted in the decision to transfer her.

The commission brought 111 doctors into Saskatchewan on short-term contracts to augment emergency services during the doctors' boycott. Supporters of the resident doctors called the imports such names as "mercenaries," "strike - breakers" and "scabs."

Mayor Lionel Jones, a hardware merchant and ardent supporter of the doctors' action, said he was proud of the way his community acted during the dispute. Just after the boycott ended July 23, 1962, residents held a doctors' appreciation night for physicians working outside the government plan.

Mayor Jones says he holds the same views now as he did last summer but adds that the matter no longer is a prime topic of discussion.

That there were also supporters of the government scheme in Biggar is indicated by the fact that Lloyd Hock, chairman of the hospital advisory board and a department store partner, found his business had suffered.

"We're just getting some of our customers back," he says.

Mr. Hock now refuses to discuss the dispute and questions asked of other residents of Biggar usually bring monosyllabic answers.

Doctors Leaving

Doctors working outside the government insurance plan here decline to be interviewed. It is understood two members of the four-doctor private clinic are leaving but that they will be replaced.

A block away is the Citizen's Clinic, one of nine community clinics organized by CCF government supporters for doctors working directly with the insurance scheme. The clinic is located in a renovated store and is staffed by two doctors. They hold divergent views on their relations with other doctors in Biggar.

Dr. B. M. King, who came from Britain during the dispute last summer, said he was regarded as a strike - breaker. Doctors in private clinics were unfriendly and he had no social contacts with them.

People who are opposed to the plan "stay out of my way," he added.

Dr. King received temporary hospital privileges when he arrived and received normal privileges in March this year. He considered the delay unnecessary.

Dr. M. R. Rayman, the second community clinic doctor, said he had no complaints. He arrived in January and found the people "marvellous" and the other doctors "very congenial."

"I had to wait three months for hospital privileges, which I think is normal."

Probe Charges

Some community clinic doctors suggest their applications for hospital privileges — which enable them to admit and treat patients in a hospital — were unduly delayed. A one - man royal commission was appointed by the government to investigate charges of discrimination.

Sister B. Bezaire, acting administrator of the Roman Catholic St. Margaret's Hospital, said there is bitterness in the community but it is below the surface.

Community clinics were the brainchild of Clarence Lyons of Saskatoon, a representative of the United Packinghouse, Food and Allied Workers (CLC). The first was formed in Saskatoon.

Medical consultant for the provincial organization is Dr. Samuel Wolfe of Saskatoon, a member of the Medical Care Insurance Commission. He said about 40 doctors now are working in the clinics. Most came from Britain, where government-sponsored medical care is old hat.

About 16,000 families in Saskatchewan bought $5 life memberships in the clinics. Many put up low-interest loans for construction or acquisition of facilities.

Committee Disbanded

The basic difference between doctors working in these community clinics and others in the province is that the clinic doctors work directly under the plan. Those outside community clinics work indirectly under the plan.

While government supporters rallied in one corner, those who opposed the medical care plan joined forces in another. One of the largest in the latter group was the Keep Our Doctors Committee. It carried on an intense advertising campaign, held rallies and organized cavalcades to Regina to ask the government to delay start of the plan.

A prime mover behind the committee was Hans Taal of Saskatoon, a former employee of the Crown-owned Saskatchewan Power Corporation. He now is a Progressive Conservative party organizer and a candidate for the next election.

He said the organization now is dead. He added he did not know what effect the group, with 1,800 members at its height, had on the government but he was satisfied it played an important part.

Nova Scotia Fears Spread Of Fatal Child Disease

Aug. 31/63

By The Canadian Press

Health officials in Nova Scotia expressed fear yesterday that a death-dealing epidemic of gastro-enteritis in Cape Breton Island and Newfoundland could spread to the mainland.

Dr. H. B. Colford, director of communicable diseases control said five children have died from the bowel disease in Nova Scotia and 100 to 200 cases had been reported since June.

Dr. David Severs, Newfoundland's chief medical officer, admitted 57 children had died in Newfoundland since January. He said 400 cases have been reported this year to date and there was no indication the epidemic was subsiding.

New Brunswick's director of contagious diseases, Dr. C. W. Kelly, said no cases of gastro-enteritis have been reported in New Brunswick this year.

There have been no reports of the disease from Prince Edward Island.

Gastro-enteritis, symptons of which are severe diarrhea and vomiting, is prevalent among young children, general under the age of two, Dr. Colford said.

Measures were being taken by his department to prevent the disease from spreading in Nova Scotia. Public health nurses were being trained to teach parents that the effects of the disease are less dangerous if detected early. Exact number of cases in Cape Breton was not known, he said.

Most of the children who died from gastro-enteritis in Newfoundland were children less than a year old. The outbreak there is the worst since 74 children died in 1949. At present, 47 are being treated in hospital in St. John's. There were more in other hospitals.

Belated Start on Ontario Hospital

Aug. 31/63

JOHN H. WHITE, London South's representative in the last Ontario Legislature, has been able to make an announcement his predecessors have been seeking for years. It is that the demolition of the present Ontario Hospital in London will be started within the next few days and completion of a new 600-bed structure is expected within two years of the start of construction.

During the last decade there have been regular predictions that work on the new Ontario hospital in London would start soon. But always something happened to prevent the replacement of the pioneer structure which went into operation in 1870.

No doubt the revolutionary developments in treatment of mental illness have contributed to the delay. Treatment has taken the place of mere custodial care to a remarkable degree and new types of buildings are needed. Along with this has been a move away from the mammoth old-style hospitals to smaller ones, scattered more widely around the province so that relatives and friends could visit patients more conveniently.

Undoubtedly the radically different type of building now contemplated caused problems for the department of public works as well as for the provincial treasury.

Whatever the reasons for the long delay the important thing is that the new hospital should be available before long and with it should come the new attitude toward mental illness. New buildings will permit better classification and segregation of patients as well as more efficient facilities for treatment. It is to be hoped that an adequate staff will be found for the new buildings because while old-fashioned buildings may handicap an efficient staff new ones are useless unless without one.

Medicare Expects to Handle 2,000,000 Claims a Year

Sept. 4/63

By ALLEN SACKMANN

REGINA (CP) — Saskatchewan's medical care administration machinery races through 8,000 accounts a day keeping up with the mountains of mail that arrive each morning.

About 200 employees of the Medical Care Insurance Commission are using modern equipment to cope with claims expected to reach $20,000,000 a year.

Still there are criticisms. Doctors complain that too many accounts are being returned for additional information, that some treatments are not covered and that copies of diagnoses are being returned to patients.

A long dispute about slow payment of accounts has virtually died. Doctors blamed the commission for the delays while the commission blamed approved health agencies which submitted the accounts for the doctors.

Donald Tansley, chairman of the commission, said there have been disputes over the amount paid on claims but that most have been settled by the medical assessment board. Fewer than 10 had required his personal attention and none had been referred to the court of last resort—the special appeal board appointed by the health minister.

Most Under $10

Claims average less than $10 and Mr. Tansley said the commission expects to handle 2,000,000 each year. Figures on total costs for a full fiscal year are not yet available. However, up to May 31 this year costs were $12,500,000 while revenue was $18,300,000.

The healthy cushion resulted from the fact that from the end of the 23-day doctors' boycott of the plan in July, 1962, to the end of the year relatively few accounts were handled.

Commission revenue comes from annual premiums of $12 for all single persons and $24 for families, a six-per-cent surcharge on personal income tax, a one-per-cent surcharge on corporate taxes and a 1.5-per-cent sales tax.

Administration is expected to cost about $1,500,000 a year, said commission secretary Jack Kinzel.

He said there has been no evidence of abuse but that as a precautionary measure the commission is considering a watchdog procedure to ensure the plan's benefits are not used improperly.

About 870,000 of Saskatchewan's 970,000 residents are enrolled in the plan and have to pay premiums. Most of those outside the plan are Indians, the responsibility of the federal government.

Pays 85 Per Cent

The commission pays claims on the basis of 85 per cent of the schedule of fees set down by the Saskatchewan College of Physicians and Surgeons. Patients billed directly by doctors can recover up to 85 per cent from the commission. The remaining 15 per cent is their own responsibility.

Dr. Harry Portnuff, president of the college, objected to the procedure of returning diagnoses to patients along with payment of an account in cases where the patients bill the commission. He said secrecy of the diagnosis is of utmost importance and that a letter could fall into the wrong person's hands.

Mr. Tansley said the reason "we send back what they send in" is that patients may have more than one account in the commission office and when they receive the diagnosis they know what the cheque is for.

Patients billing the commission directly for reimbursement constitute 10 per cent—$1,826,000 of the total claims during the first 11 months, he said. Doctors working directly with the commission account for 22 per cent, and doctors working through approved agencies make up the balance.

Still Recruiting

The commission is directed by an 11-man board which includes three members named by the college. This was stipulated in an agreement that ended the doctors' boycott July 23, 1962.

A major breakdown in doctor-commission relations came when the commission recruited doctors to work in Saskatchewan during the 23-day boycott. The recruitment of 111 doctors cost the commission $511,000. Sixteen are reported to have remained and four of these work in community clinics.

Both the commission and the college agree more doctors are needed in Saskatchewan and both are recruiting, but separately.

Dr. George Peacock, college registrar, arranged to tour Britain to seek doctors. He said 50 could be placed without difficulty but emphasized he is looking for a particular kind of doctor—specialists and "men of the same quality as we lost as a result of medical care."

During the last year 201 doctors have registered with the college, including 121 from Britain, he said. Despite the heavy influx the number of physicians in the province is down four from a year ago. He said 35 specialists were among those who left the province.

During 1962, Dr. Peacock said, 268 doctors either left Saskatchewan or died. In 1961 the number was 65, in 1960 it was 110 and in 1955 the figure was 60. There now are 900 doctors in the province.



CLAIMS PROCESSED — A battery of electronic equipment is used in the claims processing room of the Saskatchewan Medical Care Insurance commission at Regina to handle claims under the province's medical care plan. About 200 employees use the modern equipment to cope with the 8,000 claims a day. (CP Photo).

Civilization Poses Medical Problems

Sept. 4/63

ANOTHER voice has spoken out in protest against the pollution of our atmosphere, whether by radioactive fallout or by means of lethal chemicals used as insecticides and weed-killers.

One of the world's great biologists, Dr. Rene Dubos, of the Rockefeller Institute, has advised modern medical science to look beyond the cultivation of a "bedside manner" and into man's whole environment.

It is significant for the layman, who has been made acutely aware of his peril through Rachel Carson's book, "Silent Spring," that Dr. Dubos gives priority to the study of environment pollution, which includes contamination of food and water supplies by chemical poisons.

Miss Carson had already pointed out that these poisons have introduced diseases and symptoms beyond common medical recognition, and that what appears to be simple nausea or headache may be the onset of chemical poisoning which few doctors are trained to diagnose or treat.

Her warning has been echoed by Dr. N. W. Moore, who told the British Association for the Advancement of Science; "We are confronted by contamination on a world scale" following the increasing use of pest-killing chemicals.

As man continues to befoul his environment, medical science must move quickly to keep pace. Civilization as we practise it cures some ailments only to introduce others.

Victoria Hospital Hit By Nurse Shortage

Sept. 3/63

By JOAN MAY
Free Press Staff Reporter

A shortage of nurses is the main reason for the closing of 30 beds at Victoria Hospital this summer, W. N. Roberts, assistant superintendent, said yesterday. He expected that the hospital would be back to its full 937-adult bed capacity by the end of September. The shortage of nursing staff is a problem currently common to hospitals across Canada, Mr. Roberts said.

One reason is higher salaries available in the United States, which act as a magnet for Canadian nursing graduates. The problem is accentuated in the summer by the holiday season, when nurses, like everyone else, want to go on vacation, Mr. Roberts said. A further factor is that about 75 per cent of each year's graduating class want a change, and leave for hospitals in other centres. The graduating class at Victoria has completed its studies during the past two weeks. "We are therefore minus the services of these seniors who were just about qualified registered nurses," Mr. Roberts said. There were 90 nurses in this year's graduating class, and about three-quarters of them have now left.

Most of the closed rooms contain four beds on the eighth-floor centre section of the hospital, he said. Painting is being done while they are closed. The shortage is in staff nurses, not on the "call" list, Mr. Roberts said.

The "call" list cannot be counted on to fill the shortage in staff, because it includes a large number of married women who are able to work only during certain hours, and they are frequently difficult to fit into regular working schedules.

"Some can't work at night or perhaps can't take the day shift because they have small children. But a hospital has to operate on a 24-hour basis."

With the vacation season now ending, Mr. Roberts expected the present problem to be over by the end of this month.

"A lot will be back from vacation by that time," he said, "and a number of new nurses are coming on staff."

He expected that the 30 beds would then be back in use.

The nursing shortage is being felt across Canada, Mr. Roberts pointed out, and Victoria Hospital, he felt, "is in a better position than many."

London's St. Joseph's Hospital, which will be opening the first section of its new 175-bed wing in November, has not experienced any pronounced difficulty in obtaining staff to date, Sister Mary Elizabeth, superintendent, said yesterday.

Radioactive Strontium In Milk Shows Rise

Sept 9/63

WASHINGTON (AP) — The milk supply of the United States during June contained a record high national daily level of 32 picocuries of radioactive strontium-90 per litre, the public health service reported Saturday.

This was nearly double the national level of 17 picocuries recorded in June, 1962, the highest for any month last year. A spokesman for the service said the figures bore out estimates made earlier this year by the federal radiation council.

A picocuri, newly-adopted term replacing micromicrocurie, is one-millionth of a curie. A curie is the equivalent of the radioactivity produced by one gram of radium.

materials dropped sharply, some of them so much they could hardly be measured.

The report also said that the June level of strontium-90 was well above May and would remain high in July and perhaps August. It predicted a decline in the fall and winter months if there were no more nuclear tests.

Rise Forecast

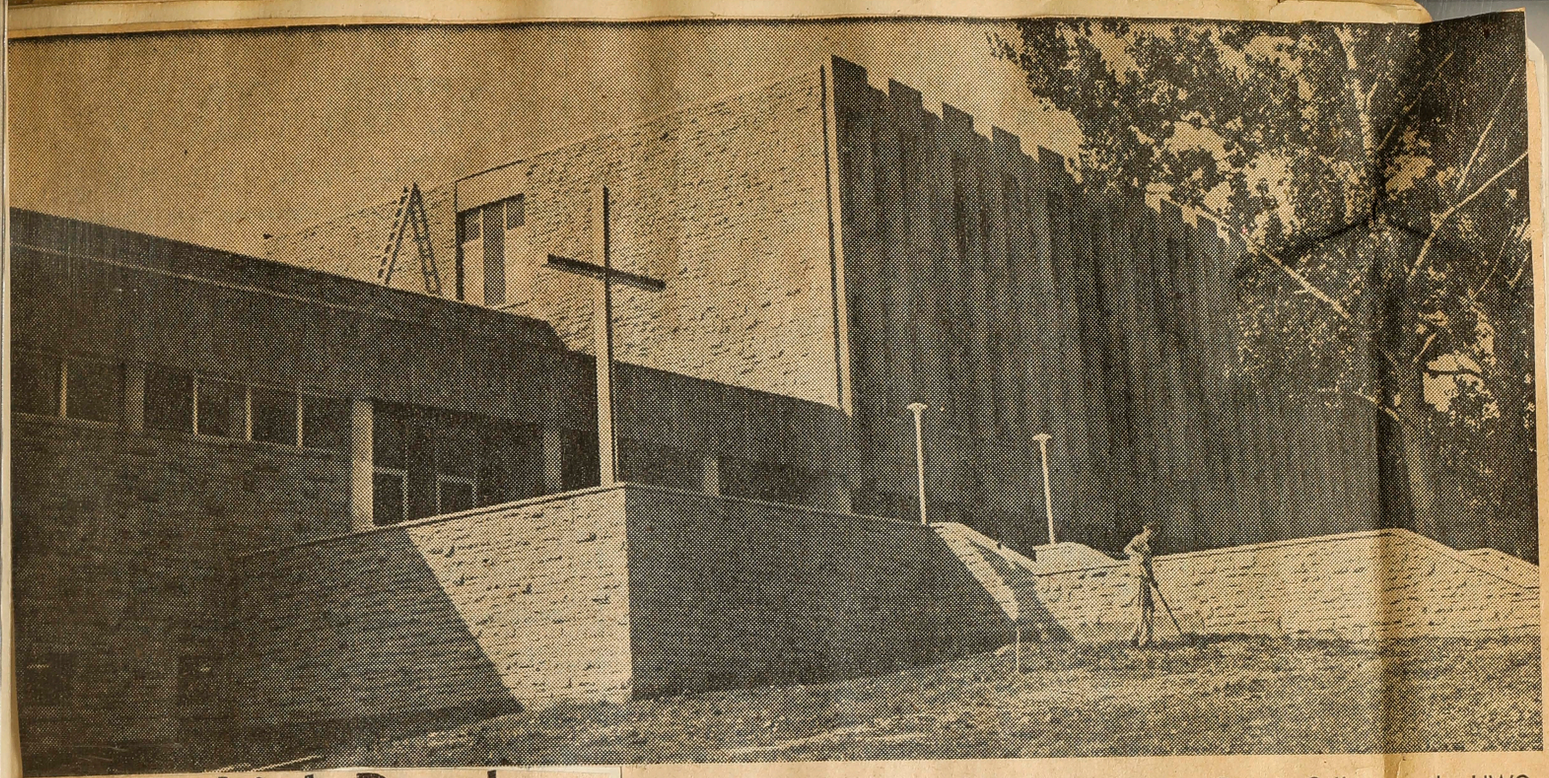
The council said last May that the fallout levels this year would probably be substantially increased over those in 1962 but would "still be, in relative terms, far short of figures which would cause concern or justify counter - measures." Excessive amounts of strontium-90 in food could cause bone cancer in humans who consume it.

The report said the increase would result largely from nuclear weapons testing in 1961 and 1962.

The council estimated that concentrations of strontium-90 in milk would be double in 1962 and about four times the values observed in 1961.

The Canadian health department reported in August that average levels of long-lived radioactive fallout reached record heights in Canada during June but said they were still within acceptable limits.

The report also said that levels of short-lived radioactive



BRESCIA COLLEGE — This $800,000 structure at Brescia College on the UWO campus will provide a variety of additional facilities. Contractor was W. A. McDougall Ltd. of London. Architect was J. W. Storey, Chatham.

Seek to Link Death To Sleeping Sickness

Sept 4/63

Three horses have died of sleeping sickness in Manitoba and officials said more than 20 horses have contracted the disease. The outbreak is concentrated in the Neepawa area 120 miles northwest of Winnipeg.

Dr. V. L. Matthews, Saskatchewan's acting deputy minister of public health, said few new suspected cases in humans were under investigation in addition to the 50 patients reported in hospitals last Friday.

One of the suspected cases in Saskatchewan was Dr. Herbert Schweitzer, about 70, a Regina dentist who died last week.

Inflames Brain

Sleeping sickness causes inflammation of the brain. Another variety, western equine encephalomyelitis, also affects the spinal column.

In severe cases, paralysis, convulsions, drowsiness and mental confusion are symptoms.

Mosquitoes are the main source of transmission of sleeping sickness from animal to man. An early frost would considerably lessen the danger of further spread of the disease.

REGINA (CP) — Saskatchewan health officials continued laboratory studies yesterday in efforts to determine whether sleeping sickness is the disease that has caused the death of one person and sent more than 50 others to hospitals throughout the province in the last week.

The disease, also known as western equine encephalitis, has been confirmed in eight horses and is suspected as the cause of illness in the humans and 122 other horses, of which 17 have died.

Alberta Cases

In Alberta, one case of sleeping sickness has been confirmed in a horse from the Lloydminster area and about another 30 cases are suspected. However, provincial health authorities said no cases or suspected cases have been reported among humans.

Two New Institutions in London To Cost Estimated $6,000,000

Two schools — one is being built, the other is in advanced planning stages — which the Province of Ontario is locating in London will cost about $6,600,000.

Work on the $3,000,000 provincial trade school being built on Ontario Hospital property at Oxford and Roehampton streets is proceeding apace.

The school, which is expected to be ready by September 1964, will have accommodation for 800 persons and will make London the Western Ontario centre for apprenticeship training in a number of trades

Allowance Paid

Federal and provincial governments will pay a subsistence allowance, ranging from $16 to $28 a week, to young people interested in apprenticeship training who would normally have to go to Toronto.

Located on 20 acres of land, the school will have a 35,000-square-foot motor mechanics shop, cafeteria, libraries and classrooms for subjects such as plumbing, hairdressing and masonry.

The other provincial project is the $3,600,000 Ontario College of Education to be set at Western Road and the Sarnia Gravel.

Dean Appointed

An agreement for operation of the college has been signed with the University of Western Ontario by the department of education. Dean is Dr. W. S. Turner, superintendent of secondary schools in Brantford, who will take up his duties in July, 1964.

The college will provide professional training for secondary school teachers of academic, commercial and technical subjects.

Its capacity of 600 students will be adaptable to expansion to accommodate 800 students at little additional cost.

Eighteen New Structures to Rise In $36,000,000 UWO Program

Sept. 2/63

By 1969 the material expansion of the University of Western Ontario will run to an expenditure of more than $36,400,000.

In the next seven years the university must, in progressive steps, prepare accommodation for about 4,000 full-time undergraduate students. To meet this demand the UWO plans call for 18 new buildings.

Freshman enrolment at UWO is expected to reach a record 1,200 (about 1,600 including the enrolment of the affiliated colleges). Last year total freshman enrolment was 1,434 of which 2,065 were enrolled in the constituent university.

Right now there are 20 buildings in the familiar stone construction on the 600-acre campus in north London.

Under construction is Sydenham Hall, a second men's residence to house 300 students, scheduled for completion this year at a cost of $2,400,000.

Two additions to Middlesex College are to open this fal including a classroom wing and faculty offices. Construction has started on a four storey, $220,000 addition at University College, as well as a $5,500,000 Medical Sciences building on the north campus, scheduled for completion in 1965.

Other buildings scheduled for completion within six years include a third arts college to provide for an additional 1,500 students. Estimated cost is $2,500,000 and completion date 1966.

A composite science centre, to be completed in 1965 at an estimated cost of $1,550,000 will contain large lecture rooms for science familiarization courses given to arts students, a common science library and computing centre.

Although the present observatory will be maintained for public lectures, an astronomical observatory is planned for 1968 at a cost of about $500,000.

To provide facilities for about 250 undergraduate students to live together while at the university, a graduate college with multiple seminar rooms will be built by 1968 costing approximately $2,200,000.

A second women's residence for 400 will rise on the campus in 1966. The $3,200,000 building will include a dining room, common room and reading room-library. A third men's residence is planned for 1968 accommodating a further 300 men at a cost of about $2,500,000.

Services will also have to be greatly expanded. Of particular interest to the university's alumni is the prospect of a $2,000,000 alumni-examination hall which will be acoustically treated to provide a home for the alumni-sponsored Spring Festival weekend. The hall, to be finished in 1966, will also house alumni offices and the dual purpose areas may be used for examinations, cultural activities and some athletic events.

A women's physical, health and recreation education building to be erected in 1968 will complement the faculties provided in Thames Hall already outgrown due to the increase in the numbers of students i honors physical educatio courses. Cost of the buildin will be approximately $1,750 000.

Medical Team Need Integrati Says B.C. Dean

Sept 6/6

TORONTO (CP) — departmentalization i training was urged he John F. McCready, de faculty of medicine at versity of British Colu

"We have not ta seriously the managen patient beyond that pa illness which endanger or made him acutel fortable," he told a g class of 52 nurses at Hospital for Sick Chil

"Increasingly, we ar ing aware of the fact have been doing only our job."

He said that if more be made of physical a pational therapists, soc ers, psychologists and ists, educational prac have to be re-oriented all the people who wo patient as a team.

Saskatchewan Cuts Medicare Premium

Sept. 4/63

REGINA (CP) — Premiums levied on Saskatchewan residents for the operation of the provincial medical care insurance and hospital insurance plans will be reduced to $52 a year from $72 a year for families and to $26 a year from $36 a year for single persons, Premier Woodrow Lloyd announced yesterday.

Premier Lloyd told a press conference the reductions are possible for the 1964 calendar year because a surplus of about $9,000,000 has been built up in the medical care insurance fund.

In addition to the personal premiums, the medical care insurance fund receives revenue from sales tax, corporation tax and income tax sources. Personal premiums finance about one-quarter of the estimated $20,000,000 - a - year cost of operating the medical care plan.

The hospital insurance is administered separately from the medical care plan and has a separate fund to draw on for its operation.

THOMPSON — Dr. and Mrs. ...n E. Thompson (formerly Be...tha Schurman), Elmira, Ont., announce with pleasure the birth of their daughter, Heidi Jennifer, on Aug. 23, 1963, at St. Mary's Hospital, Kitchener, Ont. A sister for Paul, Kathryn, Jan and Douglas.

HARWOOD — Dr. and Mrs. Robert A. Harwood (nee Carol Hughson) are pleased to announce the birth of a daughter, Susan Allison on Wednesday, September 4, 1963, at Victoria Hospital.

MEADS — Dr. and Mrs. G. E. Meads announce the birth of a son, Jeffrey Andrew, on September 4, 1963, at Victoria Hospital.

U.S. Discredits Cancer Drug

Sept. 9/63

WASHINGTON (AP) — The U.S. welfare department said Saturday the controversial drug krebiozen is an inexpensive chemical found to be ineffective in treating cancer in humans and animals.

Dr. T. Phillip Waalkes, associate director of the National Cancer Institute, told a press conference that the food and drug administration has identified the drug as creatine, an amino acid derivative available from meat in the ordinary diet or as an inexpensive laboratory chemical.

In view of the large quantity of creatine already in the body, he said, "it is impossible to conceive that creatine. . . could be of any value" in treating human cancer if used in doses of the size used by the sponsors of krebiozen.

The finding was immediately challenged by Dr. Andrew C. Ivy, a co-sponsor of the drug. "In the first place," Ivy said in Chicago, "neither krebiozen nor creatine are amino acids. Secondly, one sure way of distinguishing the two is that krebiozen is soluble in mineral oil while creatine is not."

Sponsors of the drug say it has been used against cancer by some 5,000 persons. Krebiozen has been the subject of controversy for more than 12 years. Last July it was banned from interstate commerce after Dr. Steven Durovic, the other sponsor, withdrew an application for approval of an investigational plan. Under regulations enacted last year such plans must be filed.

Waalkes said he knew of no material that had proven ineffective in treatment of cancer in animals which later proved beneficial in human cancer cases.

"The chemical was tested some time ago against animal tumors in the routine cancer chemotherapy screening program of the National Cancer Institute," he said. "It was found to be ineffective even in very high doses."



Twenty-year-old Ruth Kessler, of Silver Spring, Md., a senior chemistry student at University of Pennsylvania, played a key role in the scientific detective work leading to findings on the anti-cancer drug Krebiozen it was revealed in Washington.

115 on Staff At Hospital Given Boosts

Sept. 9/63

About 115 employees of Westminster Hospital in London will benefit from salary increases anounced yesterday by Finance Minister Gordon for federal employees in veterans' affairs hospitals and health departments.

The salary increases, ranging from $60 to $900 per year, include some categories of nurses, psychologists, pharmacists, nursing assistants, technicians, cooks, housekeepers and dieticians.

The pay increases are retroactive to last Jan. 1.

In July pay increases were granted to other federal civil servants including postal workers, customs and immigration employees, building cleaning staffs and technical workers.

Yesterday's increases affect about 2,000 federal employees across the country.

Grade 6 nurses, the top nursing category, will get an extra $420 to bring their maximum annual salaries to $7,920. Grade 1 nurses will have a new starting rate of $2,700, a boost of $180.

Grade 4 pharmacists get the largest increase, $900, to boost them to $7,800.

Other sample increases:

Nursing assistants, $120 to $2,940 maximum; dental nurses $140 to $3,200; grade 1 cooks $90 to $3,200; grade 5 cooks, $60 to $5,040; grade 1 X-ray technicians, $60 to $3,510; grade 4 X-ray technicians, $340 to $5,700; grade 1 housekeepers, $180 to $2,520; grade 3 housekeepers, $270 to $5,910.

Top-grade dieticians, $320 to $7,460; psychologists, $360 to $8,220; grade 1 occupational therapist, 180 to $4,140; grade 5 occupational therapist, $180 to $5,700.



LESSON IN PUBLIC RELATIONS—Delegates from Western Ontario hospitals attended a special institute on public relations at Victoria Hospital yesterday. Left to right are: Carl Larsen, Walkerton, G. Stuart Roberts, director of public relations, Ontario Hospital Association, Toronto, Miss Bernice Birrill, London, Miss Doreen Nelson, Sarnia, and Mrs. Linda Perry, St. Thomas.

Hospital Affair

120 Given Pointers On Public Relations

Sept 10/63

About 120 heads of switchboard, admitting and business office departments from Western Ontario hospitals were at Victoria Hospital yesterday learning how to put their hospitals' best profile to the public.

They were attending a special institute on public relations sponsored by the Ontario Hospital Association.

G. S. Roberts, of Toronto, director of public relations for the Ontario Hospital Association, explained in his opening talk that it is through these three departments that the general public gets its first, and probably most lasting, impression of the hospital.

It is possible the public may eventually assess the value of the service provided by the hospital by the image provided by these departments.

One of the prime functions of these departments is to explain gracefully to people who know nothing of hospitals that the many forms that must be filled out are not merely red tape but a method of procuring essential and valuable information, Mr. Roberts said.

Also lecturing during the day-long sessions was Peter Wood, of Toronto, assistant manager of public relations for the Ontario Hospital Association.

The group was welcomed to Victoria Hospital by A. T. Keith, administrative assistant and public relations officer at Victoria.

The institute is one of five being conducted for hospital personnel in Ontario.

Chief Surgeon Appointed

Sept 10/63

TORONTO (CP)—Dr. Neil A. Watters, 41, of Toronto, has been appointed surgeon-in-chief of Wellesley Hospital, the hospital's board of directors announced yesterday.

Born in Glenbrook, Conn., Dr. Watters graduated from the University of Toronto's medical school in 1944. He became a fellow of the Royal College of Surgeons in 1950 and a fellow of the American College of Surgeons in 1955.

Senior surgeon at the hospital since 1960, Dr. Watters replaces Dr. Ian B. Macdonald who has accepted the post of director of clinical laboratories, Palo Alto medical Research Foundation, Los Angeles.

Dr. Watters will continue as assistant professor of surgery at the University of Toonto.

UWO Funds 88 p.c. Raised

Sept. 11/63

The University of Western Ontario building fund campaign now stands at $6,362,484, or 88 per cent of the campaign objective of $7,200,000.

George De Young, chairman of the fund, announced the figure yesterday after an executive meeting of the campaign organization at the London Hunt and Country Club.

Mr. De Young said he was satisfied with the results of the campaign to date and pleased with the enthusiasm of campaign workers.

Relies On Alumni

Dr. G. E. Hall, president of the university, reported alumni have raised $617,532 toward their goal of $1,000,000 and said he was confident the target would be reached.

There are still 12 areas to be organized in Canada for canvassing alumni and 20 in the United States.

Col. D. G. Weldon, chairman of the university board of governors, said the campaign now is ahead of the 1957 campaign in the percentage of the objective in hand at this stage.

Medicare Plan in Year Promised by NDP Chief

Sept. 10/63

FORT WILLIAM (CP) — A comprehensive medical care program for Ontario will be introduced within a year if the New Democratic Party is elected in the Sept. 25 provincial election, provincial NDP leader Donald MacDonald said here last night.

In an address at an election rally the NDP chief said that both the old parties are still using medical care as an "election gimmick."

"The best they offer is a vague promise of the kind that has been kicked around as a political football for more than a generation."

He said that today the plan is running smoothly in Saskatchewan and that if that province had bowed to opposition a year ago, medicare now would be a dead issue in Ontario.

Available Now

"The (premier) Robarts program," he charged, "merely offers that majority of our people what is already available, from the private insurance companies or the doctor plans, at prices which are beyond the reach of a growing number of our people.

"It is significant that during the past eight months, neither Liberals nor Conservatives have even attempted to debunk the New Democratic proposals, except to make the vague charge that we have seriously underestimated the costs."

His party estimates that a medical care program in Ontario would cost $160,000,000 Mr. MacDonald said. Doctors' incomes would be higher.

"I acknowledge that doctors' incomes are likely to go up when medicare is established, and I for one don't begrudge doctors being the highest paid profession in this country."

Touches on Scandal

Mr. MacDonald said the New Democrats have pioneered both hospital and medical insurance.

Earlier Mr. MacDonald said that Municipal Affairs Minister Wilfrid Spooner was "misleading the public" by equivocating on whether the 1960 report on the Eastview scandal had been rewritten.

A 1960 provincial inquiry into Eastview's finances and administration accused the city's mayor, council and treasurer of mismanaging the city's affairs.

One of the chief targets of the report was the then Mayor Gordon Lavergne, also Progressive Conservative member of the Legislature for Russell.

The NDP chief also charged that for "over five years now" the Progressive Conservative government has "deliberately attempted to withhold the full story of the NONG scandal from the public."

He said that Attorney-General Fred Cass has the second report of an investigation into the affairs of the Northern Ontario Natural Gas Company.

Termed Trickery

"But on the excuse that perjury charges have been laid against NONG's president, Ralph K. Farris, arising out of the testimony on both the 1958 and 1962 investigations, Mr. Cass has argued that the whole NONG affair is now before the courts, and therefore cannot be discussed.

"This is clearly a piece of election trickery," Mr. MacDonald said. The investigations revealed three provincial cabinet ministers and several top Ontario Tories made huge profits from NONG promotional shares.

There Are No "Secret" Remedies

Sept. 10/63

ANOTHER worthless cancer cure appears to have been unmasked by the announcement by the United States Food and Drug Administration that the controversial drug Krebiozen has been found ineffective and grossly overpriced.

Cancer sufferers have been paying Krebiozen's discoverer and distributor, Dr. Stevan Durovic, a "donation" of $9.50 for a dose containing one one-hundred-thousandths of a gram of a substance that can be bought commercially for thirty cents a gram.

However, the price would be immaterial if Dr. Durovic's drug were useful. For more than a dozen years, the Krebiozen controversy raged in medical circles and even in the halls of Congress as Dr. Durovic refused to disclose his drug's true identity. Fortunes have been spent by patients desperate for relief; now Dr. Durovic faces possible criminal prosecution.

Laymen who are in no position to assess the worth of any alleged cure for any ailment should remember one basic truth. There has never been a "secret" cure for any disease. Every reputable scientist or doctor who has made a genuine contribution to medicine, such as Sir Frederick Banting with insulin, and Sir Alexander Fleming with penicillin, immediately disclosed the chemical nature of their discoveries and insisted upon large-scale tests to prove their worth.

Dr. Durovic and his sponsor, Dr. Andrew Ivy, have not met these basic requirements, and therefore were suspect in their advocacy of Krebiozen. And the real tragedy is that cancer victims who hoped to be cured by this substance avoided conventional and time-tested therapies which would have helped many of them.

Finds 'On-Off' Switch In Leukemia Cases

Sept. 10/63

NEW YORK (AP) — Deep in the hearts of some blood cancer cells, a vital "on-off" switch has gone awry — perhaps a clue to the explosive white blood cell production in one form of leukemia, a researcher says.

The switch — a chemical control — appears to be jammed in the "on" position, unable to obey the chemical order to turn itself off again as a normal cell does.

Dr. Morton Prager, chemistry professor at Baylor University, said he found the defect in the production of pyrimidine, a chemical component of the genes of cells.

The enzymes or chemical controllers that regulate the cell's production of pyrimidine are somehow defective in the blood of persons suffering from granulocytic leukemia, one of two major types of leukemia, Dr. Prager said.

"Cancer, of which leukemia is an example, has frequently been characterized as a wild, uncontrolled growth," he said. "The significant thing about finding a loss of regulation of pyrimidine (production) . . . is that this represents a loss of one of the important growth controlling factors."

"One might anticipate that the examination of many kinds of tumor cells might lead to the discovery of the loss of one or more control systems, giving the diseased cells the opportunity to multiply in their characteristic uncontrolled fashion," Prager said.

Dr. Prager imitated the cell's production of pyrimidine in a test tube. He demonstrated that in the normal cell, the addition of the final product pyrimidine acts as a feedback control telling the cell to shut off the production process.

But when he tried the same thing with enzymes from white blood cells of leukemia patients, he found that the shut-off control had been lost.

However, he was not able to show that this worked in the same way in another major kind of blood cancer, lymphocytic leukemia.

But Dr. Prager suspects that there will be other chemical defects in which other enzymes or controllers have gone bad.

Oddly enough, Dr. Prager said, one case in which the patient does not have leukemia has shown the defect in the switching mechanism.

Doctors are not sure what this means, but if it is true that leukemia occurs only with the defect, the defect may be an aid in early diagnosis where the symptoms of leukemia have not yet appeared.

REEVES — Dr. and Mrs. E. M. Reeves (nee Vivian Irvine) are happy to announce the birth of a daughter, Jennifer Laurel, on September 14, 1963, at the Richardson House of the Boston Lying In Hospital. A sister for Geoffrey.

Births

LYALL—Dr. and Mrs. Alan Lyall are pleased to announce the birth of their first child, a daughter, Catherine Carol, on Sept. 18, 1963, at Toronto Western Hospital.

Measles No Simple Childhood Ailment

Sept. 23/63

LONDON'S medical officer of health, Dr. D. A. Hutchison, is right in urging that the Ontario Department of Health add to its free immunization list a new vaccine for measles. Medical science has learned in recent years that this virus-caused ailment is a far greater menace than was once supposed.

Measles is not just one of those harmless and inevitable diseases of childhood. German measles, or rubella, kills or cripples unborn children, and doctors are now urging immunization of all young women before they reach the child-bearing age. German measles acquired during pregnancy can be extremely dangerous.

Even the less-severe measles, rubeola, has been found to cause abortions and stillbirths, as can the viruses of smallpox, polio, influenza and mumps. Even the apparently harmless virus that brings on fever blisters or cold sores can cause a baby to be born with encephalitis.

Dr. Hutchison points out that the new measles vaccine, which is highly effective, costs five dollars for three shots. While this relatively inexpensive, the price is not as important as having the vaccine given the official sanction that would accrue by adding it to the province's free immunization list.

London's board of health should continue to press for provincial recognition of the fact that measles is a serious and continuing menace to public health.

Fear Virus Retarding Babies

Sept 21/63

WARRENTON, Va. (AP) — A strange, symptom-less virus— so common most people have had it by age 30 — may produce more brain damage and mental retardation in new-born babies than measles.

It has, at least, done so according to the findings of researchers at Johns Hopkins University where mothers and their babies have been tested for the virus, said Dr. Robert Cooke, Johns Hopkins pediatrician.

The findings came to light in an interview at the two-day White House conference on mental retardation.

Furthermore, there is good evidence that the virus— once it has infected an unprotected mother — can invade the baby within her womb and cause brain damage as late as the fifth month of pregnancy, perhaps later.

There also is evidence that the virus is active in producing brain damage not only before birth — but for a few months afterwards, Dr. Cooke said.

Because it produces no symptoms or signs and can live for some time in the salivary glands it is difficult to detect except in the urine of the infected person or in a check for protective antibodies in the blood.

The virus is called the cytomegalo-virus — a big cell virus —so-called because it enlarges infected cells.

Dr. Cooke believes that women contemplating pregnancy should be tested for antibodies to the virus — even though the test might be expensive.

Then, possibly, they might be preventively infected with the virus.

Dr. Cooke would like to see communities set up laboratories where prospective mothers could be tested, not only for the big cell virus but for other agents that can reach into the womb to damage the unborn.

Dr. Cooke said other agents might be added to a pre-pregnancy checklist. These could include the herpes simplex and German measles viruses, both of which are known to cause brain damage before birth.

The study of these elements could provide an entirely different outlook for a family that has produced one mentally retarded child and is worried that a genetic defect might endanger future pregnancies.



White Cross Centre Lounge

Sept. 18/63

This is the lounge of the new White Cross Centre on Clarence Street which will open next month for former patients of mental hospitals and clinics and for some still under treatment. Operated by the Middlesex Branch of the Canadian Mental Health Association, the former quarters of the Red Cross blood donor clinic were renovated with $7,000 worth of donations in furniture, equipment and labor. The redecoration was arranged by the London branch of the National Council of Jewish Women. Left is Mrs. Ruth Sherman, executive director of the association and Mrs. Wallace Weinstein, the Jewish council member who made the plea for donations.

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Jewish Women Play Large Part In Preparation of White Cross Centre

By SHEILA GORMELY
Free Press Staff Reporter

Benny Glass leaves the hospital cured.

He was ill a long time, for 10 years.

He is a young man, 32, but his face is older. When he speaks he is slow and hesitant; he is a little slow in all his reflexes. Benny has just been released from a mental hospital.

He doesn't have a job but he an probably get one; he doesn't ave any real friends but he ill make some soon.

Benny has a place to go.

Benny's name is fictional but he is real. He is as real as the more than one hundred former patients of mental hospitals and clinics in London and Middlesex who will use the new White Cross Centre on Clarence Street next month.

The centre, operated by the Middlesex branch of the Canadian Mental Health Association, exists because of a point: That point is when full-time treatment stops and the return to society begins.

The White Cross Centre wants to bridge the gap. It will be a type of social club where former patients, and some who still are, can renew skills, confidence and learn to live with others.

Eight weeks ago the two-storey brick house — which is the White Cross Centre — was drab looking with grey rooms where healthy, generous people went to give blood. It was the Red Cross Society blood donor clinic.

Today the walls are in pinks, blues and greens. There is a thick carpet on the floor, new furniture in a lounge, dining room and kitchen. Sheer curtains billow in an open window.

It has become a house again through a $7,000 face-lifting.

The face-lifting was worked by women, the London branch of the National Council of Jewish Women.

* * *

The council asked one member, Mrs. Wallace Weinstein, a small, busy woman with a professional decorator's touch, to get donations of furniture, labor and equipment.

In six weeks, after visits more than 40 businesses, saw $5,000 worth of furnit delivered and watched as $2, worth of labor went into pai ing, wiring and cleaning.

People were enthusiastic: woman gave 72 gallons of pa a hairdresser offered five h dos a month free.

When the decorating complete, the Jewish Cou presented a television set added some of their members a growing list of volunteers the centre.

It is the volunteer who can make the centre work, say association officials. The volunteer must be a person who can "relate" in the psychiatrist's term. He will be a member — not an overseer — pleasant, talkative, a person who will play cards, watch TV, help with a sewing class.

Mrs. Ruth Sherman, executive director of the Middlesex Canadian Mental Health Association, is preparing for the tentative opening of the centre on Oct. 15.

It is something she has wanted for London very much. It has also been wanted by doctors and professional people who work with the mentally ill at the Ontario Hospital, at Westminster Hospital, at the Medical Rehabilitation Branch of the Ontario Department of Health, at the Mental Health Clinic.

* * *

The White Cross Centre is not designed for clinical treatment; it will not duplicate services.

Mrs. Sherman describes it as a type of club for the socially isolated. It is a centre where persons, who could work, rediscover the routine of a work day in the sewing room or in the projected industrial workshop.

It is the seventh in Ontario (the next nearest is in Toronto) and the 34th in Canada.

"We're only making a beginning here," is the opinion of Dr. George Jenkins, president of the board of directors of the local mental health association. He says there are 300 people waiting to use the centre.

Some of them will be patients whom Mel Gamble has known as chief social worker at the Ontario Hospital. "It will be a halfway step to the community, to independence," he says.

Mr. Gamble, who has been associated with a three-year-old club for ex-patients at the hospital, feels they will have more activities at the centre. On Oct. 7, the hospital club members are going to the centre to learn what it is about.

Mrs. Margaret Jennings is enthused. She is rehabilitation officer at the Medical Rehabilitation Branch, Ontario Department of Health. Her work is to help former mental and tubercular patients find work.

"There is no point putting someone in a job if he is alone and has no place to go," she says.

She says the centre will help "reduce our failures."

Pension Rise Seen Delaying Medicare

Sept 12/63

OTTAWA (CP) — One result of the drastic change in the federal government's contributory old age pension program may be to delay action for some time on medical care insurance.

Quebec's decision to go it alone on contributory, portable pensions means that the federal government now must find an extra $116,000,000 a year to finance a $10-a-month increase in the universal old age pension available to all at age 70.

Administration sources say this unexpected new demand on federal revenues, already strained by big spending, leaves that much less money available for new health or welfare measures.

For a number of years the federal government has been making preparations for the next big step — health insurance. The royal commission on health services is preparing to report on a cross-Canada inquiry into health services.

Informants say that if the commission recommends a health insurance program which involves great cost to the federal government chances of implementation are slim indeed, especially in the face of the additional heavy cost of raising the universal old age pension to $75 a month.

Originally it was intended to increase the pension from money contributed by employers and employees under a portable Canada pensions plan The contributory plan was to have started next year and to have paid benefits in addition to the universal old age pension.

Money from the universal pension now is raised by taxes of three per cent on personal income, three per cent on corporation profits and three percentage points of the 11 per cent federal sales tax.

One or more of these taxes now will have to be raised since Quebec employer-employee contributions to a portable pension plan will be held by the Quebec government and won't be available to Ottawa.

Mr. Pearson, in indicating that loss of the Quebec contributions faces Ottawa with raising revenues for the $10-a-month boost, put it this way:

cal front since medical care insurance has been a prominent issue in the last three election campaigns.

It provides an opportunity for opposition parties, who don't have to worry too much about where the money is coming from, to blame the Liberal government for dragging its feet on medical care insurance.

"It would be unfair to the people of other provinces to finance the additional payment to all older Canadians out of reduced contributions.

Thus besides complicating the contributory, portable pensions picture, Quebec's decision to run its own portable plan has put a brake on any national health insurance program.

This creates problems for the government on the politi-

Hospital To Put Beds Back in Use

Sept 16/63

Victoria Hospital will begin to admit patients today to 30 hospital beds which were closed during the summer because of a lack of nursing staff.

W. N. Roberts, assistant superintendent at the hospital, said some patients will be admitted every day and estimated that the beds will all be in use by the end of the week.

He said the admissions were made possible by the return of staff from holidays and the addition of some new nurses.

Mr. Roberts said earlier that the shortage of nursing staff is a problem currently common to hospitals in Canada.

He said one of the reasons is higher salaries available in the United States, which act as a magnet for Canadian nursing graduates.

Scientists Uncover Facts for Drinkers

Sept 14/63

NEW YORK (AP) — The horse is at least 10 times better equipped than man for hard drinking. He burns off the alcohol better, sobers up faster.

That curious comparison, reported yesterday, arises from a new scientific discovery: the isolation from the human liver of the remarkable chemical that burns off alcohol from the human system.

That chemical is an enzyme named dehydrogenase.

Dr. Bert L. Vallee, director of the biophysics research laboratory at Harvard University, reported its isolation from the human to a meeting of the American Chemical Society.

He already had isolated the enzyme from both the horse and from yeast.

Yeast Best

Yeast enzyme is the most powerful of the three at oxidizing, or burning away, alcohol. It is 1,000 times as effective as the enzyme from horse liver.

But the horse's supply of enzyme — besides being larger than man's supply — is also about 10 times more potent at its alcohol-burning job.

Don't get the idea you'll be able to go out and buy a bottle of alcohol dehydrogenase to act as a chaser for bourbon or scotch. The site of action of the enzyme is in the cells of the liver, where it is produced. The alcohol you drink literally permeates the liver, getting into the cells where the enzyme does its work.

Besides, the enzyme, like any other protein, would just be digested itself if you took it orally — and it would be something of a job getting it into the liver.

Could be Helpful

A more serious possibility is that the new findings might offer some new leads to the study of cirrhosis of the liver — that often fatal, fatty-liver disease somehow tied to drinking.

While normal human livers have yielded the enzyme, cirrhotic livers might be studied to find out whether they contain normal enzymes or have their full quota of enzymes.

Dr. Hall Heads Paper Judging

Sept 26/63

TORONTO (CP) — Dr. Edward Hall, president and vice-chancellor of the University of Western Ontario is chairman of a four-man board of judges to adjudicate this year's competition for the two John A. MacLaren awards for excellence in the use of graphic arts by Canadian daily newspapers.

Other Judges

Other judges are Claude Robillard, director-general of planning and construction for the 1967 World's Fair at Montreal; Edward (Ted) Schrader, head of the departments of journalism and printing management at Ryerson Institute, Toronto; and Charles Vining, retired chairman of the executive committee of the Newsprint Association of Canada.

