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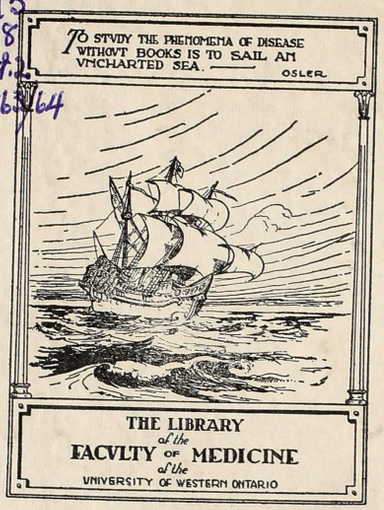

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Phone Tracings Give Wingham Heart Specialist Service

Jan 4/64

By ERIC FINCH
Free Press Staff Reporter

For the next 90 days, Wingham General Hospital will have the services of heart specialists normally available only in much larger hospitals.

They'll be as close as the telephone.

Bell Telephone Company of Canada is co-operating with the Victoria Hospital cardiology unit in carrying out field trials of a method of transmitting electro - cardiograms (tracings of heart wave patterns) by long distance telephone.

Dr. G. W. Manning, professor of medicine at the University of Western Ontario medical school, and head of the cardiology unit, said yesterday that 10 such "calls" have already been made and all have been successful.

The compact transmitting setup is comprised of an electro-cardiograph at Wingham General Hospital and one at Victoria, coupled with two "data" phones supplied by the Bell Telephone Company. The data phone is a unit originally devised to enable telephone transmission of computer and similar data.

The units have been altered to accommodate voice as well. Only these two units exist in Canada. They will be further altered to incorporate refinements planned by Gordon Steward, heart unit electronics technician, who has been working on the design of such a system for the past two years.

The method is as simple as a long distance call.

At Wingham a patient is prepared for an electro-cardiogram (known as an ECG) in the normal way. The technician then uses the data phone to call the heart unit.

After the patient's name and pertinent medical history is given, the push of a button sets the Victoria Hospital machine to recording the tracing being taken in Wingham. The pattern is recorded on tape at Victoria, where a tape library of heart recordings is kept for teaching purposes.

One of the heart unit's five cardiologists reads the tracing and gives his interpretation to the doctor at the other end of the line in Wingham.

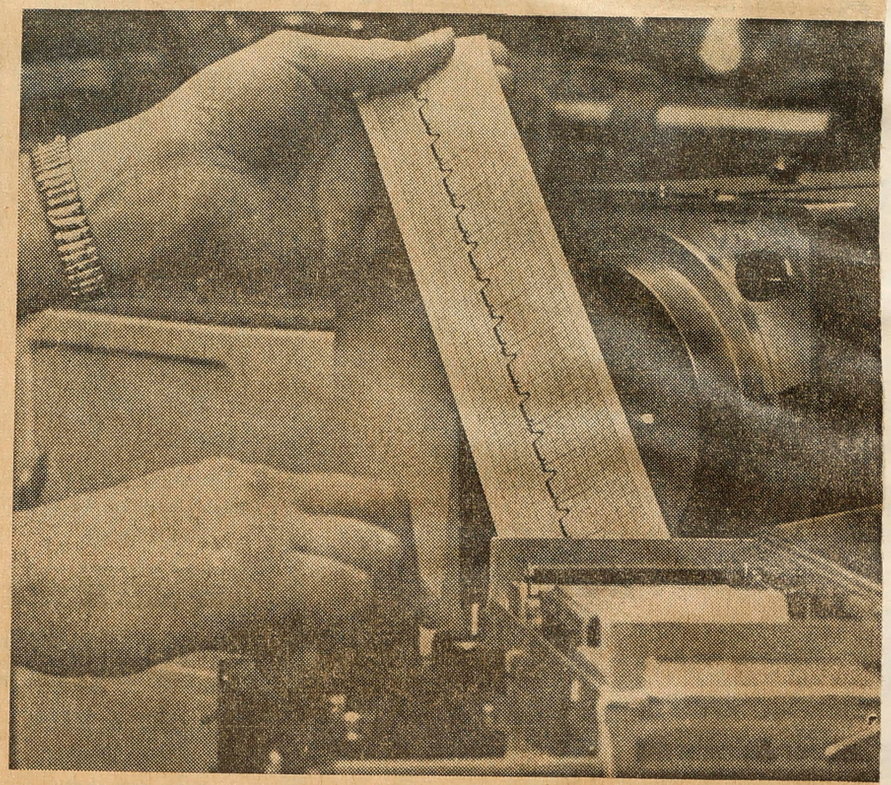
The recordings can be taken and interpreted over the 71 miles with practically no loss of time, Dr. Manning said. In fact, it can be done even more quickly than right in Victoria Hospital, where the normal routines of a large hospital can cause several hours' lapse between the decision to take the test and the reading of the results.

Several smaller hospitals in the area now use the heart unit service by mailing in ECG tracings, which are interpreted. An answer is sent by return mail. From Wingham this takes about three days.

Although transmission by wire of an ECG is not new (it was done in laboratory experiments as long as 20 years ago) this is the first time in Canada for official field trials over Bell Telephone long distance lines, Dr. Manning said.

Bell and the Ontario Heart Foundation, which supports researchers at the heart unit, are underwriting costs

At the end of the experiment, cost of using the system will be worked out to see if it is financially feasible, as well as practicable.



The cardiograph looks like this when it reaches the heart unit at Victoria Hospital in London after a 71-mile transmission.

BARR — To Dr. and Mrs. Hugh Barr (nee Nan McKay, R.N.), a son at Middlesex Hospital, London, England on Dec. 31, 1963. A brother for Robyn and Brenda.

61179

4 Jan 1964

Laboratory technician Mrs. Roberta Seddon listens on electro-cardiograph circuit phone. Chief technician Willie Vanderwoude is patient for the demonstration. (Photo by Strong).

Dr. Melville Platt Weds New York Socialite

Jan 8 1964

WHITE PLAINS, N.Y. — A wedding of interest took place Saturday afternoon in St. Matthew's Lutheran Church, White Plains, when former London physician, Dr. Melville Platt, now of New York City, married Miss Nancy Kirk, socialite daughter of Mr. and Mrs. Ernest Kirk, Garretson Road, White Plains. Dr. Platt is the son of the late Dr. and Mrs. Melville Anderson Platt, London.

Rev. Carl F. W. Strobel officiated at the ceremony.

The bride wore a floor-length gown of chantilly lace and peau de soie designed on empire lines with lace overskirt extending to a chapel-length train. Her imported illusion veil was attached to a lace headpiece and she carried a bouquet of gardenias and snowdrift pompons.

Miss Margaret Kirk attended her sister as maid of honor and bridesmaids were Miss Lois Veber, White Plains, a cousin of the bride; Miss Gail Homer, White Plains, and Miss Susan MacKenzie, Pelham, N.Y. Attendants were gowned alike in floor-length dresses of cornflower blue silk faille with matching veil headpieces. Their flowers were white carnations centred with blue juniper.

The groom's brother, Dr. John C. Platt, Port Credit, was best man and ushers were Dr. Allan Ramsay, London; Robert MacGregor, Toronto, and Ernest Kirk II, White Plains, brother of the bride.

For the wedding reception at Westchester Country Club, Rye, N.Y., the bride's mother received guests wearing a street-length jacketed dress of deep turquoise embossed silk. Elbow-length sleeves of the jacket were trimmed with mink and her hat was a matching ranch mink band. She wore an orchid corsage.

For a wedding trip to the Caribbean, the bride changed to a pink wool suit with ranch mink boa and matching hat. Her accessories were brown.

On their return, the couple will live in New York where the groom is assistant professor of obstetrics and gynaecology at New York Hospital, Cornell University Medical Centre, N.Y. Dr. Platt graduated from the University of Western Ontario Medical School in 1952.

The bride, who is employed as an interior designer in New York City, is a graduate of the Fashion Institute of Technology and attended Centenary College for Women. She is a member of the junior section of the Woman's Club of White Plains. Her father is the branch manager of a New York brokerage firm.

Lung Cancer Toll Linked To Smoking

Jan 23 1964

NEW YORK (AP) — The city health commissioner said yesterday that cigarette smoking was responsible for 70 per cent of the lung cancer deaths of 2,238 men in New York City in 1963.

Dr. George James, said 430 women also died of lung cancer but that the smoking factor among women was not known.

He urged that people "stop smoking, or better yet (particularly young people) don't start.

"Numerous studies, statistical, clinical, pathological and experimental have, I believe, amply demonstrated that cigarette smoking is one of the major causes of lung cancer," James said in a year-end report on city health conditions.

"Since the studies involving humans have been primarily in males, it is not yet possible to estimate how significant the smoking factor is in female lung cancer.

"Some of these studies have also shown that the smoker who lives in an urban area is far more likely to develop lung cancer than smokers who live in rural areas.

"Such other factors as air pollution contributed to the greater amount of lung cancer which occurs among city dwellers.

"I am convinced that when those who are exposed to the air pollution prevalent in cities and smoking to these other hazards, they become even more prone to cancer of the lung."

Ontario Medical Care Plan Criticized for Limitations

Jan. 8/64

TORONTO (CP) — Ontario's draft legislation for a voluntary medical insurance program encountered its most sustained criticism yesterday at a public inquiry that began early last month.

Social workers said the whole program should be changed to a tax-financed, compulsory plan, nursing home administrators attacked it as "piecemeal legislation" and a welfare organization criticized its limited coverage. Others called for coverage of psychiatric services and help with the costly treatment of cystic fibrosis.

Some members of the government-appointed committee hit back at the the criticism, challenging statements and data presented by witnesses.

The draft legislation provides for both commercial and non-profit insurers to offer the public standard protection plans under maximum premiums, with doctors setting the fee schedule and an insurers' organization adjusting the maximum premium rates. The government has said it would pay premiums for the indigent — an estimated 10 per cent of the population — and part of the premiums of another, undefined marginal income group.

The 1,016-member Ontario Association of Social Workers said the draft plan "does not provide a significant stage toward the achievement of adequate health services for the people of Ontario, nor is it designed as part of a comprehensive plan."

The association's brief called instead for a universal, comprehensive health plan financed by taxes. The group's spokesman, Canadian association president Dr. Elizabeth Govan, indicated this would thus be a compulsory plan.

However, she added: "Realistically, we couldn't expect a tax - supported plan across Canada, or in Ontario, at this time." But financing should be based on the ability of the consumer to pay rather than on a flat-rate premium.

The brief, noting that the publicly assisted segment of the population already receives free medical care, said the suggested means test to provide partial help for others would not necessarily discover those in real need.

"It is the low and moderate income family or individual not dependent on public welfare who would be least served by this plan," the brief said.

In addition, premium charges are likely to be so high that "a significant number of additional families (who have no medical insurance now) would be unable to purchase insurance."

The fact that the legislation gives the insurers the power to alter maximum premium rates and assigns the Ontario Medical Association "monopolistic control" over medical fees is likely to keep medical insurance out of the reach of the self-employed and those whose employers do not pay part of their premiums.

Associated Nursing Homes Incorporated, a group of about 100 licensed nursing establishments throughout the province, described the draft legislation as "a very meagre effort" and pointed instead to the success of government - run medical care in Saskatchewan.

The organization's general secretary, Rev. Edgar Gill, of Putnam, said Ontario's approach was "piecemeal" like Alberta's similar voluntary program, rather than integrated and comprehensive like Saskatchewan's.

He criticized the exclusion from coverage of dental care, drugs and nursing, noting that "many old people are gumming their way unhappily toward a death earlier than necessary because they cannot afford dental care."

Inquiry members W. S. Major, general manager of Physicians Services Incorporated, Carman Naylor of London Life Insurance Company, and hotel owner Dalton Caswell of Sundridge, challenged the nursing home association's comparisons with Alberta and Saskatchewan.

Mr. Major said the Saskatchewan plan does not provide full medical care, noting some services are excluded. Mr. Caswell said Saskatchewan was able to cut yearly premiums in half to $12 for a family — compared to about $160 as the government - set maximum in Alberta—because of oil revenues.

Mr. Naylor challenged a claim that Alberta citizens are not subscribing to their plan with any noticeable enthusiasm, saying about 80 per cent of Albertans have "some form of medical insurance."

Earlier, Mr. Major questioned Dr. Govan, denying her suggestion that any abuse of a medical care plan by patients would require collusion by doctors.

He asked her if she had any idea how much a tax-run medical plan would cost — "If it is $500,000,000 a year, can the government afford it?"

"The question is, can we afford not to provide adequate health care?" Dr. Govan responded.

Mr. Major also questioned the Ontario Psychiatric Association's claim that psychiatric treatment coverage should be put on much the same basis as any other medical treatment and could be for an estimated $12,500,000 a year — $2 per person.

He asked whether the insurers should have to meet the cost of weekly psychiatric treatment for a patient who needs it to carry on after "bringing stress on himself by climbing too far up the ladder."

Dr. F. C. R. Chalke, chairman of the association, replied that many physically ill patients require frequent, regular treatments.

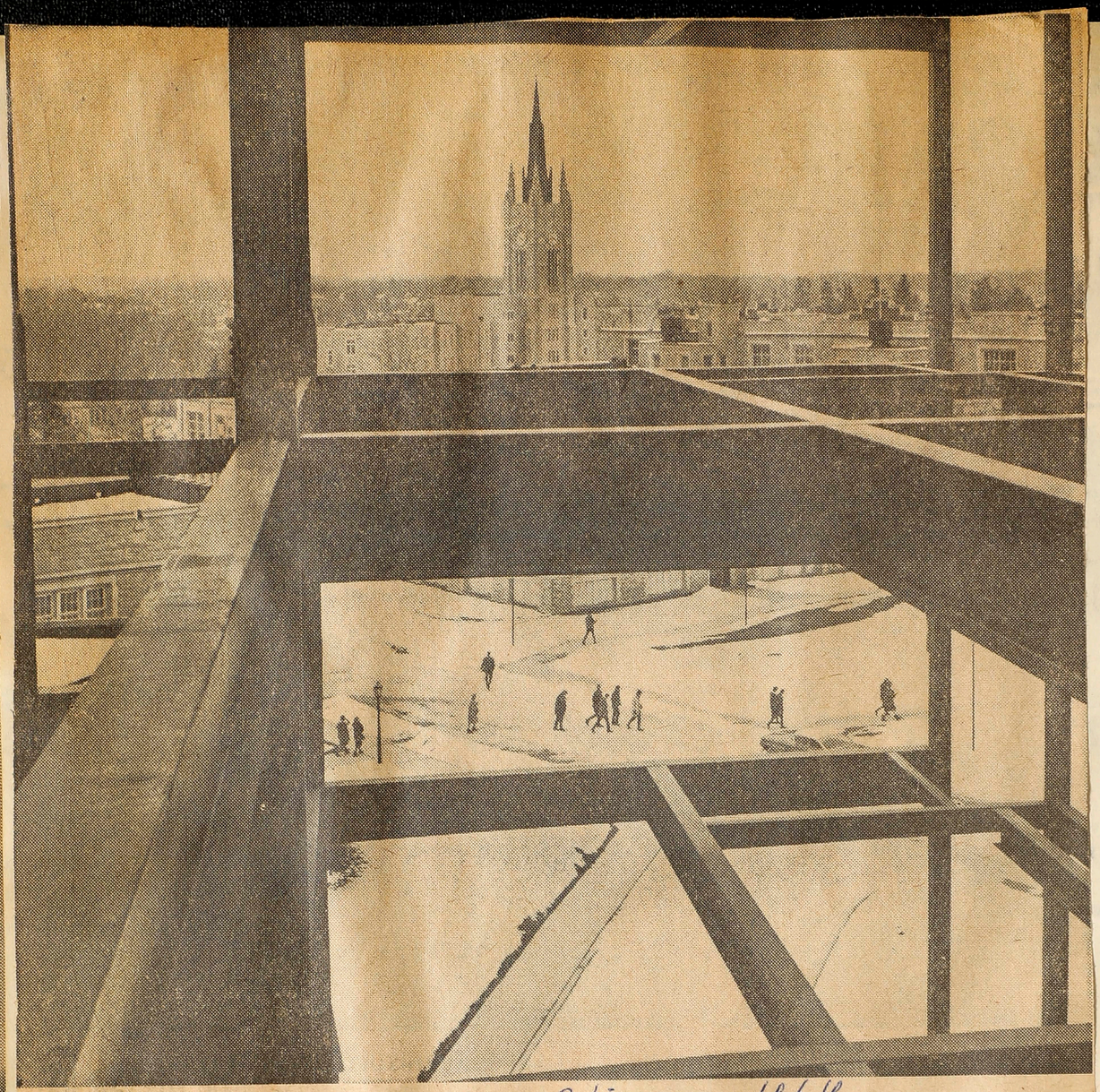
Association For Retarded Picks Board

Jan. 9/64

Mrs. D. M. Scott, of 281 Huron St., last night was elected president for 1964 of the London and District Association for Retarded Children, succeeding Mrs. A. P. Masseo.

Other officers elected were First vice-president A. H. Cartier; second vice-president, D. C. McMorgan; third vice-president, Mrs. E. E. Johnston; treasurer, Ian Ross; corresponding secretary, Mrs. Don Purdy; recording secretary, Mrs. Jack Smith; committee members, Mrs. G. T. Sinclair, Mrs. L. V. Waller, William Boomsluiter, J. E. Floyd, Syd Greenberg, Maj. E. C. Buck and Malcolm Savage.

Guest speaker at the meeting was Dr. Harold Lobb, who was the first executive director of the Ontario Association for Retarded Children. Dr. Lobb's topic was "The Effects of Environment on the Behavior of Retarded Children."



8/January/1964

Free Press Photo by George Blumson

WESTERN'S STORY — For 10 years and more, this has been the picture at the University of Western Ontario; New buildings, others under construction, and students carrying on their studies amidst signs of progress. The tower of Middlesex College of Arts, opened only three years ago, is framed by the steel girders of the new $5,500,000 medical sciences building, while below, students leave the Kresge School of Nursing on their way to classes. The university's building fund campaign has reached $6,572,460 towards its objective of $7,200,000, officials said yesterday.

Voluntary Medical Plan Disbanded

SASKATOON (CP) — Saskatoon Mutual Medical and Hospital Benefits Association, a voluntary health insurance agency, went out of business Dec. 31, Vice-President Gus Bell said yesterday.

Mr. Bell said the association had less than 5,000 members last year and would need at least twice the number to stay in operation. He said the agency's top membership, in the 1950s, was 16,000.

Saskatoon Mutual announced last fall it would not renew contracts in 1964 and it is believed most of its members took out contracts with other voluntary agencies such as Medical Services Incorporated and Group Medical Services.

Voluntary health insurance agencies, which formerly sold comprehensive health insurance packages, had their operations sharply curtailed when the provincial government implemented a compulsory universal medical care insurance plan July 1, 1962.

The government plan covers all Saskatchewan residents. The voluntary agencies now operate largely as accounting agencies for the government plan. They also may provide supplementary insurance contracts which cover the few health care services not looked after by the government plan.

Top Civil Officials Given Salary Increases

A (CP) — The top federal public servputy ministers, the staff and the heads CMP and various d agencies — have salary increases of 0 a year.

biggest beneficiary ll is J. Alphonse -year-old president nadian Broadcastation, who had his bled to $40,000 yearary had been fro-

group is at $23,000 meaning increases om $3,000 to $5,000. evel are the three taff, 12 deputy min- the following ofng others:

rew Stewart, chaire Board of Broadnors; Guy Roberge, ne National Film J. Rankin, president Lawrence Seaway H. A. Mann, chair-

zen at $20,000 annually since 1954.

The increases, which had trickled out of the prime minister's office starting Thursday, were released in a batch late Friday. They were approved by the cabinet on Dec. 20 — the day before Parliament was prorogued and in most cases are retroactive to last Dec. 1.

They are the latest in a steady flow of pay boosts since the Pearson government took office last April. First the MPs got a salary increase to $18,000 a year from $12,000. Then came boosts for the judges and for the lietenant-governors, and 31 members of agencies such as the tariff board.

Included in Friday's list was W. C. McNamara, chief commissioner of the Canadian Wheat Board. His new salary is listed at $27,500 and while the previous figure was not immediately available, sources said it meant a sizeable increase.

Also listed at $27,500 was D. F. Bowie, president and general manager of Canadian Overseas Telecommunications Corporation.

One notch down at $27,000 a year are the three men regarded as the top senior civil servants — Deputy Finance Minister R. B. Bryce; R. Gordon Robertson, cabinet secretary; and Norman Robertson, under secretary of state for external affairs.

Grouped at $25,000 a year are the deputy minister of agriculture, industry, justice, defence, works, trade, transport, labor, and revenue as well as the president of the National Research Council, Dr. B. G. Ballard, and the head of the civil service commission, R. G. MacNeill.

Also listed at $25,000 — a raise of $4,000 a year — is Air Chief Marshal Frank R. Miller, chairman of the chiefs of staff.

man of the National Harbors Board; Commons clerk Leon Raymond and Senate clerk, J. F. MacNeill; Dr. A. H. Zimmerman, chairman of the Defence Research Board; Laval Fortier, head of the Unemployment Insurance Commission; RCMP Commissioner George McClellan; A. J. McLeod, commissioner of penitentiaries; Walter E. Duffett, dominion statistician; C. F. Elderkin, inspector-general of banks; K. R. MacGregor, superintendent of insurance; and George Davidson, head of the new bureau of government organization.

With increases in most cases of $4,000 a year, the following were put in the $22,000-a-year bracket:

Queen's printer Roger Duhamel; Dr. A. W. Trueman, chairman of the Canada Council; Dr. W. K. Lamb, dominion archivist; T. G. Street, chairman of the National Parole Board; Lt.-Gen. S. F. Clark, head of the National Capital Commission; F. T. Wood, chairman of the Air Transport Board; H. R. Balls, comptroller of the treasury; and R. S. MacLellan, head of the Restrictive Trades Practices Commission.

Commented one official in the auditor-general's office:

"Some of these men still are under-paid. Some are grossly over-paid. But I wouldn't make too much of the figures. Income tax is the great leveller."

Hospital to Push Plan For Expansion

Jan. 9/64

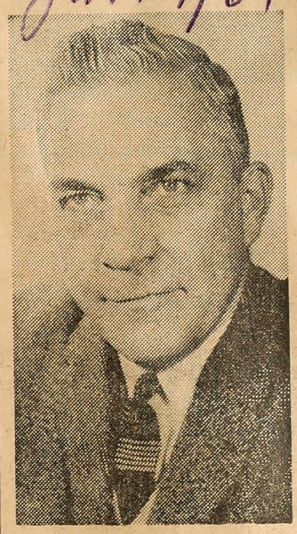
Victoria Hospital's building program will receive top priority in 1964, with continued emphasis on development of departments in the hospital and the university, J. Ronald Chapman, newly-elected chairman of Victoria Hospital Trust, said last night.

Mr. Chapman, who succeeds T. W. Baker as chairman, urged steps be taken to broaden the hospital's ruling board so that matters placed before the trust might be completed without delay, at the same time eliminate pressure on the trustees.

The strain, he said, resulted from the work load which has developed through hospital expansion into many fields and the relatively small size of the board.

In the future, Mr. Chapman said, he hoped it would be enlarged on a proper basis to overcome some of these problems.

This year's election of chairman mirrored that of 1958 when Mr. Chapman was first elected to the post, held the previous year by Mr. Baker. Mr. Chapman was elected a trustee of the hospital in 1951 following two years service on city council as an alderman for Ward One.



J. R. CHAPMAN

Mr. Baker, a 10-year veteran of the trust, was named to the vice-chairman's post for 1964 while Dr. C. J. Kirk, hospital superintendent, was re-elected secretary.

Committees will be appointed at the trust's Jan. 22 meeting.

Other members of the board include: Dr. J. C. Coles, Dr. R. E. Greenway, William Loveday, Mrs. K. S. Murray, and W. N. Roberts, assistant superintendent.

In other business, the board approved purchase of $1,900 in laboratory equipment for War Memorial Children's Hospital; deferred decision on the purchase of a $12,500 analysis machine presented to the board by Dr. A. H. Neufeld, of the clinical pathology department and learned the Royal College of Physicians and Surgeons has approved specialist training in pathological anatomy, clinical pathology and otolaryngology, making a total of 16 departments now approved by the RCPS.

Medical Plan Features Criticized

Jan. 9/64

TORONTO (CP) — A public inquiry into the Ontario government's proposed medical insurance program heard submissions yesterday that the plan goes too far for the good of democracy and not far enough for the good of the population's health.

Collingwood Doctor J. W. McGillivray protested in a personal brief to the government-appointed inquiry that the program would endanger the individual's personal freedom and extend government power.

Ontario optometrists charged that the draft plan would deceive the public because it offers protection against the cost of services which are not available to many residents of the province.

Dr. McGillivray, the Ontario Optometrical Association and the College of Optometrists in Ontario presented arguments to the 14-member inquiry committee at the windup of a two-day session here. The inquiry, which opened last month in Windsor, resumes hearings here Jan. 21.

Dr. McGillivray's complaint appeared to be directed specifically against a provision under which the government would buy medical insurance for indigent residents of the province and pay part of the premiums for other marginal-income groups.

"To decide that certain citizens lack sufficient money and then to allow them to have the benefit of such needed money only on condition that they receive such goods and services as the state decides is good for them is to plainly force them to be second-class citizens," Dr. McGillivray said.

Committee members pointed out that draft legislation compels nobody to take out medical insurance but will offer to buy it for persons judged unable to pay who apply.

Said Dr. McGillivray: "We (doctors) as a profession have always taken care of these people and always will."

Harry Simon, labor representative on the committee, asked the doctor witness if, being against compulsory medical care, he also opposed compulsory education as a restriction of individual freedom of choice.

Dr. McGillivray did not answer directly, but asked rhetorically: "Do you believe people should be forced to have an operation or a blood transfusion?"

The optometrists protested that standard medical insurance to be available under the draft plan appears to offer protection against the cost of health-care treatment but in fact limits the range by covering treatment only when it is administered by a medical doctor.

In the case of vision care, the plan would cover such treatment only when applied by a physician specializing in eye care, the optometrists said, and this discriminates against optometrists and the majority of the population who have no eye doctor in their community.

13 Area Doctors Join Royal College

Jan. 9/64

Thirteen Western Ontario doctors are among a record 27 doctors named new Fellows of the Royal College of Physicians and Surgeons of Canada.

They will be admitted at a convocation to be held at the college's annual meeting, Jan 16-18.

The successful Western Ontario doctors are: Medicine—Edward Earle Brown, of Kitchener; Walter Keith Coulter, London; pathology—James Ross MacKenzie, Woodstock; pediatrics—George Greenough Hinton, London; psychiatry—Eleanor Jeanne Louise Deinum, St. Thomas; surgery—David William Hurst, Leamington; William Harvey Bailey and Waldo Kurtz Stavraky, both of London; obstetrics and gynecology—Paul George Richard Harding, Kitchener; Donald Clifford Robinson, London; Wilfred George Sloan, St. Thomas; Mohammed Gordon Jasey, Windsor; ophthalmology—Donald William Mills, London.

The successful group includes doctors from every province except Prince Edward Island, and one from the Yukon Territory.

The breakdown by provinces: Alberta, 15; British Columbia, 23; Saskatchewan, 10; Manitoba, 10; Ontario, 109; Quebec, 76; New Brunswick, one; Nova Scotia, three; and Newfoundland, one.

Doctors from other countries were also named to receive fellowships. They include 15 from the United States, two from Britain, one each from Hong Kong and West Pakistan and three from India.

Fluoridation Doubts Greeted With Caution

Jan. 10/64

Medical and scientific leaders reacted cautiously yesterday to a report by a three-member National Research Council team questioning the effects of sodium fluoride on the teeth, bones and soft tissues of the human body. Most refused to comment on it.

The report, originally published in an American medical journal not often read by laymen, came to public notice through an article by John Lear, scientific editor of Saturday Review, in which he quoted it as the basis for his stand that fluoridation of public drinking water should be more thoroughly investigated.

One of the authors of the report, Dr. Dyson Rose, chief of the food chemistry section of NRC's division of applied biology, said in Ottawa yesterday, "we are not satisfied with the proof that there is no danger in this (fluoridation)."

less willing to take an active part in the issue locally."

Dr. Carol Buck, professor of preventive medicine at the UWO medical school, said she has not seen the report but "I intend to read it. Until I do, I don't want to comment."

Health Minister Dymond was not available for comment on the report.

Mr. Lear said the question is whether fluoride's effect is sufficiently selective; does it protect the teeth without exacting penalties elsewhere in the body.

Dr. F. L. M. Pattison, head of the department of chemistry at the University of Western Ontario, who has been carrying out research in the biological activity of fluorides for about 12 years, said yesterday he would not comment until he has read the report.

"This is a scientific report that merits some sort of discussion, unlike some of the nonsense that has been put out," he said. "This may be a new development — in which case, I'd revise my opinion. I'm certainly not so wedded to the concept of fluoridation that I would not be prepared to reconsider my views."

Dr. Pattison's support of municipal water fluoridation is a "peripheral" aspect of his main work, which has been the preparation of new organic fluorine compounds in a search for biologically active compounds.

A strong supporter of fluoridation when the question was put to voters in 1962, Dr. Pattison remarked yesterday "the emotional atmosphere which was engendered during the recent municipal vote has made me

Tobacco-Cancer Link Disputed

Jan. 13/1964

DUESSELDORF, West Germany (Reuters) — luted air is a more likely cause of lung cancer cigarette smoking, according to a German repo smoking due to be published soon.

Professor Reinhold Poche, head of the patho institute at the Duesseldorf Medical Academy, and of a team of scientists studying the effects of to on health for the last five years, said yesterd report will clash with the latest U.S. and British on the subject.

But he said the team had concluded that cigarette smoking definitely shortened expecta life through other illnesses, mainly involving bad blood circulation.

Among the main air pollution factors likely tribute towards cancer was the exhaust fumes f vehicles, he said.

Cancer Link First Studied During 1936

NEW YORK (AP) — After the First World War, millions of men and woman began puffing contentedly on cigarettes.

There was little concern about any serious effects on health. All seemed well.

But in 1936 — before many of today's smokers were born —wisps of doubt began curling up in the cloud of tobacco smoke.

A prominent surgeon, Dr. Alton Ochsner, of New Orleans, began expressing his suspicion that cigarettes might be causing lung cancer. In Baltimore, the renowned biologist Dr. Raymond Pearl was finding statistical evidence that smokers didn't live as long as abstainers.

But it's been in the last dozen years or so that the doubts smouldered into crackling flames of contention that cigarettes especially are a dire cause of illness and death. To cite some of the main steps in the buildup of evidence:

In 1950, in England, Dr. Richard Doll and Dr. Bradford Hill reported evidence of an association between cigarette smoking and the rising incidence of lung cancer.

In 1953, Dr. Evarts Graham and Dr. Ernest L. Wynder, then in St. Louis, reported producing skin cancer in mice with a concentrate of tobacco smoke.

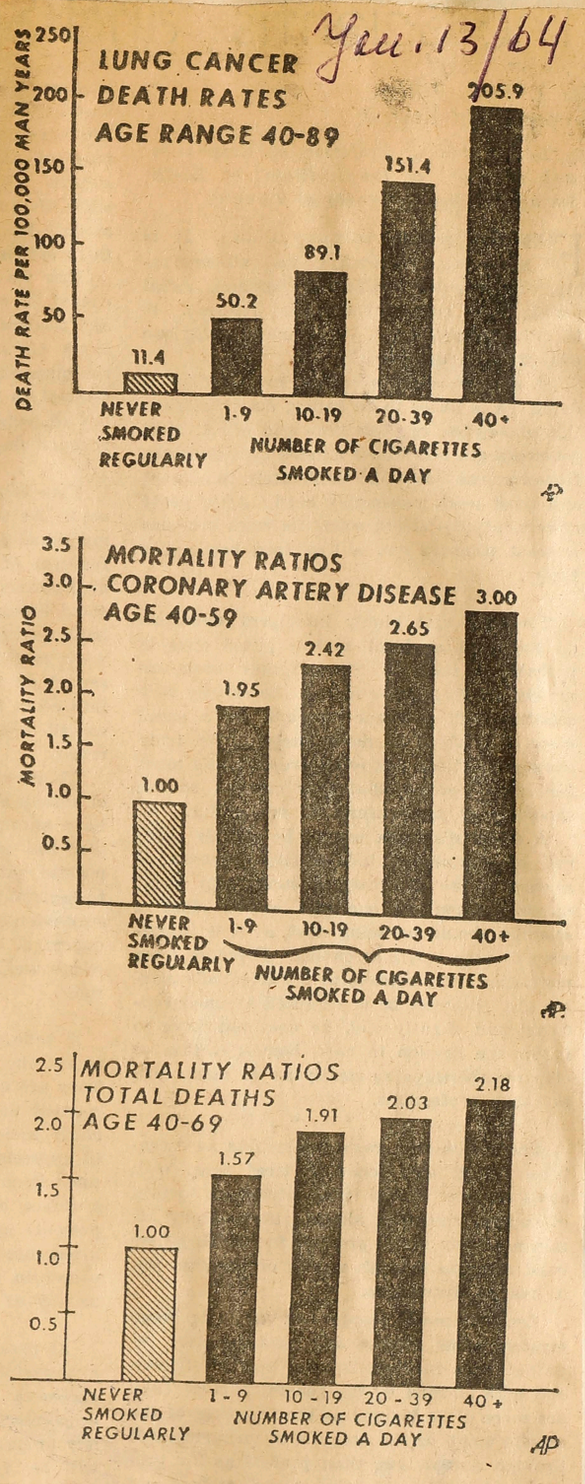
But mice aren't men.

The biggest shock came in June, 1954, with the first report of a study of 187,000 men by Dr. E. Cyler Hammond and Dr. Daniel Horn of the American Cancer Society.

Cigarette smokers, they said, have a death rate as much as 75 per cent higher than nonsmokers. They die more frequently from lung cancer and heart disease.

Two years later, the Hammond-Horn study said lung cancer was rare among men who never smoked, but was an important cause of death among men smoking two packs daily or more. Again, smoking was linked with a higher risk of heart and blood vessel diseases.

In March, 1957, cigarette smoking was called "a causative factor" in lung cancer by a study group set up by the American Cancer Society, American Heart Association, National Cancer Association, National Cancer Institute and National Heart Institute.



DEATH CHARTS — Effects of smoking on health are graphically shown in American Cancer Society charts. From top, charts show death ratio for lung cancer, coronary artery disease and total deaths, in terms of cigarette consumption in varying amounts. (AP Wirephoto).

In June that year, the final Hammond-Horn report confirmed earlier findings of 10 times higher risk of lung cancer among smokers than nonsmokers. Persons who quit for at least a year were said to run less risk than continuing smokers.

In 1958, Dr. Harold F. Dorn of the National Institutes of Health, studying smoking habits of 249,000 war veterans, reported evidence linking cigarettes with increased risk of lung cancer and other diseases.

In November, 1959, Dr. Leroy Burney, then U.S. surgeon-general, writing in the Journal of the American Medical Association, said "the weight of evidence at present implicates smoking as the principal etiological (causative) factor in the increased incidence of lung cancer."

In 1960, the American Cancer Society began a campaign to discourage smoking by teen-agers.

In 1962, the Royal College of Physicians in Britain took a stand blaming smoking as a cause of lung cancer, and as probably bringing a higher risk of coronary heart disease. The ministry of health began distributing circulars warning of health hazards from smoking.

In October that year, Surgeon-General Luther Terry appointed the advisory committee on smoking and health, which reported its findings Saturday.

Last December, reporting on a new, continuing study by the cancer society, Dr. Hammond found more deaths from lung cancer, emphysema, coronary artery disease and other causes among male smokers than nonsmokers. The men were paired or matched to be alike in respect to age, race, height, sleep and exercise habits, use of drugs and other factors.

To date, 19 state medical societies in the U.S. have warned of risks in cigarette smoking, and statements have been issued by the American Heart Association, National Tuberculosis Association, American Public Health Association and other groups.

Battle Lines Forming Over Smoking

Jan 13/64

Free Press Wire Services

"Do - something - now forces" and the "more-research-is-needed" camp are drawing battle lines in Canada and in the United States in the wake of Saturday's U.S. government report calling heavy cigarette smoking a grave menace to life and health.

Which side will prevail — and how decisively — almost certainly depends on still-uncrystallized public reaction.

The report sparked immediate demands, inside and outside Congress, for federal action to alter U.S. smoking habits.

No one called for general prohibition, but many anti-smoking spokesmen said the government, by law or by executive edict, should require that cigarette packages carry warnings of health dangers and that advertising be altered.

In Niagara Falls, Ont., Canadian Health Minister Judy LaMarsh Saturday paralleled problems uncovered in the repor with problems faced in Canada

She said findings "are prett well the same as those which w will effect in this country" an hoped that Canadian and U.S authorities would work together to seek an answer.

She said, however: "In the interim, Canada is some months ahead of the United States in this regard and is beginning to work out a program.

A ban on cigarette advertis ing was announced by radi station KWUN, at Concord Calif., Saturday in the first suc reaction.

The three major U.S. rad and television networks — CB NBC and ABC—announced th would re-examine their adv tising standards as related cigarettes.

Imperial Tobacco Company of Canada, indicated the Canadian tobacco industry still considers the report inconclusive.

"While the . . . report will be of considerable interest, we do not at first glance see that it will appreciably alter the Canadian situation."

Industry spokesmen in the U.S. were quick to point out that Surgeon-General Luther Terry, who released the report, had said that research should continue, and at an increased rate.

Speaking for the "more-research" bloc in Congress, Representative Harold D. Cooley (Dem., N.C.), announced he will sponsor a $5,000,000 crash program of federal research "to accomplish maximum assurances of health in the smoking and enjoyment of tobacco."

But from the "action-now" camp came an announcement by Senator Maurine Neuberger (Dem., Ore.), that she will introduce this week two cigarette-control bills.

One would require that cigarette packages carry warnings of possible dangers to health.

The other would establish a federal educational program aimed at discouraging smoking.

The American Cancer Society called for immediate action by government and the medical profession to warn against the reported hazards of smoking.

Since congressional processes almost always are slow — especially on controversial issues affecting a huge industry — it appears that, if there is any early federal action, it will come from the Federal Trade Commission, which has wide powers to curb what it finds to be deceptive labelling and advertising of goods.

The American Tobacco Institute, Inc., called for more research and said it is ready to add to the $7,500,000 it has appropriated in the last 10 years for research.

Additional research was advocated also by Dr. Edward R. Annis, president of the American Medical Association, who declared:

"Despite the strong evidence against smoking, which has been amassed in this report, it is unrealistic to assume that the American people are suddenly going to quit smoking."

British Columbia Health Minister Eric Martin said people should be scared to death of smoking.

"I smoked for more than 3(years before I gave it up, motivated by fear, and people should allow themselves to be fearful of the consequences," he added.

The minister said the government has been warning against excessive smoking for the last three years, and has made $2,000 in grants to the Non-Smokers Association of Canada.

The government also prints leaflets and distributes them in B.C. for the association, founded by New Westminster NDP member of Parliament Barry Mather.

In London, the British Medical Association warned British cigarette smokers to cut down.

A BMA spokesman said the U.S. report confirmed — "with very much more detail" — the findings of Britain's Royal College of Surgeons in March, 1962.

In the first weeks after the report, the tobacco industry's advisory committee says, there was a 12½-per-cent drop in cigarette sales.

By August, the net drop was five per cent. By January, 1963, it was three per cent.

The committee can't give current figures. But "Tobacco," the industry publication, estimates that today Britons are smoking as many cigarettes — and perhaps slightly more — than they did before March 7, 1962.

Because the panel undertook no original research, but only evaluated some 8,000 earlier studies, pro-tobacco spokesmen insisted that nothing new was put forth and nothing finally proven.

So, they said, much more research, by public and private agencies, is needed before any drastic action can be justified.

• Infant birth weight — women who smoke cigarettes during pregnancy tend to have babies of lower than usual birth weight. But information is lacking on the mechanism by which this decrease is produced.

The report said available evidence suggests the existence of some constitutional differences between smokers and non-smokers, but it is still too meagre to permit a conclusion.

The report declared study has shown that the death rate for smokers of cigarettes only is about 70 per cent higher than that for non-smokers, and it added:

"The death rates increase with the amount smoked."

For groups of men smoking less than 10, 10 to 19, 20 to 39, and 40 cigarettes or more per day, the death rates are about 40 per cent, 70 per cent, 90 per cent, and 120 per cent higher than for non-smokers, it said.

The report said that, in most parts of the U.S., cigarette smoking contributes to chronic lung and bronchial ailments much more than does air pollution.

"The total number of excess deaths causally related to cigarette smoking in the U.S. population cannot be accurately estimated," the report said.

"The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking."

Of the five smokers on the panel which wrote the report, one says he plans to quit.

Two more admit to some personal soul-searching. The other two are just continuing to smoke.

Surgeon - General Terry switched from cigarettes to a pipe two months ago.

But one of the panelists, who considers himself basically a non-smoker, Dr. Emmanuel Farber, of the University of Pittsburgh, said that under the pressure of work on the report, "I smoked more cigars than I have in many years."

Growers Seeking Tobacco Strain Medically OK

Jan. 13 1964

TILLSONBURG, Ont. (CP) — Tobacco farmers in Southwestern Ontario were demanding accelerated research yesterday to produce a tobacco strain which will meet the medical world's approval.

The action came in the wake of a report on cigarettes by a special United States panel.

Remie Miggens, vice-chairman of the Ontario Flue-Cured Tobacco Growers Marketing Board, said although he was not satisfied the U.S. report was 100 per cent correct, ". . . we need research which will tend to maintain the industry and therefore prevent its destruction."

He said if the generalized report points out some specific substance in tobacco smoke that is harmful, the industry would make every effort to eliminate it.

He believed it possible to grow a tobacco that will satisfy not only public demand for good smoking but reduce the amount of tars and nicotine and other substances considered harmful by the medical profession.

Mr. Miggens said the cost of research should be no object for consideration since all is at stake in this $100,000,000 industry in Ontario. He suggested that money spent to educate young people against smoking should be used to produce a satisfactory product.

Jack Roxburg, Liberal member of Parliament for Norfolk, said at Simcoe: "It is up to the industry and government to co-operate in any way possible to eliminate the grounds for the medical profession's condemnation of cigarette smoking."

Mr. Roxburgh said more research is needed "to find out if it is in the smoke, tobacco tar, insecticides from the soil or in the tobacco leaf that is the cause of cancer. We have great faith in our scientists today and through research something will come out of it so that we will not get cancer from smoking cigarettes."

The U.S. report, he said, deals with U.S.-cured tobaccos which are cured by different methods than the flue-cured Ontario tobaccos.

"A lot of baloney," said Dr. R. W. Rankin of Tillsonburg, a general practitioner and tobacco grower. Although he smokes a pipe and cigars, Dr. Rankin said he has treated thousands of patients during his 40 years of practice, many of whom had smoked cigarettes for more than 30 years.

"Male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males, but it is not clear that the association has causal significance."

But it said also that an association has been established between cigarette smoking in men and higher rates of coronary disease, and asserted:

"It is . . . more prudent to assume that the established association between cigarette smoking and coronary disease has a causative meaning than to suspend judgment until no uncertainty remains."

It said the risk of developing lung cancer for pipe smokers and cigar smokers is greater than for non-smokers "but much less than for cigarette smokers." But it said there appears to be a link between pipe smoking and development of cancer of the lip.

For various specific diseases, Terry said in a state-

Denies NRC Took Stand On Fluoride

Jan. 13/64

OTTAWA (CP) — A National Research Council scientist said Saturday an NRC report on fluoridation published last May was merely a study of scientific literature on the question and did not involve new research.

Dr. Dyson Rose said the NRC study did not make conclusions for or against fluoridation. He was critical of a recent article in the magazine Saturday Review which discussed the report as NRC research.

The report was prepared in 1961 after a study of available scientific reports on fluoridation, Dr. Rose said. It was revised in 1962 and published in a public health magazine of the American Medical Association.

Dr. Rose said some persons have quoted the NRC report as an argument against fluoridation. He said this was not correct.

"We did not do any research here and avoided coming to any conclusions in the study," he said. The report was prepared by Dr. Rose, Dr. M. A. Boulet and John Marier, an NRC technician after studying a mass of fluoridation reports by Canadian, American and foreign scientists.

Dr. Rose said the NRC team "leaned over backwards" to avoid expressing opinions. "It was merely a factual report on the material."

The Saturday Review article also drew fire from a spokesman of the American Dental Association speaking in Chicago yesterday.

Peter Goulding, public relations director for the ADA, said the article "used a Canadian study of pro and con literature on fluoridation, which drew no conclusions, as argument that the Canadian scientific group opposed it."

Goulding said an official ADA statement will be sent to the magazine in a letter this week. The letter will be made public, Goulding said, because the article attracted wide attention.

Is torne

2 eggs
3 squares (3 oz.) unsweetened
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
¾ cup sugar
½ cup rolled oats
6 tbsp. butter
Heat oven to 350 degrees. Grease a

U.S. Vows Action On Report Of Smoking Perils

Jan 13/64

WASHINGTON (AP) — Heavy cigarette smoking is the principal cause of cancer of the lungs and the larynx and a health hazard so grave as to call for remedial action, a U.S. science panel has concluded.

The nature of that action was not spelled out in the report, made public Saturday.

However, Surgeon-General Luther Terry of the U.S. Public Health Service said his agency will move promptly to recommend specific steps of the kind urged by the science group.

Meantime, he told a press conference:

"I would advise anyone to discontinue smoking cigarettes."

The 10-man special advisory committee on smoking and health took 14 months to evaluate more than 8,000 studies of the effect of smoking on health.

It undertook no fresh research, but decided available evidence shows that cigarette smoking far outweighs all other causes of lung cancer and cancer of the larynx — in men and perhaps in women.

It had no such clear-cut indictment of cigarette smoking in heart and blood vessel disease or lesser ailments sometimes associated with smoking.

But, broadly, the panel took the view that the more you smoke the more you risk early death.

The group was not requested to make specific recommendations for laws or regulations to offset smoking hazards.

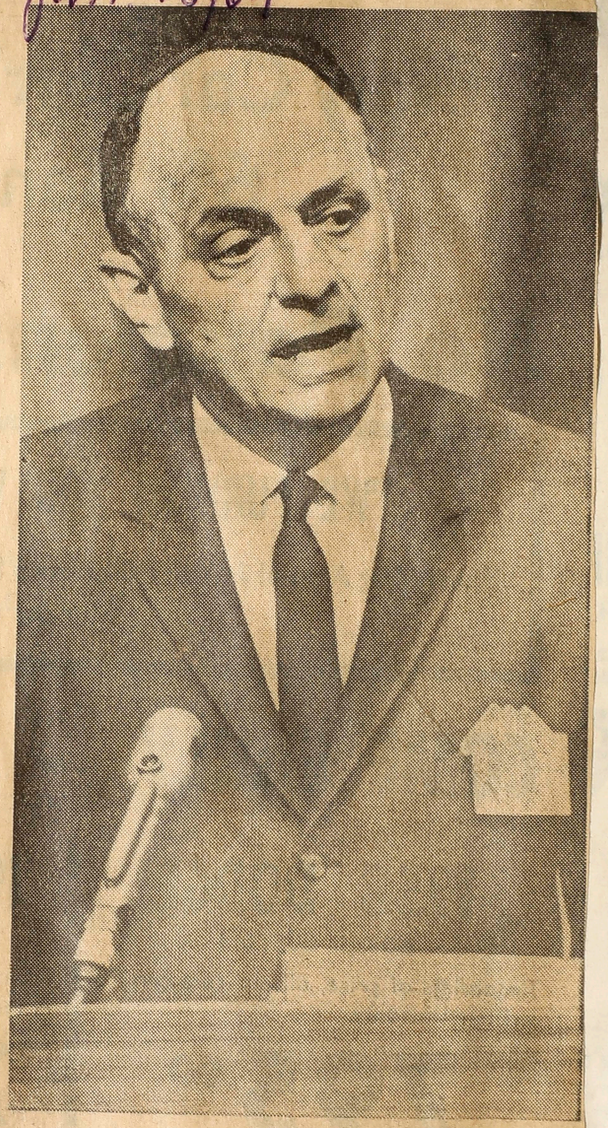
The report, which ran to about 150,000 words and several hundred pages, hit hardest at cigarette smoking as being what it termed a significant cause of lung cancer, chronic bronchitis and cancer of the larynx, or voice box.

ment, the committee's findings were that cigar and pipe smoking have little significance in comparison with cigarettes.

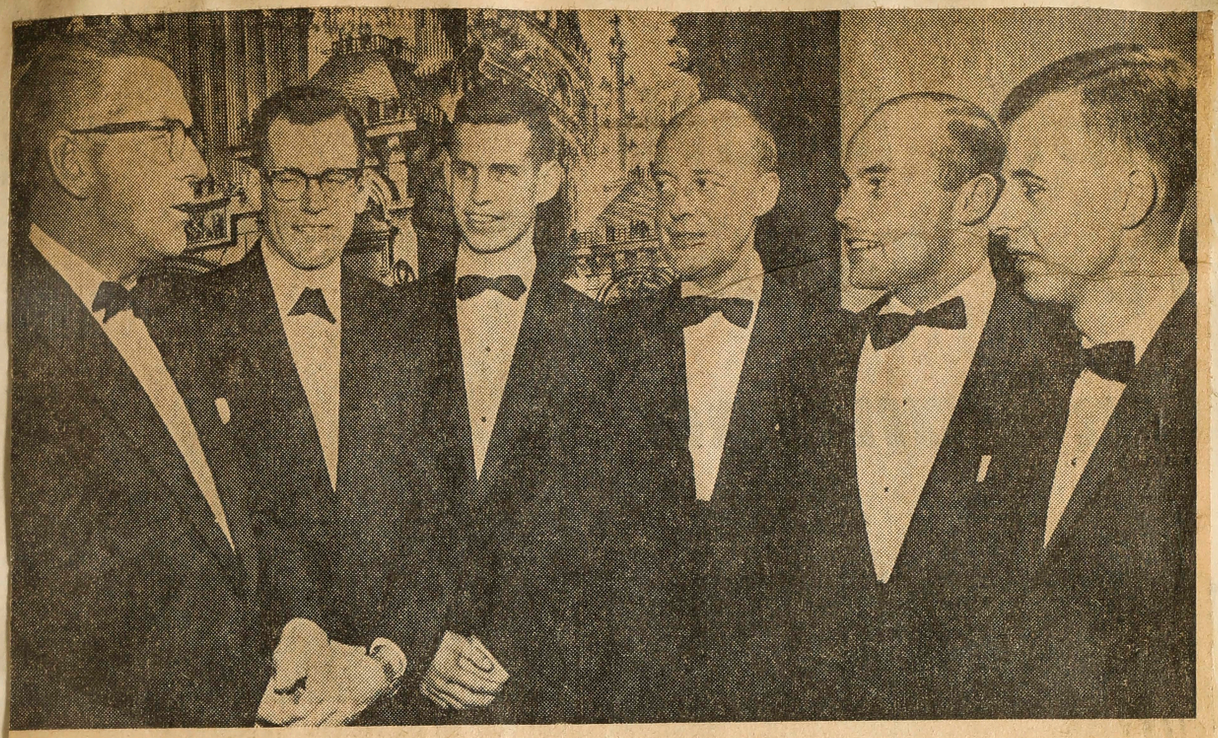
But while it found much physical menace in smoking, the committee reported that there are benefits in in the area of mental health and ease, saying "the habit originates in a search for contentment."

The box score on other diseases ran this way:

- Cancer of the esophagus — there is evidence of an association with smoking, but cause and effect have not been decided.
- Cancer of the oesophagus bladder — an association with cigarette smoking, but not enough evidence to establish a cause-and-effect link.
- Stomach cancer — no relationship established.
- Peptic ulcer (including ulcers of the stomach and of the duodenum, which links the stomach with the intestines) — an association with cigarette smoking, but no cause-and-effect link.
- Amblyopia, dimness of vision unexplained by any bodily defect — an apparent relationship between this ailment and pipe and cigar smoking — but no cause-and-effect link.
- Cirrhosis of the liver — there is increased mortality from this among smokers, but the evidence is not sufficient to establish the cause-and-effect link.



U.S. SURGEON-GENERAL LUTHER TERRY
- - - 'would urge everyone to quit smoking'



ANNUAL DINNER — Members of the Hippocratic Society held their 64th annual banquet at the Holiday Inn on King Street last night. Left to right, Dr. O. H. Warwick, dean of the faculty of medicine, University of Western Ontario; Bill Williams, and Michael Grace, who received honor society awards; Dr. John Hamilton, guest speaker, dean of the faculty of medicine, University of Toronto; James Curtis and Ernest Spratt, also award winners.

Jan. 11/64

Urges Additional Funds for Medical Schools

More funds are required to upport the facilities needed for medical education, Dr. John Hamilton, dean of medicine at the University of Toronto, said last night prior to the 64th annual London Hippocratic Society's banquet.

Dr. Hamilton said a medical education was becoming more expensive and urged provincial and federal governments to take a greater hand in providing adequate funds in order to continue studies on a high standard.

The biggest problem confronting medical schools was lack of funds, he said. Without proper funds, schools were unable to keep up with the need for larger facilities in hospitals and laboratories.

Dr. Hamilton said other problems were also confronting today's medical schools. The advancement of science, although beneficial in many ways, was proving to be a problem in one particular way, he said. Equipment and facilities were being outdated by the rapid change through scientific discoveries.

More than 250 local doctors, undergraduate University of Western Ontario medical students, and medical school faculty members, attended the dinner.

Dr. R. A. H. Kinch, honorary president of the society, presented honor awards to medical students, James Curtis, of St. Thomas, Ernest Spratt, of Sault Ste. Marie, William Williams, of Toronto, and Michael Grace, of London.

Enzyme Injected in Spine Dissolves Discs, Ends Back Pain

Jan. 11/64

CHICAGO (AP) — An orthopedic surgeon reported yesterday that a drug injected between the spinal vertebra has dissolved slipped dics — the cause of sciatica and lower back pain.

Dr. Lyman Smith reported in the Journal of the American Medical Association on the first 10 patients so treated, between July 11 and Aug. 19, 1963. He said all had chronic or recurring herniated discs and had not been helped by conventional treatment. Six patients had undergone surgery with no benefits.

Dr. Smith, assistant professor of orthopedic surgery at Northwestern University Medical School, Chicago, emphasized in his report that several more years must elapse and many more patients must be studied before the dissolving technique can be evaluated properly. He said the early study of the 10 patients indicated the technique eliminated in some cases the need for surgery and prolonged convalescence.

Orthopedic surgeons have said backache is the most frequent complaint brought to physicians and slipped discs are the most frequent causes of backaches and sciatica.

The disc-dissolving drug used by Dr. Smith is an enzyme — chymopapain — produced by Baxter Laboratories of Morton Grove, Ill.

Dr. Smith said the first of the 10 patients was injected with chymopapain July 11 and the last Aug. 19. The doctor reported seven of the 10 had been relieved of their sciatica and back pain six to 18 hours after injection.

A vertebra disc is an elastic cushion of cartilage-like tissue between the bones of the spinal column. It acts as a shock absorber, allowing the overlying vertebrae to move on one another.

Dr. Smith said that 30 more patients with intractable sciatic have been treated since Sept. 11 with injections by him and Dr. Joseph E. Brown of St. Luke's Hospital in Cleveland. The physicians reported that clinical responses continued to be favorable.

Tobacco Crop Worth Eight Billions Annually

Jan. 13/64

NEW YORK (AP) — The United States tobacco industry is an $8,000,000,000-a-year business.

In 1963, about 70,000,000 Americans — more than half the adult population including overseas military forces—bought:

●—More than 523,000,000,000 cigarettes, 14,900,000,000 more than in 1962.

●—More than 7,100,000,000 cigars, up 115,000,000 from 1962.

●—About 69,500,000 pounds of smoking tobacco.

●—Nearly 64,800,000 pounds of chewing tobacco.

●—More than 32,500,000 pounds of snuff.

Of the $8,000,000,000 spent on tobacco products last year, $3,300,000,000 went to federal, state and local governments in excise taxes.

Tobacco is grown in 21 states by 750,000 farm families. Total

In Western Ontario tobacco is big business.

This year, a whopping 182,000,000 pounds was harvested and will be sold for approximately $90,000,000.

There are 4,513 tobacco farms in Ontario — most of them in Western Ontario. Norfolk County is by far the leader with 2,024. Elgin County is next with 869 while Brant has 403.

In addition, an estimated 3,000 persons are directly dependent on the farmers for their livelihood. Many of them work in Imperial Tobacco's sprawling plants at Aylmer or Delhi, or the auction exchanges in the heart of the tobacco belt.

One veteran observer close to the pulse of the tobacco industry says that if farmers are worried at all about the potential impact of the much-publicized U.S. government report on tobacco, they aren't showing it. tobacco acreage exceeds 1,200,000 acres with a total yield of 2,200,000,000 pounds.

Tobacco is the fifth largest cash crop in the United States, following cotton, wheat, corn and soybeans, and ranks third in agricultural exports.

Farmers received $1,300,000,000 for sales of tobacco crops last year, representing eight per cent of the total for all crops in the United States.

LITTLE — Dr. and Mrs. Peter B. Little (nee Doreen Lambert, R.N.) are happy to announce the birth of their daughter, Laura Elaine, on Jan. 9, 1964, in Farmington, Minnesota.

Urges Restriction Of Cigarette Sales

Jan. 13/64

TORONTO (CP) — The president of Power Supermarkets Limited said yesterday it is time the government took a stand and restricted the sale of cigarettes.

Leon Weinstein said his company would "welcome and support" any such government move but he did not specify what steps should be taken.

Inquests Set By Coroner In Deaths

Jan. 13/64

Dates for coroner's inquests into two deaths resulting from separate traffic accidents were announced yesterday by the crown attorney's office.

The first, Jan. 21, will probe a Dec. 2 accident which claimed the life of Dr. Rangaswamy Naidu, 47, of Moose Factory, Ont. and formerly of India. The crash also killed Mrs. Ann Marie Meyerhoff, 26, of 23347 Newcastle St., Taylor, Mich.

Both were killed on Highway 401 about five miles west of Ingersoll when Dr. Naidu's eastbound car went out of control, skidded 1,000 feet, crossed the median and collided with a vehicle driven by Mrs. Meyerhoff's husband, Ross.

The second inquest will be into a Dec. 13 car-pedestrian collision which killed Raymond M. Woollatt, 71, of 326 Piccadilly St.

Mr. Woollatt died in St. Joseph's Hospital after colliding on Waterloo Street just south of Piccadilly with a car driven by Nicholas Diezyn, 38, of 38 Linwood Ave.

Both inquests will be at 8 p.m. in the magistrate's courtroom.

Can Cigarette Smoking Be Made Safe?

Jan. 14/64

THE REPORT of the U.S. surgeon-general's panel on smoking produced a massive and forthright statistical indictment against heavy cigarette use as a health menace.

It also left vital questions unanswered.

For example, there is the remarkable spread between the danger incidence of cigar and pipe smoking and that of cigarettes. Panelists had one apparent reason for this — the fact most cigar and pipe users do not inhale. But is this all? At least one panelist conceded there was still a great "puzzle" in this area.

And in light of this, is there a way that all forms of tobacco use can be made safe, or much safer?

Since smoking will continue, despite this report and similar reports, the need for intensified research and education cannot be overemphasized.

It is to this end that Surgeon-General Luther Terry has invited health authorities and the tobacco industry to address themselves.

If more information on just why some forms of tobacco smoking may cause cancer, chronic bronchitis and heart disease can be adduced, it could be of great value in attacking and treating these diseases.

Governor Terry Sanford of North Carolina, whose state is politically sensitive to the tobacco industry, said the report was a great gain in smoker-education. It was now up to government, industry and medicine to discover how smoking can be made safe. This is a realistic position.

Less Danger In Smoking Cigars, Pipes

Jan. 14/64

By GARNET MOORE
Free Press Staff Writer

WASHINGTON — One of the interesting findings of the U.S. government report on smoking and health, released Saturday, is that the danger in several specific diseases including cancer is much less for cigar and pipe mokers than for users of cigarettes.

The Free Press asked Dr. Walter J. Burdette, of the University of Utah, one of the clinical experts on the surgeon-general's panel if there was a clearly-indicated reason for this.

"It is a great puzzle," Dr. Burdette said. "We really don't know."

"Did the committee go into this?"

"Yes we did — but we reached no firm conclusion. There is strong evidence that it may be because cigar and pipe smokers do not inhale at least to the degree of cigarette smokers. This is the only apparent reason. Whether it is the only reason we are not prepared to say."

Cigar and pipe smoking were held to hold dangers, but this was "of little significance in comparison with cigarettes."

Dr. Burdette told questioners that in his own case he had been a cigarette smoker. "I now smoke a pipe and an occasional cigar."

The report states: "Death rates of cigar smokers are about the same as those of non-smokers for men smoking less than five cigars daily. For men smoking more than five cigars daily, death rates were slightly higher than for non-smokers."

"Death rates for current pipe smokers were little if at all higher than for non-smokers, even with men smoking 10 or more pipefuls per day and with men who had smoked pipes for more than 30 years."

The committee devoted one chapter to the psychological effects of tobacco and any beneficial effects it might have.

"An attempted evaluation on medical health becomes more realistic if one is willing to confront the question, ridiculous as it may seem, of what would satisfy the psychological needs of 70,000,000 Americans who smoked in 1963, if they were suddenly deprived of tobacco?"

Hospital Auxiliary to Donate $20,000 for Building Renovations

Jan 15/64

By PAMELA BAKER
Assistant Women's Editor

Having completed payment of more than $100,000 for furnishings in the new nurses' residence at Victoria Hospital, the Women's Auxiliary intends to contribute another $20,000 during 1964 for renovations to the old residence.

This was announced yesterday by retiring president, Mrs. W. G. McGugan when the annual meeting of the auxiliary was held in the new residence. Mrs. McGugan said renovations to the old residence were intended to bring nurses' quarters there into line with those in the new one.

During the past year, Mrs. McGugan noted that the Women's Auxiliary focussed its attention on a program of co-ordination of services to the hospital and orientation of auxiliary members. At the same time the auxiliary continued to support a broad educational program, giving assistance at both the graduate and undergraduate levels. "With the ever increasing knowledge and techniques required in caring for the ill, and the continuing shortage of skilled nurses, it is most essential we give all the help we can in this field," she said.

In order to organize and implement the co-ordination program, Mrs. McGugan said Mrs. Herbert Cocker had been appointed chairman of auxiliary services. Already she has set up a more inclusive type of patient visiting service.

To give a greater awareness of the important part each member plays in the hospital team, Mrs. McGugan said the auxiliary has now published a membership manual containing information about the hospital and the qualifications required of an enthusiastic auxiliary member.

The new president of the auxiliary is Mrs. W. R. Smith who said the auxiliary hopes, this year, to assist the hospital in its proposed expansion plans.

Other officers are: Executive vice-president, Mrs. A. L. Manness; vice-presidents, Mrs. H. W. Grierson and Mrs. W. R. Alder; recording secretary, Mrs. G. W. Jeffery; corresponding secretary, Mrs. J. N. Thomson; treasurer, Mrs. W. O. Curts; membership convener, Mrs. R. W. Lowry; coffee shop convener, Mrs. R. G. McGugan.

Committee conveners are: Entertainment and cheer, Mrs. Douglas Bocking; flower, Mrs. G. G. Newton; National Council of Jewish Women, Mrs. Walter Fonfey; library, Mrs. H. S. Long; out-patients, Mrs. H. T. Chowen; pre-natal, Mrs. C. S. Ward; student nurses, Mrs. W. S. Dick.

MRS. W. R. SMITH
- - - new president

dent for excellence in obstetrical nursing.

Mrs. K. R. Hillier, director of regions for the Ontario Hospital Auxiliaries Association, presided for the election and Mrs. K. S. Murray, member of Victoria Hospital board of trustees, conducted the installation.

Mrs. W. T. Haslett made a presentation to Mrs. McGugan.

The report of the treasurer, Mrs. W. O. Curts, showed $34,721.58 in the general account at Dec. 1, 1962. Receipts totalled $39,799.10, making a balance of $74,520.68. Disbursements during the year amounted to $70,531.14, leaving a balance at the end of the year of $3,989.54.

Mrs. R. W. Lowry reported a total membership of 462.

The educational group, reported Mrs. K. W. Shields, provided a $435 scholarship for one year's post-graduate study at the University of Western Ontario to the student with the highest average in theory and clinical experience. Bursary assistance was also given a student to help her through her undergraduate training period, and a 'Rescusi-Anni' was provided at a cost of $295.

Mrs. H. T. Chowen said the out-patient clinic service group contributed a total of 450 hours, serving coffee four days weekly.

Mrs. G. B. McCall reported that the student nurses' group held a graduation tea for about 500 relatives and friends, a square dance for preliminary students and supplied Little Theatre tickets for students.

In addition to equipment purchased by the individual groups of the auxiliary the general auxiliary undertook the following: Made available $1,000 to be used as assistance to permanent members of the nursing staff for an extension course in unit nursing adminsitration and attendance at conferences, study groups or workshops; provided two scholarships for attendance at the UWO School of Nursing; gave bursary assistance to three students; purchased the planter for the lobby of the new educational building; provided Christmas trees for various parts of the hospital; and contributed to the decorating of Christmas Eve trays for all patients in the hospital.

Other reports were presented by Mrs. F. H. Smith, corresponding secretary; Mrs. Herbert Cocker, coffee shop committee; Mrs. W. R. Smith, public relations; Mrs. Walter Fonfey, National Council of Jewish Women, London Section; and Mrs. W. E. Keil, visiting and service.

Mrs. J. Paul McIntyre said the entertainment and cheer group provided 300 hours work to cover the five staff wards. In addition, a supply of patient amenities was kept on each floor and approximately 120 gifts were given to patients at Christmas.

Approximately 950 hours were given by members of the flower group in planning and carrying out their projects which included providing flower arrangements for the hospital and individual rooms.

Members of the library group visited more than 500 patients twice weekly, distributing books, magazines and pocket novels to patients, Mrs. H. S. Long reported.

The main project of the prenatal group is the Gift Shop at the hospital and Mrs. J. A. Cowan reported total receipts in excess of $5,800. The group provided equipment and paid fees for weekly demonstrations of baby baths given by the VON at a cost of $335, as well as purchasing two complete layettes for needy patients. Purchases included equipment for the obstetrical floor, costing $2,500, and two demonstration dolls valued at $500. A prize of $100 was awarded to a graduating stu-

MOH Asks Ambulance Checks

Jan 16/64

Ambulance operation and maintenance are not as well controlled as those of taxis, Dr. D. A. Hutchison said yesterday.

The city's medical officer of health, reporting to the board of health, said: "It is too bad we have such a vital service in London — or anywhere else — that is not as well controlled as taxis."

At the same time, he said London's ambulance companies appear well equipped and well trained. He explained that there are no regulations to compel the firms to maintain any standards, or submit to inspection. His department does carry out unofficial inspections.

The equipment, he said, is clean. The staffs have a variety of training qualifications.

"I've had no complaints about the ambulance service from doctors," Dr. Hutchison added. "This is not surprising since the doctors are not on hand on the highways to see how the service is carried out." He continued however, that he has had "no bona fide complaints" from anyone.

The question of the quality of city ambulance service was originally raised by Ald. Frank Flitton (Ward Four), a new member on the board of health. He said he witnessed an accident at which the ambulance couldn't be started. It sat at the scene with injured people inside, until a booster battery was brought from its garage.

Dr. Hutchison said perhaps some control might be imposed through licensing. Mayor Stronach, who noted that a fourth service is to start operating here soon, said regulation of ambulance service is something the province is going to have to "look at."

Because provincial regulation may be forthcoming, the mayor said, municipalities hesitate to step in and do something. If they did, the whole matter might be left as a municipal responsibility.

The MOH commented that because of keen competition, it is difficult for ambulance services to operate successfully in a financial way.

"It is a sad thing when this service is dependent on the workings and complications of the market place," he added.

2 eggs
3 squares (3 oz.) unsweetened
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
½ cup rolled oats
6 tbsp. butter
Heat oven to 350 degrees. Grease a

Surgeon-General Suggests Research To Develop Better Cigarette Filters

Jan. 16/64

WASHINGTON (CP-AP) — U. S. Surgeon-General Luther L. Terry feels development of better or more selective filters on cigarettes is a desirable avenue of research in reducing the health hazards of cigarette smoking.

Terry's comment was made in reply to a series of questions asked in a letter by Republican Senator John Sherman Cooper of Kentucky.

The letter was written after a U. S. public health service committee, headed by Terry, indicted heavy cigarette smoking as a health hazard. The committee also said it had found "no evidence that will establish the fact that filters have had any effect in reducing the dangers" of smoking.

Cooper asked:

"To the extent that a filter removes tar, nicotine and the gaseous elements of cigarette smoke, is it not reasonable to assume that the effects of the filter will be similar to the effects reported by the committee of smoking fewer cigarettes?"

And Terry replied:

"A categorical answer to this question is difficult. The best I could do would be to answer yes-perhaps, or yes-probably. A part of the problem here is whether the filter in addition to removing tar, nicotine or other elements of cigarette smoke might also lead to different levels of cigarette consumption and different amounts of inhalation etc. . . "

He told Cooper that "unquestionably" standardized research on the effectiveness and selectivity of filters, as well as additional research on the components of smoke, would be desirable.

Dr. Ernest L. Wynder of New York's Sloan-Kettering Institute for Cancer Research said in an interview here Tuesday he considers some of the filter cigarettes now available are relatively effective in reducing the hazard of lung cancer. He declined to name brands.

Wynder is one of the scientists who first produced skin cancer in mice by application of cigarette-smoke concentrates, or "tars" to the animals' backs.

Wynder said present-day filters tend to reduce the over-all content of "tars" and nicotine as compared with most non-filter cigarettes.

As for reducing tumor-causing chemicals, Wynder said he and his associate, Dr. Detrich Hoffmann, "believe that the tumor-producing action of tobacco smoke is largely due to the incomplete combustion of organic components . . . and it should be possible to improve combustion in such a way as to reduce at least some of the tumorogenic agents."

'Automatic' Hospital Space Sought for Physicians

Jan. 16/64

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Despite his statement stricken children continue to come here.

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LOOKING AT ART

Baffled by Picasso? Exhibit Provides Key

By Lenore Crawford

WHO AND WHAT is Picasso? The question has been asked and answered — a thousand times or more in the past 65 years since his work began to be known. Never before on this continent, though, has a complete and "see-for-yourself" answer been given until the opening of the "Picasso and Man" exhibition at the Art Gallery of Toronto this month.

Dr. June Sutherland Boggs, curator at the Toronto art gallery, is responsible for the answer, which already has attracted critics and other art-lovers from all over the United States and Canada. She worked on assembling the exhibit for more than two years and succeeded in having works sent from seven different countries, including some of the finest examples from the Soviet Union, and from public and private collections. The opinion of hardbitten art viewers is that the exhibit was not surpassed even by the huge Picasso show in London, Eng., a few years ago.

The exhibit says through approximately 280 pictures and sculpture: This is Picasso born when he lived in Barcelona, in 1898 when he was 17 to 1961.

There are painting after painting to stop artists in their tracks to examine technique, to wonder and muse on how he got this draftsmanship effect, that shading; to ask why he did not go on into pure abstract instead of returning to the figure.

The dozens of drawings amaze with their draftsmanship, with the absolute sureness of accomplished objective. Sculpture can be put alongside great pieces by other sculptors. Paintings include the great "key" to his Cubist period "Les Demoiselles D'Avignon," rought from the Museum of Modern Art, New York, which vies for "arty" interest with the studies for "Guernica" which have been loaned by the artist himself.

* * *

THE EXHIBITION does just as much for the casual art-lover who has heard of Picasso all his life, has seen reproductions and perhaps laughed at some derisively, saying "What on earth did he do that for?"

That person will find pictures to cause him to laugh, but he will laugh with Picasso instead of at him. There is the one of a billowing damsel in a tight bathing-suit chasing a ball, for example. He will find pictures to remind him of the gaiety and fun of Christmas — children at play with toys amidst Christmasy colored trees. He will find excellent portraits and studies and one of the most appealingly tender paintings ever done —"Child Holding a Dove."

Picasso has other facets which are known better than these and are displayed strikingly. The 56 studies, which he made from May to October—sometimes in color and other times in black and white he adopted for the final painting —for "Guernica" present the bones and the flesh of war as it affects a man, a woman, a child and as it affects that indefinable thing called the world. The picture was painted after the German bombers laid waste Guernica, a small town in Spain without any strategic or tactical value in the Spanish Civil War. Into it Picasso poured his horror, his bitterness and his tremendous grief. It is significant that Picasso portrays the world as a horse which has far less impact than the figures of human beings which have universal connotation but primarily affect a viewer's emotions because they are individuals.

It is the individual in which Picasso is interested. He may see a universality in an individual, nevertheless the particular individual retains his, or her, characteristics. This is true through a series of paintings of Dora Maar, his mistress during the crucial prewar and war years of 1936-1945. He portrayed the bitterness of Hitlerism and of war and the boredom of the Occupation period in Paris where he lived from 1940 by means of portraits of her.

* * *

CERTAIN women art critics who have viewed the Toronto show accuse Picasso of portraying women as everything but tender, as predatory hunters after prey, as bitter, vicious, gross. And so on and on. I disagree. One exhibit —even such a large one—cannot contain even one-third of all Picasso works. Inevitably, many studies done of women strictly as portraits had to be eliminated, or perhaps were not available. Picasso is notoriously a collector of his own best works—he often has sold the "culls" instead of destroying them and any that would have personal meaning he has kept, it is the pictures with a link to world or art - style events, naturally, which were chosen and were available, for the most part. And even in this exhibit I found expressed many facets besides cold intellectualism, ridicule and grossness and hate.

Furthermore, isn't it rather than a fear or unconscious dislike of woman a feeling that the female figure can express all of mankind's emotions and intellectual idiosyncrasies which causes him to portray females?

And for Picasso, who always has worked spontaneously, the very readiness of whoever was his wife or mistress at the moment as model would have a good deal to do with his use of women as subjects.

Also, Picasso is a Spaniard who has lived in France for 60 years. Origin and milieu must be taken into consideration.

Now that the feast has been indicated — a feast of seeing and feeling and discussing — it is to be hoped that anyone who ever has read the name "Picasso" will accept the invitation to see this exhibit which continues to Feb. 16.

HEAD OF A WOMAN, painted in 1960, is in Picasso's personal collection.

PICASSO AND MAN exhibition, at present at the Art Gallery of Toronto, includes this oil entitled, 'Figures in a Garden Looking Through the Window.' Picasso painted it in 1954.

From The Bookshelf

Character Study Expertly Executed

The Artist

By Jan de Hartog
(McClelland and Stewart)

Jan de Hartog relates a strange tale in this short novel. But Jansen yearns to be either sailor or an artist. He decided the sea mostly because he didn't think he could make a living as an artist.

In Part One we encounter the reasons and events influencing Jansen boyhood most. He had his tonsils out without anesthetic, and as he recovered wanted to send a "message to God." He did this by taking his mother's pet lark out, whispered "tonsils" to it and released it. The bird soared, and all dead from exertion. A little later Jansen whispered the same word "tonsils" to a priest on the last day dying — another "message to God."

A dominant figure of his boyhood was Aunt Sara, austere, and an "artist" in her own right — an "artist" in running a store. At naval school Joost meets the traditional artist J. Th. Neef, neat and precise, and the "paint slinging" impression-ist Bois Bangma — proud, stubborn and somewhat of a drunkard.

Mr. de Hartog then jumps 50 years, and in Part Two Jansen has completed his work as a pilot and goes to Paris in his own houseboat to retire and become an artist. He is "adopted" by a dog which escaped from the Institut Pasteur. Although there is a 10,000-franc reward for it Jansen refuses to give the dog up "for further torture." The head of the Institut, Professor Picard tells him a second heart has been inserted into the dog, and without further medical aid the dog will die and a lifetime of research will be lost. Jansen still refuses, and his refusal becomes a "cause celebre." The dog dies, but it is this event that finally makes Jansen a real artist — in the last days of his life. When a priest looks through the dying Jansen's Bible he finds beautifully drawn sketches in the margins — all New Testament scenes, and each made distinctive by a key figure— a dog.

Although Mr. de Hartog probes deeply into his hero's soul Jansen remains much of an enigma. It is difficult to reason why he refused to give up the dog, — stubbornness — an overly big heart—or the thought of the dog being strapped down as he was for his tonsilectomy.

The Jansen character is beautifully drawn in Part One, but the 50-year jump to Part Two leaves too much of a void in trying to understand this man. The characterizations of de Neef, Bangma, Aunt Sara and Professor Picard, as well as the other figures are deftly done—the work of a master craftsman. Mr. de Hartog's descriptions are vivid, and his style has a touch of poetry to it.

The "parts" of this novel are all excellent, but when they are fitted together into the "whole" they leave you with a strange sense of unfulfillment.

The excellent drawings are by Joseph Low. — **John Briglia**

Follow My Black Plume

By Geoffrey Trease
(Macmillan)

Many books for young people are written down in a somewhat condescending manner. But Geoffrey Trease takes his readers and his history quite seriously, and tries to combine simple, straightforward writing with thrilling action.

In this story he shows us the struggle for the unification of Italy through the eyes of a young English lad who finds himself in the midst of the siege of Rome. Ironically he is accompanied by a devoted English tutor, sent by a managing grandmother who was determined that young Mark shouldn't get into any mischief. Following Garibaldi quickly turns Mark from a boy into a man and makes some changes in the scholarly tutor also.

—**J. K. Elliott**

Fish and Fishing

By Maynard Reece
(Meredith Press)

Next to actually participating in his favorite sport, a fisherman, or angler if you prefer, likes to read about it.

There's little doubt that Maynard Reece's book, 'Fish and Fishing,' will be a valuable addition to any angler's library.

The handsome volume is profusely illustrated with excellent color pictures of all North American fresh water fish. It not only makes it easy to identify the various species, but pinpoints their habitat by shaded maps.

Reece gives some handy tips on how to catch fish, tells you what to look for in their feeding habits and gives excellent backgrounds on many kinds of game fish.

To the veteran angler, some of Reece's information won't be new. However, even the greatly experienced fisherman will find the book both interesting and informative.—**Harry Eisen**

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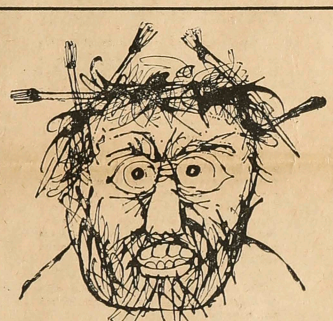

IMPRESSION OF AN ARTIST
- - - from Jan de Hartog's 'The Artist'

Reforming Spirit In the High Andes

Volcano

By Madge Macbeth
(Associated Publishers)

The Andes are a divisive factor in the lives of South Americans along the Pacific. They limit travel except to the privileged few; they make life static for railways are few, motor roads difficult and airfields almost non-existent.

As Madge Macbeth writes her tale of Ecuador she chooses one peak as the scene of her story, the volcano Chimborazo and the mountainous village of Pelambi as the locale. With little occuring in this mountain sector, the novel is a report not of happenings but of thoughts, of aspirations, good and bad, and of dreams.

The story reveals how an American girl married a U.S. engineering graduate, accompanied him to this mountain village where she remained alone as he went away for days or weeks laying plans for a Pan-American highway.

The young woman knew no Spanish, nor a word of the current Indian dialect. Her only contact with the Pelambians during her husband's absence was through the bilingual Spanish school teacher, a dwarfish cripple with a bitter and likewise crippled mind.

The young bride, always a dreamer, filled with a reforming spirit, sought to regenerate the dwarfed spirit of the bestial and repulsive cripple. With eyes closed, she transformed this man —actually a fine musician and bright conversationalist — into a man of sterling qualities which every fact denied. The novel describes the reformation.

Mrs. Macbeth is a descendant of Iberian forebears. She attended college in London and is a resident of the Canadian capital. In spite of her ancestry she does little to enhance the character of the Spaniard or of the Indian native of Ecuador.

The rare beauties of the Andes which no doubt held this young woman in a desolate village and helped her retain her sanity are not in full described by Mrs. Macbeth. However the book is outstanding for the vividness of her characters.

—**Gerald Newton**

A Travel Book Of Sounds, Smells

Travelling Blind

By John Wilson
(Hutchinson)

This is a travel book with a double charm. His author does not describe what he sees, but what he hears and smells and understands. This is because he lost his sight at the age of 12. But that didn't prevent him from securing an education, including two degrees from Oxford. And it probably stimulated his desire to devote his life to helping other people with disabilities. He is now director and chief executive officer of the Royal Commonwealth Society for the Blind.

In this capacity he has travelled 200,000 miles since 1950. Most of this book is devoted to a visit to Africa which took him into jungles and to remote vastnesses where white men rarely penetrated. He was tracking down blind folk, many of whom were hidden away by their families who were ashamed of them. His job was to try to secure special training which would enable them to become self-supporting.

One might expect this to be a grim enough job, but Mr. Wilson has a bright and gay approach and an amazingly sharp realism. For instance, he says of his sojourn in South Africa: "To one who cannot see the color of a man's skin there is a lunatic quality about this racial controversy." Nevertheless he can appreciate the feelings of the Afrikaans people and finds them individually charming, though he is puzzled by the theology with which they back up their doctrine of apartheid.

He never loses sight — if the figure of speech is permitted— of his main job, and everywhere he is manipulating governments and agencies to help individuals. His statistics are overwhelming. He estimates that there are more than 10,000,000 blind people in the world. Some 500,-000,000 suffer from trachoma, which endangers their eyesight. More than two-thirds of the world's blindness is preventable.

But while the plight of the blind is the main message of the book the author manages to communicate something of how much most of us lose in our concept of our surroundings when we depend primarily on sight. The description of Victoria Falls by sound and vibration is an example.

—**John K. Elliott**

Sex On a Scottish Campus

The House In The North

By Elizabeth Holland
(Macmillan)

Things have changed a bit in Auld Scotia if this author's view is correct. She brings a chaste and modest young girl from an English school and plunges her into the mixed society of the University of Edinburgh. There she discovers sex. Indeed one is given the sensation that the city once inspired by John Knox has turned to the whole-hearted worship of Venus.

Katharine Marshal, the book's heroine, makes an effort to swim against the stream. But Keith Allingham, a young lecturer, exerts a strong attraction. Their relationship illustrates Byron's declaration;

"Man's love is of man's life a thing apart,
'Tis woman's whole existence.

Katharine tries to shake herself free of her infatuation. A level - headed young painter named Robert Macleod stands ready to rescue her. But the story ends indecisively.

However, in addition to Katharine's struggles with the unsuspectedly sinful Athens of the North, we are introduced to the wackiest group of students or pseudo-students ever assembled together in one book. Some of them are way round the bend, like Poor Torquil, who compiles books of clippings and tries to keep a goat in his room. Others have a vein of the practical, like Vivienne. Some are prisoners of somewhat ridiculous enthusiasm, like Fiona. Sometimes they seem a bit stiff, but other times they take on a hilarious life of their own. It is a strange book, and one wonders what Miss Holland will have to say in the sequel which, according to the publisher, is already written, though not yet published.

Yours to Explore — A History of Hospitals

By Ken Bambrick

Who invented the hospital?

It wasn't the Christians, wrote Dr. W. Gill Wylie 88 years ago in his book, "Hospitals: their history, organization, and construction." He quotes evidence indicating that hospitals were in existence in Buddhist India several centuries before Christ.

As a matter of fact, he doesn't think much of the way hospitals were planned or built in his time, and spends most of his 236 pages pleading for a change.

(His book, which won the Boylston prize essay award of Harvard University for 1876, has been presented to Victoria Hospital by the late Dr. C. A. Harris, former city medical officer of health).

Dr. Wylie's plea is for construction of hospitals on the single floor, pavillion plan, with each ward separated from others to prevent communication of disease and infection. Benefits of this style had been known for years, he wrote, but hospital boards continued to put up massive multi-storey institutions, apparently for two reasons: One a desire to erect a monumental type of structure, and the other to cram as much bed space as possible into the smallest area.

Hospitals, at that time designed primarily for the poor, (the prudent person who could afford a doctor stayed home) had an unsavory reputation as killers, and he notes that at New York's Bellevue, where he served as resident, 14.7 of every 100 patients admitted in 1871 died, and of this number 6.02 died of hospital infections — blood poisoning, puerperal fever and the like.

(Dr. Charles Kirk, superintendent at Victoria Hospital, reports his hospital handled 22,018 patients last year, along with 3,220 babies, and that there were 895 deaths — about 3.4 per hundred from all causes).

* * *

The one-floor plan, Dr. Wylie contended permitted good ventilation and adequate sun light, both of which were unobtainable in the high-rise buildings. Dr. D. A. Hutchison, London's medical officer of health, credits vastly improved ventilation schemes for a good part of today's better luck in keeping hospital infection to a minimum, although recurring "staph" infections indicate that the problem of disinfection has not been entirely licked.

Dr. Wylie also proposed ward limits of 32 beds, while in Europe at the time, wards tended to be huge areas, and there might be from two to four patients in each bed.

The pavillion construction is still not the common approach to hospital construction — its elementary advantages having been largely achieved by other means — but the author even then was not too hopeful, observing "The trustees are pretty sure to be men advanced in years and very naturally take the advice of men of their own age who are connected with other hospitals, and consequently attached to the old plans of construction."

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(Dr. Charles Kirk, superintendent at Victoria Hospital, reports his hospital handled

Notes on a frayed shirt cuff — The public is invited to see how a Great Books discussion operates at the Bob Hayward branch of the YM-YWCA on Jan. 23. The fourth year group in London will hold its regular meeting there at 8 p.m. and will talk about "The Song of the Volsungs."

At the Fred Landon branch on Feb. 3, a discussion of the controversial "Honest to God" is slated. Copies of the book are available in local book stores.

GARDENING

Easy-to-Grow Cacti, Succulents Ideally Suited to Modern Living

By Ken Smith

The once popular cactus and succulents seem to be staging a comeback. And well they might, for these of all the plant world are ideally suited for modern living. They readily fall back to their reserve water supply if you forget to water them. They recall fondly their semi-desert home when your humidifier stops working. And if the children knock off a limb or two they often root right where they land.

There are hundreds of different types to fit any nook and corner, from tiny plants that will live a lifetime in a one inch pot, to giants that need a conservatory. Perhaps best of all to the budget-minded housewife, compared with most indoor plants they are inexpensive.

Further in their favor is the fact that you don't have to have a green thumb to get these plants to grow. They do well in almost any soil with the exception of sticky clay, and if you fertilize enough, they do marvelously in nothing but sand.

Strive, however, for an open, porous mixture of garden loam, sand and coarse leaf mold, that will provide good drainage. Succulents like a drink, but just can't tolerate wet feet. Healthy new roots start best in a soil that is almost dry.

For best effect in planting, select a shallow container and pick out from five to eight different plants, arranging them in some sort of imaginary desert scene. The addition of a rock or two, and perhaps one figurine will complete the setting. If individual potting is preferred, start with small pots and graduate to larger ones when the need arises.

Succulents and cactus enjoy any amount of light but will do amazingly well for long periods in indirect light if kept on the dry side. For best results and for the delight of their colorful flowers, a sunny window is recommended. Some enthusiasts using this location make it a around each time it is watered. This helps prevent any serious "leans" toward the sunlight.

For those who like to order plants by name, here are but a few suggestions. The Elk horn euphorbia has a gnarled growth that is most interesting, while the Echeveria setosa, commonly called Mexican firecracker, has leaves covered with white hairs and bright red and yellow flowers, borne on a 15-inch spike.

The Agave striata echinoides is a dwarf century plant, with many narrow stiff leaves that have white threads along its margin. Young plants spring from the soil near the base, and the flowers are borne on tall spikes. Another favorite is the ghost plant, or Graptopetalum paraguayense. It is a long-lived handsome plant that grows more beautiful with age. The mature plant which will thrive under very adverse conditions has stems that bend gracefully downward, being tipped with rosettes of thick pink-white leaves.

If you have a spot for a hanging basket, try the necklace vine, Crassula perfossa. It doesn't take long for this to become a conversation piece. Kalanchoe Marmorata, will be readily recognized as the pen wiper plant by many, with its heavily mottled purple leaves. It forms a tall plant topped with a cluster of white flowers.

Many cactus and succulents produce striking blooms as illustrated by the plant at the home of Gordon Armitage, Sr., of RR 1, Arva. Looking over its delicate beauty is Mrs. Gordon Armitage, Jr., of 24 Barberry Court, London.

Surgeon-General Suggests Research To Develop Better Cigarette Filters

Jan. 16/64

WASHINGTON (CP-AP) — U. S. Surgeon-General Luther L. Terry feels development of better or more selective filters on cigarettes is a desirable avenue of research in reducing the health hazards of cigarette smoking.

Terry's comment was made in reply to a series of questions asked in a letter by Republican Senator John Sherman Cooper of Kentucky.

The letter was written after a U. S. public health service committee, headed by Terry, indicted heavy cigarette smoking as a health hazard. The committee also said it had found "no evidence that will establish the fact that filters have had any effect in reducing the dangers" of smoking.

Cooper asked:

"To the extent that a filter removes tar, nicotine and the gaseous elements of cigarette smoke, is it not reasonable to assume that the effects of the filter will be similar to the effects reported by the committee of smoking fewer cigarettes?"

And Terry replied:

"A categorical answer to this question is difficult. The best I could do would be to answer yes-perhaps, or yes-probably. A part of the problem here is whether the filter in addition to removing tar, nicotine or other elements of cigarette smoke might also lead to different levels of cigarette consumption and different amounts of inhalation etc. . . "

He told Cooper that "unquestionably" standardized research on the effectiveness and selectivity of filters, as well as additional research on the components of smoke, would be desirable.

Dr. Ernest L. Wynder of New York's Sloan-Kettering Institute for Cancer Research said in an interview here Tuesday he considers some of the filter cigarettes now available are relatively effective in reducing the hazard of lung cancer. He declined to name brands.

Wynder is one of the scientists who first produced skin cancer in mice by application of cigarette-smoke concentrates, or "tars" to the animals' backs.

Wynder said present-day filters tend to reduce the over-all content of "tars" and nicotine as compared with most non-filter cigarettes.

As for reducing tumor-causing chemicals, Wynder said he and his associate, Dr. Detrich Hoffmann, "believe that the tumor-producing action of tobacco smoke is largely due to the incomplete combustion of organic components . . . and it should be possible to improve combustion in such a way as to reduce at least some of the tumorogenic agents."

'Automatic' Hospital Space Sought for Physicians

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Demand Treatment Of Leukemia Cases

Jan 16/64

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'Atomic Cocktails' Aid Hunt for Cancer Cure

Jan. 18/64

The London Free Press
Western Ontario's Foremost Newspaper
SATURDAY, JANUARY 18, 1964
SECTION TWO
PAGES 13 - 24

In lead-shielded laboratories in a concrete extension jutting from the back of Victoria Hospital, a team of London scientists are simultaneously practising this century's most advanced medical techniques and pursuing its most elusive goal.

Their field is nuclear medicine. Their base, the Ontario Cancer Foundation London Clinic. Their instrument, the atomic age's contribution to medicine — the radioactive isotope.

With isotopes, they and their colleagues around the world have worked out new techniques of diagnosis, treatment and research. Some surgery has already been eliminated.

But the ultimate goal, a cure for cancer — or several cures, as the pointer of probability now indicates — still evades them.

Hope, Disappointment

Isotopes — introduced to medicine about 10 years ago — represent the biggest hope and, to date, the biggest disappointment in the search for a cancer cure, says Dr. T. A. Watson, director of the clinic.

He summed up the frustrations in a simple sentence.

"We just don't know enough," he said.

Part of the frustration lies in the fact that isotopes have proven themselves capable of curing certain types of cancer. These, unfortunately, are rather rare ones, limited to the thyroid. For these, they have virtually replaced surgery.

Radioactive iodine was the magic isotope which, researchers found, would cure these thyroid cancers. It was used successfully a decade ago, and still is.

But despite the amazing advances in diagnosis, treatment and research which isotopes have sparked, radioactive iodine remains the only one proven capable of curing — and then only in these rather rare thyroid cancers.

The theory behind radioactive iodine's success is an easy one to grasp.

The thyroid loves iodine, greedily grabbing every bit that enters the body. And the radioactivity it gobbles with the iodine destroys the cancer.

But when it came to applying the same principle to other organs of the body, the scientists hit a blank wall. No other compound they could find would produce the same results in the liver, say, or the kidneys. Radioactive compounds could be directed to other organs, experiments showed, but a residue would stray, with destructive effects on other parts of the body. The similarity of cancer cells to normal cells — and the similarity of their requirements — further compound the problem.

But while isotopes have not yet proved the magic route to the solution to one of medicine's most baffling diseases, they have more than proved their value in other ways.

Most Important Use

"Treating the patient who is ill is, at the moment, "probably the less important application of radioactive isotopes in medicine," Dr. F. C. Heagy, head of the clinic's department of nuclear medicine and this year's chairman of the advisory committee on the clinical uses of radio-isotopes of the department of national health and welfare, said in a recent report to that body.

"The more important application of isotopes in medicine is in the basic medical sciences," he said.

"Medical research, and knowledge of basic medical sciences such as biochemistry and physiology, has expanded at a very rapid rate during the last 15 years," he said.

This great advance in medical science has been accelerated enormously by the use of radioactive isotope techniques. This is the area where nuclear energy has had the greatest impact on the advance of medical knowledge, even though it may not seem so spectacular as some of the clinical applications that involve the patient directly."

The nuclear medicine department of the London clinic operates in three distinct areas — basic medical research, diagnosis and treatment. Isotopes are the link between the three.

The patient who is referred for diagnosis can be excused if he leaves the clinic unaware that he has taken a swift trip into the atomic age.

A pleasant receptionist greets him from behind an ordinary wooden desk. The chair in which he waits is softly colored, softly upholstered. Wrapped in his own thoughts, he is unlikely even to notice the small signs on doors which open off the hall where he sits, or read their admonition: "Caution — Radiation Area."

He won't know that the walls of rooms around him are lined in lead as a radiation shield, for they are painted in soft pastel hues. It probably won't occur to him that the clinic is partially underground for a specific reason that has nothing to do with convenience — the earth, too, is a radiation shield. The clinic's concrete walls are further protection.

If thyroid diagnosis is the object of his visit, his introduction to isotopes will come in the form of a drink. It will arrive in an ordinary paper cup, looking as innocuous as it tastes.