Technical advisers to the judges are W. E. Trevett, president of Cooper and Beatty Limited, Toronto, and vice-president of the American Institute of Graphic Arts; and Allan Fleming, executive art director of MacLaren Advertising Company Limited.

One of the awards goes to a daily with circulation less than 25,000, the other to a larger paper. Judging will be based on publication Oct. 28-Nov. 1.

The awards were instituted in 1962 by MacLaren advertising and named for the company's founder who died in 1955. The first winners were Windsor Star and Brantford Expositor.

Adding Libraries To Schools Called 'Cadillac' Education

Sept 24 1963

Board of education trustee F. L. Norwood told fellow trustees yesterday that inclusion of libraries in new public schools is another example of "providing a Cadillac education."

Gymtoriums First

Mr. Norwood objected to a motion by trustee Mrs. W. D. Smith that library facilities be provided in additions and new schools in the future. He felt libraries should not be included, particularly since some schools do not have gymtoriums, which should come first.

He suggested including an additional $1,000,000 in the five-year capital works estimates considered by the board yesterday, for construction of new gymtoriums at schools which lack them this year and next.

The board did not consider more gymtoriums but instead voted in favor of including library facilities in new school construction.

The board included an additional $75,000 in its estimates for library facilities in 1964 and 1965. Estimates for 1966-68 will be revised later to accommodate library expenditures.

Board members were told that a school must have at least 12 rooms before a library becomes eligible for a government grant, amounting to about 36 per cent of the cost.

A. E. Jeffery, board chairman, said the board would have liked to consider more gymtoriums, but "we just don't have the money."

"We have all the money we want," replied Mr. Norwood. "All we have to do is ask for it. Where do we get the money for the libraries?"

"It just burns me up," said trustee Dr. G. W. Prueter. "I hate to see small schools pushed back and ignored. When you see the extra fancy work in some schools and others without the bare essentials, it doesn't seem fair."

Used In Toronto

Mrs. Smith said libraries are in use in all the Toronto public schools, and they could be used to good advantage by London elementary pupils. Children should be "taught respect for books," and a library in a school "provides a different setting that stimulates pupils to use their brains."

W. D. Sutton, director of education, said libraries are "excellent, but they create duplication." There are many advantages to having a room set aside for remedial reading.

Australian Tour For UWO Expert

Sept 24/63

Dr. Carl F. Robinow, professor of bacteriology at the University of Western Ontario medical school, has been invited to visit Australia as a guest professor at the University of Queensland.

He will spend six months at the Australian University, beginning in January, 1964.

Dr. Robinow is an internationally-known authority on the fine structure of bacteria. Born and educated in Germany, he came to Western in 1949.

AMACHER — Dr. and Mrs. A. L. Amacher (nee Tomlinson) are happy to announce the birth of their son on September 20th, 1963, at Victoria Hospital.

LYALL—Dr. and Mrs. Alan Lyall are pleased to announce the birth of their first child, a daughter, Catherine Carol, on Sept. 18, 1963, at Toronto Western Hospital.

Copy for Library

SEP 25 1963

Section of Anaesthesia

Ontario Medical Association

and

Canadian Anaesthetist's Society

Ontario Division

ANNUAL FALL MEETING

OCTOBER 11 and 12, 1963

Auditorium, Medical School

University of Western Ontario

London, Ontario

UWO Students Get Invitation

Sept 22/63

WINNIPEG — University of Western Ontario medical students are among those of several eastern Canadian students invited to the second annual international awards dinner of the Joseph P. Kennedy Jr. Foundation in New York Dec. 5.

The announcement was made by Harry Foster, chairman of the board of honorary governors of the Canadian Association for Retarded Children, which is holding its annual convention here this week.

The awards dinner in New York will be preceded by a scientific seminar on various aspects of mental retardation, Mr. Foster said.

The other universities sending students to the dinner are Dalhousie, in Halifax, Laval, in Quebec City, the University of Montreal and McGill, in Montreal, Queen's, in Kingston, and the University of Ottawa.

Says Thalidomide Tested As Possible Cancer Weapon

Oct 3/63

TORONTO (CP) — Dr. Frances O. Kelsey, Canadian-born United States government chemist who kept the tranquilizer thalidomide off the market there, told a press conference here yesterday that she knows of several countries using the drug for cancer research.

She was here to address the Ontario Public Health Association conference.

Dr. Kelsey, born in Cobble-hill, B.C., is with the U.S. Food and Drug Administration. She earned world fame when she withheld permission for thalidomide to be issued to the general market.

Dr. Kelsey explained that the drug had such a deforming effect on the rapidly developing fetus that scientists were trying to find out if it would affect another rapidly developing organism — the cancer cell.

* * *

She told the delegates to the conference that had thalidomide been tested on rats before it was given to pregnant women, it would have alerted investigators. Subsequent tests proved that rats given thalidomide produced smaller than usual litters, she said.

However, Dr. Kelsey agreed with Dean F. Hughes of the University of Toronto's faculty of pharmacy that both in Canada and the United States government investigation bureaus only make evaluations from company tests.

"But we look a little more closely since the days of thalidomide," said Mr. Hughes.

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Asked by reporters if she believes in drugs for pregnant women, Dr. Kelsey said: "Some women develop such a severe case of nausea during the first few months of pregnancy that it would be dangerous to their well being not to prescribe a certain type of drug. It all depends on the case."

Dr. Hughes said at the press conference that after any new drug is considered safe, people will still be guinea pigs for many years afterward.

He said the government should put greater restrictions on the sale of all drugs "right from aspirin up."

Dr. Kelsey left here last night by plane to visit Ottawa.

Urges New Interest In General Medicine

Oct. 3/63

VINELAND, Ont. (CP) — Dr. Bette Stephenson of Toronto said yesterday the general practitioner may soon disappear if interest in this field of medicine is not rekindled.

Mother Of Six

Dr. Stephenson, an attractiv mother of six, spoke to the On tario chapter of the College o General Practice of Canada The scientific and business con ference was attended by more than 200 doctors from Ontario and New York state.

Dr. Paul Brady of Seaforth was elected president of the chapter.

Other officers are: Dr. Rodg er Whitman, Hamilton, pas president; Dr. A. T. Hunter, o London, president-elect; Dr. H H. Hetherington, Brampton secretary; Dr. C. R. Kemp Stoney Creek, Treasurer; Dr. C M. Warren, Toronto, and Dr. R A. Whitman, Hamilton, provincial representatives to board; Dr. Brady and Dr. F. A. Evis, Toronto, alternates.

"If we fail in the next five years to rekindle interest in general practice, then within two decades the general practitioner will have disappeared from the Canadian scene," Dr. Stephenson said.

The co-ordinating committee of education of the College of General Practice and the committee on education of the Canadian Medical Association have recommended general practitioners be included on the teaching staff of medical hospitals.

Three Using GPs

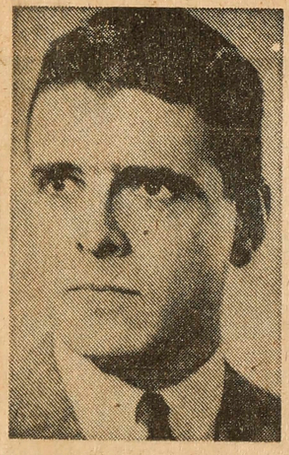
She said three Ontario universities, Queen's, Ottawa and the University of Western Ontario, have done this already and the University of Toronto was considering it.

The committee also called for a two-year resident training program in which interns would spend varying amounts of time in different departments of the hospital.

Dr. Stephenson said this would better prepare the young doctor for general practice because he would spend more time in internal medicine, obstetrics and pediatrics, than in specialties.

Dr. Leonard Lovshin of Cleveland Clinic Foundation said the woman who dresses dramatically, wears extreme hairdos and extreme makeup can often be identified as the hysteric personality.

Some of these women find their emotional outlet in acting or modelling, others in sickness. Doctors have little success in treating them, he said.



DR. A. T. HUNTER
- - - president-elect



DR. PAUL BRADY
- - - leads chapter

MacKENZIE —Dr. and Mrs. Donald MacKenzie are pleased to announce the birth of a son Sept. 28, 1963, at St. Joseph's Hospital.

Friday, October 11, 1963

Chairman: Doctor W. E. Spoerel

8:30 - 9:30—Registration

9:00 - 9:10—Introduction of Theme—
"Anaesthesia for the Cardiac Patient"
Dr. W. E. Spoerel

9:10 - 9:30—The Significance of Cardiac Murmurs"
Dr A. M. Lansing

9:30 - 9:50—"The Assessment of Cardiac Function"
Dr. J. B. Walker

9:50 - 10:10—"The Effect of Anaesthetic Agents on Heart and Circulation"
Dr. E. A. Moffitt

10:10 - 10:50—Exhibits and Coffee

10:50 - 11:00—Welcoming Address
Dr. O. H. Warwick,
Dean, Faculty of Medicine, U.W.O.

11:00 - 12:15—Panel Discussion:-
"Anaesthesia for the Cardiac Patient"
Chairman: Dr. W. E. Spoerel
Dr. P. R. Clancy
Dr. A. M. Lansing
Dr. E. A. Moffitt
Dr. J. B. Walker

12:15 - 2:00—Lunch—Nurses' Residence, Victoria Hospital

Friday Afternoon

Chairman: Doctor D. W. S. Best

2:00 - 2:20—"Analgesia During Labor"
Dr. M. P. Wearing

2:20 - 2:40—"Continuous Epidural Analgesia in Obstetrics"
Dr. Patricia Kandel

2:40 - 3:10—"Obstetrical Assessment of Continuous Epidural Analgesia"
Dr. R. A. H. Kinch

3:10 - 3:50—Exhibits and Coffee

3:50 - 4:10—"Five Years Experience with Halothane in Obstetrical Anaesthesia"
Dr. K. B. Wilson

4:10 - 4:30—"General Anaesthesia for Obstetrical Delivery"
Dr. W. E. Spoerel

4:30 - 5:30—Business Meeting

6:00 - —Dinner—Holiday Inn,
King St., London, Ontario
Guest Speaker: Dr. John McKim
"Medicine in India"

Saturday, October 12, 1963

Chairman: Dr. J. M. Shapley

Theme: "Developments and Problems of Interest to the Anaesthetist:

9:00 - 9:40—"Oxygen at High Pressure"
Dr. C. W. Gowdey

9:40 - 10:10—Research in Muscle Relaxants
Dr. L. W. Hersey

10:10 - 10:30—THAM
Dr. J. Buttigliero

10:30 - 11:00—Exhibits and Coffee

11:00 - 11:30—"Atelectasis"
Dr. A. M. Lansing

11:30 - 12:00—"Deep Hypothermia"
Dr. E. F. Daw

12:00 - —Lunch—Sommerville House,
University of Western Ontario.

Saturday Afternoon

College Football—Western vs Queens

Participants

J. Buttigliero, M.D.
Anaesthetist, Cardiovascular Unit,
Victoria Hospital, London, Ont.

P. R. Clancy, M.D.
Instructor in Anaesthesia, U.W.O.

E. F. Daw, M.D.
Section of Anesthesiology, Mayo Clinic,
Rochester, Minnesota.

C. W. Gowdey, M.Sc., D. Phil.
Professor of Pharmacology, U.W.O.

L. W. Hersey, M.D.
Fellow in Anaesthesia, U.W.O.

Patricia Kandel, M.D.
Resident in Anaesthesiaa, U.W.O.

R. A. H. Kinch, F.R.C.S.(C)
Professor of Obstetrics and Gynecology,
U.W.O.

A. M. Lansing, F.R.C.S.(C)
Associate Professor of Surgery,
University of Louisville, Kentucky

E. A. Moffitt, M.D.
Section of Anesthesiology, Mayo Clinic,
Rochester, Minnesota.

W. E. Spoerel, F.R.C.P.(C)
Clinical Professor of Anaesthesia, U.W.O.

J. B. Walker, F.R.C.P.(C)
Instructor in Medicine, U.W.O.

M. P. Wearing, M.D.
Instructor in Obstetrics and Gynecology,
U.W.O.

K. B. Wilson, M.D.
Clinical Assistant, Department of
Anaesthesia, Queen's University.

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Three Using GPs

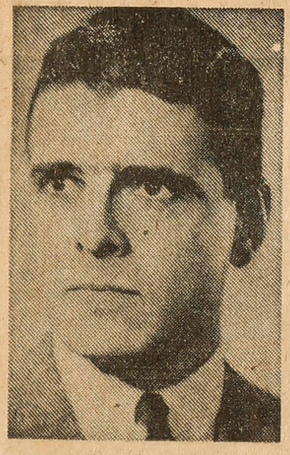
She said three Ontario universities, Queen's, Ottawa and the University of Western Ontario, have done this already and the University of Toronto was considering it.

The committee also called for a two-year resident training program in which interns would spend varying amounts of time in different departments of the hospital.

Dr. Stephenson said this would better prepare the young doctor for general practice because he would spend more time in internal medicine, obstetrics and pediatrics, than in specialties.

Dr. Leonard Lovshin of Cleveland Clinic Foundation said the woman who dresses dramatically, wears extreme hairdos and extreme makeup can often be identified as the hysteric personality.

Some of these women find their emotional outlet in acting or modelling, others in sickness. Doctors have little success in treating them, he said.



DR. A. T. HUNTER
- - - president-elect



DR. PAUL BRADY
- - - leads chapter

MacKENZIE —Dr. and Mrs. Donald MacKenzie are pleased to announce the birth of a son Sept. 28, 1963, at St. Joseph's Hospital.

Kidney Recipient Fighting for Life

Sept 30/63

Officials at St. Joseph's Hospital in London said last night there is a good chance a delicate kidney transplant operation, believed the first ever performed in Ontario, will be successful.

The unnamed patient, victim of a kidney disease, was still listed as critically ill, however, and Dr. Vincent Callaghan, chief surgeon at the hospital, said it would be several days before doctors can really assess how the transplant is taking.

A team of skilled surgeons removed the kidney Saturday night from Edmond Matthews, 45, of Seaforth, who was fatally injured when struck by an iron boiler door at a Seaforth foundry earlier in the day. Mrs. Matthews gave permission for the transplant after her husband's death.

"She made a real contribution," Dr. Callaghan said. "She gave her consent immediately."

The recipient was a 31-year-old tobacco farmer suffering from nephritis. For two days prior to the kidney transplant, he had been in danger of death, said doctors.

The operation, said Dr. Callaghan, was a team effort. Dr. S. E. Carroll, a vascular surgeon and Dr. Lionel Reese, a urologist, conducted the operation.

Dr. Reese and Dr. Peter Rechnitzer, an internist who had been on the case after the man was admitted to St. Joseph's Hospital, made the decision to go ahead with the transplant.

Dr. Callaghan said one of the crucial factors in the patient's recovery from now on is in how "the receiver's body accepts the foreign materials."

The transplant must be carried out as soon as possible after the death of the donor. Otherwise, said Dr. Callaghan, the organ will not resume function.

Time and circumstances are two of the prime factors in an operation of this nature. "The big part is getting the case in time," said Dr. Callaghan. "You might wait six months or a year before an opportunity becomes available."

When Mr. Matthews died, cardiac massage was initiated to keep the circulation system functioning to the kidney while the patient was being prepared for surgery.

The actual surgery technique is not too difficult, doctors say, but the complications are almost overwhelming. There are some 32 factors — differences in blood type and body tissue types—involved.

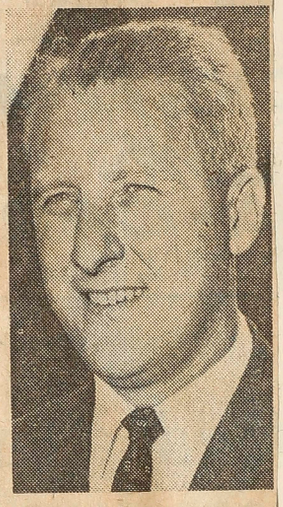
The major worry of doctors now is that the patient's body might reject the new organ. "It will take a few days to determine if there will be any rejection," they say.

The body ordinarily creates anti-bodies to combat infection or foreign matter. In this case the transplanted kidney could be regarded as a foreign material and doctors are using drugs to discourage the body's desire to reject it.

There are 30 cases of kidney transplant on record. Most have involved brothers and sisters as donors and recipients, with the greatest chance of success between identical twins.



DR. LIONEL REESE



DR. S. E. CARROLL

SOMERTON — Dr. and Mrs. Kenneth F. Somerton (nee Joyce Wesgate) are pleased to announce the birth of a son, John Franklin, on Sunday, September 29, 1963, at Victoria Hospital. A brother for Anne

BURT - GERRANS — Dr. and Mrs. Norman E. Burt - Gerrans, Woodstock, Ont., are proud to announce the birth of their son, David Bruce, on September 28, 1963, at Woodstock General Hospital.

Dr. M. Barr Getting Special Award

Sept 30/63

WINNIPEG — Dr. Murray L. Barr, of London, noted for his discovery of the sex chromatin, will receive a citation from the Canadian Association for Retarded Children.

The announcement was made at the conclusion of the association's three-day annual convention here.

Dr. Barr's research on the sex chromatin has made it possible to analyze the natural history of certain types of mental retardation from birth to maturity. He is professor and head of the department of microscopic anatomy at the University of Western Ontario.

The association will also present a citation to Dr. John W. Gerrard of the University of Saskatchewan's department of pediatrics.

The association said it recognizes Dr. Gerrard's development of a special diet for children suffering from phenylketonuria which has saved youngsters from becoming mentally retarded and improved the mental standard of the already retarded.

R. Jaques, of Brantford, was elected a director of the association. Robert F. Shaw, of Montreal, president of Foundation Company of Canada, was re-elected president.

Harry E. Foster, president of Foster Advertising Limited, suggested at the convention that Canada's 100th birthday should see each of the 10 provinces adopt a particular project of work for the mentally retarded.

Mr. Foster, who is chairman of the board of honorary governors of the association, said the 10-point program should range from diagnosis and counselling to job-placement or institution training for Canada's estimated 600,000 mentally retarded children.

He called on delegates to enlist "the best brains, the best ideas, and all that this country can offer from both government and private sources" in their individual provinces.

THE UNIVERSITY OF WESTERN ONTARIO
FACULTY OF MEDICINE
DEPARTMENT OF SURGERY

CLINICAL DAY

SYMPOSIUM ON TRAUMA

✦

Wednesday, October 2nd, 1963
at 10:00 a.m.

Busby Memorial Amphitheatre
Victoria Hospital, London

✦

Division of Graduate
and Continuing Education

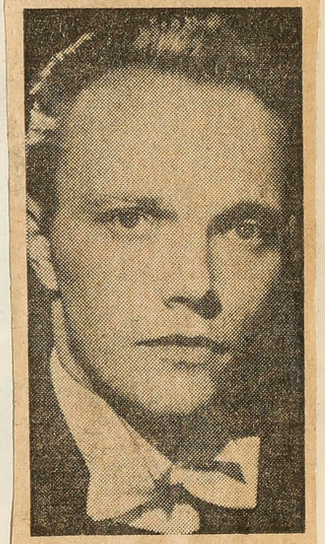
Dr. C. C. Buck

Ex-Londoner Dies in U.S. Car Crash

Oct 5/63

Dr. Charles Conrad Buck, 42, a native of London and chief anaesthetist at Pennsylvania Hospital in Philadelphia, Pa., was killed yesterday in a car accident near Philadelphia.

Dr. Buck was the son of Mr. and Mrs. Charles Buck, of 1534 Glengarry Ave. Mr. Buck was



DR. C. C. BUCK
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a former history teacher at Central Collegiate and now teaches part-time at South Secondary.

Dr. Buck attended Central Collegiate and graduated in 1952 from the University of Western Ontario medical school. He was a graduate fellow of the Mayo Clinic in Rochester, Minn.

He practised medicine in London, Belmont and Toronto before going to Philadelphia in 1960.

He served for five years with the RCAF in the Second World War.

Surviving are his wife, the former Joan Samuel; daughters, Judy, Barbara, Connie, Jennifer, Sheilagh, and sons, David and Cameron, all at home in Mount Gretna, Pa.; brothers, Dr. Robert Buck, professor of microanatomy at UWO medical school; Thomas J., a teacher at H. B. Beal Secondary; James, a teacher at A. B. Lucas Secondary; and a sister, Mrs. A. E. (Janet) Rhodes, of Norwich, England.

Funeral arrangements are incomplete.

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THE DEPARTMENT OF SURG
THE UNIVERSITY O

Morning Session

Chairman—Prof. A. D. McLachlin

10:00 a.m. The Treatment of Haemorrhagic Shock
DR. S. E. CARROLL

10:20 a.m. The Treatment of Renal Shutdown
DR. J. L. SALES

10:40 a.m. Assessment of Abdominal Injuries
DR. D. A. MACKENZIE

11:00 a.m. to 1:00 p.m. PANEL DISCUSSION
Respiratory Emergencies
Chairman: DR. A. J. GRACE

Participants: DR. W. E. G. SPOEREL
DR. R. E. GREENWAY
DR. J. C. COLES

Lunch will be served in the Nurses' Residence

Registratio

Approved—5½ hours Category 1 Study Credi

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YMPOSIUM ON TRAUMA"

ented by

GERY, FACULTY OF MEDICINE
OF WESTERN ONTARIO

Afternoon Session

Chairman—Dr. A. J. Grace

2:00 p.m. Fractures Complicated by Soft Tissue Injury
DR. H. S. CAMERON

2:20 p.m. Treatment of Facial Fractures
DR. R. M. MCFARLANE

2:40 p.m. Assessment of Genitourinary Injuries
DR. J. K. WYATT

3:00 p.m. to 4:30 p.m. PANEL DISCUSSION
The Total Care of the Severely Injured Patient
Chairman:
PROFESSOR A. D. MCLACHLIN
Participants: DR. J. A. MCLACHLIN
DR. J. A. MCCREDIE
DR. T. D. MCLARTY

e through the courtesy of Victoria Hospital Trust

on Fee—$10.00

its, College of General Practice, Ontario Division

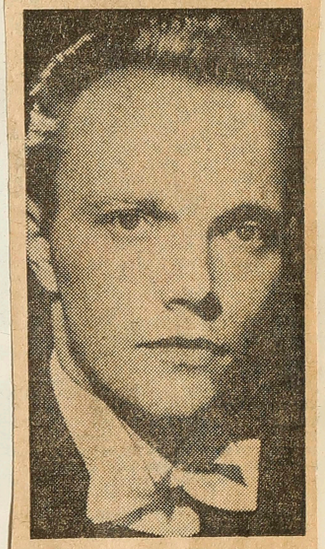
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Whether he is admitted through in-patient or out-patient department, his capabilities are assessed by a pediatrician, a psychiatrist, a social worker, a psychologist, an education expert, and staff nurses.

Panel members representing each of these fields explained their role in diagnosing, treating, and researching mental retardation.

Dr. Benjamin Goldberg, staff psychiatrist at the Institute, chaired the discussion.

"We see our role as a progressive service to the community in four areas," he said "through service to parents, help in placing the child, extension of research, and teaching an attitude of acceptance and understanding in the community itself."

In discussing the value placed on the I.Q. Dr. Goldberg said it is decreasing in importance.

"We try not to categorize. You can't measure the happiness of a family or put behaviour into a nice round number. We consider the qualitative rather than the quantitative aspects of the child. Ability in various areas does not always bear out the findings of psychological tests."

Harry Soper, chief psychologist, agreed that psychological testing becomes useful only when related to other aspects of a child's development.

Mrs. Margaret Cheeseman, of the institute's education department. found test results were not always borne out in the classroom. The teacher must find the level the child can achieve and recommend correct placement, she said.

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In a follow-up of eighty families who had received help at the Institute, chief social worker Malcolm Savage said he found sixty per cent felt they had positively been helped.

"Twenty per cent were undecided," Mr. Savage added "and the other twenty felt we were of no use at all."

Investigation proved unsatisfactory follow-ups were related to a low number of visits, he said.

Mr. Savage also found that insoluble medical problems were often involved. The Institute wants to extend the follow-up procedure, he said, and felt this would open a new area for volunteers.

Mrs. W. S. McKee thanked the panelists.

Fat Buildup Study Urged On Doctors

Oct 7/63

KINGSTON (CP) — A Montreal doctor said Saturday cardio-vascular ailments can be beaten if persons reach 20 years of age with normal arteries.

Dr. Paul David, director of the Montreal Cardiological Institute, said doctors are too absorbed in the treatment of heart patients to find out "why" fat builds up to clog arteries.

He suggested if the reason for the fat buildup — until the blood channel is so small there is a heart attack — were known, then persons under 20 could be put on a diet to prevent accumulation of fat.

He was speaking to a conference of the Eastern Ontario district of the Royal College of Physicians and Surgeons.

He told the 150 doctors at the conference: "We want to know what it is that makes a man immune."

He said some doctors think there is a relation between the stress under which a patient lives and arterial deterioration. Others think it is merely an aging process, he said.

However in studies at his institute, he said, there were patients 60 years old with little or no fat deposits.

"Evidence we have makes me think it is a pathological condition" he said.

He suggested doctors study the smaller arteries to provide a firm foundation for research. He said knowledge of the disease today is restricted to the three large heart arteries.

Hospital Addition to Open

Oct. 3/63

St. Joseph's Hospital will likely begin using its new, 180-bed addition by Nov. 1, Rev. Sister Imelda, in charge of the hospital's building program, said yesterday.

It is expected the psychiatric department will be moved into new quarters on the second floor of the addition by then, she said.

The move would involve about 40 patients. Every few months thereafter, more patients will be moved as new sections are opened up in the six-floor addition.

* * *

The process will be slow and the hospital will not likely have the use of all the new patient areas until about May of next year, Sister Imelda said. Some of the service areas of the addition will probably not be completed even then.

The $6,000,000 addition was begun in June of last year. When completed it will provide 180 new beds, bringing the hospital's bed space to 600 and greatly expanding service areas.

BIEHN — Dr. and Mrs. John Biehn (nee Prendergast), are pleased to announce the birth of twin sons, Jeffrey Telford and Gregory John, at Sarnia General Hospital, Oct. 1, 1963.

Medical Library

8th Annual Refresher Day

OBSTETRICS AND GYNAECOLOGY

*

Sponsored by the

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY, UNIVERSITY OF WESTERN ONTARIO; VICTORIA HOSPITAL; LONDON ACADEMY OF MEDICINE

*

Wednesday, October 30th, 1963
at 9.30 a.m.

Busby Memorial Amphitheatre
Victoria Hospital, London

FIDLER — Dr. Keith and Gloria (nee Johnson) are happy to announce the birth of their son, Wesley Keith, on Oct. 10, 1963, at Victoria Hospital, a brother for Diane.

Polish Image, Doctor Urges Radiologists

Oct 1963

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Dr. Caulk said the image of the radiologist as a "doctor's doctor" must be enhanced by efforts to make the radiologist known to his patients and to those who underwrite group health-care insurance programs.

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A team of San Francisco physicians reported that radiation alone or following surgery has been markedly successful in controlling a tumor of the pituitary gland known as a chromophobe adenoma.

Tells of Treatment

Drs. Glenn E. Sheline, Edwin B. Boldrey and Theodore L. Phillips treated 95 patients at the University of California Medical Centre in San Francisco over a 30-year period. Dr. Sheline reported the findings to the convention.

The chromophobe adenoma is a space-occupying tumor which lies in the floor of the skull. Its growth usually presses on the optic nerve and causes various visual difficulties, found in more than two-thirds of the California cases. A smaller percentage of victims also show a lack of pituitary function.

Dr. Sheline said the classical treatment, surgical removal, is unsatisfactory in most cases. The surgeon seldom is able to remove all of the tumor because of its location. Failure to check the disease process or early recurrence is common.

When radiation in the amount of 4,000 roentgens or more is added to surgery or used alone the results are obviously better, said Dr. Sheline.

Few Recurrences

He reported on 57 patients who were given radiation, 46 after surgery and 11 with no other treatment. Only six have shown recurrences to date. They include 13 patients who have lived more than 10 years after treatment.

In addition, the radiation therapy has contributed to better recovery of sight from the blurring or visual field limitation reported by most of the patients.

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VICTORIA HOSPITAL AND THE

Busby Memorial Amphithe

Gue

Professor WILLIAM J. McGANITY, Department

Morning Session

Chairman—DR. A. E. MOWRY

Theme: "Routine Gynaecology"

9:30- 9:45	The Premarital Examination DR. M. P. WEARING
9:45-10:00	The Pregnancy Test Today DR. E. R. PLUNKETT
10:00-10:15	"Just a simple D. and C." DR. R. A. KINCH
10:15-10:35	The Gynaecological Bladder DR. G. W. PRUETER
10:35-10:55	Office Management of the Patient over 70 DR. G. R. GIRVAN
10:55-11:15	Coffee
11:15-11:30	Maternal Mortality (Progress Report) DR. G. G. COPELAND
11:30-12:15	Question Period Discussion to be opened by Dr. W. J. McGanity

Lunch will be served through t

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Hosted by
E of the University of Western Ontario

Sponsored by
LONDON ACADEMY OF MEDICINE
e, Victoria Hospital, London

Guest Speaker:
Obstetrics and Gynaecology, University of Texas

Afternoon Session

Chairman—DR. E. L. R. SCHRAM

1:30-1:45 Premature Rupture of Membranes
DR. J. H. WALTERS

2:00-3:00 Guest Speaker—Dr. W. J. McGanity
"Practical Considerations in the Use of the Female Hormones"

3:00-3:15 Sparteine Sulphate
DR. H. H. ALLEN

3:15-3:30 Coffee

3:30-3:50 Second Trimester Abdominal Pain
DR. W. L. TEW

3:50-4:30 Question Period
Moderator: Dr. W. J. McGanity

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Anaesthetists Set Meeting

Oct 9/63

About 100 specialists from across the province will attend a conference on anaesthesia at the auditorium of the University of Western Ontario's medical school Friday and Saturday.

The members of the Ontario division of the Canadian Anaesthetists' Society will be guests of the local branch.

Special guest speakers will be Dr. E. F. Daw and Dr. E. A. Moffitt, both of the Mayo Clinic in Rochester, Minn., Dr. A. M. Lansing, of the University of Louisville, Ky., and Dr. K. B. Wilson, of Queen's University, Kingston.

Chairman will be Dr. W. E. Spoerel, head of the department of anaesthesiology at the University of Western Ontario medical school.

The conference will include lectures and demonstrations Friday morning and afternoon, beginning at 9 a.m. at the medical school auditorium, a dinner Friday evening at the Holiday Inn on King Street, and another business session at the medical school at 9 a.m. Saturday.

Scientists Study Live Tissues

Oct 11/63

SASKATOON (CP) — Latest techniques in handling living tissue are being taught to a select group of scientists in a four-week graduate course at the University of Saskatchewan.

They are learning to remove tissue from living organisms, grow it in test tubes and use it in various kinds of research, particularly the study of cancer.

Such isolated tissue will grow indefinitely in specially prepared cultures where it can be studied in controlled experiments.

The departments of anatomy, cancer research, bacteriology and biology are co-operating in the 10-student course. The training given senior research scientists here will be applied in their own laboratories across Canada.

Prof. S. Fedoroff, directing the course, says the study of living tissues is a relatively new science that can be applied to many areas of research.

"Scientists are getting away from the study of dead tissue and are using live tissues in their research. As a result they can observe cells in action. Controlled experiments are possible because tissues in culture are isolated from various influences of the parent organism."

Some human tissues are alive and growing in laboratories even though the human subjects who donated them have since died.

A recent application of tissue culture research has been in the diagnosis of a number of congenital abnormalities in humans.

Patients suffering from mongolism, for example, have an extra chromosome, which can be detected in cell samples that have been fixed and stained after being allowed to multiply in a culture.

Women Today

Victoria Hospital Auxiliary Votes $20,000 to Redecorate Residence

Oct 10/63

A $20,000 donation to help refurnish 40-50 rooms in the old nurses' residence was approved by the Women's Auxiliary of Victoria Hospital.

The auxiliary also voted $1,000 for the use of graduates who attend extension and refresher courses, during a meeting in the educational building of the School of Nursing.

Delegates appointed to the convention of the Hospital Auxiliaries Association in Toronto, Oct. 28-30, were Mrs. K. R. Hillier, Mrs. W. R. Smith and Mrs. R. G. McGugan.

It was reported that two demonstration dolls had been purchased by the pre-natal group and equipment bought for classroom teaching of artificial respiration.

A sale of baked goods and Christmas decorations was held by the flower group.

Guest speaker was Miss Marion McQueen, a London nurse who spent the summer in Uganda with "Crossroads Africa." She outlined the history of the organization, gave her impressions of the country and told of her experience in helping to build an out-patient hostel for a mission hospital.

Dr. Linus Pauling, A-Test Foe, Wins Nobel Peace Prize

Oct 11/63

OSLO, Norway (AP) — Dr. Linus Pauling, long a foe of nuclear tests leading to fallout, has won the 1962 Nobel Peace Prize.

The crusading American, a centre of controversy in his own country, has thus become a two-time winner of Nobel awards.

The brilliant research scientist from the California Institute of Technology was awarded the Nobel Prize for Chemistry in 1954. He is the second individual to win two Nobel prizes, sharing that honor with Mme. Marie Curie of radium research fame.

The Norwegian Nobel committee announced yesterday that Pauling will be given the prize for 1962. An award for that year never was announced. The 1963 peace prize will be divided between the International Red Cross Committee and the League of Red Cross Societies.

Pauling Astounded

Pauling, 62, appeared astounded at the award. He got the news at his 160-acre ranch near San Simeon, on the California coast.

He said later that he regards the award as "recognition of the work I and other scientists have been doing in educating people about the need for a treaty to end nuclear testing."

He said he assumed his efforts played "some part in the treaty which became effective yesterday."

Although the Anglo-Soviet-U.S. test-ban treaty is limited, permitting nuclear testing to continue underground, Pauling said:

"This action may well be the most important in the history of the governments of the world and could lead to the abolition of war."

The reason for the peace award will be announced Dec. 10 when Pauling receives the 257,219 kroner ($53,177) prize in a ceremony in Oslo.

Mentions Campaign

But a friend, Dr. Otto Bastiansen, professor of chemistry at Oslo University, mentioned Pauling's campaign against testing.

"Pauling's greatest effort was that he calculated the harmful effects of radioactive fallout," he said. "He also got other scientists interested and has created an opinion against nuclear tests among scientists all over the world.

"He also collected signatures on a petition from scientists on both sides of the iron curtain and asked the United Nations to make the big powers stop the tests."

The signature campaign got Pauling into hot water with the U.S. Senate internal security subcommittee in 1960. At the risk of contempt of the U.S. Congress, he refused to name scientists who helped him get the signatures. The subcommittee accused him of "a consistent pro-Soviet bias."

The professor has denied under oath that he is a Communist. As far back as 1950 he declared:

"This problem of an atomic war must not be confused by minor problems, such as Communism versus capitalism."

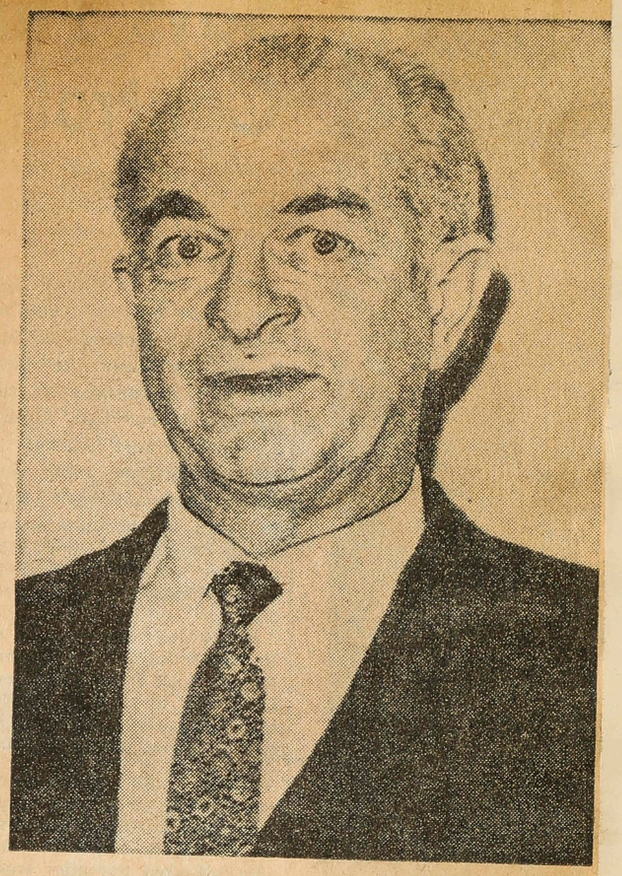
Elaborates Theme

This theme was elaborated upon in a book, "No More War," first published in 1958 and revised in 1962. Bastiansen mentioned this book, saying it contributed to the creation of an opinion against nuclear tests among scientists. In the book, Pauling wrote:

"If the world continues along the path of insanity, we are doomed to die—we Americans, all of us, and all the Russian people, and perhaps most of the people of European nations."

Equally ready to take on scientist or senator, Pauling once described the U.S. senate subcommittee as "a discredit to the Congress" and disputed fellow-American Dr. Edward Teller, often called the father of the hydrogen bomb. Pauling accused Teller of issuing misleading statements on the effect of radioactive fallout in arguing for continued nuclear testing.

Pauling contended that nuclear testing menaced the health of the living and threatened future generations with deformities.



Peace Prize Winner Dr. Linus Pauling

Born In 1901

Pauling was born in Portland, Ore., Feb. 28, 1901. He received a Bachelor of Science degree from Oregon State College in 1922 and his Doctorate of Philosophy from the California Institute of Technology in 1925. After study abroad, he returned to the institute in 1931 as professor of chemistry.

In 1937 he was promoted to head of the chemistry and chemical engineering department. In that capacity, he engaged in his research on the structure and forces of the molecule that won him the Nobel Prize for Chemistry. He quit the job 21 years later to return to his old post as chemistry professor and to devote all his time to teaching and research.

While a pacifist, Pauling put his talents to work for the explosives division of the U.S. National Defence Research Commission in the Second World War. Yet in 1958 he was suing the U.S. defence department and Atomic Energy Commission in an effort to block further testing. A federal judge threw the case out of court.

Ghandi Peace Prize

Pauling has received honorary degrees from U.S., German, Swiss, British and Danish universities. He was elected to the Soviet Academy of Sciences in 1958 along with 30 other foreign scientists and received the Gandhi Peace Prize in 1962.

Prize money comes from a $9,000,000 bequest by Alfred B. Nobel, inventor of dynamite who died in 1896. Nobel directed that the interest on the bequest be distributed to those who benefit mankind. Prizes for physics, chemistry, medicine and physiology and literature are awarded in Sweden.

The other Nobel two-time winner, Mme. Curie, shared the physics prize in 1903 and won the chemistry prize in 1911.

The International Red Cross Committee and the League of Red Cross Societies will share equally the 1963 Peace Prize of 765,000 kroner ($54,782). Nobel Peace Prizes went to the Red Cross also in 1917 and 1944.

Ask Labor Board Rescind Hospital Employees Rule

Oct. 10/63

Board of Control yesterday decided to ask the Ontario department of labor to rescind its 1951 ruling that hospital employees are employees of the city.

The request will be forwarded to the department after a meeting is held next Wednesday between the board of control and the Victoria Hospital trustees.

The meeting was arranged after a protest from hospital employees about inaction in their bargaining status.

At yesterday's meeting, Con. Ben Baldwin insisted the request to the labor department be sent after board of control met with the trust.

Mayor Stronach said the hospital trust is "treating its employees the same way St. Thomas tried to do last year. We don't treat our own that way. They've used it (Section 89 of the Labor Relations Act) but we haven't. Why should we permit them to use city powers that we won't use ourselves?"

Con. Margaret Fullerton said there is a strong question whether the hospital workers are city employees since the establishment of the Ontario Hospital Services Commission. Before that, she said, the trust went to court for a ruling that they are employed by the city, in order to take advantage of Section 89 which permits municipalities to exclude themselves from conciliation bargaining regulations of the act.

Con. Earl Nichols said "other than capital construction, we have no dealings with the hospital. Their employees are no more ours than the Public Utilities Commission's are. I know right now which side of the fence I stand on."

The mayor said the city passed a bylaw acknowledging the employees as city workers after the labor department made a ruling, but the bylaw is not based on a legal decision. The bylaw was passed at the request of the trust, but since the city doesn't prohibit its own employees, why should the trust have a bylaw prohibiting its workers? "The bylaw should be repealed," the mayor said.

The board had before it a letter from John M. Askin, president and business agent of Local 220, London and District Building Service Workers, registering "strong protest against the inactivity and indecision of the board of control in dealing with the union's request of June 7, 1963, and subsequent appearance before the board of control July 9.

"It would appear to the members of the Victoria Hospital section, Local 220, that the decision to rescind or repeal the by-law or resolution of March 6, 1951, is not a precedent-setting action for board of control and will not be a catastrophe to the city of London. So therefore, action to give all city employees the same rights and privileges should certainly not be unduly delayed."

Mayor Stronach said the hospital trust "wants the status quo maintained. They are the ones that are holding this up." He said the board asked legal counsel H. R. Davidson, QC, three months ago to speak to the hospital trust.

City solicitor F. S. Gregory told the board Mr. Davidson is awaiting word from the trust.

He said Mr. Davidson's opinion is that the hospital workers are legally still city employees but he does not want to give his official opinion until he consults with the trust.

The mayor said: "It is the decision that we are questioning. Why must he go to the hospital trust? We are just wasting time."

Con. Norman Bradford said, "somebody should decide whose employees they are and the labor relations board is the one to do it."

The mayor insisted that the hospital trust does not bargain or talk with its employees, who "are not being treated the same as others."

Con. Baldwin said: "I want a legal opinion first."

Mr. Gregory said "there is a strong possibility Section 89 will be repealed soon."

Another Honor for Eminent Londoner

Oct 16/63

FOR THE second time in less than a year, Londoners can join in congratulating one of the world's greatest scientists who happens to be a Western Ontario native.

To Dr. Murray L. Barr, who is head of the Department of Anatomy at the University of Western Ontario, has gone the prestigious $25,000 Gairdner Foundation Award for his original research into male and female cell structure. He is the first Canadian to win the top-ranking Gairdner prize since it was instituted six years ago.

It was only last December that Dr. Barr won another $25,000 award from the Kennedy Foundation for his discoveries in the field of mental retardation. He was one of four non-American scientists to be so honored.

Dr. Barr's reputation is world-wide, though the nature of his work is such that he is still better known to scientists than to laymen. We are fortunate to have so eminent a man in our midst, and it will surprise no one if Dr. Barr becomes a Nobel Prize winner in medicine.

MD Gives Tips On Children

Oct. 16/63

VINELAND, Ont. (CP)—The indirect approach is the best way of examining children, Ontario general practitioners have been told.

Dr. Rodney Fowler, assistant physician at the cardiac clinic of Toronto's Hospital for Sick Children, told 200 family doctors how he goes about examining the heart of a young child.

Boys and girls up to two years "consider it a serious affront to have a cold stethoscope placed smack in the middle of their chest," he said.

"You should let the child look at the stethoscope, handle it, put it in his mouth. Then warm the diaphragm and start well away from the chest, working gradually toward it."

Some other advice given to a seminar of members of the Ontario chapter of the College of General Practice of Canada:

Never take a child from his mother to plop him on the examination table; let the mother do it.

And keep a supply of "toys" on hand—tongue depressors, for example—to keep the patient's hands occupied.

THE UNIVERSITY OF WESTERN ONTARIO

FACULTY OF MEDICINE

Third Homecoming Medical Conference

FRIDAY, OCTOBER 18TH, 1963

9:00 A.M. - 4:00 P.M.

MIDDLESEX COLLEGE THEATRE

(U.W.O. North Campus)

All Physicians Invited

CARMICHAEL — Dr. and Mrs. Charles M. Carmichael announce the birth of a daughter, Crista Mairi, on Sunday, October 13, 1963, at Victoria Hospital. A sister for Cydna and Calum.

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Dr. Samuel Wolfe, of Saskatoon, medical adviser to the clinics in Saskatchewan, outlined at a closed business meeting the clinics' side of a dispute with the college council.

The council through a messenger told Dr. Woflfe he could release the content of his statement, but Dr. Wolfe declined, saying only that it was received well by a "most courteous, respectful and interested audience."

"Some of the content of my presentation may be relevant to further discussions during the convention and, since it was a closed meeting, I don't feel it would be proper to say anything more."

Followed Withdrawal

Community clinics were set up in July, 1962, during a 23-day withdrawal of normal service by most Saskatchewan doctors, protesting start of the government's medical care insurance plan.

The community clinics hired doctors who would work directly under the plan.

The college council has accused community clinic doctors of medically unethical practices, including soliciting patients and allowing lay control of their practice by the lay organizers of the clinics. Clinic spokesmen say their position is misunderstood.

Restates Opposition

Dr. H. A. L. Portnuff, college president met with reporters after delivering his annual report to the convention, attended by more than 200 doctors.

He said his report restated the college's opposition to the Saskatchewan medical care scheme.

Dr. Mark Baltzan, a college spokesman from Saskatoon, said more than 10 per cent of the doctors originally in the community clinics have left because they discovered there was lay control.

B. E. Freamo, of Toronto, secretary of the medical economics division of the Canadian Medical Association, said in a speech to the convention that Saskatchewan doctors in fighting the medical care scheme opened the eyes of people and governments across Canada.

He said the fight had much to do with the fact that provincial governments in Alberta, Ontario and Nova Scotia have obtained or will obtain the approval of doctors before implementing medical care schemes.

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THE UNIVERSITY O

Third Homecoming

Friday, Octo

MIDDLESEX CO

MORNING SESSION

9:15 - 10:00—Registration — Anteroom of the theatre.
Chairman: DR. H. T. NORRY, MEDS '38

10:00 - 10:20—Male Infertility
DR. S. M. BUSBY, MEDS '43
Instructor in Surgery, U.W.O.

10:20 - 10:40—Newer Investigative Procedures for Early Diagnosis of Pelvic Malignancies
DR. H. H. ALLEN, MEDS '48
Assistant Professor of Obstetrics and Gynaecology, U.W.O.

10:40 - 11:10—Coffee

11:10 - 11:40—Meningiomas
DR. D. L. MCRAE, MEDS, '38
Chief of Neuroradiology, Montreal Neurological Institute

11:40 - 12:00—Interarterial Oxygen Therapy for Peripheral Vascular Disease
DR. G. A. CLARK, MEDS '43,
Surgical Consultant, D.V.A., Westminster Hospital

12:15 - 2:00—Luncheon—Great Hall, Somerville House

OF WESTERN ONTARIO

ng Medical Conference

October 18th, 1963

COLLEGE THEATRE

AFTERNOON SESSION

Chairman: DR. H. G. FLETCHER, MEDS '23

2:00 - 2:20—**Bronchogenic Carcinoma**
DR. A. E. ALWAY, MEDS '43,
Chest Consultant, D.V.A.
Westminster Hospital

2:20 - 2:50—**The Radiological Aspects of Epiphyseal Plate Injuries in Children**
DR. J. D. MUNN, MEDS '38
Director of Radiology, Hospital for Sick Children, Toronto

2:50 - 3:20—**Coffee**

3:20 - 3:40—**Cardiology, Then and Now**
DR. E. A. BARTRAM, MEDS '23
Associate Professor of Medicine, U.W.O.

3:40 - 4:00—**Exercise and Heart Disease**
DR. P. A. RECHNITZER, MEDS '48
Lecturer in Medicine, U.W.O.

Approved by the College of General Practice of Canada for 4 hours Category I Study Credits.
REGISTRATION: $5.00, including luncheon

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Children Help Other Children

Oct. 16/63

A $12,000 cheque was presented to Dr. W. C. McMurray yesterday afternoon at the University of Western Ontario Medical School by the Junior Red Cross of Ontario. The money was the final instalment of a $60,000 professorship for research on the emotionally disturbed child. Representing the 700,000 junior red cross members in Ontario was Phyllis Brown, left, Trowbridge Avenue, who made the presentation and got a personal tour of the laboratory later. Centre is Mrs. O. C. Herrington, Toronto, director of the Ontario division of the organization. Explaining the intricate equipment is Dr. Murray, in charge of the research project.

Junior Red Cross Gives $60,000 to Help Others

Elementary school children in Ontario have joined the ranks of philanthopists and foundations donating large sums for research grants.

For the past five years these children, members of the Junior Red Cross of Ontario, have given their nickles and dimes toward a $60,000 professorship in biochemistry research with emphasis on the emotionally disturbed child.

The grant, made through the Ontario Association for Retarded Children, was paid in equal yearly installments. The last $12,000 installment was made yesterday afternoon to Dr. W. C. McMurray who is in charge of the research project, at the University of Western Ontario Medical School.

Dr. McMurray said both basic and clinical problems are involved in the project. Researchers are trying to discover the cause of mental retardation in children, and also the basic underlying factors, using experimental animals.

Mrs. O. C. Herrington, director of the Junior Red Cross, Ontario Division in Toronto, said the organization was looking for a project five years ago when the Association for Retarded Children was brought to their attention. After consideration, they decided to adopt the research project and gave the association $15,000 to set up a national office in Toronto.

Elementary school children have a classroom enrollment of approximately 700,000 in the Junior Red Cross. The organization is run on the provincial level. Following the annual Inspector Campaigns in February, or after regular donations, the money is sent to Red Cross Headquarters in Toronto.

Other projects have included: $34,000 to the Cystic Fibrosis Foundation for treatment; $25,000 to overseas offices for milk, food, medicine and national relief; $30,000 for RH factor clinics; and helping close to 100 children with orthodontic work at a cost of approximately $600-$700 for each case.

UWO Researcher Awarded Second $25,000 Prize

Oct. 15/63

Free Press Wire Services

TORONTO — Dr. Murray L. Barr, 55, head of the department of anatomy, University of Western Ontario, heads a list of six international winners of this year's Gairdner Foundation medical awards valued at $50,000.

Dr. Barr will receive the $25,000 award of merit for his discovery of the fundamental difference between male and female cells, thus contributing to greater knowledge of factors governing heredity. He is the first Canadian to receive the Gairdner award of merit.



DR. MURRAY BARR
- - - $25,000 award

Dr. Barr, a native of Belmont, about 10 miles southeast of London, joined the UWO faculty in 1939. During his years at the university, Dr. Barr's research has won for him many honors and cash awards.

One of the foremost recent awards presented to the London doctor was $25,000 cash for research given by the Joseph P. Kennedy Jr. Foundation for Dr. Barr's work in the field of mental retardation. He received the award last December.

Dr. Barr was one of four non-U.S. scientists honored by the Kennedy foundation that year. He received the research grant and an additional $8,333 grant for personal use from President Kennedy.

The first national acclaim of Dr. Barr's work came in 1949 with the announcement of his discoveries in sex chromatin work. About 1953 he developed a fast, simple method of identifying the true sex of patients who have developed abnormalities of the reproductive system.

Other winners, who will receive a $5,000 award, are:

Dr. Jacques Genest, 44, director of clinical research, Hotel Dieu Hospital, Montreal, for studies of the causes of high blood pressure;

Dr. C. Walton Lillehei, 45, professor of surgery, University of Minnesota, Minneapolis, for development of several pioneering techniques in open heart surgery;

Dr. Irvine H. Page, 62, director of research, Cleveland Clinic Foundation, Cleveland, Ohio, for discovery linking the kidney to high blood pressure;

Dr. E. G. L. Bywaters, 53, professor of rheumatology, University of London, England, for his thorough studies of the clinical features of rheumatoid arthritis which have delineated the special features of the course of the disease;

Dr. Pierre Grabar, 65, director of the French National Cancer Research Institute, Paris, for contributions to knowledge of identity of proteins which have aided in immunology and leukemia.

The six winners will receive their awards at the annal Gairdner awards dinner in Toronto, Nov. 29 and the following day will present the Gairdner Foundation Lectures at a medical meeting.

Since its establishment in 1957 by J. A. Gairdner, Toronto industrialist and financier (Gairdner and Co. Ltd.) the foundation has awarded 25 $5,000 awards and two awards of merit ($25,000). Winner of the award of merit last year was Dr. Francis H. C. Crick, of Cambridge, England, who also shared the 1962 Nobel Prize for medicine. Dr. Alfred Blalock and Dr. Helen B. Taussig, of Maryland, shared the prize for 1958.

Facility Lack Said Slowing Research

Oct. 17/63

OTTAWA (CP) — Dr. R. F. Farquharson, medical vice-president of the National Research Council, warns that a serious lack of laboratories in Canadian universities is becoming a "critical factor" actively interfering with progress in medical research.

In his annual report as chairman of MRC, Dr. Farquharson said shortage of space for medical research is one of two major problems impeding Canada's medical research program.

Dr. Farquharson, professor emeritus of medicine at the university of Toronto, said the other is the small number of full-time appointments in Canadian medical schools at universities, particularly in clinical departments.

"In all our universities there is a serious lack of space for the work that must be done," he said. "This shortage is becoming a critical factor actively interfering with further progress. It also aggravates the tendency for good people to seek positions outside the country."

Dr. Farquharson said the serious drain of competent Canadian scientists to the United States is not due to the higher scale of U.S. salaries.

"It is due, rather, to the shortage of research laboratory space in Canada, and to the lack of funds for salaries with which to pay an adequate number of medical scientists and to support their research at universities."

Dr. Farquharson said, because of a heavy teaching load, the small number of full-time staff in Canadian medical schools has inadequate time for research.

Ask McMaster Medical School

Oct. 18/63

HAMILTON (CP) — A $24,000,000 medical school complex, including a 360-bed hospital, has been suggested for McMaster University.

Former Ontario premier Leslie Frost, chairman of the province's advisory committee on university affairs, said yesterday a meeting will be arranged between the committee and university representatives to discuss the matter.

While the committee has made no decision, Queen's Park sources report committee members favor Hamilton as the site for Ontario's next medical school.

The medical school plan is contained in a brief prepared by McMaster Univeristy at the Ontario government's request and submitted to Premier Robarts last month.

If the government approves the McMaster plans, university officials expect the school to be opened by 1967.

Sees Medical School Use As Rehabilitation Centre

Oct. 17/63

The medical school building on South Street, which will be deserted in the summer of 1965 on completion of the new medical school on the University of Western Ontario campus, might well be used for a school of physical and occupational therapy, Dr. O. H. Warwick, dean of medicine, said yesterday.

He made the comments in an address to a conference on rehabilitation sponsored by the inter-agency conference committee of United Community Services.

Dr. Warwick pointed out that a rehabilitation centre has been recommended by committees working on a study of hospital bed space in London and, if such a centre is built, it would seem best to locate it as close as possible to a general hospital.

Recounting a series of visits to other medical rehabilitation centres in Canada and the United States, he pointed out that in all centres a common difficulty is securing staff.

"With regard to education, it is readily apparent that in London we must establish a school of physio and occupational therapy if an adequate number of these persons is to be available for the growing needs of London and Western Ontario," Dr. Warwick said.

The leadership of a professor of physical medicine and rehabilitation would be needed, he added. This position in the medical school is vacant at present, but it is hoped that it can be filled by next year.

"The Ontario Hospital Services Commission has expressed an interest in constructing additional convalescent facilities in London," Dr. Warwick said.

"Such a building might form a wing or annex to Victoria Hospital. A specified number of beds in this structure could be allocated as active rehabilitation beds, which would come under the direct supervision of the professor of physical medicine and referring doctors. The building would house all the facilities for physical medicine, occupational therapy and other medical rehabilitation services with special consideration for the large number of out-patients which such a unit must serve if it is to play its proper role as a regional referral centre."

"Certainly the essential teaching facilities are here and such a school could become a reality quite quickly," he said.

Earlier, the theme speaker of the conference, Edward Dunlop, MPP (PC-Forest Hill) and executive director of the Canadian Arthritis and Rheumatism Society, pointed out that Canada lacks a comprehensive rehabilitation program because of the sheer expense.

A good program for all categories of handicapped persons would cost the country $20,000,000, an impossible goal for private groups, he said.

"Timidity of approach has characterized the attitude of governments in Canada toward rehabilitation," he said.

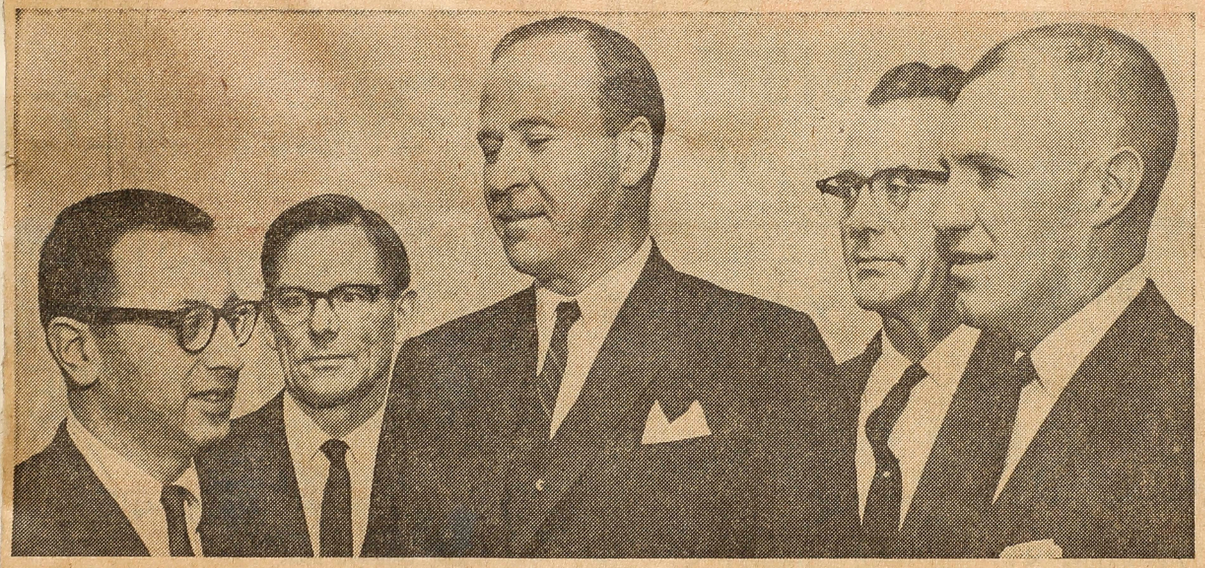
Good rehabilitation work is being done by government and private groups but these programs are limited to certain groups of needs, Mr. Dunlop said.

Other speakers during the one-day conference were Jack Amos, of the provincial welfare department, Toronto, who discussed vocational rehabilitation; and Milton Friedman, executive director of the Jewish Vocational Services, Toronto, who spoke on "sheltered employment."

Douglas Mason, manager of the opportunity workshop of the London Association for Retarded Children and Adults, Miss Elizabeth Wallace, of the London branch of the Ontario Society for Crippled Children, and Miss Margaret Nesbitt, director of the Victorian Order of Nurses, London, presented reports.

About 75 delegates attended the conference held in the medical school auditorium.

Chairman was John Kerr, president of the Family Services Bureau.



REHABILITATION CONFERENCE—About 75 delegates attended a conference on rehabilitation services in London yesterday. From left are: Milton Friedman, Toronto, executive director of the Jewish Vocational Services; Jack Amos, of the provincial welfare department, Toronto; Edward Dunlop, executive director of the Canadian Arthritis and Rheumatism Society, Toronto; Dr. O. H. Warwick, dean of the UWO faculty of medicine; and John Kerr, conference chairman.

Warning

uebec Druggists Voice Separatism

Oct. 18/63

WA (CP) — The Que-
llege of Pharmacists
esterday that disrespect
'marriage contract" be-
anada's English and
"nations" will lead only
ec becoming a separate

,750-member college is-
e warning to the Com-
iscellaneous private bills
ee as it took violent ex-
on constitutional
to a private bill to in-
e the Pharmacy Exam-
oard of Canada.

ollege said the board,
would establish academic
ations for pharmacists,
would be clothed with
o grant pharmacists the
practise, violating pro-
juridiction.

brief to the committee,
ege said the constitution
da is "purely and simply
age contract between two
French and English, or
anada and Lower Can-
anting exclusive sacred
o one and the other."
e go on not respecting
r word this marriage
, it can only lead us to
else but divorce or sep-
or, to use the modern
separatism," the college

ill, sought by the Cana-dian Pharmaceutical Association, would enable the pharmacy examining board to establish academic qualifications for pharmacists. It would issue certificates to qualified pharmacists, but provincial licensing boards would continue to have the final word on whether anyone with a board certificate would be granted a license to practise pharmacy.

An association brief to the committee said this provision makes it clear that the board cannot interfere with provincial jurisdiction over the licensing of pharmacists.

The association said the examining board is supported by all provincial licensing bodies with the exception of the Quebec college.

Gillies Gregoire (Creditiste-Lapointe) said Le Ralliement des Creditistes will block parliamentary approval of the bill.

The Quebec college said that if the bill is approved by Parliament, it will take its fight to the Supreme Court of Canada.

The bill, previously passed by the Senate, was approved by the committee with three amendments and sent back to the Commons for final reading.

The main amendment was made in an attempt to appease the Quebec college.

Jacques Lamoureux, counsel for the college, said the college wanted a clause inserted in the bill that its provisions do not apply to Quebec. The committee agreed to write into the bill a clause under which the legislation would not apply to any province that did not want to participate in the examining board.

However, Mr. Lamoureux and Raymond Daniel, vice-president of the college, said later this amendment or any others were unacceptable. They said the aims of the association could be achieved within the framework of its charter without the necessity of federal legislation.

Dr. Maurice Ollivier, law clerk of the Commons, said in his view the bill is valid and does not interfere with provincial control over the licensing of pharmacists.

Two Britons, Australian to Share Nobel Prize for Medical Studies

Oct. 18/63

STOCKHOLM (Reuters) — The 1963 Nobel Prize for medicine was yesterday awarded jointly to two Britons and an Australian.

They were Sir John Carew Eccles of Canberra, Australia; Alan Lloyd Hodgkin, of Cambridge, England, and Andrew Fielding Huxley, of University College, London.

They shared the medicine award for their discoveries concerning the "ionic mechanisms involved in excitation and inhibition of the peripheral and central portions of the nerve cell membrane."

The prize is worth 265,000 crowns (about $41,184) and will be presented by King Gustav Adolf of Sweden here Dec. 10.

It was awarded by the college of professors of the Caroline Institute here, Sweden's leading medical research centre.

The Nobel prizes are awarded annually from the income of a trust fund established by the Swedish scientist Alfred Nobel, the inventor of dynamite. He died in 1896 leaving almost $5,000,000.

Last year the medicine award was shared by three men — Dr. James Watson, of the United States, and Dr. Francis Crick and Dr. Maurice Wilkins, of Britain — for their work on heredity.

In brief the research of Eccles, Hodgkin and Huxley is designed to explain how the nerves work, an important contribution to the study of nervous diseases.

Through his experiments, Eccles defined in terms of electricity how nerves are excited or inhibited. The citation said "the nature of central inhibition has long been one of the main riddles in the physiology of the central nervous system."

Eccles' research thus tied in with that of Huxley and Hodgkin, who were studying the processes by which nervous impulses are transmitted along the nervous system.

Eccles, professor of physiology at the Australian National University in Canberra, is 60. He is married with nine children.

Hodgkin, 58, is a fellow of Trinity College, Cambrdge.

Huxley, 55, has been Jodrell professor of physiology at University College since 1960.

City Doctor, J. T. Bowman Dies at 73

Oct. 18/63

Dr. J. Thornley Bowman, 73, of 153 Victoria St., London, died in St. Joseph's Hospital yesterday.

Dr. Bowman was with London Life Insurance Company for 30 years and was senior medical officer from 1940 to 1955. He remained with London Life in a consultant capacity until his retirement at the end of 1958.

Dr. Bowman was a veteran of the First World War with the Royal Army Medical Corps and in 1917 was awarded the DSO.

He graduated from the University of Western Ontario in 1913, was a former president of the Western Ontario Academy of Medicine, and alumni representative to the board of governors of the University of Western Ontario.

In 1949, he was named chairman of the medical section of the American Life Convention — an organization made up of almost every life insurance company in the U.S. and Canada.

He was also a former chairman of the London board of education, president of the Canadian Club and president of the London Humane Society.



DR. J. T. BOWMAN
- - - insurance expert

He was active in the Institute of International Affairs and the Baconian Club.

He is survived by a son, Kenneth T., of Whittier, California, and two daughters, Mrs. Ian D. (Joan) Patterson, Waterloo, and Mrs. Ian F. (Geraldine) Flemming, Gananoque, Que.

Service will be tomorrow at 2 p.m. at the James A. Harris Funeral home, London. Burial will be in Mount Pleasant Cemetery.

Unexpected Influx Causes UWO Problem

Oct. 18/63

An unexpectedly large increase in enrolment both in undergraduate and graduate studies has put the University of Western Ontario about one year behind in its effort to provide teaching and research facilities for a larger student body, Dr. G. E. Hall, UWO president, said yesterday.

"The increase this fall is what we anticipated by the fall of 1964, so until the building program is completed, we're cramped," he said.

Dr. Hall was commenting on a warning by Dr. R. F. Farquharson, of Ottawa, medical vice-president of the National Research Council, that a serious lack of laboratory space in Canadian universities is becoming a "critical factor," actively interfering with progress in medical research.

"That is why this building (the new medical school being built on campus) is so much larger than the other one," Dr. Hall said. All universities which have or are building medical schools have had to provide a great increase in research facilities, he said.

"Graduate students, as part of their educational process, need research facilities and direction in research," he said. At Western, new undergraduate honors courses are to be instituted in sciences allied to medicine, and students in these will also require research facilities.

Dr. Hall noted that freshmen registration increased 29 per cent this year, almost twice the expected increase, and graduate enrolment increased by 20 per cent.

He was unable to give a reason for the large increases. "As far as I know, no other university had such an unexpected increase."

"We'd like to think it is due to Western's growing reputation," he said.

In his annual report as chairman of NRC, Dr. Farquharson said shortage of space for medical research is one of two major problems impeding Canada's medical research program.

Dr. Farquharson, professor emeritus of medicine at the university of Toronto, said the other is the small number of full-time appointments in Canadian medical schools at universities, particularly in clinical departments.

"In all our universities there is a serious lack of space for the work that must be done," he said. "This shortage is becoming a critical factor actively interfering with further progress. It also aggravates the tendency for good people to seek positions outside the country."

Dr. Farquharson said the serious drain of competent Canadian scientists to the United States is not due to the higher scale of U.S. salaries.

"It is due, rather, to the shortage of research laboratory space in Canada, and to the lack of funds for salaries with which to pay an adequate number of medical scientists and to support their research at universities."

Dr. Farquharson said, because of a heavy teaching load, the small number of full-time staff in Canadian medical schools has inadequate time for research.

Pathologists Elect Ontario Executive

Oct 19/63

Free Press Sarnia Bureau

SARNIA — Delegates to the 26th annual meeting of the Ontario Association of Pathologists yesterday named Dr. John Penistan, of Stratford, as its new president.

Dr. Penistan succeeds Dr. W. W. Hollands, staff pathologist at Sarnia St. Joseph's Hospital.

Dr. T. C. Brown, of Toronto, was elected secretary-treasurer, while Dr. H. J. Barrie, Toronto, Dr. J. S. Campbell, Ottawa, Dr. A. R. Armstrong, Hamilton, and Dr. George Kirkie, Kingston, were elected members of council.

Dr. Desmond Magner, of Ottawa, and Dr. Walter Armstrong of Kitchener, were named representatives to the Canadian Association of Pathologists.

FLETCHER — Dr. and Mrs. Barry D. Fletcher (nee Ailie Cleghorn) are pleased to announce the birth of a son, Christopher Marwood, at Montreal General Hospital on October 17, 1963.

Value of Exercise to Heart Said Uncertain

Most experts in the field believe that the common forms of exercise (such as walking and swimming) are not particularly useful as far as the health of the heart is concerned, Dr. P. A. Rechnitzer, lecturer in medicine at the University of Western Ontario, said yesterday.

Experiments indicate that exercise may be of value in combatting certain forms of heart disease, but no definite conclusions have been reached, he said.

Dr. Rechnitzer was speaking on "Exercise and Heart Disease," at the third annual Homecoming Weekend medical conference attended by about 200 medical graduates of UWO yesterday.

Even if exercise is of value, he said, "what we'd like to know is what kind of exercise produces the optimum amount of benefit. How much should a person exercise. How often? Once a day? Once a week? It's a fascinating problem."

Even so, there has been a great de-emphasis on rest in the treatment of heart problems as well as other forms of disease in the past few years, he said.

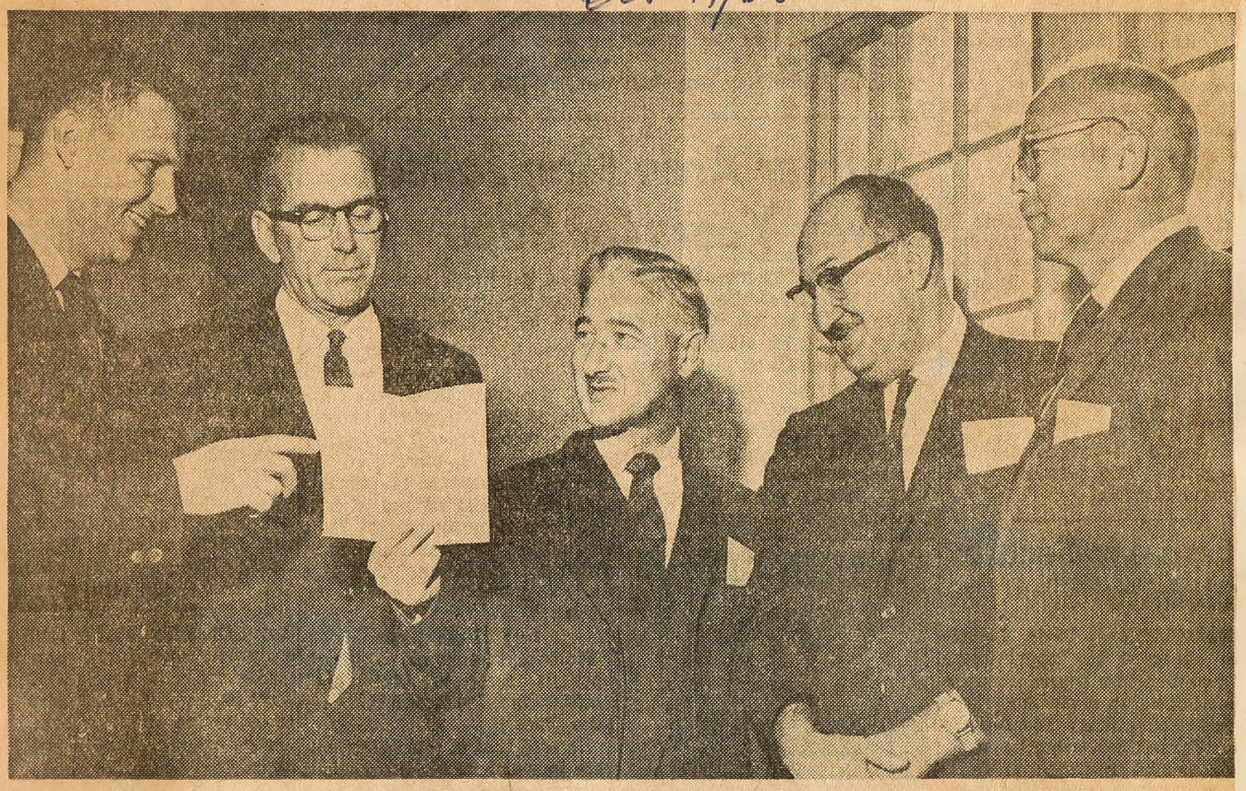
Dr. D. B. Meltzer, organizing chairman of the conference, which is sponsored by the Alumni Association and the faculty of medicine, said the aim of the session is to present lectures by graduates who are teaching in London and to bring back distinguished alumni from other areas.

Speakers are members of graduating years ending either in eight or three, the classes which are being honored during the whole of the Homecoming Weekend.

During the morning session, Dr. S. M. Busby, of the class of '43, presented a paper on "male infertility."

Other speakers during the one-day session were: Dr. H. H. Allen, assistant professor of obstetrics and gynacology at UWO; Dr. D. L. McRae, chief of neuroradiology of the Montreal Neurological Institute; Dr. G. A. Clark, surgical consultant to the department of veteran's affairs, Westminster Hospital; Dr. A. E. Alway, chest consultant, Westminster Hospital; Dr. J. D. Munn, director of radiology, of the Toronto Hospital for Sick Children; Dr. E. A. Bartram, associate professor of medicine at UWO; and Dr. P. A. Rechnitzer, lecturer in medicine at UWO.

Oct. 19/63



MEDS MEET — Attending the third homecoming medical conference which was held yesterday at Middlesex College are left to right, Dr. W .C. McMurray, London; Dr. O. H. Warwick, Dean of the Faculty of Medicine, University of Western Ontario; Dr. H. J. D. Jay, Forest; Dr. D. B. Meltzer, London, chairman of the organizing committee; and Dr. S. M. Busby, London, instructor in surgery, University of Western Ontario, and a speaker at the morning sessions.



Dr. and Mrs. W. L. Burt
(Photo by Roy Kumano)

Oct. 23/63

Burt - Derby

Linda Louise Derby, London, and Dr. Walter Laurence Burt, Port Credit, exchanged wedding vows in Wesley United Church with Rev. Robert Trimble officiating. The bride is the daughter of Mrs. Sidney I. Derby, London, and the late Mr. Derby, and the groom is the son of Mrs. Ralph E. Holland, Port Credit, and the late J. Walter Burt.

The bride was given in marriage by Douglas W. McNutt, Fort Lauderdale, Fla., her uncle. She wore a floor-length gown of peau de faille featuring lily-point sleeves and a shallow scoop neckline enhanced with lace appliques. The controlled skirt had extra back fullness which extended to a chap train and was topped with a large rosette. A matching headdress held her shoulder-length veil of French silk illusion and she carried a bouquet of white orchids, stephanotis and ivy.

Miss Carole Derby was her sister's maid of honor and bridesmaids were Miss Heather Cowan and Miss Beverley McArthur. They wore identical gowns of brocade in shades of green and gold.

Dr. Paul W. Fisher, Hamilton, was best man and ushers were Dr. Thomas E. Staples, Hanover, and William H. Miller, Kitchener.

For travelling to New York State, the bride changed to a cranberry red wool suit with black otter collar, black accessories and a corsage of white orchids. The couple will live in Cooksville.

The bride is agraduate of Victoria Hospital School of Nursing and the groom is a graduate of the University of Western Ontario School of Medicine.

* * *

More Garbage Pickup Asked at Western Fair

Oct 24/63

Dr. D. A. Hutchison, medical officer of health, told board of health yesterday he has recommended that the Western Fair Board provide proper sanitary sewage disposal facilities for all food operations during the fair.

He said the fair officials have agreed to consider his recommendations, and added that considering the available facilities at the fairgrounds, they had "almost produced a miracle" in providing food handling standards as high as they had.

Other recommendations Dr. Hutchison has sent to the fair include: A request for consideration of additional garbage pickups during the busy evening hours, or alternatively more large garbage receptacles more conveniently located; a suggestion for greater use of residual insecticides and the night spraying of the grounds with contact insecticides to control the fly population; measures for adequate dust control particularly in the Kiddieland area.

Dr. Hutchison reported that generally the co-operation from "amateur" food handlers was better than that from the professionals, although he notes that in many cases the latter were seriously hampered by a lack of sewage disposal facilities, and in at least two cases booths were located over "malodorous" manholes.

Sees Economy In Training Mentally Retarde

Oct 24/63

The responsibility of the co munity in absorbing the mi and moderately retarded c was stressed by Dr. Di Johnson, of the Children's P chiatric Research Institute meeting of Prince Cha Home and School Associat held at the school.

On a strictly economic b she said, training and ultim employment of young pe handicapped by these two le types of retardation made se

"It costs approximately 000 to keep a child for its time in an institution," she She maintained it was bette train them in some voca where they can make a co bution to the economy of community and become in measure self-supporting.

She said in London, moderately retarded could trained at varying levels, pending on the amount of tardation, at the Gore workshop, and possibly be on to continue training job equal to their capabil Mild retardation, she said, usually offset by auxi classes during school years lowed by normal vocat training classes, allowing child to eventually fill a job in the community.

Assistant principal, Ralph drew discussed changes kindergarten classes.

Would Condemn 22 Dwellings

Oct. 24/63

More than half the units studied so far in a housing accommodation survey have been rated "unsatisfactory," Dr. D. A. Hutchison, medical officer of health, told the board of health yesterday.

Eight per cent — 22 — should be condemned immediately, he added, while 38 per cent won satisfactory ratings.

The area in question is that bounded by Colborne, the CNR, Adelaide and the river, described by the medical officer as "one of the semi-low standard areas in London."

The study, he said was undertaken as the only means of establishing a basis for future recommendation on regulations to govern minimum housing and occupancy standards.

The rating standards, taking into consideration such things as the condition of the building, and the facilities available, were taken from Department of Municipal Affairs model legislation.

In the 276 dwelling units surveyed, he reported finding 635 adults, and 382 children, giving an average of 3.6 persons per units which "is not gross overcrowding."

Sixty-two per cent of the units had obvious fire and accident hazards, he said. Other findings included one that the average rental for tenant-occupied units is $63 a month — about $17.50 per room.

Dr. Hutchinson told the board that conditions are about what he expected to find when the investigation was undertaken. A full report on the whole area will be made later.

List Students Recommended For UWO Fall Graduation

Oct. 26/63

The registrar's office of the University of Western Ontario has released the list of students recommended to the senate of the university for graduation at the annual fall convocation Nov. 1.

Graduates from the faculty of graduate studies, the faculty of medicine, the faculty of arts and science (all colleges), the faculty of engineering science, the faculty of law, the school of business administration, and the school of nursing, will receive degrees at the ceremony in Convocation Hall beginning at 3:30 p.m.

Following is the list of candidates for degrees. In all cases names are listed alphabetically. Unless otherwise indicated, the home address is London.

GRADUATE STUDIES

Ph. D. (Doctor of Philosophy) — Ronald Leslie Buchanan (Chemistry); Robert Douglas Hare (Psychology, Calgary, Alta., C. Jagmohan Singh Jhooty (Botany), Punjab, India; Takuji Kimura (Zoology), Hiroshima City, Japan; Waldemar Klassen (Zoology), Vauxhall, Alberta; Richard Garth Pews (Chemistry), Leamington; David Johnston Royle (Botany), Nottingham, England; Kathleen Margit Stravraky (Preventive Medicine), Jack Warwick (French).

M.A. (Master of Arts) — Albert Hillary Bartley (French); Willard Francis Dillon (History), Petrolia; Maria Johanna Christina Faber (English), Amsterdam; Mario Rinaldo Faveri (Psychology), Toronto; Louise Henrietta Forsyth (French); Ruth Elizabeth Hyatt (Psychology) Luis Lozano (French) Sikhumbuzo McGlory Maqubela (History), Cape Province South Africa; Joseph Austin May (Geography) Gertrude Kearns Sanderson (French); Anna Stepaniuk (English).

M.E. Sc. (Master of Engineering Science) — George Douglas Raithby.

M. Sc. (Master of Science) — James Franklin Buchanan (Pathological Chemistry); Dale Eliot Buckley (Geology); Paul William Eby (Pathological Chemistry), Kitchener; Margaret Ruth Graham (Physiology), Markdale; John Harro Hartog (Medical Research); Shirley Ann Haycock (Physics); John Aubrey Leslie (Geology), Queens Co., N.S.; John Cameron Lewis (Zoology), Sarnia; Archibald Kenneth McQuillan (Physics), Lucknow; Thomas Hulme Pearce (Geology), Ottawa; Victor Edwards Sells (Physics), Komoka; Roderick Pataudi Singh, (Zoology), Georgetown, British Guiana.

MEDICINE

M.D. Degree (Doctor of Medicine) — Bernard Stanley Glass; Harry Hudson; Victor Polywjanyj, Welland.

ARTS AND SCIENCE

Middlesex College

B.A. (Bachelor of Arts) General Course — Grade B (66-74%) — J. Edwin Boyd; Anthony K. C. Heinbuch, Toronto; Suzanne Purves Grade C (60-65%) — Cleda E. Bursaw, Woodstock; Terry H. Gray, Huntsville; Stuart C. Mackay-Smith, Ottawa; Barry J. Mackenzie, Wiarton; Bevan M. McNeil; Stewart H. Purdon, Toronto; Frederick J. Rhodes, Sarnia; Lillian C. Smith, Tillsonburg; R. Bruce Waite, St. Thomas.

COLLEGE OF MUSIC

B.A. (Bachelor of Arts) General Course with Music Options—Grade B (66-74%) — Kenneth J. Schultz; Christiane A. von Hochstetter; Grade C (60-65%) — Mary Isabelle Sinclair, Sebringville.

Mus. G. Paed. (Music Graduate in Paedagogy) — Donna L. Bjorgan, Leamington; Gail P. Crocker, Brampton; Judith A. Hickson, Windsor; Arlene E. Johnstone; Evelyn J. McKinley, Dresden, Betty A. Petz, Windsor; Kenneth J. Schultz; Mary I. Sinclair, Sebringville; Christiane A. von Hochstetter; James H. White, Fenelon Falls.

University College

B.A. (Bachelor of Arts) Honors Courses — Geography — Class III (60-65%) — Douglas L. Andersen; Physical, Health and Recreation Education — Class II (66-74%) — John C. Nash.

B.A. (Bachelor of Arts) General Course with Secretarial Science Options — Grade B (66-74%) — Norma A. Francis, Sudbury; Grade C (60-65%) — Judy A. Coleman, Cornwall; Maribell A. White, Burlington.

B.A. General Courses — Grade A (75-100%) —John P. Howe; John Jepson, Scarborough.

Grade B (66-74%) — Jeane E. Aiken, Oakville; Phyllis A. Antoniuk, Port Arthur; Carl E. Beckstead, Brantford; Lary S. Belman, Downsview; R. George Bice, Strathroy; Marjorie E. Blake, Jamaica B.W.I.; Margaret R. Breen, Ottawa; Marjory M. Briggs, Stratford; James A. Brown, Alvinston; Lewis J. Contini, Sault Ste. Marie; Ann M. Cooper; Charles F. Cooper, Sudbury; Myrrl F. Cornelius, Chatham; J. Brian Crick, South Porcupine; Lois I. Cullis, Orillia; Lavern E. Dempster, Iron Bridge; David A Drinkwalter; M. Lois Drinkwalter; Richard A. Elliott, Guelph; Charles O. Fairbank, Petrolia; Sylvia M. Faw, Springfield; Edward F. Gaffney, Tamworth; Norma M. Hill; E. Leroy Houghton; Clare S. Jantzi; Gordon C. Kaufman, Brantford; Shelagh McCullough, Islington; Donald B. MacLean, Brampton; P. Ruth Merrill, Clinton; W. Ian Miller, Owen Sound; Kenneth G. Moir, Hensall; Richard C. Moss, Erindale; Aldo E. Narduzzi, South Porcupine; Robert Orr, Fort William; Dorothy A. Quirt, Orillia; P. Brian Rice, Woodstock; Ladiston M. Skube, Scarborough; Philip W. Sorrill; Paul S. Stein, Cookstown; Edward S. Taylor, Smooth Rock Falls; Anton C. Voorhoeve; William H. Wallace, Port Arthur; Susan M. Wiener, St. Thomas; E. Arthur Young, Woodstock.

Grade C (60-65%) — James H. Abe, Chatham; Geoffrey D. Adair, Baie D'Urfee, P.Q. Richard D. Aspinall, Guelph; John H. Barnaby, Guelph; Donald W. Bell, Bridgenorth; John M. Bell, Milton; Paul A. Borden, Preston; Gary I. Chandler, Chatham; Margaret J. Chant; Betty Lou Cull, Kitchener; John E. Cunningham, Sarnia; Donald L. Currie; John S. Dollar; Donald K. Draper, Owen Sound; Rodger L. Dusky, Tilbury; Elizabeth Eastwood, Chesley; James H. Effer, Margaret Kukucka, Sarnia; Earl C. McCulloch, Simcoe; Raymond C. Masterson; Denis F. Schmelefske, North Bay; David Tate, Sudbury.

Huron College

BA. (Bacheolor of Arts) Pre-Theological General Course—Grade C (60-65%) — Arthur R. Henderson; Walter E. Peters, Galt.

B.A. (Bachelor of Arts) General Course — Grade A (75-100%) — Graham A. Haley.

Grade B (66-74%) — Laurence R. Cousins; Sharon J. Downey, Riverside; John D. Fowler, Toronto; Robert E. Gower, Meaford; Daniel McLauchlin.

Grade C (60-65%) — Robert E. Bailey, St. Catharines; J. Douglas Cunningham, Kingston; J. Stephen Enlow, Hamilton; John R. Finlay, Toronto; David W. Humphries, Copper Cliff; Judith A. Keller; Ronald Lindsay; Linda J. McMullen, Toronto; Angus R. Mitchell, Toronto; John T. Morgan, Guelph; Barbara P. Pogue, Toronto; James L. Saddler, Niagara Falls; W. Jaffray Smith, Toronto; William J. Smith, Chatham; D. John Wilson, Ingersoll.

Grade D (50-59%) — David M. Burke, Norwich; M. Anne Malowney, Toronto; Henry D. R. Nelles, Toronto; William G. Strongman, Port Credit; Mary Katherine Tompos, Port Colborne.

St. Peter's Seminary College of Arts

B.A. (Bachelor of Arts) Pre-Philosophy Course — Class II (66-74%) — James H. Malone, Guelph; Class III (60-65%) — Walter J. Schoenhofer, Quinton, Sask.

Christ The King

B.A. (Bacheolor of Arts) General Course—Grade B (66-74%) — Richard W. Crummer, Chatham; David L. Denomy; James D. Feeney.

Grade C (60-65%) — Harold S. Bart, Toronto; Edward S. Hinca, Hamilton; Peter R. W. Isaacs, Hamilton; David W. Kent, Willowdale; Francis A. Lanza, Burlington; Murray C. McCormack, Apsley; Ernest V. Romain, Timmins.

Brescia College

B.A. (Bachelor of Arts) General Course with Home Economics Options — Grade C (60-65%)—Joanne L. Norrie, North Bay.

B.A. (Bachelor of Arts) General Course — Grade A (75-100%)—Irene MacDonald (Sister Francis Carmel), Chatham.

Grade B (66-74%) — Pierina Caverzan (Sister Frances Cabrini); Rachel Devolder (Sister Michael Joseph), Chatham; Elizabeth Lozon (Sister Thomasine), Chatham; Patricia Noonan (Sister Raphael), Chatham;

Grade C (60-65%) — F. Dinane Kieffer, Walkerton; Yolande M. T. Luistermans, Chatham; Elizabeth M. Wanjui, Kenya.

BUSINESS ADMINISTRATION

B.A. (Bachelor of Arts) Honors Business Administration — Class II (66-74%) — David M. Brown, Toronto; Glen H. Heximer, Niagara Falls; F. Dickson Rewbotham, West Lorne.

Class III (60-65%) — Thomas M. Hall, London.

ENGINEERING SCIENCE

B.E. Sc. (Bachelor of Engineering Science) Honors Course — Chemical Engineering, Class III (60-65%) — Ronald H. Bartley, Belmont.

FACULTY OF LAW

LL. B. — Bachelor of Laws — Grade C (56-65%) — D'Arcy G. Luxton; Grade D (50-59%)—Ernest W. Popovich, Toronto; Maurice C. Enright, Mount Forest; Francis G. Fowler, Cold Lake, Alta.; John A. Gradish, Tillsonburg; Gordon B. Hall, Oshawa; Leon J. Hishon, Kitchener; Arvo A. Ketola, Sault Ste. Marie; Mary Louise Kingham; Geza A. Kocsis, Straffordville; John J. Legate, Toronto; George S. LeMasters, Queenston; Elias M. Lemon, Owen Sound; James P. Liabotis; Ruth L. Lindsay, Georgetown; Gordon E. Little Windsor; Arthur W. McDonald, Weston; W. Logan MacDonald, Georgetown; Marion M. McKay, Superior, Wis.; Samuel A. McSpadden, Otterville; Philip H. Meretsky, Windsor; Thomas Moore, Sarnia; Jennie M. Morue, Blyth; Charles J. Mowat, Scarborough; Gordon A. Mullin, Forest; Archie A. Nishimura, St. Catharines; Robert W. Pearson; Ronald S. Polsky, Windsor; Leon R. Renouf, Leaside; David T. Rivers, Thornhill; Eldred Rose, Fort William; Faye Rusnell, Newmarket; Frank A. Sargent, Port Arthur; Stephen A. Secord; S. Alan Shier, Toronto; Jerry E. Smith, Cooksville; Ralph E. Snowsell, St. Thomas; Foster M. Stark, Niagara Falls; Robert T. Steele, Scarborough; G. Robert Strople, Brantford; A. Claude Stuart, Fort Frances; Marjorie A. Tomlin, Wiarton; Nancy C. Turner, Calgary, Alta.; Thomas Wolder, Durham; John B. Yelland, Midland.

Grade D (50-59%) — Ralph M. Andrew; Barbara A. Biffin, Stratford; Kenrick Edward, Parkhill;

SCHOOL OF NURSING

B. Sc. N. (Bachelor of Science in Nursing) — Margaret L. Atkinson, Toronto; Mary Margaret Beattie, Sudbury; C. Isabell Christie, Maxville; Mary Margaret Gillies, Wheatley; Edith A. Gilmore, Stratford; E. Ann Ho, Evanston, Ill.; Shirley M. M. Mitchell, Parry Sound; Helen I. M. Pearson, Kenora; Ruth M. Pittman, Brantford; Frances S. Quin, Toronto; Dora Sarlo, Sault Ste. Marie; Helen I. Stockton, Paris.

Diploma in Nursing, Nursing Education: Donna C. Coffey, Tara; Katherina H. M. E. Crosbie; Donna C. O. Marshall, Toronto; Shirley E. Robertson, Alvinston; Dorothy J Underhill, Aylmer; Monica P. West, Kingston, Jamaica; Doreen E. Wohler, St. Catharines;

Nursing Service Adminstration: Helen R. Brown; Marjorie C. Cook, Holland Centre; Dorothy H. Davis, Niagara Falls; Margaret J. MacLean, Toronto; Ana M. Mate, Elliot Lake; Betty White.

Public Health Nursing: Shirley B. Abell Sarnia; Dorothy V. Aitkin, Sault Ste. Marie; Margaret E. Elliott; Rina Gettas; Rose-Marie P. Hachey, Camp Borden; P. Jane Legate, Iroquois Falls; Audrey G. McGillivray, Paisley; Barbara C. McLeod, Sudbury; Rose Marie Pierson, Goderich; Eleanor E. Stubbs, Caledonia; Judith L. Sutherland, Toronto.

Food Habits, Heredity Said Factors in Heart A

University Co-Operat

Oct. 25/63

LOS ANGELES (AP) — High blood pressure generally boosts the risk of getting a heart attack, but your food habits and heredity apparently can raise or lower those odds, heart researchers said yesterday.

Striking differences turned up in studies of Apache Indians in Arizona and nearly 6,000 men in Brooklyn, N.Y., they told the American Heart Association's council on arteriosclerosis.

About one - fourth of the Apaches were found to have high blood pressure, but the Apaches' death rate from heart disease nonetheless is 2½ times lower than that of the general U.S. population, said Dr. Nathan J. Clifford of Ventura, Calif.

This could be due to hereditary resistance or to the fact that the Apaches eat less animal and saturated fats which tend to raise cholesterol levels of the blood, he said.

The Apaches have smaller amounts of blood cholesterol — a fatty material incriminated in plugging up heart artiers — than most other North Americans, Dr. Clifford said.

In Brooklyn, Dr. David Spain found that men with high blood pressure run three times the risk of heart attacks during ages 36 to 50 than men with normal pressure. After age 50, the odds were 2 to 1 higher for those with elevated pressure.

For men with elevated pressure plus elevated cholesterol the odds rose to 5-to-1, compared to men with normal pressure and cholesterol he said.

Dr. Spain said he did not find that occupation, smoking habits or body build increase the risk faced by men who had elevated pressure, at least among this group studied during the last seven years at Bethel Hospital.

The heart disease risk rose among men who were overweight as well as having high blood pressure and diabetes, he

first report and otherwise normal did not show any increased susceptibility to heart attack.

"This is not a green light for men to get or stay fat," he remarked, "The excess pounds are bad if a heart attack does come along."

For reassurance, medical experts commented that modern

University Appoints President

Oct. 24/63

WOLFVILLE, N.S. (CP) — Dr. James M. R. Beveridge, 51, of Kingston, has been appointed president of Acadia University, where his father worked as a gardener. The president-to-be himself helped with the gardening chores while working his way through college in the 1930s.

His appointment breaks an Acadia tradition dating from its founding in 1838 under Baptist auspices. He is its first non-Baptist president. Dr. Beveridge is a member of the United Church of Canada. He succeeds Dr. Watson Kirkconnell, 68, president for the last 15 years.

A research scientist, he has been head of the biochemistry department at Queen's university since 1950. This year he was named dean of graduate studies at Queen's.

Dr. Beveridge entered Acadia in 1933 and was a prominent college athlete. He graduated in 1937 as a bachelor of science.

He has been active in fisheries research and investigation of the causes of heart disease. He is a member of the fisheries research board and associate editor of the Canadian Journal of Biochemistry and Physiology.

He received a PH. D. from the University of Toronto in 1940 and studied medicine at the University of Western Ontario while lecturing there.

Cancer Kills Girl Despite Krebiozen

Oct. 30/63

ROCKFORD, Ill. (AP)—Diane Lindstrom, 18, who chose treatment with krebiozen, a controversial cancer drug, rather than have her leg amputated, died Monday night of cancer.

Spokesmen at Rockford Memorial Hospital said Miss Lindstrom was conscious almost until her death. Her parents, Mr. and Mrs. Meilton Lindstrom, were at her bedside.

Diane was scheduled to undergo amputation of her right leg last Feb. 14. Her father told reporters he had conferred with Dr. Andrew C. Ivy, krebiozen backer, about his daughter's bone cancer and then let her decide the choice of her future treatment.

"It's her life and her leg," her father said.

After her decision, Diane's physician withdrew from the case and called for a government ban on krebiozen in clinical use.

The U.S. Food and Drug Administration recently banned krebiozen from interstate shipment because the drug's developers withdrew an application regarding experimental drugs. The FDA had described krebiozen as an inexpensive and common body chemical called creotine and said the drug was worthless in treating cancer.

OTTAWA (CP) — A federal health department official said yesterday that krebiozen is not on sale in Canada.

Dr. C. A. Morrell, head of the Food and Drug Directorate, was commenting on statements made last week in Chicago by Dr. Stevan Durovic, developer of the controversial drug. Dr. Durovic said krebiozen has been sold to doctors in Canada with the approval of the Canadian government.

"If it is on sale here, it is being sold illegally," said Dr. Morrell.

Good Fairy Out of Business, Fallout Research More Vital

Oct. 23/63

Chalk up another old-fashioned fancy that has fallen victim to the wiles of the nuclear age—the delightful whimsy that a Good Fairy gives children shiny new coins in return for baby teeth placed under a pillow overnight.

Now the six-year-olds are being asked to contribute their teeth to the cause of research—a research made necessary by the nuclear age—and in return will get a badge proclaiming, "I gave my tooth to science."

From the child's point of view perhaps the reward is not as practical. But from the point of view of science, the contribution is invaluable.

The teeth will be examined for traces of strontium-90, thus giving researchers a clue in one of the most pressing mysteries of age—how greatly is fallout from nuclear testing affecting the human race?

The research is being carried out at the University of Toronto by Dr. A. M. Hunt, research director under a grant from the National Research Council.

Tooth-collecting in London is being conducted by the local branch of the Voice of Women with the co-operation of the London district dental society and the public and separate school systems.

Mrs. C. F. Cappa, chairman of the Voice of Women committee carrying out the project, said forms will be distributed to pupils at the grade one level in all the elementary schools, beginning Nov. 1.

Parents will be asked to send in any baby teeth their children lose—either by the normal process of falling out, or by extraction—together with a filled out form.

The form is a necessary part of the research. Mothers are asked such questions as the place of residence throughout pregnancy and during the life of the child.

Forms have also been distributed to dentists in London and district.

The research has been carried on for several years and collections have been made in several cities.

Who's Boss?

Request Official Ruling On Hospital Labor Status

Oct. 24/63

Victoria Hospital trustees said yesterday they will ask the Ontario Labor Relations Board to determine who is the official employer of the hospital staff.

The board ruled 12 years ago that the city and not the hospital board was the employer but both the trustees and board of control feel hospital operating conditions have changed so drastically that the decision is no longer applicable.

Chairman T. W. Baker outlined the hospital's proposed course of action at a meeting with board of control.

The meeting resulted from a union request for repeal of a 1951 city council bylaw excluding Victoria Hospital employees ice Workers' Union, reiterated their request for repeal of the municipal bylaw following the from the Ontario Labor Relations Act under the terms of the controversial sectiond 89. The section permits municipalities to declare that the act does not apply to any or all its employees, thus making it unnecessary for either labor or management to abide by the certification, conciliation, collective bargaining and other procedures contained in the legislation.