The "atomic cocktail" was mixed by a doctor or nurse, using remote control gadgets which operate behind a lead shield. For the does of radioactivity one patient receives may be only a trace, but the persons who are dealing with these potent materials all day, every day, must take precautions against their hazards. In case of accidents, geiger counters are handy to quickly assess the danger.

The patient's drink is designed to go to the organ which the doctors wish to examine — radioactive iodine, of course, for the thyroid. Injections of radioactive iodine and Rose Bengal are given for the liver; radioactive iodine and albumin (a blood component) for the brain.

Space-Age Equipment

After drink or injection, the patient meets the scanner, a shiny, space-age piece of equipment which incorporates a scintillating device, successor to the geiger counter but bearing as little real relationship to its lowly cousin as monkey does to man.

The patient lies beneath the scanner. The scanner moves back and forth over the organ the medical team wishes to examine, tapping a radioactive message which mounts to an imperative tattoo as it travels over the area of interest, where the radioactivity has concentrated. The taps are recorded on both film and paper, and from these the doctor can tell the existence, area and extent of disease.

Meanwhile, across and down the hall the important job of research continues.

"Isotopes come into just about every phase of medical research today," Dr. Heagy said. One of their important functions has been in revealing the step-by-step chemical reactions of the body. A trace of radioactivity can reveal, for instance, the use the body makes of the air that is breathed — formerly only a matter of theory and speculation.

Their research investigations have already brought international recognition to two of the clinic's staff, Dr. W. R. Inch and Dr. J. A. McCredie, who presented papers on their work in Moscow in the summer of 1962.

Their research projects, on which they have been working for the past six years, indicate the vast range of fields through which scientists are trudging in their quest to unveil cancer's secrets.

The doctors are studying the factors which influence the recurrence of tumors. They have studied, on mice, the effects of washing wounds with various chemicals at the time a tumor is removed. Their experiments to date indicate that, while there is some indication that chemicals may be of value, treatment of the tumor and surrounding healthy tissue with a small dose of ionizing radiation "is considerably more effective," Dr. Inch said.

Research has shown that, in tumors, there are areas which lack oxygen. Because of this, the cells are extremely resistant to radiation.

The problem of increasing the cells' sensitivity to radiation by delivering more oxygen to them is another project the London researchers are tackling.

There are two ways that oxygen intake can be increased, Dr. Inch explained. One is by using high pressure oxygen; the other by allowing the individual or animal to breath 95 per cent oxygen and 5 per cent carbon dioxide at atmosphere pressure.

Elaborate Technique

"Oxygen under high pressure is used in several clinics, but is an elaborate technique. We have been investigating the use of the gas mixture as a means of introducing more oxygen to a tumor and increasing its sensitivity to radiation," Dr. Inch said.

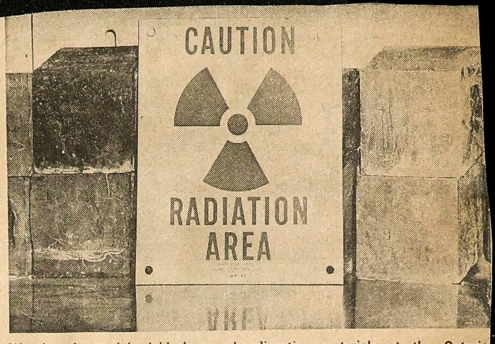
Part of Dr. McCredie's work is based on the proven fact that, if a portion of the liver is removed, it quickly regenerates itself. He has been studying the effect of the regenerating liver on cancer growth — investigating the possibility that a tumor may grow more rapidly and be more responsive to radiation at that time. "This is theoretically possible," he said cautiously.

Their work is long, slow and expensive. Mice are used in the experiments — they come, with spontaneous tumors already growing in them, from Bar Harbor, Maine. By the time they are ready for experiments, after conditioning, vaccination and a course of antibiotics, they cost about $7 each.

"To find the answer to one tiny question can easily cost $1,000," Dr. Inch said.

But the work continues to struggle forward, in London as in laboratories around the world.

"Many types of cancer are cured now," summed up Dr. Heagy. "The trend is to develop more techniques to cure specific types of cancer. But there is always hope of one universal cure. Who would have thought 30 years ago that there would be a penicillin to cure so many different infections?"



Warning sign and lead blocks guard radioactive materials at the Ontario Cancer Foundation's London clinic.

Nurse Mrs. Murray Dawdy mixes an "atomic cocktail" by remote control in the "hot lab." Lead blocks form a shield in front of the lead container that holds the radioactive liquid.

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Free Press
Staff Writer

Photos by
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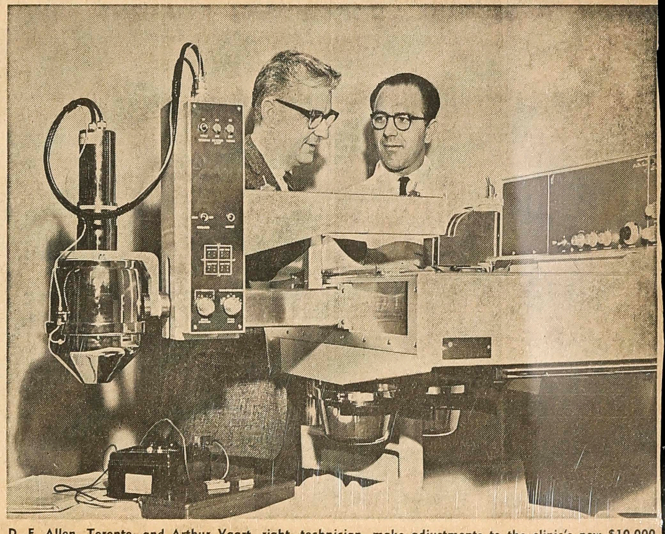


D. F. Allen, Toronto, and Arthur Vaart, right, technician, make adjustments to the clinic's new $10,000 scanner. First of its kind in Canada, the scanner will be used for diagnosis of brain tumors.

Dr. J. A. McCredie, research fellow, and Mrs. Rose Stodoloski, biologist, examine a mouse in connection with experiments which are seeking a relationship between liver regeneration and tumor growth.

Pattern recorded by scanner shows area of highest radioactivity in darkened area. This is part of a "picture" of the liver.

$260,000 Unit To Treat Cancer Ordered for Clinic

Jan. 17/64

A $260,00 betatron to produce high-energy X-rays for use in the treatment of cancer is to be installed in the London clinic of the Ontario Cancer Foundation, Rhys M. Sale, chairman, announced yesterday.

The betatron, described by Dr. T. A. Watson, director of the clinic, as "an enormous instrument," will require construction of a new room at the clinic.

The betatron is a circular accelerator for electrons, operating on the same principle of electromagnetic induction as the transformer. It produces electrons or X-rays of millions of electron volts of energy without the use of excessively high voltages.

The unit on order will produce X-rays with 35,000,000 electron volts of energy. By comparison, the new cobalt-60 unit recently installed at the clinic produces gamma radiation of about 1,000,000 electron volts.

The betatron room will be built at the same time as an enlargement of clinical and laboratory facilities of the clinic, in conjunction with expansion of Victoria Hospital, where the clinic is located.

The clinic will be extended 130 feet to the southeast, towards the Thames River, enlarging its facilities by approximately 55 per cent.

The clinic occupies two floors, and plans call for Victoria Hospital to build six floors above it.

The betatron has been ordered by the foundation on recommendation of Dr. Watson, who is professor and head of the department of therapeutic radiology at the University of Western Ontario, in addition to being director of the clinic.

The unit has been ordered from the Brown-Boveri Co. of Zurich, Switzerland, manufacturers of electrical transformers and turbines. Delivery is due in 18 months but the equipment is not expected to be in use for about two years.

Of special interest to those engaged in cancer research and treatment, however, is the fact that the betatron also produces electrons.

"Electrons are new in the treatment of cancer, and we don't know what their application here will be as yet," Dr. Watson said.

This will be the first machine of its type to be installed in Ontario. One was recently installed in Winnipeg, but is not yet in use, Dr. Watson said.

A betatron at the University of Saskatchewan has been used in the treatment of cancer by the Saskatoon clinic of the Saskatchewan Cancer Commission for a number of years.

"The foundation's London clinic has been noted for a great deal of original research in the field of cancer," Mr. Sale's statement said. "Pioneer work in the clinical application of the gamma rays provided by cobalt 60 was undertaken here to a large degree.

"It is expected that, with the installation of this new apparatus, further important contributions in respect to the application of both high energy electrons and gamma rays in the field of cancer treatment will eventuate. The betatron will be a most important addition to the full range of equipment now available for cancer treatment in London."

Doctors Become Cool To Ulcer Freezing

Jan 17/64

QUEBEC (CP) — Medicine now appears cool to the value of freezing stomach ulcers.

A paper read yesterday to the Royal College of Physicians and Surgeons said freezing had no effect on the amount of peptic activity.

The treatment was widely heralded as an alternative to stomach surgery — long the most common method of treating ulcers.

However, Dr. Eric M. Hanson and Dr. C. D. Berg — both surgeons at the University of Saskatchewan, Saskatoon — carried out a series of experiments on dogs and humans to study the effects of freezing.

"Subjectively, patients claimed relief of symptoms in the early post-freeze period," their paper said. "But in spite of denying symptoms, they continued to remain on an ulcer regime and to use anti-acids."

Within three months, two of the patients were operated on for active ulcers.

The freezing involves injecting a fluid that cools the lining of the stomach to a temperature of about four degrees below zero.

Earlier, Professor Leslie J. Witts, of Oxford, England — this year's lecturer in medicine —told reporters "the initial wave of enthusiasm is ebbing fast away" when freezing is considered. He hadn't tried the method himself.

Prof. Witts said surgery is required in the majority of cases involving stomach or duodenal ulcers and an effective medical cure has not yet been found.

During a press conference, he punctured a popular belief by saying he didn't feel worriers were any more prone to ulcers than others.

Prof. Witts said emotional difficulties can probably make an ulcer worse, "but I am not at all convinced they are caused by emotion."

In fact, he had no theory about the cause of ulcers. He felt this attitude tended to stimulate research and said "facile hypotheses" where elementary diseases are concerned shouldn't be put forth.

Prof. Witts noted that, during the First World War, there were practically no ulcer cases while they were a major cause of disability during the Second World War.

The "epidemic" since the Second World War seemed to be subsiding, he said. He didn't think anybody really knew why.

The RCAF has saved at least $20,000,000 since 1938 by giving heart tests to would-be pilots, Dr. G. W. Manning, professor of medicine at the University of Western Ontario, said in a paper.

Electrocardiograms had discovered heart abnormalities in 99 applicants out of 21,000. It would cost $200,000 to train each of these men — who would have been grounded at once had the defects been discovered after training.

This proved the value of the electrocardiogram, Dr. Manning said at a press conference later. He believed they should be compulsory for all pilots — civilian and military — each year.

Doctor Says Surgery More Effective Than Radiation for Uterine Cancer

Jan. 18/64

QUEBEC (CP) — A young Montreal doctor feels fast surgical action is required where cancer of the uterus is concerned.

Dr. R. P. Beck said Thursday night that in the initial stages, total surgery — such as a hysterectomy — is proving far more effective than radium treatments followed by surgery.

Dr. Beck, surgeon at the Royal Victoria Hospital, said radium treatment means "a delay of six to eight weeks in effective treatment. . ."

In the majority of early cases of cancer of the uterus, he told reporters, the tumor was confined to the uterus "and surgery gets it all."

He delivered a paper on the subject at the 33rd annual reunion of the Royal College of Physicians and Surgeons. It was written by Dr. Beck, Dr. J. P. A. Latour and Dr. H. B. Boure, all of Montreal.

In London, Dr. T. A. Watson director of the London clinic of the Ontario Cancer Foundation, said the clinic staff favors radium treatment first, followed by surgery.

He said he believed it to be the generally accepted practice.

We just plainly think the results are better," he said. "There is considerable support for it in the (professional) literature."

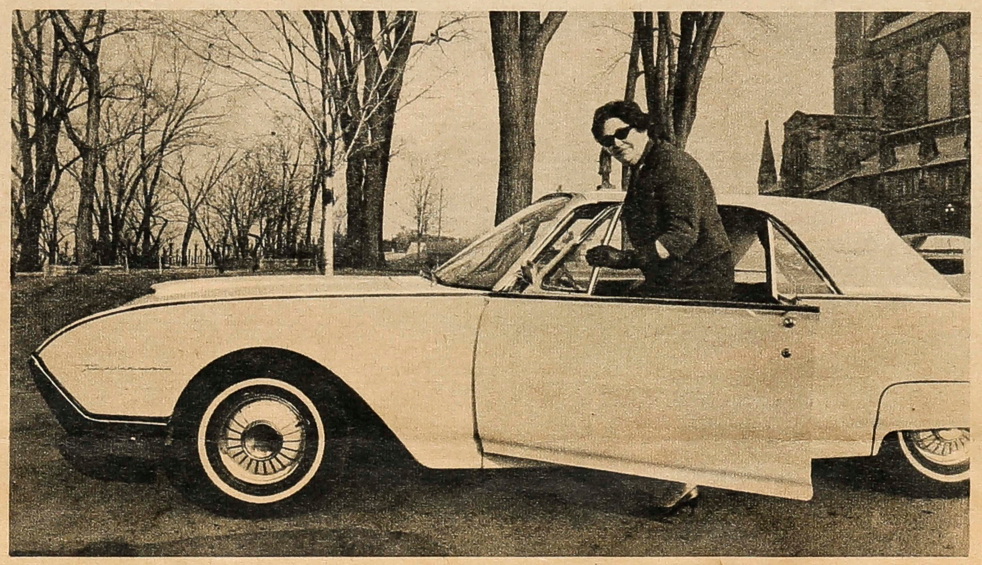
Dr. Beck said that 20 to 30 per cent of uterine tumors appear to be radium resistant and the radium treatments "may cause cells to spread in these cases."

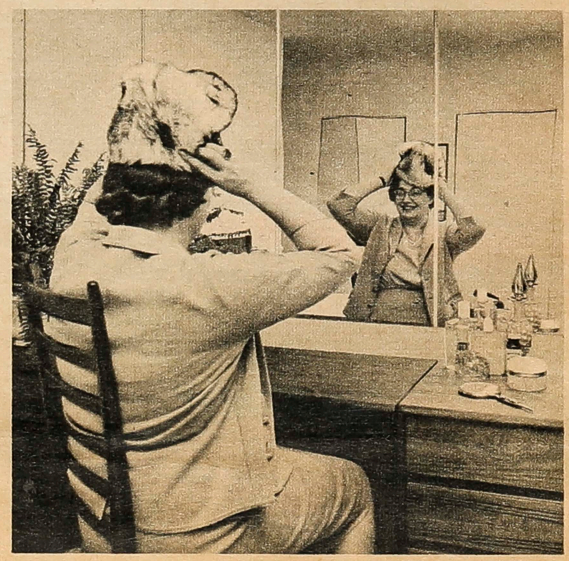
"We feel the tumor is shaken up at the time of radium insertion as much as it is by surgery."

The necesity of such disturbances by radium is open to question, he added, since surgery was a proven effective treatment.

Her Ottawa home is a swish balcony apartment with a view of the Peace Tower

Cooking is a favorite leisure-time activity. At right, Miss LaMarsh, who owns collection of select *objets d'art,* concentrates on needlework.





White Thunderbird is one of Miss LaMarsh's success symbols. Her wardrobe includes many knits for work, long dinner gown for formal functions.

THE EXUBERANT MISS LaMARSH

Continued from preceding page

a member I found there was no way to escape from the fixed costs of living in the constituency even though I was spending much of my time in Ottawa. And it's difficult to change one's way of living," said Judy. "If, to save money, I were to sell my house in Niagara Falls and move to a small apartment now, many of my constituents would think I had deserted them. Some even feel now that I'm too removed since I'm rarely there these days."

"What about weekends?"

"I work most of them."

"There was a rumor before the last election that you planned to give up politics?"

"That's true; I was thinking of it. My living expenses had gone way up and my practice was falling apart. I was buying my house [Judy is buying the old family home in Niagara Falls] and I was finding it difficult to keep my debts paid, my law practice going, and be a full-time M.P. too."

"It's been suggested that you were promised a Cabinet appointment if the Liberals won before you would decide to run again?"

"That's not right," said Judy. "When I was deciding what to do Mr. Pearson and I had a chat. He told me that he always made it a point never to persuade any individual against his or her own interests. He said he understood my difficulty financially and my feelings on the matter. But there was nothing he could do, he told me, and he would respect my decision.

"My constituents were more direct. I hadn't considered the effect on them at the time. Some felt I would be letting them down because, after all, they had supported me for years without a murmur. In the end I decided that after what they had done for me I should run again."

"Was the Cabinet appointment a surprise?"

"Well, I didn't have the goal of ending up in Cabinet."

"How did you receive the news?"

"Someone phoned and asked me to come and see the Prime Minister. Mr. Pearson told me then that he wanted me to take the Health portfolio."

"Were you pleased?"

"Stunned," she said.

The department Miss LaMarsh inherited as a newcomer to the Cabinet has an annual expenditure of about $2 billion, including old-age pension payments. The latter are administered by the Health and Welfare Department but the money comes from the Finance Department's estimates. At the time of her appointment she declared that Health and Welfare was the most liberal department in the sense that legislation dealing with people emanates from it. "My interest is people, their welfare and their well-being."

The main criticism of her performance in the Health portfolio by close observers was: "She's too partisan." Some pointed to the controversial way she introduced the pension-plan legislation by citing her preamble: "One of the most important and far-reaching plans of action put forward by this or any other government." The consensus is that occasionally Judy should forget that she is a Liberal with a big L.

Says Miss LaMarsh: "I've always been a party politician."

THROUGHOUT her press statements she has also made it abundantly clear that the dual fact that she is a woman and in politics is "quite incidental" in her own mind, and that she emphatically is not a representative of women in government. "How could I be?" she said to one reporter. "I do not know what women think. I am not in any sense home-oriented. Since the age of 18 I have been in fields where there are relatively few women. I have not married. Work has always been the largest part of my life."

But if not representing women, being a woman, she confided to me, certainly had a bearing on her Cabinet appointment. **Continued on page 23**

Doctors Become Cool To Ulcer Freezing

$260,000 Unit

"Work is the largest part of my life," says Judy LaMarsh, storm centre of federal Cabinet.

"Some," she said. "Some hurt."

Did she think men politicians were perhaps less vulnerable and more objective to brickbats than women?

"No," said Judy. "I think male politicians often don't express their hurt. But if one develops too much objectivity, it seems to me, one would be less than human."

Her House of Commons suite shows the stamp of her personality, and assorted memorabilia of the life and times of Judy LaMarsh have been carefully added to the décor. The effect is pleasant: that of being comfortably feminine without being fussy.

Actually, the aura with which she surrounds herself belies the last sentence of her official biography that states: "The fact that she is a woman strikes her as being incidental." This fact does not seem to strike Miss LaMarsh as being incidental in the least, though it makes a pretty arresting statement in print. For no sooner had we settled down to a conversation than the subject of being a woman came up. It came up because Miss LaMarsh volunteered that women in politics have different goals from men politicians.

"Being a woman, my ambition isn't the same as a man's," she declared. "I think a lot of men, maybe most, would see this job of mine as a career in itself. "Some" — she turned and with a dramatic flourish of one hand pointed to the personally-inscribed portraits of Liberal political colleagues that cover one office wall — "might see this office as a stepping stone to the Prime Minister's. But to me this is a period of my life, and being a Cabinet minister is an opportunity to do public service.

"This isn't my career," she went on. "It's a period of my life. As a consequence I don't take myself as seriously as do most men politicians. I can afford to gamble. A man can't. He's got a wife and kids to think about."

"What do you consider your career?"

"The law," said she. "The practice of law."

"Have you thought of marriage?"

"Of course I've thought about it."

"How is the social life in Ottawa?"

"I don't have any," said Judy. "There are lots of men and the surroundings are stimulating but there's no time for a personal life. I work until after 10 every night."

She continued: "There's no real conversation here. It's all politics. I don't think I could talk anything but politics today." She disclosed that since she has been in Ottawa she has been invited to only two or three private homes. "Of course, most friends of mine don't have their homes in the community," she said in explanation.

"Ottawa is a cultural desert," added Judy coldly. "There's little live theatre, no music, no ballet, no poetry readings." She conceded that there was a National Gallery, but one art gallery didn't supply a cultural surfeit.

BUT the void that distresses Judy most is not the cultural but the conversational one. And the solution she suggests is a "salon." "There's a great need for a salon in Ottawa. There's next to no social exchange between members of Parliament and scientific people, people in the arts, or the press, and the Ottawa cocktail party in no way fulfils this need."

As a hostess herself, Judy is considered one of the best by those who attend her parties. She gives one black-tie dinner dance a year at the Chateau Laurier, and guests are culled for their intellectual and conversational attainments. *One reports that Judy's parties are at the top of his list of any dinners given* by an individual in the capital: "The company is good, and so are the food and the wines. She's a very generous hostess."

According to Judy, sometimes she is too generous. Her yearly party once cost her a month's salary.

If the social picture is not exactly social for Judy, her life as a member is far from grim, for there is a great deal of socializing among the in-group in Parliament. She is surrounded by men; of 265 members of Parliament, only four are women. Top-echelon civil-service people tend to be men, so do the bright young assistants attached to political higher-ups. Daily she lunches with ministers at a table reserved for the Cabinet in the parliamentary restaurant. At night, she dines with other politicians and fringe politicos.

"The only women I see are my secretaries," she says.

As a member she also has constituents (mostly men) dropping in to visit. Some time ago when she was still a private member she entertained a group of 25 junketing constituents at dinner in a hotel where she was living. In the early hours of the morning her phone started ringing, relaying news of sick guests and asking for names of local doctors. Suspecting food poisoning, Judy tracked the trouble to the Hollandaise sauce that had been served at dinner. Her case well documented, she taxed the hotel manager and chef with the information next morning. They showed dismay, but as the sick recovered so did their aplomb. At the end of the month Judy's bill included the 25 dinners.

Entertaining is among the high costs of being an M.P. "When I became **Continued on next page**

ances by radium is open to question, he added, since surgery was a proven effective treatment.

He said he believed it to be the generally accepted practice.

fined to the uterus "and surgery gets it all."

Dollars Become Cool

Doctor Describes Injuries

Is torne

2 eggs
3 squares (3 oz.) unsweetened

2 tsp. vinegar
1 tsp. vanilla
1 cup chopped

½ cup rolled oats 6 tbsp. butter

Heat oven to 350 degrees. Grease a

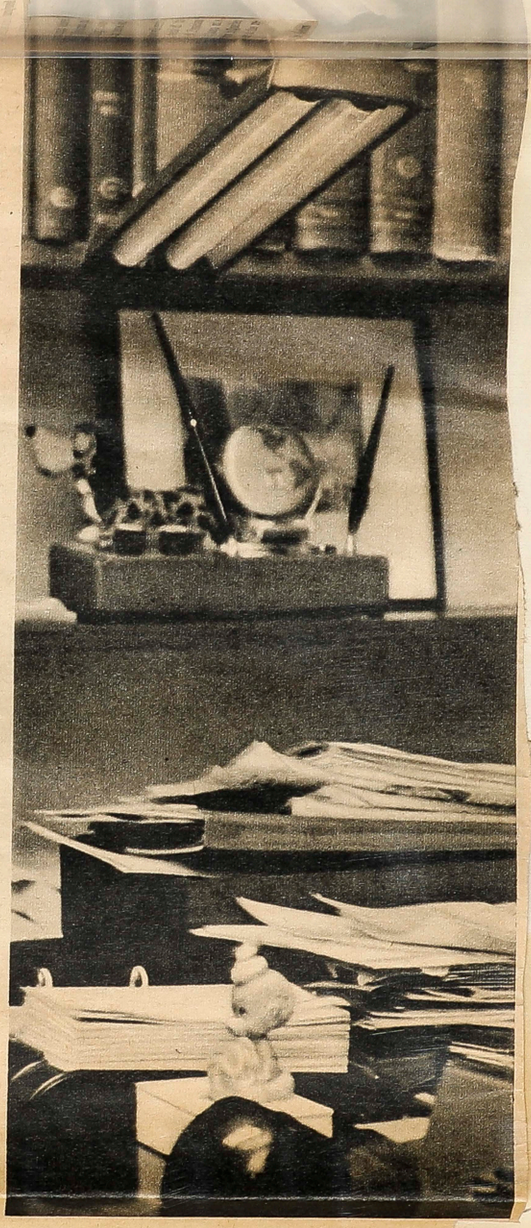
Jan. 18/64

The Exuberant Miss LaMarsh

She tackles a man-sized job with a woman's flair

By Angela Burke

Photos by Ted Grant



AS the No. 1 spinster in Canada, Hon. Judy LaMarsh puts on a show of single blessedness that makes many a dyspeptic married woman wince with remembrance at her eagerness to get to the altar. For in these eyes particularly, the Honorable Judy has it made.

At the present stock-taking, the LaMarsh assets can be struck off like rungs on the "How to Succeed" ladder. Among them: the white Thunderbird with red leather upholstery; a wardrobe comfortably complete with wig; orange velours sofas with selected *objets d'art* in a swish two-bedroom pad in the capital balanced by a gracious house and garden on the Niagara Falls home front; $35,000 yearly salary partitioned in monthly pay cheques, and to top all this, a job that commands attention and prestige and is also awash in men and glamor.

Of course, assets such as these are magnets for problems. And Miss LaMarsh in her brief sojourn as departmental minister has garnered a full quota. But perhaps the main problem besetting the Honorable Judy is the conundrum common to 20th Century career women: how to let the female in her out of the career straitjacket. But let's come to that later. First, how was Judy LaMarsh able to come so far, so fast?

She did it, naturally enough, by that quartet of virtues indispensable to success: discipline, concentration, intelligence and personality. To these, she added two others: luck and verbal dominance, the latter a quality not too often found among the nation's career women but one that flourishes unchecked, according to popular psychology, in suburban households.

She also arrived at the summit despite her euphonious, rococo name. For Judy LaMarsh tumbling off the tongue sounds more like a pseudonym of a turn-of-the-century music-hall entertainer than the name of an earnest politician. But with the title, Honorable, that must now forever precede it, its dignity is established for all time. For the Honorable Miss LaMarsh is at 39 the first woman member of the Cabinet of the Liberal administration and the first woman to hold the post of Minister of National Health and Welfare.

Unlike many of her male colleagues, the Honorable Judy doesn't fit into the blurry, grey Canadian image that makes politics often a yawn in households across the country. Instead, she furnishes a kaleidoscope of color. She is flamboyant, partisan, fearless, argumentative, and vital. She is also emotional with an unpolitical habit of showing how she feels and saying what she thinks. This is a quality that caused a number of groups and persons to demand her head almost before she was well established as minister. But it is doubtful if any changes of Cabinet posts would make her act out of character.

If anything, she is more interesting than she appears to be from the platform or her press cuttings. She has a range of interests, and a healthy exuberance toward everybody and everything. She is without pretension and with a refreshing quality of saying the unexpected. As yet, to her detriment, she is not personally analytical or philosophical, qualities that may develop as her job security grows. Nor is she particularly egotistical. But behind the dehumanizing lawyer façade, she is sensitive, warm, sentimental, and sometimes irascible. If one word could sum up the LaMarsh personality, that word would probably be zest.

In appearance she is easily recognizable; and the fact that she can be spotted almost immediately by anyone who reads newspapers or watches television frustrates her intensely. She stands five feet, seven inches, has excellent carriage, a good complexion and stylishly-cut brown hair. Her taste in clothes is good; so is her grooming. For a big woman she moves swiftly; she talks with animation, using her hands expressively, her eyes owlish behind thick-lensed glasses. She has worn glasses since she was eight years old.

Though definitely recognizable, she has changed in appearance since arriving in Ottawa in 1960 as the Liberal member of Parliament from the Niagara Falls constituency. Questioned about it by the writer, who called at the new LaMarsh offices in the House of Commons, Judy admitted weight was the villain.

"I've gained 30 pounds," she said.

This averages out, since her parliamentary career began, to a gain of about a pound a month, and she blames the excess on lack of exercise.

"As a member of Parliament I sit," she explained. "I sit usually from 9 in the morning until 10 at night either at my desk in the office or in the Commons chamber. The only break is lunch and dinner upstairs at the Parliamentary dining room, and that break doesn't help."

Miss LaMarsh finds the restaurant's menus geared to male M.P. appetites, not her figure problem.

Was she doing 10 BX? Well, she wasn't, confessed the minister who has responsibility for the country's health. "I tried the exercises a number of times but each time I get down on the floor my poodle, Mimi, thinks I'm playing a game and starts licking my face."

"Perhaps" — and the minister was given an out — "the weight was the result of cutting out cigarettes?" "Not at all," said Miss LaMarsh matter-of-factly. "I have actually lost a pound or two since I stopped smoking."

"How many cigarettes did you smoke?"

"Three packs a day," said Judy.

Not only does Miss LaMarsh suggest that cutting out smoking possibly reduced her weight by a pound or two, but to every smoker's smirking satisfaction she went further: non-smoking had not made her feel better, stopped her colds, or eased a susceptibility to respiratory infection. The only plus Judy admitted was the possibility she did not waste as much time.

IF some LaMarsh remarks are deliberate calculations to win news space and to shock, the objective is often served. For this writer, who has encountered the blunt and effervescent Judy on a number of occasions within the last eight years, holds the opinion that a fair proportion of LaMarsh statements are with tongue in cheek. But there is no doubt that Judy's characteristic of contradicting accepted clichés is entertaining.

At our meeting Judy, looking suitably careerish as a minister of the crown, was wearing an uncluttered blonde knit that was neither too dressy nor too casual for her average 13-hour ministerial work day. But she was feeling somewhat anesthetized from a head cold. She also seemed to be still reeling from the battering that fell about her head over the débâcle of the Ontario Liberal party in last year's election, and the storm that brewed around the government pension plan issue.

Asked how she was enjoying life in the Cabinet, Miss LaMarsh said she was finding it interesting and instructive.

Did she find the editorial comment too harsh?

Health Budget $324,580

Jan. 16/64

Net cost of operating London's health services is expected to be $324,580 this year.

This figure was contained in estimates approved yesterday by the board of health. The net appropriation last year was 300,260, and approximate actual expenditures were $289,502.

The major part of the 1964 increase is in air pollution control where a budget of $20,000 is being provided. The budget last year was $1,000, and expenses $802. Dr. D. A. Hutchison, medical officer of health, said one of his inspectors will be working full time in this field. He requested, and won approval to replace this man with another sanitary inspector

Estimates for operation of the TB chest clinic climbed, on a gross basis, from $6,320 last year to $10,000 for this year. A $5,000 grant is expected from the province. Part of the increase is due to the necessity of purchasing a new tube ($2,000) for the X-ray machine. The item for operating supplies will rise from $1,700 last year, to $2,500. Dr. Hutchison explained that an expansion in the pre-natal classes is contemplated, and accounts for the increase.

Largest item in the budget still is salaries. The net cost here is to be $228,930, compared with $226,785 in 1963. These figures do not allow for a possible wage increase through negotiation with the union.

The city's health services will cost $1.73 per capita this year. This compares with $1.81 in 1960, $1.50, $1.65 and $1.71 in 1961, 1962 and 1963. The breakdown is exclusive of air pollution control.

Operation and maintenance of the public health building on South Street will cost $15,750. Budget last year was $18,660 and actual expenses $16,951.

The estimates will be forwarded to board of control for inclusion in the over-all city budget.

Anti-Smoking U.S. Drive Said in Works

Jan. 14/64

Free Press Wire Services

A massive educational program aimed at smokers — and teen-agers who haven't started — may be the first U.S. step following a science panel's indictment of cigarette smoking as a threat to life and health.

A panel of 10 doctors reported to the U.S. surgeon-general Saturday that heavy cigarette smoking is a major cause of lung cancer and is associated, at least statistically, with other malignancies and heart ailments. The committee called for "appropriate remedial action."

Informed sources said yesterday that the most obvious first step would be a government-backed campaign against smoking.

The campaign would be in addition to possible action by the Federal Trade Commission and Congress.

Informed sources said the FTC believes it has authority to require that cigarette packages bear health hazard labels — if the health service so recommends.

There were no indications that Congress would seek pro- of cigarettes. But sev- embers introduced or d bills requiring that es carry labels that ight injure health.

ew York stock prices or cigarette manufac- declined slightly yester- ile stocks of cigar firms were higher.

The 10-man panel that compiled the report was appointed by Surgeon-General Luther L. Terry from nominees presented by various interested federal agencies, non-government professional groups and health organizations and the tobacco industry.

The interested groups were given an opportunity to eliminate individual names from the listed of more than 150 scientists submitted "for whatever reason."

In Buffalo, N.Y., a cancer researcher has urged the U.S. government to withdraw price supports for tobacco crops in an effort to control smoking.

Dr. Saxon Graham of Roswell Park Memorial Institute said yesterday that the tobacco industry should be brought under the regulation of the Federal Food and Drug Administration.

In Leamington, the regional director of the Ontario Tobacco Growers' Marketing Board said yesterday it would be premature to judge what effect the recent report on cigarette smoking will have on tobacco consumption.

Ernest Duckett said board members were awaiting a report on the matter by Ford Stinson, chairman of the committee enquiring into tobacco marketing.

Mr. Duckett said the committee has been holding hearings for more than a year and the report is expected to contain recommendations about future tobacco acreage and consumption.

He said tobacco growers believe that before long scientists will have isolated the substance in tobacco which is responsible for the incidence of lung cancer among smoke-

tors Reconnect Nerves Of Spinal Cords of Mice

Jan. 15/64

NTON (CP) — Two doctors have suc- regenerating the the damaged spinal n animal, but the pplication of this de- to humans is still

akthrough achieved J. Speakman and O'Callaghan shatter- f that nerves don't

llaghan will receive old medal of the ege of Physicians ns of Canada at a morrow in Quebec s thesis on the re-

rats, the doctors were able to regenerate the nerves in the spinal cords after the cords had been cut. The cut cords had paralyzed the animals.

In some cases, the rats were able to walk again.

But Dr. Callaghan said this does not necessarily mean there is hope for humans paralyzed because of damaged spinal cords.

"It will be a long while and will take a lot of work before any application can be made to humans," he said.

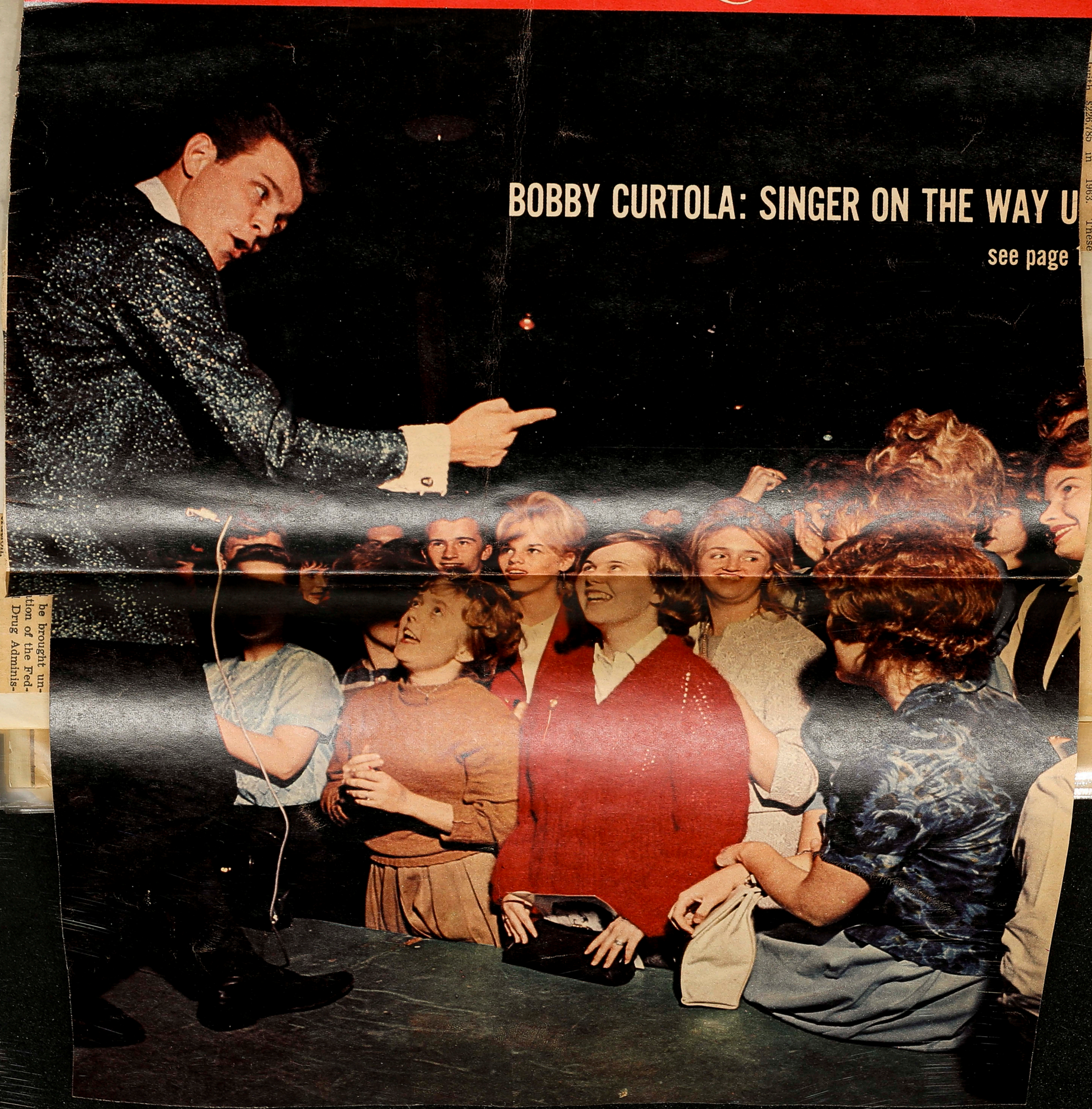
...is for me

...Cup sugar
½ cup rolled oats 6 tbsp. butter
Heat oven to 350 degrees. Grease a
...roll pan, 15½ x 10½ x 1
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
2 eggs
3 squares (3 oz.)
unsweetened

Weekend Magazine

Vol. 14, No. 3 Jan. 18, 19

Weekend Magazine



BOBBY CURTOLA: SINGER ON THE WAY U

see page

Health

Largest item in the budget still is salaries. The net cost here is to be $228,930, compared with $226,785 in 1963. These

be brought un-
tion of the Fed-
Drug Adminis-

Anti-Smoking

Says Persons Blaming Cancer On Tobacco on Wrong Track

Jan. 13/64

Free Press Sarnia Bureau

SARNIA — Professor G. F. Wright, of the University of Toronto, and vice-president of the Chemical Institute of Canada, said here last night that persons seeking to attribute lung cancer to tobacco smoke are "on the wrong track."

Prof. Wright was in Sarnia to address the Sarnia section, Chemical Institute of Canada.

He explained that in 1953, he and other colleagues undertook a study of tobacco smoke in an attempt to arrive at a relationship between tobacco and cancer. The study, he said, was requested by the Canadian Cancer Society.

After four years of study

Prof. Wright said he and hi colleagues "failed to prove any thing conclusive." At one point he added, a total of 3,000 pound of tobacco was burned, leavin 200-pounds of tars. He said, how ever, that "no conclusive evi dence could be located."

Prof. Wright said the United States government committee findings on smoking and cancer were "simply a summary of what people have said before."

Prof. Wright said there wa nothing new" in the U.S. re ort.

In his address to the Chem cal Institute, Prof. Wright sai he image of science is bein corrupted by non-science teach rs to the detriment of Cana ian education."

"Too long have you tolerantly listened to those who revile cience," the guest speaker said He urged institute members to seek out those who are con emning science without know ng what it is and teach them s real meaning."

Prof. Wright said that because his "evil propaganda is untrue breeds confusion. Such con sion is bound to lead to a aldistribution of talent so that me who ought to be in science re shunted to other endeavors here they will be frustrated nd unhappy."

It also brings into science some who should not be there, the speaker added.

Charges Bad Advice Damaging to Retarded

Jan. 13/64

Advice from doctors who don't understand mental retardation has resulted in numerous retarded children being put in institutions when they shouldn't be there, says the clinical director of the Children's Psychiatric Research Centre at Byron.

"There are many children at Smith's Falls and Orillia who shouldn't be there," Dr. S. J. Koegler told the Y's Men's Club last night.

"Institutional living will wreck a kid's life . . . they end up emotionally disturbed."

Parents who had no desire to take a retarded baby home from the hospital have often changed their minds after talking to doctors at the Byron centre "and some returned later to tell us they were glad they talked to us," said Dr. Koegler.

He found it "surprising how families have been hurt by the child himself. Most families have been made stronger". Brothers and sisters of the retarded child grew up to become better citizens because they learned to understand.

Dr. Koegler recommended teaching the retarded how to do a job wherever possible, rather than have them doing nothing in an institution. If the boys at London's Gore Road workshop were compared with those of similar ages at the Orillia institution, "there would be no doubt who is happier".

There is no such thing as a cure for mental retardation, a fact too few parents understand, he said. But it can be prevented, he added, and in fact 10 per cent of the retarded children coming to the research centre have been damaged in the birth process.

About a quarter of the retarded children have small abnormalities of the body, which l[illegible] to discover there is

Because heredity is a negligible factor, there is no point in sterilizing the retarded population, he said.

There is a retarded child "on every street",, Dr. Koegler said. "It's just that you don't hear about it."

"It's a terrific shock to the parents when they are told. I've had them stomping angrily out of my office when I dared to suggest their child was retarded."

The Byron centre has gained world-wide recognition since it was established four years ago, he said. Requests for help are so numerous "we often get six months behind in our appointments".

would make you angry if it were said by somebody else."

Doctor Describes Injuries

Service Award

THE EXUBERANT MISS LaMARSH

Continued from page 4

Feb 18 1964

"I represent a regional interest in that I wear a skirt, and" she added. "I was the only woman who had been with the party a few years."

Actually, being a woman seems to have a good deal of bearing on many facets of the LaMarsh working personality. For this article it was necessary to delay photographing Miss LaMarsh on two occasions: she was not looking her best since her hair was not done and she had a cold. And to any woman, her reasons sound reasonable.

A middle child, Judy was born Dec. 20, 1924, in Chatham, Ont. An older sister is now married and living in England, and a younger brother is also married and a provincial police officer in Niagara Falls. Six years ago her father, W. Clayton LaMarsh, Q.C., died and three years later, her mother. On the LaMarsh side, Judy is of French Huguenot extraction — the name was Anglicized from LaMarche a few generations back — and on her mother's, English. When Judy was a youngster, the family moved to Stamford, now a part of Niagara Falls, and she attended public and high school there.

AT the age of 10 she knew she wanted to be a lawyer.

"From the discussions at home, I realized it was a way of helping people." Judy says that before she became a lawyer, she became a teacher, but not to become a teacher.

"My father warned me that he couldn't afford to send me both to university and Osgoode Hall. I decided by becoming a teacher I could help finance myself." She graduated from Hamilton Normal School in 1943.

Because it was wartime, she joined the Canadian Women's Army Corps instead of teaching. In the C.W.A.C. it was discovered that she had a linguistic aptitude and she was trained in Japanese, and assigned to Allied Intelligence Centre at Camp Ritchie in Maryland. At war's end, she went on to University of Toronto and Osgoode Hall. Her experience ranges from defence counsel in several murder trials to municipal solicitor for Stamford Township. In politics, her initial victory was in the federal by-election of 1960, followed by re-election in 1962 and 1963.

During her first years in Ottawa, Judy lived in an apartment hotel, then a one-room bachelor flat. On receiving the Cabinet appointment, she moved to larger quarters in the same apartment building, taking a corner two-bedroom balcony apartment with a view of the Peace Tower. The brass knocker, a graceful hand on the black door, announces that it is a woman's flat, for there is no name on the door.

Inside, there is an air of ease. The background of beige and brown is accented with bright oranges and yellows. Because of the unseasonal warm autumn, the twin sofas, upholstered in orange velours, were still in their slip covers of heavy beige twill banded in brown when I called. A handsome reproduction — a copy of a primitive drawing showing a group of stags — decorates one wall. *Objets d'art* gathered from Canada and Europe are spotted about: a Siamese head, a chess board from Italy, a figure sculpture of a woman that looks like a cross between Henry Moore and an Eskimo carving. A handsome buffalo rug, bought some years ago for $25 from the Department of Northern Affairs, sits under the coffee table.

A dinette is at one end. Because of the press of work, Judy has little time these days for home entertaining. When she does, it is quiet, confined to two or three guests. A favorite dinner is beef Stroganoff. "Most men like it. It's easy to cook, the blend of flavors is delightful, and best of all, it looks glamorous. I serve it with wild or saffron rice, green salad, and a dessert of cheese and fresh fruit." But she is not a one-dish cook. In the kitchen — as in temperament — though in language not sufficiently fluent to be called bilingual, the Honorable Judy shows her French heritage.

She also shows it in the bedroom décor with its wall of mirrors and her impressive collection of perfume bottles. Her wardrobe runs an A to Z gamut with an eliminated mid-section. "It's either knits or long dinner gowns," she says. She finds knits convenient for work and dinner gowns necessary for formal Cabinet functions. At the latter, she is usually escorted by either the lone bachelor among her colleagues, Allan McEachen, Minister of Labor, or the leader of the Senate, Senator W. Ross Macdonald, a widower.

Sitting pretty with a pat hand, Miss LaMarsh gets advice from sourdough. They are in costume for benefit show.

ONE thing she misses enormously since arriving in her room at the top is her privacy. "I resent its loss. Some people seem to think because I'm a minister I don't eat, breathe, or wear clothes any more. It seems I can't shop. Last week I went to buy some high black boots, the kind that are popular this year, and everyone in the store, customers and clerks, just stared."

A hobby, gardening, also had to go by the wayside. But her green thumb shows up in her apartment, which even has a planter in the bathroom. Besides plants, there are also bouquets of fresh flowers and an arrangement of pussy willows. Another LaMarsh hobby is knitting.

Putting these facts together, it seems that Miss LaMarsh is not so incidentally a woman as her official biographical sketch suggests. Though her position may dispute it, it's probably as Freud says: "Anatomy is destiny." ◀

Cigarette Danger Label Asked

Jan 20/64

WASHINGTON (AP) — The compulsory branding of every cigarette pack with a danger warning was proposed Saturday by the U.S. Federal Trade Commission.

A public hearing called for March 16 also will consider the prohibition of any cigarette advertising which claims smoking promotes good health or physical well being, that it is not a health hazard or that one brand is less dangerous than another.

A third proposed new rule would bar from cigarette advertising statements about the quantity of smoke ingredients, such as tars and nicotine, unless the amounts are verified by tests conducted under government standards and procedures.

The commission identified its proposed regulations with the call for remedial action made by the U.S. government report on smoking and health issued by the surgeon general Jan. 11.

The FTC said it has "reason to believe that much current cigarette advertising may violate the laws" prohibiting false, misleading, deceptive or unfair advertising of products that may endanger human health or safety.

The FTC said the suggested new rules are merely proposals which could be modified, withdrawn or added to on the basis of the hearings, a study of information supplied by interested parties, or other developments.

It proposed that the health danger warning be required in every cigarette advertisement, including radio and television commercials, as well as "on every pack, box, carton and other container in which cigarettes are sold to the public."

It suggested two alternate forms:

- "Caution — cigarette smoking is a health hazard: The surgeon general's advisory committee on smoking and health has found that 'cigarette smoking contributes substantially to mortality from certain specific diseases and to the over-all death rate'."
- "Caution: Cigarette smoking is dangerous to health. It may cause death from cancer and other diseases."