Council enacted the bylaw at the request of the hospital trustees following the labor board's decision that the employees came under direct city jurisdiction.

John Askin and Tom Mitchell, spokesmen for local 220, London and District Building Serv- board of control-hospital trust meeting.

They maintained that the hospital's move was not the action they sought — repeal of the bylaw so Victoria's employees would come under the provincial labor legislation.

They argued that the bylaw should be scrapped no matter who officially employed the hospital staff.

Board of control decided to await the outcome of the hospital application to the OLRB before recommending the bylaw's repeal. The board assured the union representatives, however, that it would act to remove the bylaw if the OLRB ruled the hospital employees still came under council jurisdiction — and if the OLRB ruled the staff to be hospital board employees, the bylaw would vanish anyway because it would then be outside council's powers.

The union has had contracts with the hospital for several years, but Mr. Askin pointed out that none of them have had the protection of the provincial statute. He described the labor-management relations as "unofficial."

There was no indication when the hospital trustees would approach the OLRB. Chairman Baker said they did not view the matter as urgent.

Because council has very little say in hospital affairs, both the trustees and board of control agreed the hospital board should be considered the employer of the staff.

Says Hospitals Cater to Wealthy

Oct. 29/63

TORONTO (CP) — Dr. John Griffin, director of the Canadian Mental Health Association, said yesterday, overburdened hospital staffs often give preferential treatment to patients who appear wealthy.

Speaking to workers at the 39th Ontario Hospital Association convention, Dr. Griffin stressed the need to have social workers hurdle the gap he claims exists in communications.

He said hospital staffs sometimes forget hospitals exist for sick people.

Dr. Griffin told of how he brought an injured friend to an emergency ward and because both were in old clothes, the nurse gave his friend perfunctory treatment.

The treatment, he said, was so hurried an essential X-ray was overlooked and his friend had to return to the hospital.

Dr. Griffin said a patient entering a hospital also enters a separate world where the doctor is the commanding father image, the surgeon is the super doctor or god and the nurses are bustling aunts who maintain "a conspiracy of objective cheerfulness."

"Lack of the personal approach in the monolithic hospital set-up can hurt a patient's mental health especially the health of a child."

The social worker, he said, could hurdle the "roadblock of communication's between various units in hospitals and provide "much kindly reassurance" that the patient needs.

Prepayment Field Urged On Doctors

Oct. 25/63

WINNIPEG (CP) — Doctors must retain control of the economics of medicine to control the quality of care, Dr. William Wigle of Toronto, president of the Canadian Medical Association, said yesterday.

He told the annual meeting of the Manitoba Medical Association:

"It is impossible to consider the quality of medical care and avoid the consideration of economics.

"We are convinced that control of the economics means control of the quality of care. This conclusion, in my opinion, makes it imperative for the profession to retain control of the economics.

"Today, this means the profession must retain a prominent position in the field of prepayment."

In an apparent reference to widespread doctor - sponsored medical care plans, Dr. Wigle said doctors have demonstrated their willingness to enter the field of prepayment.

Dr. Wigle added that the "only way we can maintain professional freedom is if we demonstrate professional responsibility."

Heart Foundation Scholarships Seek to Recruit Research Doctors

Oct. 24/63

TORONTO (CP) — The Ontario Heart Foundation announced yesterday establishment of a new scholarship aimed at encouraging young doctors to make a career in medical research.

The scholarship, to be worth $9,000 a year, was announced by the foundation president, Martin L. Wills, director of Wood Gundy Investment Company of Toronto, at the organization's annual meeting. Mr. Wills and other foundation directors were re-elected for the 1963-64 term.

The president said plans call for the establishment of additional $9,000 scholarships in the coming two years so that by 1965 three such awards will be operating.

The new scholarships are designed to fill a gap in Heart Foundation aid between educational grants and assistance for specific research projects, "giving financial security to young doctors who wish to make research a full time career."

Mr. Wills announced the Ontario Foundation's objective in its 1964 fund drive will be $600,000 compared with $561,456 raised in Ontario during 1963. Some of the money raised goe to the Canadian Heart Founda tion.

Mr. Wills noted that disease of the heart and blood vessel kill 75,000 Canadians annuall but "medical achievements i the past few years have bee dramatic." He singled out a "something of a breakthrough a system of checking the effect iveness of heart surgery. Al though billed in advance of th meeting as "a new method" i heart surgery, the practice wa first reported publicly here 2 months ago.

Other medical researchers ar experimenting in Ottawa to de velop a method of using plasti tubing to replace diseased o damaged human blood vessel the foundation also reported.

The Ottawa experiments wer among several score researc projects at Ontario institution outlined at the foundation' meeting.

Research under Dr. W. G Waddell of Ottawa university' pathology department involve attempts to replace clogged o malfunctioning veins an arteries with delicate trans plants, grafts and syntheti fibre tubing. The experiment are being carried out on dog

Hospital Insurance Rates May Double

Oct. 25/63

TORONTO (CP) — The Ontario government is almost certain to order a review of hospital insurance rates shortly with the possibility of nearly doubling them, a senior government official at Queens Park said yesterday.

Earlier this week the 1962 report of the Ontario Hospital Services Commission showed the government had to shell out $47,900,000 to make up the deficit not covered by the $91,900,000 paid in premiums and the federal government contribution of $114,200,000.

The OHSC has increased its average per diem grants to hospitals in the province from $18 in 1960 to $21.30 this year.

Early in 1960 former Premier Leslie Frost promised the rate structure would not be changed for three years. This was reaffirmed by Premier John Robarts. The three-year period is nearly up.

Speculation has it that the monthly rate of $2.10 for single persons and $4.25 for families would have to be almost doubled.

"Heal Thyself," Still Sound Advice

Nov. 1/63

GRANDMA was right when she always insisted that we wash our hands before meals. She knew little or nothing about bacteria; she did know that clean was better than dirty. It's odd that the medical and nursing professions have to be reminded too.

Members of the Ontario Hospital Association have been warned that disregard for the fundamentals of personal cleanliness is responsible for a rising incidence of hospital infections. Doctors and nurses go from ward to ward, transmitting bacteria on their rounds because they don't wash their hands clean between patients.

Perhaps doctors live so constantly in an atmosphere of infection and disease that they accept it as a way of life. They unconsciously adopt personal habits they would condemn in laymen. Certainly it is difficult to excuse the case, reported to the association, of a physician who examined eleven surgical cases and did not wash his hands before, during, or after his rounds.

Like the rest of us, doctors need checking up now and then. They became somewhat careless a few years ago in their overconfidence that penicillin and allied antibiotics had vanquished many common bacteria. Several serious outbreaks of staphylococcus infection in hospitals proved that resistant strains had developed.

Maybe the old-fashioned general practitioner who preferred to treat his patients at home, rather than send them to a hospital where other illnesses abounded, knew what he was doing.

J.F.K. Signs Mental Health Bill

Nov. 1/63

WASHINGTON (AP)—President Kennedy yesterday signed a bill which he said should lead to a major attack on problems of mental health.

The measure authorizes $329,000,000 for various programs, to be spread over three to four years, including matching grants for community mental health centres, research and education of teachers for handicapped children.

Only a week ago, Kennedy signed a companion bill, authorizing $265,000,000 to extend programs of mental and child health. He said at that time lack of adequate care before birth and during infancy is a major cause of mental retardation.

Kennedy announced establishment of a new division in the office of education to administer the teaching and research program provided under the legislation signed today.

This will be called the division of handicapped children and youth and will be headed by Dr. Samuel Kirk, professor of education and psychology and director of the Institute of Research on Exceptional Children at the University of Illinois.

45

More Women Than Men Are Addicted to Drugs

Nov. 6/63

MONTREAL (CP) — Mary Louise Lynch, only woman member of the national parole board, says 60 per cent of the women prisoners in Kingston Penitentiary are there because of drug addiction.

Addressing a meeting of the Women's Canadian Club here, Miss Lynch said twice as many female offenders as male are drug addicts. This accounted for the fact that women had a considerably higher rate of parole failures than men.

"Toronto is giving Vancouver a run for its money in drug traffic, in addition," said Miss Lynch. "The problem here (in Montreal) is nothing like that of Toronto and Vancouver. I attribute this to the good influence of French-Canadian culture."

"It is a regrettable fact but it is extremely difficult to rehabilitate a drug addict."

Miss Lynch said the original idea behind imprisonment was that of vengeance. The new and more humanitarian approach was that of rehabilitation of the inmate, although the punitive factor was still a strong consideration.

"I want to emphasize that we (the parole board) are not a group of 'do-gooders' nor is our approach to the philosophy of parole a soft one."

Failures with parolees got publicity, but success could not be publicized since the anonymity of former prisoners had to be protected.

From 1950 to 1952 inclusive 2,434 prisoners were released on parole and 10 years later 60 per cent of them had not returned to crime. From 1950 to 1957 inclusive, 8,044 prisoners were paroled. Five years later it was found 63 per cent had survived.

"The first year on parole is the hardest and that is the period during which we have the heaviest casualties," said Miss Lynch.

Statistics for the female offender do not present such a bright picture since "our failure rate among female parolees is considerably higher," she said. "No doubt many factors contribute to this situation, but, I think, one very significant one is that twice as many female offenders as male are drug addicts . . ."

Miss Lynch said many Canadians are living in the dark ages as far as penal reform is concerned.

"My own ideas were not very advanced prior to my appointment to the parole board. I quickly changed my point of view — that criminals who had broken the rules of society should pay the full penalty imposed on them—when I learned the various factors that contribute to the making of a criminal and heard actual success stories of scores of ex-criminals, many of them lifers serving sentences commuted from death, who are today good citizens holding responsible positions."

Wash Hands

Hospital Infection Spreads

Simple Solution:

Oct. 31/63

TORONTO (CP) — Hygiene experts warned the Ontario Hospital Association Tuesday that growing disregard for basics of cleanliness is causing a steady increase in hospital infections.

A report on a 1962 survey cited a case in which a food poisoning epidemic in an unidentified general hospital killed two patients. The epidemic, in which four other serious illnesses resulted, probably could have been avoided if staff had washed their hands, the report said.

Dr. W. Harding le Riche, head of epidemiology and biometrics at University of Toronto and his associate, nurse Carolee E. Balcolm, conducted the survey.

Miss Balcom said the survey showed a "slow but steady increase" in infections spread in hospitals.

"Adequate hand-washing is perhaps the single most important aspect of infection control in hospitals."

The report said of the food-poisoning cases that "a little more attention to the most primitive fundamentals of personal hygiene could have prevented two deaths and four serious illnesses."

"There seems to be no question but that the disease was in most instances spread via the hands of ward personnel in their travels from patient to patient. Ordinary hand-washing should usually be adequate in preventing such transmission

The survey, sponsored by the government-supported edical Research Council, turned up unsterilized instruents, dirty bandage carts and bedside equipment ared by several patients.

"On surgical ward rounds in one hospital, 11 paents were seen and examined by physicians and hands re not washed before, during or after rounds."

A New Orleans bacteriologist, Alan L. Martinez, said rlier that exposure of soiled laundry in hospitals disrses hundreds of thousands of germs into the air.

"The laundry must be regarded as the weak link in chain to prevent hospital-acquired infections," he d.

Canadian Doctor Develops U.S. Atomedic Dream Hospital

Oct. 31/63

MONTGOMERY, Ala. (AP) — A Canadian-born doctor saw his dream of a revolutionary new hospital concept come true here yesterday as the world's first atomedics hospital was dedicated.

Industrial, business, medical and scientific leaders joined in the ceremonies officially opening the 22-room facility designed to utilize space-age equipment and reduce hospital costs significantly.

Dr. Hugh MacGuire, a Vancouver native who originated the idea of an atomedic hospital, described the concept of how medicine would open its heart to industry and science.

"Today we dedicate the first prototype of an atomedica hospital in which after more than eight years we can actually organize our research efforts," he told the 300 guests.

He said his hope is to find a way of producing a system of hospitals that can circle the globe "at a cost that everyone can afford."

Atomedics is a term coined to describe atomic-age medicine and MacGuire says he hopes to utilize the most modern equipment available in the treatment of patients.

The present hospital will include computers which automatically will record such things as a patient's temperature which is relayed by tiny transducers that can be strapped on the patient.

MacGuire is the son of a Presbyterian minister. He came to Montgomery in 1948 and eight years ago began working on his new hospital concept. He is president of the Atomedic Research Centre, Inc.

MacGuire emphasizes that the revolutionary hospital is designed to relieve nurses and doctors of many routine duties which in turn will free them to devote more time to patient and their illnesses.

Governor George Walace of Alabama headed the list of dignitaries who spoke briefly at the ceremonies.

A second atomedics hospital will be constructed at the world's fair in New York next year.

The circular, windowless structure has 22 wedge-shaped rooms which put nurses and doctors, operating from the centre, within equal distance of all rooms.

Huron College Centennial Observed As UWO Grants Degree to G. F. Kingsmill

Nov. 2/63

By ERIC FINCH
Free Press Staff Reporter

The University of Western Ontario yesterday honored Huron College and a man who for many years has been closely associated with both the college and university when it bestowed an honorary degree of doctor of laws on G. F. Kingsmill, president of the corporation of Huron.

Mr. Kingsmill received the degree at the annual fall convocation — the 190th convocation of the university— held in Thames Hall.

Those who graduate at the autumn convocation are usually post - graduate students or students who have worked toward their degrees through extension, correspondence, and summer courses.

The largest number ever to graduate at a fall convocation of the university, 272, were granted diplomas yesterday. Most were able to be on hand to receive them in person.

Presenting Mr. Kingsmill to Chancellor V. P. Cronyn for his degree, Dr. G. E. Hall, president of the university, noted that this year Huron College is celebrating its centennial year.

Huron, an affiliated college of UWO, was founded in 1863, 15 years before the university, which in turn was founded by Bishop Isaac Hellmuth, a former principal of the college.

"The struggles for survival, the experiences and the associations which Huron and the university have shared, in hard times as in good times, have created a warm bond of friendship and mutual respect which is as firm in Huron's centennial year as it was in the beginning," Dr. Hall said.

"At no time has that understanding been greater than under Dr. Kingsmill, the president of the corporation of Huron College," he said. "The university pays its sincere tribute to the college by honoring Fred Kingsmill."

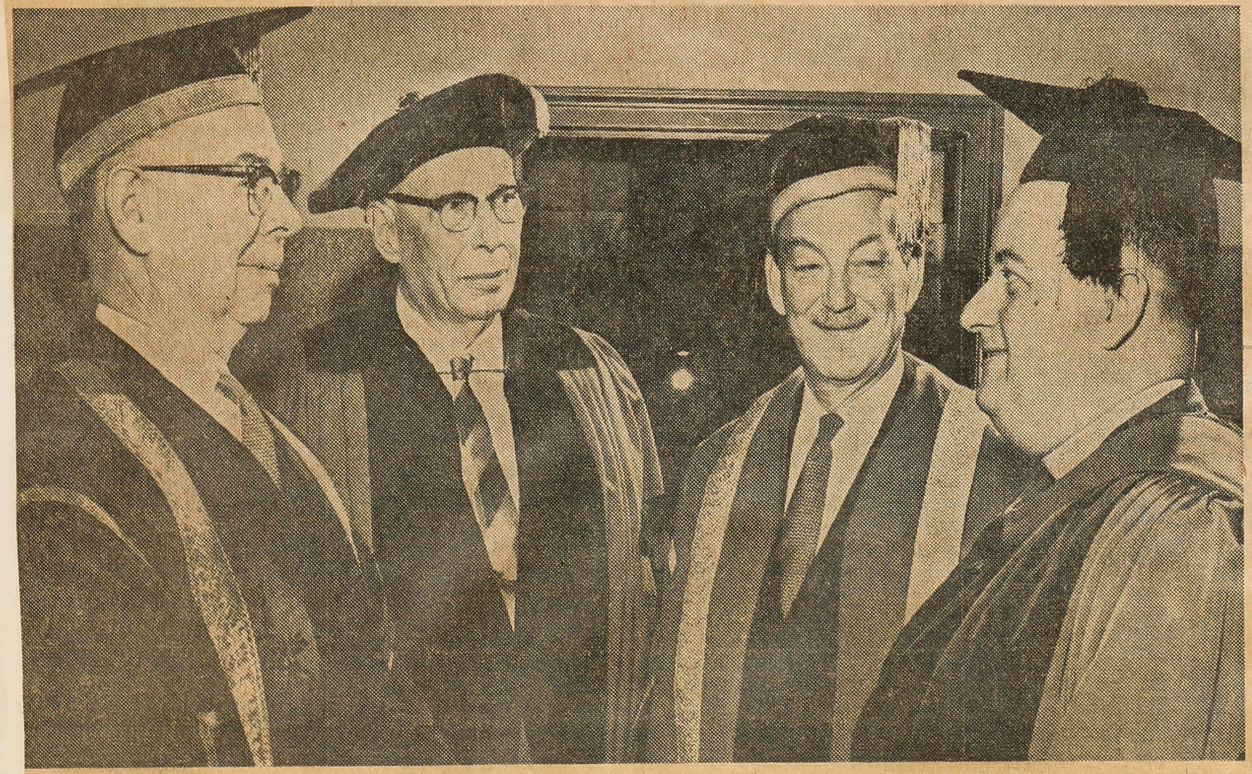
In accepting the degree, Mr. Kingsmill said the university was honoring neither himself nor famous personages who have been connected with the college in the past, nor even a collection of bricks and mortar.

The honor is to the college itself and the contribution it has endeavored to make in education and morality over the years, he said.

Yesterday's convocation had one first. The first master's degree from the faculty of engineering science was granted to George Douglas Raithby.

Graduates were formally admitted to degrees by the pro - chancellors — Dr. M. K. Inman, dean of arts, and Dean J. J. Wettlaufer, of the School of Business Administration.

Very Rev. K. B. Keefe, dean of Huron, gave the invocation and benediction.



An honorary degree of Doctor of Laws was bestowed on G. F. Kingsmill, president of the corporation of Huron College, at autumn convocatio[n] Ontario yesterday. Left to right are: V. P. Cronyn, chancellor; Mr. Kingsm[ill] d vice-chancellor, and Dr. J. G. Mor-



Dr. Kathleen Stavraky, of London is "hooded" by Dr. W. E. D. Atkinson, left, while V. P. Cronyn, chancellor, congratulates her on receiving a Ph.D. degree in preventive medicine.

Nov 2/1963

ONTARIO

Nov 6/63

Notice of Initial

PUBLIC HEARINGS

on briefs concerning

MEDICAL SERVICES INSURANCE

Preliminary public hearings will be held as follows:

Windsor—Council Chamber, City Hall
10:00 am. December 3 and 4

Toronto—Galbraith Bldg., University of Toronto
35 St. George St., Room 202-202A
10:00 am. December 11 and 12
10:00 am. January 7 and 8
10:00 am. January 14 and 15
10:00 am. January 21 and 22
10:00 am. January 28 and 29

These are initial, not final, hearings. Briefs will be presented by a responsible officer of the organization concerned or the individual wishing to make the submission, or their legal counsel. Participants may have expert witnesses appear for them.

Participants will be asked to present only the summaries and conclusions of briefs as well as their recommendations. They are free to elaborate orally and offer arguments. Persons appearing before the Enquiry may be examined directly by the members of the Enquiry.

Persons submitting briefs are permitted to introduce at the hearings supplementary information and material in written form. These, to be known as exhibits, will be filed with the Commission and numbered in order of presentation.

REMINDER—Briefs (25 copies) on the proposed Medical Services Insurance programme must be submitted by November 15th to the Secretary.

DR. J. GERALD HAGEY
Chairman

T. C. CLARKE, *Secretary*
Room 418, 67 College St.
Toronto 1
Telephone 365-4024

erms Flee! Successful Vaccine Found

Nov. 5/63

De- mental vaccine against one of believed linked with the "runny-
ri- the sizable brigade of viruses nose" type of common cold was
reported yesterday.

A U.S. government scientist said the achievement is encouraging in that it constitutes the first step in the quest for a shotgun vaccine— made up of a number of different viruses — which might be used to combat this form of cold. But Dr. Robert Huebner of the national institutes of health cautioned that it might take years to develop such a weapon — if, it can be achieved.

Successful testing of the vaccine was done with the aid of prisoner volunteers.

Surgeon-General Luther L. Terry of the U.S. public health service said the vaccine is made of killed viruses of the so-called "ECHO-28 strain. He said prisoner-volunteers vaccinated with it were protected against illness when subsequently exposed to live virus of the same type.

The virus is one of 28 originally found in the human intestinal tract and given the name ECHO, for "enteric cytopathogenic human orphan." The orphan tag was given because when originally found, these microbes were, in effect, medical orphans. No specific ailment could be linked with them.

Doctors Say Anesthetic Liver Threat

Nov. 7/63

TORONTO (CP) — Two Toronto physicians warn colleagues in a report published yesterday to exercise caution in the use of an anesthetic now widely popular in North American hospitals.

Drs. Norman C. Kerbel and Irwin M. Hilliard, resident physician and physician-in-chief respectively at Toronto Western Hospital, report in the journal of the Canadian Medical Association on cases in which patients contracted liver ailments after repeated doses of the anesthetic halothane.

Halothane is the most widely used agent for putting patients to sleep in Canada and the United States. Its popularity is based on a reputation for potency, low toxic effects and the fact that it will not explode like some other gases.

However, Drs. Kerbel and Hilliard say, recent medical reports indicate the "potential hazard of halothane" as a cause of liver ailments such as jaundice following heavy or repeated doses of the anesthetic. They cite a report elsewhere where death in two cases was attributed to the use of halothane.

The doctors report the cases of two women patients who contracted jaundice following surgical treatment for other reasons. In each case, the patient had been anesthetized with halothane twice within a few days.

Both patients recovered but subsequent examination of liver tissue showed spots of cell damage.

The authors conclude that "there now appears to be justification for withholding halothane in cases which have been exposed to this agent within a short time or in which there is evidence of liver . . . disease."

Award $323,800 Victoria Hospital Building Contract

Nov. 7/63

Victoria Hospital Trust announced at a meeting last night that Ellis Don Company Ltd. has been awarded a $323,800 contract for construction of a new maintenance and laundry building.

Work, said chairman T. W. Baker, is expected to start at once.

The Ellis-Don tender was the lowest of seven submitted. The highest was $374,900.

The new building — consisting of a sub-basement and two floors — is to be built just west of the present laundry building.

Trust member J. G. Lind said he expects work will be completed in about eight months and hopes an immediate start will be made so that foundations and footings can be poured before severe frost hits the area.

See Baboon Cancer Study Breakthrough

Nov. 7/63

SAN ANTONIO, Tex. (AP) — Scientists have transplanted human cancer cells to baboons in what one authority calls a significant advance in the study of cancer.

The experiment will be discussed tomorrow at the first international symposium on the use of the baboon as a research animal.

The project is the work of the National Institute of Dental Research, at Bethesda, Md., Wistar Institute, in Philadelphia, and the Southwest Foundation for Research and Education, in San Antonio.

"This is a breakthrough," Dr. S. S. Kalter, head of the department of microbiology at the Texas foundation, said yesterday. "It can be as significant as we want to make it."

This is the first time, he said, that human cancer cells have been transplanted to an animal as close to man as the baboon. Most other cancer experiments have been on rats or mice.

"You can't interpret something from mouse to man," Kalter said. "But you can relate an experiment on a primate with man . . ."

Dr. J. Moor-Jankowski, of the dental institute's human genetics branch, will present the paper on the experiments with 20 baboons.

Diseased cells from cancer of the cervix are planted in an adult baboon's cheeks. The cancer cells cause enlarged lumps in the baboon's cheek that last about 10 days. Then the lumps start going away.

"True, it doesn't last," Kalter said in an interview. "But we've got a lead now, an animal in which we can observe the functions of abnormal cells. And once you've got a lead, you're on the right track."



Nov 2/63

Samuel A. McSpadden, a shops specialist at Norwich District High School, poses with his family after receiving Bachelor of Arts degree. From the left are: Karen, Mrs. McSpadden, Dennis, a third-year mathematics student at UWO, Mr. McSpadden, Douglas and Marlene.

Older Students in Limelight

Nov 2/63

For a university which is placing an increasing emphasis on making a university education available to older students, the annual fall convocation of the University of Western Ontario yesterday was an example of the real thing.

An estimated three fourths of those who received bachelor of arts degrees won them through years of extra-mural work while carrying on full time employment.

Most were teachers seeking to upgrade their qualifications in their chosen profession, but many others were adult special students who took up university work after years away from formal education. Some went to the university simply for the pleasure of learning.

An example of the latter was Mrs. Norma Hill, a university library worker, who began her quest for degree in 1955.

Mrs. Hill, a widow since 1931, saw her son, Richard, through university, and then determined to "follow in his footsteps." Yesterday, although her son could not be there, she graduated, with her daughter-in-law and one of her two granddaughters on hand.

Mrs. Hill took her courses at night school and during the past four summers she even travelled to other universities to take courses.

"I did it for fun," she said. "And it has been fun."

For Samuel A. McSpadden, 47, of Otterville, yesterday ended an undergraduate career that began in 1940. He continued to do some studying by correspondence during the war while in the air force.

Mr. McSpadden, a shop specialist at Norwich District High School, continued to amass credits, finally rounding out his work for a degree at two summer sessions. As a shop specialist he did not need a degree, but "I'd started it, and I wanted to finish it," he said.

Mrs. Dorothy Ann Quirt, of Orillia, also finally achieved her degree after a long interval. A public school teacher in Orillia, she had taken one year of university after graduating from normal school in 1934.

Her teacher husband, Alan began work for a degree just over five years ago. Mrs. Quirt managed to finish her work in the past three summer sessions.

Actually the whole family is concerned with university work right now. Mr. Quirt hopes to complete his final work in time to graduate at the spring convocation with their daughter, Dianne Laird, who is taking honors French and Spanish. Dianne's husband, Bruce, is currently studying toward a law degree.

Dr. G. E. Hall, president of Western, congratulated those who received degrees through extra-mural work.

Noting that many were teachers, he told them the university " . . . recognizes so well the tremendous obligation which the citizens of this country owe to the teachers in our primary and secondary schools."

"Theirs and yours is a primary responsibility, a responsibility for the teaching of our sons and daughters during the most impressionable years of their lives and for most of them, during their whole formal schooling period," he said.

Building Fund At UWO Now At $6,500,000

Nov. 6/63

The University of Western Ontario's building fund campaign is steadily approaching the target figure of $7,200,000 with almost $6,500,000 now on hand, Dr. G. E. Hall, president of the university, said yesterday.

In a report to workers in the alumni section of the campaign, Dr. Hall pointed out that alumni alone have subscribed $690,000 toward their $1,000,000 goal.

The remaining $310,000 is "not a formidable amount" and there is no doubt that when most or all alumni have contributed the alumni section will "go over the top," he said.

There are now 130 organized alumni campaign areas in Canada and the United States, many of them just getting under way.

The $1,000,000 alumni pledge is to be used specifically for a large auditorium to be named Alumni Hall.

Estimated cost of the building program is $36,400,000. A large part of this amount will be supplied by provincial and federal governments.

Doctor Urges Electronic Warning System For Heart Patient

Nov 7/63 Nov. Nov. 7/63

By DEL BELL
Free Press Staff Reporter

Coronary patients may receive a new lease on life if Victoria Hospital Trust agrees to a proposal outlined by a London doctor.

Dr. G. N. Manning, an assistant professor of medicine at the University of Western Ontario School of Medicine and head of the cardio-vascular unit at the hospital, last night made an eloquent case for introduction of a cardiac intensive care unit in the hospital—a sort of fire alarm system for coronary cases.

Dr. Manning explained that if doctors can reach a patient within four minutes after a possibly fatal coronary attack, there is a chance of resuscitation and hence, revival.

He told trust members that a coronary unit is used to monitor patients for a period of 48 hours after admission to hospital. Since experience has shown that two-thirds die within this period.

He explained that there are two methods of monitoring patients — with an around-the-clock staff of nurses or with electronic equipment.

He said he feels the electronic system — it would cost between $12,000 and $13,000 for a four-bed hookup — was cheapest and he admitted, with a grin, probably more reliable.

He said under the electronic unit, a patient would be wired into an alarm system located in the nurses' station. When the coronary occurred, an alarm — "like a fire alarm" — would be sounded and doctors could be alerted to start immediate resuscitation attempts.

He said a unit in Toronto—using nurses primarily — had resulted in three lives being saved. In effect he said, the three — one a university professor now back teaching — had died and were revived. "It's not difficult to resuscitate" he stressed. "The point is to be there in time."

He estimated doctors have a maximum of four minutes to resuscitation after the patient dies. "Once the heart stops, it's important to get some circulation going," he said.

"We might not save more than two or three a year" he said, "but that's two or three patients who would die otherwise." He estimated that of the two-thirds who will die within 48 hours, perhaps eight to 10 per cent could be saved by the unit.

Dr. Manning suggested introduction of a two-bed unit initially. "We should crawl before we run," he said. "I don't envision any structural changes would be necessary for the installation. The unit has to be mobile to a degree."

Trust chairman T. W. Baker told Dr. Manning that "I suspect you've had a sympathetic audience listening to your presentation." But, he said, a decision will not be made until a later meeting.

In other business, the trust:

Acknowledged a bequest of $500 to the War Memorial Children's Hospital from the estate of the late Mrs. Jessie L. Trethewey, of London;

Approved the purchase of 100 staff lockers at a cost of about $2,000;

Acknowledged a grant of $3,473 from the federal government, its one-third share of the $11,000 cost of structural changes to house the new cobalt bomb unit. The provincial government and Canadian Cancer Society share the remaining two-thirds of the cost.

Fears Hospital Bed Shortage

Sees Medicare Doctor Training Curb

Nov. 12/63

Passage of Ontario's medical care plan would affect detrimentally the training of new doctors, Dr. B. L. Hession, chairman of public relations for the London Academy of Medicine, said yesterday.

Passage of the bill will result in loss of the indigent patient, he said, vital for practical training essential to medical students. Under the proposed plan each patient will have his or her own doctor, he said.

Dr. Hession and Dr. G. R. Girvan, also of the academy, spoke to the London Chapter of the Insurance Institute of Ontario at Hotel London.

Dr. Hession said that at no time have Ontario's doctors opposed medical coverage for all patients. On the contrary, he said, the bill "is the result of deliberations between the Ontario Medical Association and the doctors.

In part because of the value of indigent patients, Dr. Hession said doctors have never petitioned the government for payment of all services offered. He said doctors have been content "to charge those able to pay and not charge those unable to pay."

Dr. Girvan outlined the effect of the Ontario Hospital Services Act on hospital care in Ontario. He mentioned four classifications of beds — active, convalescent, chronic and domiciliary.

The need for domiciliary beds is increasing, Dr. Girvan said, yet this type of bed is not covered by the act. He also decried the number of active beds, costing between $25,000 and $35,000 each, used by convalescent patients while there exists a major shortage of the latter which cost between $10,000 and $12,000 each.

Dr. Gervan said London is afflicted with a shortage of chronic beds (about $7,000 each) and most of those available are taken by domiciliary patients. He said St. Mary's Hospital and Parkwood Hospital together provide about 450 beds intended for use by chronic patients.

Much of the bed shortage in London could be alleviated, he said, with more domiciliary beds. Available beds in London are the House of Providence, with 225 on completion of the new wing; Mason Villa Hospital, with 32, and McCormick's Home for the Aged, with 75.

T. N. Johnson, of Toronto, president of the Insurance Institute of Ontario and Treasurer of the Insurance Institute of Canada, presented awards at the dinner meeting.

Received as associates of the institute were Michael Fox, Frank Laws and Terrence McCullough; received as fellows were William Croyne, James O'Rourke and W. Alex Thomson; receiving a trophy for highest marks in first year of the institute course at the University of Western Ontario was D. A. Kissack.

Geoffrey Redshaw, a recent immigrant from England, was presented with a certificate representing acceptance to the Chartered Insurance Institute of Great Britain. He had passed his examinations before coming to Canada and the certificate was forwarded to London.

President Eric Liversage was chairman of the meeting.

Women Today



Sorority Trophy

Nov. 9/63

Dr. Anne Fanning, of Montreal, received the Zella Fawkes Trophy for outstanding contribution to university and sorority life last night at the initiation banquet of Gamma Phi Beta Sorority at the Latin Quarter. From left, are: Dr. Fanning, Mrs. Dorothy Smith, guest speaker and Lean Leola Neal.

Sorority Honors Woman Doctor For Service

Dr. Anne Fanning, of Montreal, received the rarely-awarded Zella Fawkes Trophy for outstanding contribution to university and sorority life last night.

Presentation was made at the annual initiation banquet of Gamma Phi Beta Sorority at the Latin Quarter.

Dr. Fanning is the daughter of Mr. and Mrs. Edward Fanning, Wortley Road.

A 1963 graduate of medicine, Dr. Fanning was on the Dean's Honor List and was a World University Service of Canada scholar. She held honor awards from the Hippocratic Society and the University Student Council and was a 1961 candidate for the "queen" of the Arts and Science Ball.

Dr. Fanning held office in the sorority and was a member of nine university committees and organizations.

Speaker at the initiation banquet, honoring 28 new members, was Mrs. Dorothy Smith of the Board of Education. Guests were Dr. Leola E. Neil, Dean of Women, and Dr. Mary Wright.

A dance was held for 120 members and their escorts later at the sorority house on Talbot Street.

Plan Medical Supply A-Shelter at Guelph

Nov. 12/63

GUELPH (CP) — A fallout-proof shelter will be built here for the health and welfare department for storage of medical supplies to be used in the event of a nuclear attack or other emergency, it was learned yesterday.

Guelph Terminal Warehouse won the contract to have the 80,000-cubic-foot building constructed on its property. Joseph Heffernan, owner of GTW, said Welcon Limited of Guelph will construct the shelter and an industrial storage warehouse with a 320,000-cubic foot capacity will be built on top of it.

The shelter will have 12-inch concrete walls and will be partly underground. There will be a reinforced concrete slab between the basement and the first floor.

Officials said Guelph was selected as the site for the emergency building because it is convenient to Hamilton, London and Windsor. They said other warehouses are to be built, but locations have not been announced.

KOEGLER — Dr. and Mrs. Sig Koegler wish to announce the arrival of their son, Peter Arno, at Victoria Hospital on November 9, 1963. A brother for David, Trevar, Paul and Susan.

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THE UNIVERSITY OF WESTERN ONTARIO

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ANNUAL AUTUMN CONVOCATION

(the 190th Convocation of the University)

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THAMES HALL

•

Friday, November First
nineteen hundred and sixty-three
at three-thirty o'clock

THE ORDER OF PROCEEDINGS

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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 Very Reverend K. B. Keefe offers the Prayer of Invocation. The placing of the Mace by the Esquire Bedel before the Chancellor signifies that Convocation has commenced.

The Vice-Chancellor will present to the Chancellor for the degree of Doctor of Laws *honoris causa*

GEORGE FREDERICK KINGSMILL

Dr. G. F. Kingsmill will address Convocation.

Candidates of all Faculties and Colleges, for degrees in course and for diplomas and certificates, will be presented to the Chancellor by the Vice-Chancellor.

The Very Reverend K. B. Keefe 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 tea will be served in Somerville House to the members of the graduating class, their parents and friends, the members of faculty and the governing bodies.



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venient to Hamilton, London and Windsor. They said other warehouses are to be built, but locations have not been announced.

DEGREES IN COURSE

THE FACULTY OF GRADUATE STUDIES

DOCTOR OF PHILOSOPHY

Ronald Leslie Buchanan, B.Sc.
Chemistry

Robert Douglas Hare, B.A., M.A.
Psychology

Jagmohan Singh Jhooty, B.Sc., M.Sc.
Botany

Takuji Kimura, B.Sc., M.Sc.
Zoology

Waldemar Klassen, B.Sc., M.Sc.
Zoology

Richard Garth Pews, B.Sc.
Chemistry

David Johnston Royle, B.Sc.
Botany

Kathleen Margit Stavraky, M.D.
Preventive Medicine

Jack Warwick, B.A., M.A.
French

MASTER OF ARTS

Albert Hillary Bartley, B.A.
French

Willard Francis Dillon, B.A.
History

Maria Johanna Christina Faber, M.O.a.
English

Mario Rinaldo Faveri, B.A.
Psychology

Louise Henrietta Forsyth, B.A.
French

Ruth Elizabeth Hyatt, B.A.
Psychology

Luis Lozano, B.A.
French

Sikhumbuzo McGlory Maqubela, B.A.
History

Joseph Austin May, B.A., M.A.
Geography

Gertrude Kearns Sanderson, B.A.
French

Anna Stepaniuk, B.A.
English

MASTER OF ENGINEERING SCIENCE

George Douglas Raithby, B.E.Sc.

MASTER OF SCIENCE

James Franklin Buchanan, B.Sc.
Pathological Chemistry

Dale Eliot Buckley, B.Sc.
Geology

Paul William Eby, B.Sc.
Pathological Chemistry

Margaret Ruth Graham, B.H.Sc.
Physiology

John Harro Hartog, M.D.
Medical Research

Shirley Ann Haycock, B.Sc.
Physics

John Aubrey Leslie, B.Sc.
Geology

John Cameron Lewis, B.A.
Zoology

Archibald Kenneth McQuillan, B.Sc.
Physics

Thomas Hulme Pearce, B.Sc.
Geology

Victor Edwards Sells, B.Sc.
Physics

Roderick Pataudi Singh, B.A.
Zoology

THE FACULTY OF MEDICINE

DOCTOR OF MEDICINE

Bernard Stanley Glass

Harry Hudson, B.A.

Victor Polywjanyj, B.A.

THE FACULTY OF ARTS AND SCIENCE

MIDDLESEX COLLEGE

BACHELOR OF ARTS
(General Course)

John Edwin Boyd
Cleda Edwina Bursaw
Terry Harvey Gray
Anthony Kenneth Crossley Heinbuch

Stuart Childs Mackay-Smith
Barry James Mackenzie
Bevan Melvin McNeil
Stewart Hill Purdon

Suzanne Purves
Frederick John Rhodes
Lillian Caroline Smith
Robert Bruce Waite

COLLEGE OF MUSIC

BACHELOR OF ARTS
(General Course with Music Options)

Kenneth John Schultz
Mary Isabelle Sinclair
Christiane Angelika von Hochstetter

UNIVERSITY COLLEGE

BACHELOR OF ARTS
(General Course unless otherwise indicated)

James Hifumi Abe
Geoffrey Douglas Adair
Jean Edna Aiken
Douglas Leroy Andersen
Honors Geography
Ralph McLachlan Andrew
Phyllis Ann Antoniuk
Richard David Aspinall
John Henry Barnaby
Carl Elgin Beckstead
Donald William Bell
John Miller Bell
Lary Sheldon Belman
Robert George Bice
Barbara Anne Biffin
Marjorie Elaine Blake
Paul Alexander Borden
Margaret Rea Breen
Marjory Marie Briggs
James Anthony Brown
Gary Irvin Chandler
Margaret Joyce Chant
Judy Ann Coleman
Secretarial Science
Lewis Joseph Contini
Ann Marie Cooper
Charles Frederick Cooper
Myrrl Frederick Cornelius
John Brian Crick
Betty Lou Cull
Lois Isobel Cullis
John Esdaile Cunningham
Donald LaVerne Currie
Lavern Ernest Dempster
John Stuart Dollar
Donald Kenneth Draper
David Alan Drinkwalter
Miriam Lois Drinkwalter
Rodger Louis Dusky
Elizabeth Eastwood
Kenrick Edward
James Henry Effer
Richard Alexander Elliott
Maurice Cecil Enright
Charles Oliver Fairbank
Sylvia Marie Faw
Francis George Fowler
Norma Audrey Francis
Secretarial Science
Edward Frances Gaffney
John Adam Gradish
Gordon Bruce Hall
Norma McNiece Hill
Leon Joseph Hishon
Ewert LeRoy Houghton
John Pritchard Howe
Clare Samuel Jantzi
John Jepson
Gordon Cress Kaufman
Arvo Albert Ketola
Mary Louise Kingham
Geza William Kocsis
Margaret Kukucka
John Joel Legate
George Sidney LeMasters, M.D.
Elias McKerroll Lemon
James Peter Liabotis
Ruth Leslie Lindsay
Gordon Ellis Little
Earl Crawford McCulloch
Shelagh McCullough
Arthur Wilburn McDonald, B.Ed.
William Logan MacDonald
Marion May McKay
Donald Buchanan MacLean
Samuel Arthur McSpadden
Raymond Charles Masterson
Philip Henry Meretsky
Patricia Ruth Merrill
William Ian Miller
Kenneth George Andrew Moir
Thomas Moore
Jennie Marie Morue
Richard Clare Moss
Charles James Mowat
Gordon Allan Mullin
Aldo Edward Narduzzi
John Colin Nash
Honors Physical and Health Education
Archie Akira Nishimura
Robert Orr
Robert Winston Pearson
Ronald Stanley Polsky
Dorothy Anne Quirt
Leon Reginald Renouf
Peter Brian Rice
David Taylor Rivers
Eldred Rose
Faye Rusnell
Frank Alexander Sargent
Denis Francis Schmelefske
Stephen Arnold Secord
Stanley Alan Wesley Shier
Ladiston Max Skube
Jerry Edmund Smith
Ralph Edward Snowsell
Philip William Sorrill
Foster Mott Stark
Robert Thomas Steele
Paul S. Stein
George Robert Strople
Allister Claude Stuart
David Michael Tate
Edward Stewart Taylor
Marjorie Anne Tomlin
Nancy Carolyn Turner
Anton Charles Voorhoeve
William Harold Wallace
Maribell Alma White
Secretarial Science
Susan Mary Ann Wiener
Thomas Wolder
John Bailey Yelland
Edward Arthur Young

HURON COLLEGE

BACHELOR OF ARTS
(General Course unless otherwise indicated)

Robert Eric Bailey
David Michael Burke
Laurence Robert Cousins
John Douglas Cunningham
Sharon Jane Downey
John Stephen Enlow
John Robert Finlay
John David Fowler
Robert Elwood Gower
Graham Anthony Haley
Arthur Robert Henderson
Pre-Theological General Course



structed on its property. Joseph Heffernan, owner of GTW, said Welcon Limited of Guelph will construct the shelter and an in-

venient to Hamilton, London and Windsor. They said other warehouses are to be built, but locations have not been announced.

David William Humphries
Judith Anne Keller
Ronald Clarke Lindsay
Daniel McLachlin
Linda Joan McMullen
Margaret Anne Malowney

Angus Rymal Mitchell
John Thomas Morgan
Henry Daniel Radcliff Nelles
Walter Edward Peters
Pre-Theological General Course
Barbara Playfair Pogue

James Louis Saddler
William Jaffray Smith
William John Smith
William Gerald Strongman
Mary Katherine Tompos
David John Wilson

ST. PETER'S SEMINARY COLLEGE OF ARTS

BACHELOR OF ARTS

ST. PETER'S SEMINARY
(Honors Philosophy)

James Harry Malone

Walter John Schoenhofer

COLLEGE OF CHRIST THE KING
(General Course)

Harold Stanislaus Bart
Richard William Crummer
David Lawrence Denomy

James Donald Feeney
Edward Stanley Hinca
Peter Richard Wilton Isaacs
David William Kent

Francis Anthony Lanza
Murray Carman McCormack
Ernest Victor Romain

BRESCIA COLLEGE

BACHELOR OF ARTS

(General Course)

Pierina Caverzan (Sister Frances Cabrini)
Rachel Devolder (Sister Michael Joseph)
Frances Dianne Kieffer

Elizabeth Lozon (Sister Thomasine)
Yolande Marie-Therese Luistermans
Irene MacDonald (Sister Francis Carmel)
Patricia Noonan (Sister Raphael)

Joanne Louise Norrie
Home Economics
Elizabeth Mukami Wanjui

THE SCHOOL OF BUSINESS ADMINISTRATION

BACHELOR OF ARTS

(Honors Business Administration)

David MacKenzie Brown

Thomas Michael Hall
Glen Harold Heximer

Fraser Dickson Rewbotham

THE FACULTY OF ENGINEERING SCIENCE

BACHELOR OF ENGINEERING SCIENCE

Ronald Harley Bartley

THE FACULTY OF LAW

BACHELOR OF LAWS

D'Arcy Graham Luxton, B.A.

Ernest William Popovich, B.A.

THE SCHOOL OF NURSING

BACHELOR OF SCIENCE IN NURSING

Margaret Louise Atkinson
Mary Margaret Beattie
Catherine Isabell Christie
Mary Margaret Gillies

Edith Ann Gilmore
Elizabeth Ann Ho
Shirley Margaret Mary Mitchell
Helen Irma Marie Pearson

Ruth Margaret Pittman
Frances Susan Quin
Dora Sarlo
Helen Isabel Stockton

PRESENTATION OF DIPLOMAS

MUSIC GRADUATE IN PAEDAGOGY

Donna Lea Bjorgan, B.A.
Gail Patricia Crocker, B.A.
Judith Anne Hickson, B.A.
Arlene Elizabeth Johnstone, B.A.
Evelyn Jeanette McKinley, B.A.
Betty Anne Petz, B.A.
Kenneth John Schultz
Mary Isabelle Sinclair
Christine Angelika von Hochstetter
James Henry White, B.A.

DIPLOMA IN NURSING EDUCATION

Donna Corinne Coffey
Katherina Helen Mary Elizabeth Crosbie
Donna Carol Olive Marshall
Shirley Elizabeth Robertson
Dorothy Jean Underhill
Monica Patricia West
Doreen Esther Wohler

DIPLOMA IN NURSING SERVICE ADMINISTRATION

Helen Ruth Brown
Marjorie Christine Cook
Dorothy Helen Davis
Margaret Janet MacLean
Ana Magdalena Mate
Betty White

DIPLOMA IN PUBLIC HEALTH NURSING

Shirley Blanche Abell
Dorothy Vivian Aitkin
Margaret Elizabeth Elliott
Rina Gettas
Rose-Marie Paquerette Hachey
Patricia Jane Legate
Audrey Geraldene McGillivray
Barbara Catherine McLeod
Rose Marie Pierson
Eleanor Elizabeth Stubbs
Judith Lehmann Sutherland



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THE UNIVERSITY OF WESTERN ONTARIO

FACULTY OF MEDICINE

REMEMBRANCE DAY SERVICE

November 11th, 1963

NATIONAL ANTHEM

PRAYER - Rev. M. A. Bury

HYMN - God of Our Fathers

God of our fathers, known of old,
Lord of our far-flung battle-line
Beneath Whose awful hand we hold
Dominion over palm and pine--
Lord God of hosts, be with us yet,
Lest we forget--lest we forget!

The tumult and the shouting dies;
The captains and the kings depart:
Still stands Thine ancient sacrifice,
An humble and a contrite heart.
Lord God of hosts, be with us yet,
Lest we forget--lest we forget!

For heathen heart that puts her trust
In reeking tube and iron shard,
All valiant dust that builds on dust,
And guarding, calls not Thee to guard,
For frantic boast and foolish word--
Thy mercy on Thy people, Lord!

FLANDERS FIELDS - Bill Williams

LAST POST - Barry Hobbs

TWO MINUTES SILENCE

REVEILLE - Barry Hobbs

HYMN - O God Our Help in Ages Past

O God, our help in ages past,
Our hope for years to come,
Our shelter from the stormy blast
And our eternal home:

Under the shadow of Thy throne
Thy saints have dwelt secure;
Sufficient is Thine arm alone,
And our defence is sure.

Time, like an ever-rolling stream,
Bears all its sons away;
They fly forgotten, as a dream
Dies at the opening day.

O God, our help in ages past,
Our hope for years to come,
Be Thou our guard while troubles last,
And our eternal home.

BENEDICTION - Rev. M. A. Bury

La Marsh Reports Talks on Smoking Slated Nov. 25-26

Nov. 15/63

OTTAWA (CP) — Health experts and tobacco industry officials will meet here later this month to discuss "the reported connection between smoking and lung cancer," Health Minister LaMarsh told the Commons Thursday night.

She said some 60 delegates will attend the conference Nov. 25-26 to exchange views and sound out possible areas for "co-operative action."

Miss LaMarsh, who gave up cigarette smoking herself earlier this year, referred to the conference as she opened Commons discussion on her department's huge spending budget of $1,204,910,550 in the current fiscal year.

She said delegates will include officials from provincial health departments, some provincial education departments, voluntary organizations such as the Canadian Medical Association and the Canadian Cancer Society, and representatives of the tobacco growing and manufacturing industries.

She reiterated the government's "firm intention" to introduce a contributory, portable pension plan—a measure now stalled by the need to work out a compromise between it and the Ontario and Quebec pension plans.

The pension question will come before the federal-provincial fiscal conference opening here Nov. 25.

Also before the conference will be three of the main welfare programs in which her department is involved — old age assistance to needy persons aged 65-69, disability and blindness allowances — in which the cost is shared with the provincial governments.

Doctor Says Adolescent Standards Are Reflection of Parents' Attitude

Nov. 16/63

The standards of adolescents are often a striking reflection of their parents attitude toward them, Dr. William Downe, psychiatrist at St. Joseph's Hospital, told a meeting of Sir Adam Beck Home and School Association. For instance, if the child is liked by his parents, he likes himself, and vice-versa.

"Children start out being directed (verbally) by their parents, and as they grow begin to be influenced more by standards that have become a part of their psychological make-up," he said, adding that general terms of right and wrong are absorbed from the parents.

"Any time parents find a quality in their child bothering them," said Dr. Downe, "they will likely find the same quality in themselves." He said the most effective way of dealing with such undesirable traits is to pause and look for them in oneself, rather than "just stamping them out" in the child. This way, both parties benefit.

Dr. Downe was introduced by R. A. Gladwell, and Sidney Leech thanked him.

Miss L. K. Dolan was presented with an inscribed book, in recognition of her service as [illegible] Association librarian. Mr. and Mrs. [illegible] Keast, former students, presented the gift on behalf of the Home and School

Surgery Pioneer Credits Drug

Nov. 23/63

TORONTO (CP) — A Toronto doctor who pioneered many feats of major surgery Thursday credited much of his success to a drug.

Dr. Gordon D. W. Murray who performed Canada's first blue baby operation, said an anti-coagulent called Heparin enabled him to blaze his successful trail.

His research, he told the annual meetings of the Canadian Heart Foundation and Canadian Cardiovascular Society, began with a laboratory explosion at the University of Toronto.

As a result of this explosion, a young man lost his arm when gangrene set in.

"I thought 'what a pity'," said Dr. Murray, now retired, and determined he would do something about it.

Experimenting with Heparin, he used commercial needles and ordinary silk thread to suture arteries in dogs.

When he moved on to arteria grafts, other doctors told him: "You are mad."

In the early 1940s he performed an arterial graft on a car accident victim at the Toronto General Hospital where he headed the cardiovascular department. It worked.

Then, with a personal outlay of some $10,000—no grants were available for any of his research—he built an artificial kidney and soon moved on to perform Canada's first kidney transplant.

"Heparin was the key to the whole thing," Dr. Murray told about 100 doctors at Thursday's meeting.

Tuberculosis Battle Must Continue

Nov. 15/63

FOR years the forces fighting tuberculosis have been scoring such impressive successes that most of us have come to the conclusion that the battle against what used to be one of the worst killers was about over.

Then in 1962, for the first time in many years, both the number of deaths and the number of new cases in Canada showed an increase. It was not marked, but sufficient to jolt us out of our complacency.

In this field, as in many others, eternal vigilance is the price of survival. Only by keeping a careful lookout for new cases and using modern methods to treat them quickly can the disease be kept in check. The most satisfactory method so far devised for achieving this is the mass survey.

In this district the survey is financed through the Christmas Seals. By supporting the Christmas Seal campaign we take out insurance against the spread of tuberculosis.



AT CANCER SOCIETY MEETING — Principals at the annual meeting of the London-Middlesex unit of the Canadian Cancer Society last night were, from left: Lt.-Col. O. M. Fuller, retiring president; Dr. T. A. Watson, director of the cancer clinic at Victoria Hospital, guest speaker; Gordon Benson, new president; and Sister Elizabeth Grace, director of nursing at St. Joseph's Hospital.

Nov. 13/63

Treating of Cancer at First Symptom Now Believed Not Soon Enough

Treating for cancer when the first symptoms appear may not be early enough, Dr. T. A. Watson, director of the London Cancer Clinic, said last night at the annual meeting of the London-Middlesex unit of the Canadian Cancer Society.

"Early diagnosis may not be this at all, but in reality late diagnosis," Dr. Watson said.

Research had led experts in the cancer field to believe that in many cases when the patient first comes in for treatment his condition is far advanced. This advancement could be anywhere from three months to seven years.

One way by which cancer could be detected before it has produced common symptoms was through a mass X-ray examination of normally healthy persons, Dr. Watson suggested.

Much of the problem of advancing research in cancer is the fact that researchers are unable to gather sufficient data. Before any significant steps can be taken in deriving factors common to the development of cancers, masses of information must be available to researchers.

At present, said Dr. Watson, this is impossible. The reason being that many cancer cases are treated privately and not through the central clinics which are able to record cases and build up a mass of data for statistical purposes.

Mrs. J. S. Gibson, chairman of women's services; J. H. Walters, chairman of medical advisory, and O. M. Fuller, chairman of nominations.

rie suggested that Ontario along with other areas would do well to follow the example of Saskatchewan which treats more than 90 per cent of that province's cancer patients through its central clinics.

Though advertising and other media "lead us to believe" that a breakthrough to the cure of cancer is "just around the corner", Dr. Watson told the meeting, "a 100 per cent cure is impossible." There are some varieties of cancer which are incurable by any medical means, he said. There are also varieties in which cure can be expected only as an outside chance.

The area in which research can most likely show results is the study of the type most common to women—breast cancer, Dr. Watson said. With this variety of cancer, researchers could expect to get possibly the greatest amount of data, with the added advantage that an advance in this area would be of the greatest value to the population as a whole.

In the long run, the only solution lies in the field of research, he said. Researchers must have data and facilities available if they are to do their jobs and this means beaming financial support of cancer societies in this direction, Dr. Watson said.

The new executive of the unit includes: G. W. Benson, president; O. M. Fuller, past-president; F. O. Kime, vice-president; W. E. Davies, treasurer; Mrs Allan Rush, secretary; T. A Dickinson, chairman of educa ion; J. Norman Alexander hairman of campaign; Charles uffin, chairman of extension;

Secondary Schools Survey Shows Still Much TB Infection at Large

Nov 15/63

By COL. ERIC HARRIS
Manager, Beck Memorial TB Association
London and Middlesex

There is still much TB infection at large in London. That is shown by the fact whereas the TB infection rate for pre-school children is less than half of one per cent, the rate of TB infection for students of Grade 12 in London secondary schools goes at times as high as eight per cent.

Where do our children acquire such TB infection during their school years?

It can only mean that there are many unfound active TB cases in London spreading infection to anyone to whom they come in contact.

TB prevention work is detective work to find these hidden active TB cases, to treat them, to cure them, and so to have the threat removed from the life of the city.

Much detailed work is necessary, and there are many ways in which TB cases are looked for.

Whenever one TB case is found, for example, all the regular family and other contacts of the person concerned are listed, and arrangements made for them to be TB tested. Often additional cases are found in this way.

Only recently, to quote one case, in the families of two of the children in schools who had shown a positive reaction in their regular tuberculin skin tests, two mothers were found who had active TB.

In another case, where a student was found with active TB, no cause for infection could be found in the immediate family, but two weeks later, an adult cousin, who often visited the family, was found to have active TB.

This kind of TB prevention detective work is being car- ntinuously in Lon- Middlesex County. t, TB, while not and even not yet each year, is be- check.

all being made ough the wide use s Seals through- munity. Everyone using Christmas naking a contribu- work of finding, those with active infection. It re- er from the lives ren and of our-



ttawa Speaker

University Women's Club heard a talk, "The Minds of Men" by Dr. bert Pottle, principal research officer with the Department of National lth and Welfare, Ottawa, last night. He was guest at a dinner party at home of Mrs. Claude McCallum, Baker Street, before the meeting at te Institute. From left, Mrs. John Gwynne-Timothy, president, Dr. Pottle and Mrs. McCallum.

Nov 15/63

hreat in Oil-Rich Libya f Inequality of Wealth

Discovery of oil in Libya poses a dangerous internal threat although it is making the African nation financially secure, says a former welfare adviser to the country.

Dr. Herbert Pottle, of Ottawa, said there will be a "volcano ready to erupt" if inequality of wealth builds up in Libya.

Nov 15/63

Revolution, he said, ferments in the gap between the very rich and the very poor.

Because of the danger that the rich will get richer and the poor will get poorer, Dr. Pottle said the United Nations, particularly its welfare program, is still needed in Libya.

Dr. Pottle, who was in Libya in 1961 with the UN's technical assistance program, spoke last night to the University's Women's Club in Shute Institute.

He recently became principal research officer with the Department of National Health and Welfare in Ottawa.

Although Libya is 96 per cent Moslem, Dr. Pottle said Islam no longer has a strong hold on its youth. They consider it more a part of their national heritage, than a religion or a way of life.

"If Islam is put down, don't take it for granted that Christianity will take its place," he said.

He said Islam will have to conform to the changes taking place in the country, a former possession of Italy.

Libya is a great concern of the UN, he said, and is receiving all of its major services.

As a social welfare adviser, Dr. Pottle's work was to survey the relief situation, plan a long-term welfare policy and recommend Libyans for fellowships and scholarships in other countries.

Place 50,000 Envelopes In Mail Today To Open Annual Christmas Seal Campaign

Nov 15/63

More than 50,000 envelopes will be mailed today to London and area residents, the first step in the 1963 Christmas Seal campaign designed to raise financial support for the work of education, research and treatment in the fight against tuberculosis.

The first Christmas Seal campaign in Canada was inaugurated in 1908. At that time, tuberculosis was approximately 50 times as prevalent as it is now, easily the leading cause of death. Although the incidence of the disease has fallen rapidly, there were still 785 deaths last year and more than 6,000 new cases. This is convincing evidence that the public cannot afford to become complacent about the disease.

Complete eradication of the disease is the goal of tuberculosis associations across Canada. The associations hope to do this through persistence and common sense. The persistence is in finding new cases and following up former patients, making sure they are not having a relapse. The common sense is in getting all concerned to use the diagnostic and treatment services which are available.

Money Needed

Money is also required. Last year more than $56,000 was spent on clinics, research, education and associated costs in London and Middlesex County.

This money, acquired through the Christmas Seal campaign, was utilized for free TB clinics in London, Strathroy, Glencoe, Parkhill and Dorchester. It also paid for health education pamphlets and meetings, the Beck Memorial Sanatorium outpatient department, the patients' library, welfare costs, Christmas and Dominion Day canteen credits to patients and grants for clinic equipment.

Fees to the Ontario TB Association, and the Canadian TB Association, a grant to the Ontario Tuberculosis Association for research, the continuous TB survey of Central London, the Middlesex rural survey and administrative costs accounted for the remainder.

Continuing Fight

The fight against tuberculosis is a constant one. The key to how long it will take to control tuberculosis lies in the fact that there are millions of Canadians who have been infected with tuberculosis germs. The estimate is that a third of the population has encountered infection. It is hoped that less than five per cent will ever break down.

A child of 10 infected now may go through life without the infection advancing to disease. On the other hand he may break down 50 years from now. Thus there is the need for constant vigilance.

In early Christmas Seal campaigns the theme, "early discovery means early recovery," was stressed. When the development of miniature X-ray film made chest X-ray possible on a mass basis, even more emphasis was laid on the importance of early diagnosis, both from the standpoint of the patient who has a better chance of getting his health back and his contacts who were not in as much danger of being infected if the disease was discovered and treated before symptoms developed.

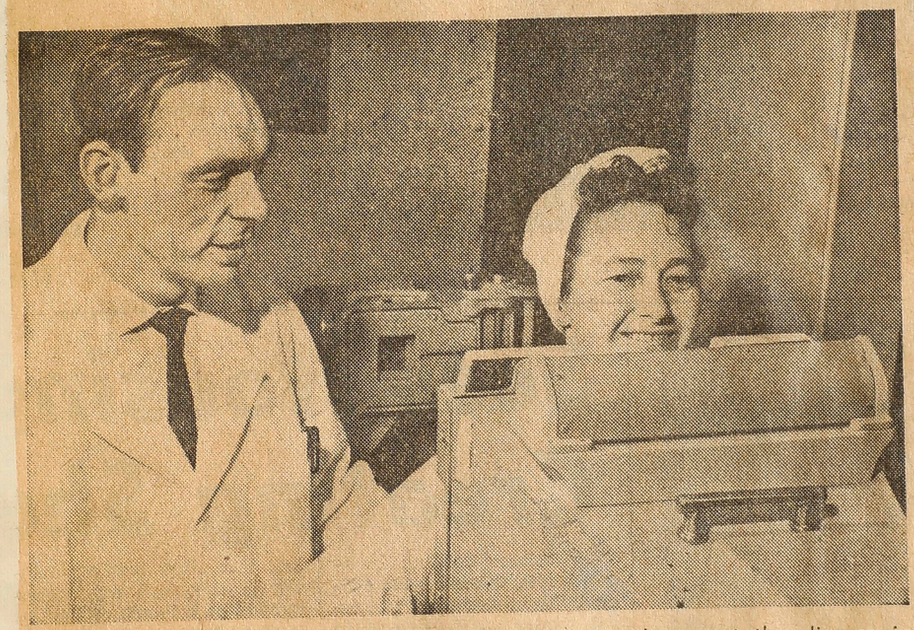
There are still thousands of Canadians sidestepping this information. Despite the availability of clinics, patients still are found with far-advanced disease before starting treatment. This keeps the chain of infection going.

Stress Treatment

In recent campaigns, another point has been stressed as well. That is the importance of patients continuing treatment after discharge. Time spent in a sanatorium for the average patient is often only six months, but treatment time can be 18 months to two years.

During this time the patient takes drugs at home. To an outsider this looks easy: To the person who has to take 20 pills a day it is not. It is difficult, especially as the patient feels well. Neglect spells trouble. Relapse is dangerous not only to the patient but to those around him.

The Christmas Seals campaign is designed not only to raise money but also to educate the public that tuberculosis is preventable. Now is the time to share in prevention. Buy Christmas Seals.



CHEST X-RAYS — Free tuberculosis clinics, designed to spot the disease in its early stages, take a major slice of the funds raised by the Christmas Seal campaign. Last year more than $56,000 was spent on clinics, including chest X-rays and skin tests, research, education and associated costs in London and Middlesex County.

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...ne suggested that Ontario along with other areas would do well to follow the example of Saskatchewan which treats more than 90 per cent of that province's cancer patients



DISCUSS MENTAL HEALTH PROBLEMS — At a Southwestern Ontario rally of mental health workers in London Saturday were, from left: Mrs. William C. Duffus, Kitchener; Miss Viola Cook, Chatham; Donald Sinclair, executive director, Ontario Division, Toronto; Dr. Benjamin Goldberg, staff psychiatrist, Children's Psychiatric Research Institute, London; Mrs. Kent Griffin, Aylmer; and Victor Kinsman, Sarnia. Rally sessions were held at London Teachers College.

Nov. 18/63

10 Per Cent of London School Children Said Attending Special Classes

About 2,500 London children — 10 per cent of the city's elementary school enrolment — are attending special classes for either gifted or retarded or disturbed children, a psychiatrist said Saturday.

Dr. Benjamin Goldberg, staff psychiatrist at the psychiatric Research Institute, said London has one of the country's more progressive public school systems for looking after the gifted child, the retarded child and the emotionally disturbed child. He was addressing volunteer workers and board members of the Southwestern Ontario region of the Canadian Mental Health Association at London Teachers' College.

London Director of Education W. D. Sutton last night estimated that such special instruction was being given to seven per cent of the enrolment. He said 250 students are in classes for the gifted; 24 are in three classes for emotionally disturbed; the remainder of the seven per cent are in opportunity classes.

Dr. Goldberg said the city's board of education and local psychiatrists have come a long

way in recognizing the need for special educational facilities and techniques needed to deal with the problems among school-age children. NOV 18/63

Tracing the development of mental health treatment of youngsters, Dr. Goldberg said there have been three phases to date and a fourth is just being entered. The first concern, about 1909, was the public awareness of delinquency problems. The second was the 1919 development of child guidance clinics. The third was the development of child phychiatry from 1941 to the present.

The new era being entered consists of family therapy, Dr. Goldberg said. In this field there will need to be greater co-operation and co-ordination among family doctors, psychiatrists and teachers. This work is being developed at the London research institute and other places, Dr. Goldberg said.

Dr. Goldberg said physiotherapy of retarded and emotionally depressed children centres on making the children develop an insight into their problem and accept their fate and place in the world.

Dr. Goldberg said child psychiatry has not yet reached the point where the retarded child can be cured. He said brain tissues are the only tissues in the body which do not regenerate.

Where the retardation results from physical defects, surgery can sometimes cure the child, he said, "but a vast number of retarded children are not curable."

The rally, attended by about 50 persons from centres in Western Ontario, was to give branch board members and volunteers a chance to study programs and discuss the operation of White Cross centres and branches.

Curtis Smout, provincial field representative of CMHA, discussed "Public Education Programs" with board members. In the afternoon, Donald Harris, executive director of United Community Services, London, spoke to the board members on "Facilities and Services in the Community."

In the morning, the volunteers were told about "Volunteer Programs Outside the Hospital" by Mrs. Ruth Sherman, executive director of the Middlesex branch of CMHA. In the afternoon Miss Shirley Campbell, of the Ontario Hospital, St. Thomas, spoke to the volunteers on "Volunteer Services Within the Hospital."

Let Reason Rule, Says Dr. Chisholm

Nov 19/63

IMMATURITY of emotions is one of the great perils besetting this inspiring and dangerous age Dr. Brock Chisholm, noted Canadian sleep-disturber told a gathering of scientists and community leaders in California.

Emotion maturity has not kept pace with man's facility for reason and technical ability, Dr. Chisholm said. Yet emotion continues to dominate reason, a dangerous circumstance in an age when mankind has the power to destroy itself.

The former head of the World Health Organization, who once assailed the tendency to nurture human beings on a world of myths, such as the sometimes misplaced myth of Santa Claus, now attacks the idea of "letting conscience be your guide." Conscience, he says may be an unreliable guidepost since it is often solidified at about the age of six, and by an accident of birth.

Dr. Chisholm might agree that myths are useful as myths, and in their proper context. Consciences are of inestimable value, if allowed to grow.

He believes that the dominance of reason over emotion is a necessity in a world threatened with extinction. He sees every hope, however, in the fact that while this generation is the first to be threatened with total destruction, it is also the first with the technical ability to take charge of its own destiny. To achieve the latter course will require an ordered mastery over the wild emotions which seethe between nations and within nations. Dr. Chisholm believes it's time to grow up.

Insecticides Pose Challenge to Medicine

Nov. 1963

NO MAN ever ingested DDT voluntarily, except in a laboratory experiment, but most of the world's population is becoming exposed to this insecticide whether or not it wants to be.

Dr. Luther Terry, Surgeon-General of the United States Public Health Service, has underscored the warning sounded in Rachel Carson's "Silent Spring" in his Bronfman Lecture to the American Public Health Association Convention.

In the twenty-odd years since the use of DDT became almost universal, traces of the poison have been found in fish from points as widely separated as Japan and Iceland, and in wildlife north of the Arctic Circle.

As Dr. Terry points out, the tide is already irreversible, and since the cumulative effects of DDT are still unknown, "we are just beginning to understand the health hazard that results from the gradual accumulation of minute quantities of chemicals from various sources over a lifetime."

Miss Carson stressed the danger that Dr. Terry refers to. The use of insecticides and pesticides has proliferated so rapidly that the science of medicine has been left far behind. Physicians are not trained to look for or recognize illnesses caused by these chemicals; a whole new field of therapy remains unexplored.

It may be years before the art of healing can catch up with these undiagnosed ailments which have resulted from the ever-growing and indiscriminate use of some of the most lethal poisons known to science.

Necessary though they may be, they have not been an unmixed blessing, and mankind is going to pay a heavy price before both their use and their ill effects can be brought under proper control.

Need for More Nurses Said Pressing

Nov. 19/63

OTTAWA (CP) — The executive secretary-treasurer of the Ontario Hospital Association said yesterday that more trained nurses must be provided soon or hospitals will have to hire persons "with less formal skills than any responsible administrator would ever desire".

S. W. Martin, of Toronto, told the opening session here of the Canadian Institute of Hospital Administration that facilities for educating nurses must be expanded as quickly as possible.

In the light of the present shortage of graduate nurses in Ontario it appeared that "increasing quantities of care will have to be provided" by persons who are not trained.

He was addressing 120 delegates from Canada and the United States attending the five-day gathering.

The real challenge of the situation, Mr. Martin said, was how to maintain the morale of senior and other graduate staff members of the nursing department when greater and greater case loads have to be inflicted on them."

The only honest thing hospital administrators could do was to "take the public into their confidence and admit that they may not be able to supply the type of service they would like, but that they will do their best with the resources available."

Mr. Martin, who spoke on the topic of "significant trends in hospital administration", also said that the question of maximum use of hospital facilities "was one of our foremost Achille's heels".

"Critics of rising hospital costs have long pointed out the obvious fact that expensive capital facilities will operate just as well if used continuously, and over the long haul more care can be provided more people if such facilities can be manned for six or seven days a week instead of five."

"Greater attention will have to be given to enlarging the ability of the hospital to serve through more full and active use of existing facilities."

Earlier in the day, Mayor Charlotte Whitton brought greetings to the institute from the City of Ottawa and Dr. Stanley Haidasz, MP, who is parliamentary secretary to Health Minister LaMarsh, brought greetings from the federal government.

Other speakers on the opening day of the institute's conference were Dr. J. Wendell MacLeod, executive secretary of the Canadian Association of Medical Colleges, and Dr William W. Wigle, president of the Canadian Medical Association.

Little Danger Seen In Pesticide Residues

Nov. 20/63

OTTAWA (CP) — The public needn't worry about the immediate effects of eating foods sprayed with insecticides, a United States expert on poisons told the Commons food and drug committee yesterday.

"As far as pesticide residues in foods are concerned, things appear to be under good control and we have reason to be optimistic about the future," said Dr. J. M. Coon, head of the pharmacology department at Jefferson Medical College, Philadelphia.

But he said there are some long-term questions for which science doesn't yet have the answers. These involved the possible effects of pesticide residues consumed with food over a lifetime.

"Is the population being slowly poisoned? Is there some insidious unrecognized toxic action? Will cancer develop in large numbers of people, or has it developed already from eating pesticides? Is there another thalidomide episode lurking among our pesticides?"

Dr. Coon said it is likely that many people have eaten DDT on food for as long as 15 years without sign of harmful effect.

"But 15 years is not a lifetime of a human being."

Furthermore, science wasn't sure that the results of tests on animals were valid for humans. The long-term questions that had been raised couldn't be answered conclusively on the basis of present knowledge.

"However, on the basis of our present knowledge, we can afford to be optimistic rather than pessimistic. The results of our present methods of toxicological investigation still give us much confidence as far as the safety of man is concerned."

Dr. Coon said there still is "much room for improvement" in the use and regulation of pesticides.

He suggested that instead of labels on pesticides which state "harmless when used according to instructions," the label should warn: "Harmful unless used according to instructions."

There should be efforts to develop selective pesticides which were more toxic for pests and non-toxic for man, and to develop non-chemical pest controls.

Replying to Dr. P. B. Rynard (PC-Simcoe East), Dr. Coon agreed there should be examinations and licensing of persons who do insecticide spraying on farms on a commercial basis.

But he disagreed with the suggestion of Rodger Mitchell (L-Sudbury), a pharmacist, that pesticides should be sold only through licensed retail outlets and not be available on "supermarket shelves."

Dr. Coon said that would be "going pretty far."

Periwinkle Drug Arrests Leukemia

Nov. 22/63

LONDON (Reuters) — The killer blood disease leukemia has been successfully treated with a chemical extract of the Madagascar periwinkle, a tropical trailing plant, the medical journal Lancet said here yesterday.

Two London physicians — Dr. John Martin and Dr. Nigel Compston — reported that when 19 adult patients were treated with vincristine sulphate, extracted from the plant, the majority of them responded quickly.

Four patients showed no evidence of leukemia and returned to normal life. Tumors were reduced by half or more, or the leukemia was largely controlled, in seven cases. Five other cases showed lesser improvement.

Treatment brought rapid results, often within three to seven days.

Ten patients suffering from Hodgkin's disease (Lymphoma) also showed partial or complete remission after being treated with the substance.

The periwinkle plant attracted attention because of its West Indian reputation as a herbal cure.

"While it would be quite misleading on the basis of this study to claim that the malignant process treated can be satisfactorily controlled for long, there is no doubt that very rapid and sometimes complete remissions can be obtained," the doctors said.

Faults in Ontario Rehabilitation Noted in Medical Journal Report

Nov. 20/63

TORONTO CP)—Many gaps exist in Ontario's rehabilitation facilities, says an article in the current issue of the Canadian Medical Journal.

The article by two Toronto doctors, C. M. Godfrey and A. T. Jousse, says that although rehabilitation is commonly referred to as a new method of treatment, the fact is that it is not new. Rather, it is a concept governing the total care of the sick—from bed to job placement.

Rehabilitation means doing what needs to be done to get the patient functioning again, the article says. If there is a gap anywhere in the continuity of the treatment program the patient will tend to relapse—to fall between two areas of treatment and become an invalid.

Need More Staff

In some areas, the article says, facilities are grouped too closely together, necessitating transport of patients from great distances.

Also, there was a great shortage of trained personnel and little provision for mentally ill patients in existing rehabilitation centres.

The concept of rehabilitation embodies the belief that the physician charged with the care of a patient must assume responsibility for his management through all phases of treatment essential to his well-being.

This process begins with diagnosis and leads to medical or surgical treatment. Evaluation of the result of therapy may in certain instances indicate the need for a restoration program.

The article states that although this duty is recognized by many practitioners, they are too often dismayed by the amount of time such management may take.

"A patient with rheumatoid arthritis may require six months to recover from an acute attack and another six months of restorative treatment in order that he may work with his disabled hands."

Must Follow Up

Can the normally over-worked physician take responsibility for directing all aspects of this management?

"He not only can, but he must," say the two doctors.

Too often, after the acute phase of illness has passed, there is a temptation to transfer responsibility for the patient's care to other members of the health team—the social worker, the speech therapist or the district nurse.

Purpose of the report was to assess the rehabilitation facilities currently available in Ontario which can be utilized by physicians for the benefit of their patients.

There are 124 hospitals across the province which now have physiotherapy departments. Major vocational rehabilitation services are provided through the rehabilitation services branch of the Ontario department of public welfare.

Rehabilitation counsellors are stationed in cities such as Toronto, Hamilton, London, Ottawa and Fort William, while other areas are serviced by travelling counsellors.

To promote the rehabilitation of patients with speech problems, special centres are being developed throughout the country, the article notes.

General hospitals in Toronto, Hamilton, London, Windsor, Kingston and Ottawa have organized departments of speech therapy and the Ontario Hospitals for the mentally ill also employ a staff of speech therapists.

"Rehabilitation services are at present available on a scanty basis throughout the province," the article concludes.

"In certain areas there are few or no facilities for physical restoration, speech therapy, job assessment, psychiatric care or provision of braces or artificial limbs.

"Most centres are located in the larger cities but even in communities where the greatest number of rehabilitation services exist, they are barely adequate and there are waiting lists for admission."

He told the agency workers mental retardation or serious emotional disturbance affects four per cent of the population. This, he said, makes it more serious than most other diseases among persons under the age of 21.

Already the institute has treated children of 1,600 families in 10 Western Ontario counties, "yet we haven't even started to scrape the top of the problem," Dr. Koegler said.

Following Dr. Koegler's address the USC representatives discussed other problems facing them and possible solutions. Colin McEachern, director of the Family Service Bureau, reported the USC rehabilitation study committee felt there was little opportunity now for a community-wide agency to provide workshop facilities for people with limited mental or physical capabilities.

Mr. McEachern advised consideration was being given to the establishment of a committee to co-ordinate the activities of such workshop groups that existed or might be formed.

A committee to study problems of the transient aged in London has been formed by USC and is working closely with the London Rescue Mission but no report research progress was made.

May Need Hom For 'Disturbed' Area Children

Nov. 21/63

The numbers of emotionally disturbed children ing in family and juvenile court may soon force Lo develop some formal residential institution to care fo representatives of agencies of the city's United Co Services were told last night.

Dr. S. J. Koegler, clinical director of the Psychiatric Research Institute for Children, London, told some 50 persons referrals to the clinic from the juvenile court have almost reached the stage where its facilities are overloaded.

Speaking to a general meeting of the USC, held to discuss common problems facing the 29 member agencies, Dr. Koegler said "the community has to play a very increasing role in this field; you can't expect the province to do it for you."

The work of the institute, he said, is twofold: To try to diagnose the particular problem facing a child; and to conduct research which may lead to methods for preventing much retardation, or emotional disturbance, or both.

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He suggested that Ontario
along with other areas would
do well to follow the example
of Saskatchewan which treats
more than 90 per cent of that



ASHTRAYS PROVIDED — Ashtray sits on table, but no one appears to be using it at the federal-provincial conference on smoking and health in Ottawa. Many attending the conference smoked as usual. From left, are: Dr. A. D. W. Cameron, deputy health minister; Health Minister Judy LaMarsh; and Dr. K. C. Charron, direector of health services. (AP Wirephoto)

Nov. 28/63

$400,000 Program Planned To Divert Children From Smoking

OTTAWA (CP) — A $400,000 program to divert young persons from the smoking habit before they ever start is being prepared for the approval of the federal and provincial governments.

Federal Health Minister Judy LaMarsh told a press conference yesterday that the federal government has allocated $400,000 to the program and another $200,000 for research for a total grant of $600,000.

Some provinces are spending money in this field already and what they or others want to contribute will be up to them.

She spoke at the end of the 1½-day Canadian conference on smoking and health which —over arguments of the tobacco industry — accepted for most part that there is a link between cigarettes and lung cancer.

confer with the industry about tailoring their advertising to meet the conference conclusions.

"Oral-audio seduction, if it exists, I would hope would be withdrawn voluntarily," she said.

It had been "really a remarkable trend right across the country in the acceptance of available evidence and the urgency of taking action."

At the same time, she paid tribute to the tobacco industry, which represents $100,000,000 in farm income in Ontario and to some extent Quebec, while providing federal and provincial tax coffers with more than $400,000,000 annually.

Miss LaMarsh noted that the industry started contributing to a research program in 1954 and had donated $300,000 so far although $100,000 was not yet spent.

She repeated that the objective is to stop people from smoking before they start. "Who knows? They might be able to take the deleterious components out of smoking?"

In the Commons, Miss LaMarsh said that part of the $200,000 for research on lung cancer would go towards a study of motivation — what prompts people to smoke.

The $600,000 program for research and education would be covered by an appropriation to be introduced later in the Commons, she added.

The industry and the Nova Scotia delegation said this remains a theory rather than a fact. Quebec took a qualified position, pledging co-operation while holding that research is also needed into non-smoking factors.

The tobacco industry promised to support an education program aimed at discouraging children from smoking but opposed any government drive designed to eliminate cigarette smoking completely.

John M. Keith, president of the Imperial Tobacco Company of Canada, told reporters the industry's support for such a program — including financial contributions, if asked — depends on what kind of education drive is launched. It should be positive, factual and operated within the school system — not one-sided, biased or general.

The committee, yet to be established, will plot how to spend the $600,000 federal grant. It will comprise federal, provincial medical and industry representatives and submit its program to the 11 governments for approval.

Miss LaMarsh said she presumes that at a later stage experts under the program will

Poison Control Centres in Hospitals Said Inadequate, Worse Than None

Nov. 27/63

OTTAWA (CP) — Some hospital poison control centres are so inadequate that they are more dangerous than none at all, the Canadian Agricultural Chemicals Association said yesterday.

The association of about 55 pesticide manufacturers, formulators and others in the production field said inadequate poison control centres can waste valuable time in emergencies. A few competent centres — with a main base in Ottawa to ensure full information on the expanding list of available weed, insect and other killers — would be preferable.

The association was appearing before the special Commons committee on food and drugs, which is examining the factors involved in growing use of chemical poisons commercially and in homes.

Michael Chevalier, general manager of the association, said it has been a matter of pride in some hospitals to establish poison control centres.

But these required around-the clock staffing by specialists, a careful index of all the available poisons and other facilities which cost money. Some of these centres, he said, are just not good enough.

Thus, it would be safer in some cases to have a few adequate centres that could be depended upon to lay down qualified and prompt information in emergencies.

Jack Roxburgh (L — Norfolk), a fruit farmer, called the statement an eye-opener.

P. B. Rynard (PC — Simcoe East), a medical doctor, said a "very weak point" is that a farmer can buy and use chemical poisons without any check on his competence other than the label which must satisfy federal approval.

L. A. Miller, senior technical officer for Shell Canada Limited, said it is extremely difficult to control this by legislation.

Mr. Miller agreed with Warner Jorgenson (PC — Provencher) that the domestick or home user of sprays and poisons is the one tending to disregard safety suggestions on labels. Farmers, Mr. Jorgenson said, are mindful of the high cost for one thing and usually underdose in extensive sprayings.

H. S. Smith, association president and general manager of Chemagro Corporation, said the association's interpretation of abuse is a case for example, where a certain chemical would be applied closer to the harvesting period than recommended — thus raising possible residue problems.

Mr. Chevalier said it seems difficult legislatively to administer more detailed poison labels. Psychological and other factors were involved in striking a balance between what the housewife would take time to read and what was necessary to get across instructions for proper usage.

But he suggested discussions among makers, consumers, governments and packagers to establish standards.

The association rejected a suggestion that retail sales potential — as indicated by earlier testimony to the committee — may be impaired by labelling precautions.

"We are all ethical people and we wouldn't sacrifice safety for the dollar," said Mr. Miller. He added that some consideration has been given to putting the telephone numbers of poison control centres on labels.

$5,000 Donation Starts JFK Memorial Fund

Nov. 27/63

Free Press Wire Services

TORONTO — The John F. Kennedy memorial fund for retarded children — a "living monument" to the slain president of the United States — received a $5,000 head start Monday with a donation from a Toronto businessman.

The donation was received by the Canadian Association for Retarded Children soon after President Robert F. Shaw announced establishment of the fund.

Mr. Shaw said the fund will finance research, education of medical experts and development of new techniques to aid Canada's estimated 600,000 mentally retarded children and adults.

The fund, fostered by a num-

ber of government officials ar others who had direct conta with Mr. Kennedy, would be "singularly appropriate mem rial."

Through the Joseph P. Ke nedy Jr. Foundation, the Ke nedy family has poured mo than $20,000,000 into combatti mental disease.

R. Sargent Shriver, execut director of the foundation, cc mented in Washington that " members of the Kennedy fam are deeply grateful to the p ple of Canada for their sponta eous start of the John F. K nedy fund for retarded ch dren.

"It is consoling and it is spiring."

Shriver is a brother-in-law the late president.

Tobacco Tax Bite to Curb Smokin

Nov. 27/63

FROM the several hundred million dollar excise levy the federal government collects on cigarettes, Health Minister LaMarsh says $600,000 will be allotted to anti-tobacco education among young people and for research. This grant followed declaration by representatives of eight of our provinces that there is a proven relationship between smoking and lung cancer.

ments for approval. For the province that does not contr tensively to this tobacco tax.

The committee will inclu bers of the tobacco industry. seem that they are being in see their business slaughtered; may not be so. The trade has ed wide interest in research, exact content of the fag tha

Ontario Cancer Group Ge $63,607 From Local Uni

Nov. 30/63

The annual report of the London - Middlesex Unit of the Canadian Cancer Society shows that three - quarters of its total receipts of $86,516 were used for research, fellowship and grants.

The financial statement for the period ending Sept. 30, 1963, shows $63,607 was turned over to the Ontario division to be disbursed for these purposes.

During the general canvass, $28,477 was raised in London and $15,304 in area branches throughout the county. Other sources included: In memoriam, $7,555; special names, $9,352; clubs and societies, $2,045; employee funds, $11,715; business and industry, $12,111.

A total of $22,954 was disbursed locally on education ($4,250); women's service ($11,377); campaign, ($4,498); and general overhead ($2,827).

Four Londoners were recently honored by the Canadain Cancer Society with the presentation of certificates of merit, an award granted by the national office on the recommendation of a provincial division.

They are: R. W. Robertson, past president of the London-Middlesex Unit, District 8 of the Canadian Cancer Society, Ontario division, and currently a member of the Ontario Cancer Treatment and Research Foundation; Mrs. F. A. Buskard, past chairman of the women's service committee for London-Middlesex Unit, District 8, Ontario division; F. O. Kime, chairman of ext chairman of the sion; and Dr. O. dean of the medic versity of Western a member of the b tors of the Ontari

Medicare Strife Easing in Saskatchewan

Nov 21/63

By RON MacDONALD

REGINA (CP) — The battle lines drawn by Saskatchewan doctors and the CCF government over the compulsory medical care insurance plan put into operation 16 months ago are blurring.

The tempered attitude of doctors, who once said they were unalterably opposed to compulsory medical care insurance in any form, is reflected in comments of Dr. E. W. Barootes of Regina, vice-president of the Saskatchewan College of Physicians and Surgeons, who last year was an outspoken critic of the socialist government's plan.

"The profession hopes that these differences of view that exist can be ironed out and modifications made so that the plan will be acceptable," he said in an interview. "There a some pretty deep philosophic differences but we don't wa to pick a quarrel."

In neighboring Alberta, a vo untary medical care plan wa launched Oct. 1. It provides gov ernment subsidies to help persons with low income buy medical care insurance from existing private companies that meet a government standard of services.

There has been no open opposition to the plan, worked out by the Alberta Social Credit government, doctors and insurance companies, but up to Nov. 6 only 131,000 of the estimated 425,000 eligible had applied for a subsidy.

Saskatchewan doctors in July, 1962, carried their violent opposition to the compulsory plan to the point of withdrawing normal medical services until the plan was modified to allow doctors to work under it only indirectly and to allow voluntary doctor-operated medical insurance agencies to continue.

Provincial Health Minister A. E. Blakeney says the possibility of changes in the plan is not excluded by the government.

"It is the government's view that the plan is operating successfully and will continue to operate successfully. It is obtaining a wide measure of public support and is beginning to gain acceptance among the medical profession," Mr. Blakeney said.

At its annual meeting in October, the college formally restated its objection to some aspects of the plan but made clear this continuing opposition will not prevent doctors from sticking to an agreement signed with the government in July, 1962, which ended the withdrawal of services.

Dr. Barootes, who probably will be the next president of the college, said it is hoped these remaining doctor objections can be quietly worked out with the government.

"I was thinking that in the not-too-distant future we might sit down with them for some discussions aimed at resolving the differences and irritations," he said. "We're trying to be quietly useful."

Mr. Blakeney has expressed hope that the plan "eventually will prove totally acceptable to all the participating parties."

"I think there are relatively few problem areas now."

The plan compels most of Saskatchewan's 900,000 residents to buy medical insurance. Dr. Barootes said the doctors' main objections now are that the plan allows too much government control in some areas and "has made it possible that physicians can be identified by their philosophical beliefs."

The latter objection refers to the fact that a minority of doctors work directly under the plan, submitting claims to the medical care insurance commission. The majority circumvent direct association by billing patients or insurance companies who in turn submit claims to the commission. The majority group includes those who bitterly opposed the plan in 1962.

Other government-doctor differences revolve largely around the mechanics of the plan's operation, the lack of coverage for certain X-ray services which the college feels should be insured, and the number of doctors who left the province because they didn't like the plan.

The college says so many doctors have left that the standard of medical care has deteriorated. The government questions college figures and says the standard of care has not slipped.

In September, the government announced a 50-per-cent reduction in one of the four levies that finance the $20,000,000-a-year plan. Personal premiums were reduced from $24 a year to $12 for families and from $1 to $6 for individuals.

Survey Shows Measles Vaccine Virtually 100 p.c. Effective

Nov. 27/63

MONTREAL (CP) — Two Montreal doctors say that a new measles vaccine studied here is nearly 100 per cent effective in preventing the disease.

Results of a two-and-a-half-year survey of children, described as the first of its kind in Canada, were reported by Dr. Hugh F. Brodie and Dr. Alan Ross, of the Montreal Children's Hospital.

In the study, 150 children were vaccinated with live measles virus, the doctors said. Ninety-three per cent had one or more symptoms following vaccination. Since the symptoms were "generally mild and limited," and offered future protection, the vaccine seemed to be a considerable advance in preventive medicine.

The doctors said they believe the live vaccine will give a lifetime of protection against measles. They were advising parents to have their children vaccinated with the live or killed vaccine, or a combination, depending on advice of the family doctor.

Since the study began, more than 500 Montreal children have been vaccinated.

The study at the hospital, directed by Dr. Brodie, was a joint research project with the department of pediatrics at McGill University and the Child Health Association of Montreal.

Research in this this field dates back to the isolation of the measles virus by Nobel Prize-Winner Dr. John F. Enders, at Harvard University, Cambridge, Mass., in 1954.

The vaccine tested in Montreal was developed in the United States as a result of Dr. Enders' work.

GORWILL — Born to Dr. and Mrs. R. Hugh Gorwill, a daughter, at Victoria Hospital, Nov. 26, 1963.

Doctor Says Work Best Following Heart Attack

Nov. 27/63

TORONTO (CP) — A Cleveland doctor said here heart attack victims should be able to return to work after recovery and reconditioning because people expend less energy on work than on leisure activities.

Dr. Herman K. Hellerstein, associate professor of medicine at Cleveland's Western Reserve University, said that with good treatment the death rate after a heart attack should be only three to five per cent.

Dr. Hellerstein was speaking at the annual meeting of the Canadian Cardiovascular Society.

One reason cardiac patients are not returned to work sooner is because society thinks there is something dishonorable in a man dying at work, he said. This feeling makes it reflect on the physician who has to advise him.

Dr. Hellerstein said that in the United States measurements of heart activity show few workers, except those with heavy manual labor like dockworkers, expend more energy in their activities than housewives. Most factory workers expend more energy walking to and from coffee breaks than they do in work.

The factors that decide whether a patient who has suffered a heart attack should go back to work are his ability and training, the state of his disease, his job, his family situation and the society he lives in.

Dr. Harold N. Segall, Montreal cardiologist, said doctors meet obstacles which tend to impede rehabilitation "when the wife discovers she can exercise great authority over the patient when she polices a severely restrictive program of therapy. Consciously or unconsciously, she may delay and postpone full rehabilitation."

He suggested that Ontario along with other areas would do well to follow the example of Saskatchewan which treats

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relaxes and goes to sleep. There is no harm in her coming in your bed in the morning if it is almost time to get up anyway.

* * *

Fruits will, for the time, have to replace the vegetables in her diet. All kinds of fruits, both cooked and raw. And instead of cereal try a ripe banana for breakfast.

Put the vitamin drops in her orange juice, she won't know it is there. Gradually give her tastes of vegetable, in the form of cubes of cooked carrot or a string bean or a few peas, until she likes the idea of eating these with her fingers.

Start giving her an ounce or so of milk by cup before you give the bottle. Increase the amount by cup slowly. Also, use milk in other ways, custards, junket, yogurt, cottage cheese — with added milk, milk soups and milk sauces so that you may be able to cut down on the amount from four to three

Radioactive Fallout Prevent Alarm

should be compared with average levels over an extended period, such as one year, rather than with a level observed at a particular time.

3. A typical example of misinterpretation occurs when a report shows that a radioactivity level of, say, iodine-131 has reached a high figure in a particular area on a single day. This level could be above the permissible maximum, based on continuous intake throughout a whole lifetime, and still not constitute a significant hazard to health.

4. Reaction to such a report might result in the claim that he area where the high level vas recorded was "hot." Closer xamination, however, often hows that the situation reirned to normal within a short me and therefore the high vel condition was of a transint nature.

Dr. Bird said high concentraon of iodine-131 on a single

The division expects these levels to be maintained in September but to decline in the later months of the year provided there are no more nuclear tests in the atmosphere.

The maximum permissible level for strontium-90 in the whole diet is about 80 picocuries a day absorbed continuously over a lifetime. If the milk figure can be accepted as an indicator of the dietary level, then the maximum permissible concentration in milk is about 95 picocuries per litre, which is equivalent to about 1¾ pints.

The average level of cesium-137 in August was 260 picocuries per litre compared with 239 in July and 187 in June. In this case the maximum permissible level is about 15,000 picocuries a day. If the milk figure can be accepted as an indicator of the dietary level, then the maximum permissible concentration in milk is about 6,000 picocuries per litre.

day probably was caused by particular atmospheric conditions which concentrated an unusual quantity of the isotope in the area. A health hazard could be created only if the high level of the one day was maintained in the area for a relatively long period.

"High levels of radioactivity for short periods do not constitute a health hazard. This is no cause for panic. Radiation levels must be maintained over long periods to cause a health hazard."

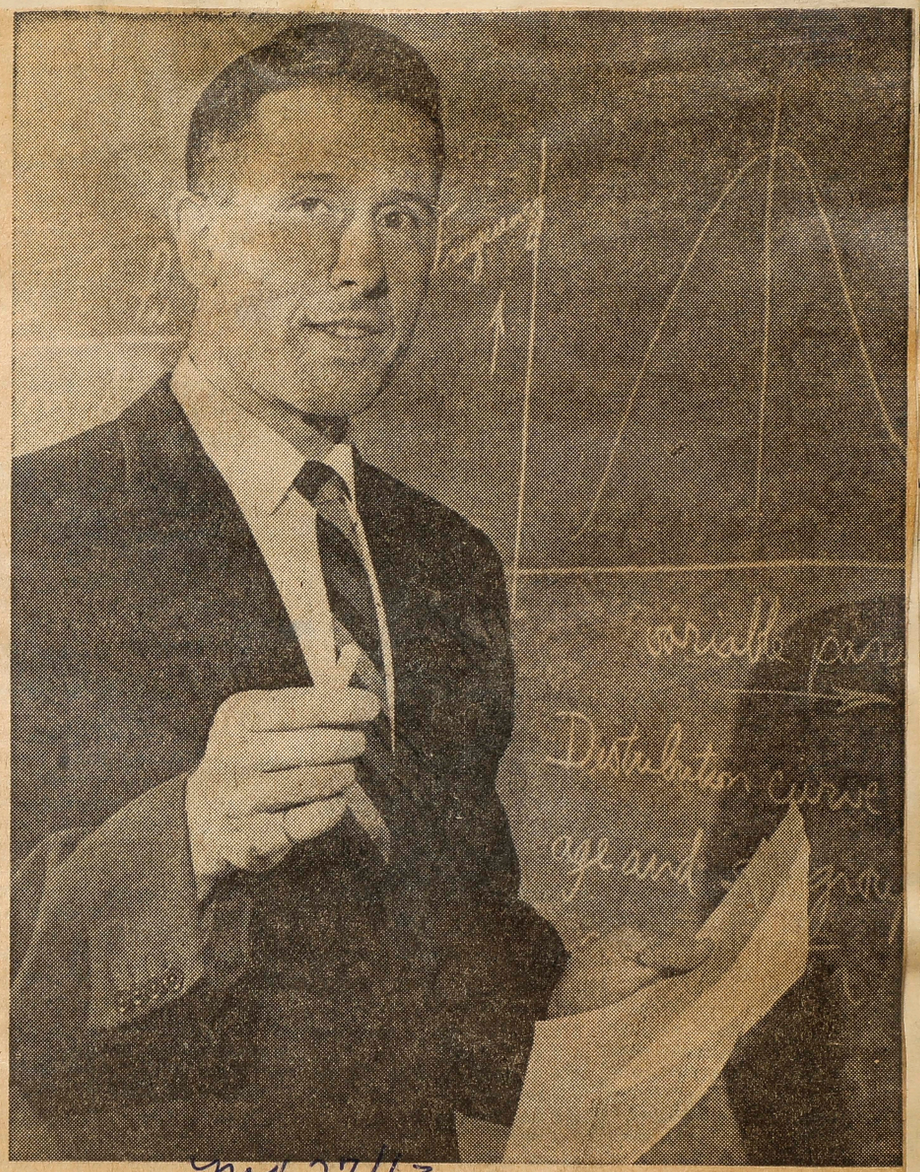
Levels of radioactivity now are recorded by the radiation division in picocuries, which replaces the unit micromicrocurie. A picocurie is one-millionmillionth of a curie, which is the measure of the radioactivity produced by one gram of radium.

Average levels of long-lived radioactive materials such as strontium-90 and cesium-137 now are at record highs in Canada. But levels of short-lived products, including iodine-131, are down sharply, some of them so much that they can hardly be measured.

The current levels of long-lived fallout were anticipated by the division as a result of the last Russian nuclear bomb tests in the atmosphere in December, 1962.