The shorter form was suggested for those who want to use it, for example, in a short "spot" television commercial.

2 eggs
3 squares (3 oz.) unsweetened
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
½ cup rolled oats
6 tbsp. butter
Heat oven to 350 degrees. Grease a

Spinal Cord Tests on Rats Raise Hope for Paraplegics

Jan. 18/64

QUEBEC (CP) — Hope for paraplegics has been held out by the results of a series of experiments on white rats at the University of Alberta.

Doctors attending the 33rd annual convention of the Royal College of Physicians and Surgeons here are enthusiastic about the implications of t research.

The Alberta researchers ha succeeded in causing the ner fibres of the severed spinal co umns of rats to grow togethe allowing the rats to use the legs again.

It has long been known that the spinal cords of humans and other mammals regenerate for a few weeks, then for some inexplicable reason stop, although nerve fibres in other parts of the body grow together. Dr. William J. O'Callaghan, 26, a native of Edmonton, and Dr. J. T. Speakman, a neurosurgeon at the University of Alberta, set out to find out why the spinal cord is different.

They worked under a medica Research Council of Canad grant.

Dr. O'Callaghan Thursday night was given the Royal Col lege's prized medal for surgery as a result of the experiments.

He told reporters yesterday that through the years it has been believed that scar tissue growing over the nerve ends prevents them from rejoining after a few weeks.

Research at Edmonton disproved this.

"The tipoff" to the stoppage of growth came from a paper written in 1915 by Spaniard Santiago Ramon y Cajal and translated in 1929.

It said the failure of regeneration was due to a lack of nutrition. Researchers — basing their work on this — had used elaborate poultices of nerve tissue on the point of injury without results.

Dr. O'Callaghan and Dr. Speakman prepared a "nervous tissue solution" and injected it into the abdomen of the rats to be carried through their system to their brain, and from the brain to the point of injury.

This series of experiments gave gratifying results, with growth continuing for up to 26 weeks and the newly-grown fibres joining. Five of the 35 rats that survived the program after six weeks showed "a co-ordinated walking ability."

The conclusion, Dr. O'Callaghan said, is that spinal cord regeneration — in rats at least — is possible. The next step is to see whether the same applies to larger animals such as dogs and cats.

If this is so, the nerve tissue solution would be refined and eventually might be applied to

More Than 100 Receive Caps At Victoria Eve

Nurses caps, to be w the rest of their nursing were presented to 116 ju dent nurses at Victoria School of Nursing ye The students' "big placed the caps on thei

Instructors assisting capping were Miss Webb, Miss Ruth Polla Vera Griffith and Miss White. Assistant direc nursing education, Miss R. Erskine, presented t

Miss Evelyn M. Rob rector of nursing, in the program. Greeting extended by Miss Len gins, president of Victo pital Alumnae Associat was also guest speake Pamela Fellows, of t sister" class, and Miss McBeath, of the student tion. Miss Betty Morgan dent of the junior class, to the greetings.

Miss Heather Inma duced the guest speake solos were given by M Ivill, accompanied by M Houston, and selections rendered by the class c der the direction of Mis ton, accompanied by Mis erine Mallory. Miss Lotti and Mrs. Patricia Read, tors, lit the candles duri candle-lighting ceremony Anne Graham pronounc invocation and benedict

Mark First Milestone

Jan. 18/64

Capping exercises at Victoria Hospital School of Nursing were conducted last night, with 116 junior student nurses receiving their caps. The girls began their training in September last year. Class president, Miss Vera Elizabeth Morgan, Listowel, left, looks on as Maxine Ezeweski, Longlac, Ont., centre, is capped by her "big sister", Miss Carole Findlay, Windsor.

Doctor Describes Injuries

Service Award

Speculate Leukemia Contagious

Jan 20/64

NEW YORK (AP) — New York City health department physicians are investigating the possibility that clusters of leukemia cases have broken out among children in the Flushing section of Queens, the New York Daily News reports.

The newspaper says, however, that Dr. Abraham Oppenheim, the city's chief cancer investigator, stressed that population shifts and inadequate data on leukemia deaths may be misleading his researchers, because the number of New York City children who die of the disease remains constant at about 135 a year.

Clusters of leukemia cases have been reported in Chicago, San Francisco and two areas of England, Daily News Science writer Richard Lyons writes, adding:

"The findings have led to speculation that leukemia is contagious and is perhaps spread by a virus. Ironically, the clusters reported elsewhere have occurred among people with higher incomes and social status — families living in areas such as Flushing — rather than slums. The reason is unknown."

Differences Between Premature, Womb-Starved Infants Reported

Jan 20/64

QUEBEC (CP) — Research at the Royal Victoria Hospital, Montreal, has led to a distinction between premature babies and those who are undernourished in the womb.

The study has shown that premature babies — born before the normal period of pregnancy is completed— begin to catch up with physical standards before too long.

About half the babies previously labelled premature were actually born after a full-term pregnancy. But they suffered from lack of nourishment as a result of some defect in the placenta of the mother.

As a result, they were beaten before they started.

"These babies seem to sense even in the womb that they aren't getting a fair deal," Dr. Thomas Primrose, one of the researchers, told reporters at the 33rd annual reunion of the Royal College of Physicians and Surgeons.

In an obvious effort to survive, the heart of the unborn child enlarges itself and begins pumping more blood.

"This is fantastic, Dr. Primrose said. It was one of the earliest recorded attempts of a human being to meet his environment.

But despite valiant efforts, many of these babies died in the womb or shortly after birth. They were often born with physical and mental defects, or developed them.

Work by Dr. F. J. Tweedie, Fredericton - born member of the hospital's department of obstetrics and gynecology, has shown that the increase in circumference of the mother's abdomen continued at a steady rate until about the 32nd week of pregnancy, then fell off. Normally, growth continues until just before the child is born.

Further study showed that the placenta of the mother was small and in a precarious condition. Normally the placenta is atough body that can take a lot of punishment.

If anything happened to the weak placenta, the effect was severe. Even without trouble, a small, undernourished baby was born.

Research to determine what goes wrong is under way.

Dr. Primrose said few mothers now die in pregnancy or childbirth and the accent of research has turned towards the infant.

A series of papers on the subject were among the last delivered at the three - day conference, which ended Saturday. More than 800 delegates attended.

A 54 - year - old Cape Breton-born surgeon was elected president of the college.

Dr. Walter C. MacKenzie, now with the University of Alberta's department of surgery and radiology in Edmonton, succeeded Dr. C. Malcolm Brown, of Queen's University, Kingston.

Ex-Londoner Dr. J. Stewart Lott Going to U.S. Medical Post

Jan 22/64

Dr. J. Stewart Lott, former acting director of the London Cancer Clinic, has been appointed to a top post at the Johns Hopkins University medical school and medical centre in Baltimore.

Dr. Lott, a native of Sarnia and graduate of the University of Western Ontario, was for several years the director of cobalt bomb therapy at the London clinic.

He will take up his new position as associate professor of radiology and head of the division of radiation therapy at Johns Hopkins in May.

Dr. Lott will work under another Western graduate, Dr. Russell Hedley Morgan, chairman of the department of radiology at the medical school and radiologist - in - chief of the Johns Hopkins medical centre.

Dr. Morgan was awarded an honorary Doctor of Science degree by UWO at last year's spring convocation.

Dr. Lott graduated from the University of Western Ontario in 1943 with an honors science degree. In 1946 he received his degree in medicine and during the next four years did extensive post-graduate work in histology, pathology and radiotherapy. He was attached to the cancer clinic during that period.

DR. J. STEWART LOTT

In May, 1950, he was awarded a traveling fellowship to permit him to study radio-therapy techniques in principal European treatment centres.

In 1952 he was named to direct the operations of the clinic's Cobalt Bomb, the first to be used for radiation therapy.

He became acting director of the cancer clinic on the death of Dr. Ivan Smith in April, 1962. Dr. T. A. Watson, present director, was named to the post in January, 1963.

Since last June, Dr. Lott has been in charge of the department of radiation therapy at the Hackley Hospital in Muskegon, Mich.

His new post at Johns Hopkins will also allow considerable scope for research in radiology.

IS TORONE

2 eggs
3 squares (3 oz.) unsweetened
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
½ cup rolled oats
6 tbsp. butter
Heat oven to 350 degrees. Grease a jelly-roll pan, 15½ x 10½ x 1

Offer $320,000 for McCormick Home

Jan. 16/64

A municipal contribution of $320,000 towards the cost of a new $1,080,000, 150-bed McCormick Home for The Aged was recommended yesterday by board of control.

The money would be paid in seven separate instalments — $20,000 this year and six subsequent equal instalments of $50,000.

The later payments would be recommendations only because city council has no power to commit its successors to expenditures.

The Women's Christian Association, operator of McCormick Home, originally planned to erect a $250,000 addition containing 50 beds—to which the city's contribution would have been substantially smaller.

Con. Margaret Fullerton explained that construction of an entirely new building was suggested by Architects after talks between the Women's Christian Association and the Ontario department of public welfare.

Replacement of the present building had previously been planned as a gradual process.

In addition to the civic contribution, a $375,000 provincial grant is expected. The Women's Christian Association would raise the balance from endowments.

Board of control questioned the size of the contribution proposed by the city, pointing out that London is already committed to helping St. Joseph's Hospital and House of Providence expansions.

It was said, however, that the cost of domiciliary bed space would be substantially higher if the city erected and administered such facilities itself, instead of assisting private organizations.

Scientists Hope Cabinet Change Loosens Research Purse-String

Jan. 23/64

OTTAWA (CP) — The federal government's top scientists hope that creation of a new Cabinet portfolio of president of the treasury board will bring about a more enlightened approach by the board to the value of scientific research.

Prime Minister Pearson announced the government's decision to create the post at a press conference Monday. It will be filled by Transport Minister McIlraith when legislation is passed at the coming session of Parliament.

Many government scientists —both at the research and administrative levels — contend that the board's main objective in recent years has been to look for reasons why proposed expenditures on research should be rejected.

The board is a committee of five Cabinet ministers headed by the minister of finance. It has a staff of some 200 civil servants who advise the board on expenditures and how to save money.

"The board does not look sympathetically at arguments in favor of a research project, especially if it has orders to reduce expenditures," Dr. W. E. van Steenburgh, deputy minister of mines, said yesterday in an interview.

the government service are not high enough to attract the best brains from our universities and top scientists from other countries. Because salaries are low, the U.S., industry and the universities also are able to grab off our specialists after we have trained them."

Dr. van Steenburgh said that instead of following the U.S. in salary scales for scientists "we should be leading the U.S. and attracting the best brains here."

By adopting a niggardly attitude Canada was losing the brains it required for the development of this country.

The growth of Canada depended on scientific developments. Those who refuse to accept this "just don't know what is going on today."

L. W. McKim, director of the division of administration and awards of the National Research Council, also said a need exists for better communication between scientists and the treasury board.

Mr. McKim said scientists find it difficult to persuade the treasury board to spend money on fundamental research. Yet a particular fundamental research project may be more important to Canada in the long run than an applied project which was acceptable to the board.

A similar argument was advanced by the Glassco royal commission on government organization. It said that too often decisions for or against a research expenditure are made by board officials who "make no claim to scientific competence or foresight."

The government scientists say that the treasury board approach has helped create a serious situation in Canada. In some measure it had resulted in the loss of scientists to other countries, especially the United States, due to the attraction of higher salaries and better research facilities.

Dr. van Steenburgh said the migration of scientists won't stop as long as Canadian salaries are far below those in the U.S. and research facilities are less attractive than those south of the border.

"Present scientific salaries in

Doctor Describes Injuries

Service Award

Changes Likely in Medical Care Bill, Robarts Indicates

Jan. 22/64

JOHN A. PETHICK
Press Staff Writer

TORONTO — Premier Robarts yesterday told the Ontario Legislature he has no objection if the government's medicare bill will be changed or amended again reaches the committee stage in the House.

The bill was introduced in the House at the last session and was then placed before an independent committee, the Hagey committee which is holding hearings to get public opinion.

Liberal and New Democratic Party teamwork yesterday produced the first recorded vote of the current session. The vote came on an NDP resolution calling on the Conservative government to institute a compulsory medical care scheme. (More Legislature news on Page 4).

The Conservatives beat down the motion 62 to 27. Premier Robarts scheduled debate on the motion in a surprise move, then added to the surprise by speaking himself.

He decried any idea of compulsion in medical care.

Much had been made out of the fact that the bill had been put before an independent committe, he said. However, this was the same method the government had used successfully in introducing its hospital insurance scheme.

The people don't want every thing taken away from them by the state, the Premier continued. At present, some 78 per cent of the population is covered by some form of health insurance. He said 95 per cent of Ontario motorists had accident insurance and it was not compulsory. He did not think compulsion was necessary to achieve broad coverage in health insurance.

"Oh, do be quiet," the Premier pleaded with Kenneth Bryden, NDP deputy leader, who atempted to interject a remark.

As opposition members continued with interjections, the Premier remarked, "It's wonderful to be back in the same old atmosphere we had here last April."

The Premier expressed astonishment that the Liberal Party was supporting the NDP resolution. "I was delighted to find out that the policy of the Liberals coincided with that of the NDP," he said. "It's the first time

from Scarborough West. Mr. Lewis said a voluntary, privately-administered, government - sponsored plan simply could not do the job.

Speaking for the Liberals was J. B. Trotter, of Parkdale, who said that the profit of insurance companies would have to be taken out of medical schemes if the people of Ontario were to enjoy good health.

He called the Conservative bill "phoney legislation" that treated the public with contempt. "We of the Liberal Party support this (NDP) resolution and feel it should be acted upon forthwith," Mr. Trotter said.

Mr. Lewis said in his maiden speech in the legislature that the right of the people of Ontario to have publicly-administered medical care was "a right as inviolable as the guarantee of education."

He said a private plan would impose class distinction, necessitating a division of the population into first and second-class citizens.

He suggested that the Hagey committee, appointed by the government to undertake what it called a medical services insurance inquiry, was there only to present a "congenial facade."

Mr. Lewis' contention that a plan similar to Saskatchewan's should be adopted in Ontario was supported by Mr. Trotter. "We have to face the facts," the Liberal member said. "The plan in Saskatchewan is succeeding."

"Having listened to (Mr. Trotter) I can only wonder if he speaks for all Liberals," the Premier said.

Medicare Study Wise Policy

Jan. 23/64

THE NEWLY united Opposition in the Ontario Legislature seems to have been a bit premature in presenting a resolution calling on the government to institute a compulsory medical care scheme before the independent committee studying the draft plan has made its report.

Premier Robarts acted wisely in presenting a bill which set forth only general principles and submitting it to an independent committee for study before going ahead with it in the legislature. This insures all sorts of opinions an opportunity of being heard.

They have indeed been heard already, and the Premier indicates that there probably will be changes in the bill before it reaches the floor of the legislature, although members of the committee suggest that these changes will not be revolutionary.

There seems much to be said in favor of letting as many people as possible have a chance to examine the bill and suggest changes before it goes before the legislature. Such procedure removes any hint of "railroading" and also is likely to reveal weaknesses which can be remedied before the bill goes into effect. The more this can be done the more satisfactory the bill is likely to be in actual operation.

A good many citizens, who feel that government is too eager to push them around, will agree with the Premier that the insurance should not be made compulsory if sufficiently wide coverage can be secured without doing so. The parallel with motor car insurance is impressive, although it might be noted that the government fills a gap there by the Unsatisfied Judgments Act.

If gaps appear after the bill goes into effect, or if it is apparent that some changes or extensions are needed, such gaps can be closed or the appropriate changes made on the basis of experience.

IS TORONTO

Doctor Hopeful Space Research Will Aid Blind

Jan. 22/64

By RAY CROMLEY

WASHINGTON (NES) — Experiments in guidance systems for space capsules may some day result in "electronic eyes" for earth-bound blind persons.

A device conceived by Dr. Walton Bishop, a U.S. Air Force communications scientist, could in theory permit a blind man to avoid cars on the street, duck overhead branches, avoid open manholes, step up curbs and steps, find the door of his home without groping, keep from bumping into telephone poles, light posts and people.

It would not enable him to tell one person from another unless there was an unusual difference in height or width or perhaps in the texture of their clothing.

Like people with sight, however, the blind man with such an electronic gadget could make mistakes or become confused at the data presented him by his electronic eyes. Sometimes the electronic gadgetry itself would become confused. And the device wouldn't be as good as human eyes. It wouldn't register color or precise complicated contours.

In a sense, the blind man with such an electronic gadget would operate in much the same way as an automatically operated space vehicle, sensing obstructions and distances, veering to avoid the obstructions while moving toward a destination.

But this gadget would be hooked up to the wearer's skin so that his brain would be the "computer" that figures out the meaning of the signals and makes decisions on what to do.

Dr. Bishop says, "The idea came to me in my laboratory work with communications using reflected power back in 1947. . . . The photocell and associated equipment used at that time, however, weighed about 200 pounds. With the advent of transistors, tunnel diodes and new photocells, today the required amplifying equipment will weigh only a few ounces."

The big hurdle, of course, is size. Dr. Bishop hopes it will be possible to design the equipment so that it will fit into the handle of an over-sized cane. Eventually, perhaps, the whole gadget could be fitted onto a pair of eyeglasses.

The electronic eye would have three essential parts:

1. A highly directional optical sensor something like a miniature pinhole camera, but with a photosensitive cell, an amplifier and a source of power.

2. A wide-angle directional sensor with a wider opening of a modern camera.

3. A "transducer" which would translate the electronic impulses picked up by the sensors into signals the blind man could use. One type of transducer might have "whiskers" which would transmit signals to his fingertips. Another type might be connected with nerve endings in the sensitive skin area around his eyes.

Dr. Bishop has worked out some of the basic problems a blind man must solve with such electronic "eyes" by imagining a mechanical man he has called Edgar. Some typical problems:

● Obstacle Avoidance — If Edgar scans the area in front of him by rotating his head, his sensors should indicate a recognizable difference between essentially free space (only distance objects present) and light reflected from a nearby object.

● Pitfall Avoidance — Edgar must nod his head in order for his sensors to detect a pitfall. Sharp edges surrounding a pitfall, such as an open manhole, should be easily distinguishable.

● Recognition of Objectives — Edgar may find it necessary to scan his environment several times in order to recognize the response his sensor gives as recognizing a particular object. A post of known height and shape, such as a public mail box, for example, could be recognized by several horizontal scannings at different levels.

● Bearings from Three Known Points — This problem is identical to that of establishing a ship's position with respect to threee known points. If Edgar is in and area he knows, he should be able to measure several angles by using his narrow-beam sensor. His wide-angle sensor will help him establish distance.

● Step Down — The problem is similar to pitfall avoidance as far as determining where the edge of the step is located. It would be convenient if the sensor could detect a difference between the texture of the surfaces at the bottom and top.

● Step Up — Edgar should experience no difficulty either in locating the position of the "step up" or measuring its height. He would only have to nod his head to find the top and bottom.

● Low Bridge (such as a tree limb) — The presence of a "low bridge" would be detected first in the same manner as the presence of any other obstacle. Its presence would be missed if Edgar kept his head tilted downward. Sighted persons sometimes bump their heads for the same reason.

● Recognition of Approaching Vehicles — The vibrating surface of a moving vehicle should cause Edgar's sensors to indicate a different "texture" from that present when the vehicle is not moving. This texture alone will not always be recognizable as indicating motion, but it should aid Edgar in keeping his sensor focused on the object. He need stand still for only an instant to determine how the position is changing. He should not assume categorically, however, that all vehicles are traveling where they should be. People who can see are sometimes killed as a result of making this assumption.

Centre Seeking $57,000

Jan. 22/64

The London District Crippled Children's Treatment Centre needs $57,000.

Because of demands for treatment, which have taxed the centre's facilities, the amount is needed to fulfill its purpose, the 30 directors attending yesterday's annual meeting were told.

Last year employees tightened their belts and helped boost the centre from its 1962 deficit of $30,000 to a position where the past year was closed with a $5,500 surplus.

The better financial picture resulted even though the centre gave about 2,800 more treatments last year than the 17,329 of 1962.

Financial committee chairman R. B. Duffus told the directors continuously increasing demands for services must be met and the only way to do it was by budgeting for the facilities and workers. The budget for this year, he said, is $140,000; last year's was $118,000.

Of the $140,000 needed, the centre knows of only $83,000 it can put its finger on. The other $57,000 must come from donations or bequests, Mr. Duffus said.

He noted that for the past three years donations have decreased about $3,000 each year.

The treatment centre's area covers seven counties and includes Sarnia, Stratford, Goderich, Bruce Peninsula, Woodstock, Brantford, Simcoe and St. Thomas.

Mr. Duffus said he hoped the $57,000 would come from the people in the area interested in helping crippled children.

Fred U. Lowes, of Beachville, was elected president of the centre for 1964. Vice-president and chairman of the finance commitee is Mr. Duffus, of London. Secretary is R. A. Nicholls, of London.

Committee chairmen elected J. F. Hawthorne, London, publicity; J. C. Antill, London, personnel; Dr. A. B. Lucas, London, speakers; Herbert Cocker, London, building; Mrs. G. F. Batchin, London, women's auxiliary; Edward Anstie, London, tours; David Andrews, London, transportation.

Doctor Describes Injuries

Service Award

Proposed Compulsory Medicare Law Seen 'Inflaming' Saskatchewan Scene

Jan. 24/64

REGINA (CP) — Saskatchewan hospital and doctor officials have emerged from a six-hour meeting with the provincial government with the impression legislative action likley will be taken to settle the province's hospital privileges dispute.

Dr. E. W. Barootes of Regina, president of the Saskatchewan College of Physicians and Surgeons, came out of the meeting Wednesday saying he was "disappointed to learn the health minister's present thinking is to introduce new compulsory legislation with binding powers overruling autonomous elected and appointed hospital boards."

He said he was afraid such government action would "inflame" differences that exist between community clinic doctors and other doctors in Saskatchewan and "compound the problem."

Saskatchewan Hospital Association sources said Health Minister A. E. Blakeney implied at Wednesday's meeting that he favored legislative action, although no legislation has been drafted.

The meeting was held to allow the SHA and the college to present Mr. Blakeney with their views on recommendations of the Woods royal commission on hospital privileges.

Mr. Blakeney yesterday issued a statement in which he said all of the submissions he has received from the college, SHA, and other groups on the Woods recommendations will be carefully studied.

The minister said of seven written briefs he has received, two — those of the college and SHA — were generally opposed to the Woods recommendations, three urged implementation of the recommendations, and two urged stronger government action than recommended by the Woods commission.

Mr. Blakeney did not comment on Dr. Barootes' reaction to the meeting.

The commission headed by Mr. Justice Mervy Woods, after investigating complaints of five community clinic doctors who said they were discriminated against when they applied for hospital privileges, concluded the hospital privileges problem was rooted in differences between clinic doctors and other doctors in the province over the compulsory Saskatchewan medical care insurance scheme.

The clinic doctors support the scheme while most other doctors oppose it.

The royal commission recommended, among other things, that the provincial government set up a permanent appeal board on hospital privileges with the power to make binding decisions; and that doctors whose privileges applications are turned down be told why in writing.

Hospital privileges allow a doctor to admit his patients to hospital and treat them there.

Province Boosts Capital Grant On St. Joseph's Hospital Addition

Jan. 24/64

By J. A. PETHICK
Free Press Staff Writer

TORONTO — The provincial government's capital grant to St. Joseph's Hospital at London has been increased by nearly a quarter of a million dollars, making the total it will receive toward the construction cost of the completed addition $1,862,900.61.

The amount of the increase is $249,898.33.

John White, MPP London South, said he has been advised of the increased grant by Health Minister Dymond, who pointed out in his letter that last Aug. 15 the government grant on active treatment beds was increased from $2,000 to $3,200 a bed. The government also makes a grant on auxiliary service areas of hospitals providing the floor area is 300 square feet or more.

No change was made in the rate of grants on chronic, convalescent or psychiatric beds or on beds for nursing staff.

The health minister explained that when the bed grants were raised provision was made for a partial grant based on the percentage of work still incomplete.

When St. Joseph's completed the addition it became eligible for an increased subsidy from the government.

Drugs Coverage Asked

Jan. 24/64

TORONTO (CP)—Ontario's druggists say prescription drugs should be included in the provincial medical insurance plan.

The Ontario Pharmacists' Association also suggests in a brief to the government-appointed medical services insurance inquiry that the government, rather than private insurance organizations, should administer the medical plan.

The association, which presented a brief without requesting a hearing before the inquiry committee, released its recommendations yesterday.

It says "a medical health care plan, to be comprehensive, should include pharmaceutical benefits provided by pharmacists to every person covered by the plan — the plan to include all those who are presently ineligible to participate in voluntary prepayment plans or who are financially unable to pay the costs involved. Subsidization of the plan from public funds would make this possible."

The OPA brief says individual pharmacists should be free to remain outside any medical insurance plan; members should be allowed to determine their own service fees, as distinct from charges for drugs; pharmacists should be represented in the establishment and administration of a prepayment plan, and a system of deterrents against abuse of the plan should be devised.

Believe Electronic Device Will Save Heart Attack Victims

Jan. 27/64

DENVER, Colo. (AP) — Two surgeons at the Denver General Hospital said yesterday they have developed an electronically-controlled system which they believe can save victims of fatal heart attacks.

A copyrighted Denver Post story said the principle of "assisted circulation" is used. An apparatus rushes blood to the heart before the tissue is destroyed.

The physicians are Dr. David H. Watkins, chief of surgery at the hospital, and Dr. Phillip G. Callaghan, formerly of Australia.

They said they have used the method with good results on about 350 dogs.

Their only human patient, the paper said, was a 67-year-old man who was admitted to the hospital last Monday after a heart attack. He had no pulse and only a faint heartbeat. An electrocardiogram showed damage to the left ventricle, where coronary thrombosis usually cuts off the blood supply and quickly destroys the tissue.

The man was put on the blood-rush system for six hours until revived. Although he died 25 hours later, the doctors said an autopsy showed death resulted from a lung disease unrelated to the heart attack.

The surgeons estimated that six of 10 persons who suffer fatal heart attacks could be restored to normal life if they received treatment in time.

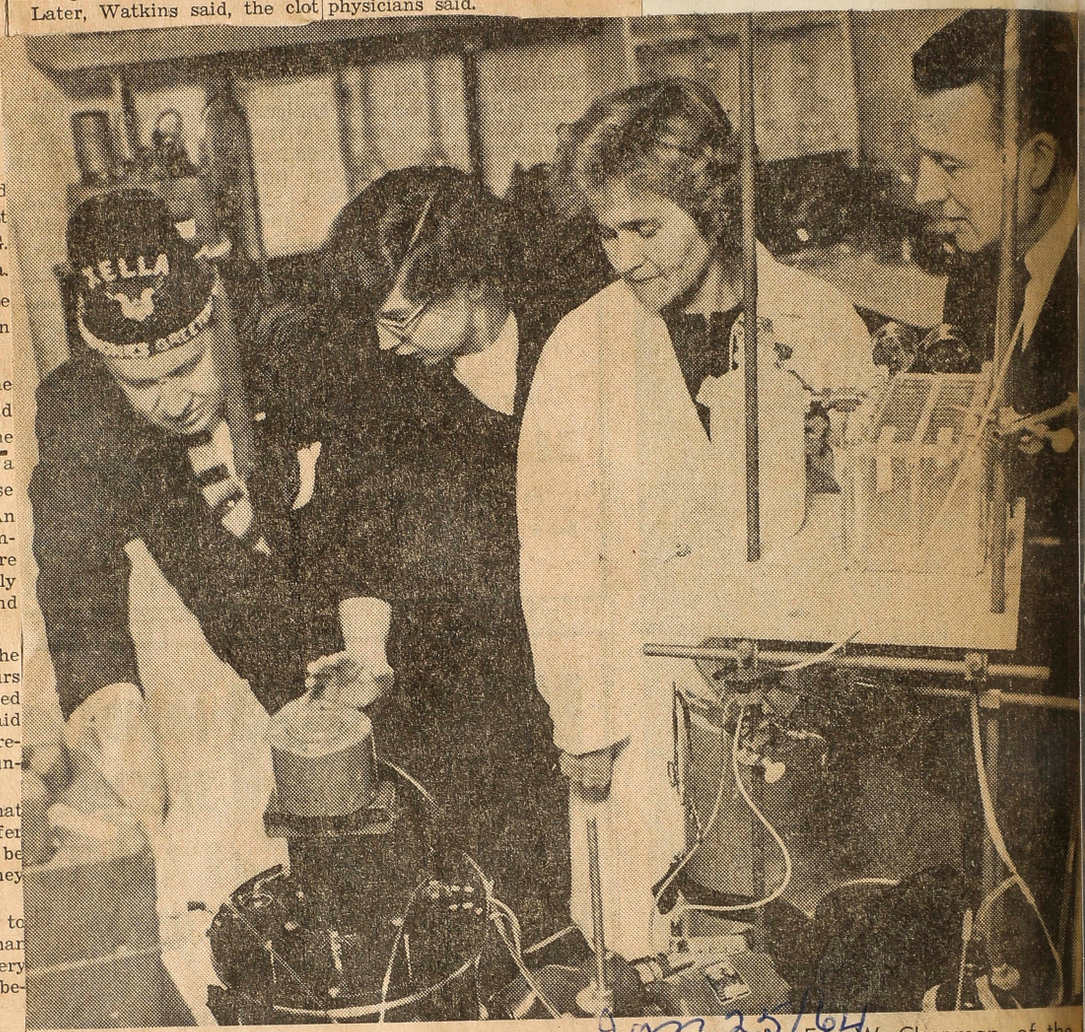
"We certainly don't want to raise false hopes," Dr. Callaghan told the Post, "but we're very excited, and this is only the beginning."

Under the system, the doctors said, tubes are inserted into a heart attack victim's thighs and energy is transmitted to produce extra blood flow to the heart and other organs. The victim's heart controls the electronic system which, in turn, controls devices that produce the energy.

If the patient's heart ha stopped, the doctors explained, an automatic non-electric system clicks on and starts the heart again. Blood is forced around the obstruction and into the heart through other vessels leading to the left ventricle.

Later, Watkins said, the clot normally clears itself, but if it doesn't it can be removed by surgery.

The apparatus also might save victims of automobile accidents and other mishaps in which persons bleed to death, the physicians said.



TOUR HOSPITAL RESEARCH UNIT — Xella Grotto Lodge last night donated $800 to the Canadian Arthritis and Rheumatism Society to aid arthritis research. The lodge also toured the clinical investigation unit at Westminster Hospital, where research has been under way since 1958. Left to right, Eric W. Chapman, of the Doris Nicholls, director of the unit; M Moyer, laboratory technician; and Dr. Bocking, assistant dean of the faculty of University of Western Ontario, who is of research.

Jan 23/64

Medical Journal Details Treatment Of Kennedy, Connally, Oswald

Jan. 25/64

AUSTIN, Tex. (AP) — Physicians writing in the Texas State Journal of Medicine yesterday told how President John F. Kennedy died despite a desperate half-hour of treatment by seven doctors.

All agreed that the president's injuries were too great for survival.

There was a faint heart beat but no pulse or blood pressure when he was brought to Parkland Hospital in Dallas Nov. 22.

"Three Patients at Parkland" is the title of the article describing the treatment of Kennedy, Texas Governor John Connally and Lee Harvey Oswald, the man accused of killing Kennedy and wounding the Governor.

Oswald was fatally shot Nov. 24, allegedly by Jack Ruby whose murder trial is pending. Oswald died in Parkland about 10 feet from the place the president died.

The journal said it asked the attending physicians to record their separate impressions a few hours after the Nov. 22 and 24 shootings because "it was felt that the impressions of the individual participating physicians, written in a period of strain, without consideration of rhetoric, was perhaps of greatest value to medical history."

Some of the 13 separate accounts prepared by the doctors in the three cases included:

Dr. Charles J. Carrico, 28, a resident at Parkland and first physician to see the president:

"When the patient entered the emergency room on an ambulance carriage he had slow agonal respiratory efforts and occasional cardiac beats . . . "two external wounds were noted, one in the neck and the other a massive head and brain injury."

Dr. Charles R. Baxter, 34, Parkland resident and assistant professor of surgery at Southwestern Medical School, Dallas:

"The pupils were fixed and deviated laterally and were dilated. No pulse was detectable and ineffectual respirations were being assisted . . . when all of these measures were complete, no heart beat could be detected . . . due to the extensive and irreparable brain damage which existed and since there were no signs of life, no further attempts were made at resuscitation."

Dr. Robert N. McClelland, 34, Parkland resident:

"The president was comatose from a massive gunshot wound of the head with a fragment wound of the trachea . . . the cause of death was the massive head and brain injury from a gunshot wound of the right side of the head."

Dr. William Kemp Clark, 38, Parkland resident:

"The president had bled profusely from the back of the head . . . much of the right posterior skull, at brief examination, appeared gone . . . the president was pronounced dead at 1 p.m."

Connally, wounded by a bullet that pierced his chest, arm and thigh, was first taken to an emergency treatment room just across the hall from where the president was treated.

Later he was moved to an operating room. The diagnosis of the chest wound said there was a fractured fifth rib, laceration of the middle lobe of the lung and another laceration of the lower lobe of the right lung.

Oswald was brought to the emergency room at 11:32 a.m., Nov. 24, taken to the operating room at 11:42 a.m. and pronounced dead at 1:07 p.m.

"It was obvious that the patient was in extremis as judged by his general pallor, the cold extremities, the dusky or ashen-grey color of his nail beds, his gasping respiration and his dilated pupils and dry conjunctiva (membrane on the inner eyelid and eyeball,") the report said.

The left chest was opened and an injection of 10 per cent calcium chloride made into the left ventricle of the heart. Manual heart massage began and four attempts were made to restart the heart beat with electrical stimulus.

Jan 27/64

Enjoying life at St. Joseph's Hospital is Roy R. Parkinson, RR 2, Denfield, who a week ago was "dead" for 10 minutes. With him are nurses, from left, Mrs. Archie Burns and Mrs. Alister McKay.

Doctor Describes Injuries

Service Award

2 eggs
3 squares (3 oz.) unsweetened

2 tsp. vinegar
1 tsp. vanilla
1 cup chopped

½ cup rolled oats
6 tbsp. butter

Heat oven to 350 degrees. Grease a jelly-roll pan, 15½ x 10½ x 1

IS for the

Denfield Man 'Dead' 10 Minutes, Revived by Closed Chest Massage

Jan 27/64

By JOAN MAY
Free Press Staff Reporter

A week ago Saturday, Roy R. Parkinson, of RR 3, Denfield, was dead for 10 minutes.

Saturday, his 49th birthday, he laughed and joked with his nurses at St. Joseph's Hospital. He felt "No. 1," he said. He hopes to go home soon.

His doctors agree that Mr. Parkinson's condition is excellent.

The farm agent for a major gasoline company owes his return from death to a comparatively new method of resuscitation — known as closed chest massage — and the rapid help he received from a team of doctors and nurses at the hospital.

Mr. Parkinson entered hospital about two weeks ago after a mild coronary attack.

Last Saturday, his nurse thought he didn't look well. She called the intern, Dr. Sandy Gerrard.

While Dr. Gerrard was examining him, Mr. Parkinson took a second, severe heart attack.

His heart stopped beating. He was technically dead.

Dr. Gerrard immediately put through a code alarm on the hospital's public address system. The code was designed specifically for this situation.

He knew they had four minutes if the man's life were to be restored. This is the maximum length of time that the brain can go without oxygen.

If he were to live, then his heart must be beating and pumping oxygen to his brain within that short time.

Dr. Gerrard started the closed chest massage. And his alarm brought response from all over the hospital.

Dr. David McCourtie, intern, was second on the scene, closely followed by Dr. H. J. Thurlow, senior resident intern.

From the operating room and central supply room came an electrocardiograph, suction machine, resuscitators, a defibrillator (a machine which restores the normal rhythm to the heart) and a variety of drugs.

Four interns and as many nurses assisted. After 10 minutes of artificial stimulation, Mr. Parkinson's heart took over its duties again.

Mr. Parkinson has little recollection of the events of Saturday or Sunday. It constitutes, he says cheerfully, "a lost weekend."

The closed massage technique of restoring the heart beat was developed about three years ago at the Johns Hopkins Hospital in Baltimore.

Heart beats had been restored before, but by surgery which permitted direct massage of the heart.

In the new technique, the doctor places one of his hands over the other, with the heel of the lower hand resting on the lower part of the patient's breastbone. Firm pressure is applied about once a second, using body weight if necessary to move the breastbone down about an inch toward the spine. The cartilage around the bone is remarkably flexible and "gives" when pressed. At the end of each stroke, the hands are lifted to allow the chest full expansion.

The doctors change position about every five minutes. Meanwhile, the other resuscitating equipment is brought into play.

Speed is of the essence to successful use of the method Dr. Thurlow said Friday. The team at St. Joseph's had been specially trained and instructed for this type of emergency.

The technique is also useful only when a person is basically in good health and has a sudden heart attack which causes little coronary damage.

"Some people have the idea that it can be used to restore the heart beat of anyone who is dying," he said. "This isn't so. It is also not effective if a person's heart is just petering out, whether over a long period of time or even in a matter of hours."

5 Invited To Research Symposium

Jan. 31/64

Five University of Western Ontario medical students will attend the second annual symposium and dinner of the Joseph P. Kennedy Jr. Foundation for research into the causes of mental retardation.

Dr. Murray L. Barr, head of the UWO department of microscopic anatomy, who received an award of $33,333 from the foundation in 1962, will be one of the speakers during the symposium Feb. 5 in New York City.

Both President Lyndon Johnson and Prime Minister Pearson will attend the dinner at which a second round of awards will be made to scientists or others working in the field of mental retardation.

The Western faculty of medicine was invited last September to send five students as guests for the symposium and dinner, which had been scheduled for early December. The function was cancelled following the assassination of President Kennedy.

Dr. O. H. Warwick, dean of medicine, said the students who will attend are: Gary G. Ferguson, Michael Grace, Wayne Watson, Roderick Willis and Albert Yuzpe, all of London.

Several faculty members also will attend the dinner.

The Kennedy Foundation, in memory of the late President Kennedy's brother who was killed in action in the Second World War, was established by their father.

Medical Plan Said Success

Jan. 31/64

BANFF, Alta. (CP)—Alberta's medical care assistance program is definitely a success, Dr. Pat Rose, of Edmonton, head of the plan said here.

In an address to the convention of the Alberta chapter, Canadian College of General Practice Wednesday he said 166,823 persons now are enrolled under the plan, put into effect last fall.

He said progress of the plan "is a fine testimony of the excellent co-operation of government, the doctors and the insurance companies participating.

"Also significant," he added, "is the fact that 46.75 per cent of those covered are over 65, showing that those most in need of the plan are taking advantage of it."

He said about 400,000 persons are eligible for the plan, which assists low-income groups in paying for hospital insurance.

Doctor Describes Injuries

Service Award

Say PSI Seeks Monopoly

Jan. 29/64

TORONTO (CP) — Ontario's biggest prepaid medical plan faced charges yesterday that it aims to corner the medical insurance market and control the economics of doctoring.

Physicians' Services Incorporated, a prepaid plan organized by the Ontario Medical Association, denied at a public inquiry that its proposals for special privileges under projected medical insurance legislation would necessarily result in a virtual monopoly.

PSI, which provides medical insurance for almost half the 3,600,000 Ontario residents who now prepay medical expenses, told a government - appointed committee studying draft legislation that its survival depends on getting amendments that would preserve its present methods of operating.

Among other proposals, PSI said it should be allowed to continue paying out benefits at a rate lower than prescribed in the legislation — the OMA schedule of fees — and that it should have the right to opt out of any system of pooling high-cost risks under the program, while receiving financial credit from the pool for covering such risks.

Inquiry member P. J. Mulrooney said implementing PSI's proposed policies would mean "PSI would dominate medical insurance in the province and control the doctors." PSI denied this.

Commiteeman Carman A. Naylor, a London Life insurance executive, suggested the PSI proposal on discounting benefits would be inconsistent with the government's aim to provide comprehensive coverage because a subscriber might be required to make up the difference between the 90-per-cent PSI benefit and the full fee.

A. Roy Coulter, chairman of the Ontario Wheat Producers Marketing Board and another committee member, asked PSI representatives if their request to pay out discounted benefits would not give them a significant advantage over other insurers under the government program.

Any response to this from PSI President J. O. Lockhart was sidetracked when W. S. Major, a member of the inquiry committee and general manager of PSI, intervened to explain another point.

age wage scale. PSI representatives explained that the OMA schedule of fees for doctors had been "lagging behind reality" and in the last few years there has been an attempt to "catch up."

In a preview of a brief to be presented Feb. 5, the Ontario Federation of labor says the province's proposed medical care plan makes insurance company profits more important than the patients.

The OFL states that the plan's cost formula "can only be described as total capitulation to the demands that profit must be a paramount factor in the provision of medical care for the citizens of Ontario."

The OFL, which represents some 500,000 trade unionists in Ontario, calls for "drastic changes" in the draft legislation.

The labor body's objections to the plan as stated in the brief, are that "it does not give universal coverage; it establishes a means test which is impossible to regulate and enforce; it leaves medical insurance in the hands of private insurance companies, thus eliminating the possibility of providing care at cost; and it ignores the problem of providing research, preventative medicine, rehabilitation, development of facilities and adequate staff."

Also in Toronto yesterday, the United Church of Canada recommended that alcoholics and drug addicts be considered in any provincial medical insurance plan.

The recommendation was contained in briefs submitted by the church and its board of evangelism and social service to a committee studying Ontario's proposed medical insurance act.

The church brief paid tribute to Saskatchewan for its medical care program introduced in 1962 but passed no judgment on Ontario's plan, which differs from Saskatchewan's in that it is non - compulsory and handled through private firms.

It expressed concern that a form of means test was suggested for government assistance in payment of premiums. This, it says, "would hinder its effectiveness and discourage the self-respecting poor from entering such a scheme."

The PSI brief said the legislation must protect the right of the individual to go to the doctor of his choice. Mr. Mulrooney pointed out that PSI's contract permits cancellation of services to a subscriber who goes to a doctor who is not a participant in PSI — that is, who does not accept 90 per cent of the OMA schedule of fees as full payment of his account.

PSI representatives responded that this is a safeguard clause which has been invoked only rarely.

Committee member Dalton Caswell, Sundridge Hotel owner, asked PSI if it believed subscribers should be represented on a body which would administer the government plan to provide medical insurance on a voluntary basis through private insurers. This body would set the maximum premium rates for the government - defined standard physician-care plan.

Dr. Lockhart said he did not feel consumers should be represented at the premium-setting level. He suggested the range of benefits would determine the premium rates and consumers could be represented in any body establishing benefits.

Under the draft legislation the benefits would be restricted to physician services and the OMA would set the rate of benefits to be paid.

Harry Simon, labor representative on the 14 - member inquiry, noted that PSI subscription rates have increased at a faster rate than either the cost-of-living index or the aver-

Change of Life Needs Research Says Doctor

Feb. 1/64

BANFF, Alta. (CP) — Work being done to eliminate difficulties surrounding the menopause or change of life in women "may well be one of the greatest advances in medicine that history will record," says a Calgary gynaecologist.

Dr. Donald C. McEwan told the Alberta Chapter, College of General Practice that a recent visit to New York had convinced him of the value of menopause research.

"This age-old problem confronting women seems to be proved entirely unnecessary by the results being obtained by the Wilson Research Foundation in New York," he said.

"I would like to commend the idea to your group as a research project to be undertaken by the Alberta College of Physicians and Surgeons.

"The research program need only be a plan of sharing experiences by exchanging ideas."

He said a revolution in medical use of steroids now is going on "and with the aid of medical science it is now possible to tell when women are in endocrine balance."

"The occurrence of cancer also may be reduced or eliminated along with other benefits. The big problem now is to educate the general public," he said.

IS T

2 eggs
3 squares (3 oz.) unsweetened
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
½ cup rolled oats
6 tbsp. butter
Heat oven to 350 degrees. Grease a
jelly-roll pan, 15½ x 10½ x 1

Public Said Indifferent t
Fatal Child Beatings

Jan 29/64 Jan

TORONTO CP) — Ontario needs a society for "the prevention of cruelty to children," says Dr. Harold B. Cotnam, the province's supervising coroner.

Monday Dr. Cotnam said he had instructed Ontario's 500 coroners and pathologists to increase their vigilance in investigating child deaths.

In an interview later he gave details of what doctors call the "battered-child syndrome."

"People rush to the phone when they see a horse being whipped or a cat up a tree, but they look the other way

the ankles and wielded him like a baseball bat, striking the child's head against a plaster wall.

"The father had once tried to smother the child by pressing his face to the spout of a boiling kettle of water. He was surprised by his wife and for a while the child was spared."

Dr. Cotnam did not name the father but said he was later convicted of manslaughter and is now serving a term in prison.

Dr. Cotnam described another case where a 20-

month-old girl died of trauma — shock resulting from an injury. The mother admitted at an inquest into the death of the baby girl that she had beaten the child with a buckled belt "because she had dirtied her diaper."

"In another case we visited a home where a child had died of exposure. The room where it had slept had no window glass, not even a bag to keep out the wind.

"The water in the toilet in the next room was frozen. it was so cold. The children

when a child is literally beaten to death."

Since his appointment 13 months ago, Dr. Cotnam said, coroners from across the province have reported to him cases of scaldings, beatings, bitings, bone fractures, unexplained injuries — and reports show 13 children were beaten to death during the period.

Three of them died in the last 10 days.

"We are shocked and amazed at how many of these deaths are turning up. And for every child who dies of neglect, malnutrition or beating, there are 100 others who are mistreated without it coming to the attention of authorities."

Every major centre of population should have a "child cruelty society" just as they now have poison control clinics for children, he said.

He suggested the society receive a catalogue information from family doctors, hospitals, social workers, police, teachers and others.

"The trouble now is that parents of battered children frequently go from doctor to

were bare and blue with the cold."

In another case a family doctor reported to the Children's Aid Society that an 18-month-old child he examined had human bite marks on her body. An order was made to separate the child from the parents.

But the decision was reversed and the child died of skull fractures and a brain hemorrhage six days after it was taken home, Dr. Cotnam said.

The mother was committed to a mental hospital.

doctor or from hospital hospital and we don't lize what is happening the child until it's too l

Dr. Cotnam said one may see only one fra limb but that an X-ray child's body after death reveal as many as a fractures at different pe

He said in a recent of a six-month-old boy had died of massive fractures and a brain morhage, he ordered a topsy.

"The father on repeat casion had taken the ch

MDs' Pay Said Up $10,000

Jan. 31/64

REGINA (CP) — An official of the Saskatchewan medical care insurance commission says doctors in private practice in this province may have had an average income in 1963 of $26,000 to $28,000.

The figure, if borne out by firm statistics at a later date, would be a hefty boost from the average income of $18,267 for Saskatchewan doctors in private practice in 1961.

The official, who did not wish to have his name used, noted that 1961 was the last full year before the province's compulsory, comprehensive medical care insurance scheme was introduced in July, 1962. And 1963 was the first full year of operation of the plan, which insures the medical expenses of virtually all the province's citizens.

Vigilant Doctors Can Save Children

Jan. 31/64

IT IS difficult to believe that we are not hearing horror stories out of the Middle Ages in the report of Dr. Harold B. Cotnam, supervising coroner for Ontario, on what doctors are beginning to know as the "battered-child syndrome." It is almost incredible that there have been thirteen certain cases —no one knows how many others—of children beaten to death in this province in just over a year.