The decline in short-lived fallout, including iodine-131, also was anticipated. These types of isotopes decay in a few days and in some cases a few months after a nuclear blast.

The division's latest report is for the month of August. It shows that the average level of strontium-90 was 52.7 picocuries per litre of milk, compared with 46.4 in July and 45.2 in June.



Nov. 27/63

SAYS FALLOUT LEVEL NOT YET DANGEROUS — Dr. Peter Bird, head of the federal health department's radiation protection division, says present levels of radioactive fallout are not dangerous to human health. He said most alarm about fallout results from misinterpretation of the complicated monthly fallout reports published by his division. (CP Photo).

Applaud Acceptance Of Cancer-Smoking Link

Nov. 22/63

By ERIC FINCH
Free Press Staff Reporter

Probably the best result of the recently-completed Ottawa conference on smoking and health was the fact that federal and provincial health departments for the first time stated their acceptance of a link between cigarettes and lung cancer, says Dr. O. H. Warwick, dean of the University of Western Ontario faculty of medicine.

Dr. Warwick, who is vice-president of the National Cancer Institute of Canada, and attended the conference as one of three delegates from the institute, made the comments in an interview yesterday.

Q: Dr. Warwick, can you give your impression of the meeting, generally?

A: I think that the meeting served at least one useful purpose. Until now it has been the medical organizations and voluntary health agencies stating that there is an apparent relationship between cigarette smoking and hazards to health, particularly cancer of the lung. This was the first time that the federal department of health and the departments of health of the individual provinces, have stated their acceptance of the evidence that there is an apparent relationship between cigarette smoking and hazards to health."

Q: Do you, as a representative of the National Cancer Institute, accept the casual relationship between smoking and lung cancer?

A: I do, in the terms that have been made public by the National Cancer Institute of Canada, which is that the available statistical and epidemiological evidence of the association between smoking and lung cancer favors the conclusion that cigarette smoking is an important factor in the causation of lung cancer, and is largely responsible for the dramatic and continuing increase in the recorded lung cancer death rates.

As the tobacco industry has recommended, through the schools, or on a more-widespread basis, such as through newspaper, radio and television?

A: Well, I was not aware in the first place, that the tobacco industry had indicated any educational program. Perhaps it did say that if there was one to be carried out that it should be left to the schools rather than being headed up by voluntary agencies or the department of health.

Q: What do you think of that?

A: I think that if any effect is to be obtained it is probably through the school educational system that it can best be obtained, and it's a matter of placing the proper information in the hands of teachers—whatever the source of the information.

Q: What do you think of the attitude of the tobacco industry? Is it blind or is it adopting a realistic attitude?

A: Well, in this case, as in any other problem in which all of the evidence is not clear-cut, it's a matter for the individual or groups to express their own thoughts on what they consider the evidence shows. The tobacco industry has taken a very great interest in this, and I believe that it is their sincere belief that the evidence does not show a relationship.

I think it is fair to say that those of us interested in health matters can be biased in this respect. And I think it's fair to say too, that it is only natural that the tobacco industry can be biased.

Q: What advice do you have for parents—smoking parents, especially—who want to prevent their children from smoking?

A: I think the only way I know to answer that would be to say that because there does seem to be a hazard to health in the case of smoking, that whereas in the old days when those of us who are now adults were children, we went 'behind the barn' to smoke so that our parents wouldn't see us, perhaps the pendulum has swung and in the future parents may feel that, in the interests of their children, they should go 'behind the barn' to smoke, so that their children won't see them.

DILLON — Dr and Mrs. M. T. Dillon announce the birth of their son at Victoria Hospital, Nov. 25, 1963.

advertisements. Should there be such a campaign here, since advertising is considered to be an influence on children who might think of taking up smoking?

A: My only comment in this regard is that there is the worry on the part of some people that certain approaches sometimes do not achieve the effect that one hopes for. I think it's true to say that the campaign which was carried on in Britain fell in this category.

Q: How do you mean?

A: I believe that the action taken by one of the Canadian tobacco companies is commendable in that it presents a positive approach — namely that of withholding its advertising on television, restricting it to hours when it will not be seen by the large number of young children.

Q: Do you think this should have an effect for the better?

A: I think that it might, but I certainly don't know.

Q: Were you ever a smoker yourself?

A: Oh yes, I was a smoker for some years — not a heavy smoker.

Q: You stopped smoking because of your opinions on the subject?

A: No, I think I stopped smoking because I knew from experience, having given it up on several occasions and started again, that I felt better when I didn't smoke.

Q: Have you any advice for persons who want to stop smoking?

A: No, I think it's their own business. They have the facts and it's up to them to do what they wish.

Q: Miss LaMarsh has said that this campaign will not be as severe as the British campaign against smoking, which she called a severe one, especially with curtailment of tobacco



DR. O. H. WARWICK

Q: What do you think of the proposed program announced following the conference?

A: The second day of the conference was devoted to what might be done in a practical way. First of all, I'd like to point out that there was no abolitionist attitude on the part of any of the persons attending the meeting. Interest was shown in the field of education and research. It was decided to proceed with an educational program, designed to acquaint both the young and adults of the apparent hazards of cigarette smoking. People were interested particularly in education directed at young people. I was impressed with the statement of Dr. Medowy, a professor of pediatrics at the University of Manitoba who feels strongly that any educational program directed toward young people should emphasize the positive rather than the negative approach. In other words, the advantages of being a non-smoker rather than the disadvantages of being a smoker.

The other recommendation had to do with research. Considerable research has already been done in this field but the federal government has indicated that it is prepared to support research on the tobacco habit. The manner in which this might be done has not as yet been determined. It is a difficult field to study and really can be tackled only by psychologists, psychiatrists, and others in what are called the behavioral sciences.

Q: How do you think this program should be conducted?

Says Canada Medical Standards Declining

Nov. 29/63

OTTAWA (CP) — Dr. John F. McCreary, one of Canada's most prominent medical educationists, warned yesterday that Canada faces a national crisis in the field of medical education.

Dr. McCreary, dean of medicine and professor of pediatrics at the University of British Columbia, said that unless something is done to give medical education more support Canada will pay heavily in a reduced level of medical care in the near future.

The 1963 president of the Association of Canadian Medical Colleges was speaking to the voluntary committee on health of the Senate and House of Commons. The committee is made up of doctor MPs and senators and others with a special interest in medicine.

Dr. McCreary said Canada is not producing enough physicians and that the standard of those being produced had declined below what it was eight years ago.

"Despite the heroic efforts that have been made by universities to keep pace with what is going on in medical education in other countries, they are fighting a losing battle," he said.

"If we fail to keep pace with other countries in the support of educational opportunities in the field of medicine we will pay a heavy price in the years ahead in the quality of medical care available to us."

Dr. McCreary said one of the major problems arises from the fact that medical education has been founded on the existence of charity patients "and on these patients Canadian doctors have learned how to practise medicine."

However, when prepaid medical care is universal in Canada charity patients will cease to exist. How was Canada to provide patients on which the doctors of the future were to be taught?

He suggested that the solution was in the establishment of hospitals by universities with medical schools. Extra funds from the federal government must be made available to such universities to take care of extra costs involved.

"We believe that the standard of care in these small hospitals must be so high and so significantly above that available in other hospitals that the patients themselves will demand .that .they .be treated in these institutions."

This would ensure an available supply of patients for the training of doctors working under the supervision of highly qualified doctor teachers.

Dr. McCreary said a large number of bright students are not entering the medical profession because scholarships are available to them in other sciences. No such subsidization was available to medical students to obtain a doctor's degree, spend a year as a hospital intern and another four years of training to become a specialist.

"If Canadians are to receive adequate health care in the future the 12 universities which have taken on the responsibility for the education of physicians must have more assistance. I think it is appropriate that this assistance come from federal sources of funds."

There must be a significant increase in the support of the day-to-day costs of medical schools. A significant proportion of this could be taken care of by including the cost of clinical medical education in the diagnostic services and hospital insurance act.

Assistance also must be provided universities for the development of building both for teaching and for research. Universities must operate hospitals because community hospitals under medicare will have no charity patients.

Mentally Ill Aid Retarded Children

Nov. 29/63

By Alice Mulvey

HERE IN London at the moment is a building that rivals Santa's workshop. Officially it is known as the Middlesex Pavilion of Westminster Hospital and here every day from 1 to 3.30 p.m., patients from the psychiatric wing come and spend the time repairing and painting old toys and making them like new again.

About the middle of December a truck will take these toys for delivery to the Children's Psychiatric Research Institute at Byron. Although most of the gifts remain at the Institute, some are distributed to the Ontario Hospital School at Cedar Springs. And in this way the mentally ill person is helping to bring pleasure and happiness to the mentally retarded.

The idea originated about three years ago and a small section of the Middlesex Pavilion was opened as an experiment. At first it was hard to make the public aware that they were in need of broken or old toys, but gradually the word did get around. Then the people began to bring in the bicycle that had got broken, or a doll that needed fixing and a truck without wheels, and the patients were in business. Not for themselves only, but for the benefit of little ones who would never be normal.

The Boy Scouts heard about the need for toys and decided to lend a hand. Periodically they put on a drive and gather up the many things that other children discard or grow out of during the year. This in turn helps parents who are reluctant to throw away a good used, but no longer wanted doll buggy or toboggan. For them, the Pavilion is a source of disposal and they are happy in the knowledge that eventually it will be played with again by other less fortunate children.

The rebuilding of old toys has been of great therapeutic value to these men. They have derived an immense sense of satisfaction; it has helped them to understand that they are still needed and can be of use to others. It pleases them to think of children in an institution playing with the bright red fire truck they have just fixed and painted, or learning to ride a tricycle. About 8 to 14 patients take part in this daily program under the supervision of a trained occupational therapist and one remedial occupational assistant.

As there are some 90 children in residence at the Children's Psychiatric Institute, toys are always in demand. Thus an idea that was sparked within Westminster Hospital has proved beneficial in three ways, the most important being the rehabilitation of men who had thought they were forgotten and no longer wanted. Secondly, they provide a constant supply of much needed toys to an institution for retarded children, and thirdly, it is somewhere for parents to leave the things that their own children no longer want.

Unlike Santa's helpers though, these men will begin their work of rebuilding toys again right after Christmas, for there will always be a need for them at the Institute.

HAINES — Dr. and Mrs. D. S. Milton Haines are happy to announce the birth of a son, Thomas Robert, at Salzburg, Austria, on Wednesday, November 13, 1963. A brother for Martin and Alexander.

Sees Parents Aiding Study Of Retarded

Nov. 29/63

Free Press Chatham Bureau

CHATHAM — The mass of information provided by parents of 1,600 children who have gone through the London Children's Psychiatric Research Institute in its three-and-a-half years may yield significant clues in the search for causes of mental retardation, Dr. S. J. Koegler, institute clinical director, said here last night.

Dr. Koegler told members of Chatham-Kent and District Association for Retarded Children there is already some indication that influences early in pregnancy are causing the congenital abnormalities of both mind and body found in the clinic patients.

The research program is not only attempting to pinpoint these influences, but is studying the chromosome abnormalities which go with retardation.

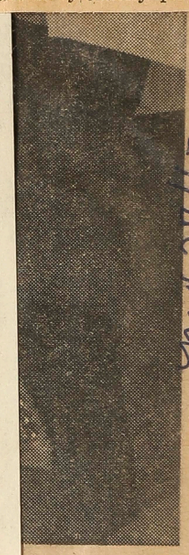
Dr. Koegler said lack of a universal testing program for "phenylkelonuria" is a cause for some concern. Although this factor may be responsible for only eight to 10 cases of retardation in Ontario yearly, a cheap and simple test would enable these children to grow up normally, at great savings to both parents and the community.

Dr. Koegler estimated cost of care of one retarded individual at $50,000-$100,000, while all Ontario babies could be tested for PKU at a fraction of that expense.

"The big thing in retardation is prevention, but we cannot prevent until we know the cause," the clinic director said.

The London institute — the only one of its kind in Canada, and a leader in research in mental retardation in this hemisphere—documents information on 14 children from the 10

Ryerson, 4 bedroom home with 1½ baths, 2 fireplaces, garage, etc. Substantial tax savings can be yours. Excellent NHA financing. See this home today by calling Ryerson, Cone-



SAYS FALLOUT LEVEL NOT YET DANGEROUS

Nov. 29/63

the federal health department's radiation protec
levels of radioactive fallout are not dangerous to
most alarm about fallout results from misinterpret
monthly fallout reports published by his

October, 1962.

The decline in short-lived fallout, including Iodine-131, also was anticipated. These types of isotopes decay in a few days and in some cases a few months after a nuclear blast.

The division's latest report is for the month of August. It shows that the average level of strontium-90 was 52.7 picocuries per litre of milk, compared with 46.4 in July and 45.2 in June.

The average level of cesium-137 in August was 260 picocuries per litre compared with 239 in July and 187 in June. In this case the maximum permissible level is about 15,000 picocuries a day. If the milk figure can be accepted as an indicator of the dietary level, then the maximum permissible concentration

History of UWO

Naming Medical Man as Western President An Innovation Among Canadian Universities

Nov. 30/63

By FRED LANDON

The appointment in 1946 of Dr. G. Edward Hall as fourth president of Western was the first occasion in Canada where a medical man became head of a university. McGill University recently did the same thing in the appointment of Dr. Rocke Robertson as its president, while the University of British Columbia varied the procedure by appointing a dentist, Dr. John B. MacDonald.

Yet more recently Dr. J. M. R. Beveridge, a graduate of Western Medical School in 1950 who later received his Ph.D. from the University of Toronto, succeeded Dr. Watson Kirkconnell as president of Acadia University, N.S.

Dr. Hall, born in Lindsay in October, 1907, was but 36 years of age when Western's board of governors named him as successor to Dr. W. Sherwood Fox, president since 1928. From high school Dr. Hall had gone to the OAC at Guelph and there received his BSA degree in 1929. From the University of Toronto he received his MA degree in biochemistry in 1931 and his MD in 1935. Graduate study in England and on the Continent led to a PhD degree in 1936 from the University of Toronto and service in the Banting Institute in Toronto where he rose to the rank of professor and was associated with Sir Frederick Banting in the latter's research leading to the discovery and development of insulin.

When the Second World War came, Dr. Hall was early drawn into special air force research at Ottawa and was the first non-combatant to receive the Air Force Cross. In January, 1945, as the war neared its end, he was appointed Dean of the Medical Faculty at Western and there soon impressed the University board of governors by his efforts to advance the quality of staff and the status of the school itself. His appointment as president in 1946, to take effect in 1948, was well received in London by both university personnel and by citizens generally.

* * *

Dr. Sherwood Fox had earlier expressed his desire to retire from the presidency in 1948 when he would have completed 20 years in that office. However, circumstances over which he had no control, forced him to change the proposed date of retirement to 47 and Dr. Hall accordingly ceeded him in that year, h he was not installed e until March 7, 1948, anniversary of the the original charter of the university to Bishop Isaac Hellmuth in 1878.

Dr. Fox had first come to Western from Princeton University as a classics professor in the fall of 1917. Thus, at the time of his retirement in 1947 he had given Western 30 years service. He had become Dean of Arts in 1925, had served as one of the Triumvirate of Deans for administrative purposes between 1925 and 1928 and had then been offered the higher post by his board of governors. He had seen men leave the campus during the First World War and had seen men return. He was to witness a recurrence of this during his last days as president.

* * *

The situation which confronted the incoming president, his board of governors and the faculties at the close of the Second World War was one of the most critical in the history of the institution. Thousands of young men were being released from military service, many of them former students, while great numbers of others were looking forward to educational goals.

How were the needs and the ambitions of these young people to be realized? How could a university campus which had been planned to care for a maximum of say 2,000 students provide for the immediate education of several times that number, much less care for the additional thousands who in the next few years would be headed for the same destination?

The Western world was experiencing what for lack of a better term we call the "population explosion" and as to how long its effects would continue no one could make any prediction. A new era had arisen in which the education of a nation's youth would rank first among its problems.

* * *

This was the situation in 1947 when the governors of the university turned for advice and leadership to the young scientist who for two years had been bringing about important changes in the faculty of medicine and who now was to face problems of greater magnitude in other faculties, schools and affiliated colleges. Older men, some of them original members of the staff, were now near retirement and their successors had to be chosen with discretion. The same was true of administrative officers, whose posts were due for change at this time.

Facilities for teaching that had served a couple of thousand students would not serve twice that number, particularly in the fields of science. Accommodation for teaching of physics and chemistry had been strained during the war years and had forced attention even before the retirement of President Fox. Dr. Hall had been dealing with a like situation at the medical school where new appointments had been made to the teaching staff and enlarged facilities provided for research.

The whole question of research and graduate studies was due for attention. Western had always been prepared to grant the Master's degree to capable students already holding their Bachelor's degree but until now had never been prepared to grant the doctoral degree. President Hall took early steps to appoint a dean of graduate studies and to set up a graduate studies committee to determine the regulations governing such higher degrees. Candidates soon appeared, particularly in the fields of medicine and other sciences. This has continued and in the current year more than 600 students are registered for graduate study and higher degrees.

The most clearly visible mark of the change during recent years lies in the university's building program. Londoners have witnessed the complete transformation of the campus as building after building has been added to increase the facilities for instruction and for the housing of students. Middlesex College, with its handsome clock tower, stands today opposite the original University College and has already had additional wings added. The Engineering Building and the beautiful Law Building have been added on the western edge of the campus, the latter the gift of Mrs. Josephine Spencer Niblett, of Hamilton, though Major-General A. C. Spencer, her brother, contributed to the cost of both these buildings. On the northern edge of the campus is a row of new buildings devoted to the sciences. Here also are the Kresge School of Nursing, the Cancer Research building and the new Medical Sciences building (now under construction). Grouped about the original University College are Stevenson Hall, the administrative centre, Somerville House, named after an early chairman of the board of governors, Thames Hall, the athletic centre, and the School of Business Administration building. On the south side of the driveway from Richmond Street stand two new residences for men, Medway Hall and Sydenham Hall. All the original buildings have been enlarged and the program yet ahead includes two new colleges, another men's residence, and a women's residence. Westminster College, situated on the old Hunt Club property, was erected by the United Church. It houses 240 students.

* * *

The actual progress of the university cannot be measured merely by the extent of its building operations. More severe tests than this must be applied. The post-war period has seen the foundation of several new universities in Ontario, three of them former affiliated colleges of Western. They are aggressive, ready to experiment and they are eagerly seeking capable staff for the student body that they are attracting. Where does Western rank today? The answer is that it has attained the rank of "great" among the universities of Canada. Its staff today includes men who are internationally known and who are contributing much to the life of the country. Its standards, always set high, have been well maintained. Moreover, it is still adventuring and is not timid of change. It is no longer a mere London institution. It is recognized today as one of Canada's leading institutions of higher learning.

* * *

Premier John Robarts in a recent address in London declared that the universities of Canada will have to do "three times as much for the youth of Canada in the 1960-70 decade as they have done in the whole previous 150 years." This will explain why Western facing its responsibility as the chief higher educational institution in Western Ontario is presently engaged in a campaign to raise a total of $7,200,000 for its needs already so evident in the great increase of its student body and the knowledge that these needs will be even greater in the years just ahead. In the financial campaign now under way the alumni of the university have committed themselves to raise $1,000,000.



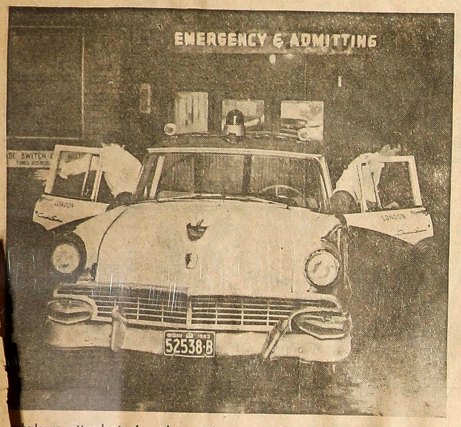
—Photo by Bill Barrett

DR. G. EDWARD HALL

- - - fourth president of Western

The London Free Press
SATURDAY, NOVEMBER 30, 1963
SECTION TWO
PAGES 17-26

EMERGENCY!



Ambulance attendants leap into action as another casualty arrives at Victoria Hospital's emergency department. Busy day and night, the department handled more than 33,000 cases last year.

There are no holidays in the emergency department.

Even on a quiet night in that relatively small corner of sprawling Victoria Hospital, tucked out of sight of the busy South Street entrance, the pace is gruelling.

And for 24 hours a day, 365 days a year, it never lets up.

• • •

Pick yourself a corner any night, slide out of the way of swishing nurses with that characteristically machine-gun walk and just watch.

6.40 p.m., a woman has something in her eye; 6.45, a child with a right arm injury; 6.50, woman with a nose bleed; 6.52, girl with an infected vaccination; 6.55 woman with a toothache.

The night, mirrored in the charts, has been unusually quiet so far, head nurse Mrs. Elizabeth Wicklund says. But in emergency, the calm can explode into a feverish storm as quickly as it takes an ambulance siren to moan into silence.

Nothing is taken for granted. Equipment is constantly checked and re-checked or packed away in sterilized cloth-bound trays for immediate use.

Life-Saving Equipment

Resuscitation, for example, is one of the vital jobs handled by emergency. Equipment ranges from the air-way a mouth-to-mouth respiration unit in common use today) to the more complex Ambu (an ambulator operated by simple hand pressure and equipped with facilities for providing oxygen intake).

The small electronic machine that looks like a portable television set with a patch-sized screen is called a defibrillator. If the heart beat stops, it is used to try and revive the beat via an electric shock. The screen provides an electrocardiograph of the heart beat.

Inside the green cloth-bound cardiac arrest trays are the sterilized tools a surgeon requires for the cut-down into the chest to conduct heart massage. In a kit, with a piece of tape labelled with the date of inspection and sterilization is the tracheotomy emergency set used in the operation into the windpipe to bypass an obstruction, facilitate respintion. If the tape is missing, the kit is rechecked on the spot and a new piece inserted across the clip that fastens it.

These are some of the ways the hospital gets ready for that never-announced life-and-death struggle that can start anytime in one of emergency's five minor treatment rooms (small operating rooms in their own right).

Dramatic? Of course it is. This is the stuff that television plots are made of. But there is much more to emergency. Whether it's a cold or pneumonia, a nose bleed or internal hemorrhage, patients — and there were more than 33,000 last year—receive the same dedicated medical care.

7 p.m., girl with cold; 7.30 p.m., woman with ankle injury; 7.40, another woman with another foreign body in another eye; 7.45, girl with cold and temperature of 104; 7.50, man with sore back; 8.10, child with high fever.

Intern and Shadow

The intern handling the steady trickle of problems is Dr. Leigh Naftolin, 26-year-old father of two. Trailing him like a shadow is Donald Lawrence, of Montreal, a 24-year-old fourth year medical student. They trade views on the diagnosis, and talk over treatment. It is part of the long road of learning and experience that every doctor must walk.

Dr. Naftolin has worked 40 days without a break. He shrugs and grins: "This is what you expect."

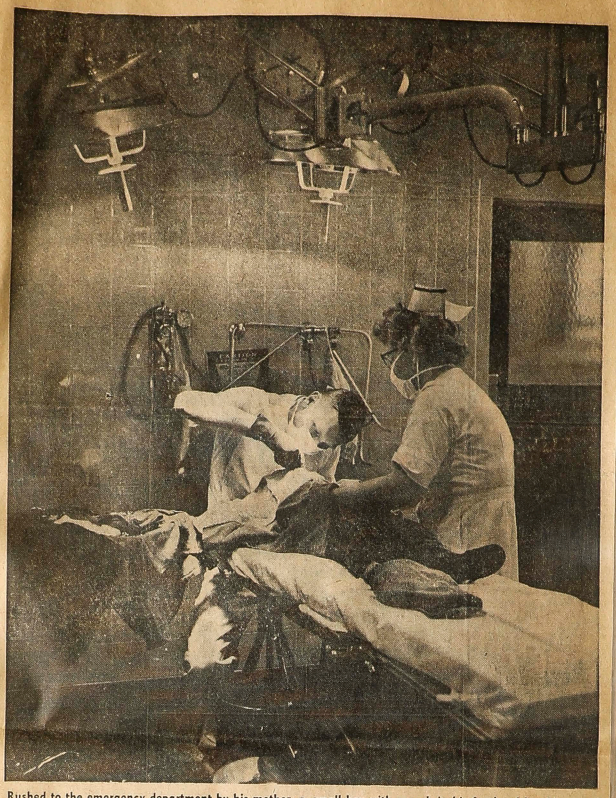
One of the complaints common to most emergency departments in the country comes from people who feel they have been kept waiting.

No one, stresses Dr. J. P. McCabe, assistant medical superintendent of the hospital, is ever kept waiting unnecessarily. Part of the problem stems from a lack of understanding on the part of people who come in for treatment, he says.

If a patient comes in with a minor injury or ailment and has his own doctor, that doctor must be notified and grant permission before treatment is given, Dr. McCabe said. If the injuries are serious, then treatment is immediate.



A broken arm receives treatment from Dr. R. C. Williams, assisted by nurse's aide June Hibbert and orderly Jiri Tylecek.



Rushed to the emergency department by his mother, a small boy with a gash in his forehead has his wound stitched by Dr. A. I. Toth.

If the doctor is on rounds or otherwise unavailable this accounts for some of the delay.

"We don't want to break the patient-doctor relationship," Dr. McCabe explained.

8.30, man from motor vehicle accident with jaw, arm and rib fractures; 9.00, man with toe injury; 9.10, girl with cut wrist; 9.30, man with injured hand; 9.35, woman from traffic accident with neck injury; 10.40, woman with injured foot; 10.45, man with burns to hand; 10.50, man with cut under eye; 10.55, man with burns to eye. Some of them will have to wait for treatment.

• • •

One of the obvious reasons for waits is that the intern can do only so much. He treats patients in the order of the seriousness of their problem and his judgment is final. The thumb jammed in a car door can wait while the hemorrhaging accident victim can not.

When patients with minor injuries start to pile up, some must hang on until the intern can get around to them. This is explained patiently and politely but still there are complaints.

Dr. Naftolin worked from 3 p.m. to 2 a.m. (he was also working the midnight to 9 a.m. shift for an intern friend) before he got time to grab a couple of sandwiches and a glass of milk in the nurse's station. He doesn't like to leave the department even for a half hour lunch break in case some patients are left waiting.

People may treat them like supermarket clerks, but their "esprit de corps" in emergency never seems to waver. Nurses may get a little disgusted with people who walk in with complaints a week old, late on a busy night but somehow, they grin and bear it.

11.15 p.m., a youth, accompanied by police, has cut hand; 11.20 p.m., girl with rash; 12 midnight, youth with foreign body in eye; 12.15 a.m., child caught hand in wringer; 12.40 a.m., mother carries in child with cold; 12.45, youth, apparently epileptic, brought in on stretcher; 1 a.m., youth with banged elbows; 1.20 a.m., woman shaken up in traffic accident.

Dr. McCabe says his department handled an average of 91 cases every day in 1962. On peak days, up to 120 persons would be treated.

• • •

One half of the more than 33,000 last year were treated for injuries. But Dr. McCabe stressed that there are still many actual emergency cases — for example heart attacks—included in the non-injury half.

One staff doctor, pointing to the constantly rising number of patients—there were only 16,000 10 years ago—said that name "emergency" is really a misnomer.

Another feels the day may come when the emergency department will become exactly that; it will be designed to handle nothing but emergency cases. A separate department probably located next door to emergency, will process the less urgent and non-injury cases.

In the meantime, human nature being what it is, the emergency team will keep on dispensing the best medical care available and people will keep right on complaining about delays.

"There just isn't any way of providing instant medicine," one weary nurse summed up.

Story by DEL BELL
Free Press Staff Writer

• • •

Photos by GEORGE BLUMSON
Free Press Photographer



Treatment for a cut finger is given by Dr. Joan Sehdev. About cases treated at the emergency department are for injuries.



An anxious mother hugs her infant daughter as she awaits medical attention.



Waiting room at Victoria Hospital's emergency department accommodates a never-ending stream of persons with a variety of ailments.



Nov. 30/63

MOVING DAY — It's moving time in the addition to St. Joseph's Hospital even though construction work on the building is not completed. Beds, patients and furnishings were moved in on the second floor yesterday to take some of pressure off overcrowded areas. Sister Angela Felix helps a patient into a room as, from left, Andrew Verschuren, Antone Bojars and John Kruyssen move in the bed. This was the first of a series of moves that will eventually fill a 180-bed addition.

Establishes Reasons For Embryonic Deaths

Dec. 2/63

TORONTO — A researcher at the University of Western Ontario medical school has shown that chromosome abnormalities are responsible for about 20 per cent of spontaneous abortions that occur before the end of the third month of pregnancy, Dr. Murray Barr, head of the department of micro-anatomy at the University of Western Ontario, said Saturday.

The discovery was made and research is still being carried on by Dr. David H. Carr, of the UWO micro-anatomy department, Dr. Barr said.

Dr. Barr, who Friday night was awarded a $25,000 Gairdner Foundation grant for his work in the field of chromosomal abnormalities, gave the report in a lecture Saturday to doctors and medical students at Toronto General Hospital.

Although the relation between chromosome abnormalities and spontaneous abortion had been suspected before, Dr. Carr was ". . . the first to have studied a sufficiently large series to definitely establish that chromosomal abnormalities are a significant cause of spontaneous abortion," Dr. Barr said.

Since it is impossible to study spontaneous abortion which occur very early in pregnancy, "it is an open question whether the frequency of chromosomal errors may be even higher than 20 per cent in embryos of very short survival time or whether still more lethal errors then occur, errors that have not yet been found in man," Dr. Barr said.

Dr. Barr emphasized that genetic errors that cause such abnormalities in humans as mongolism are not unique to man.

Similar abnormalities are well known in plants. Most living forms are probably subject to the hazard, Dr. Barr said.

Chromosal error in a phenomenon that has broad biological significance, perhaps even as a factor in evolution, he said.

Dr. Barr was one of six medical scientists who received Gairdner Foundation awards at last night's dinner. The five others received $5,000 grants.

Warning on Need for Medical Training

Dec. 2/63

WARNING by Dr. John F. McCreary, dean of medicine and professor of pediatrics at the University of British Columbia, that Canada faces a crisis in the field of medical education, cannot be safely ignored. Dr. McCreary, who is in the top rank of medical education in Canada, told the voluntary committee on health of the Senate and House of Commons that Canada is not training enough physicians and that the standard of those being produced is lower than it was eight years ago.

Dr. McCreary made uncomplimentary comparison between medical education in Canada and in other countries. He suggested that the federal government make available funds for establishment of hospitals by universities which have medical schools. One of the great difficulties is ensuring an adequate supply of patients for teaching purposes, and Dr. McCreary evidently feels that the university hospital is the best means of meeting this problem.

He also noted that while more scholarships are becoming available every year to aid students in other scientific fields, comparatively few exist to help with the extremely expensive and lengthy medical training.

Canadians are doing much thinking about measures for improved medical and hospital care. These, well-intentioned as they may be, will lack any realism if they fail to provide enough well-trained doctors.

Says Taxes on Drugs Exceed Profits

Dec. 3/63

For every dollar Canadians spend on prescription drugs, the federal government collects more in sales tax than the average drug company earns in profits, Russell A. Fraser, professional service representative of Smith Kline and French, a Montreal drug company, told the Kiwanis Club of Forest City yesterday.

An 11 per cent sales tax has been levied on prescription drugs at the manufacturer's level in Canada, the only country he knew that collected a sales tax of this type, he said.

Although Canadians spend less than one cent in each dollar of income for prescription drugs, buying drugs can be a serious burden for some people, he said.

"The problem Canadians face today is how to set up the best arrangements to handle medical emergencies and also help those who need help without imposing a straight-jacket of either medical service or scientific development."

It has been suggested that drug prices could be reduced by abolishing patents on pharmaceuticals, which would make available cheaper products, many imported from unknown foreign sources, he said.

But this, he contended, would multiple the problem of doctors and pharmacists in making certain patients and customers received quality products. This would also present the government with the "impossible problem of serving as a control laboratory for all the people who wished to manufacture or import drugs."

He felt that responsible countries would be discouraged from expanding research or manufacturing facilities in Canada.

Canada, he said, must choose whether it wishes to advance as "a first-line scientific and industrial nation, or to become increasingly dependent on the research and technical skills of others."

Citing the importance of research, Mr. Fraser said that partly as a result of pharmaceutical advances, a child born today can be expected to live 20 years more than a child born in 1900. Close to $300,000,000 will be spent on research this year by industry in North America, he said.

Two in Area Get Rhodes Scholarships

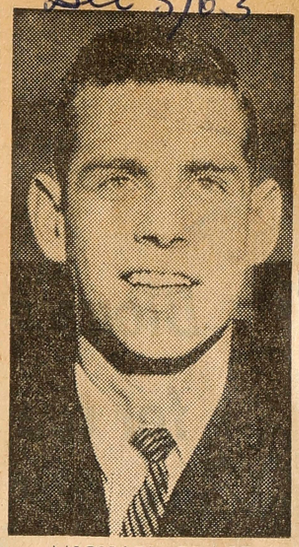
Dec 3/63

Two Western Ontario students, David Michael Grace, 24, of London, and Robert Brian Harrison, 22, of Harrow, have been chosen as Ontario Rhodes scholars for 1963, Alastair Gillespie, of Toronto, secretary of the Ontario selection committee, has announced.

Michael Grace is the son of Dr. and Mrs. A. J. Grace of 688 Windermere Rd. From 1953 to 1958 he attended Ridley College and achieved an 89 per cent average on 10 grade 13 subjects He has also had an outstanding academic record at the University of Western Ontario in the pre-medical and medical courses, and for the past two years has been first in his class. He will obtain his medical degree in the spring.

At Ridley College, Mr. Grace excelled in athletics, being a member of the first football, swimming, cricket and basketball teams. In 1956 he was Canadian junior waterskiing champion. At Western, he has for four years been a member of the intercollegiate swimming team. He is a member of Alpha Kappa Kappa fraternity and Alpha Omega Alpha honor medical society.

Last year, he was president of the university students' council. In the summer of 1962, he worked in a rural mission hospital in Tanganyika with Operation Crossroads Africa and last summer he was chosen to attend a seminar with 36 other Canadian students in Pakistan under sponsorship of the World University Service.



MICHAEL GRACE
- - - repeats father's feat

Mr. Grace's father, Dr. A. J Grace, clinical professor of surgery in Western's faculty o medicine, was himself a Rhodes scholar, being selected from Saskatchewan.

Robert Brian Harrison was born in Windsor and brought up in Harrow, where he attended high school. He has been at the head of his class in each year at the Royal Military College in Kingston and is cadet wing commander, having been selected the best all-around army officer cadet of his year by reason of academic standing, qualities of leadership and sportsmanship.

Sixty Rhodes scholarships, for two years' study at Oxford University, England, with the option of a third, are awarded around the world each year. Ten come to Canada, including two to Ontario. They are valued at £900 (about $2,700) a year.

Mr. Harrison is the son of Mr. and Mrs. T. Brian Harrison, of Harrow. His father is a science and agriculture teacher at the Harrow District High School.

Six Children Saved From House Fire

Dec. 5/63

Six children were brought out of a burning house on South Street by a neighbor last night after their babysitter had fallen asleep.

The children of Mr. and Mrs. Francis Darrah, of 431 South St., were safely out of the house before neighbors knew anything was amiss.

They were rescued by Dr. Arthur R. Berdusco, of Westminster Hospital, who lives at 429 Nelson St.

Charles Darrah, the children's uncle who was looking after them, said he was lying on a couch and fell asleep when fire broke out in a rear shed attached to the house.

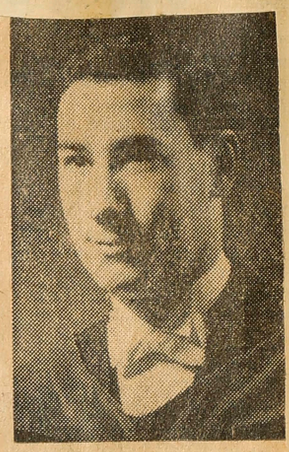
Dr. Berdusco rushed into the home of Mr. and Mrs. Frank Silvestro, of 421 South St., and asked a son Vincent to call the fire department.

He then brought out the children, Billy, one year, Wendy, 3, Garfield, 5, Brian, 6, Elaine 10, and Mike, 11.

When the children were safe, Dr. Berdusco left and was not identified until late last night.

Mr. and Mrs. Darrah were reported visiting friends at the time.

City firemen said the cause of the fire is still unknown.



DR. A. R. BERDUSCO
- - - rescued children

Ask Medical Insurance Premiums Be Allowed as Tax Deductions

Dec. 4/64

WINDSOR (CP) — Premiums paid for medical services insurance should be deductible for income tax purposes, a committee studying draft legislation for Ontario medical insurance was told yesterday.

The Windsor Chamber of Commerce said Ontario should work out an agreement with the federal government that would permit all individuals to deduct medical insurance premiums from gross income when calculating income tax.

At present, employers can deduct their portion of premiums paid on behalf of employees.

The suggestion was one of several made when Ontario's draft legislation to provide privately-operated medical services insurance for all residents came under formal public scrutiny for the first time.

The Windsor chamber and Prescription Services Incorporated, a group drug-costs insurance program launched here six years ago, were among the first organizations submitting views to the 14-member medical services insurance committee at its first open meeting since Premier John Robarts established it Aug. 31.

The chamber recorded its support in principle for the draft legislation and added two suggestions:

"There should be no downgrading of the medical profession through a monetary squeeze . . . or other means which would result in 'assembly-line' consultations by the doctors to compensate for any such reduction in income.

"There should be concluded some form of agreement with the federal government to allow, as a deduction from gross income for income tax purposes, the premium or portion of the premium paid by an individual."

The chamber pointed out that payments made by employers toward medical services insurance for their employees are free of income tax and said all premium payers should likewise benefit.

Prescription Services Incorporated noted that the government appears to exclude drug costs from its definition of medical services under the legislation and said it should stay that way.

The druggist-operated service argued that combining prescription insurance with a plan covering medical fees would be unwieldy and would entail extra administrative expense, thus raising premiums.

It reserved the right to appear with an expanded brief at a later hearing in the event that proposals are made to make legislation cover prescription as well as straight medical fees.

The committee, headed by Dr. J. Gerald Hagey, president of the University of Waterloo, holds two days of hearings in Windsor and then moves to Toronto for a series of two-day sessions at intervals until the end of January.

Legislation introduced in the legislature last April would make medical service insurance available on a voluntary basis to all Ontario residents through private insurance firms and non-profit groups, subject to broad government regulations.



Study Nursing Education Programs

Dec. 4/63

A three-day conference to study the essential principles in developing objectives in basic nursing education programs commenced yesterday in the

from left: Miss Jacqueline Robarts, Chatham; Miss Glenna Rowsell, director of the school improvement program, CNA; Miss Dorothy Dick, ultant; Miss R. M. nn Ivill, London; and omas.

Metro Hospital Bans Use Of Tannic Acid in X-Rays

Dec 4/63

TORONTO — Toronto General Hospital has banned the use of tannic acid for X-ray purposes following publication of a report Monday in the Canadian Medical Association Journal that it was a common factor in the death of five people in a Hamilton hospital.

Dr. K. J. R. Wightman, chief of medicine at Toronto General, said Monday night: "We have decided to bar the use of tannic acid altogether until we can look into this further." The acid has been used "very seldom" at the hospital, he said, but only because it was usually not considered necessary.

"The dangerous aspects of this are a bit unexpected," said Dr. Wightman.

The report was written by Drs. Hans H. Lucke, Kenneth E. Hodge and Norman L. Patt of the Chedoke General Hospital, Hamilton.

It says "a high degree of suspicion appears justified" that tannic acid, used in barium enemas to give a clearer X-ray picture of the bowel, caused liver damage resulting in death.

The three doctors credit an associate, Dr. A. B. MacMillan, with advancing the theory when Hospital said Monday night tannic acid no longer is used there in barium enemas. It was exhe noted similarities in the following barium enemas.

Radiologists at Victoria and St. Joseph's hospitals in London said the question has not arisen here.

Dr. G. G. Copestake, head of the diagnostic radiology department at Victoria Hospital, said tannic acid has been used for many years for this purpose. No cases of liver damage resulting from its use have been noted at Victoria, he said.

Dr. M. B. Hill, radiology head at St. Joseph's Hospital, said such suspicions had been reported in the United States. It appears that tannic acid could be a factor if used in relatively high dosage, he said.

Further investigation into reported cases in the United States revealed that the hazard was "pretty well proportional to dosage," Dr. Hill said.

Tannic acid is not used in all cases of barium enemas at St. Joseph's, and when it is used, only about one third the quantity originally recommended is used, he said. This gives the result desired without apparent danger, he added.

"I don't even know of a case of liver damage here."

A lab technician at Chedoke cluded from the mixture, he said, when suspicion developed that it might be fatal.

Dr. M. R. Hall, head of the radiology department at Toronto General Hospital, said tannic acid was not often used in Canadian hospitals. When it is used, he said, it is in small quantities than cannot cause damage.

"I don't use it at all and any doctors that I have trained don't use it," he said. "Like many other things it can be a help if used sparingly."

Dr. Wallace Roy, head of radiology at Hamilton St. Joseph's Hospital, said tannic acid has been used on occasion at St. Joseph's "but not lately." It was dropped, he said, because "in certain cases, the acid can be absorbed and it causes trouble."

The Hamilton doctors estimated that about 67,000 barium enemas are administered in Canada every year.

Dr. A. L. Chute, chief of paediatrics at the Hospital for Sick Children in Toronto, said the tannic acid could injure an inflamed bowel and kidney and maybe even lead to death.

Free Press Financial Editor Emerson Creed discusses stock and business trends in his regular column.

Medical Services Probe Opens Today

Dec 3/63

WINDSOR (CP) — Formal public discussion of government-regulated medical services insurance for Ontario opens today in this border city where local doctors pioneered in community prepaid medical care 25 years ago.

The medical services insurance committee, established Aug. 21 by Premier John Robarts to advise the government on medical insurance legislation, begins hearing submissions in a two-day session here, then moves to Toronto for a series of two-day hearings at intervals until the end of January.

Dr. J. Gerald Hagey, president of the University of Waterloo, heads the committee of 11 men and three women, including three medical doctors, two nurses, a director and representatives of the insurance business and existing medical plans. Agriculture, labor and the tourist trade each have one representative.

Almost 50 briefs have been submitted in advance of hearings, mainly by medical asociations but also by a few individuals and such organizations as the United Auto Workers and two farm groups, the Ontario Farmers' Union and the Ontario Federation of Agriculture. A Christian Science committee and the Toronto Board of Trade are among other groups to have presented briefs.

Windsor Medical Services a doctor - sponsored prepaid medical plan launched here before the Second World War and expanded afterwards to cover most Windsorites, will make its submission to the committee Wednesday.

Prescription Services Incorporated, a group insurance program for drug costs started by pharmacists here six years ago, will make a submission today, although draft Ontario legislation excludes drug costs.

The Medical Services Insurance Act, which received first and second readings in the Ontario legislature last April, proposes to make medical service insurance available to all Ontario residents through non-government insurance organizations.

Insurance groups would be obliged to extend coverage to any resident wishing to enroll at a maximum fee set by legislation and benefits would be paid on the basis of the Ontario Medical Association's schedule of fees.

Periodic adjustment of the insurance premiums to be paid would be made by the insurance organizations with the consent of a government superintendent. Failing consent, the maximum premium would be set by an arbitration board consisting of two representatives of the insurance groups and an Ontario Supreme Court justice.

Two types of insurance would be available under the act, one covering medical treatment in hospital and a broader plan covering medical care at home, in the doctor's office or in hospital.

The government has said it would pay the premiums of the needy, a group estimated at about ten per cent of Ontario's population of 6,000,000. It would pay part of the premiums on another, undefined group of persons who need help.

The Ontario plan is similar to Alberta's in being non-compulsory — residents may join or not as they wish — and being operated by private insurance organizations, both non-profit and profit-making. Saskatchewan, the other province with a prepaid medical care program, has a government-operated plan.





Plan Wedding

Dec 3/63

Miss Carolyn Helen Schaus and Dr. James Joseph Laird, both of London, have announced wedding plans for Dec. 28 in Trinity Lutheran Church, London. The bride-elect is the daughter of Mrs. Ethel Schaus, London, and the late Lincoln Schaus and her fiance is the son of Mr. and Mrs. Keith Laird, Windsor. Miss Schaus is a graduate of Victoria Hospital School of Nursing and Dr. Laird is a graduate of the University of Western Ontario School of Medicine. (Photos by Roy Kumano).

Name Dr. Callaghan Middlesex Coroner

Dec 3/63

Dr. Vincent A. Callaghan, of London, has been appointed coroner for the County of Middlesex by the attorney-general's department. He succeeds Dr. Paul Sweeney, who died in June of this year.

Dr. Callaghan is chief of surgery at St. Joseph's Hospital and associate professor of surgery at the University of Western Ontario faculty of medicine. A native of London, he was educated here, graduating from the UWO medical school in 1923. After post-graduate studies in New York, he returned to London and has practised here since 1927. He is a married man and has seven children.

In recognition of his service to medicine and the Roman Catholic Church, Dr. Callaghan was appointed a Papal Chamberlain of Cape and Sword by Pope John XXIII in 1962, the highest papal honor ever received in this diocese and one of two in Canada. Recipients are members of the papal household. Although the appointment is for the life of the Pope, and lapses with his death, Dr. Callaghan was reappointed last summer by Pope Paul.

Canadian Scientists Seek Pill To Protect Against Radiation

Dec. 3/63

By DAVE McINTOSH

OTTAWA (CP) — Canada, along with many other countries, is seeking in its scientific laboratories the proper ingredients for a pill that would provide protection against man-made radiation.

Dr. Paul Vittorio, 48-year-old biochemist at the Defence Research Board's chemical laboratories at nearby Shirley Bay, has made a significant contribution to this search with the development of a rapid method of determining the amount of damage caused by radiation to the different organs in the body.

This method can also be used to test which organs are protected by anti-radiation drugs. Requests for information on Dr. Vittorio's work are pouring into the Defence Research Board from scientific laboratories all over the world.

About 2½ years ago Dr. Vittorio read in a scientific paper that young, rapidly growing tissues in the body contain more chromium than older tissues.

At about the same time he had made the observation that radioactive chromium injected into the bodies of healthy animals was distributed to the different organs in consistent amounts.

"If an organ suffers radiation damage, and the animal has not received a lethal dose of radiation, then the organ makes an effort to repair the damage by producing new cells to replace the damaged tissue," Dr. Vittorio says.

The fact that young or newly formed cells take up more chromium, combined with the knowledge that radioactive chromium is taken up by the organs in a consistent pattern, led Dr. Vittorio to conclude that this element might be used as an index of damage, repair and recovery in irradiated organs.

Using radioactive chromium, Dr. Vittorio has been able to show the amount of radiation damage suffered by different organs, how long it takes them to repair the damage and the value of anti-radiation drugs in protecting these organs.

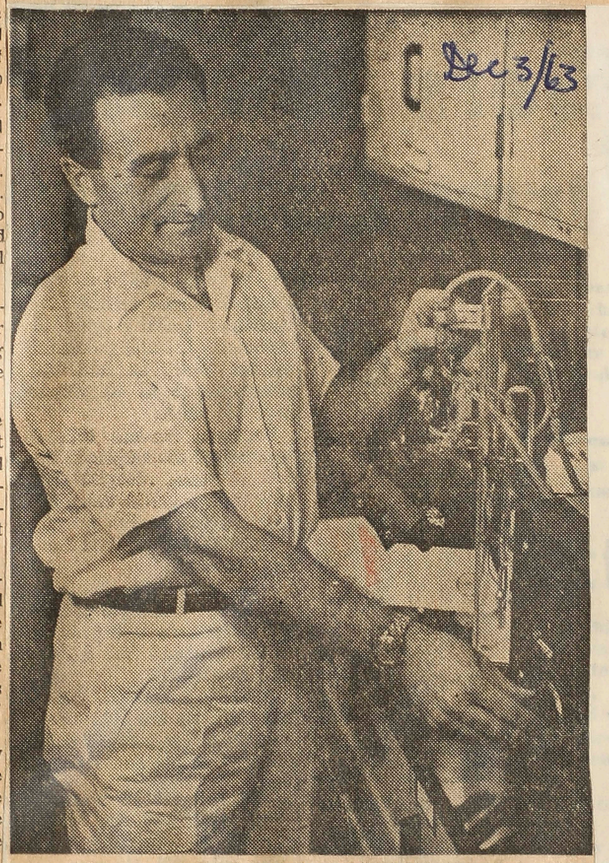
"It is a rapid method of assessing radiation damage and recovery, simultaneously, in a variety of organs from a large number of animals," said Dr. Vittorio.

Dr. Vittorio, a native of Cornwall, Ont., has advanced his research one more step. He is using his method to assess radiation damage in human kidney cells grown in the laboratory.

His radioactive chromium method is used not only to measure radiation damage and repair but also to evaluate anti-radiation drugs. So far, tests have been run on variables of five compounds synthesized as anti-radiation drugs.

Dr. Harry Sheffer, chief superintendent of the laboratories, said drugs have been developed that provide some protection in animals aga... they are t... huma...

Though ...tario's ho... cluding the Universit... working on the sev... probably wi... Hockey ... fore an ef... dens last ... drug for ... It was ... he said. ...victory fo...



DR. PAUL VITTORIO

One Medical Insurance Plan Urged With Firms Sharing Cost

Dec. 5/63

WINDSOR (CP) — Two doctors' groups said yesterday Ontario legislation should provide for a single, comprehensive medical insurance plan under which insuring organizations share the cost risks on a province-wide pooling arrangement.

One of the groups, the Kent County Medical Society, said that only non-profit organizations should participate in provision of a standard medical plan that would be available to all residents of Ontario on a voluntary basis.

Both the Kent society and the doctor - sponsored Windsor Medical Services Insurance Program proposed a pooling arrangement that would guard against unfair competition whereby a company might sign up mainly "safe" risks, leaving the aged and ailing to others.

The Kent and Windsor groups presented their recommendations to the medical services insurance committee, appointed by the Ontario government to collect opinions and advise on legislation.

The draft legislation provides for both profit-making and non-profit insurance carriers to offer at set maximum premiums one of two types of medical insurance — one covering the cost of treatment inside hospitals only and the other covering treatment at home, in hospital or at the doctor's office.

Both briefs argued for retention of the present system of meeting the medical expenses of indigent persons under the medical welfare plan — run by the Ontario Medical Association and the Ontario health department — rather than by having the government pay insurance premiums for the indigent as proposed in the draft legislation.

The Kent and WMS submissions said legislation should provide only for the comprehensive standard coverage plan, dropping provisions for the alternate hospital - only coverage. They suggested the alternate plan could lead to unwarranted hospital use.

The Kent society said premiums paid for the single, standard medical plan should be the same everywhere in the province, regardless of the organization providing the coverage. The draft legislation proposes fixing only a maximum premium rate.

Both submissions suggested changes in the proposed formula for calculating premium rates The legislation says family coverage would cost 2½ times the individual's premium. Wednesday's briefs said there should be three classifications — for a single person, for a couple, and a third for a family of three or more.

WMS also suggested that routine periodic health checkups — exempted from coverage under the legislation — should be included as an important factor in preventive medicine.

However, WMS General Manager W. V. Walpole said in answer to questions that provision for unlimited coverage of psychiatric treatment would lead to cost chaos. He said there should be a limit on the number of psychiatric treatments within a fixed time covered under the standard medical plan.

In other briefs, the Southwestern Ontario Podiatric Society urged inclusions of coverage for its foot treatment services and London dental surgeon Charles Peterson argued for inclusion of oral health treatment in the schedule of benefits.

The Railroad Hospital Association of St. Thomas, a non-profit plan for railway men in Southwestern Ontario, expressed anxiety that such groups might be put out of business by the new program. They suggested that all medical insurance groups be assured of individual guidance from the government under new regulations.

U.K. Doctors Satisfied In Canada

Dec. 5/63

LONDON (CP)—British doctors who have emigrated to Canada in steadily increasing numbers since the national health service was introduced here in 1947 appear to be finding a far deeper professional satisfaction in the Canadian environment, says an article in the weekly Spectator.

Mary Holland, writing specifically of doctors she met in Kitchener, Ont., says their main dissatisfaction with the British system could be traced to the bureaucratic pressures of too much paperwork, too many patients and the feeling they were no longer their own masters but cogs in a government machine.

"I trained to be a doctor, not a civil servant," was one comment she heard enthusiastically supported at an informal meeting in Kitchener.

Acknowledging that a physician's pride in his healing skill is an essential part of his vocation, the article lists some of the reasons why this is more easily achieved in Canada:

—Canadian general practitioners attend their patients in hospital and can assist at operations; in Britain this work would be done by hospital housemen.

—Canadian general practitioners have greater opportunity for specialized treatment in their own surgeries; here, such cases would have to be handed on to specialists and the link with the patient lost.

—Canadian general practitioners have far more time to devote to each patient than under the British panel system which may land a doctor with 3,000 patients and often prevent him from any deeper treatment of a case than writing out a prescription.

From the patient's viewpoint Mary Holland says she often encountered resentment against high bills in Canada, but when it came to the basic doctor-patient relationship she found an implicit faith in the physician's skill.

The Canadian patient received "swifter, more personal and more constant" attention than the patient on the British health service.

Rescue Firemen Get Cardiac Coaching

Firemen riding the rescue unit are likely to be confronted with more cases of cardiac arrest in a year than any one physician.

Surprising?

It startled Dr. Peter Rechnitzer, consultant in medicine at St. Joseph's Hospital, and he decided to do something about it.

What he did was to arrange to teach firemen to recognize the condition quickly and take steps to treat it. The second of a two-part lecture-demonstration he set up for the purpose was completed yesterday at St. Joseph's.

Cardiac arrest is a condition in which, for various reasons, circulation and heart movement have stopped but the person stricken is not, medically speaking, dead.

The rest of the body is still capable of living if heart action is quickly restored.

"Quickly" is the most pertinent word in that last sentence. In order to prevent irreparable damage to the brain from lack of blood circulation, the condition must be diagnosed and treatment started within four minutes of its onset.

The decision must be accurate, quick, and must be made by the most qualified person immediately on the scene. If there is no doctor on the scene, there's no time to call one.

Ability to recognize the condition is most important, for the external heart massage which may stimulate the heart to action is useless and even dangerous in other conditions where no pulse is evident but the heart has not actually stopped.

Yesterday the firemen, along with a few interested policemen and city works department foremen, were shown proper methods of mouth - to - mouth resucitation and external heart massage, and given a chance to practice the proper procedure.

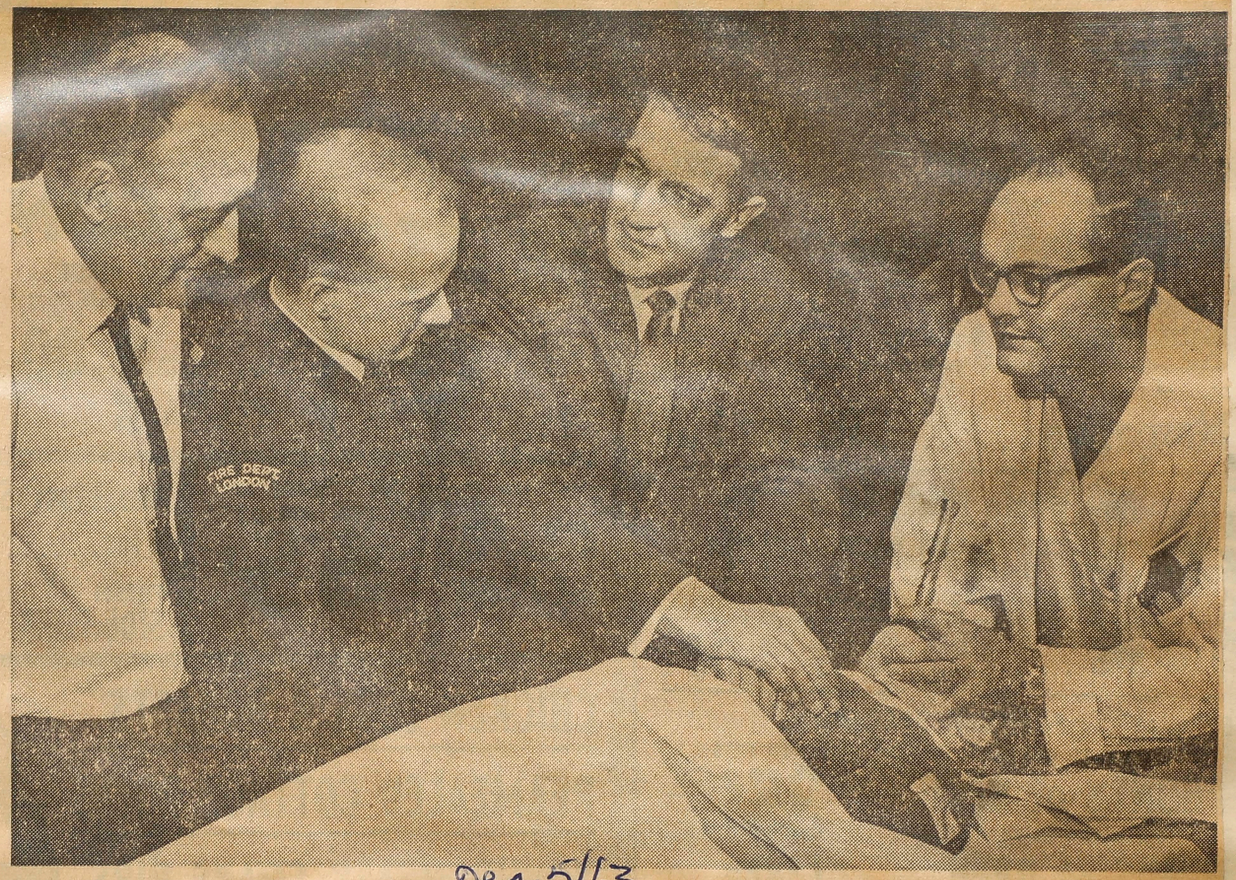
Dr. Rechnitzer said he realized in a conversation with a friend who is a firemen about two months ago, that firemen not only run into medical problems frequently (especially in the rescue unit) but are a bit concerned that they might not recognize certain conditions in time to give effective treatment.

In arranging the lectures, Dr. Rechnitzer said, "I've been really impressed with how seriously they (firemen) take their work — and how good a job they're doing."

Fire Chief Milton Mathers, among the 55 who attended the lecture, said he was pleased at the obvious interest of the firemen, many of whom were attending on their own time, in learning something that might benefit the community at large.

Capt. Edward Hothersall, a rescue unit leader, said he believed firemen had encountered one or two cases which may have been cardiac arrests in the past year, but did not recognize them. "I'll feel a lot more confident that we can help now," he said.

Dr. Rechnitzer was assisted by Dr. John Thurlow, resident in medicine, and Dr. David McCourtie, senior in medicine at St. Joseph's.



FIREMEN TAKE MEDICAL LESSONS — A two part lecture-demonstration in cardiac arrest was set up at the Nurses Residence of St. Joseph's Hospital by Dr. Peter Rechnitzer, consultant in medicine at the hospital, for the benefit of firemen riding the rescue unit. Assisted by Dr. H. John Thurlow, London, right, Dr. Rechnitzer demonstrated the correct procedure to Ray Morley, director of training for the fire department, left, and Fireman Ron Dickson, right.

Dec. 5/63

Lung Cancer Evidence Can't Be Ignored

Dec 6/63

CANADA'S crusading health and welfare minister, Judy LaMarsh, has been given some fresh ammunition for her current anti-smoking campaign with a report by the American Cancer Society supplying further damaging evidence linking cigarette smoking with arterial damage, lung cancer and emphysema, another lung ailment.

Actually, there is little that is startling or new in this report; it simply serves to confirm the statistical chain of evidence that researchers have been building for decades. What the report does offer is that necessary factor in any experiment, a control group.

For this purpose, 36,975 pairs were matched, men identical in every respect except that half of them were non-smokers. Their mortality rates were enlightening, but no surprise to scientists who believe the causative link was proven long ago.

Twice as many of the smokers died. There were 110 deaths from lung cancer among the smokers, and only 12 among non-smokers. There were no deaths attributed to emphysema among the abstainers, compared to 15 victims among the cigarette addicts. Arterial disease fatalities for the smokers were more than double those among non-smokers.

In short, those who smoke a package of cigarettes daily are almost 10 times as likely to die of lung cancer as non-smokers, and lung cancer incidence for heavier smokers is 18 times as great.

It will be difficult, in view of this and a mass of previous evidence, for cigarette makers to argue that the link between tobacco and lung cancer is "merely statistical." And since no government is likely to forbid the manufacture of cigarettes, it remains for an informed public to act as individuals who have been warned.

Kin Taking Dead Doctor To S. Korea

Dec 9/63

The body of Dr. Doung Wook Moon, 43, a Korean heart specialist killed in a car accident near Rodney Dec. 1, was to leave London this morning for burial in Korea.

The body was to be driven to Detroit early today to start the plane trip to Seoul, the South Korean capital.

Dr. Moon, who was studying at London's Victoria Hospital had no relatives in Canada. He was to have been buried Wednesday in West Lorne at the direction of Dr. C. B. Cantelon, coroner of West Lorne, but the funeral was called off by the dead man's family, contacted by the Korean Heart Foundation, through the South Korean embassy in New York.

Dr. Moon's brother, Doung Aak Moon, assistant to the South Korean education minister, and Dr. Moon's sister, Mrs. Chun Hi Kim, arrived from Seoul Saturday night to escort the body back to Korea.

Dr. Moon was driving alone in his car when the accident happened, on Highway 401 just west of Highway 76. A New York couple and their three sons, in the other car, were hospitalized.

Dr. Moon went to the U.S. nine years ago on a fellowship from the Western Reserve University in Cleveland and interned at University Hospital there. When the Korean Heart Foundation was formed three years ago, it took over sponsorship of his studies. He had completed six months' special training in heart surgery at Victoria Hospital at the time of his death, and after six more months in London and another year in the U.S. he was to return to Korea to establish a heart centre.

Birth Month Seen Factor In Cancer

Dec 7/63

LONDON (Reuters)—A Dutch suggestion that a person's birth month might have something to do with the development of cancer should be studied further, says the British medical magazine "Lancet."

It calls the suggestion "a new and possibly important observation" about the early background of patients with cancer of the broncus.

Tests in Holland showed that bronchial cancer was more likely to develop in those born in winter than in summer.

People born in March were twice as susceptible as those born in summer.

The article says that in mid-lung at birth there was actively growing bronchial epithelium which was supposed to be more vulnerable to damage than that of the inner zone.

The magazine wonders whether this tissue could be damaged by seasonal influences in such a way that cancer ensued.

The reliance of a child on mother's milk or cow's milk was discussed and it was stated that at the end of the winter both were seriously depleted of vitamin A.

This lack of vitamin also was regarded as an important factor which could cause damage at the moment of growth and differentiation of the mid-zone bronchial epithelium.

Rx; Jokes, Satire --Laughter Aplenty

Dec 10/63

Doctors Casey and Kildare may not agree entirely with the context in which medical terms are used in Tachycardia 1963, the annual review presented by University of Western Ontario medical school and school of nursing.

But a packed house of more than 300 gave the production an enthusiastic welcome last night when it opened a three-night run in the medical school auditorium.

About 100 students took satirical swipes at the medical profession, their school and some aspects of the entertainment world. And since the review emanates from South Street, it is appropriately called "South Street Story."

The first year class presented its version of "Cleopatra"; the second year class did "L'il Abner"; third year class, "Gonanza"; and fourth year class, "The Best Years of Our Lives."

School of nursing students presented "I Enjoy Being a Girl," and "An Interpretive Dance."

Producer is Ed Ragan, assisted by John Lamont, Jerry Bain and Brent Mundy. Class representatives in charge of the different segments of the review are Ruth Oliver, nurses; Douglas Jack, class of '64; Wayne Watson, '65; Johnathan Meakins, '66, and David Clark, '67.

Best skit will be selected by a panel of six judges and the winning class will be presented the coveted "Tachycardia" cup by Dr. R. A. Kinch tomorrow night.

Tachycardia, incidentally, is a medical term which means a rapid heart beat, and the medical students do their best to keep theirs pounding with fast-paced spoofing.

New Heart Attack Surgery Methods Described by Montreal Doctor

Dec 7/63

LOS ANGELES, Calif. (CP)— Results of a new experiment in surgical treatment of acute heart attacks were described yesterday by Dr. Arthur Vineberg, chief of cardiac surgery at Royal Victoria Hospital in Montreal.

In medical terms, the surgery is concerned with acute myocardial infraction — degeneration of the heart muscle into scar tissue areas because of coronary artery disease and consequent lack of sufficient blood reaching the heart.

Dr. Vineberg made it clear that the worth of the experiments, carried out on animals, s still to be evaluated.

All operations have been by-pass procedures. No direct attack has been made upon the diseased arteries themselves. All efforts have been aimed at getting blood directly into the heart muscle, offsetting a diminished supply caused by blocked or narrowed arteries.

Dr. Vineberg spoke before a meeting of the American College of Chest Physicians, gathered for the seventh post-graduate course in studying recent advances in diagnosis and treatment of the heart and lungs.

He discussed anatomical aspects, tests to evaluate surgery, conditions under which surgery is indicated and clinical results. Slides and motion pictures were used with his talk.

He reported that experimental evidence from cine coronary angiography — movies of coronary artery flow — has become important in gathering knowledge beyond clinical symptoms and helps in selection of cases for surgery and the type of operation to be used.

Two main operations pioneered by Dr. Vineberg were discussed — the internal mammary artery implant and the free omental graft.

The implant has been found of particular value when only the left coronary artery is affected. The graft operation, now in use only a year, has produced beneficial results even when all three major coronary arteries are diseased. More recently the two operations have been combined.

Blockage or narrowing usually results in infraction — scar tissue areas in the heart muscle.

The implant operation, in use 13 years, utilizes a chest artery —the internal mammary artery. It is detached and placed within the heart muscle, an open branch supplying needed blood.

The omental graft utilizes the greater omentum, sometimes called the policeman of the abdomen. It is a tissue which has been found to seek and obtain its own blood supply and has a tendency to reach out to trouble spots with beneficial results.

For this operation a section of the omentum is detached and wrapped about the heart muscle. Results have shown it obtains blood from neighboring areas and sets up blood communications to the heart.

Of 140 cases of the implant operation, 24 died from 30 days to 13 years after surgery, some from other than heart causes.

At the time of follow - up reports of the remaining 109 living, 65 per cent were improved and 85 per cent were working.

Follow-up checks on 17 patients who underwent the graft operation showed all improved, 12 of them pain-free.

Curb on Smoking Still Parental Duty

Dec 10/63

ANY LAW to prevent under-age smoking seems futile unless it has the support of the families of the teen-ager and of the public. Chief Finlay Carroll, on request of the London Police Commission, is to tighten up on enforcement of juvenile smoking rules.

The urgency of halting youthful smoking is becoming more evident as facts and figures are revealing the havoc to health cigarettes cause. Which recalls the old saw: The way to break the habit is never to start.

The police chief says most merchants are aware of the law which prevents sale of cigarettes to those 16 years and under, and are co-operative. However, the presence of cigarett vending machines makes fags availabl to any one who has the coins.

According to law, it would appea that the owner of the establishmen that permits installation of cigarett vending machines is responsible. Bu to enforce the 16-year-old limit on pu chasers in stations, hotels, hospita and scores of establishments seems in possible. It also forces merchants into selling to youngsters or losing their trade to the machines.

The responsibility rests with parents. Yet they have sloughed off their duty by having laws passed making the stricture one for some one else to enforce.

Parents for the sake of their children's health have this duty, and the government and tobacco firms are belatedly taking a hand in education of youth. Certainly there should be public support for police in their effort to make sale of tobacco to the under-age more difficult, also in enforcing the archaic law that it is illegal for the under-16 youth to be caught smoking.

CURRIE — Dr. and Mrs. Bob Currie are pleased to announce the birth of their son, Robert Erik, Dec. 9, 1963, at Victoria Hospital.

MacDONALD — Dr. and Mrs. Keith G. MacDonald, Streetsville, are happy to announce the birth of a daughter, Susan Patricia, on December 4, 1963, at South Peel Hospital, Cooksville. A sister for Catherine Anne.

RODGER — To Dr. Bill and Nancy (nee Bowen), of Galt, a daughter, on December 6, 1963, at St. Mary's Hospital, Kitchener, a sister for Michael and Carol.

New Heart Operation Saves Life of Child

Dec 11/63

TORONTO (CP)— Debbie is a three - year - old patient in the Hospital for Sick Children who owes her life to a Toronto surgical team and a new operation.

A few months ago she faced almost certain death. Today she is on the road to complete recovery from a heart abnormality which in the past has been fatal for 98 per cent of its tiny victims.

When she was born she had what is known as total transposition of the great vessels of the heart. The aortic and pulmonary arteries which carry blood to the lungs and to the body were transposed.

The result was the heart's beat merely circulated part of her blood back and forth to the lungs and the rest simply circulated back and forth in the body. No freshly oxygenated blood went to the body to replenish tissue and bone.

Victims of this condition live a few years at most. Even this short period of life is possible only because nature somehow managed to provide a makeshift "shunt" by which blood leaks between the heart chambers, enabling blood from the lungs to get into the circulatory system.

When Debbie was three weeks old Dr. William Mustard and a team of surgeons artificially widened a tiny abnormal hole in her heart wall through which some oxygen - enriched blood could leak to prolong her life.

Then, while waiting for her to reach an age when she could undergo an operation, the surgeons practised on animals.

Last May she was put on a heart-lung machine which bypassed her heart. Then the veins which bring blood back to the heart were severed, shifted into reverse positions and sutured into place.

This meant that Debbie had a heart that worked backwards from normal. But it was doing exactly the correct job. Instead of the right side of the heart bringing blood back from the body and into the lungs, it took over the task of the left side.

At the time doctors thought the operation was the first of its kind but several weeks ago they learned a similar operation was performed at almost the same time by a University of Cincinnati team.

So far as is known, these are the first two small children to undergo such operations though a Swedish surgeon a year ago did a successful operation for a comparable condition on an older child.

Rescue Firemen Get Cardiac Coaching

Firemen riding the rescue

Rathbun Urges Modernization

Children's Hospital Crowding 'Critical'

Dec. 12/63

War Memorial Children's Hospital is critically short of space, medical chief Dr. J. C. Rathbun warned last night.

He said the building doesn't meet requirements because it was designed for conditions of the 1920s and 30s.

Dr. Rathbun emphasized a need for additional beds, teaching space and laboratory facilities. He urged a thorough modernization program.

His views were expressed in a letter to the Victoria Hospital board of trustees.

The board agreed to forward Dr. Rathbun's comments to the Ontario Hospital Services Commission and suggested a meeting between the children's hospital head and Dr. John B. Neilson, OHSC chairman.

The board is awaiting an answer on a request for OHSC approval of a proposal to add 50 beds to the present capacity of 160. The proposal was submitted almost a year ago.

The OHSC must approve all hospital expansion in the province.

Board chairman T. W. Baker observed that the trustees are fully aware of the need to expand the children's hospital. The board appeared hopeful Dr. Rathbun's frank comments would spur a decision by the OHSC.

Dr. Rathbun pointed out that more beds are urgently required for children in the 2-to-5 age group. He explained that the hospital was originally designed with extensive facilities for respiratory and intestinal ailments of infants, no longer as common as they were 30 years ago.

Faulty design results in waste space, he added.

He told the board that, in one instance, an abandoned kitchen is serving as a classroom.

The form of War Memorial's proposed expansion has never been determined because OHSC approval must be obtained before detailed plans are prepared.

Victoria superintendent Dr. C. J. Kirk pointed out that the Crippled Children's Treatment Centre was designed to take another six floors. He also pointed out that any expansion would probably be a two-year job — one year for preparation of detailed plans and a second for construction.

Trustees reiterated their hope that a psychiatric ward of up to 10 beds could be included in an expansion of the children's hospital. Trustee Mrs. K. S. Murray said the constantly-increasing demand for services of the child guidance clinic demonstrated the need.

The clinic which requires more staff and more space to keep abreast of the service demanded, is seeking additional provincial government grants.



DR. J. C. RATHBUN
- - - situation 'critical'

Surgeon-Pioneers Push Close to Goal Of Replacing Diseased Vital Organ

Dec. 12/63

By ALTON BLAKESLEE

NEW YORK (AP)—Surgeon-pioneers are pushing closer to their goal of stopping death from claiming people who are 90 per cent healthy.

These people die because one vital organ fails. They could live if they could borrow a healthy organ. More and more doctors are becoming optimistic that it can be done.

In a flurry of new steps, U.S. surgeons recently transplanted lungs and livers, taken from dead persons, into five sick people. A Soviet surgeon hopes soon to try transplanting a human heart.

The U.S. teams proved they've mastered the skills to transplant and connect up the borrowed lungs and livers, as they had done with human kidneys.

Still unanswered is the key question whether these borrowed organs can remain alive and working—or will be destroyed by a natural kind of allergic reaction.

All three persons receiving the new livers and one who was given a borrowed lung died fairly soon afterward, but their deaths were attributed to causes other than the transplants.

Body Reacts

The great hurdle is apparently a natural and useful defence. If germs or viruses attack you, your body creates anti-bodies to destroy or neutralize the invaders. In much the same way, most experts believe, your body reacts to reject borrowed or "foreign" tissues.

Transplanted skin and kidneys and other organs will "take" among identical twins, who are alike immunologically. You can borrow blood or bone or artery grafts from someone else, but you replace the borrowed blood cells, and the bone or artery acts as a scaffold for growth of your own new tissue.

The grand quest has been first to understand why and how the rejection of living tissues comes about, and then to use radiation or drugs — mainly drugs now—to repress or knock out the natural rejection mechanism until the borrowed organ is accepted.

While an exact score is hard to come by, more than 100 transplants of kidneys, from living or newly-dead donors, have been done in the U.S. and abroad in the last 10 years. More than a dozen recipients won at least an extra three months of life, and at least one is going strong after more than three years.

Rescue Firemen Get Cardiac Coaching

Firemen riding the rescue

1963 Tachycardia 'SOUTH STREET STORY'



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OF NURSING

Plan to Give TB Skin Tests to 3,300 Grade School Pupils

Dec 12/63

Tuberculosis skin tests will be given to approximately 3,300 public school students in the New Year, as a start in a TB testing program that the board of education hopes to extend to all public schools in the city.

In the past, students have been tested for TB in grades 9 and 12 in public and Roman Catholic secondary schools. Pupils in separate elementary schools and students at the University of Western Ontario have received annual tests.

The program is a joint project of the Beck Memorial Tuberculosis Association, the board of education and the board of health.

The extension of TB tests is part of a program, already in effect, to "really go after" cases of tuberculosis, Dr. D. A. Hutchison, medical officer of health, said.

"There hasn't been an increase in incidence of tuberculosis in London," he said, "but we've been going after it, and as a result, finding more cases."

The tests will be made in six public schools next year, Dr. Mary Scoffield, school medical officer, said. The schools are Sir John A. Macdonald, Sir Winston Churchill, Simcoe, Talbot, Aberdeen and Manor Park. Additional schools will be done in subsequent years, she said.

The tests will be made by physicians from Beck Memorial Sanatorium and the medical staff of the board of education.

The board of health will be notified of cases which test positive, and arrangements will be made for immediate X-ray examinations, Dr. Hutchison said. At the same time, skin tests will be made

atives who have had ith the child to deter- source of infection.

ndon public elemen- ols have in the past ong the few in this ch have not received B skin tests. Tests on all school chil- Middlesex County by doctors from the Col. W. Eric Har- ger of the Beck

Dec. 12/63

Memorial TB Association, said.

The number of persons contracting TB in London has been relatively steady for the past decade, he said. However, there has been an increase in the number of cases detected.

"A little epidemic" of tuberculosis in Kitchener area schools was reported Tuesday by Dr. S. J. Hawkins, superintendent of Freeport Sanatorium there.

He blamed the increase in cases on complacency by the public and the medical profession.

"It's getting so we can't be sure when we send our boys and girls to school that they're not going to get tuberculosis," said Dr. Hawkins.

"Everyone is being too complacent, even the medical profession."

Dr. Hawkins described this chain of events at high schools here and in Galt, to the Kitchener - Waterloo Kiwanis Club:

During the fall of 1962, a Kitchener high school boy was found to have TB in such an advanced stage he had to undergo an operation. This year, three of his grade 13 classmates were found to be suffering from the disease. Last spring, a grade 12 girl in another Kitchener high school contacted TB.

This fall, a Galt high school girl was diagnosed as having the disease and an investigation showed she had occupied a hospital room last spring with a woman known to have TB.

As a result of the girl's case, X-rays were taken last week of all Galt high school students, uncovering two other suspected TB cases.

Fears Lack Of Doctors, MP Asks Aid

Dec. 12/63

OTTAWA (CP) — The federal government must give Canada's 12 medical schools more money or face a doctor shortage in the future, New Democratic MP William Howe said yesterday.

The medical doctor from Hamilton South said the 12 colleges graduate about 850 annually but a flow of doctors from other countries has been the chief reason why the ratio of doctors to population hasn't become worse.

That immigration inflow probably will dry up by the time Canada gets a prepaid national medical plan, as it must, said Dr. Howe.

The ratio in 1901 was one physician to every 972 Canadians. This ratio in 1960 was one to 879, higher than 20 other countries including the U.S.

Dr. Howe, speaking as the Commons studied the spending estimates of the Privy Council, said there are fewer medical malcontents of other lands available to Canada now as medical plans spread.

Thus Canada would be forced back on its inadequate medical education services.

One training problem was a lessening in the numbers of charity cases available for doctor training.

Canada up to about eight years ago had excellent medical training standards, he said. But other countries were forging ahead.

More than 5,000 Canadian-educated physicians were practising in the United States and there was also an increasing U.S. drain on Canadian teaching personnel.

If applicants for medical schools were higher, that seemed to be due to the post-war baby crop.

In 25 years a serious problem might exist unless there was recognition of the need of the Canadian medical colleges for more funds.

Further, other branches of scientific training tended to be subsidized and this should be evened out.

Privy council President Maurice Lamontagne, launching the debate, reviewed steps to implement some of the recommendations of the royal commission study of government organization.

Sitting an hour past its usual Wednesday adjournment time of 6 p.m. EST, the Commons passed the Privy Council estimates — third department, after trade and forestry, to be approved.

Former Conservative finance minister George Nowlan said Mr. Lamontagne had indicated that the government still had not had time to reach the really "definite conclusions" on the Glassco recommendations.

Mr. Nowlan suggested that Mr. Lamontagne make some announcement not later than late February or early March, if he wants to make it at all; otherwise the Conservatives may be back in office.

Three members — Arnold Webster (NDP - Vancouver-Kingsway), Heath Macquarrie (PC-Queens) and H. W. Herridge (NDP-Kootenay West) —made pleas for more federal aid to universities.

All three also warned that Canadians will not let the Liberals forget their election campaign promise to provide 10,000 university scholarships worth $1,000 each.

Mr. Lamontagne later reviewed some of the preparations for centennial celebrations in 1967, and sketched the various private and public agencies at work on the problem.

To many, he said, there may appear to be a surfeit of organizations.

"This may be a legitimate complaint at the moment," Mr. Lamontagne said. However, he said that once programs begin to emerge, each agency will find its own role and purpose and operate as it was meant to.

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- Meds '64 — Doug Jack
- Meds '65 — Wayne Watson
- Meds '66 — Johnathan Meakins
- Meds '67 — David Clark

TECHNICAL CREW
- Stage — Don Patter, Fred Nash
- Lights — Jack Rempel, Ron Gingrich
- Sound — David Clark

PUBLICITY Frank Riedl and Frank Pon

PROGRAMME John Lamont, Joe Borre, Dennis Brannan, Elizabeth Musclow

DECORATIONS Kathy Armitage and Med '66 girls

TICKETS Alice Dewdney and Emilie Novak

ORCHESTRA — Organ, Brent Mundy (Director)

Piano, Mal McCullaugh	1st Sax, John Hyatt
1st Trumpet, Barry Hobbs	2nd Sax, George Chamberlain
2nd Trumpet, Bill Williams	Drums, Marv Weisler
Clarinet, Mel Roberts	Guitar, Brian McCrudden
Accordion, Sanford Schen	Flute, Ross Laing

INHIBITORS Dr. J. C. Rathbun and Dr. J. Tyson

JURORS Dr. C. W. Gowdey, Dr. J.A.F. Stevenson
Dr. D. Bocking, Dr. A. von Hochstetter
Dr. B. L. Hession, Dr. R. A. Kinch

THE PRIZE The judges will select the best skit by secret ballot and the winning year will be presented the coveted "Tachycardia" cup by Dr. Kinch on closing night.

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Dec 12/63

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A NATIONAL ANTHEM

1. **OVERTURE** - THE THEME FROM "THE SOUTH STREET STORY"1

2. **THE ETIOLOGY OF TACHYCARDIA?**

Dr. Lub Dup - - - - - - - - - - - - - - - - - Jerry Bain
Dissentors - - - - - - - - - - - Ed Ragan, Harvey Raven
Dancers - Nurses
Chorus - - - - - - - - - - - - Choir and Nurses' Chorus

3. **THE BROTHERS ONE** - - - - - - - - - - - - - - - Jerry Bain
Ernie Spratt
Brian McCrudden

4. *Meds '67* "CLEOPATRA'S END"

A METRO GOLDEN MARE PRODUCTION - Pete MacLaghlin
Wes Nash

Scene: In Egypt, partly on the Barge and partly off

Narrator - - - - - - - - - - - - - - - - - - Stu Eberhard
Antony's Men - - - - - - - - Cles Eden, Emerson Gingrich
Maximus - - - - - - - - - - - - - - - - Wayne Elford
Epididimus - - - - - - - - - - - - - - Allan Wilensky
Stamerius - - - - - - - - - - - - - - - - - John Sangster
Antony - - - - - - - - - - - - - - - - - - Ron Casselman
Cleopatra - - - - - - - - - - - - - - - - - Mike Michalski
Nile Maidens - - - - - - - - - - John Kyes, Wayne Asher
Bob Baker, John Cain
Carolina Buckius - - - - - - - - - - - - - Corine Devlin
The Asp - - - - - - - - - - - - - - - - - - - Ron Willer

5. **"THREE OLD MAIDS"** - - - - - - - - - - - - - Lynda Hunter
Beth Weylie
Marilyn Ellis

6. **MEDS '66** "TUMORS IN DOGPATCH"

SCENES: Dogpatch, Public Health Centre, Public Square

THE YOKUMS	THE SCRAGGS
Mammy - - - Ron Holliday	Zeke - - - - Andy Moore
Pappy - - - Don Chambers	Lem - - - - - Larry Bate
L'il Abner - - John Lamont	Luke - - - - Dennis Keene
Tiny - - - Bruce McGraw	Moonbeam McSwine - - Joe Borre
	Daisy Mae - - Mike Myers

Mumbles, a doctor - - - - - - - - - - - - Paul Newell
Shmoo - - - - - - - - - - - - - - - - - - - Sanford Schen
Dogpatch Hooters - - - - - - - - - - - - - Bary Grieser
Don Chambers
Bruce McGraw
Local - - - - - - - - - - - - - - - - - - - Sanford Schen
Fish, a doctor - - - - - - - - - - - - - - Larry Loopstra
Angle, a doctor - - - - - - - - - - - - - - Dale Pettit
Village Idiot - - - - - - - - - - - - - - - Gary Grieser
Dickie, a doctor - - - - - - - - - - - - - - Ted Jenkins
Keen, a doctor - - - - - - - - - - - - - Richard Moloy
Lonesome Polecat - - - - - - - - - - - - - Joe Homer
Hairless Joe - - - - - - - - - - - - - - Joseph Glaister
The Dancers - - - Mara Dreimanis, Louise Keevil, Emilie Novak, Avice Carmichael, Gary Greiser, Paul Wilson
Wasserman, A Witch Doctor - - - - - - - - - Bruno Will
Marryin' Sam - - - - - - - - - - - - - - - Dave Epstein

7. **INTERLUDE** - - - - - - - - - Nora Stevens and Jerry Bain

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CARBON DIOXIDE

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8. **SCHOOL OF NURSING** "I ENJOY BEING A GIRL"

SCENE: A STREET - Lynda Hunter

Betty Anne Maloney	Laurel Wallace
Janet Nichol	Liz Forsythe
Liz Mitchell	Pat Rogers
Beth Weylie	Barb Reed
Ruth Oliver	Sue Graham
Uliana Yaworsky	Marilyn Walker
Cam Murphy	

9. **SCHOOL OF NURSING** "AN INTERPRETIVE DANCE"

Les Heenan	Pat Rogers	Marilyn Walker
Pat Leslie	Penny Nickolas	Kathy Mozzin

10. **MEDS CHOIR** -- DIRECTED By Ernie Spratt Piano Mal McCullough

Dave Atkinson	John Hyatt	Terry Moore
Bill Bryant	Ted Jenkins	Bill Muir
Al Murray	Dennis Keene	Mike Myers
Don Chambers	Bill Kostuk	Paul Newell
Jim Curits	John Lamont	Frank Pon
Larry David	Don Lawrence	Larry Richards
Dave Davis	Larry Loopstra	Vic Vigna
Bruce Douglas	Tom Martin	Bob Wahby
Mike Hickey	Ken Milne	Barry Wannan
Joe High	Dick Moloy	Hans Witt

Intermission

11. **MEDS '65** "GONANZA"

INTRODUCTION

Man with Hammer - - - - - - - - - - - Walt Koslowski
Man with Gong - - - - - - - - - - - - - Terry Moore
Musicians - - - - - - - - - Jerry Bain, Jack Chritchley
Lloyd Brubacher, Derek Boughner
Phil Hayman, Vic Vigna
Walt Koslowski

SCENE I

Has Ben Catheterite - - - - - - - - - - - - - Ken Milne
Adam Catheterite - - - - - - - - - - - - - Ray Giddings
Little Lord Home - - - - - - - - - - - - Roy Chatterton
Ox Catheterite - - - - - - - - - - - - - - Gordon Fisher
Dog - - - - - - - - - - - - Phil Hayman, Jack Chritchley

SCENE II

Faith Healer - - - - - - - - - - - - - - - - Moe Hurley
Cardiologist - - - - - - - - - - - - - - - Ian Harrington
Man-Ning - - - - - - - - - - - - - - - - - - Frank Pon
Red Light Lilly - - - - - - - - - - - - - - -Rich Howe
Girl - Ewa Melech
Grey-haired Man - - - - - - - - - - - - Harvey Rabin
Duck Hunter - - - - - - - - - - - - - - Ralph Wermuth

SCENE III

Too-Loose Brassiere - - - - - - - - - - - Brian Dunster
Assistant - - - - - - - - - - - - - - - - - - Jim Hiscox

SCENE IV

Chiropractor - - - - - - - - - - - - - - Dave Gingrich

12. **ACCORDIAN INTERLUDE** - - - - - - - - - - Sanford Schen

13. **I'M REJECTED**

Judy Flynn - - - - - - - - - - - - - - - matronly nurse
Betty Anne Maloney - - - - - - - - - - - - - - - interne

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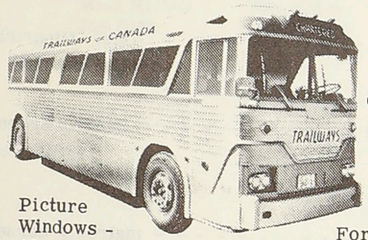
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14. **MEDS '64** "THE BEST YEARS OF OUR LIVES"

Dr. Brien - - - - - - - - - - - - - - - - - - - Al Murray
Girl - Pat Keeling
Dean Wicke - - - - - - - - - - - - - - - - - Vern Ellis
Dr. McLachlin - - - - - - - - - - - - - - Mike O'Dwyer
Dr. McCredie - - - - - - - - - - - - - - Don Lawrence
Dr. McLarty - - - - - - - - - - - - - - - - Dick Wylie
Dr. Grace - - - - - - - - - - - - - - - - - Mike Grace
Dr. Prime Pinch of Prime Gravida - - - - - Doug Jack
Dr. Manning - - - - - - - - - - - - - - - - Jim Curtis
Dr. Fusser - - - - - - - - - - - - - - - - Tom McGhie
Albert - John Aust
De Witt - - - - - - - - - - - - - - - - - - Tom Martin
Dr. Rambun - - - - - - - - - - - - - - - Robin Shearer
Chauffeur - - - - - - - - - - - - - - - - - Ross Laing
Stretcher bearers - - - - - - - Pete Fowler, Don Johnson
Harem Girls - - - - - - - - - - - - - - - - - Nurses

15. **FINALE** - ETIOLOGY OF TACHYCARDIA! - ENSEMBLE

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DANCERS

CHAIRMAN - - - - - - - - - - - - - - - - Les Heenan
CHOREOGRAPHER - - - - - - - Mrs. Geraldine Pacquette

OPENING - Marilyn Ellis, Gail Chant, Bonnie Maxwell, Lynn Dysart, Barb Flexman, Barb Penny, Mary Giampaolo Marianne MacLennan.

FINALE - Linda Sharpe, Jean MacArthur, Nancy Phipps, Joanne Fraser, Jeanette Whitaker, Joyce Mollenhauer, Judy Branton, Gail Brewer.

MAKEUP - Karin Larsin, Mavis Doyle, Linda Gunning, Marg Ivill Ann Taylor, Catherine Atmore, Joan Clifford, Susan Farah Shirley Ricketts, Pat McCallam.

Remember

Hippocratic Banquet

JANUARY 10, 1964

OUR THANKS TO - Al Barber, The Cafeteria Staff, The Grand, Beal Tech, Frank Prinz, Ron Holliday, Marley Sign Co., Bell Telephone, London Answering Service. Special thanks to Gord Steward.

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Fears Lack Of Doctors, MP Asks Aid

Dec. 12/63

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The medical doctor from Hamilton South said the 12 colleges graduate about 850 annually but a flow of doctors from other countries has been the chief reason why the ratio of doctors to population hasn't become worse.

That immigration inflow probably will dry up by the time Canada gets a prepaid national medical plan, as it must, said Dr. Howe.

The ratio in 1901 was one physician to every 972 Canadians. This ratio in 1960 was one to 879, higher than 20 other countries including the U.S.

Dr. Howe, speaking as the Commons studied the spending estimates of the Privy Council, said there are fewer medical malcontents of other lands available to Canada now as medical plans spread.

Thus Canada would be forced back on its inadequate medical education services.

One training problem was a lessening in the numbers of charity cases available for doctor training.

Canada up to about eight years ago had excellent medical training standards, he said. But other countries were forging ahead.

More than 5,000 Canadian-educated physicians were practising in the United States and there was also an increasing U.S. drain on Canadian teaching personnel.

If applicants for medical schools were higher, that seemed to be due to the post-war baby crop.

In 25 years a serious problem might exist unless there was recognition of the need of the Canadian medical colleges for more funds.

Further, other branches of scientific training tended to be subsidized and this should be evened out.

Privy council President Maurice Lamontagne, launching the debate, reviewed steps to implement some of the recommendations of the royal commission study of government organization.

Sitting an hour past its usual Wednesday adjournment time of 6 p.m. EST, the Commons passed the Privy Council estimates — third department, after trade and forestry, to be approved.

Former Conservative finance minister George Nowlan said Mr. Lamontagne had indicated that the government still had not had time to reach the really "definite conclusions" on the Glassco recommendations.

Mr. Nowlan suggested that Mr. Lamontagne make some announcement not later than late February or early March, if he wants to make it at all; otherwise the Conservatives may be back in office.

Three members — Arnold Webster (NDP - Vancouver-Kingsway), Heath Macquarrie (PC-Queens) and H. W. Herridge (NDP-Kootenay West) —made pleas for more federal aid to universities.

All three also warned that Canadians will not let the Liberals forget their election campaign promise to provide 10,000 university scholarships worth $1,000 each.

Mr. Lamontagne later reviewed some of the preparations for centennial celebrations in 1967, and sketched the various private and public agencies at work on the problem.

To many, he said, there may appear to be a surfeit of organizations.

"This may be a legitimate complaint at the moment," Mr. Lamontagne said. However, he said that once programs begin to emerge, each agency will find its own role and purpose and operate as it was meant to.

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Plan to Give TB Skin Tests to 3,300 Grade School Pupils

Dec 12/63

Tuberculosis skin tests will be given to approximately 3,300 public school students in the New Year, as a start in a TB testing program that the board of education hopes to extend to all public schools in the city.

In the past, students have been tested for TB in grades 9 and 12 in public and Roman Catholic secondary schools. Pupils in separate elementary schools and students at the University of Western Ontario have received annual tests.

The program is a joint project of the Beck Memorial Tuberculosis Association, the board of education and the board of health.

The extension of TB tests is part of a program, already in effect, to "really go after" cases of tuberculosis, Dr. D. A. Hutchison, medical officer of health, said.

"There hasn't been an increase in incidence of tuberculosis in London," he said, "but we've been going after it, and as a result, finding more cases."

The tests will be made in six public schools next year, Dr. Mary Scoffield, school medical officer, said. The schools are Sir John A. Macdonald, Sir Winston Churchill, Simcoe, Talbot, Aberdeen and Manor Park. Additional schools will be done in subsequent years, she said.

The tests will be made by physicians from Beck Memorial Sanatorium and the medical staff of the board of education.

The board of health will be notified of cases which test positive, and arrangements will be made for immediate X-ray examinations, Dr. Hutchison said. At the same time, skin tests will be made

Dec. 12/63

ves who have had the child to determurce of infection. on public elemenhave in the past the few in this have not received skin tests. Tests n all school chilMiddlesex County y doctors from the Col. W. Eric Harer of the Beck Memorial TB Association, said.

The number of persons contracting TB in London has been relatively steady for the past decade, he said. However, there has been an increase in the number of cases detected.

"A little epidemic" of tuberculosis in Kitchener area schools was reported Tuesday by Dr. S. J. Hawkins, superintendent of Freeport Sanatorium there.

He blamed the increase in cases on complacency by the public and the medical profession.

"It's getting so we can't be sure when we send our boys and girls to school that they're not going to get tuberculosis," said Dr. Hawkins.

"Everyone is being too complacent, even the medical profession."

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Rescue Firemen Get Cardiac Coaching

Ask Medical Plan Cover Mental Illness

Dec 12/63

TORONTO (CP) — Promoters of mental health, oral surgeons, Christian Scientists, visiting nurses and physiotherapists yesterday joined the queue of supplicants seeking inclusion of their services in projected legislation governing medical services insurance in Ontario.

Representatives of these groups presented briefs to the government - appointed medical services insurance inquiry, joining chiropractors and podiatrists who entered bids for inclusion at the inquiry's opening last week in Windsor.

The 14-member committee holding the inquiry will advise the government on draft legislation designed to provide medical insurance through private organizations for all Ontario residents who wish to enrol.

At issue yesterday was the draft law's apparent exclusion of all but physician-administered treatment from a proposed standard insurance plan that would be available under the act.

The Ontario Division of the Canadian Mental Health Association took specific exception to the exclusion from coverage of patients in special institutions for mental illness.

The association's executive director, Donald Sinclair, and its scientific adviser, Dr. Paul Christie, argued that such an exception would perpetuate a system that are warring against —placing patients in tax-supported institutions that set them apart from people with ordinary physical ailments.

Mental illness should be covered under the legislation in the same way as physical illness, they said. This would enable mentally-ill persons to receive treatment from specialists of their choice at home, in clinics or in the psychiatric units of general hospitals and avoid the social stigma associated with treatment in special mental hospitals.

The mental health association indicated that its ultimate aim is to replace the present system of government hospitals for mental illness by treatment centres in regular hospitals.

Answering arguments that inclusion of treatment for mental illness in the legislation would cost too much, the association said the present system would be even more costly in economic and human terms.

The association's brief estimated the total annual cost of specialist care for the mentally ill inside and outside hospitals at about $13,000,000 — about $2 per head of population in the province.

The Ontario Society of Oral Surgeons, the Ontario Dental Association and the Royal College of Dental Surgeons of Ontario argued for inclusion of oral surgery performed by dental specialists in the schedule of insurance benefits.

They said it is "unjust and discriminatory" to cover oral surgery performed only by physicians because this provision removes the patient's right to select the surgeon of his choice.

Wesley J. Dunn, secretary of the Royal College of Dental Surgeons, said the dentists were not seeking inclusion of all dental services, but only oral surgery which both medical doctors and dental specialists are qualified to perform.

Leslie A. Tufts of the Christian Science committee on publication for Ontario entered a plea for including coverage of treatment by "prayer or spiritual means alone."

"It should be axiomatic that a democratic government has no more right to set up any one branch of the healing art, and require its citizens to conform to it, than it has to stipulate the particular religious doctrine to which its citizens should subscribe," the Christian Science brief said.

Mr. Tufts said people of his religious persuasion are particularly anxious to be exempt from any legislation implying compulsion to undergo any designated form of treatment for illness.