Medical reports of infants being literally tortured to death, beaten with belt buckles, bats and clubs or hurled against walls have reached Dr. Cotnam's office, and he says there may be one hundred times as many children who are maltreated without their plight becoming known.

Dr. Cotnam has instructed Ontario coroners and pathologists to be more vigilant in investigating child deaths, and this is certainly vital. But it is too late for any remedial action when a child has died at the hands of parents who are obviously fit only for mental institutions or prisons.

What is surely needed is more vigilance and suspicion on the part of the doctor who is called on to treat the injured child. Cases of massive bruising, repeated fractures or injuries of a serious nature not normally sustained by an infant should be referred at once to the police.

If there is any hope of preventive action, it must come at this stage. By the time the coroner has been called, the damage has been done. There is no question of the police infringing on "rights" of parents in such cases; protection of the child from further harm is paramount.

Doctor Describes Injuries

Service Award

1) 2)

Mr. Kirk said the local schools will remain the property of the local schools that have been operating them. Responsible local associations will still have an important function in receiving the operational grants made by municipal and provincial governments. Jan. 27/64

Although the announcement that effective date of the transfer of financial responsibility for the local schools was made a week earlier by the education minister, most of the regional one delegates, representing schools in five counties, were obviously surprised and pleased at Mr. Kirk's announcement.

The OARC executive director said the decision of government is only fair. "Every retarded person has his share of local resources and taxation for education," he said.

Mr. Kirk told delegates the OARC is working closely with the education department in the transfer of financial responsibility. Presidents of all local associations are formally being advised of the effective date, and will be encouraged to seek continued support from local councils in 1964.

Mr. Kirk told the adults services workshop the trend in provision of workshop and similar facilities providing jobs for adult retarded is towards a community-centred effort.

Questioned about the possibility of amalgamating rehabilitation programs for both physically and mentally handicapped, Mr. Kirk cautioned there would be inherent dangers in such a merger.

The retarded children's association faces a major responsibility in its program of meeting life-time needs of a substantial segment of the population.

Different patterns may evolve in different communities who wish to work towards a merging of services, but the retarded children's association must be sure to keep the interests of its group paramount, Mr. Kirk said.

The OARC executive director reminded delegates that retarded young people over the present 19-year ceiling can continue to enjoy family plan Ontario hospitialization benefits. Mr. Kirk said the association is waiting to see what medicare brings before proceeding with

Peter Nobes de Burgh, of London, told the conference local associations must be wary of delegating too much responsibility to staff members employed to handle the adults services program.

The workshop meeting was told a brief presented to the Canadian committee on taxation has outlined many inequities which have resulted in one group of handicapped enjoying tax relief not extended to others.

Dr. J. M. Berg, OARC visiting professor from England, said incentive payments to retarded adults working in sheltered workshops are desirable, since the aim is to make the trainees a part of normal community life.

Dr. Berg, main speaker at evening sessions, outlined progress in the rehabilitation of retarded adults in England. Emphasis in the British program i

Say Municipalities Ignore Law Requiring Medical Care for Poor

Jan 30/64

TORONTO (CP) — Ontario municipalities systematically ignore a law that requires them to provide medical care to the local poor, the Ontario Medical Association said yesterday.

Towns and cities should be required to make good the lapse under projected medical insurance legislation known as Bill 163, the OMA told a committee studying the draft bill.

The proposal, and others in the OMA submission, prompted an exchange in which the OMA said:

- It has no evidence of people in Ontario lacking adequate medical care.
- The OMA-run medical welfare plan could continue to take care of the indigent under Bill 163, while partial government help to persons who don't earn enough to pay income tax would take care of the marginally needy.
- The municipalities, nevertheless, should be made responsible for the local poor overlooked by the above measures.

The OMA noted that Section 54 of the Public Health Act requires municipalities to make an agreement with a local doctor to care for the impoverished. But seldom, if ever, is the law observed.

However, the OMA did not recommend enforcement of the law on the ground that it is "unrealistic" to expect one physician to look after all the poor in a community.

It proposed instead that Section 54 be repealed. Bill 63 should be changed to require — rather than merely permitting —municipalities to provide medical insurance or care for indigent citizens overlooked by Bill 163's provision that the province would buy medical insurance for the needy.

The OMA also proposed that insurance for the needy be provided by the government through the OMA-administered medical welfare plan on the ground that it is doing a good job.

Questioned on whether there are people in Ontario not getting adequate medical care, OMA president R. D. Atkinson, of Waterloo, said: "We have no documentary proof of this."

Asked if there are people getting inadequate care because they cannot afford it, Dr. Atkinson said no. Doctors treat patients whether they pay or not.

On a suggestion that "there must be thousands" who just do not go to doctors because they can't afford it, Dr. Atkinson said:

"This has never been documented. But that is why we support Bill 163, because it will cure the situation — if it exists."

is for the

1½ cups sugar
2 eggs
3 squares (3 oz.) unsweetened
cream
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped
½ tsp. salt
½ cup rolled oats
⅔ cup sugar
6 tbsp. butter
Heat oven to 350 degrees. Grease a
jelly-roll pan, 15½ x 10½ x 1

Jan. 27/64

REGIONAL CONFERENCE — Delegates from Essex, Kent, Elgin, Lambton and Middlesex counties attended a combined adult services workshop and region one annual meeting of the Ontario Association for Retarded Children in Chatham Saturday. In the group, seated, from left: Mrs. Jack Begg, Chatham president; Mrs. Peter Nobes de Burgh, London, OARC adults services chairman; Mrs. Don Nisbet, Wardsville, and standing from left: Garfield Reynolds, St. Thomas, Dr. J. M. Berg, OARC visiting professor from England, and Walter Hickey, Sarnia, regional president-elect. —Free Press Chatham Bureau

Promise of Financial Aid Cheers Group Serving Retarded

Free Press Chatham Bureau

CHATHAM — No "provincial takeover" is involved in the plan to have Ontario and local governments underwrite the complete, approved operational costs of local retarded childrens' schools after Jan. 1, 1965, W. R. Kirk, executive director of the Ontario Association for Retarded Children, said here Saturday.

The OARC official spoke to a combined region one OARC annual meeting and adult services workshop. He amplified the brief statement by Ontario Education Minister Davis in Brampton on Jan. 18 that local associations will not be responsible for local school costs after this year.

any group medical plan for retarded adults.

The OARC executive director was one of four members of a panel which discussed many aspects of the expanding program to provide workshop facilities for retarded persons past school age.

Mrs. Peter Nobes de Burgh, of London, chairman of the OARC adults services committee, said the association is just begining to break the ice in providing new opportunities for retarded adults. The program of adult services should attempt to include public school auxiliary class graduates, who leave school without enough occupational training for the labor market.

care within the community, with workshop, local hospital facilities and residential accommodation provided in the home community.

Dr. Berg said although new legislation has accelerated development of the British program, much still remains to be done before the needs of the retarded are fully met.

Walter Hickey, of Sarnia, was named region one chairman, succeeding J. J. Koning, of Chatham. Mrs. Donald Scott, of London, was elected vice-chairman, and Mrs. William Boomsluiter, of London, was named secretary. Brian Pettypiece, of Essex, is the new region treasurer. Ted Campbell, of Sarnia, and Mrs. Bertha Lott, of Windsor, were named OARC directors.

D 1. 2)

Doctor, Wife Get $4,000 Damages

Jan. 31/64

Dr. John Paul Sweeney, of 431 Piccadilly St., received $693.27 special damages and his wife, Jo Ann, $3,352 general damages in an out-of-court settlement of an Ontario Supreme Court civil action endorsed yesterday by Mr. Justice Gregory T. Evans.

The suit, arising from a Jan. 3, 1961 rear-end collision on Wellington Road near Watson Street, was against Albert Victor Grech, of London.

A statement of claim revealed that among her injuries Mrs. Sweeney suffered neck whiplash and resultant injuries to her spinal cord.

C. M. Pensa was lawyer for the Sweeney's. Angus L. McKenzie represented Mr. Grech.

The London Free Press

Vol. 14, No. 5

Feb. 1, 1964

Weekend Magazine

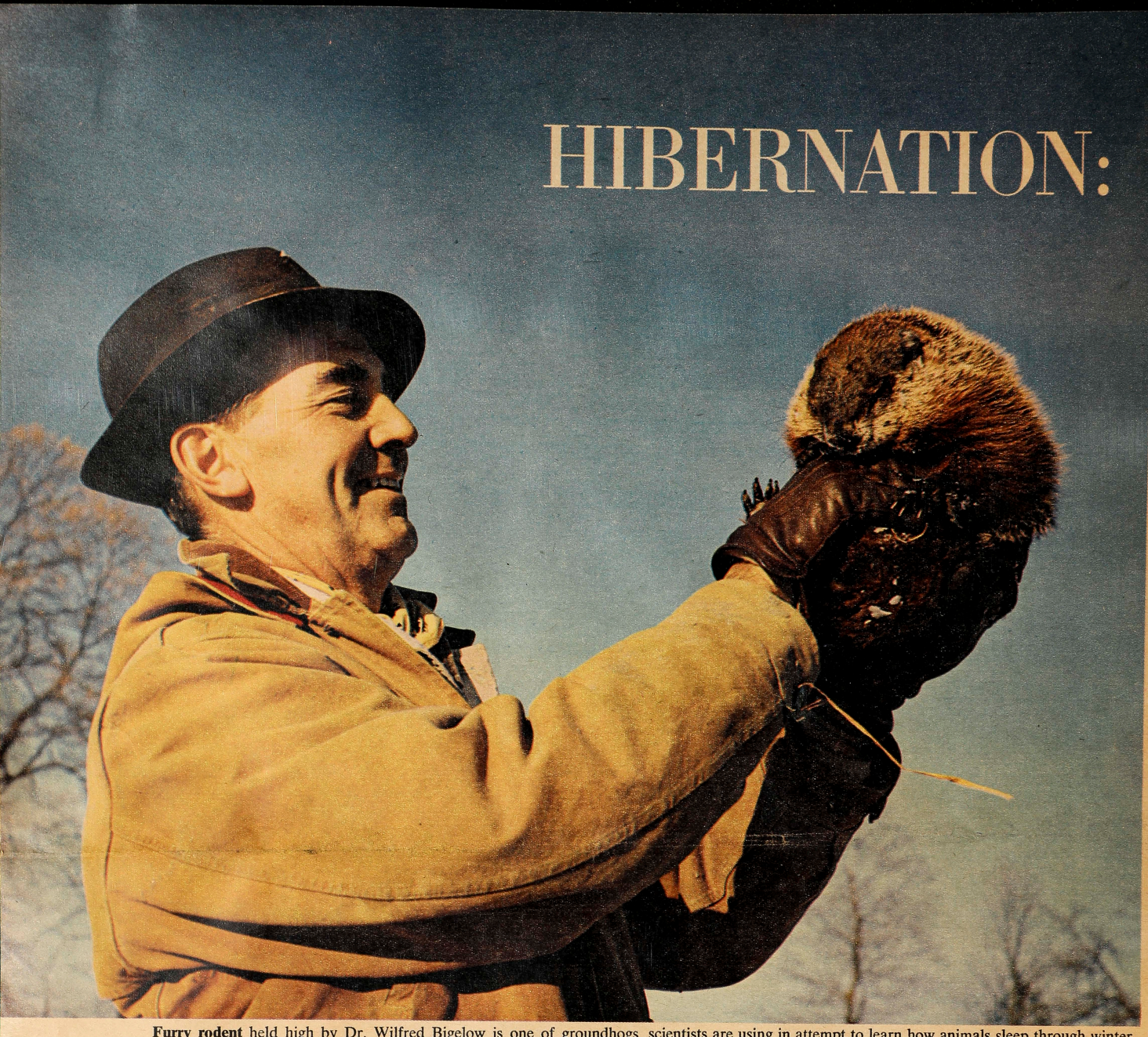
GROUNDHOGS HAVE THEIR DAY—IN MEDICINE

see page 2

provided for in the new medical plan will be applied with utmost moderation.

panies are providing an accept- injured, in the absence of con- able type of service as judged trols, will seriously deteriorate."

HIBERNATION:



Furry rodent held high by Dr. Wilfred Bigelow is one of groundhogs scientists are using in attempt to learn how animals sleep through winter.

By Bill Trent
Weekend Magazine Staff Writer

A REMARKABLE operation was performed recently in a laboratory in Toronto's Banting Institute. A research team cooled a live groundhog in ice water, opened his heart for two hours and then closed him up — and the animal lived.

The operation raised the hope that some day it might be performed on hospital operating tables, thus making it possible for surgeons to treat a whole new range of heart defects.

The groundhog operation was successful largely because the animal can stand a very low body temperature. If a way could be found to produce this safely in humans, vastly improved surgical procedures might result.

The solution to the problem lies in unlocking the secret of one of nature's great unsolved mysteries — hibernation.

For the past nine years, the Toronto researchers have been trying to find out what makes certain warm-blooded animals go into deep winter sleep — and they hope the answer will come from the furry little animal which spends its winters in cold underground burrows and whose only usefulness to humans to date has been as the legendary weather prophet looking for its shadow on Feb. 2.

The fact is that open heart surgery, in which a patient's entire heart area is opened in full view of the surgeon, can only be performed when the flow of blood to the heart has been stopped. This can be done in two ways — by means of the heart-lung pump and by means of a body-cooling process known as hypothermia.

In hypothermia, the length of time a heart can be excluded from the circulation is increased as the body temperature is reduced. The problem, however, is that, with present knowledge, this temperature cannot safely be reduced, by cooling the body surface, below 82 degrees Fahrenheit (98.2 is normal) and that only allows the heart to be opened for eight to 10 minutes.

As a result, simple defects in children are treated in this way, leaving the rest of heart surgery to the heart-lung pump which, though very effective, is nevertheless cumbersome, expensive and a serious drain on blood banks.

In hibernating groundhogs, however, body temperatures fall to the temperatures of their burrows (often as low as 37 degrees F.). If the hibernation process could be duplicated in humans, the researchers reason, a whole new surgical concept might be realized.

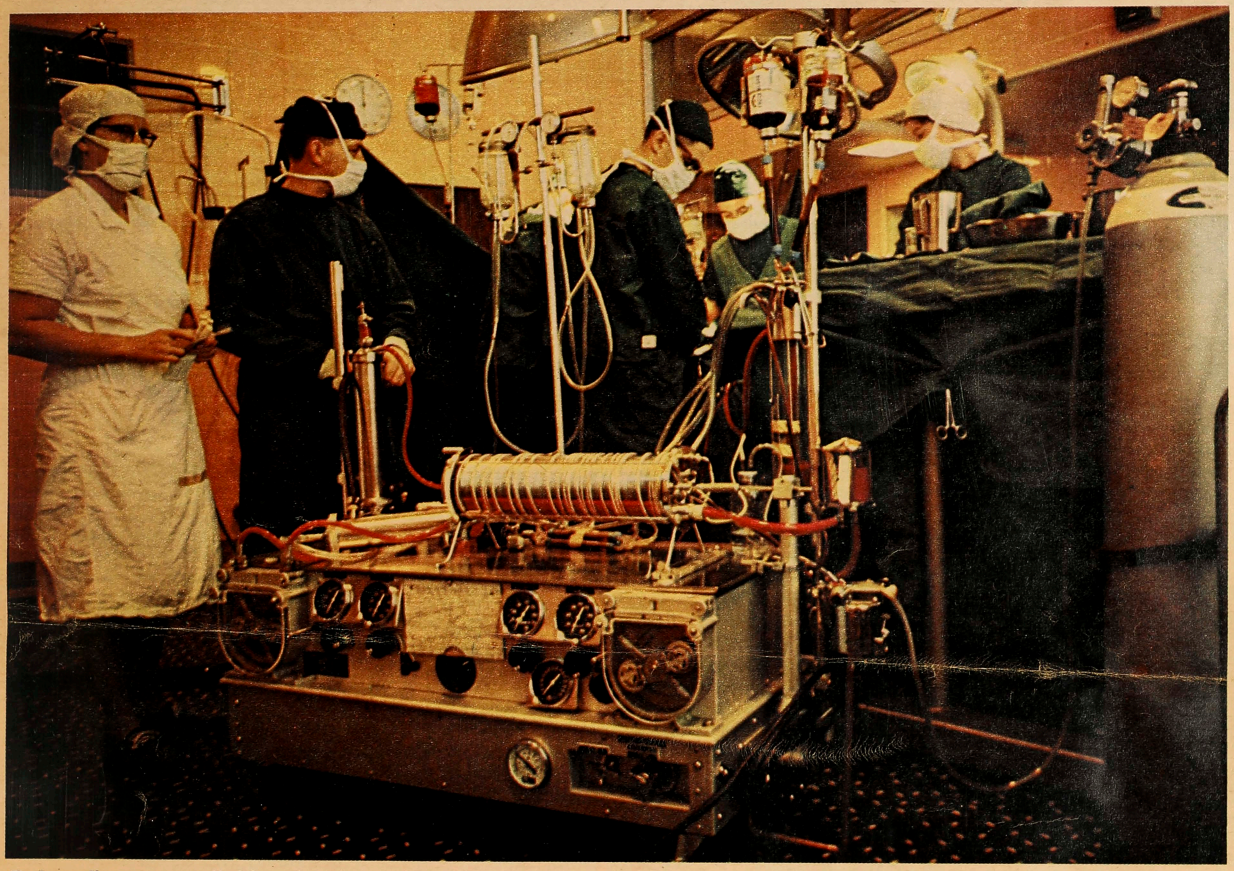
"Open-heart surgery, whether with the pump or pure hypothermia, would be safer and could be made available to people for whom there is now little hope of living," says Dr. Wilfred Gordon Bigelow, the quiet, scholarly, 50-year-old head of the research team.

Bigelow, who spends most of his time shuttling between the Toronto General Hospital, where he is head of the division of cardio-vascular surgery, and the Banting Institute laboratory across the street, says his team is working now on the hormone theory of hibernation.

"We suspect," he says, "that something is circulating in the blood which allows the animal to hibernate naturally in body temperatures near freezing. That 'something,' if we could identify it, might mean great strides not only in

The Riddle That May Help Heart Surgery

Toronto researchers are studying groundhogs in search of the answer



Body-cooling process called hypothermia may be used in more heart operations if project at the Banting Institute proves successful. Cumbersome heart-lung pump (foreground) is now used in many cases. Photo was taken in the operating room of Toronto General Hospital.

Feb. 1/64

Photos, including cover, by Louis Jaques
Weekend Magazine Staff Photographer

heart surgery but also in brain operations."

Hibernation is only one of many heart and blood-vessel research projects under study by Bigelow and his associates at the Toronto General. The use of plastic and human valves for the heart, an emergency pump to support the circulation after a heart attack and new blood supply for the heart are some of the problems under study.

In such long-term projects as hypothermia and hibernation, there are sometimes unexpected discoveries along the way. Such a by-product is the electrical pacemaker for the heart, first developed by Dr. J. C. Callaghan, of Edmonton, and Jack Hopps, a National Research Council electronics engineer, while working with Bigelow on hypothermia.

"The standard of care that Canadians suffering from heart and vessel disease get from their doctors depends a great deal on how good Canadian heart research is," says Bigelow. "There have been so many breakthroughs in the last 10 years that the usual government research agencies can't meet the demand for research money. Heart Foundations have been set up in every province by public-spirited people to try to supply enough money from voluntary donations for necessary research and the training of specialists to insure that Canadians get first-class treatment."

The Heart Foundations, Bigelow feels, deserve the strongest possible support but he adds: "It is too bad that Canadians have to rely on outside assistance for this type of research."

BIGELOW, Brandon-born son of Dr. Wilfred A. Bigelow, one of the early surgeons of the Canadian West (he is still active in Brandon at 84) is a man who admits to a lifelong fascination for the effects of cold weather.

When he was an intern, he was asked to handle the case of a man with frostbite. He went to the medical library expecting to find a wealth of information and discovered there was very little literature on the subject. He then started to collect bits of information from various sources and finally compiled a report which incorporated all the facts available. It was one of the first comprehensive English-language reports on the subject.

"A lot of things bothered me," he recalls now. "Why, for example, should you get gangrene from frostbite? How can a person *freeze* to death? We don't really know the answers to those questions."

During the war, Bigelow devised a cooling box which would house a soldier's wounded leg and delay the appearance of gangrene. After the war, he began thinking in terms of cooling the whole body.

This thinking led to his acclaim as the father of hypothermia. This process, used alone and sometimes in conjunction with the heart and lung pump (which maintains blood circulation while it is diverted from the heart), has saved many lives during the past 10 years, especially among victims of congenital heart disease.

Persons with heart conditions serious enough to have killed them 10 years ago are living useful lives today because surgeons are able to open a heart and work with a clear view of it while its living function **Continued on page 24**

THEY TUNNELLED TO FREEDOM IN WARTIME CANADA

AN INCREDIBLE VENTURE

By Peter Desbarats

LAST WEEK, writer Peter Desbarats described the ingenious and meticulous preparation that went into one of the greatest escapes of World War II — the mass breakout of German prisoners of war from Camp X at Angler, Ont. The escape took place in April, 1941, but the events are still vivid to the men involved. Desbarats talked with some of them recently at their homes in Germany and this week he tells what happened to the Germans when they found themselves free in an enemy country — Canada.

THE EDITORS

TWENTY-THREE YEARS AGO, two young German air force pilots sat beside a railway line on the outskirts of Medicine Hat. They felt pretty smug. In six days, they had travelled more than 1,200 miles through enemy territory.

Another few days and they would be in Vancouver. Then a ship for Japan, and home.

Everyone back at the camp had said they were crazy to try to reach the Pacific coast. But here they were, more than half-way there, relaxing in the noonday sun. Karl-Heinz Grund felt so good that he waved to a group of teenaged schoolgirls walking along a nearby road.

The sun seemed to disappear a moment later. Grund and his companion, Horst Liebeck, watched a car speeding toward them on a dirt track beside the railroad. As it drew closer, they spotted one of the "big hats" inside.

"Polizei!" said Liebeck. "What should we do?"

There was no chance to make a run for it. And if they tried? The newspaper in Regina had said that two of their fellow prisoners, Loeffelmeier and Miethling, had been killed by Canadian soldiers two days after the escape.

The car skidded to a stop. First man out was the Mountie.

"Identification cards!" he barked.

Grund turned to Liebeck and said in German: "There isn't a chance."

He spoke to the Mountie in English: "We are German prisoners of war from Camp X at Angler, Ontario."

The Mountie stepped back and looked carefully at the bedraggled pair.

"That's impossible," he said. "It is too far away. And you don't look like German soldiers."

Eyes blazing, Grund snapped to attention.

"Give me a bath and a shave and you will see that I am a German!"

Today Karl-Heinz Grund is 51 years old, a prosperous real-estate dealer and rental agent in the northern German city of Bremen. He has put on a little weight, lost a little hair, but the old pride remains. Beneath his signature he can still write with a flourish: *"Hauptmann der Reserve der Luftwaffe"* (Captain in the Air Force Reserve).

Since he returned home from Canada in 1945, Grund has concentrated on making up for 11 lost years — six of which he spent in Hitler's Luftwaffe and five in P.O.W. camps.

I interviewed him in the living room of his fashionable flat on Bremen's Hartwig street. He drove me back to my hotel in his Mercedes.

His wife, Ruth Gisela, is a stunning blonde who looks much younger than her 40 years. At an age when many men are becoming grandfathers, Grund is starting a family. His first child, Sybille, was born four years ago and his son, Stefan, is three years old.

He told me — and it seemed to fit the picture — that he was classified as an incorrigible "black" prisoner in Canada.

When he was returned to the camp at Angler from Medicine Hat, he tried to saw through the wooden floor of his solitary-confinement cell. He was transfered to a cell with a steel floor.

A later attempt to escape by garbage truck from a camp in the Rockies ended when he was discovered half-dead in the camp's garbage dump at the bottom of a small ravine.

But nothing matched his 1,200-mile train trip across Canada after the Angler escape. Grund refers to it today as "the greatest adventure of my life." Unlike some of the former escapers I talked with in Germany, he enjoyed going over the story in detail. He was immensely proud that he had almost succeeded in carrying out an escape plan even the other prisoners considered bizarre. And that was saying something, because by early April, 1941, in the camp at Angler were hatched some of the weirdest escape plans ever concocted by desperate prisoners of war.

The method of getting out of the camp was sensible enough: a beautifully-built 150-foot tunnel leading from beneath Hut 5-B to a gully beyond the barbed-wire fences.

But the tiny railroad settlement of Angler was so isolated that all the prisoners' plans for reaching civilization verged on the fantastic.

Two U-boat veterans planned to paddle across or around Lake Superior in a flimsy kayak of wood, tin, oilcloth and wax used to stiffen thread. Four prisoners equipped themselves with hand-carved paddles as part of a scheme to steal Indian canoes. Some of the men intended to hike more than 70 miles north through almost impenetrable bush to hit the main C.N.R. east-west line. Others talked seri-

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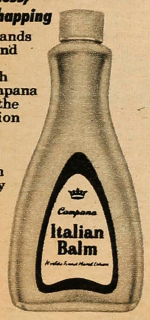

Every month Deborah was sunk by functional menstrual distress. Now she just takes MIDOL and goes her way in comfort because MIDOL tablets contain:

- Fast-acting ingredients that RELIEVE CRAMPS, EASE HEADACHE and BACKACHE.
- Plus a special, mood-brightening medication that CHASES "BLUES."

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You never experienced anything like it. It's so soft and deeply cushioned that it stops painful shoe friction and pressure on Bunions and Enlarged Joints almost like magic. Helps hide bulge; preserves shape of shoe. Tailored of soft Latex Foam. Loops over toe. Flesh color, washable. $1.50 at Drug, Shoe or Dept. Stores.

Dr Scholl's Foam-Ease BUNION SHIELD

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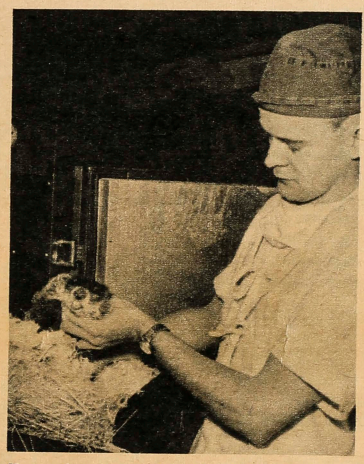
A Brand Name is a maker's reputation

CONFIDENCE BRAND NAMES SATISFACTION

BRAND NAMES FOUNDATION
INCORPORATED

Supply of groundhogs is kept at farm of Ernest Morrison, near Collingwood, Ont. Dr. Bigelow is holding one of them as Morrison insulates observation burrow.



Removing groundhog from lab's freezing compartment, Kenneth Burley finds it in sleepy state. If it was wide awake, it could not be picked up quite so easily.

Tests are carried out by Dr. David C. MacGregor (L) as Burley keeps sharp teeth of subject from getting into the act.

HIBERNATION: THE RIDDLE THAT MAY HELP HEART SURGERY

Continued from page 3

has been brought to a complete standstill. With hypothermia patients have gone as long as 11 minutes without a functioning heart (normally a person cannot live under such a condition for much more than three minutes). With the heart and lung pump, the heart's action can be stopped for considerably longer.

But it has always been a question of time — time for a surgeon to work unhurriedly, time for him to operate on some unexpected problem such as undiagnosed lesion. Hibernation could be the answer.

Looking for a suitable animal species on which to conduct the research, Bigelow's team immediately ruled out the animal most widely associated with hibernation — the bear. Apart from its impractical size, it was found that the bear was not a true hibernator. Trappers, for example, had discovered that sleeping bears melted the snow where they lay. True hibernators maintain body temperatures in keeping with the temperatures of their surroundings.

It has been a long time since the first order went out to a Georgian Bay area trapper named Earl Terryberry to go out and find groundhogs, and after years of searching for burrows the job has become difficult. Terryberry has not yet run out of groundhogs but he sometimes must travel as far as 100 miles to find them.

But while groundhogs are a special-order operation with Terryberry, they are a day-by-day program for Ernest Morrison, a farmer who has turned an acre of his sandy-loam land near Collingwood, 100 miles north of Toronto, into a temporary home for the animals.

In an area enclosed by strong wire fencing planted four feet into the ground, Morrison keeps the animals brought in by the trapper in wood-and-tile ground enclosures made to resemble real burrows.

Morrison, who runs what is probably the only groundhog farm in the world, is fascinated by his charges.

BUT to the Toronto team, it is a matter of scientific analysis. The animals' temperatures are taken to determine how much cold they can tolerate. This process has uncovered some curious facts, one being that the groundhog has a built-in mechanism to wake him when the weather gets too cold. This keeps him from freezing.

The researchers take blood samples from the animals at both hibernating and non-hibernating stages in an attempt to find if there is an agent in the blood that permits them to sleep the winter through. The hibernation sleep is so deep that the researchers have been able to remove glands from the animals without them waking.

Groundhogs are similar to non-hibernating mammals anatomically except for a peculiar hibernating gland that enlarges before and during hibernation. The team has been studying the gland without positive results.

Bigelow and his Surgical Fellow, Dr. Dave MacGregor, with senior Banting cardiac technician Kenneth Burley and technician Frank Benoit, are perhaps more familiar with the ways of groundhogs than anyone else in the world. They see them stir to life in March, watch them grow sleek and fat during the summer and then see them slowly lose interest in food until somewhere between September and November they curl up into furry balls and go to sleep.

Chemists have made countless blood tests. Cross-circulation experiments have been made between groundhogs and rabbits. There have been transplantations of hibernating glands from groundhogs to guinea pigs.

The researchers know so much about the life of a groundhog that they are even able, by gradually reducing their food intake and placing them in refrigerated compartments, to get them into hibernation at any time they choose.

But how does hibernation come about?

To be able to duplicate in humans the groundhog's process of hibernating, with lower pulse and heartbeat and low oxygen consumption, would signal the dawn of a new era in heart surgery.

The research team's interest is mainly in the surgical applications and its members do not like to dwell on conjecture. But they are all aware of the possible application success in this work might have in cancer treatment and space travel.

Some day, U.S. scientists hope they will be able to send a man to Mars. If he could be sent in a state of hibernation, his chances of survival might be considerably increased. ◀

MAPLE ROCKS

1 cup seedless raisins
1 cup maple syrup
¾ cup soft shortening
1 cup brown sugar, packed
2 eggs
1 tsp. vanilla
½ tsp. maple extract
2½ cups sifted all-purpose flour
1 tsp. soda
½ tsp. baking powder
1 tsp. salt
½ tsp. nutmeg
2 cups rolled oats
½ cup chopped nuts

Heat oven to 400 degrees.

Simmer raisins and syrup in small saucepan about 15 minutes or until raisins are plump. Drain syrup into measuring cup and add hot water to make ½ cup liquid if necessary.

Cream shortening, sugar, and eggs until light and fluffy. Stir in vanilla, maple extract and the ½ cup syrup drained from raisins.

Sift flour, soda, baking powder, salt and nutmeg together into creamed mixture. Add rolled oats and nuts and blend.

Drop by rounded teaspoonfuls 2 inches apart on ungreased cookie sheets. Bake 8 to 10 minutes or until set and brown. (Makes 5 to 6 dozen.)

FUDGY RAISIN CAKE

1 cup chopped seeded raisins
¾ tsp. soda
¼ cup hot water
½ cup soft butter OR shortening
1½ cups sugar
2 eggs
3 squares (3 oz.) unsweetened chocolate, melted
1¾ cups sifted all-purpose flour
½ tsp. baking powder
1 tsp. salt
¾ cup light cream
2 tsp. vinegar
1 tsp. vanilla
1 cup chopped pecans

Heat oven to 350 degrees. Grease and flour two 8-inch round layer pans, 1½ inches deep.

Put raisins in small bowl. Sprinkle with soda and pour hot water over. Set aside.

Cream butter or shortening, add sugar gradually, creaming well after each addition. Add eggs, one at a time, beating well after each addition and continuing to beat until fluffy. Beat in chocolate.

Sift flour, baking powder and salt together on to waxed paper.

Combine cream, vinegar and vanilla.

Stir sifted dry ingredients into chocolate mixture alternately with cream mixture, beginning and ending with dry ingredients. Fold in raisin mixture.

Pour into prepared pans and sprinkle each layer with ½ cup pecans.

Bake 40 to 45 minutes or until tops spring back when touched lightly in centre. Cool on cake racks.

Serve filled and topped with sweetened whipped cream or ice with chocolate butter icing to which has been added ½ cup chopped seeded raisins.

HAM ROLLS

2 cups ground cooked ham
1 cup grated tart apple
½ cup fine dry bread crumbs
½ tsp. salt
⅛ tsp. pepper
1 tsp. dry mustard
1 tsp. sugar
2 tbsp. melted butter
½ cup milk
1 egg
2 tbsp. butter
1 cup apricot nectar
¼ cup vinegar
6 cloves
1-inch piece stick cinnamon
1 cup seedless raisins

Heat oven to 400 degrees.

Combine ham, apple, bread crumbs, salt, pepper, mustard, sugar and melted butter. Beat milk and egg together lightly with a fork and add. Mix thoroughly and shape mixture into 8 rolls about 3 inches long and 1½ inches in diameter.

Heat 2 tbsp. butter in skillet and brown rolls slowly. Put into 8 x 8-inch shallow baking dish as they brown.

Simmer apricot nectar, vinegar, cloves, cinnamon and raisins together 5 minutes. Pour over ham rolls. Cover and bake 20 minutes. Uncover and continue baking 15 to 20 minutes longer, basting rolls often with liquid in pan. (Serves 4.)

SUGARY RAISIN SQUARES

¾ cup soft shortening
½ cup sugar
1½ cups sifted all-purpose flour
½ tsp. soda
½ tsp. salt
½ cup rolled oats
½ cup buttermilk OR sour milk
Raisin Filling (recipe follows)
¾ cup flour
⅔ cup sugar
6 tbsp. butter

Heat oven to 350 degrees. Grease a jelly-roll pan, 15½ x 10½ x 1.

Cream shortening and ½ cup sugar together thoroughly. Sift 1½ cups flour, soda and salt together into mixture. Add rolled oats and buttermilk or sour milk and blend well.

Spread mixture in prepared pan, using a spatula or floured fingers. Bake 10 minutes. Remove from oven.

Spread with Raisin Filling.

Combine ¾ cup flour, ⅔ cup sugar and butter first with fork then by rubbing between fingers to make a crumbly mixture. Sprinkle over filling.

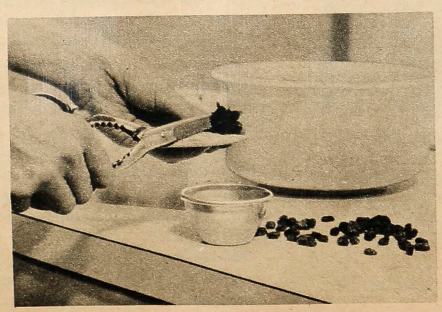
Return squares to oven and bake about 25 minutes more or until crumbly top is golden brown. Cut in squares while hot and cool in pan.

Raisin Filling

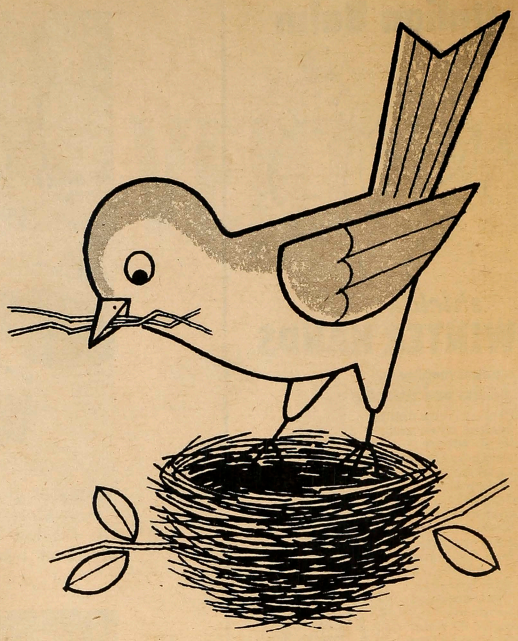
3 cups seeded raisins, cut up
½ cup brown sugar
1½ cups water
½ cup chopped walnuts

Combine raisins, sugar and water in saucepan and set over moderate heat. Cook, stirring often, until thickened, 20 to 25 minutes. Cool slightly. Stir in nuts.

KITCHEN HINT



Try chopping raisins for some of your favorite recipes using them. Cut raisins give more flavor than whole ones.



Spring is for the birds!

Sure Spring is when the birds build. But is that any reason why we should do the same?

Winter's a far better time to have those renovating and redecorating jobs done around your home. Men and materials are more readily available for one thing. For another, you can often save money through off-season discounts. To help you do it now, Home Improvement Loans under the National Housing Act are available through your bank. You may be able to obtain up to $4,000 with up to ten years to repay. Your contractor or building supply dealer can offer other extended payment plans. Why wait for Spring? Spring is for the birds.

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Issued by authority of
HON. ALLAN J. MacEACHEN, MINISTER OF LABOUR, CANADA

DIN-5M

Non-Functioning Liver Regenerated

Monday, Feb. 3, 1964

Doctor Describes Injuries Of Boy Run Over by LTC Bus

Jan. 30/64

A 13-year-old boy, run over by an LTC bus, suffered pelvic and abdominal injuries so severe that he may be rendered impotent for the remainder of his life, an Ontario Supreme Court civil jury was told yesterday.

In addition, Leslie Ste. Marie, of 400 Riverside Drive, probably will have a permanently stiff right leg which will be shorter than his left.

This was the medical testimony in the suit brought against the commission by the boy's father, Albert, on behalf of himself and his son as the result of the July 14, 1962 accident on Foster Avenue near Mt. Pleasant Avenue.

Dr. R. L. Reese, urological specialist, said the nature of the internal injuries were such that the boy, 11 at the time of the accident, "has about a 60 per cent chance of being impotent."

Because of this impotency possibility and the infections that accompany such injuries there is an 80 per cent chance that the boy will also be sterile, Dr. Reese told the jurors and Mr. Justice Gregory T. Evans.

These same internal injuries will necessitate further hospital treatment for at least two years and possibly for life, the doctor added.

Dr. Vincent Callaghan, chief of surgery at St. Joseph's Hospital and one of the team of doctors that worked on the boy described the boy's injuries as "horrible" and said he "didn't think the boy was going to live when I first saw him."

The leg injuries resulted in infection which remains in the leg and chronic osteomyelitis has since developed. When the boy is fully grown, Dr. Callaghan said, surgery will be required to "fuse" the thigh and calf bones if they have not fused by themselves in the meantime. This will cause the permanent disability of the leg.

A partial description of the accident was read to the jury from the examination for discovery of Wilfred Williams, of 59 Sycamore St., driver of the bus.

(An examination for discovery is the transcript of pre-trial questioning, under oath, of the parties in a civil action. Questions and answers are often read by the lawyers for either the plaintiff or the defendant.)

Mr. Williams said he had stopped on Foster Avenue near Mt. Pleasant to await the arrival of a Quebec Street bus. When the Quebec bus pulled in front of him and halted, a number of boys and other passengers dismounted and the boys began running toward his bus.

He said he began moving his bus up behind the Quebec bus and knew nothing of the accident until he felt a bump beneath the right front wheel of his vehicle.

Mayor Lerner, QC, lawyer for the Ste. Maries, told the jury he will produce evidence to show that while running toward the bus, Leslie slipped on loose gravel and fell beneath the wheel.

Mrs. Mabel Ste. Marie said her son had been returning from a daily swimming class at the YMCA. At the point where the accident occurred, she said, there were no sidewalks, "just grass and gravel."

Nine young boys who witnessed the accident are to testify when the trial resumes today.

Jurors hearing the trial are Kenneth Sutherland, Dorchester Township; Lloyd Teskey, 356 Richmond St.; Bart J. Favalaro, 916 Adelaide St.; Horace A. Warrington, 53 Queenston Crescent; Robert T. White, 168 Bancroft Rd., and Larry M Agranove, 12 Tower Lane.

H. W. Hockin, QC, represents the LTC.

Eighteen grade 12 special commercial students from North Middlesex District High School, Parkhill attended the trial under the supervision of their teacher Joseph Murray.

Service Award Presented To Pharmacist

Feb. 3/64

Large glistening snowflakes carried out the theme for the annual London Pharmacists' Association's "Snowflake Ball." The event was held Saturday evening in the Imperial Room, Carousel Motel.

Receiving guests were: Dunc. Graham, president, and Mrs. Graham, Mr. and Mrs. Fred Carter, Mr. and Mrs. Stan Turner and Mr. and Mrs. Earl Coulson.

An honored guest at the event was Bill Armstrong who was presented with an honorary 50 year certificate by Stan Turner. The certificate, issued by the Ontario College of Pharmacy, is in recognition of his 50 years service in the interest of pharmacy as a graduate pharmacist.

Head table guests included: Dr. Stan McParland, London Dental Association, and Mrs. McParland; Dr. Frank Butson, London Academy of Medicine, and Mrs. Butson; Mrs. Ted Aver, president, Women's Auxiliary to the LPA, and Mr. Aver; Mr. and Mrs. Bill Armstrong.

Chairman of the dance committee was W. H. Carter. Committee members included: Mrs. W. H. Carter, Miss Margie Gill, Mr. and Mrs. George Robertson and Mr. and Mrs. J. G. MacKichan.

Among out-of-town guests were: Mr. and Mrs. Bordon Lyndon, Ingersoll; Mr. and Mrs. Earl Langley, Hanover; Mr. and Mrs. Roy Barker, Belmont; Mr. and Mrs. Jim Wells, Toronto; Mr. and Mrs. Nyal Cook, St. Thomas; Mr. and Mrs. Greg Hogan, Sarnia.

Ambulance Men Praised, Criticized

Feb. 3/64

Ambulance operators in London "must be commended for their present standard of service achieved in spite of total absence of any guidance or protection from potential cutthroat competition," Dr. D. A. Hutchison medical officer of health will report to city council today.

Dr. Hutchison was asked to report on the inspection schedule of local ambulances and to advise whether he considers the present schedule adequate. He had some criticisms as well as commendation.

There is no provincial or local authority to establish a schedule of ambulance service inspections or to evaluate standards of equipment and training of operators, he notes.

In spite of the lack of authority, his department does make irregular inspections "as a self-imposed responsibility," he reports.

"In general, the present three commercial ambulance companies are providing an acceptable type of service as judged by the absence of complaints; the vehicles have the necessary equipment; are kept clean, and are supplied with clean linen and blankets" but the vehicle operators and attendants are trained in a variety of ways, thereby giving rise to a lack of uniformity in performance, Dr. Hutchison says.

The premises housing the vehicles and personnel are generally satisfactory, but the mechanical maintenance of the vehicles could not be assessed and therefore these standards are not known, the report continues.

"From the meagre information available, rates of remuneration to attendants are very low — therefore it would seem that the best type of trained person will not be available for this work."

The health officer warns: "Should the number of ambulance companies increase in an uncontrolled fashion, standards of service to the sick and injured, in the absence of controls, will seriously deteriorate."

Truce Halts Belgian Row On Medicine

Feb. 3/64

BRUSSELS (AP) — A two-month truce has been established between the Belgian government and doctors who cancelled a general strike which was due to start today in protest against a reform of the health insurance system.

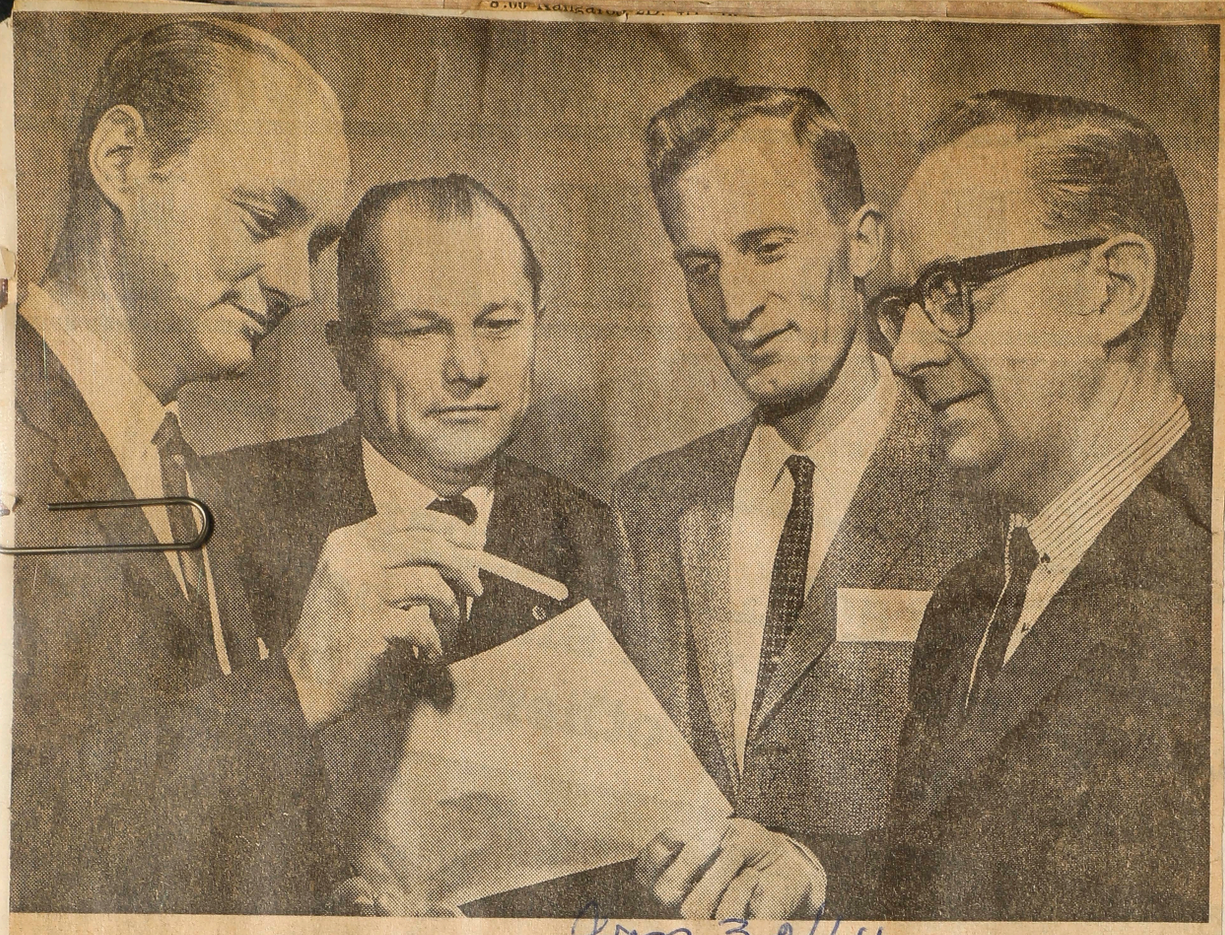
The Federation of Belgian Industries and Trade Unions mediated in the dispute.

The health insurance reform, effective Jan. 1, provides free medical care to a number of low - income persons, limits doctors fees, partly binds them to mutual aid organizations and imposes more strict control on medicine in general.

Doctors claimed the new system would violate medical secrets and force them to practice chain medicine.

Although the reform legilsation provided a one-year probationary period in which doctors could agree to work under the new system or not, several doctors employed in clinics and similar organizations affiliated with political parties claim they were forced to sign or quit.

The truce agreement said all pressure must stop, dismissed doctors will go back to their jobs and fines and jail sentences provided for in the new medical plan will be applied with utmost moderation.