The St. Elizabeth Visiting Nurses Association of Ontario urged the committee to recommend coverage of visiting nursing services in the standard medical insurance plan, noting that such service forms an essential part of treatment and care of the ill and it is performed under the direction of physicians.

The Ontario Society of Physiotherapy said its service, too, often is essential and it asked the committee to assist the development of physiotherapy in private practice by including such benefits in the government-regulated insurance plan.

Dr. Hauch Appointed Olympic Team Doctor

Dec. 13/63

Dr. Paul Hauch, of London, a prominent figure in Canadian swimming, has been named team doctor for the Canadian



DR. PAUL HAUCH

team in the 1964 Olympic Games in Tokyo.

The appointment was made known Wednesday night at the London YM-YWCA Aquatic Club's annual Christmas dinner.

Dr. Hauch is one of the club's coaches.

Dr. Hauch, who was manager of the Canadian Olympic swim team in the 1956 Games in Melbourne, Australia, is a member of the executive of the Canadian Amateur Swimming Association and in 1961 and 1962 held the post of vice-president of the Canadian Olympic Association.

House Backs Pensions Rise To Blind, Ailing

By ROBERT W. NEEDHAM
Free Press Staff Writer

Dec 11/63

OTTAWA — Health Minister Judy LaMarsh yesterday gained quick Commons approval in principle for legislation enabling $10 increases in old age assistance payments, blind and disability allowance. But the minister came under attack from Hon. J. W. Monteith (PC—Perth) former minister of national health and welfare, T. C. Douglas, NDP leader and other Opposition keynoters, because the increases were retroactive only to December 1 rather than October 1. The earlier date would have brought the increases into line with the $10 increase in universal old age pensions.

Miss LaMarsh made it clear that the actual starting date for the boost would depend upon the provinces who share in the three assistance programs.

However, Ottawa stood ready to assume its share of the new increases as of December 1 — or whenever a province might choose to put them into operation.

The measure passed second reading and committee-stage approval. Third and final reading was proposed but Mr. Monteith objected and it was held over until today.

The increases would cost Ottawa $4,200,000 for the current fiscal year, or $12,600,000 on the basis of a full year. It would cost $7,900,000 for increased old age assistance payments to 103,000 recipients, $3,900,000 for 51,000 receiving disability allowances, and $800,000 for 8,000 persons receiving blind allowances.

Miss LaMarsh observed that it might well be the last time the House was called upon to make changes in legislation applicable to these three categories of recipients. She commented too, that the movement was away from the means test to a need test — what it actually cost welfare recipients to live in any given area. It was hoped that the legislation was the last step in these three welfare fields but at the same time a first step towards something that might fill a greater need.

Later, Miss LaMarsh declined the invitation of Frank Howard (NDP-Skeena) to name the provinces that were reluctant to start the pension increases sooner. He called this a "shame and disgrace, if true."

Miss LaMarsh said, however, that "almost half" the 10 provinces leaned toward starting the extra pensions by next April.

She said that in federal-provincial shared-cost programs a heavy financial burden can be placed on a province by unilateral federal action. Consultation was deemed the best course to follow. The Dec. 1 date resulted.

$12,595 Bequeathed

Dec 12/63

Bequests to War Memorial Children's Hospital totalling $12,595 were received last night by Victoria Hospital board of trustees.

Largest bequest was $12,000 from the estate of John Darling. Victoria Superintendent Dr. C. J. Kirk reported that the latest donation raised to $62,000 the amount War Memorial has received from the Darling estate.

Bequests of $250 and $345 respectively came from the estates of Margaret O. H. Nevin and Ethel B. Wildern.

No specific uses were designated in the bequests.

STRANG — Dr. and Mrs. William H. G. Strang (nee Patricia Kearns) are proud to announce the birth of their second son, Paul Craig Acheson, Dec. 11, 1963, at Toronto Western Hospital. A brother for Mark.

Victoria Hospital Plaque to Honor Bishop Cody

Dec 12/63

Victoria Hospital's board of trustees last night decided to erect a commemorative plaque at the hospital, honoring the Most Rev. John C. Cody, the late Roman Catholic Bishop of London.

The board asked Superintendent Dr. C. J. Kirk to recommend a suitable location for the plaque, which will recognize the assistance given to Victoria by Bishop Cody during his lifetime.

Trustees J. R. Chapman and William Loveday both expressed triubutes to the Bishop, who died last week and was buried Tuesday. They recalled that he had always demonstrated readiness to help the hospital.

Doctors Hit Cigarette Smoking

Dec 16/63

WINNIPEG (CP) — The Manitoba Medical Association is distributing a booklet bound in black designed to lay bare "the dangers of cigarette smoking."

Drawn in grey on the black cover are burning cigarettes and a graveyard.

The book was compiled by members of the association, the provincial division of the Canadian Medical Association. Its contents were drawn from British, United States, Danish and Canadian sources.

Three hundred copies were printed and are going to high school principals throughout Manitoba, members of the legislature and others, including Federal Health Minister Judy LaMarsh.

In a statement issued to the press the Manitoba Medical Association says that "because of conclusive medical evidence of a direct link between cigarette smoking and lung cancer plus the rising death toll across Canada from lung cancer, the association believes it has a duty to point out the danger."

The statement outlines contents of the booklet:

Included is some of the evidence gathered by the American Cancer Society which concludes that the incidence of lung cancer for cigarette smokers is almost 10 times as high as in non-smokers.

Dr. M. R. MacCharles, of Winnipeg, immediate past president of the Canadian Medical Association, suggests Canadian physicians stop smoking.

Rescue Firemen Get Cardiac Coaching



IG CONGRATULATES WINNER — King Olav f Norway, left, congratulates Dr. Linus Pauling, Pasadena, Calif., who is holding Nobel Peace e presented him in Oslo yesterday. At centre is Dr. John A. MacAuley, of Winnipeg, president of the league of Red Cross Societies, who accepted share of the 1963 peace prize awarded to his organization. (AP Wirephoto).

Dec 11/63

Nobel Prize Said Tribute To Workers

Free Press Wire Servic

OSLO, Norway — Two Cross groups were awa the 1963 Nobel Peace P yesterday and a Canadian cial described the honor a tribute to millions of Red C workers.

Lawyer John MacAulay, Winnipeg, accepted the Le of Red Cross Societies' a of the award. He is its c man.

"The Red Cross has e lished a vast network of hu ity throughout the world," Aulay said.

He said the prize was only a tribute to the comm and the league, but also t local organizations and "the lions of Red Cross wor without whom the league w not exist."

The other half of the 000 prize went to the I national Red Cross Com tee.

The prizes were establ 62 years ago by Dr. A Nobel, inventor of dynam

Three U.S. citizens rec Nobel Prizes in ceremoni Oslo and Stockholm.

Dr. Linus Pauling was the delayed peace prize 1962 at Oslo University. eard himself praised as a ho fought for nuclear di ent in the face of riticism and defende harges of pro-Commu gs.

In reply, the researc rom the California In echnology said the w oving toward the e he only war remai e "the one against di uman suffering."

In the audience at University ceremon members of the royal family headed Olav V, high Norw cials and foreign dig

In his presentation speech, Gunnar Jahn, chairman of the Nobel Prize committee, said the Moscow treaty limiting nuclear testing could not have been achieved now "if there had been no responsible scientist, who, tirelessly, unflinchingly . . . impressed on the authorities and the general public the real menace of nuclear tests."

Pauling's prize was worth 349,465. The 1963 prizes are worth a record $51,000.

In Stockholm's concert hall, King Gustav VI handed out the awards for literature, medicine, physics and chemistry.

Hungarian-born Dr. Eugene Wigner, of Princeton University, was honored for basic research on the nature of the atom's nucleus and its particles. He received half the $51,000 physics prize.

The other half went to Dr. Maria Goeppert Mayer, of the University of California, at La Jolla, and Professor Hans A. Jensen, of Heidelberg, for their findings on atomic shell structure.

Mrs. Mayer was the first to receive her gold medal, leather-bound diploma and cheque from the King. She is the first woman to win a physics prize since Marie Curie, of France, 60 years ago.

Other prize winners were: Literature, Giorgos Seferis, Greek poet; medicine, Sir John Eccles, of Canberra, Australia; A. L. Hodgkin, of Cambridge, England, and Andrew Huxley, of London, for nerve research; chemistry, Professor Karl Ziegler, of Germany, and Dr. Giulio Natta, of Italy, for research producing new chemical combinations for plastics.



BEST ARTIST — Mrs. Kevin MacDougall, assistant head nurse at Parkwood Hospital was a first prize winner in the annual Christmas art contest at the hospital. Mrs. MacDougall painted six of the 40 window art entries executed by staff and patients.

Dec. 14/63

Hospital Decked for Yule

When London hospital windows are transformed into winter and religious scenes by the magic of the artist's paint brush each year, patients and staff know Christmas must be just around the corner.

At Parkwood Hospital yesterday, staff and patient artists, whose window paintings were selected by a panel of four judges, shared 50 silver dollars in prizes at the annual Christmas staff party sponsored by the hospital board and the Women's Christian Association of London.

In the staff competition. Second prize of $5 went to Miss Roberta Bird, a nurse aide; third, $3 to Mrs. Shirley Phillips, staff nurse; honorable mention, $1 each, Mrs. Joann Crombie, registered nursing assistant; Miss Kay Ross an assistant head nurse; Miss Faye Atkinson, Nurse aide, and Miss Sandra Goneau, certified nursing assistant.

In the competition for patients Miss Dorothy Barrett won first prize of $10; Miss Margaret Campbell, second, $5; Miss Ilane Hearns, third, $3; Miss Helen Zavitz and Miss Annette ces Columbus; Miss Margaret Gerrard, Mrs. Kay Reynolds and Mrs. Marion Hamilton.

Judges for the 30 staff and 10 patient entries were Mrs. J. J. Halcrow, Mrs. Sam Lerner, Mrs. T. H. Mara and Mrs. B. J. Beattie. Mrs. C. K. Morningstar, board president, Mrs. Lerner, and F. S. Woodcock, hospital administrator, presented 10-year service pins to Mrs. Florence Berry, Mrs. Helen Springett, Mrs. Leda Logan and Mrs. Helen Moody and five-year pins to 24 other staff members.

Best painted windows at Vic- Joseph's be se-

Opens Two More Wards

Dec. 18/63

Two more wards have been opened in the new wing of St. Joseph's Hospital, Sister Mary Elizabeth, superintendent, said yesterday.

The new wards, located on the sixth floor, are a medical ward which now numbers 24 beds and will be enlarged later, and a 35-bed gynaecological unit.

This brings to three the number of wards now in operation in the hospital's 180-bed addition. On Nov. 29, 32 patients in the hospital's psychiatric care unit were moved to the second floor of the addition, and a further nine beds were moved to the floor the following week. This completed the in-patient accommodation of the unit.

Asks Aid to Medical Plans

Dec. 13/63

TORONTO (CP) — Projected Ontario legislation to provide private medical insurance for all residents on a voluntary basis would undermine non-profit groups in favor of commercial insurance carriers, the director of a non-profit medical plan complained yesterday.

Jason A. Hannah, managing director of Associated Medical Services Incorporated, proposed to the government - appointed committee studying the legislation a series of amendments which he said would protect the non-profit groups and take care of "chisellers" who might abuse the program.

which they said would prevent an insurer from cancelling a subscriber's standard insurance or would compel the insurer to provide the standard plan if the subscriber loses his eligibility for another plan.

The Ontario Hospital Association, whose honorary president is Health Minister Matthew Dymond, expressed fears in its brief that other government - supported health programs — particularly hospital services — might suffer if costs of the medical insurance cut into other health budgets.

Proctor A. Dick, of Chatham, OHA president, also voiced concern that widespread use of medical insurance would put a strain on hospital facilities and budgets through increased demand. Secretary-treasurer S. W. Martin, of Toronto, said he hoped "hospitals won't be blamed" if they are unable to meet the increased demands for service created by the new ability to pay through insurance.

In any case, he added, the legislation is too late, too inadequate and by the time it is operative everybody who wants prepaid medical care will have had the opportunity to buy it.

Dr. Hannah's opinions and recommendations were in one of five briefs presented to the 14-member inquiry committee on the second day of a two - day session here. The committee opened hearings last week in Windsor and resumes next month in Toronto.

He said the commercial insurers could capture the young, low-risk subscribers with low premium rates and let these people get coverage under the shared-risk pool when they become costly subscribers.

Interpretations of the draft act, however, appear to differ. Committee members pointed out sections of the legislation

Open Mental Rehabilitation Centre

Dec. 16/63

From outside, the brick house with the sign in front looks like another once-gracious home on the city-core fringe gone commercial.

But inside, at 465 Clarence St., lies a distinguished home, tastefully finished and furnished.

Yesterday, Premier John Robarts slipped a key in the lock on the front door to open London's White Cross Centre — designed to assist former mental hospital patients over the often-painful hurdles of rehabilitation.

Then, taking Mrs. Robarts by the arm, he led the way for an estimated 200 persons who toured the centre.

It took $7,000 worth of contributed time, money and material — including 72 gallons of paint — to provoke the compliments paid by visitors to representatives of the Middlesex Branch of the Canadian Mental Health Association.

Earlier, Premier Robarts speaking in Cronyn Hall, St. Paul's Cathedral, said $77,000,000 of the annual health budget is funnelled into care and treatment of the mentally ill.

". . . But there is a point in care where the most important aspect is the element of personal relationship. In this area it is extremely difficult, if not impossible, for the government to play a role," he said.

He said the ex-patient needs help in overcoming the natural reticence he has in re-joining "what has been for him during the time he has been in hospital 'the outside world'."

The centre includes in its future plans a "sheltered workshop" where members can be trained back to "job tolerance" in order to be gainfully employed, said Mrs. Ruth Sherman, executive director of the London branch.

James D. Miller, vic
of the provincial d
CHMA, and Don Sinc
ecutive director, spo
increasing awareness of mental health problems and the history of mental health associations in the U.S. and Canada.

Dr. George Jenkins, president of the Middlesex branch, traced the drawn-out, often-frustrating attempts launched in 1950 to provide the centre.

ter, which under president Mrs. Harry Carsen, and sparked by a committee headed by Mrs. Wallace Weinstein, a past president, canvassed businessmen for furniture and material to renovate the former Red Cross blood donor's bank.

Dr. Jenkins lauded the North London Kiwanis Club, the Junior Chamber of Commerce and the

tober now is a second home to 45 regular visitors. They drop in during the day and attend craft and social classes Monday and Thursday nights.

On tables in one of the rooms were Christmas toys and centre-pieces made by mental patients. Many were sold to visitors.

Mrs. Robarts is honorary chairman of the Christmas gifts committee, which has pledged very patient
itals.



FIRST TO ENTER — Premier John Robarts officially opened the White Cross Centre, on Clarence Street, yesterday. Following a reception and brief ceremony in Cronyn Hall, the Premier, shown with Mrs. Robarts, turned the key to open the building.

Doctor Training Vital Challenge

Dec. 13/63

DEBATE on the estimates of the Privy Council took an unexpected turn when Dr. William Howe, NDP, MP for Hamilton South, raised the question of federal aid to medical schools.

Whether this was the appropriate time for debate, or the federal government the proper source for the funds may be arguable, but there is no doubt that the need for more doctors is great. If medicare plans are adopted it may well be greater, and to adopt such plans without providing an adequate flow of doctors would be merely misleading a number of people.

Canada, as Dr. Howe points out, has been fortunate in being able to draw doctors from other lands. Now it appears that we face a net loss, as Canadian medical men are attracted to the U.S. and we are not able to maintain the supply from Europe.

Two great problems loom in the way of increased facilities for medical training. One is the high cost of medical schools, and the other is the lessening number of cases available for training of doctors. It is to be hoped that all levels of government interested in health measures will bear these factors in mind when formulating such schemes and take care that an adequate flow of well-trained doctors is maintained.

Rescue Firemen Get Cardiac Coaching

UWO Study of National Importance

Dec. 16/63

THE STUDY initiated at University of Western Ontario of a more effective year-around use of teaching facilities is a matter of great significance to the whole Canadian educational system.

For some time it has been obvious that the pressure of prospective enrolment beyond existing capacity is one of the most serious problems facing Canadian universities. Major expansion has been undertaken, and much more is to come. New universities have been opened in Ontario and across the country. But still the problem has not been surmounted.

If a system can be devised which will relieve even to a limited extent the continuing pressures of capital costs it is surely a commendable move.

That is looking at the question from an economic standpoint. From a scholastic standpoint the year around employment of teaching facilities to their full capacity presents equally interesting possibilities.

Study, for example, is being given to the prospect of moving a student through to graduation in a year less than is now required, without a lowering of standards. A basic objective of the entire program would thus be to increase the number of students a university can accommodate.

All this of course gives rise to other problems which will be carefully considered by the special study committee set up at Western. There is the question of the students who depend on the summer break to acquire the funds to finance their education. There is the matter of new and comprehensive organization of faculty.

There is also the desirability of equal freshmen enrolments in each semester in order to make a broadened teaching program fully effective. It may be that the question of greater use of classroom space will have to be considered for secondary schools as well. The same economic and enrolment pressures exist there. The study being done at Western could indeed provide guideposts for educational concepts across Canada.

Anti-Flu Shots Given Policemen

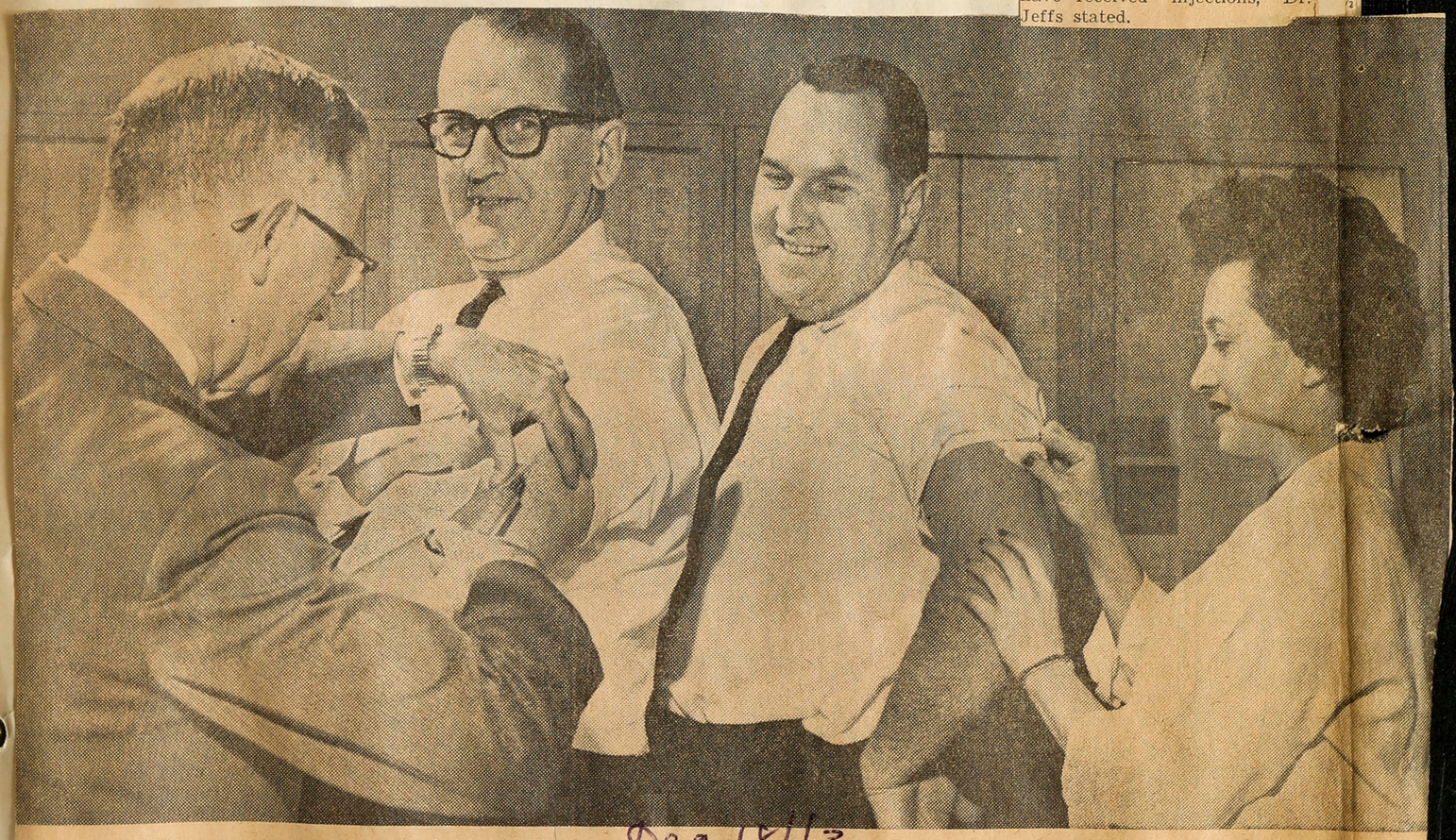
Very few persons are able to give a policeman the "needle" and get away with it, but Dr J. I. Jeffs, assistant London medical officer of health, yesterday did just that to 153 members of the London Police Department.

Dr. Jeffs and his assistant Miss Nora Driver, Reg. N., visited the police department to begin the first of a two-part series of anti-flu inoculations, the second year the program has been undertaken by the group.

Joining the men in blue for the "shots" were civilian employees of the department and members of the bench. The group will receive their final injection Jan. 7.

Dr. Jeffs said anti-flu inoculations are required annually since flu viruses change from year to year and new serums are needed to be effective in controlling it. Although the serum is not a guaranteed preventative, it is about 60 to 70 per cent effective in most cases, he said.

Members of the London Fire Department are among other large groups in the city who have received injections, Dr. Jeffs stated.



Dec. 18/63

GET THE POINT — Police Chief Finlay Carroll and Deputy Chief W. T. Johnson were among 153 members of the London Police Department, civilian employees and members of the bench to receive anti-flu inoculations yesterday. Dr. J. I. Jeffs, assistant London medical officer of health and his assistant, Miss Nora Driver, Reg. N., administered the first "shot".

UWO Committee Studies Year-Round Teaching Plan

Dec 13/63

By ERIC FINCH
Free Press Staff Writer

Year-round teaching — already a reality at a large number of American universities — is being seriously studied by the University of Western Ontario.

It is designed to make maximum use of facilities and faculty while passing a student through to graduation with no lowering of standards.

It permits the student who desires to do so to earn a degree in one year less than he would ordinarily have to devote to studies.

But the basic theory behind such moves is that greater use of present classrooms would greatly increase the number of students a university could accommodate.

More classroom space and greater use of present space is urgently needed for higher education in Canada. Statistical forecasts indicate that a tidal wave of students will need nearly triple the number of university places by 1970-71.

Already the wave is lapping at the Western campus. Enrolment at the university and affiliated colleges this year was more than 5,600, a figure UWO authorities had not expected to reach until the fall of 1964.

Only last March, Dr. G. E. Hall, president of the university, said he did not think a year - round operation at Western would be desirable, not only because "it takes time to get an education—you can't simply absorb it," but also because a year - round campus jammed with intramural students would seriously interefere with Western's large summer school.

Recently however, a faculty committee was organized and told to study the year - round campus, both generally and its implications for Western.

Western, with its large summer school (about 1,800 attended last year) and graduate training which continues throughout the summer, might almost be said to be in full time operation now.

University intramural students in Canada now attend two semesters totalling about 26 to 28 weeks of regular course instruction per year.

Chief objections voiced to year long operation plans by educators are that the student who is engaged in continuous instruction and study gets no time to pause and absorb what he has learned, and that faculty members need time for broadening study, research projects, and even meditation. They visualize the university becoming a "diploma mill" existing only to churn out graduates in as little time as possible.

Proponents of the plan point out that immediately after the Second World War many students took intensive courses and actually thrived on them. They add that due care exercised in rotating staff, allowing sabbatical leaves and research time can eliminate the problem of faculty overwork.

Strike Threatens Fou

Dec 18/63

TORONTO (CP) — An official of the C Operating Engineers (CLC) said yesterday a gineers and the maintenance staff of four hos sor is imminent unless the time-and-a-half pa Sunday work is recognized.

Clifford Scott, the union's business agent, made the statement after a concilliation board reported it was unable to recommend the principle in the light of evidence presented.

A special committee appointed by Premier Robarts to consider compulsory arbitration in hospital disputes will hold hearings in Windsor Jan. 16.

But Mr. Scott said his union will not wait for the outcome of the hearing.

He said union members from Hotel Dieu Hospital, Metropolitan General Hospital, Grace Hospital and the IODE Memorial Hospital will take a strike vote in the next few days. The union's 32 affected members would be free to strike seven days later.

During the concilliation board hearings, W. L. McGregor, representing the hospitals, said the principle of premium pay for Sunday work has not been established in Ontario hospitals and would cost hospitals an extra 18 cents an hour in labor costs.

Union nominee Mel Carriere said the cost would be 13.9 cents an hour and hospital employees should not have to accept wages "below the community rate for similar employment."

The board did not make any recommendation on wages because of the Sunday work stalemate. The hospitals had offered a six-cent hourly increase for a one-year agreement. Existing rate for all but one of the hospitals is $2.48 an hour.

Kidneys From Chimp Working Well, New Orleans Man Leaves Hospital

Dec 18/63

NEW ORLEANS (AP) — A 44-year-old New Orleans dock worker received a transplant of chimpanzee kidneys six weeks ago and now is well enough to leave the hospital, Tulane University announced yesterday.

Tulane doctors said Jefferson Davis is "now in good health and the transplanted kidneys are functioning well."

The university said Davis is believed to be only the second person ever to receive kidneys from a primate and have them function — and the first to recover sufficiently to leave the hospital.

Tulane gave this history:

Davis had suffered with a chronic kidney inflammation for six years. His condition worsened in recent months, leading doctors to use first an artificial kidney treatment and later the transplant.

Dr. Keith Reemtsma, spokesman for the Tulane group, said the doctors undertook the transplant only after explaining to Davis that the chances for success were unpredictable.

A major problem was counteracting the phenomenon by which the body rejects foreign tissue. To combat this, the doctors treated Davis for a week before the operation with anti-rejection drugs.

"The most significant finding in the present case," Dr. Reemtsma said, "is in the demonstration that rejection can be reversed in heterotransplants."

Heterotransplant is the transplant of tissues and organs from one species to another; transplants between humans are called homografts.

McKIM — To Dr. and Mrs. John Mckim, 97 Elworthy Ave. A fifth son, John David, on Dec. 28, 1963.

Rescue Firemen Get Cardiac Coaching

Health Board Seeks Study Of Minimum Housing Bylaw

Dec. 19/63

g in principle a de-
ort on housing by Med-
er of Health Dr. D. A.
n, board of health
esterday to seek board
l approval for forma-
committee to draft a
tting minimum stand-
occupancy and mainte-
r dwellings.

utchison recommended
nittee be composed of a
ative of each of five
rtments: Health, build-
ction, planning, fire and
inspection.

law would help halt the
blight that is revealed
esults of the local sur-
ch showed that a num-
nall, single-family dwell-
e still providing ade-
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re over 100 years old
n the other hand, many
showed neglect and de-
ugh lack of proper main-
although they were of
e recent construction,
Hutchison.

e area covered by the
a total of 47 houses of
mises were found to be "dilapidated to the extent that they would be considered unfit for habitation if other accommodation had been available." During the last 11 months, 667 housing complaints throughout the city were investigated by the health department and 20 premises were placarded as unsanitary and unfit for human habitation.

"It should be emphasized that all of these inspections were made as a result of a complaint being registered, and there is little doubt that detailed area surveys would greatly add to these numbers." Of the 667 dwellings, 250 were overcrowded and unsanitary, 93 had defective plumbing, 204 were vermin infested, and 120 lacked enough heat.

Dr. Hutchison suggested the implementation of the bylaw would require, first, enabling legislation which could be sought through a private city bill in the provincial legislature.

Other local studies now underway which have some bearing on housing are one on public housing and urban renewal, directed by Prof. James A. Murray, and one sponsored by United Community Services, the Family Centred Project, a project in research and family service.

Earlier, related studies carried out were the "Urban Renewal Report, a Plan for Development 1960-80" prepared three years ago by the planning department here, and a study last year by Central Mortgage and Housing Corporation and the Ontario department of municipal affairs dealing with residential blight, called "A Better Place to Live."

The latter reported: "London has no blocks which are rated poor in their entirety. There are isolated poor houses, and the occasional pocket of poor houses. Housing is poorest when it is adjacent to a railway or industrial use."

Although this is true, Dr. Hutchison said, records of his and other agencies "support the need for improved housing for a large number of families, particularly those in the lower income group, and prove beyond doubt that citizens of London need to be concerned with the need for housing standards control."

The Public Health Act, declared the MOH, "provides limited powers to deal with some complaints but only with the very worst of housing.

In view of this, it is usually easier to condemn and placard premises as being unfit for human habitation, said Dr. Hutchison. "Owners find it easier to allow houses to remain vacant, and thus deteriorate further, with the hope of selling the land and perhaps lowering assessed values. This can only have the effect of adding to neighborhood blight.

"The Public Health Act does not provide authority to order a placarded building to be either demolished or repaired. In this connection, an amendment proposed in 1955 by Metropolitan Toronto to allow the medical officer of health to order placarded premises to be torn down, was refused by the provincial legislature."

Building, plumbing electrical and fire inspectors, who often are involved in structural safety of older buildings, are to an even greater extent handicapped by lack of legislation and authority, and the powers of entry given to the public health inspector, Dr. Hutchison pointed out.

"While there is a good degree of co-operation exercised by the various authorities and departments concerned with housing problems, there is little doubt that this could be further improved by using a single set of standards, and a single authority to co-ordinate the work.

The area in which the health department's survey of 600 buildings was made was that bounded by Bathurst, Colborne and Adelaide Streets and the Thames River. It has a population of 1,792 persons, of whom 627 are children, living in 2,157 rooms, excluding kitchens, bathrooms and halls. There are some 600 premises of which 40 are commercial, and there were 60 dwellings to which no entry was gained.

The area was chosen not as representing a slum district, but as one which is centrally located and where the possibility of redevelopment exists, and one which might be representative of similar areas in the city, Dr. Hutchison explained. Of the 500 domestic premises inspected, 167 were scored as good, 225 as fair, and 108 as poor.

Of those rated poor, 47 were so bad they would be considered unfit if other accommodation were available. There were 284 single-family homes, 246 owner-occupied, 216 multiple-family dwellings, 254 rented units. Average number of rooms per unit was 4.03, average number of persons per room 1.13, and average rental per unit $67 monthly, or $17 per room for space only.

Defects noted included inadequate plumbing in 27 units, unsatisfactory heating in 37, bad housekeeping in 138, insects or rodents in 28, overcrowding in 27, pets kept in 122, and general hazards — traffic, structural — in 261.

General area problems were rats, traffic, air pollution, and limited parks and recreational facilities.

Dr. Hutchison told the board: "It should be stressed that a bylaw will require intensive study in order to ensure a program of progressive improvement and uniform enforcement, to best utilize the trained personnel available and to avoid conflict with existing responsibilities and legislation."

Cost of such a program varies widely from city to city, but in London "it would appear that more efficient utilization of existing personnel from various departments should result in little or no additional cost to the city for inspections."

Breast Cancer Survival Rate Doubles in 35 Years in Ontario

Dec 19/63

TORONTO (CP) — Canadian cancer authorities have reacted strongly against a U.S. view that surgery and radiation therapy over the last 25 years have failed to increase the survival rate of women with breast cancer.

Doctors here yesterday said the survival rate of women in Ontario has almost doubled from 35 years ago to around 52 to 54 per cent today.

Dr. Robert Janes, former chief surgeon at the Toronto General Hospital, termed as "entirely misleading" a survey-report in the Journal of American Medical Association recently by Dr. Edward F. Lewison, a leading United States cancer surgeon and head of the breast clinic of the John Hopkins medical centre.

The report was based on U.S. national statistics and Dr. Lewison's clinic records.

Dr. Janes described as "a most alarming assumption" the suggestion that a fixed survival rate, which appears to be uniform at 52 per cent, in many countries, can be interpreted as indicating no benefits from treatment.

Dr. Janes was supported by Dr. Alex Phillips, statistician of the National Cancer Institute of Canada and Dr. Elizabeth MacKay, medical statistician of the Ontario Department of Health.

NEW YORK (AP) — One of the leading centres for cancer treatment reported yesterday increasing success in saving women stricken with breast cancer.

The report came from the Memorial Hospital for cancer and allied diseases.

It said nearly 80 per cent of women treated for early stages of breast cancer are alive after five years. The survival rate for women treated more than 10 years ago is 60 per cent, the hospital said.

Its report also said that the present five-year survival rate for all patients with all stages of operable breast cancer, including those cancers which have spread beyond the breast, is slightly more than 65 per cent.

This was termed a 35-per-cent improvement over figures for patients treated in the first decade of this century.

Mrs. Dorothy Smith Elected Chairman Of Education Board

Dec. 20/63

Mrs. H. Dorothy Smith was elected yesterday as chairman of the London board of education for the second time in her seven years as a trustee.

Mrs. Smith, who was first elected in 1956, was chairman of the board in 1960. She succeeds A. E. Jeffery, who was later elected vice-chairman of the board's advisory vocational committee.

She was vice-chairman of the board this year. F. L. Norwood was elected to succeed her for the coming year.

Yesterday's meeting of the board served both as a final meeting for the outgoing and a brief inaugural for the incoming chairman.

New positions represent only a shuffle of seats as all elected board members are actually serving for two-year terms. Trustees W. J. L'Heureux and J. P. Manning, representatives of the separate school board, had earlier been re-appointed by that board.

At a brief organizational meeting of the advisory vocational committee, veteran member Lloyd Lansing was elected chairman for the coming year.

In his valedictory address Mr. Jeffery noted that the board is still struggling with annexation problems and the effects of increasing enrolments.

Next year's secondary school enrolment will likely be 10 per cent higher than this year and the board must continue a consistent program of planning and building if it is to stay ahead of the tide, he said.

In other action, the board:

Reappointed Mr. Lansing and K. W. Lemon to three-year terms on the advisory vocational committee;

Reappointed George T. Mitchell as board solicitor;

Reappointed W. Y. Fitzgerald and F. L. Norwood representatives to the Western Fair Board.

Appointment of special committees was left to the chairman.



MRS. DOROTHY SMITH

Hypopituitary Dwarfs Aided By Hormones

Dec 19/63

By KATHIE DIBELL

BALTIMORE (AP) — About 10,000 Americans needlessly live their adult lives at eye level with door knobs, belt buckles and kitchen sinks.

Although they may be 30 years old, they still buy their clothes in the children's department.

They are hypopituitary dwarfs, who will not grow more than 3½ feet tall. They probably won't mature sexually. Their muscles will not develop adequately. And they will die old men and women with the same child - like faces they had when they were eight.

In their cases, the pituitary gland, an organ the size of a pea in the base of the head, inexplicably fails to secrete the all - important growth hormone and the hormone that stimulates the development of the sex organs.

The most tragic thing about these some 10,000 hypopituitary dwarfs is it possible with present scientific knowledge for them to grow into normal human beings. While many other types of dwarfs cannot be helped the hypopituitary can.

The hormones extracted from the pituitary gland of the body of another human can be injected into the dwarf and the growing process begins.

But it takes about 200 pituitaries to treat one patient for a single year, said Dr. William E. Latimer, a pathologist on the Johns Hopkins medical school staff and head of the National Pituitary Agency.

The pituitaries can only be obtained at autopsy and only about 100,000 autopsies are performed on the 1,600,000 persons who died annually in the United States. From these, some 20,000 pituitaries are saved.

"We need pituitaries from 75 per cent of those who die in a single year, for treatment and research," Dr. Lattimer said.

This year only 40 hypopituitary dwarfs were treated in 10 clinics in the United States and Canada.

Bright - eyed Kathy Dix of Pikesville, Md., is one of the lucky ones.

The blonde 10-year-old has been taking growth hormone injections for two years at Johns Hopkins under the supervision of Dr. Robert M. Blizzard, head of pediatric endrocrinology. When she began, she was 36 inches tall, a foot shorter than a normal eight - year - old girl. Now Kathy is a 40-inch fourth grader — and still growing.

"I raised her to accept that she would always be small," said her mother, Mrs. Robert Dix. "If that was the way it was going to be, that was the way it was going to be."

Mrs. Dix first suspected Kathy was not growing normally when she was 19 months old. Examinations showed she was small, but a conclusive diagnosis was not made until she was nearly six.

Then the growth hormone treatments were begun, and Kathy started to grow.

How tall will Kathy become? With the hormone, she could grow to an average size for a woman, Dr. Latimer said.

"But now because of the scarcity (of the growth hormone), when a child reaches a socially-accepted height (about five feet for girls and a few inches taller for boys), we then give it to someone else," he added.

It is the job of the National Pituitary Agency to extend this treatment to the thousands of other hypopituitary dwarfs. The agency was set up last April by the college of American Pathologists and the National Institutes of Health. Treatment and research is being financed by the U. S. Public health service.

The agency serves as a co-ordination centre for collecting and distributing the pituitary hormones to the clinics working with the problems. It is trying also to acquaint pathologists, doctors and the general public with the importance of performing autopsies and preserving the vital pituitary gland.

The next-of-kind must give permission before an autopsy can be performed, Dr. Latimer said. He urged that all persons who wish to leave their pituitaries to help the hypopituitary dwarfs inform their friends and relatives.

Medical science had known for years the hypopituitary dwarf was caused by a malfunction of the pituitary gland. Countless experiments using injections from pituitary glands of cows and pigs were run unsuccessfully.

The actual breakthrough came as a by - product of research on the Salk polio vaccine, which utilized thousands of monkeys.

"Someone saved all these Monkey pituitaries (20,000 of them)," Dr. Latimer said. Even though earlier attempts to inject the growth hormones from other animal pituitaries had failed, it was decided to experiment with the monkey hormones.

"There was just enough growth to show it worked." Dr. Latimer said.

In 1956 a hypopituitary dwarf received the first treatments from the human growth hormone. The dwarf grew.

Rescue Firemen Get Cardiac Coaching

Home For Aged Reconstruction Gets Approval

Dec. 20/63

London's hospital accommodations committee yesterday approved in principle the proposed reconstruction of the McCormick Home for The Aged, and asked board of control to consider grants to this and other similar programs on the total number of beds involved, not just the net increase.

The $1,000,000 plan by the Women's Christian Association, which operates the McCormick Home, will eventually replace the existing structure with a 150-bed building. There is now accommodation for 93 in the home.

At the same time, the committee heard a report from Dearness Home Superintendent Lloyd Stevenson indicating that there is a surplus of normal care bed space in the city, and the need is in facilities for those older people who are partially or completely bed-ridden, but who do not need hospital care. (In the new McCormick Home, only 20 bed care units are to be included).

Mr. Stevenson said London now has 581 beds for normal care residents at the Dearness Home, McCormick Home, and House of Providence, and plans are under way for 257 more at the latter two homes. Figures, he said, show that with London's over-65 population of 13,694, only about 548 will likely become residents in these homes, and he added there are 59 vacancies in the Dearness Home, a reversal of the trend expected a couple of years ago.

The superintendent said there is a trend for the province to require an increasing proportion of beds in homes for the aged to be made available for the residents needing custodial care.

Part of the reason for the drop in the admission rate, he said, has been due to increased help in assistance and old age pensions that has allowed more of the older people to look after themselves, and also to the increasing number of those over 65 who have private pensions.

less than $200,000 to McCormick — and said she had hoped that the city would make a grant on all beds, not just the additional ones provided in the building program.

She said that if her association, through lack of funds, is forced to curtail or abandon its building plans, then the city will have to provide accommodation, and noted that this involves not only money for construction, but also for annual maintenance.

The committee finally referred the formula back to the two city officials, with the changed formula and city clerk R. H. Cooper said possibly some consideration in fixing the grants, should also be given to what the city might save in the way of these annual costs.

In his report, Mr. Stevenson suggested that if another low rental apartment project is built for senior citizens, that it be adjacent to the Dearness Home so that the facilities there could be utilized, and also so that in the event the apartment occupants had to move into the home later, they would already be familiar with it and with the staff there, and the move would not present too much of an adjustment problem.

The hospital committee suggested that the Dearness committee of management consider converting more of its normal care facilities to the bed care type. In this way, committee members felt, other institutions would be free to provide the normal care accommodation and at the same time, there would be a place for the patient needing some nursing care to go. This eventually would ease the demand on active treatment beds in the city's hospitals.

Mr. Stevenson suggested that the McCormick Home board consider increasing its bed care program, but Mrs. C. K. Morningstar said the WCA doesn't want to get into a nursing home operation. Mr. Stevenson replied that the Dearness operators would also like to avoid becoming predominantly a nursing institution, and to continue to provide for all types of care for older residents.

The committee considered a report from the finance commissioner and city clerk setting out a proposed formula for city grants to the institutions which would allow 25 per cent, to a maximum of $2,400 per bed, for new normal care space, and 33 per cent, to a top of $3,300, for bed care facilities.

Mrs. Morningstar expressed disappointment in the amounts — it would mean a grant of

Santa Remembers Hospital Patients

Dec. 24/63

Westminster Hospital will lose 120 patients before Christmas Day tomorrow—but only temporarily.

These are the patients allowed to go to their homes for the Christmas, and in some cases New Year's, holiday.

A. W. Boyle, assistant administrator at Westminster, said holiday leaves range from two days to two weeks, depending on the patient's condition. Some have already left the hospital and the rest will leave today.

About 25 patients of the Western Counties wing will be going home for the holiday along with 55 long-term patients, and 40 active cases.

But the more than 1,000 patients who will remain in hospital will not be forgotten Christmas Day.

Santa Claus will visit each patient and distribute gifts in the morning and representatives of various legion branches in London will visit each patient during the day.

The Christmas dinner will be as expected—turkey with all the trimmings.

By the time the Christmas dinner plates are ready for the washers, it is expected 1,000 pounds of turkey, 350 pounds of pudding, 24 gallons of brandy sauce, 200 pounds of dressing, 400 pounds of turnips, 200 pounds of frozen peas and 100 pounds of frozen squash will have been consumed.

Convalescent Hospital Plans Said Definite

Dec. 31/63

London is definitely to get a new hospital, of the convalescent-rehabilitation type, Dr. John B. Neilson, chairman of the Ontario Hospital Services Commission, said yesterday.

Plans are for a hospital which will serve not only London but a large part of Western Ontario, Dr. Neilson said. A hospital of 100 to 150 beds is proposed.

Final decisions are expected to be made in the next few weeks, he said.

Among suggested locations is the present University of Western Ontario medical school building on South Street.

Conversion of the school into a rehabilitation hospital has been considered by the OHSC, Dr. O. H. Warwick, dean of the school said.

The conversion would take place when the school moves from its present location at Victoria Hospital to the university campus. The new medical building at UWO is now under construction and is expected to be completed in 1965.

The present medical school is owned by the university and was built in 1912. No decision has been made in the conversion plans, Dr. Warwick emphasized. The decision would come from the OHSC.

Indication that London was likely to get a new hospital to care for convalescents was given in the Ontario Legislature a year ago by Premier John Robarts.

The hospital was needed, Premier Robarts said, to offer physical rehabilitation facilities to disabled persons. Many of these persons now have to stay in general hospitals, using beds which could otherwise be released for the actively ill.

Long-term fracture cases which require six months, and more, hospital care, have been cited as among those which could make best use of a rehabilitation hospital. Discussions have included the necessity for providing extensive physiotherapy facilities in connection with the proposed hospital.

Hospital officials agreed that a convalescent hospital, of the type the OHSC is considering, would be a great boon to London. "It would appear to be a better answer to the problem than providing more chronically-ill beds," Sister Mary Elizabeth said.

The city has not been involved in discussions on the proposed hospital, Mayor Stronach said. "I've taken the position that hospitals are not a city responsibility but a provincial one since the Ontario Hospital Services Commission came into effect," he said.

The waiting period for elective, or non-emergency patients remains as long today at Victoria Hospital as it was a year ago, when the new facilities were proposed, Dr. J. C. Kirk, superintendent, said.

At that time there were 1,24 on the waiting list, which ex tended into April.

"The situation is about th same as last year," Dr. Kirk said. "A new hospital is needed."

Discussions on the proposed new hospital have been held with the OHSC officials and the minister of health during the year, but there is no indication yet as to when it might be ready for use, Dr. Kirk said.

Opening of the new wing t St. Joseph's Hospital has eased the waiting there, Sister Mary Elizabeth, superintendent said.

The semi-emergency list has been cleared completely "and at last we have the beds out of the corridors," she said.

Two sections of the new wing have been opened and another will be ready in January, she added.

In Ottawa, Dr. L. I. Pugsley of the federal food and drug directorate said a similar manufacturer's warning was sent out to Canadian doctors in November. Only one firm, Poulenc of Montreal, handles the drug in Canada.

Dr. Pugsley said ethionamide is not available in Canada except on a doctor's prescription. It went on the market here in 1962 and has limited use as a "second line of defence" in tuberculosis cases where patients develop an immunity to first-line drugs.

Get to Know Christ As Person Says Cleric

Dec 30/63

Get to know Jesus Christ in the new year, the congregation of Metropolitan United Church was urged yesterday.

Rev. Anne P. Graham said the most important single New Year's resolution for everyone should be to keep in touch with the spirit of Christ in all things.

Miss Graham said a real new year is just a continuation of Christmas and 1964 will only be a truly new year if it has the spirit of Christmas in it.

She said most New Year's resolutions are wrong in spirit and to many persons are little more than a joke. She said there is often little intention of keeping them.

"Their life expectancy is usually less than a week," Miss Graham said.

Miss Graham said resolutions made while the Christmas spirit is still in the air will have the best chance of surviving. She said mankind can give thanks that God has broken time into pieces so everyone has a chance to begin again.

"The world needs a new year, we all need a new year," Miss Graham said.

Miss Graham said most persons know more about sports stars and entertainment celebrities than they know about Jesus Christ.

She said, "We can't make ourselves believe in Christ but we can resolve to get to know what he said."

She asked the congregation to get to know Him not as a myth but as a person.

Warn Doctors In Britain About Drug

Dec 28/63

LONDON (AP) — British doctors have been warned against giving pregnant women ethionamide, a drug used to treat tuberculosis, saying it may be dangerous to the unborn children.

May and Baker Limited, manufacturers of the drug, found big doses can produce deformities in the offspring of test animals.

R. Wood, general manager of May and Baker, warned doctors in a letter to the pharmaceutical journal but said "the available clinical evidence indicates that those women who have received ethionamide during pregnancy have produced normal infants."

The firm puts out two preparations containing ethionamide — trescatyl and trescazide.

Both can be bought without a doctor's prescription, but the firm is making arrangements to have them available only on prescription. A spokesman said the likelihood of the drugs having been bought without being prescribed by a doctor was remote.

Rescue Firemen Get Cardiac Coaching

Says East London Hospital Project Still Under Study

Dec 31/63

By ERIC FINCH
Free Press Staff Reporter

Dr. Douglas Wickware, superintendent of Ontario Hospital, London, said yesterday discussions are still being carried on with the London Academy of Medicine on the possibility of a small general hospital being constructed on the Ontario Hospital grounds.

Dr. Wickware is a keen supporter of the proposal, circulating among London doctors for several years, to build a small general hospital in connection with new psychiatric facilities to be constructed on the East London site.

This past summer the hospital accommodation committee of the academy recommended the move as one that should receive prime consideration when new active treatment beds are being added in the city.

Meanwhile, investigations are still being carried out by the London Health Association into the possibility of building a hospital in the north end of the city near the University of Western Ontario.

The association, which operates Beck Sanatorium, hopes to build a $3,000,000 tuberculosis wing which could be a nucleus for the proposed hospital or health centre.

The university would like the hospital nearby to use as a teaching and research hospital. (If the institution were developed as a university teaching hospital it would be a "closed" hospital in which every patient would agree to being used as an example for teaching and only staff members could treat patients.)

Dr. Wickware said he believes an east-end hospital would not conflict with a north-end teaching hospital.

The hospital on the Ontario Hospital grounds would be a "service hospital" which would actually complement existing facilities, he said.

The east end is growing so rapidly that hospital facilities will soon be needed and the existing site owned by the province should be used for health services, he said.

The East Cottage of the Ontario Hospital has now been demolished as the first move in preparing the way for construction of the new psychiatric hospital, Dr. Wickware said.

About 100 patients have already been moved to other Ontario Hospitals and more will be moved so that the North Cottage and the old superintendent's residence can be torn down, probably in the spring, he said.

Rescue Firemen Get Cardiac Coaching

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Rescue Firemen Get Cardiac Coaching

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