Jan 30/64

REFRESHER COURSE — About 150 Western Ontario doctors attended sessions at the fourth annual refresher course for general practitioners at London's Victoria Hospital yesterday. From left: Dr. J. H. Toogood, London, one of the speakers; Dr. Joseph Brajac, Sarnia; Dr. Geoffrey Spackman, Kitchener and Dr. Jack Leitch, Goderich. Morning and afternoon sessions were held.

New Anti-Tetanus Serum Used in Special Cases

A new anti-tetanus serum made from human blood is in such short supply that it should be used primarily on persons who are allergic to similar serum made from horse blood, Dr. J. H. Toogood said yesterday.

The London allergy specialist was discussing the possible prime uses for the new drug, Tetabullin, produced by Canada Duphar Limited, of London, which has been on the market for about four weeks.

Speaking at the fourth annual refresher course in medicine for general practitioners, presented by the UWO faculty of medicine, Dr. Toogood said the new drug is also expensive in that it must be paid for by the patient.

"Horse serum," anti-tetanus standby for many years, is supplied free under the present system of government grants, he said.

Anti-tetanus serum of equine origin is still "an extremely useful medicine, for only about five per cent of people do get reactions from it," Dr. Toogood said.

Still, there are an estimated 7,200 severe reactions to the horse serum which occur each year in Canada. While tetanus is a disease which is frequently fatal, the allergic reactions to the horse serum are not. If it must be used, it can be used.

McCormick Home Project To Be Staged

Feb. 1/64

Construction of the proposed 150-bed McCormick Home will be in four stages, Mrs. C. K. Morningstar, president of the Women's Christian Association, said yesterday following a meeting of the home board.

Mrs. Morningstar said the new home will have four wings, each containing about 38 beds.

Construction of the two-storey home is expected to begin in late May, she said, with completion perhaps not for three or four years.

Mrs. Morningstar said each wing will be occupied by patients as it is completed and the old building will be demolished. The first wing will be built to the northeast of the present home.

sociates expect to complete a final sketch of the new home in six weeks, at which time tenders will be called.

The 93-bed home is operated by the Women's Christian Association. The original building was built in 1892 by Thomas McCormick and presented to the association. It operates under the Charitable Institutions Act and relies on donations from private individuals and groups.

Eighty percent of the beds in the new building will be in private rooms, with the remainder in semi-private rooms. The present system of using wards will be eliminated.

Oil heating will be installed, replacing the present coal furnace, she said.

The new home is expected to cost $1,080,000. The province will contribute $375,000 and city council has authorized payment of $320,000. The association has a fund of $225,000, leaving $130,000 yet to be raised.

Mrs. Morningstar said the architects — O. Roy Moore As-

Non-Functioning Liver Regenerated

Doctors Achieve Cross-Circulation of Blood

Feb. 3/64

By PAUL WELLS

SEATTLE (AP) — For more than 50 hours last November, the hearts of a young woman and a middle-aged man pumped each other's blood through arteries connected by a simple device.

The woman, 21, from Yakima, Wash., was near death from liver failure. She survived the crisis. The healthy liver of the man, 40, from Mount Vernon, Wash., served them both until hers began functioning again. Both died later.

This cross-circulation, a total intermixing of two bloodstreams, is believed by a team of nine university of Washington doctors to be a medical first — something never tried on humans before. They feel it:

1. Gives hope that the lives of persons doomed to die of acute liver failure can be saved.

2. More importantly, opens up exciting avenues of research in the fields of organ transplants and cancer.

The case was reported Friday at a meeting of the Western Associations of Physicians in Carmel, Calif., by Dr. James Burnell, who headed the team from the university's school of medicine.

Dr. Burnell cautioned that only the first step has been taken on a long road of research.

He said: Cross-circulation, not technically feasible before, can now be done easily without apparent side effects. But it will take time to learn whether the patients develop complications later.

The technical problems of cross-circulation were solved in 1960 with the development at the University of Washington of a device to connect patients to an artificial kidney.

For intermixing bloodstreams, one patient's artery is hooked to the other's vein by a short length of tubing. Pressure of the heartbeat circulates the blood through the two bodies and changes the entire supply each 20 minutes.

Unknown hazards had prevented its trial on humans.

But the Yakima woman, deeply jaundiced, was about to die. Her liver had stopped functioning. The Mount Vernon man, though ill with incurable cancer, had healthy blood and liver.

The medical team decided to go ahead and the man agreed to volunteer.

The improvement in the woman's condition was dramatic. Within 30 minutes after the cross-circulation began, her agonized breathing eased and her jaundice color started to fade. As expected, the man became jaundiced after the woman's blood entered his system, but this disappeared as his liver cleared the blood.

The woman continued to make a rapid recovery. She was able to sit up, eat and walk, and was mentally alert.

Suddenly on the 16th day she began bleeding from multiple ulcers and died. The doctors said this was a common complication of a serious illness, and they were confident the cross-circulation had nothing to do with it.

An autopsy showed the woman's liver had regenerated so completely the cause of her original liver failure could not be learned.

Doctors, Insurance Companies Propose Major Changes in Ontario Medicare

Jan 31/64

TORONTO (CP) — The doctors and the insurance companies, who advised the Ontario Government on medical insurance legislation at private meetings a year ago, took a public look at the resulting draft act yesterday and proposed some major amendments.

The Ontario Medical Association and the Canadian Health Insurance Association, representing enterprises consulted by Health Minister Matthew Dymond in drafting Bill 163, both praised the government's decision to provide for medical insurance on a voluntary basis through private insurance. Needy persons would receive government help in buying insurance.

But both recorded reservations and proposed changes to the government-appointed inquiry.

The OMA said persons receiving government subsidies under the bill should be identified as such to the doctors treating them. It suggested the OMA should administer the plan for those receiving full subsidy of medical insurance. Its own schedule of fees should not be considered in all cases as full payment for services provided under standard medical plans under the act.

The insurance companies said the aged and unhealthy should be grouped in separate pools for risk-sharing purposes.

CHIA said it members would be unable to participate in providing the government's standard medical plan if such pooling were not arranged. In that case, Bill 163 says, they would be required to drop all forms of health insurance.

It proposed maximum premiums should be $192 a year for a family, $150 for a married couple and $75 for an individual. The draft act leaves the maximum-premium clause blank.

A CHIA spokesman said the pooling proposal would not mean that the high-cost groups would necessarily be charged the maximum premium, although insurers in the pools would be required to pay in the maximum.

CHIA said all insurers should be required to join the over 65s pool but could drop out of the under-65s pool if the insurer could show it was carrying a fair share of these high-cost subscribers.

OMA argued for insuring the fully subsidized needy through the present Ontario medical welfare plan, which the OMA runs with government funds, because it has worked well and is administratively simple.

"It is quite important for these people that there be simple machinery that they can understand," said Dr. Patrick Bruce-Lockhart of Sudbury, past president of the OMA.

The partially subsidized should have "some mark or code" on their insurance contracts so doctors would know enough not to charge them more for a service than their insurance would pay, the OMA said.

The Ontario Federation of Labor, demanding "drastic changes" in the government-backed private medical insurance, has collected thousands of signatures from Ontario residents who want a comprehensive public medical care program.

The OFL plans to present cards bearing the signed demands to the committee.

"We haven't counted the cards yet," an OFL spokesman said "but we have at least 80,000."

The OFL brief says the present government legislation represents capitulation to the idea that private profit takes precedence over the public good. Operating the plan through private insurers makes medical care more costly than it would be under government operation, it says.

The United Church's board of evangelism and social services, also calling for a comprehensive health-care program, suggests a government plan to provide medical care should be based on charity in the biblical sense—an attitude of humanity and concern—rather than in the sense of a handout.

It reminds the committee that the church's general council passed a resolution endorsing Saskatchewan's tax - supported, universal medical care program.

Medical Plan Ends Bill Write-Offs, Saskatchewan Doctors Earning More

REGINA (CP) — Doctors in Saskatchewan expect to earn more money now because the province has a compulsory medical care insurance plan most of them oppose.

The major reason for making more money seems to be that they no longer have to write off unpaid accounts.

Under the plan, at least 80 per cent of each normal medical bill is paid by the government out of tax revenues it collects to operate the plan.

Donald Tansley, chairman of the Medical Care Insurance Commission, which administers the plan, said yesterday the commission believes it is impossible to estimate at this time how much more doctors are making because of the plan.

But he said some increase can be expected "where there is a large element of prepayment" such as the medical care scheme provides. The scheme is compulsory for virtually all residents of Saskatchewan.

Dr. E. W. Barootes, president of the Saskatchewan College of Physicians and Surgeons, said doctors "have always predicted" their incomes would rise under a state medical care scheme.

"A rise of up to 30 per cent in gross revenue was expected," he said. "That prediction appears to be reasonably accurate."

Dr. Neville Smith, of Regina, chairman of the college's public relations committee, said he does not think the medical care insurance commission will ever be able to come up with an accurate figure on the income of doctors.

He said all the commission can determine is the gross revenue of doctors.

In 1963, the first full year of operation of the medical care plan, the commission paid out about $20,000,000 to doctors on insured medical services.

Dr. Smith said a figure of about $28,000 a year in gross revenue can be obtained by dividing $20,000,000 by the approximate number of doctors in Saskatchewan in private practice — about 700.

But this figure would not be an accurate indication of income, Dr. Smith said. It does not take into account doctors' overhead costs — which in some urban practices range up to 50 per cent of gross revenue.

Dr. Smith said the figure also does not take into account revenue to doctors for services rendered to such persons as cancer patients, who in most cases are covered under a scheme separate from the medical care plan.

"My personal estimate is that net incomes might rise by about $2,000 on the average under the plan," he said.

According to the department of national revenue, the average net income of doctors in private practice in Saskatchewan in 1961, the last full year before implementation of the medical care scheme, was $18,267.

Dr. Smith said a medical care plan might also increase doctors' gross incomes by making more people go to doctors more often.

— To Dr. and Mrs. David ll (nee Beverely Baldwin) a at Toronto General Hospital, ıary 1st, 1964.

Clinic Death Action Set

TORONTO (CP) — Findings of a jury that investigated the death of a man from Cedar Point, Kan., being treated at the Hett Clinic in Windsor, have been turned over to Dr. H. B. Cotnam, supervising coroner for Ontario.

Dr. Cotnam said yesterday there will be prompt action on the jury's recommendations. He said his office has been working for months, gathering evidence into the death last July 10 of Donald McConnell, 27, who was receiving serum treatment for cancer at the Hett Clinic.

The jury found that Dr. Alex Rubinstein of Windsor, "did not complete his duties in not reporting the circumstances of the death to the coroner."

Dr. Rubinstein, who signed Mr. McConnell's death certificate, told the inquest last Thursday he did not know the man died after receiving eight serum injections.

Dr. Cotnam said it will be up to the Ontario department of health to deal with the jury's recommendation that the clinic's charter be revoked.

He said Crown authorities at Windsor or the attorney-general's department will decide whether a charge is to be laid under the Coroner's Act.

Dr. Cotnam said the College of Physicians and Surgeons of Ontario will be informed of the jury's findings that persons not licensed to do so were practising medicine at the Hett Clinic.

Asks City Aid Ambulances, Set Standards for Service

Ald. W. C. B. Howard last night urged city council to assist ambulance firms operating in the city and to set standards for ambulance service lest the city find itself in the ambulance business itself.

He said it is far cheaper for the city to help private firms than it would be for the city to set up its own ambulance service, which he said could happen if standards of the private operators deteriorate.

Mayor Stronach told him board of control is going to study the situation and report to council.

Council had before it a report from Dr. D. A. Hutchison, medical officer of health, which has not yet been considered by board of control, on local ambulance service.

The MOH commended operators of the three local firms for their present standard of service "in spite of the total absence of any guidance or protection from potential cutthroat competition."

He warned that should the number of ambulance companies increase in an uncontrolled fashion standards "will seriously deteriorate" in the absence of controls."

Ald. Howard felt that financial assistance should be given to all three firms at the same time standards were set by the city to regulate them. At present the city subsidizes only one, Thames Valley Ambulance, at the rate of $6,000 per year in return for ambulance service for indigent cases. There are no provincial or city regulations governing ambulances.

Dr. Hutchison said there is now no uniformity of training for ambulance attendants and he believes their rates of pay are low so that the best type of trained personnel are not attracted.

Inquest Ordered

in Surgery Death

JOHN A. PETHICK
e Press Staff Writer

ONTO — Attorney-gen-Cass yesterday ordered uest into the hospital of a Toronto woman ed 18 days after an op-.

Morton Shulman, chief r for Metropolitan To-lemanded the inquest a go.

Patricia Morgan, 32, tient at Toronto General Hospital, died Nov. 4. An autopsy ed that forceps had left in her abdomen during the operation last October.

Mr. Cass told the legislature the inquiry will be independent of the one the hospital is conducting into circumstances surrounding Miss Morgan's death, and procedures used in the hospital operating room.

In requesting an inquest, Dr. Shulman, appointed to his post last March, charged he had met interference from the medical profession and politicians in the conduct of his duty. Since assuming his office he claimed there had been cases where evidence was ordered surpressed at inquests.

Mr. Cass said Dr. Gordon Blanchette, of Toronto, will conduct the inquest while John Hoolihan will represent the department. No date was set for the inquest.

Mr. Cass said later Dr. Shulman was not appointed to conduct the inquest because he feared the heat and publicity surrounding the case might have some bearing on the conduct of the inquiry.

The inquest, he continued, has been postponed until Dr. Shulman's return from a 12-day holiday.

Dr. Shulman said he had every confidence in Dr. Blanchett, but added: "I would have preferred to do it."

During a special meeting with Mr. Cass, Dr. Shulman presented his allegations of political interference in the metropolitan coroner's system by Ontario's supervising coroner, H. B. Cotnam, and Deputy Attorney-General William Common.

Dr. Shulman said he was interested only

work is almost complete on one four-storey wing of the $3,700,000 structure.

the integrity of the ner's office. He would release details of the nission he made to Mr. .

. Cass said he was sure was a reasonable solu-to the problem. He said Shulman "has a lot of ideas, but I cannot say prove of the way he s them to the attention e authorities."

ferring to the Morgan , Allan Lawrence, Con-itive MPP, asked: "Why 't the coroner notifed the death occurred?" am sure all the facts will come out at the inquiry," replied Mr. Cass.

Mr. Cass replied: "I don't think an answer is required, it is not a proper question."

Dr. Shulman first learned of circumstances surrounding Miss Morgan's death from her sister, Mrs. W. A. Neate, of Toronto. After he demanded a probe, Dr. Shulman took the matter to the attorney - general's department. It then developed there may have been differences between himself and Dr. Cotnam, supervising coroner.

Mr. Common was reported as saying last week that the position of chief coroner for Metro Toronto would be abolished.

Robert Nixon (Lib. - Brant), said "nothing short of judicial investigation will satisfy us on this side of the House. The whole coroner system needs to be probed."

Yesterday Dr. Kenneth Brown, 45, the doctor who departed half way through an operation on Miss Morgan denied any responsibility in her death.

He said control of the operation had been out of his hands. He was called away by a hospital official and the operation was completed by a doctor who has not been identified.

"I was not present during the final stages of the operation or at the autopsy," Dr. Brown said. Earlier, Dr. Brown had said he had not been allowed to use facilities at the hospital, although he is still officially on the hospital staff.

Dr. Shulman said early yesterday he would also be giving Mr. Cass a report on the suspicious death of another woman, but would not elaborate.

Dr. Brown had earlier operated on Miss Morgan to remove a cancerous infection of her stomach and intestines. He said the second operation was for a "second look." Dr. Shulman said the autopsy showed that no cancer was found in Miss Morgan's body.

Dr. Harold Couch, associate professor of surgery at the University of Toronto and recently retired from the department of surgery at Toronto General Hospital, said Dr. Brown's procedure was "sound."

Couple Asks Right to Sue Doctors

WINNIPEG (CP) — A couple from neighboring St. James plans to seek legislative permission to sue two Winnipeg doctors.

Mr. and Mrs. Edward Frank Radclyffe want the Manitoba Legislature to waive a statutory limitation to allow the damage suit. The request, to be made in a private member's bill after the legislature opens Feb. 6, was announced yesterday in the Manitoba Gazette.

Section 69 of the Provincial Medical Act prohibits the start of legal action against a doctor more than a year following a surgical operation.

The couple claim a surgical swab was left inside Mrs. Radclyffe's abdomen in a 1944 operation performed by Dr. James W. R. Rennie and Dr. Lawrence R. Mackey.

Officials said the legislature has waived the limitation in previous cases dealing with actions against hospitals or citizens. No precedent could be recalled for such a move when an action was against a doctor.

The Radclyffes launched their legislative appeal after they lost a $22,300 damage suit they brought against Dr. Rennie and another doctor, John McBeath.

In that suit, the couple claimed the swab had been left behind in a 1959 operation, but the Manitoba court of appeal found that it had likely been accidentally deposited earlier.

WEATHERMAN HELPS — Mild January weather facilitated construction of the new

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Boy's Knee Said Deformed in Crash

Johannus "Johnny" Jacobus Cornelius Jansen, eight, of R.R 8, London, suffered a fractured skull and brain injury and had both legs broken in a Dec. 30, 1962 car-pedestrian accident, an Ontario Supreme Court civil jury was told here yesterday.

The medical testimony was given in a suit brought by the boy's father, Adrianus, on behalf of himself and his son against Francis Bruce Ritchie, of 216 Starlight Ave.

The Jansens claim the boy was hurt when struck by the Ritchie car as he ran across Highway 74 about a half-mile south of Nilestown.

Dr. Albert Charles Deadman, London orthopedic surgeon, said the leg breaks have caused a permanent deformity of the right knee which is now slightly bowed inward.

Dr. Thomas A. Jory, London surgeon with considerable experience with head injuries, said the skull fracture had caused a portion of brain tissue to be torn loose. This was removed and a scar will form, he said. In the first year following such an injury there is a 40 per cent chance of epileptic seizures, he continued, but this will diminish by half in each ensuing year.

The doctor said the boy, seven at the time of the accident, has had no seizures and has made "a very satisfactory recovery."

Dr. George Hinton, specialist in pediatric neurology, said five months ago the boy demonstrated an extremely poor memory, little curiosity, gave up on any project very quickly and was poor in his reading. Since then he is "much improved". But the doctor did not think Johnny would make a full recovery.

Ross Laverne Shellington, of Belmont, passenger in a car which had come from Nilestown and pulled into a laneway to turn around, said he saw the results of the accident immediately after the boy was in collision with the northbound Ritchie car.

He said he and his driver rushed to give assistance and had to dig the snow-covered boy out from beneath the right front wheel of the Ritchie vehicle.

Raymond Lassaline, nine, neighbor and playmate of the boy, said Johnny had spoken to him and his brother on the west side of the road.

He said Johnny suggested they toboggan on a hill at the Lassaline home on the east side and, after looking to the north but not to the south, Johnny had started to run across the road.

Raymond said he and his brother saw the Ritchie car, yelled at Johnny who hesitated momentarily but then ran on. He said Johnny was thrown into the air by the impact, but the Ritchie car rolled forward onto him. Raymond said Mr. Ritchie had swerved.

The Jansens are represented by Mayer Lerner, QC. M. J. Morrissey, of London, is lawyer for Mr. Ritchie.

The trial continues today before Mr. Justice D. C. Wells.

Claims Cancer Cure

TORONTO (CP)—The Star says a retired Toronto chemist, who claims to have developed a serum which will cure cancer, has denied that he asked a cancer-stricken woman for $100,000 before he would give her the serum.

The newspaper says Vladimir Mirkovich, 68, denied Tuesday night that he demanded first $30,000, then $100,000 before he would treat Mrs. Helen Podoliak, 48, of Toronto. The woman died Dec. 28 of breast cancer.

Her husband, Philip Podoliak, 60, said the Yugoslavia-born chemist later offered to cure his wife without charge but did not produce the serum in time.

Mr. Mirkovich, who holds a doctor of science degree from a Yugoslavia university, said: "It is a shameful lie."

"It is possible I mentioned that I needed a large sum of money for laboratory facilities to develop my serum.

"I do not want any money for my serum, which definitely cures cancer and I can prove it."

Mr. Mirkovich claims to be a living example of his serum, the Star says.

"I had an operation in 1958 for cancer of the bladder," he said. 'Later, I had two recurrences.

"I was the first patient of my medicine and I gave myself injections into the muscle. I haven't had any cancer trouble since."

"I offered my serum around Canada and the United States," he said.

In desperation, he said, he turned to the hospitals at Vera Cruz, Mexico.

"A two-year-old girl, dying of cancer of the mouth, was my first patient. In seven days she improved. That was a year ago and she's in wonderful health. I knew the serum would work.

"Then the hospital brought me a 29-year-old woman. She had bone cancer in the leg and cancer in the right lung. She had been sent home to die. In about five weeks the lung cancers had disappeared. I have X-rays and medical reports and records to substantiate what I say."

Mr. Mirkovich said he first became interested in cancer while working on serums and hormones at the Institute of Hygiene at Zagreb, Yugoslavia. He came to Canada with his wife 12 years ago and both are naturalized.

A case involving a woman who died of cancer and a chemist who claimed to have a cure has come before the attorney-general's department here following information from Dr. Morton Shulman, Metropolitan Toronto's chief coroner.

Attorney-General Fred Cass and Dr. Shulman would not say who was involved in the case.

Mr. Cass said the case — which he referred to William Bowman, director of public prosecutions, and the Royal College of Physicians and Surgeons — involved treatments in Mexico.

Medicare Aid Proposal Passed, Killed

OTTAWA (CP) — The Progressive Conservative convention yesterday amended a resolution in order to rule out any strings on a proposed system of federal grants for provincial medical care programs.

Then the convention reversed itself and rejected the amended resolution.

This procedure arose during discussion of a resolution proposing that — while medical aid is a provincial domain —the federal government should "devise a system of statutory grants to assist the provinces to meet the medical care needs of the less fortunate."

An amendment was moved to make the grants non-conditional, based on arguments that provinces know best how to spend their funds and that too much bureaucratic control exists now in medicine and medical welfare.

But Bob Amaron, Young Progressive Conservative from Toronto, and Senator Wallace McCutcheon, former trade minister, combined to seek defeat of the amended motion.

Senator McCutcheon said unconditional grants constitute one of the major sources of dispute on the federal-provincial scene.

The convention adopted a resolution including a call for a national conference on urban development and renewal.

It also proposed an interest rate of five per cent on National Housing Act mortgages for houses under 1,100 square feet of floor area (the current interest rate is 6½ per cent); government-insured mortgages on older houses; and provision of long-term, low-interest loans for construction or addition to municipal water systems.

The convention also:

- Called for federal consultation with the provinces in working out a policy of diversification and decentralization of industrial development.
- Rejected a special youth department for the federal government despite appeals by the younger section of the party.

- Approved an increase in the capital fund of the Canada Council — originally $50,000,000; a system of recreation and training centres for underprivileged youth; a student loan fund administered by the Canada Council; and a new ministry of science.

WEATHERMAN HELPS — Mild January weather facilitated construction of the new medical school on the campus of the University of Western Ontario. Stone work is almost complete on one four-storey wing of the $3,700,000 structure.

Oppose Ending Ambulance Pact

Feb 6/64

Mayor Stronach yesterday charged Thames Valley Ambulance deliberately violated the fee structure set out in its agreement with the city and called for cancellation of the pact.

The rest of the board of control, viewing the matter more as a misunderstanding of the terms, would agree only to review the document with a view to possible amendments.

Behind yesterday's argument among controllers was a complaint from Phillip Seabrook about a $51 bill for transportation of three people to hospital. Thames Valley operator D. E. Byrne admitted there had been a mistake in billing, and said he had offered to adjust the charge.

The city agreement specifically calls for an $8 fee for ambulance cases, and $4 for a "sitting" patient on calls within the city "as now or hereinafter constituted." A "sitting" patient is one not requiring stretcher care. The agreement was signed Dec. 7, 1960, only a few weeks prior to annexation.

Mr. Byrne said his understanding was that the $8 charge applied only within the old boundaries. Charges outside this area are $15.

"We have a contract with this ambulance firm," the mayor said. "Here is one instance where he is obviously overcharging persons, and then you say there is nothing wrong with that.

"I say we have to be in a position to protect people from overcharging.

"I am amazed by the apathetic attitude. If you are going to condone this type of gouging, then I want no part of it."

Con. E. R. Nichols commented: "I think there is a misinterpretation of the agreement. At least we should be charitable enough to give him the benefit of the doubt."

The mayor replied: "If there is an improper rate being charged, then we are responsible."

"I don't think he should be brought before this board to be blasted," said Con. Ben Baldwin.

"You think it should all be kept quiet and a little more dirt swept under the carpet?" the mayor inquired.

Con. Nichols censured the mayor for "scolding" the ambulance operator without reason. He agreed that the $51 appeared exhorbitant.

"He said he made a mistake because he found a victim who is a wee bit articulate," the mayor charged.

"Those are unkind and uncalled for words from your office, Mr. Mayor," said Con. Norman Bradford.

Mr. Byrne told the controllers that it has been standard practice to charge the higher rate outside the old city limits. He also pointed out that other centres — such as Windsor, Chatham, and Sarnia — have licensing by-laws governing the operation of ambulance services, while they are uncontrolled in London.

Con. Fullerton expressed the belief that the agreement in question is simply a re-iteration of one previously in force with another ambulance service, and that the wording in the clause dealing with the charges was put in "without any reference to annexation." Con. Bradford said they are "just natural legal words" and that no one could expect an ambulance company to continue to give service over a wider area for the same price.

Con. Nichols said London wants a first class ambulance service, and added that if the city is to get it, the allowable fees must be high enough for the operator to make a profit. Con. Bradford said he didn't believe the fee structure was to apply to the post-annexation city.

Members of the medical advisory committee are Dr. H. G. MacKichan, Dr. F. W. Luney, Dr. Hugh McAlpine, Dr. J. C. Rathbun, Dr. E. M. Watson and Dr. G. E. Lovatt.

Mary Grimble, Mrs. Jean Marshall, Mrs. Hope Garber, Mrs. Marion Smith, John A. Crawford and Miss Joan E. Saunders of St. Thomas.

Directors are Murray Baxter, A. J. Cahill, Glen Curtis, Miss

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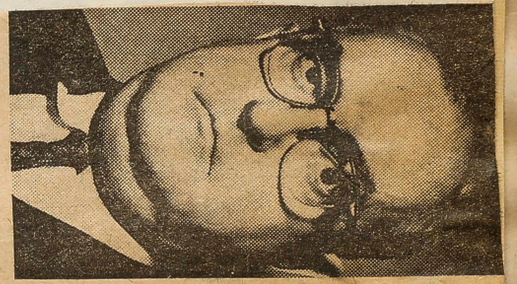
Says Future Looks Bright For Diabetic

Feb 6/64



Diabetics are living proof that the age of miracles is not past, Dr. A. M. Fisher, assistant director, Connaught Medical Research Laboratories, University of Toronto, last night told members of the London and district branch of the Canadian Diabetic Association.

Speaking to the group's annual meeting, Dr. Fisher said most diabetics living today would probably be dead but for the discovery of insulin by Dr. Frederick Banting.

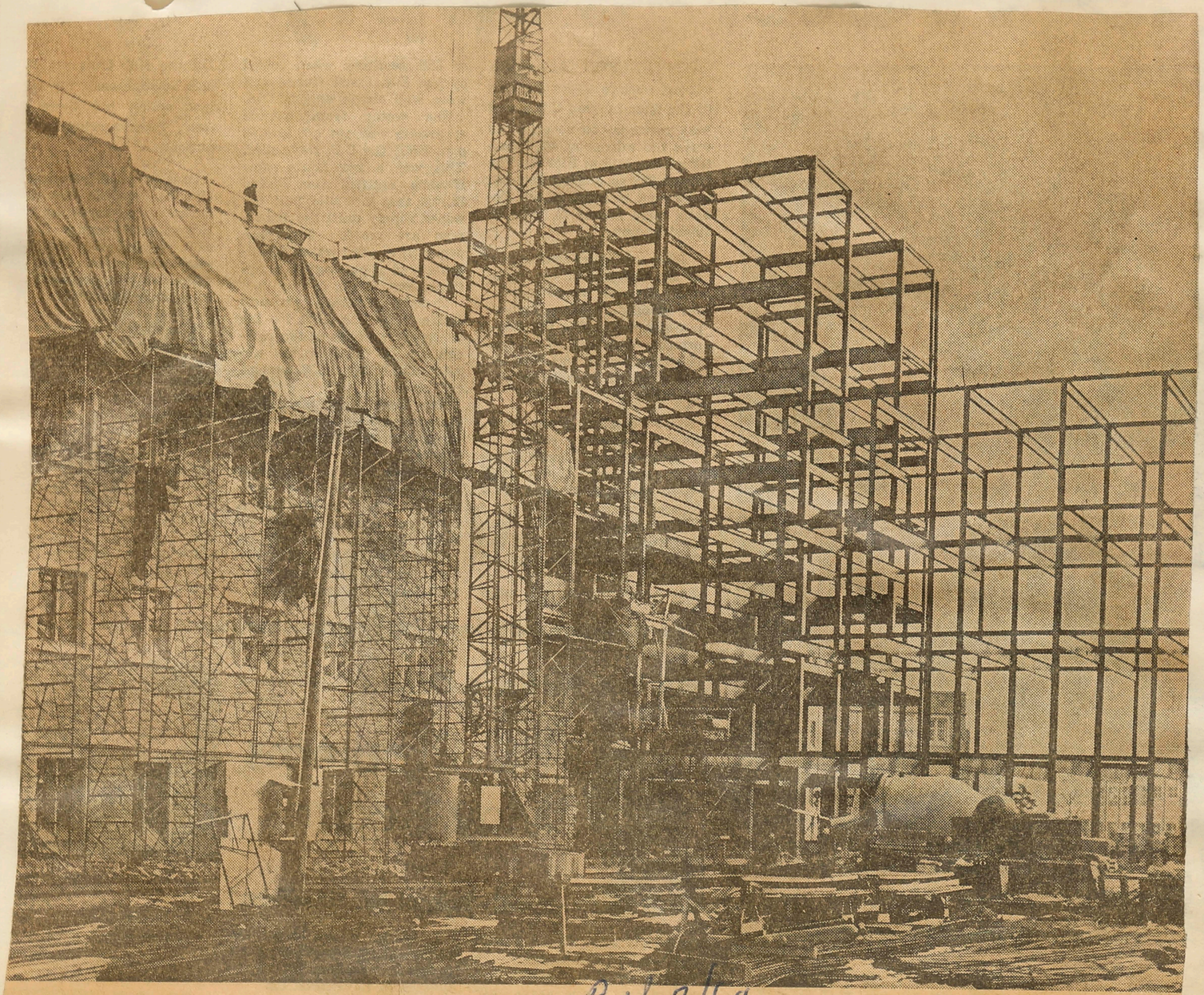
"Before insulin was discovered, a child with diabetes lived an average of about a year. Now, a child may be reasonably certain of living an almost normal life span," he said.

The future appears bright for diabetics, he added, commenting that the development of synthetic insulin was proving successful.

Dr. Fisher illustrated his talk with colored slides, showing the preparation of insulin.

G. M. Kirkpatrick, of 381 Vancouver St., was elected president of the London branch, succeeding C. R. Partridge, who served for the past three years.

Other officers: Vice-presidents, Brock Paterson and Mrs. D. E. Parnell; secretary, A. V. Holland; treasurer, Eric MacKay.



WEATHERMAN HELPS — Mild January weather facilitated construction of the new medical school on the campus of the University of Western Ontario. Stone work is almost complete on one four-storey wing of the $3,700,000 structure.

United Church Rejects Medical Plan As Designed to Serve Financial Ends

TORONTO (CP)—A United Church of Canada brief yesterday rejected Ontario's draft medical insurance plan as too limited in scope, saying it appears to be designed to exploit human need for the benefit of financial interests.

Church officials said an opinion survey showed that 67 per cent of United Church members and adherents in Ontario want a government-operated, tax-supported medical care plan.

"The medical insurance legislation proposed by the government is totally inadequate to meet the needs of modern industrial society," said Rev. Stewart Crysdale, assistant secretary of the board of evangelism and social service.

"This is horse and buggy legislation for an urgent space-age need," he added.

(Rev. Clifford Park, of Clinton, chairman of Middlesex Presbytery, said he had not heard of the survey, either in Huron or Middlesex counties.

("If there was one, I am certain I would have heard about it," he said.

(Rev. George W. Goth, DD, minister of London's Metropolitan Church, and Rev. B. L. Hodder, minister of Dundas Centre Church, both said they had not heard of a survey being conducted here.

(The 1961 government census shows there were 71,626 United Church members and affiliates in Middlesex County.)

Mr. Crysdale said the survey, which showed two-thirds of Ontario United Church adherents favored a government medical care plan, is still in progress on a national basis. The Ontario figures were extracted for this hearing.

He said the survey, based on a sampling of about 2,000 persons in 250 churches, was being conducted in accordance with customary sociological and opinion-sampling methods.

The church has 1,800,000 adherents in Ontario.

The survey also showed that 16 per cent opposed a government medical plan and 17 per cent were uncertain about the question.

Rev. J. R. Hord, secretary of the church's board of evangelism and social service, asked an inquiry committee studying medical insurance legislation if the plan would "help the economically handicapped or is it geared to the profits of the insurance companies?"

"As a Christian church we believe that financial policies should be adjusted to meet human need," Rev. Hord told the government-appointed committee in a statement preceding presentation of a formal brief.

"There are indications that the provisions of this proposed Ontario plan are using human need to serve financial ends."

Mr. Hord's statement paralleled criticism by the Ontario Federation of Labor, which also submitted a brief yesterday at the final public hearing scheduled on Bill 163, the legislation that would provide for standard physician-care plans on a voluntary basis through private insurers.

The bill's intention to let private insurers set the premium rates to be charged for the standard plans represents "total capitulation to the demands that profit must be a paramount factor in the provision of medical care for the citizens of Ontario," the OFL said.

Mr. Hord noted that Bill 163 makes no provision for meeting the needs of areas where medical services are inadequate, and he suggested that medical insurance will still be too costly under the plan. He doubted whether it would provide enough help for the chronically ill.

The OFL, with a trade-union membership of almost 500,000, said Bill 163 in no way meets the resolved aims of members for a non-profit, government-run health-care program.

Both the OFL and the United Church lodged particular protests against a plan to provide government assistance for those who pass a means test as a violation of human dignity.

Carman A. Naylor, a London actuary who said he is a member of the United Church, said this was the first he had heard of the survey and added that it should be pointed out the 67 per cent figure was based on "only one-third of an adequate, scientific sample."

Hospitals Not Banning Cigarettes

MONTREAL (CP)—Montreal area hospitals cite health, moral and practical reasons why they have not removed cigarette vending machines or banned cigarette sales at their institutions.

The majority supports the opinion of Samuel S. Cohen, executive-director of the Jewish General Hospital. He says a hospital-imposed ban on the sale of cigarettes within the hospital would be premature without the moral backing of the federal health department.

Mr. Cohen said the federal government could provide that moral support by taking the same position as the United States surgeon-general who declared in a recent statement that smoking was definitely a health hazard.

The statement immediately prompted many U.S. hospitals to remove cigarette machines and ban the sale of cigarettes in hospital shops and canteens.

A survey yesterday of Montreal's largest hospitals showed that there was little inclination here to follow the U.S. example. Many, however, agreed that "it will have to come sooner or later."

"We have cigarette vending machines and we're not taking them out," Mr. Cohen said. "But that doesn't mean it isn't valid to take them out. On the contrary, it's a perfectly logical development and we'll have to consider it."

One hospital spokesman said the machines are there for practical reasons. "If we didn't have them, orderlies would be running across the street for patients all day long."

"It's a service we provide," said a Montreal General Hospital official. "We are not in the downtown district."

The General has only two machines but cigarettes are sold by the women's auxiliary. Their spokesman said that "when a person has been smoking for years, it's hard to stop them. You can't stop smoking by legislation."

Dr. Maurice Thibault, medical superintendent of the Queen Mary Veterans' Hospital, said the institution has no machines but cigarettes can be purchased in the hospital canteen. Service groups also distribute them. The hospital was not considering changing the practice.

Dr. C. H. Skitch, medical superintendent of the Verdun Protestant Hospital, said smoking is a matter of individual choice. "We wouldn't take action against the people on our hands," he said.

"Many of our patients are ambulatory and quite conscious of what they are doing and they are influenced by the public reports as much as we are. It's not up to us to impose restraints."

The Verdun hospital has "all sorts of vending machines, including those selling cigarettes." Tobacco is available to some indigent patients who roll their own.

Dr. Gilbert Turner of the Royal Victoria Hospital, which has two cigarette vending machines, said there is "no thought" of placing any restrictions on the sale of cigarettes, either through the machines or in the canteen.

"If the department of health took energetic action," he said, agreeing with M. Cohen, "the situation might be different."

BUSY WORKERS—This is the main workshop area on the third floor of the Opportunity Workshop for retarded adults at 1504 Gore Rd. Workers are assembling and sorting various parts, including telephone number rings and components of electronic controls. Parts are put in stamped envelopes, which are placed in groups of 100 in divided trays.

1972. 10/64

Retarded Adults Use Skills At Work

Feb. 10/64

By PAT MOAURO
Free Press Staff Reporter

Every morning, five days a week, 40 young adults enter a three-storey building at 1504 Gore Rd. and punch a time clock like thousands of other Londoners in city plants.

The young men and women go straight to their work benches where a variety of assembling and dismantling jobs await them.

Jobs include relatively easy tasks such as removing wrappers from bubble gum and sorting nuts, bolts and washers. Other jobs are more complex, such as partially assembling minute components of thermostatic controls.

Most of the work done by the 21 men and 19 women could be conisdered by many people as humdrum and boring. But to these young persons — ranging in age from 16 to 36 — their jobs are monumental achievements.

Although the workers use production line methods to achieve the maximum efficiency, and give undivided attention to their work, they differ greatly from others in industry.

They are mentally retarded.

"A few years ago, these young people would have been the discards of our society, neglected and scorned by most of their fellows," said Mrs. Peter Nobes de Burgh, a past president of the London Association for the Help of Retarded Children, and chairman of adult services committee, Ontario Association for Retarded Children.

Not many years ago, retarded children in the London area who attended the Kinsmen School for Retarded Children on Trafalgar Street until the age of 16 or 18 faced a bleak future.

Without further training, most of the young retarded adults had little opportunity to market their skills. And without jobs, they returned to their homes feeling inadequate and often dejected.

In 1959, dedicated parents of retarded children and other interested persons decided to salvage the limited skills and abilities of the retarded youths and adults.

With financial assistance from East London Rotary Club, the London Association for the Help of Retarded Children purchased the former Gore Road School and converted it to an opportunity workshop.

The workshop, near Hamilton Road, started with five retarted adults who did one simple routine job. Today, the 40 trainees do about a dozen different jobs.

In the main workshop area on the third floor, some of the trainees do "reclaiming work" for Minnesota Mining and Manufacturing of Canada Ltd., and O-Pee-Chee Gum Company.

With the help of a rig and electiric motor, the trainees remove Scotch Tape from 16,000 to 20,000 plastic cores a day. The rolls of tap, which are not properly wound at the 3M factory, are rejected and sent to the workshop where the plastic cores — imported from the United States — are considered valuabe enough to salvage.

Improperly wrapped bubble gum is sent to the workshop where wrappers are removed and the gum is sent back to the company for reprocessing.

Components for dial telephones and other electrical equipment are assembled for Northern Electric, and during the past four years, more than 4,000,000 parts were completed by workshop trainees.

Other jobs include assembling parts for Bach-Simpson Company, manufacturers of electronic controls; furniture refinishing and light carpentry work, including building of picnic tables.

Five boys and two girls are taking a training program as dishwashers, bus boys, waiters and waitresses, and eventually they may be employed on a full-time basis in the city, said Douglas N. Mason, workshop manager.

"Chances of survival outside is poor for trainees with an intelligence quotient of under 65," he said. Workshop trainees have an I.Q. of 20 to 84. (An I.Q. of 90-100 is considered average; 110-120 is high).

Mr. Mason, 35, who has been manager since August, said it takes from a week to a year to find out what each retarded adult is capable of doing and at what job he is happiest.

Mr. Mason said he is constantly amazed at the skills and abilities shown by the retarded adults. For example, the most difficult and meticulous job done at the workshop is partially-assembling a thermostatic control.

Two one-inch "beads" covered with a special insulation material are placed over minute prongs, which must be bent slightly at the ends. Since the insulation material rubs off when touched by hands, the beads must be picked up with tweezers.

Only three of the trainees are able to do this job. The women, ages 21, 23 and 25, assemble between 2,000 and 3,000 of the parts a month. Mr. Mason said he tried assembling the parts and found that each of the girls completed 10 to his one.

Present staff, in addition to Mr. Mason, include full-time supervisors Charles Hays, Mrs. J. N. Worrall and Mrs. Audrey Varty, and part-time volunteer helpers, Mrs. Doris Fletcher, Mrs. Jack Smith, Mrs. Niels Nielsen, Mrs. Douglas Parker, Mrs. G. T. Sinclair, Mrs. L. J. Liddell and Mrs. William Jersak.

Unlike other industries, all production stops for about an hour every Tuesday morning for the weekly "beef session" for staff and trainees. Staff members may point out some aspect of the work to be corrected.

Trainees can present their views and possible complaints or suggestions for improving and speeding up production, said Mr. Mason.

The workshop operates on a 30-hour week, which, incidentally is shorter than that of most other industries. But it's not all work either. Unlike other production plants, workshop employees have time out for bowling and swimming each week.

All 40 trainees, termed "very sportsminded," bowl for an hour at the East End Bowling Alley. And, despite their mental handicap, and in some cases physical disabilities, trainees bowlers chalk up scores that would make some other persons envious.

One 21-year-old male trainee had a high single score of 223, and a girl had 178. Another boy had a high average of 144 and another girl had 93.

On Friday mornings, 14 trainees swim at the Central YM-YWCA. Bowling and swimming teaches them team spirit, co-ordination and concentration, said Mr. Mason.

With the increasing number of trainees, the workshop is becoming inadequate. A one-storey addition, to cost $50,000 will be built adjacent to the present building, and should be ready for occupancy by September.

The addition, to include a much-needed recreation area, counselling room and other expanded facilities should accomodate 100 trainees by the end of 1965, said Mr. Mason.

Trainees receive an average of $25 a week in wages and disabled persons' allowance, said Mr. Mason. Although wages are not high compared to those paid in other city plants and industries, money is not considered the main goal.

The important thing is that the retarded are using whatever limited skills they have in worthwhile activity, said Mr. Mason.

Retarded persons in London are being provinded for from the "cradle to the grave," said Mrs. Jack Floyd, public relations officer for the AHRC. Pre-school classes are held for 18 children at the Jewish Youth Centre, Huron Street at Highbury Avenue, three mornings a week.

The Kinsmen School for Retarded Children has an enrolment of 92, and by the end of 1965 it should have 115. Recently completed was a $100,000 addition including four classrooms, laundry facilities for training purposes, and a woodwork shop.

Bulk of the funds for the school addition came from government and city grants. But $17,000 is still needed. This amount and $50,000 for the workshop addition are being sought in a current campaign, said Mrs. Donald Scott, association president.

"It's a service we provide," said a Montreal General Hospital official.

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Will Discuss Dental College at UWO

Feb. 11/64

The Royal College of Dental Surgeons will meet Friday in Toronto to discuss the possibility of locating a college of dentistry at the University of Western Ontario.

Dr. D. J. Ferguson, of London, area representative to the RCDS, said an announcement will likely be made following the meeting.

A meeting between a delegation from the RCDS and university representatives was held last Monday at the university.

Dr. Ferguson declined to comment on that meeting. Possible establishment of a college at Western will first be discussed by the RCDS and any recommendation will then have to go to the provincial government, he said.

Both UWO and McMaster University in Hamilton are in the running for the college which Ontario dentists are eager to establish.

One point in Western's favor is the fact that it has an established medical school, considered necessary for the operation of a dental college. McMaster does not have a medical school, although it is working toward establishment of one.

The only dental course now offered in Ontario is at the University of Toronto. There are only six dental schools in Canada.

UWO Medical Faculty Plans 2 Clinical, Refresher Days

Feb. 12/64

Two clinical and refresher days, one on cancer and the other on childhood illnesses, have been planned for area doctors this month by the faculty of medicine of the University of Western Ontario. Between 80 and 120 medical men and women are expected to attend each session.

The first, to be held today, is a cancer clinic day, presented by the Ontario Cancer Treatment and Research Foundation London clinic in co-operation with the university and Victoria Hospital.

Dr. J. A. McCredie will be chairman for the morning session and introductory remarks will be given by Dr. T. A. Watson, clinic director. Dr. O. H. Warwick, principal of the medical school, will be chairman in the afternoon.

The program includes addresses on treatment of cancer of the endometrium (lining of the uterus) by Dr. R. A. Kinch; use of cell study in pelvic cancer, by Dr. J. H. Walters; management of recurrence of cancer of the cervix, by Dr. H. H. Allen; radiation before surgery in breast cancer, by Dr. L. M. Myers; management of advanced breast cancer, by Dr. E. R. Plunkett; present status of treatment with drugs, by Dr. W. B. Barton; clinical uses of isotopes, by Dr. F. C. Heagy; treatment of skin cancer by radiation, by Dr. J. C. M. Fetterly; management of radiation reactions by Dr. D. H. Thomson.

Dr. Samuel Spector, professor of pediatrics at Western Reserve University, Cleveland, will be special speaker at a pediatric refresher day arranged for Wednesday, Feb. 26 by the department of pediatrics of the faculty of medicine.

Chairmen of the sessions will be Dr. A. G. Denison and Dr. J. S. McKim.

Dr. Spector's lecture will be on "Growth Failure in Children."

Other addresses during the day will be "Management of Newborn and Premature Infants," by Dr. W. S. Whelen; Aetiology and Management of Neonatal Jaundice," by Dr. L. L. de Veber; "Vaginitis in Pediatrics," by Dr. J. R. Nicholson; "Abdominal Pain in Children," by Dr. D. G. Marshall; "The Diagnosis and Management of Chronic Cough," by Dr. J. E. Vincent; "The Diagnosis and Management of Chronic Diarrhoea," by Dr. G. H. Valentine; "Current Concepts of Measles Vaccine," by Dr. I. B. R. Duncan; "Management of the Respiratory Distress Syndrome of the Newborn," by Dr. J. C. Rathbun; "School Problems," by Dr. G. G. Hinton; "Enuresis (bed-wetting) Medical Management," by Dr. D. M. Cram, and "Surgical Management," by Dr. L. N. McAninch.

Dr. Spector will preside at two question periods.

In addition to the two programs this month, a general practice day, sponsored in co-operation with the College of General Practice and Westminster Hospital, will be held at Westminster Hospital, on Wednesday, March 11.

The Dr. F. R. Eccles memorial medical alumni lecture has been arranged for Wednesday, March 25, at the medical school auditorium. Speaker will be Dr. Robert H. Barter, professor of obstetrics and gynaecology at George Washington University, Washington, D.C.

Academy day, sponsored in co-operation with the London Academy of Medicine, will be held Wednesday, April 8.

Neurosurgery Founder Dies at 71

Feb 12/64

TORONTO (CP) — Dr. Kenneth G. McKenzie, 71, the founder of neurological surgery in Canada, died here yesterday.

Dr. McKenzie was educated at St. Andrew's College, Aurora, Ont., and the University of Toronto.

Specializing in surgery, he was granted the Mickle Fellowship in 1922 and became house surgeon to Dr. Harvey Cushing at the Peter Brigham Hospital, Boston. He returned to the Toronto General Hospital in 1923 as Canada's first neurosurgeon.

Dr. McKenzie was a member of the American Society of Neurological Surgeons, the Harvey Cushing Society, honorary member of the American Academy of Neurosurgeons, a member of the Royal College of Physicians and Surgeons of Canada, and a life member of the Ontario Medical Association.

He is survived by his wife and four children, Mrs. R. Barry Graham, Montreal; Dorothy, Toronto; Mrs. William G. Angus, Richmond Hill, and Dr. Frederick A. McKenzie, London.

Sex Drug for Cows Said Human Danger

Feb. 12/64

WINNIPEG (CP)—Humans could be endangered by indiscriminate sales of animal drugs, a Manitoba veterinarian said yesterday.

In an interview at the Manitoba Veterinary Medical Association convention, association president Dr. J. McPhedran said certain such drugs could seriously harm persons who ate meat of an animal slaughtered before the drug effect had run its full course.

Stilboesterol, said Dr. McPhedran, is only one of many drugs and medicines available from stores whose owners have no knowledge of what they can do.

Another problem, he said, was to educate farmers in use of these drugs. If stilboesterol is used on a cow to increase its weight, the animal should not be sold for 90 days after the injection.

"We feel that such drugs should only be dispensed by qualified professionals," he said. "We would be perfectly satisfied if they were dispensed exclusively through drug stores under prescription."

Dr. McPhedran cited stilboesterol, a synthetic female sex drug used on cows to increase their sex cycle. It could have "shocking" effects should it ever enter a young girl's system.

Dymond Denies OHSC Vowed Aid To Break Trenton Hospital Strike

Feb. 11/64

By Staff Writer

TORONTO — Ontario Health Minister Dymond denied in the legislature yesterday the allegation made last week by a Liberal MPP that the Ontario Hospital Services Commission had promised sufficient funds to break the strike at the Trenton Memorial Hospital.

The strike of service employees, which lasted three weeks, was settled last week.

The minister claimed James Trotter (L — Parkdale), was in error when he claimed a branch of the government had entered into the labor dispute on the side of the hospital.

The minister said the commission had told the hospital that it was concerned only with the care of patients in the event of a strike. A commission inspector had visited the hospital several times to make sure patient care was adequate.

As he spoke, Vernon Singer, Liberal member for Downsview, protested the minister was out of order and should be stopped. He appealed to the Speaker.

At this point, Premier Robarts intervened, claiming, as a minister responsible to the legislature, the minister had every right to explain the case.

Mr. Robarts contended cabinet ministers shouldn't be restricted in speaking in the Throne Speech debate, which, under House rules, limits a member to one address.

"He is answering allegations made in this House and what would the member opposite have us do — call a press conference an hour before the House opens to clear the air?" Premier Robarts asked.

New Democratic Party leader Donald MacDonald claimed the hospital had recruited a staff to replace the 38 workers two weeks before they walked off the job.

This, too, was denied by the minister.

Dr. Dymond said the hospital is now in the process of reinstating the strikers and discharging those who were engaged to take their places.

Severance pay of 17 days for each of the workers being replaced will be paid, Dr. Dymond said.

Assails Ambulance 'Apathy'

Feb. 11/64

A St. Thomas ambulance operator charged yesterday that Ontario ambulance services have not improved in 50 years.

Charles Brubacher, of Golden Acres Ambulance Service, addressing the Kiwanis Club of Forest City at a meeting at the YM-YWCA, blamed "chaotic conditions" in the business on apathy and ignorance.

Mr. Brubacher, who says his brief on the ambulance situation is being studied by Ontario Health Minister Dymond, cited the lack of definition of an ambulance service's function as the first problem to be resolved.

(Mr. Brubacher attended a meeting Jan. 20 in Toronto at which ambulance operators, cabinet ministers and representatives of the Ontario Medical Association, St. John's Ambulance Association and the Red Cross discussed the need for licensing ambulance services and setting up requirements for standardized equipment and training).

"The idea of competition doesn't work in this business, because people are ignorant about what they should expect from an ambulance service," he said.

There has been "no progress whatsoever, because of a lack of concern by all concerned," said Mr. Brubacher.

He said the medical fraternity that hospital staffs have not complained when patients were "manhandled" by ambulance attendants, that police worked to the detriment of ambulance service improvement by failing to check qualifications and conditions of new ambulance operators and their equipment.

"Anyone can start in this business with a few hundred dollars," he said. A person could buy an old station wagon, put a red light on top and a mattress inside, give police his telephone number and start receiving calls.

Mr. Brubacher said Dr. Dymond was working on minimal requirements for ambulance services, to be presented to municipalities.

Some system of inspection and certification is needed either at the municipal or provincial level, he said, and ambulances should be spot-checked to ensure that requirements were being met.

Heredity Said Minor Cause Of Mental Retardation

Feb. 11/64

Heredity, once thought to be the chief cause of mental retardation, is now known to be one of the minor causes, Dr. S. J. Koegler, medical director of the Children's Psychiatric Research Institute, said yesterday.

Still it is an important factor and one in which a great deal of study is now being made, he told members of the Rotary Club of London.

There are about 300 known hereditary diseases and of these there are '20 or 30 which produce mental retardation," he said.

One of the greatest research areas in the field of mental retardation is that of drugs, he said. The tragedy of thalidomide, the tranquilizing drug which produced physical and mental abnormalities in newborn infants, has led to an investigation of "a long list of drugs that are suspect."

"It will take us years to sort out what drugs are safe and what drugs are not safe (for use by the mother) in early pregnancy."

Mental retardation is a major social problem and a major pediatric problem, Dr. Koegler said. The most commonly quoted figure is that three per cent of children born in Canada are mentally retarded. "Most people don't realize how common it is and how many individuals are involved."

Prevention must be the aim of researchers, Dr. Koegler said. "Once a child is retarded there is nothing we can do to increase the intellect."

Hospital Death Reporting Said Lax

Feb 7/64

Feb. 7/64

(TO (CP)—Attorney-Fred Cass said yesterday hitals have not been the letter of the pplying coroners with ion on deaths.

d a press conference should report all unusual deaths to a and let him decide or not an inquest is y. This was not being

natter was brought up ence to the case un- by Dr. Morton Shul- ief coroner of Metro- Toronto, of a surgical nt being left in a woman's body after an operation.

The woman, Patricia Morgan, 32, died 18 days later in East General Hospital. However, the hospital did not report the unusual circumstances of the death, including the fact that the woman's physician was interrupted mid-way in the operation.

When Dr. Shulman brought it to the attention of Mr. Cass, an inquest was ordered into the death. Date for the hearing has not yet been set.

Mr. Cass said in his opinion similar cases should be reported by hospital officials to the coroner. "That's what the law says now, but it's not been the practice."

Mr. Cass said he thought Dr. Shulman had overstepped his bounds.

He said his study of the case makes it absolutely clear to him that Dr. Shulman tried to do things he has no authority to do under the laws governing inquests.

The attorney-general said he would discuss the hospital situation with Dr. Shulman when the latter returns from a two-week vacation.

The two men met recently to discuss Dr. Shulman's charges of political interference in his department. W. B. Common, the deputy attorney-general, has suggested abolishing the chief coroner's job.

Mr. Cass said conflict had arisen between Dr. Shulman and the attorney-general's department on a lower level than that of the minister. Mr. Cass said he himself had "no axe to grind" with Dr. Shulman.

The difficulty was, he said, that while Dr. Shulman was exercising what he understood were his duties, Mr. Common had told him that under the law he did not have the right to do everything he wanted to do.

Dr. Shulman, however, had not accepted that opinion. Mr. Cass hoped these differences could be resolved without the need of legislation. This apparently was a reference to legislation to abolish the chief coroner's office.

Mr. Cass said Dr. Shulman deserved credit for bringing some things into the public view. But he just couldn't change the coroners' system overnight.

"Some of the things Dr. Shulman proposes are entirely against opinions and views of the medical profession," he said without elaboration.

Hospital Grants Get County OK

Feb. 13/64

totalling $40,750, in- ne of $15,000 to St. Jo- spital, were approved esex County council

ajor grants approved 00 to Victoria Hospit- to the University of ntario building fund, he Middlesex County Aid Society building 0 to the Canadian Na- itute for the Blind, Salvation Army, and Western Fair Asso-

greed to discontinue ant to the county's , and authorized a — increased $100 over — to the Middlesex oil Improvement As- The association for- ted the farm show, sponsored by West- ssociation.

The finance committee had recommended a $200 grant to the Western Fair Association, but councilors felt this was too low and raised it to $500 —the same as last year. Also approved was a $100 grant to the Rotary Club's crippled children's fund.

Council agreed to pay its $140 membership to London Cham- ber of Commerce, and appointed as representatives: Warden Wil- bur Johnson, Reeve E. A. Spence, Strathroy, Reeve Ken- neth Martin, Dorchester, and county clerk Harold Eastman.

The finance committee has recommended that an insurance appraiser be employed to sub- mit a report on the courthouse, jail, old county building, regis- try office and central garage to determine insurance cover- age cost. The committee said cost should be about $500.

McPHERSON — Dr. and Mrs. Duncan McPherson (nee Catherine Foucar), announce the birth of their daughter, Margaret Diane, at St. Joseph's Hospital, London, on Saturday, February 8, 1964.

Cancel Appointments At Cancer Clinic

Feb. 7/64

WINDSOR (CP) — The sec- ary of the Hett Cancer atment and Research ndation of Windsor said terday all patients are ng advised by letter their ointments at the clinic e been cancelled.

Miss Ada Kellett denied the ic was closing. She said clinic now has no staff e nurses Mrs. Patricia anaugh and Mrs. Roma znar left two days ago.

"I am writing to patients vising them that all their ointments at the clinic e cancelled until further tice,' Miss Kellett said. We expect to either hire w nurses or have Mrs. anaugh and Mrs. Lecz- r return to us. We should ow in a day or two."

Miss Kellett said the two ses left the Hett clinic be- se they feared if they con- ued working there they ght lose their licenses.

The clinic is under investi- ion by the attorney gener- deparment following a ommendation by a coron- s jury which sat last week the death of a 27-year-old nic patient. The man died of cancer after undergoing treatment at the clinic.

Miss Kellett said the two nurses who quit feared the publicity given the clinic might adversely affect their careers.

Rumors that the clinic might close were circulated yesterday when it was learned Mrs. Beatrice Hewoperation. The operation has no bearing on the operations of the clinic, Miss Kellett said.

Meanwhile, Dr. Alfred Rubenstein, who, a coroner's jury alleged, failed to make a proper record in the death of the 27-year-old clinic patient last July, denied in a statement any association with the clinic.

"I have never been called to assist with treatment by the Hett clinic as a physician," said Dr. Rubenstein. "I do not approve of this method of treatment and I am not aware of any benefit in the treatment of cancer."

He was censured by the jury Jan. 30 during an inquest into the death of Donald McConnell, of Cedar Point, Kan.

The jury recommended that the clinic, which had been administering a serum to cancer patients for years, have its licence revoked.

It said Dr. Rubenstein, personal physician of Mrs. Hewson, operator of the clinic, did not complete his duties according to the Coroner's Act.

Dr. H. B. Cotnam, supervising coroner for Ontario, said in Toronto Tuesday it might be two or three weeks before action is taken on the jury's recommendations. Any question of taking action against Dr. Rubenstein, he said, would be left with Windsor's Crown attorney.

In his statement, Dr. Rubenstein said he was not associated with the Hett clinic although he did have occasion to see patients who had gone to the clinic and required "proper medical care."

He said he had requested an autopsy to determine the exact cause of Mr. McConnell's death and, when he found wide-spread cancer, "I felt quite justified in signing the death certificate."

"I was not aware of the exact conditions at the Hett clinic and, therefore, felt no reason to report this to the coroner."

He admitted an apparent error in judgment, "but it is obvious that intent to countermand the law was not present in my action."

"I have discussed this with the coroner and he concurs in this."

He said he attended and treated the family "who allegedly operate the clinic, but as a physician I do not question the person's occupation when he requires medical attention."

Says Retardation Often Preventable

Free Press 10/64

OTTAWA (CP) — Twenty per cent of all cases of mental retardation could be prevented, a Canadian neurologist told a research seminar on retardation here Saturday.

Dr. George Hinton, of the Children's Psychiatric Research Institute, London, said "more emphasis should be directed towards preventing mental retardation."

"It costs about $125,000 to keep just one retarded child in an institution for his lifespan. If we could prevent only one child from needing institutional care the money saved could provide a $10,000 research grant every year for 10 years."

Dr. Hinton said that "allowing young children to ride loose in the front seat of automobiles where they might suffer permanent brain injury" was one example of carelessness which could cause mental retardation.

Many other cases of retardation could be prevented by genetic counselling to avoid the continuation of hereditary mental defects and by more acute treatment of infectious diseases in mothers and children.

Dr. Morgan Martin, chief of the national health department's mental health division, told a seminar session that treatment of mental retardation was spread over too many professional and scientific fields.

Some centres were abandoning the multi-discipline approach to research — combined assaults by teams of scientists from several fields — because the workers could not co-operate with each other and find common terms, Dr. Martin said.

"It is tempting to plan for the total population of retarded. The danger is that we overlook their great differences in intellectual, physical, social and cultural abilities and experiences."

Also addressing the weekend seminar, sponsored jointly by the Quebec and Ontario Associations for Retarded Children, was Dr. Athena Alexandri of the Montreal Children's Hospital mental assessment and guidance clinic.

She told over 300 laymen and professional people attending the seminar at the University of Ottawa that parents of mentally retarded children could learn to accept their child's deficiency more easily if they did not blame themselves for causing it.

There was a need for doctors and guidance agencies to convince these parents that they were not to blame for the child's retardation.

"Knowledge of the nature and causes of mental retardation can help parents greatly in accepting their child," said Dr. Alexandri.

A U.S. specialist, Dr. B. H. Williams of the U.S. National Institute of Neurological Diseases and Blindness, Bethesda, Md., described the massive research assault on the causes of mental retardation now under way in the United States.

Some 50,000 U.S. mothers and their children were being studied from early pregnancy until the children were seven years old, for every possible clue that might relate conditions affecting the parents to subsequent abnormalities in their children.

An example of original Canadian research in the field of retardation was presented by Dr. J. S. Werry, a research psychiatrist with the drug clinic of the Montreal Children's Hospital.

Dr. Werry described the successful use of the drug chlorpromazine in controlling the excessive physical activity which characterizes the hyperactive retarded child.

Birth Control Aid Given Qualified OK

Free Press 12/64

Roman Catholic authorities in London have given a qualified acceptance of a drug which would regulate female menstrual periods to allow more reliable use of the rhythm method of birth control.

If birth control is necessary to begin with, and if the drug does not prevent ovulation but merely aids in the use of the rhythm method, then it is probably acceptable, a diocesan spokesman said.

He was commenting on the proposal of Canada Duphar Ltd. of London, to market a drug, called Duphaston, which is intended to do just that.

Dr. Alberto Berrara, medical director of the pharmaceutical firm, said application has been made to the food and drug directorate for permission to market the drug.

The drug does not inhibit ovulation as do the new well-known oral contraceptive pills, he said. For this reason it is hoped it will be acceptable to the Roman Catholic church, which rejects birth control methods which interfere with normal bodily functions.

The Catholic spokesman pointed out that the church does not approve birth control when used to avoid having any family. If birth control is necessary for health or economic reasons then the rhythm method is permissible. The rhythm method involves abstinence from sexual relations during the fertile period of the woman's menstrual cycle.

Duphaston is now being marketed by Philips-Duphar, of Holland, of which Canada Duphar is a subsidiary, and in the United States by Philips-Roxane Ltd.

The drug was first put into use to benefit women troubled by monstrual problems. It can even be used for a pregnancy test. By stabilizing the menstrual period the drug allows more accurate prediction of the fertile period.

Dr. Berrara conceived the idea of using the drug as an aid to use of the rhythm method of birth control. It has undergone clinical trials both in the United States and here in London. There are no undesirable side effects, he said.

Dr. Berrara, himself a Catholic, said, "This is a drug I know Catholic women can use."

UWO Graduate Wins High Mark In Medical Exam

Free Press 12/64

A former graduate of the University of Western Ontario Medical School has been lauded for her scholastic standing in recent Ohio State medical board examinations.

Dr. Faye Dawn Arundell of the department of dermatology, Cleveland Clinic, achieved 93.6 per cent average even though she has been out of medical school for eight years.

The daughter of Mr. and Mrs. William Arundel Sr., "Arun Oaks", Corunna, she graduated from UWO in 1956, interning at Victoria Hospital and Westminster Hospital, London.

Dr. Arundell has been at the Cleveland clinic since 1958 except for three years spent at St. Thomas' and St. John Hospitals in London, England, and the Armed Forces Institute of Pathology in Washington, D.C.

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Hospital Premiums, Gasoline Tax Rise

Feb. 13/64

By JOHN A. PETHICK
Free Press Staff Writer

TORONTO — The Ontario government, in its third straight billion-dollar budget, yesterday tapped motorists for an additional two cents a gallon on gasoline and raised hospital insurance premiums by about half. There were no new taxes imposed. The increases are calculated to raise about $73,000,000 more revenue for the province. Education again gets the lion's share of provincial revenues — a record $419,332,000, of which $101,300,000 will go to universities in operating and construction grants. School grants were increased by $52,100,000 to $285,400,000. The boost in hospital insurance premiums, effective July 1, will be accompanied by an expansion of service principally coverage of outpatients including radiotherapy for cancer. The rates will go up from $2.10 to $3.25 monthly for a single person, and from $5.20 to $6.50 for a family. An Ontario Hospital Services Commission spokesman said about 95 per cent of the 6,500,000 Ontario residents are covered under the plan.

A big surprise was the fact that the sales tax will remain at three per cent. Speculation for weeks had been that this source of revenue would be increased.

Mr. Allen said an explanation likely would be made in the legislature as to why no tax on cigarettes was imposed in this year's budget.

The higher gasoline tax is the first increase in the province since 1957. It will mean a tax of 15 cents a gallon.

The tax on diesel fuel used in motor vehicles also will be increased to 20½ cents a gallon, an increase of two cents. It also becomes effective tomorrow.

Farmers and commercial fishermen will continue to receive the full refund on the gasoline tax.

The tax on aviation fuel remains at two cents.

A planned change in the Retail Sales Act will allow a rebate on the tax for buses used for public transit within the limits of a municipality and purchased after Feb. 29, this year. This step is to encourage the use of public transportation services, the treasurer explained.

An existing exemption on amusement admissions under 75 cents in municipalities with less than 10,000 population is extended to the whole province, effective after legislation is adopted. It amounts to about $400,000 a year.

The government will give corporations the accelerated depreciation on new equipment adopted by the federal government last year to reflect the degree of Canadian ownership in a company. At a press conference, Mr. Allan said it might cost the government $2,000,000 and was mainly to enable companies to use the same forms for filing out federal and provincial returns. It is retroactive to June 13, 1963.

Mr. Allan said the Ontario government will not follow the federal lead in extending tax

(Continued on Page 8, Col. 8)

The gasoline tax became effective at midnight last night. It is expected to raise about $29,000,000 a year. A bill authorizing the increase was introduced shortly after Provincial

More stories on the Ontario budget are on page 10.

Treasurer James N. Allan finished his 100 - minute budget presentation.

It was Mr. Allan's seventh budget presentation and it was balanced, calling for revenues of $1,207,918,000, spending of $1,207,063,000 and a nominal surplus of $855,000.

Hospital Premiums, Gasoline Tax Rise

Fri. 13/64

(Continued from Page One)

concessions to firms locating in distressed areas.

The Ontario succession duty law will be amended to take over abatements granted to the provinces by the federal government, effective April 1. The province would eventually pick up $14,000,000 in a full year but the effect on taxpayers would be maintained as nearly as possible as before.

Mr. Allan said that even with the higher hospital insurance rates the province will be required to provide $50,000,000 to keep the hospital sickness plan operating in the year ahead.

In addition, he said, the government will have to provide $75 million in grants for the operation of mental hospitals and sanatoria. The Ontario hospital insurance program will again be shared one-third by the province, one-third by the federal government, and the remainder by insured persons.

Mr. Allan told the legislature several factors have contributed to the increase in hospital costs and the insurance plan. The population of Ontario keeps growing while salaries paid hospital workers have increased at an accelerated step in the past few years. He had hopes hospital costs will level out more than they have.

In addition to radiotherapy for cancer patients, premiums will also provide payment for physiotherapy, occupational therapy and speech therapy when prescribed by a physician as part of a planned rehabilitation program for the patient.

The treasurer explained that certain follow-up visits to a hospital for removal of plaster casts and a recheck of X-rays for fracture cases, treated at a hospital within 24 hours of an accident, will be accepted as an insured out-patient benefit whether or not the initial visit required admission to hospital.

Total cost of the hospital insurance plan in the 12 months ahead is forecast at $320,600,000 by the treasurer. This is virtually double the 1959 costs of $161,800,000 when the scheme first went into operation.

At present, a government committee is conducting an inquiry into the taxation and revenue systems of the province and its municipalities.

This factor may account for the government shying away from boosting the sales tax.

Mr. Allan said the government did not wish to disturb the existing tax structure more than is absolutely necessary to carry out its responsibilities.

He said it was likely the committee on taxation would have a report ready by this summer. It has been functioning for a year.

He pointed out that taxation in Ontario is, by all standards, moderate. Ontario's rates of tax in almost every major revenue field are comparable or lower than those imposed in other provincial jurisdictions.

While the total revenue of Ontario is greater than that of any other province, it is lower on per capita basis than the combined average per capita of all provincial governments.

Fund Closes at $18,223

Children's Hospital Donations Set Record

Fri. 13/64

The 1962-63 fund-raising campaign conducted by the advisory council of London's War Memorial Children's Hospital closed at $18,223 with 1,881 donors, a new record, it was reported at the annual meeting yesterday.

Donations were up nearly $600 from the previous campaign when 1,827 persons and groups in Western Ontario contributed.

In his annual report, E. P. Geary, chairman, reported on projects completed by the advisory committee in the hospital last year.

They included installation of eight wall television sets and speakers;

An Astrup appartus for the pediatric research laboratory in which eight different processes can be run through simultaneously in testing blood from infants;

Purchase of a microscope for use in the haematology department;

Installation of an Electrophoreses for the micro-chemical laboratory for serum protein tests.

Installation of an ice-making machine which eliminated hauling large cakes of ice across from Victoria Hospital;

Purchase of a 16-mm. movie projector for the X-ray department;

And purchase of an audio-system for the child guidance clinic.

This year, the council has committed itself to the purchase of six more wall television sets and speakers; a water still so that distilled water can be made within the confines of the hospital; a Fluorometer for phenylalanines, a substance which, when found in increased amounts indicates mental retardation; and an automatic processor for the X-ray department which will provide dry, finished X-ray prints in seven minutes from the time it is taken from the camera to the doctor's examining screen.

Equipment to be purchased will cost about $12,500.

The council's financial statement at Oct. 31, 1963, was $29,332. However, this balance will be all but wiped out after an $11,289 account is paid to Victoria Hospital, and acquisition of equipment for this year and two pieces of equipment obtained last year are paid for.

Mr. Geary reported on the position of hospital fund as follows: Endowment fund, $316,597, an increase of $3,860; improvement fund, $246,142, an increase of $35,038; pediatric research endowment fund, $91,326, an increase of $13,706; pediatric operating fund, $6,748.

MRS. MURRAY SIMPSON
- - - new chairman

Miss Tika Whitfield, hospital supervisor, said admissions last year were 5,058 compared to 5,093 in 1962. The monthly average was 422.

There were 976 operations performed and 1,427 pairs of tonsils and adenoids removed.

Mrs. Murray Simpson was elected chairman to succeed Mr. Geary. Other 1964 officers are: Honorary chairman, J. G. Thompson; honorary vice-chairman, Dr. H. S. Little; vice-chairman, K. W. Green; secretary-treasurer, Mrs. E. R. Cumming; member at large, W. J. Roadhouse.

Universities Welcome Boost in Grants, Total Up 30 Millions

Feb. 13/64

Three existing universities in Western Ontario and one soon to be created yesterday learned they would share $23,675,000 in provincial government grants, a sizeable increase from last year.

Officials of the University of Western Ontario, University of Windsor, University of Waterloo and the soon-to-be-formed University of Guelph said the grants would enable them to carry out needed projects.

Dr. G. E. Hall, president of UWO, said he welcomed the "very generous" $8,250,000 allocated. UWO vice-president Ross B. Willis said the grant would clear the way for the next phase of the construction program.

Mr. Willis said the $4,250,000 allocated to construction will be used for a $2,250,000 biology and geology science building addition, a $1,700,000 natural science centre and a $75,000 addition to the college of music.

UWO's construction grant is up $750,000 from last year. The grant of $4,000,000 for operating costs compares with $2,300,000 in 1963.

The University of Guelph is pleased with its $1,200,000 grant, Federated Colleges president Dr. J. D. MacLauchlan said. The money will be used to develop the library and social science and humanities instruction facilities, he said.

The University of Windsor, currently in the middle of an expansion program fund drive, is "very gratified" with grants totalling $6,775,000.

John Stuart, chairman of the board of governors said the grant appeared to recognize the exceptional financial need.

Mr. Stuart said the grant of $5,200,000 for capital projects presumably included $1,200,000 payable this year as part of a three-year agreement the university has with the province to purchase Assumption University.

A. K. Adlington, University of Waterloo vice-president of finance, said the university was very satisfied with the operating grant of $2,250,000. Last year's grant was $1,350,000.

The capital grant of $5,200,000 was not as much as hoped for but this was up $2,000,000 from last year.

Soaring education costs at the university level were disclosed in the Ontario budget presented yesterday. It provides for an increase of $30,500,000 in grants to universities. This raises to $101,300,000 the sum to be paid out.

Grants for operating costs extended graduate programs and special purposes will total $47,700,000, and the balance of $53,600,000 will be made available by way of loans through a new Crown corporation to be established to assist universities with capital construction programs.

The budget also provides $120,000 for getting the new Ontario College of Education at London started.

Grants to other universities are:

University of Toronto, $24,911,000; McMaster, $8,200,000; Queen's University, $7,700,000; University of Ottawa, $2,475,000; Carleton, $6,025,000; York University, $9,300,000; Laurentian University at Sudbury, $2,690,000; Trent University $925,000, and Brock University, $1,600,000.

UWO Grants to Total $8,250,000 for Year

Feb. 13/64

By Staff Writer

TORONTO — The University of Western Ontario will receive grants totalling $8,250,000 from the government during the next 12 months, a sizeable increase from last year, the budget revealed when presented in the legislature today. Of this amount, $4,000,000 will be for operating costs and the remainder for construction.

Soaring education costs at the university level are disclosed in the budget which provides for an increase of $30,500,000 to all Ontario universities. This raises to $101,300,000 the sum to be paid out to universities in the year ahead.

Grants for operating costs, extended graduate programs and special purposes will total $47,700,000, and the balance of $53,600,000 will be made available by way of loans through a new Crown corporation to be established to assist universities with capital construction programs.

The newly created government department of university affairs will give special attention to this phase of financial problems of universities.

Cost of servicing the loans will be recognized by the government as part of the operating costs in subsequen years.

The budget also provides $120,000 for getting the new Ontario College of Education at London started.

Grants to other universitie are:

University of Toronto, $24,911,000; McMaster, $8,200,000; Queen's University, $7,700,000; University of Ottawa, $2,475,000; Carleton, $6,025,000; University of Windsor, $6,775,000; University of Waterloo, $7,450,000; York University, $9,300,000; University of Guelph, which comprises the former Ontario Agricultural College complex, $1,200,000; Laurentian University at Sudbury, $2,690,000; Trent University, $925,000, and Brock University, $1,600,000. These two are new institutions. Brock is located at St. Catharines and Trent at Peterborough.

Special funds are also made available to universities for temporary accommodation in the amount of $2,000,000.

For scholarship bursaries and loan assistance a fund of $750,000 has been created.

Award Medical Scholarships

Feb. 14/64

Two second-year medical students at the University of Western Ontario have been awarded $1,000 scholarships for work in radio therapy in cancer control next summer.

Merrill Walter Edmonds, of 593 Middlewoods Drive, London, will work under Dr. T. A. Watson at the Ontario Cancer Treatment and Research Foundation Clinic, London, and James Arthur Sharpe, of Brantford, will work in Hamilton.

The Ivan Smith memorial scholarships are in memory of Dr. Ivan Smith, well-known cancer control specialist and director of the foundation clinic in London from 1953 until his death in 1962. The scholarships were set up last year by the foundation clinic and the Ontario division of the Canadian Cancer Society.

Announcement of the awards was made yesterday by Dr. O. H. Warwick, dean of medicine at UWO and chairman of joint selection committee. A total of eight $1,000 scholarships are awarded each year.

Aim of the scholarships is to interest students of high academic standing in taking active part in the treatment of cancer.

Academy of Medicine Auxiliary Elects Mrs. F. H. Walters President

Feb 13/64

Mrs. F. H. Walters was elected president of the Women's Auxiliary to the London Academy of Medicine yesterday, when the annual meeting was held at Holiday Inn, King Street.

The slate of officers was presented by Mrs. G. R. Girvan and Mrs. Gerald McKichan presided for their election. Mrs. R. J. Bowen chaired the business meeting.

Other officers are: Honorary president, Mrs. Warren Wilkins; past president, Mrs. R. J. Bowen; vice - presidents, Mrs. W. J. M. Cameron and Mrs. H. A. Pickard; recording secretary, Mrs. D. O. Manners corresponding secretary, Mrs. Hubert Loughlin; treasurer, Mrs. William Langdon.

Committee conveners: Publicity, Mrs. John Wyatt; projects, Mrs. S. M. Busby; membership, Mrs. John Lewis; social, Mrs. Robert Collyer; EMMAS, Mrs. R. A. Lewis.

Reports read included that of project convener, Mrs. S. M. Busby who reported a donation of $150 had been made to the bursary and loan fund of the Ontario Medical Association; Mrs. D. O. Manners, secretary, who reported a $100 donation to Operations Crossroads Africa, and Mrs. R. A. Lewis, EMMAS convener, who reported donations of instruments and $100 to the Evangelical Medical Missionaries Aid Society.

Membership convener, Mrs. D. D. Ferguson, reported a membership of 132.

Delegates appointed to attend the annual public relations workshop of the Women's Auxiliary to the Ontario Medical Association to be held in Toronto's Royal York Hotel, Feb. 20, are Mrs. William Langdon and Mrs. F. H. Walters.

MRS. F. H. WALTERS - - Auxiliary President

It was announced that finals of the auxiliary's seven - month marathon bridge will be held May 11 at the Ivanhoe Curling Club.

Guest speaker was Mrs. Marjorie Henderson who demonstrated floral arranging using artificial flowers.

Says Drugs Helpful, But Not Cancer Cure

Feb. 13/64

Drugs used in the treatment of cancer serve to relieve pain and prolong life, but surgery and irradiation remain the main methods, a London cancer expert said yesterday.

This applies particularly to localized form of the disease, Dr. W. B. Barton said during a "cancer clinic day" sponsored by Victoria Hospital and the University of Western Ontario faculty of medicine.

Dr. Barton, assistant clinical professor of medicine at UWO and physician at the cancer clinic at Victoria Hospital, said he is sure drugs have resulted in relief of pain and prolongation of life, even if they haven't produced any "cures."

But he warned that drugs are "potentially lethal," and a close watch must be kept on side-effects.

"Remissions may be of short duration," he said, and resistance to the drug invariably develops.

Dr. Barton said in an interview that drugs are useful only for a disease which can't be cured by surgery or irradiation. Drugs could be used in all cases, but surgery and irradiation do a cleaner job and eliminate side-effects.

The great need is to find a cure for localized diseases by the use of chemicals, he said.

The main fatal side-effects in the use of drugs are infection and bleeding, said Dr. Barton. Cancer cells may also develop a resistance to the chemicals. And a small population of cells are not influenced by any agent, so while the larger part of the tumor might be destroyed, some of it will continue to resist.

There also are such side-effects as diarrhea and loss of hair — the latter a "very shattering thing" because it happens mostly in females.

Dr. Barton urged extreme caution in the administration of drugs. A strong dosage of drugs may eliminate the disease, but it could also eliminate the patient.

Other lecturers were: Dr. R. A. Kinch, who spoke on treatment policy in carinoma of endometrium; Dr. J. H. Walters, use of cytology in pelvic cancer; Dr. H. H. Allen, management of recurrence of carcinoma of the cervix; Dr. L. M. Myers, pre-operative radiation in carcinoma of the breast; Dr. E. R. Plunkett, management of advanced breast carcinoma; Dr. F. C. Heagy, clinical use of isotopes; Dr. J. C. M. Fetterly, treatment of skin carcinoma by radiation; and Dr. D. H. Thomson, management of radiation reactions and

UWO Calls for Bids On Sciences Expansion

Feb. 19/64

The University of Western Ontario has called tenders on two additions to its biology and geology building, expected to cost about $2,000,000.

The university is proceeding rapidly in its expansion of science facilities in attempt to keep pace with rising enrolments which threaten to outrun its ambitious building program.

It is hoped construction of the additions can get under way before the end of March, with a projected completion date of August, 1965.

The two wings to be added to the biology and geology building will contain laboratories and classrooms to provide expanded facilities for the departments of geophysics, geology, botany and zoology.

In addition there will be six lecture rooms, each with seating for 150.

One four-storey wing will be extended to join with the new chemistry building, already under construction to the north of the biology and geology building. A second wing of five storeys will also extend northward from the present building but will not connect with the chemistry building.

This will bring to three the number of building projects, all on science facilities, under construction at the university.

A new medical sciences building, which will also be used for instruction of students in related science fields is expected to be completed in August next year. The new chemistry building is expected to be complete by December of this year.

A composite science centre, to be built close by the biology-geology and chemistry buildings, also should be under construction this year. Tenders are expected to be called soon on the building, which will provide large lecture rooms for science familiarization course given to arts students. It will also contain the university computing centre, a common science library, and a cafeteria.

All science buildings on the campus will be in the same general area, and all will be connected by tunnels on completion of the program.

Dental College Move

Recommend UWO School of Dentistry

Feb. 15/64

TORONTO — A recommendation that a school of dentistry be established at the University of Western Ontario as soon as possible will be made to the provincial government by the Royal College of Dental Surgeons of Ontario.

The decision was taken here yesterday at a meeting of the board of directors of RCDS.

The move brings one step closer to reality the desire of dentists in the London district for a dental school in the area.

Dr. Wesley J. Dunn, registrar-secretary of the RCDS, said the recommendation of the board would be presented to the minister of health and the university affairs committee of the department of education, and will be urged with "every possible persuasiveness we can muster, because the need is really urgent."

The decision was enthusiastically welcomed last night by Dr. G. Edward Hall, president of UWO, who said:

"The university will give every consideration to this proposal at the next meetings of the board of governors and the senate. The faculty of dentistry at Western could be the next step in the establishment of a complete 'health centre' at UWO with its already well-known medical school, school of nursing and its fine teaching hospitals.

"Naturally, because of the financial assistance which would be required for construction of the new dental school and for its operation, the advisory committee on university affairs and the minister of health will have to be consulted before any final decision is reached by the university."

The dental society's spokesman, Dr. Dunn said "we are convinced that the University of Western Ontario has facilities to make the early establishment of a faculty of dentistry both possible and feasible. We are quite sure we could expect a graduating class from Western at least three, and possibly four or five years earlier, than any other university we could recommend."

Even under ideal circumstances, a graduating class could not come from any new dental college until 1969, Dr. Dunn said. In the meantime, he said, the supply of dentists will fall even further behind population figures because there is only one dental school in Ontario (located at the University of Toronto).

"That's why it is so vital that something be done immediately," he said.

Dr. Dunn said a 1969 graduating class would be quite possible if quick approval and financial support is forthcoming from the government. A faculty of dentistry might well be under way by this fall under these circumstances, he said.

Dentistry requires a predental year past grade 13, followed by four years in a professional course.

Among factors influencing the RCDS decision in favor of the University of Western Ontario were an established medical faculty and other facilities, plus the fact that Western is already in the midst of building expansion program, Dr. Dunn said.

The RCDS has been urging the establishment of a second dental college for the province since 1959 when it became obvious that even with a new building the college in Toronto could not hope to meet the demand for dentists, he said.

In a report last January, the RCDS revealed that Kingston, Hamilton, and London were under consideration as prospective sites. At that time McMaster University of Hamilton was favored because it was felt that city could supply a greater number of clinical patients.

McMaster, however, does not yet have a medical school, considered a necessity for the establishment of any dental faculty.

The decision taken by the RCDS yesterday followed by less than two weeks a visit by a committee of the board to meet with representatives of the university in London.

Delay Review of Law On Hospital Workers

Feb. 18/64

City council last night agreed to await the outcome of talks between board of control and Ontario Labor Minister Rowntree before reviewing a 13-year-old bylaw that keeps Victoria Hospital employees outside the labor relations act.

Despite a labor relations board ruling to the contrary, the city feels the hospital employees are the exclusive responsibility of the Victoria board of trustees. The hospital board agrees.

Board of control is seeking a meeting with the labor minister to gain recognition of the view that the hospital employees come under hospital board jurisdiction.

Local 220 of the London and District building service employees' union has been pressing for repeal of the bylaw that excludes hospital employees it represents from the labor relations act. The bylaw was enacted by council — at the Hospital Trust's request — in 1951, after the labor relations board ruled the city and not the trust was the employer.

Ald. George Nace submitted a motion for immediate repeal of the bylaw but withdrew it voluntarily after Con. Margaret Fullerton maintained that such an action would be akin to acknowledging the hospital employees to be city employees and would result in attempts by the building service union to negotiate with council rather than with the hospital board.

The union now has agreement with the hospital covering several hundred non-professional employees, but, because the latter are outside the provisions of the labor relations act, all collective bargaining procedures must be spelled out in the contract. The union contends the 1951 bylaw imposes an unwarranted restriction upon hospital employees that is not endured by any other city workers.

Ambulance Firms Ask Commission To Regulate, Limit Operations

Feb. 17/64

London's three ambulance firms Saturday urged the police commission to licence, regulate and limit the number of ambulance services in the city.

F. E. Swinnen, representing Thames Valley Ambulance, London Ambulance Service and Imperial Ambulance, told commissioners Saturday there is a "degree of urgency" in view of the fact a fourth service is seeking to locate in the city—possibly next week.

"The city," he said, "may end up with five or six ambulance services." In such a situation, none would make any money "and all six would go under," leaving London without service. service whatsoever.

Mr. Swinnen said the commission would have authority under the Municipal Act to limit the number of ambulance firms. "The city of Cornwall passed such a bylaw in 1960, and I have been given to understand bylaws have also been passed by Sarnia and Windsor."

He referred to a section of the Municipal Act which grants authority to licence drivers of cabs, buses and "other vehicles" for hire, and to limit their number.

Ambulances, he contended, would come under the definition of "other vehicles," and the court of appeal has never ruled otherwise.

London's three firms, he told the commission, "feel the standards in connection with ambulances and the services which they render should be kept at the highest level.

"And therefore they are most anxious that a proper bylaw be passed by the board, setting out the rights and obligations of drivers and owners."

Under the present situation, anyone, he said, could get an old truck, put a mattress on the back, paint a sign on the side and operate an ambulance service in London.

The commission decided to refer the request to council to determine if it is willing to make a request for the board to pass such a bylaw. Meanwhile, members will explore their authority to act.

Alberta Asks University Need Probe

Feb. 14/64

EDMONTON (CP) — The Alberta government called on Canada's other provinces yesterday to get together for a joint examination of this country's needs in university education and a means of financing those needs.

he proposal was advanced in the speech from the throne, read by Lieutenant - Governor J. Percy Page at the opening of the first session of the 15th Alberta legislature. The speech also forecast expansion of health and welfare programs in the province, and expressed concern for the financing of education at all levels.

"My government proposes to invite the governments of the other provinces to participate in a joint examination into present and future university requirements with a view to developing a realistic co-ordinated program to meet essential needs within the taxpayer's ability to pay," the speech read in part.

The speech gave a bare outline of legislation Premier E. C. Manning's Social Credit government will place before the legislature.

It said a bill embodying recommendations of a committee appointed in 1961 to study development of a sound system of financial support for higher education would also be introduced.

Legislation providing a greater degree of autonomy for the University of Alberta's Calgary campus would be brought in, the speech said, as part of a "complete revision of the University Act."

Revision of the mill rate for the foundation program of school financing would also be considered, the speech said.

The program, introduced in 1961, provided for a uniform rate of 32 mills across the province to be placed in a central fund and distributed according to a series of cost formulas to meet basic education costs. At that time it was announced there would be no increase in the mill rate for three years.

In the health field, legislation would be introduced to establish a comprehensive program of nursing home care and providing a government subsidy for care of nursing home patients, the speech said.

A new mental health act "designed to modernize the procedures" for handling patients suffering from mental illness would be introduced.

A medical research and education foundation act would be introduced, the speech said. It would establish a board to administer funds donated to the foundation which would provide research and educational grants to persons engaged in mental and other public health fields.

The speech said a pilot project for community development in Northern Alberta would be commenced during the year, to explore "ways and means of assisting and encouraging our people of Indian ancestry to meet their special social and economic problems."

Eyes Mental Clinic For Juvenile Prisoners

Feb. 18/64

Mayor Stronach last night asked the city clerk to inquire of Victoria Hospital trust whether its proposed psychiatric centre might be available to help the city meet the needs of youngsters now kept in the antiquated York Street detention home.

The move resulted from a suggestion made by Ald. C. M. Peterson (Ward Two). He said the hospital clinic would have the fully trained staff that is required to look after children.

"The clerk," he said, "should approach Victoria Hospital to find out the ramifications of the psychiatric department, and if there isn't some way they could look after the children now put in the detention home."

Earlier this year, the hospital trust was given some assurance the approval would be given to a 10-bed psychiatric centre in War Memorial Children's Hospital.

The city detention home has been in the news lately following a United Community Services committee report pointing out that children often spend their time locked in their rooms. The matron has charge of the detention home, and among the committee recommendations was one urging that the staff be increased to seven to provide better supervision and pro-

gram development for the children.

Juvenile and Family Court Judge W. H. Fox, who has visited similar homes in other centres, is due to make a report on his findings to board of control next week.

Doctor Says Mongolism Is Accident of Nature

By CAROLYN JAMES
Free Press Staff Reporter

Feb 14/64

"The occurrence of Mongolism which affects one out of every 600 newborns is, in almost all cases, an accident of nature . . . just like being struck by lightning." This assurance was given by Dr. Murray Barr, professor of micro-anatomy at the University of Western Ontario Medical School, when he spoke to the University Women's Club at Shute Institute last night.

In only two per cent of Mongolism cases, said Dr. Barr, is there any chance of inheritance being the cause. The other 98 per cent occur because of an error in cell division which he referred to as "sticky chromosomes."

Chromosomes are the structures within each cell which bear genes. The genes in turn transmit various hereditary trafts. When an egg or sperm cell does not have the proper number of chomosomes (46), it either dies or develops into an abnormal child.

Dr. Barr, using slides, showed the women how the odd number of chromosomes which cause Mongolism to come about. While cell division was taking place, two certain chromosomes 'stuck' together, and did not divide. So one "daughter" cell had three, and if it developed, was abnormal.

"Mongolism" is an incorrect term, he said, coined in 1870 by a Scottish doctor with an erroneous theory of mental retardation. He grouped together mentally retarded children with the same physical features — notably slanted eyes, depressed ridge on the nose and opened mouth. He felt they were a reversion to a sub-cultural race of men, which he called Mongols, because of the slant eyes.

The term, as well as the theory, "is complete nonsense," said Dr. Barr, and although Mongolism is still the popular name, the disease is called "Down's disease," or syndrome, in medical circles.

Dr. Barr chose Down's disease as an example of mental retardation, because it is the most common cause known. However, he said despite the large amount of research going on at present, in four out of five cases of retardation there is no cause known.

Dr. Barr explained that hyman cells must have 46 chromosomes to be normal. Until 1956, the correct number was thought to be 48, but more precise techniques showed the mistake. An embryo in the animal kingdom seldom lives if it does not have the proper number of chromosomes, he said.

When questioned on the subject, Dr. Barr said studies of spontaneous abortion show one in every five embryos to have chromosome errors "incompatible with survival." This is nature's way of correcting mistakes made at the beginning, he said.

Chromosome errors in plants do survive, however, he said, and the large Easter lilies, are one example of cultivated plant abnormalities. The brighter side of chromosome mutation, he suggested, was in the process of evolution.

It has been seriously proposed said Dr. Barr, chromosome mutation, which reduced the number man has from the number apes have (48), might have been a significant factor in man's climb down from the trees. He also showed the audience, by means of pedigree charts, how it would be possible for a man to breed true with only 44 chromosomes. "When we find such a person," he said, "we will have a new sub-species, for better or worse."

Dr. Barr, a graduate of the University of Western Ontario, joined the medical school staff in 1939. In 1962 he received an award from the Joseph P. Kennedy Jr. Foundation for his work in mental retardation. The award was presented by the late President Kennedy in Washington.

Mrs. Claude McCallum introduced Dr. Barr and he was thanked by Dr. Helen Battle, of the UWO department of zoology.

U.S. Foundation Grants UWO Expert $9,000 for Research

Feb 24/64

Dr. Edgar W. Warnhoff, associate professor of chemistry at the University of Western Ontario, has been awarded a basic research grant by the Alfred P. Sloan Foundation.

Dr. Warnhoff was one of four Canadians to receive awards from the foundation. The announcement was made in New York today.

Dr. Warnhoff said his grant probably will be worth approximately $9,000.

It is an unrestricted grant for basic research in chemistry, mathematics, physics or other fields. The recipients can apply them to whatever research projects they choose.

Dr. Warnhoff now is conducting two research projects in organic chemistry. One involves investigation of natural products and attempted isolation of pure chemical compounds from plant sources. He is particularly interested in isolating and studying alkaloids which might prove medically useful.

The other project involves investigation of the mechanism of organic chemical reactions.

The 34-year-old chemist has been at UWO since 1962.

Another Canadian, Dr. Charlotte Froese, associate professor of mathematics at the University of British Columbia, became the first woman scientist to receive one of the Sloan Foundation grants. Dr. Froese at present is on leave of absence as a research fellow at the Harvard College Observatory in Cambridge, Mass., where she is doing research in atomic structure theory.

The other two Canadians are Dr. Neil Bartlett, another UBC professor, and Dr. Richard F. W. Bader, of McMaster University at Hamilton.

Hits 'Scare' Tobacco Programs

Feb 27/64

By Staff Writer

TORONTO — The money used in educational programs to warn cigarette smokers of the hazards of cancer might well be better spent on research in the hopes of determining the cancer producing agent in tobacco, according to Kenneth Bryden (NDP Woodbine), as he urged the government lend its support to this cause.

"Educational programs are futile," the member said, and in this he was supported by Health Minister Dymond whose department estimates were being piloted through the House.

"Scare programs on cancer caused by cigarette smoking are less than useful," commented the minister, though admitting there is enough evidence to support the claim the disease can be caused from their use.

Research he said was the most important problem. The elusive factor is what produces carcinogen in tobacco, stated Dr. Dymond, saying there is a difference in cigar tobacco and that used in pipe tobacco and cigarettes.

Mr. Bryden, who has smoked a pipe, tobacco and cigarettes before he quit 20 years ago, said there seems to be no cure for addiction to tobacco. Persons who gave up smoking for years suddenly find they are back at it. The MPP said he was in that class and probably had quit 100 times.

Hospital Plan Challenge to London

Feb. 19/64

ANNOUNCEMENT by the London Health Association of plans for a 400-bed teaching hospital adjoining the new medical sciences building at the University of Western Ontario is a matter of great importance to London. This city is a notable medical centre, not only in Canada but in North America. But a position of this kind imposes a heavy responsibility to maintain services at a high level.

Canada is growing increasingly conscious of the need for the best possible health care. But in all the debates about hospital and medical care it should not be forgotten that a prime consideration is the training of an adequate and competent number of doctors.

The 1962-1963 report of the Medical Research Council, included in the National Research Council of Canada's report, stresses two grave shortages. One is the small number of full-time appointments in Canadian medical schools, particularly in clinical departments. The other is the shortage of research laboratory facilities. This aggravates the tendency for good people to seek positions outside the country.

London has recently lost a group of most promising young men. If the new facilities can provide opportunities for people of this sort devoting their talents to the healing of the sick in this country, and particularly in this community, it will be of the very greatest importance.

While the prime purpose of the hospital is to facilitate training of doctors and of other technical personnel necessary for modern medicine the proposed hospital should also help meet the need, pointed out by the London Academy of Medicine, for a new active treatment hospital.

Financing of a project of this stature will be a formidable problem. Co-operation will be required from the Ontario Hospital Services Commission and from a number of other bodies. It is to be hoped that it will be forthcoming and that the many problems which will undoubtedly arise can be satisfactorily solved.

Hospital Plan Requires Careful Study

Feb. 24/64

THE news that Canada's military hospitals may be utilized to relieve bed shortages in public and general hospitals offers interesting possibilities across the nation. It is of especial interest to this district.

Westminster Hospital at London has long been in the front rank of military hospitals in this country. Its high standards have been recognized.

While this proposal has merit it will also present problems, as Hon. Roger Teillet, minister of veterans affairs, said in Ottawa.

"In assessing these proposals," said Mr. Teillet, "the interests of veterans, the standards of treatment, and the protection of staffs, must be assured."

This is indeed a matter for serious consideration. Can hospitals now operated by the department of veterans affairs be transferred from federal to provincial and local control, and the rights and standards of veterans' treatment be fully protected?

It is probable that if the suggestion is adopted, a program of co-ordination will have to be evolved whereby certain facilities of military hospitals can be opened to the public while the federal department retains full responsibility for its services to veterans and the active forces. The problem should not be insurmountable if it is carefully developed.

May Open Military Hospitals

Feb. 21/64

By ROBERT W. NEEDHAM
Free Press Staff Writer

OTTAWA — Canada's military hospitals, including Westminster Hospital at London, may be utilized to relieve hospital bed shortages in public or general hospitals, Roger Teillet, minister of veterans affairs, said yesterday.

He told The Free Press that Westminster would be brought under whatever general policy was determined. A general study was under way but no decisions had been made.

There had been no requests from the London area that accommodation or facilities at Westminster be made available to the general public.

The question was raised in the Commons by J. Chester Macrae (PC — York-Sunbury) who asked the minister to define government intentions regarding the transfer of department of veterans affairs hospitals from federal to provincial or local control.

Mr. Teillet said that because of the shortage of hospital beds throughout the country, his department had received proposals from many provincial, municipal and university authorities.

He said all would realize the difficulties inherent in such proposals but they were being given serious consideration with a view to proferring municipalities and others whatever assistance could be given.

"In assessing these proposals, the interests of the veterans, the standards of treatment and the protection of staffs must be assured.

"These considerations will be much in our minds as we study the position. We are not yet in a position to reach any conclusion," he said.

Ontario Has 25 Thalidomide Cases

Feb. 22/64

By Staff Writer

TORONTO — Number of thalidomide babies in Ontario remains at 25, Health Minister Dymond said yesterday in the legislature, in reply to a question from a Liberal MPP.

Last year when these births came to the public attention there were 23 Ontario cases, but since that time the parents of the two thalidomide infants moved into the province.

Nursing Home Care Rapped

Award UWO

Dymond Denies Ontario Needs Twice as Many Medical Doctors

Feb. 22/64

TORONTO (CP) — Health Minister Mathew Dymond yesterday denied that Ontario could make use of twice as many medical doctors as it now has.

He was answering a statement in the legislature by Ross Whicher (L-Bruce), who said that Ontario needed double the number it had at present.

"We certainly couldn't use twice as many doctors," replied Dr. Dymond. To say this was "ridiculous and extreme."

Mr. Whicher also said the provincial government was discriminating against European doctors by denying them permission to practise in Ontario.

It was an astonishing fact that doctors had to wait five years to obtain Canadian citizenship before Ontario would allow them to enter private practice. Two years' internship was also neccessary.

Kenneth Bryden (NDP-Woodbine) said there was "no justification" for the citizenship requirement.

Health Minister Dymond said his department had more applications from doctors wanting to enter Ontario than it would allow.

Just because a doctor had a prefix in front of his name did not make it right that he should be let loose on the public of Ontario.

Dr. Dymond said European doctors were not being kept out of Ontario for any reason than their qualifications and ability to practise properly.

What the province needed was not more doctors but more psychiatrists, he said.

Mr. Whicher said Canada needs three times as many dentists as it now has, according to the Canadian Dental Association.

The Liberal member also complained about the emigration of professional men from Canada. As soon as they had completed their education at provincial expense doctors were leaving for Hawaii or California.

It was time to wield a small stick to persuade these people to remain in Ontario or Canada, Mr. Whicher argued.

Dr. Dymond said the flow of doctors out of the province was not a one-way street. The doctor-population ratio was remaining about the same, showing just as many doctors were entering the province.

Ontario had one doctor for about every 900 persons, compared with one per thousand in the rest of Canada.

Hospital Fund Drive Methods Criticized

Feb. 22/64

By Staff Writer

TORONTO — Dealing almost exclusively with the situation in Metro Toronto, Allan Lawrence (PC Toronto-St. George) charged in the legislature yesterday that the manner in which some hospital committees make appeals for funds to expand is "nothing short of extortion." The lawyer-legislator said he had been asked not to make public names of the hospitals.

His information he said, came from young doctors who were warned that unless they made a contribution, the amount being fixed by the fund raisers, they would not be allowed the facilities of the hospitals.

"This manner of raising money by hospitals is most unfair," Mr. Lawrence claimed.

Hospitals needing more beds and lacking money should consider raising money by mortgaging their property, Mr. Lawrence said. Trust and insurance companies, he felt, would be eager to accept mortgages on hospital property, knowing full a government would never tolerate a foreclosure.

The government, Mr. Lawrence noted, has set up a crown corporation to assist universities with capital expenditures to meet the needs for expansion. Perhaps this should be done for the hospitals.

Specialized hospitals are the need today, the MPP claimed. Canada is lagging behind in the modern concept of what a hospital is and should be.

In Metro Toronto where there is still a critical shortage of hospital beds, Mr. Lawrence thought an emergency type of hospital should be built dealing with cases that fall entirely in the emergency category.

"Maybe the government should build it" observed the MPP.

Physical Medicine Professor Named

Feb. 22/64

Appointment of Dr. M. G. P. Cameron, of Saskatoon, as professor and head of the department of physical medicine and rehabilitation in the University of Western Ontario faculty of medicine was approved yesterday by the university board of governors.

The appointment will fill a post which has been vacant since the death of the former department head, Dr. T. H. Coffey, in 1961.

Dr. Cameron will be based at Victoria Hospital, but will act as consultant to the Crippled Children's Treatment Centre and other London hospitals.

DR. M. G. P. CAMERON

- - - medical school appointment

Dr. Cameron graduated from the University of Toronto in 1942 and served until the end of the Second World War with the Royal Canadian Army Medical Corps in Europe. He then returned to five years of postgraduate training in internal medicine and became a fellow of the Royal College of Physicians and Surgeons of Canada in 1950.

He practiced medicince for a short time in Saskatoon. For the past seven years he has been assistant professor of rehabilitation medicine at the University of Saskatchewan and assistant director of the department of rehabilitation medicine at University Hospital, Saskatoon.

Plan Construction At Ontario Hospital

Feb. 21/64

By Staff Writer

TORONTO — First clear indication that the Ontario health department may start rebuilding the Ontario Hospital at London came last night from Health Minister Dymond.

Department estimates for 1964 indicate that tenders for new construction will likely be called about May 1. He said demolition work has already started.

A rebuilt hospital, or a new one has been promised London for at least 15 years.

The original estimated cost of the hospital has soared by several millions since it was first proposed. Deputy provincial health minister W. G. Brown said last fall the latest estimate was $12,000,000.

Says RNAO Brief Could Jeopardize Status of Nurses

Feb. 22/64

TORONTO (CP) — A brief submitted to the royal commission on health services could jeopardize the professional status of nurses, a nurse charged Tuesday night.

Mrs. Ruth Le Roux, chairman of the recently-formed committee for the advancement of professional nurses,, criticized portions of a brief submitted by the Registered Nurses Association of Ontario in 1962.

Mrs. Le Roux said the RNAO acted without the full knowledge of its general membership.

Mrs. Le Roux said the brief proposes bringing together nurses now being trained in hospital schools with those in training centres for certified nursing assistants. At the same time it recommends the education of professional nurses be made the responsibility of the universities.

Mrs. Le Roux said members of CAPN interpret this as meaning only university-trained nurses will be regarded as professional.

Corrects Statement On Doctors

Feb. 25/64

TORONTO — Health Minister Dymond corrected a statement he had made last week that foreign doctors had to wait five years to obtain Canadian citizenship before they could enter private practice in Ontario.

Dr. Dymond made the statement in the legislature during discussion of the health department's estimates.

The health minister said this used to be the case. At present the only requirements were that the doctor be a landed immigrant, that he serve two years internship and that he have the necessary educational qualifications.

Dr. Dymond made these other points during questioning by opposition members:

- Chiropractic services will not be included in Ontario's proposed medical care insurance plan at its outset.
- Increased use of detergents presents no danger to public health, although some dermatitis (skin rash) results; but the health department would favor the use of "defrothicants" to keep suds down since high suds levels present sewage problems.
- Venereal disease in Ontario increased slightly during 1963 but Canada so far had escaped the apparent increase in VD cases noted in other countries.
- Ontario will spend $4,318,000 on medical research during the 1964-65 fiscal year.

Clinic for Retarded Lauded in Legislature

Feb. 26/64

TORONTO — High praise for the psychiatric clinic for retarded children at London was given by a Liberal MPP and New Democratic Party member in the legislature yesterday.

Both urged the government to expand the facilities available there.

The success of the London experiment should have prompted this government to set up more clinics of this type in the province, Vernon Singer, Liberal MPP, said while estimates of the health department were under review by the legislature.

He said care of retarded children is one of the most serious problems to which Health Minister Dymond can devote his attention.

But the minister rejected the claim of Mr. Singer that the department has been careless in its treatment of retarded children.

"That is a dreadful thing to say," observed the minister, maintaining the department is doing everything possible.

Norman Davison (NDP—Hamilton East) praised the London clinic. The doctors are most co-operative, he said. He had spent a day there with the parents of a little girl who couldn't walk and could talk only a little.

Dr. Dymond said the underlying philosophy today regarding mental illness is to keep patients out of institutions, with the hope community services would be expanded so more of the children could be kept at home.

The government, he said, has changed its mind about building hospital schools for the retarded the size of the one at Cedar Springs. It was originally planned to accommodate 2,000, but this was cut back to 1,200. At present there are 953 children in the institution.

THE UNIVERSITY OF WESTERN ONTARIO

Faculty of Medicine

Twenty-third Dr. F. N. Eccles Memorial Medical Alumni Lectureship

ROBERT H. BARTER, M.D.
Professor of Obstetrics and Gynaecology,
The George Washington University,
Washington, D.C.

Wednesday, March 25th, 1964

Medical School Auditorium
London, Ont.

Nursing Home Care Rapped

Award UWO

Doctor Told 'Stop Playing God'

Feb. 26/64

TORONTO (CP) — Patricia Morgan's doctor testified during an inquest yesterday that a superior told him to "stop playing God" in treating her after an operation because she was regarded as incurably ill of cancer.

Dr. Kenneth A. Brown said he would have been disobeying instructions had he ordered post - operative X-rays of Miss Morgan, whose death here last Nov. 5 was later attributed by autopsy pathologists to a surgical clamp left in her abdomen during the Oct. 18 operation.

The autopsy did not indicate any visible cancer, according to evidence at the inquest, which enters its third day today. Dr. Brown had removed cancerous growths in an operation last spring.

Attorney - General Cass ordered the belated inquest early this month when the 32-year - old victim's relatives learned of the effect of the forgotten surgical instrument. The doctors had not reported it after the death at Toronto East General Hospital.

Dr. Brown, 45, testified Dr. Burns Plewes, chief of surgery at the hospital, had stepped in during his Oct. 18 operation — when Dr. Brown was seeking to remedy an obstruction at the stomach exit — and he had been replaced at the operating table before his procedure was followed.

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Dr. Kenneth A. Brown, left, and his lawyer, P. B. Pepper, leave session of Toronto inquest into death of Patricia Morgan.

Doubted Doctor's Ability, So Had 'Watchdog'

Feb 27/64

TORONTO (CP) — The chief surgeon at Toronto East General Hospital said yesterday he had doubts about the competency of Patricia Morgan's personal physician when he allowed him to undertake the Oct. 18 operation that led to her death.

Dr. Burns Plewes, head of surgery since 1947, admitted at a coroner's inquest he now considers he was wrong in granting permission to Dr. Kenneth A. Brown, even though he assigned his top assistant to the operation in a "watchdog" role.

Miss Morgan, 32, died Oct. 1 and an autopsy blamed her death on a surgical clamp left in her intestines after the operation. Failure of medical and hospital officials to report the death to the coroner's office led to a special inquest order by Attorney-General Cass after the victim's family discovered the cause of death.

Dr. Plewes himself came under stiff questioning yesterday from Crown Counsel John Hoolihan when he testified he had told pathologist Dr. Stewart Penny, after learning of the autopsy result, that he did not think it a case for the coroner.

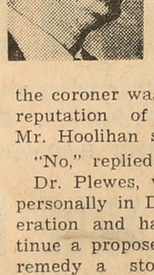
Mr. Hoolihan suggested the report was withheld to protect the reputation of the hospital.

"You knew very well she had died of misadventure, to put it mildly," Mr. Hoolihan said.

"Every surgeon worth his salt who enters the abdominal cavity has nightmares for fear he has done just this," the white-haired surgeon said. But he conceded Mr. Hoolihan was correct about misadventure. However, there was no criminal act or intent to harm.

Asked who he would consider responsible for reporting the death, Dr. Plewes said it might be the attending physician (Dr. Brown) or a permanent member of the hospital staff or "anyone connected with the case who felt he should report it."

"I suggest the reason nobody at the hospital notified



DR. A. T. VARGA - - - told to 'watch'

the coroner was to protect the reputation of the hospital," Mr. Hoolihan said.

"No," replied Dr. Plewes.

Dr. Plewes, who intervened personally in Dr. Brown's operation and had him discontinue a proposed dissection to remedy a stomach-intestinal blockage after the patient began to bleed heavily, told the inquest he had had doubts of Dr. Brown's competence for about two years and had regularly assigned him one more than the usual single assistant.

He now would not permit him to operate again and, after the operation and before Miss Morgan died, had obtained his agreement not to try to operate at East General again.

Dr. Plewes and the two operating room assistants in the Morgan operation also gave testimony directly contradicting Dr. Brown's earlier evidence on several points in the case.

Dr. Plewes denied Dr. Brown's suggestion that he was discouraged from taking post-operative X-rays, which might have disclosed the leftover instrument, because he should not try to "play God" in the treatment of Miss Morgan's supposedly-incurable cancer.

The surgery chief said he had never been consulted by Dr. Brown on treatment of Miss Morgan after the operation, had not barred X-rays and would have had no objection to someone else operating on the w[illegible] or to having her re[illegible]browns. [illegible] Mary where else for an operation [illegible] Morby Dr. Brown.

Dr. Anthony T. Varga, the East General's senior resident and a surgical specialist who was assigned to the operation by the head surgeon, described as "untrue" Dr. Brown's statement Tuesday that Dr. Varga had replaced him involuntarily during the operation.

Dr. Brown's contention was that he had yielded up any responsibility for an instrument check by being replaced.

Dr. Varga said he did not take over the operation but

Feb. 27/64

Plan Construction At Ontario Hospital

Feb. 21/64

By Staff Writer

TORONTO — First clear indication that the Ontario health department may start rebuilding the Ontario Hospital at London came last night from Health Minister Dymond.

Department estimates for 1964 indicate that tenders for new construction will likely be called about May 1. He said demolition work has already started.

A rebuilt hospital, or a new one has been promised London for at least 15 years.

The original estimated cost of the hospital has soared by several millions since it was first proposed. Deputy provincial health minister W. G. Brown said last fall the latest estimate was $12,000,000.

Says RNAO Brief Could Jeopardize Status of Nurses

Feb. 27/64

TORONTO (CP) — A brief submitted to the royal commission on health services could jeopardize the professional status of nurses, a nurse charged Tuesday night.

Mrs. Ruth Le Roux, chairman of the recently-formed committee for the advancement of professional nurses,, criticized portions of a brief submitted by the Registered Nurses Association of Ontario in 1962.

Mrs. Le Roux said the RNAO acted without the full knowledge of its general membership.

Mrs. Le Roux said the brief proposes bringing together nurses now being trained in hospital schools with those in training centres for certified nursing assistants. At the same time it recommends the education of professional nurses be made the responsibility of the universities.

Mrs. Le Roux said members of CAPN interpret this as meaning only university-trained nurses will be regarded as professional.

Corrects Statement On Doctors

Feb. 25/64

TORONTO — Health Minister Dymond corrected a statement he had made last week that foreign doctors had to wait five years to obtain Canadian citizenship before they could enter private practice in Ontario.

Dr. Dymond made the statement in the legislature during discussion of the health department's estimates.

The health minister said this used to be the case. At present the only requirements were that the doctor be a landed immigrant, that he serve two years internship and that he have the necessary educational qualifications.

Dr. Dymond made these other points during questioning by opposition members:

- Chiropractic services will not be included in Ontario's proposed medical care insurance plan at its outset.
- Increased use of detergents presents no danger to public health, although some dermatitis (skin rash) results; but the health department would favor the use of "defrothicants" to keep suds down since high suds levels present sewage problems.
- Venereal disease in Ontario increased slightly during 1963 but Canada so far had escaped the apparent increase in VD cases noted in other countries.
- Ontario will spend $4,318,000 on medical research during the 1964-65 fiscal year.

Clinic for Retarded Lauded in Legislature

Feb. 26/64

TORONTO — High praise for the psychiatric clinic for retarded children at London was given by a Liberal MPP and New Democratic Party member in the legislature yesterday.

Both urged the government to expand the facilities available there.

The success of the London experiment should have prompted this government to set up more clinics of this type in the province, Vernon Singer, Liberal MPP, said while estimates of the health department were under review by the legislature.

He said care of retarded children is one of the most serious problems to which Health Minister Dymond can devote his attention.

But the minister rejected the claim of Mr. Singer that the department has been careless in its treatment of retarded children.

That is a dreadful thing to say," observed the minister, maintaining the department is doing everything possible.

Norman Davison (NDP—Hamilton East) praised the London clinic. The doctors are most co-operative, he said. He had spent a day there with the parents of a little girl who couldn't walk and could talk only a little.

Dr. Dymond said the underlying philosophy today regarding mental illness is to keep patients out of institutions, with the hope community services would be expanded so more of the children could be kept at home.

The government, he said, has changed its mind about building hospital schools for the retarded the size of the one at Cedar Springs. It was originally planned to accommodate 2,000, but this was cut back to 1,200. At present there are 953 children in the institution.

The Twenty-third Dr. F. N. Eccles Memorial Medical Alumni Lectureship

presented by

THE FACULTY OF MEDICINE

THE UNIVERSITY OF WESTERN ONTARIO

Guest Lecturer: Robert H. Barter, M.D., Professor of Obstetrics and Gynaecology
The George Washington University, Washington, D.C.

MORNING SESSION

CHAIRMAN—DR. R. A. H. KINCH

10:00 a.m.—Clinical Presentations
ROBERT H. BARTER, M.D.

11:00 a.m.—Coffee

11:15 a.m.—Film—Vaginal Hysterectomy
ROBERT H. BARTER, M.D.
Discussant—DR. H. H. ALLEN

12:00 noon—Lunch

AFTERNOON SESSION

CHAIRMAN—DR. W. P. TEW

2:00 p.m.—The Use of Progesterone in the Treatment of Advanced Carcinoma of the Endometrium.
DR. E. R. PLUNKETT

2:30 p.m.—The Use of Sparteine Sulphate in the Induction and Stimulation of Labour.
DR. W. L. TEW

3:00 p.m.—Coffee

3:15 p.m.—Management of the Incompetent Cervix.
ROBERT H. BARTER, M.D.
Discussant—DR. G. PRUEFTER

Approved by the College of General Practice of Canada for 4 hours Category I Study Credits

Nursing Home Care Rapped

Award UWO

Doctor Told 'Stop Playing God'

Feb. 26/64

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enneth A. Brown said d have been disobey- tructions had he or- ost - operative X-rays Morgan, whose death st Nov. 5 was later at- by autopsy patholo- a surgical clamp left abdomen during the operation.

autopsy did not indi- ny visible cancer, ac-

cording to evidence at the inquest, which enters its third day today. Dr. Brown had removed cancerous growths in an operation last spring.

Attorney - General Cass ordered the belated inquest early this month when the 32-year - old victim's relatives learned of the effect of the forgotten surgical instrument. The doctors had not reported it after the death at Toronto East General Hospital.

Dr. Brown, 45, testified Dr. Burns Plewes, chief of surgery at the hospital, had stepped in during his Oct. 18 operation — when Dr. Brown was seeking to remedy an obstruction at the stomach exit — and he had been replaced at the operating table before his procedure was followed.

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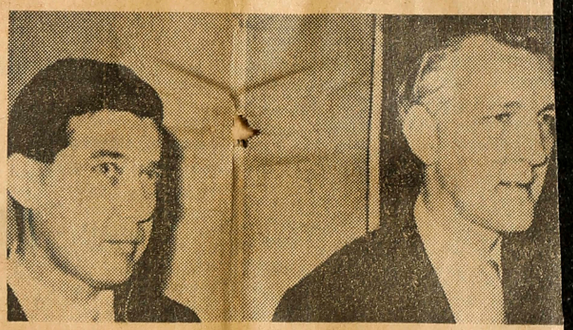

Dr. Kenneth A. Brown, left, and his lawyer, P. B. Pepper, leave session of Toronto inquest into death of Patricia Morgan.

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DR. A. T. VARGA - - - told to 'watch'

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Clamp Case Doctor Told To 'Stop Playing God'

Feb 26/64

7.

(Continued from page one)

Miss Morgan developed serious symptoms after the operation, he should have ordered X-rays that might have shown the six-inch metal instrument tangled in her intestines.

"That would have been disobeying orders," Dr. Brown said.

"This was to have been a terminal (final) illness," he said, "and I was to be content with the results achieved so far. Those were my instructions."

At another point, he said that "when your superior tells you to accept a situation and stop trying to play God, you have to accept it whether you like it or not."

Mr. Hoolihan suggested that neither Dr. Plewes nor anyone else had told him he should not have X-rays.

"That would not have been accepting the fact that I should know the patient would die," Dr. Brown said.

When Mr. Hoolihan insisted Dr. Brown could have had X-rays taken, the doctor replied: "If I'd been on my own, yes."

The lawyer said they would have discovered the clamp.

If there had been no interference with the operation, Dr. Brown replied, there would have been no clamp in the body.

Dr. Brown said that in that operation he had neither used the type of instrument labelled responsible for Miss Morgan's death nor operated in the lower part of the abdomen where it was found.

Dr. Brown was critical of his chief assistant in the operation, Dr. A. T. Varga, a senior interne at the hospital, who he said had done "the worst thing that could possibly happen" by walking out to get the chief of surgery after Dr. Brown had cut the artery. The result had been that the artery could not be clamped in time.

At Mr. Hoolihan's request, he also produced his private chart on the operation with a reference to "poor assistance from Dr. Varga and a statement that he had made a "rough" dissection on the spleen.

When it was pointed out that this was not included in the official summary sheet of the operation, Dr. Brown said:

"Unless you're forced to, it's not good policy to go around saying things like that." He had mentioned it to Dr. Plewes.

Dr. Brown also said he had been told that "some people did not like it" when he told the Morgan family about the forceps, although no one had objected directly to him.

Dr. Brown came under fire from the Crown lawyer for listing cancer and acute intestinal obstruction in the death certificate without reference to the clamp, after he had been advised of its discovery following an autopsy.

"I suggest that portion of the death certificate was deliberately falsified," Mr. Hoolihan said.

Barry Pepper, the doctor's lawyer, immediately cried that this was a "rotten" and "unworthy" thing to say to a professional man and demanded it be withdrawn. However, Coroner Gerald Blanchet allowed a question along that line.

Dr. Brown said he had been told of the clamp by pathologist Dr. Stewart Penny — he never did see the autopsy report until recently — and at the time did not believe the clamp caused death. But he would accept that now.

He also denied testimony by Dr. Penny that the pathologist had suggested to him that he report the matter to the coroner. As far as he was concerned, the clamp information was hearsay.

Dr. Brown added that when he was doing pathology he would consider such a report to be his duty.

In any case, he said, "the operation had been taken out of my control after the first part."

In the legislature yesterday, a complaint against the treatment of a woman patient received in Toronto's Wellesley Hospital before her death last year was aired by Kenneth Bryden, NDP member for Woodbine. He read to the House a copy of a letter sent the hospital's board of directors by a son of the deceased, Jack G. Miller.

In the letter he charged nurses ignored orders of his mother's doctor regarding the food she was to receive and that he could get no satisfaction when he took the matter up with H. M. Turner, chairman of the board.

Many of the nurses were grudging in manner and slow to attend to matters of urgency, the letter further complained. A copy was also mailed to the Ontario Hospital Services Commission.

The patient, Mrs. Lilian E. Miller, entered the hospital Feb. 12, 1963, and died March 1.

The government gave no indication it would launch an investigation at Wellesley.

was in danger by the time he called in Dr. Plewes, who ordered the original operation discontinued, the spleen removed and the incision closed.

Dr. Varga denied Dr. Brown's claim that the resident left the operating theatre to get Dr. Plewes just as the arterial bleeding commenced. said he noticed the girl's physician checking around in the operational cavity before starting to sew up the cut.

"He went through the motions of what a surgeon would do when looking for any foreign bodies such as sponges," the interne said. This had not taken more than a minute. ing was checked. Dr. ... thought it was five minutes.

Both Dr. Varga and Dr. Takahashi contradicted Dr. Brown's statement that he did not use clamps of the type found in the autopsy and that he had not operated in the area where they were found.

(Continued on Page 8, Col. 9)

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Nursing Home Care Rapped

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Kept Death Quiet to Save Hospital Image

11/28/64

TORONTO (CP) — Crown counsel at an inquiry into the forceps death of Patricia Morgan in Toronto East General Hospital suggested yesterday her death was "swept under the rug" as a coroner's jury concluded a four-day hearing.

Counsel John Hoolihan drew from hospital administrator Eric R. Willcocks an admission that hospital authorities should have reported the Nov. 4 death to the coroner when the woman's doctor failed to do so, but the official would not agree it was swept under the rug.

Mr. Willcocks said he had had in mind that it would not be a public service to destroy the public image of hospital" by publicizing the case of Miss Morgan, whose death 18 days after an operation was attributed to a surgical forceps-clamp left in her abdomen.

The circumstances of the ... was told to disregard this part of the evidence.

During Mr. Willcoks' period on the stand, he submitted two new pages from East General Hospital's manual for interns, specifying procedures for reporting deaths to the coroner's office, though the administrator said it did not add any new responsibilities.

He said the material had been sent to the printers in December — before the death of Miss Morgan was made public last month — and the printed copy had been received only last week.

The jury heard from Dr. Kergin that he would not be in agreement with the failure to advise the coroner of the death at the East General.

He said the primary responsibility was that of the operating surgeon, who usually notifies the hospital medical superintendent, who in turn notifies the coroner.

If this were not done in a reportable case at his hospital, he said, he would feel there were doubt, that he should err on the side of giving information but let him decide whether the matter should have been reported.

32-year-old Miss Morgan's death came to light only after her relatives pressed for an autopsy report and eventually notified the coroner's office here. Ontario Attorney-General Fred Cass ordered the belated inquest before a hand-picked jury.

Mr. Hoolihan suggested to the East General's administrator yesterday that the public would have more respect for hospitals if it knew such cases would not be hidden.

"I would agree now," Mr. Willcocks said. "At the time, I felt the other way."

In any event, he said, he left such matters to the medical staff of the hospital.

Final sessions of the inquest — one of the longest in Ontario history — heard evidence critical of the techniques of Dr. Kenneth A. Brown, Miss Morgan's physician, who headed the three-man surgery crew that operated on her for a stomach-exit obstruction that developed after an earlier operation for stomach cancer.

Dr. Frederick G. Kergin, head of the surgery department at the University of Toronto and surgeon-in-chief at Toronto General Hospital, gave testimony along this line, without mentioning Dr. Brown by name, in answer-in a series of hypothetical questions based on earlier evidence of the fatal operation.

Dr. Kergin, who acted as an expert consultant at the inquest, said he found lack of care and errors in judgment and knowledge at various stages of the operation.

An operating-room nurse — Irene Wagenaar — also testified that during the operation she heard one of Dr. Brown's two assistants whisper to the other: "He doesn't know what he's doing."

She attributed the statement to Dr. Anthony Varga, senior resident at the hospital, who had been assigned ...

During discussion of the hypothetical procedures parallelling the Morgan case, Dr. Kergin suggested "the instrument tangled in the woman's intestines could have been found through X-rays.

The symptoms created by the gangrenous intestine, he said, should "above all" have pointed to X-rays of the abdomen to show up any obstructions including opaque foreign bodies.

"Such as a clamp?" inquired Mr. Hollihan.

"Yes," the surgeon replied.

Dr. Kergin was not critical of Dr. Plewes for allowing Dr. Brown to operate on the woman despite his doubts, in view of the watchdog role of his chief assistant at the operation. He agreed also it should have been stopped when it was.

"It's no use having a well-devised operation in a dead patient," he said.

If every surgeon inspected the abdominal cavity for instruments, as he should do, the chances of overlooking one were very slight. He felt very strongly it was not in the patient's interests to lie with an open incision while 100 or 150 instruments were counted.

to the operating room by surgery chief Dr. Burns Plewes because he had doubts about Dr. Brown's capability for the operation.

Dr. Plewes subsequently stepped in and halted the operation after it had gone two hours without the doctors getting into the patient's stomach, with bleeding having developed from cut blood vessels.

Dr. Plewes had testified that Dr. Brown later agreed not to ask permission to operate at the hospital again.

The chief of surgery disclosed yesterday that before Dr. Brown's first operation on Miss Morgan last March, Dr. Brown had asked him to take care of her. He said he refused.

The inquiry did not go into this when Dr. Plewes reminded Dr. Gerald Blanchet, coroner, of an apparent agreement that there was to be no evidence reaching beyond the first operation, and the jury

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1/64

b[illegible] that Dr. Brown completed the work in the interior and handed him the needle and suture only after he had sewn up the incision in Miss Morgan's abdomen until only about three inches were left open.

He also said Dr. Brown had inadvertently damaged the woman's spleen—it was later removed to control bleeding—cut into arteries running between the spleen and stomach and pierced a section of the upper intestine.

Dr. Varga said Miss Morgan's life was in danger by the time he called in Dr. Plewes, who ordered the original operation discontinued, the spleen removed and the incision closed.

Dr. Varga denied Dr. Brown's claim that the resident left the operating theatre to get Dr. Plewes just as the arterial bleeding commenced. He had just turned his head and sent a nurse.

Dr. Varga and Dr. Paul Takahashi, an interne and second assistant at the operation, agreed the responsibility for the operation was Dr. Brown's, and Dr. Takahashi

DR. BURNS PLEWES - - - admits error

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He also denied testimony by Dr. Penny that the pathologist had suggested to him that he report the matter to the coroner. As far as he was concerned, the clamp information was hearsay.

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In the letter he charged nurses ignored orders of his mother's doctor regarding the food she was to receive and that he could get no satisfaction when he took the matter up with H. M. Turner, chairman of the board.

Many of the nurses were grudging in manner and slow to attend to matters of urgency, the letter further complained. A copy was also

The sponge count had been reported correct, to Dr. Brown.

When Dr. Brown handed over the suturing job, Dr. Takahashi said, there was not enough opening left in the incision for a man to put his hand through.

There were varying time estimates of how long it took Dr. Plewes to convince Dr. Brown he should end the operation. Dr. Brown said Tuesday it took around 20 minutes, while the girl kept bleeding. Dr. Varga estimated five or 10 minutes, and after most of the bleeding was checked. Dr. Plewes thought it was five minutes.

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He said the primary responsibility was that of the operating surgeon, who usually notifies the hospital medical superintendent, who in turn notifies the coroner.

If this were not done in a reportable case at his hospital, he said, he would feel if there were doubt, that he should err on the side of giving information but let him decide whether the matter should have been reported.

"I'd rather have it that way," he said. However, the Toronto General had no rigid rules.

Discussing the question of an instrument count after an operation — a procedure not followed at East General — Dr. Kergin said he did not think it necessary in a well-planned operation by a team accustomed to working together.

If every surgeon inspected the abdominal cavity for instruments, as he should do, the chances of overlooking one were very slight. He felt very strongly it was not in the patient's interests to lie with an open incision while 100 or 150 instruments were counted.

32-year-old Miss Morgan's death came to light only after her relatives pressed for an autopsy report and eventually notified the coroner's office here. Ontario Attorney-General Fred Cass ordered the belated inquest before a hand-picked jury.

Mr. Hoolihan suggested to the East General's administrator yesterday that the public would have more respect for hospitals if it knew such cases would not be hidden.

"I would agree now," Mr. Willcocks said. "At the time, I felt the other way."

In any event, he said, he left such matters to the medical staff of the hospital.

Final sessions of the inquest — one of the longest in Ontario history — heard evidence critical of the techniques of Dr. Kenneth A. Brown, Miss Morgan's physician, who headed the three-man surgery crew that operated on her for a stomach exit obstruction that developed after an earlier operation for stomach cancer.

Dr. Frederick G. Kergin, head of the surgery department at the University of Toronto and surgeon-in-chief at Toronto General Hospital, gave testimony along this line, without mentioning Dr. Brown by name, in answer in a series of hypothetical questions based on earlier evidence of the fatal operation.

Dr. Kergin, who acted as an expert consultant at the inquest, said he found lack of care and errors in judgment and knowledge at various stages of the operation.

An operating-room nurse — Irene Wagenaar — also testified that during the operation she heard one of Dr. Brown's two assistants whisper to the other: "He doesn't know what he's doing."

She attributed the statement to Dr. Anthony Varga, senior resident at the hospital, who had been assigned ...

During discussion of the hypothetical procedures parallelling the Morgan case, Dr. Kergin suggested "the instrument tangled in the woman's intestines could have been found through X-rays.

The symptoms created by the gangrenous intestine, he said, should "above all" have pointed to X-rays of the abdomen to show up any obstructions including opaque foreign bodies.

"Such as a clamp?" inquired Mr. Hollihan.

"Yes," the surgeon replied.

Dr. Kergin was not critical of Dr. Plewes for allowing Dr. Brown to operate on the woman despite his doubts, in view of the watchdog role of his chief assistant at the operation. He agreed also it should have been stopped when it was.

"It's no use having a well-devised operation in a dead patient," he said.

to the operating room by surgery chief Dr. Burns Plewes because he had doubts about Dr. Brown's capability for the operation.

Dr. Plewes subsequently stepped in and halted the operation after it had gone two hours without the doctors getting into the patient's stomach, with bleeding having developed from cut blood vessels.

Dr. Plewes had testified that Dr. Brown later agreed not to ask permission to operate at the hospital again.

The chief of surgery disclosed yesterday that before Dr. Brown's first operation on Miss Morgan last March, Dr. Brown had asked him to take care of her. He said he refused.

The inquiry did not go into this when Dr. Plewes reminded Dr. Gerald Blanchet, coroner, of an apparent agreement that there was to be no evidence reaching beyond the first operation, and the jury

Cass Considers Charges In Toronto Forceps Death

Feb. 29/64

Free Press Wire Services

Attorney-General Fred Cass said yesterday his department will consider laying charges in connection with the death of Patricia Morgan, who died in Toronto from complications caused by a surgical clamp (forceps) left in her stomach after an operation.

Mr. Cass said he is also considering whether protective legislation is necessary as a result of the probe into the Toronto death.

A coroner's jury Thursday found Dr. Kenneth A. Brown responsible for leaving the clamp in Miss Morgan, and recommended that hospitals institute a before-and-after count of instruments used in operating rooms.

The recommendation has caused officials of several hospitals to label the proposal "unrealistic," claiming the risks of leaving a person exposed for the instrument count would be greater than the danger of an instrument being overlooked.

Dr. Morton Shulman, Metropolitan Toronto's chief coroner, meanwhile has over-ruled a colleague and ordered an inquest into the death of Christopher O'Kelly, 3, who died at St. Michael's Hospital, Toronto, after a tonsil operation. An autopsy showed the boy bled to death.

"The family was not satisfied with the explanation of the death. In investigating I found circumstances I felt warranted a full public investigation," Dr. Shulman said.

It was at the insistence of Dr. Shulman that Mr. Cass ordered the inquest into the death of Miss Morgan.

Counting instruments before the end of an operation is "ideal but impracticable," Dr. T. L. Fisher, secretary of the Canadian Medical Protective Association, said yesterday.

He said that several hospitals across Canada have tried using counts "but invariably we are told that they find the risks are so high that they endanger the patients, and they just have to quit."

Dr. Fisher said that when a surgeon during an operation says "hemostat, fast," to a nurse, he wants it immediately — and not after some delay required by counting procedures.

He said risks inherent in making counts are probably greater than the risk of having forceps left in one or two patients a year. Deaths from this cause are rare, he said.

Officials at Victoria and St. Joseph's hospitals in London agreed with Dr. Fisher.

They said the length of time needed to make a count would be dangerous for the patient who would have to wait until the count was finished to have his abdomen closed.

They said a proper search of the abdomen leaves little risk of an instrument being left inside the patient.

Dr. Burns Plewes, chief surgeon at Toronto East General, where Miss Morgan died, said whether to order instrument checks during operations.

Ontario's supervising coroner, Dr. H. B. Cotnam, said instrument counts could take as long as 30 minutes and warned: "By the time you have an accurate count you may have a dead patient as well."

In Hamilton, Dr. Edward Wilson, medical superintendent of Hamilton General Hospital, said yesterday medical school graduates are shunning his hospital because of bad publicity.

He said only four medical graduates have applied for internship at the hospital since June.

He said the adverse publicity dates back to last fall when interns were criticized for the way they handled an aspirin-overdose case in which [illegible] died.

Disorganization, Doctor Blamed in Forceps Dea

Feb. 28/64

TORONTO (CP) — A coroner's jury found last night that a "state of disorganization" existed in the operating room during an Oct. 18 operation on Patricia Morgan here and held Dr. Kenneth A. Brown responsible for leaving in her body a surgical clamp that resulted in her death Nov. 4.

After a four-day inquest, the jury recommended that all Ontario hospitals institute a check of instruments and materials after surgical operations, a procedure not in effect at Toronto East General Hospital, where the 32-year-old woman died. (Earlier story on Page 3)

The jury also recommended that the Coroner's Act be amended as necessary to "ensure prompt compliance of all responsible parties" — appar[ent] reference to the reporting of q[ues]able deaths to the coroner's offic[e].

Miss Morgan's death did not c[ome] light until her family pried out[in]mation on the circumstances mo[re] a month later.

A third recommendation c[on]this issue stated that the rights [of] terested persons to get autopsy [re]should be clearly defined by la[w].

A Nov. 4 autopsy at the [hos]showed the surgical instrument [was] sponsible for the woman's death, [but] family was unable to get a cop[y] January. Ontario Attorney-Genera[l] Cass ordered the belated inquest [after] they drew it to official attention.

Nursing Home Care Rapped

Award UWO

Fabulous Feast for Faculty

"Bi-culinary" foods and bi-cultural entertainment highlighted the annual Women's Faculty Club dinner-dance held last night in the Great Hall, Somerville House, University of Western Ontario. Left to right, Mrs. Charles Drake, chef, Hans Blume, Dr. Drake, and Dr. Michael Yuhasz.

Feb. 27/64

Notable 'Bi-Culinary' Buffet Precedes Dance at Faculty Event

A "bi-culinary" buffet, a feast to the eye and ear as well as the taste, greeted guests at the annual Women's Faculty Club dinner-dance held last night in the Great Hall, Somerville House, University of Western Ontario.

An amusing and palate-tempting spoof on bi-culturalism, the evening was rounded out by musical entertainment in two languages, with dancing later.

Typical of the event was the main door prize, a whole suckling pig, complete with apple in mouth.

Huge murals, with lettering in two languages, decorated the entrances and the Great Hall was lined with black and yellow prints of succulent ducks, pigs, fish and chickens. Fiesta-colored flowers sparked the walls and yellow flowers and candles brightened the tables.

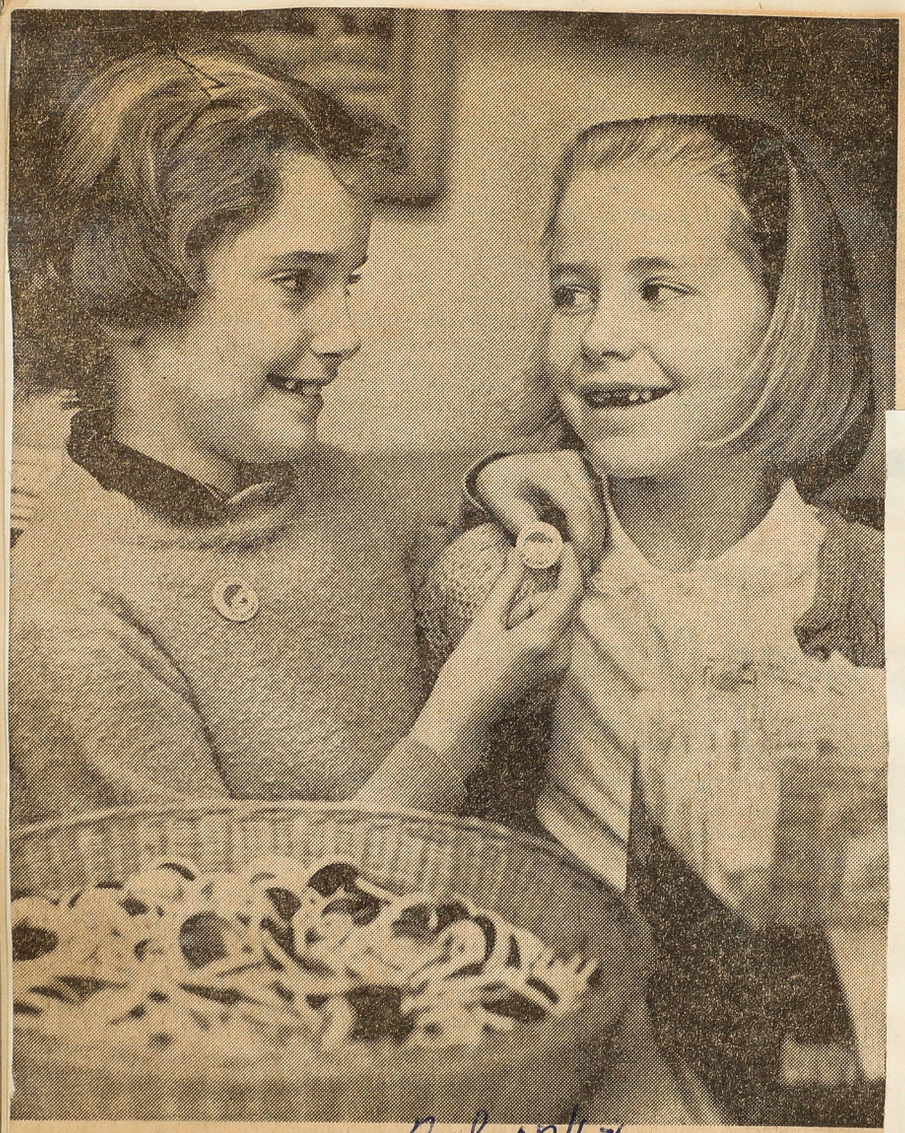
Griffith, flute, Brian Sparks, accordion.

Mrs. Gerald Copestake was general convener, assisted by Mrs. Phillip Casaubon, Mrs. L. C. Dugal, Mrs. James Stevenson, Dr. Phillip Stratford, entertainment, Dr. J. R. W. Gwynne-Timothy, master of ceremonies, and Mrs. Charles Drake, president. Decorations were by Mrs. Osmond Langtvet and dance music by Ron Brown's Sextet.

The extensive menu, prepared for up to 700 people by the staff in Somerville House, included roast wild duckling with orange sauce, herb-fried chicken drumstocks, top sirloin of beef with truffle sauce, cold stuffed beef rolls with walnut dressing and mushroom and wine sauce chasseur.

Highlights of other courses were rolled fillet of sole with bacon dressing and white wine sauce, deep fried marinated smelt, marinated rainbow trout, smoked eel and salmon, native oysters and caviar, and assorted cheeses. Dessert was Casata ice-cream and petit fours with coffee.

Guests were recived by Dr. and Mrs. G. E. Hall, Dr. and Mrs. Charles Drake and Dr. and Mrs. F. S. Cook Bi-cultural entertainment during the evening was provided by Miss Paulette Petz, Suzanne Aubin, Colin Hayward guitar, Honor



Feb 27/64

HEAVY CONTRIBUTORS — Suzanne Blancher, left, of 468 Cyprus Ave., pins a button labelled "I gave my tooth to science" on Anne Carrick, of 30 Naomee Crescent. The two girls have donated a total of five teeth to research worker Dr. A. M. Hunt, at the University of Toronto school of dentistry.

Children Give 700 Teeth to Science

A handful of London m
counted and packaged teet
terday, all in the intere
science.

The teeth are children's
for which the good fairy of the
past used to pay cold cash. Now
the children give up their teeth
and get no cash in return, only
a button showing they gave
teeth to science.

So far, the mothers have collected about 700 teeth in five months. They hope to collect another 1,300 before October and send them to University of Toronto school of dentistry research worker Dr. A. M. Hunt.

Dr. Hunt is studying teeth of children from across Canada in an effort to determine the effect of Strontium 90 on the body. To aid his project, women in several communities have undertaken to collect and forward the teeth to him.

Mrs. C. F. Cappa, chairman of the London baby tooth survey committee of the Voice of Women, said dentists and home and school associations within a 25-mile radius of the city are co-operating in the venture.

Ambulance Licensing Long Overdue

Mar. 2/64

THERE IS much merit in the suggestion by the London Chamber of Commerce that the city institute a licensing system for ambulances, including some minimum standards for both vehicles and drivers. It came as a shock to most of us when we learned a few months ago that anyone with a driver's licence can set himself up in the ambulance business, whether or not he has the slightest qualifications for the work.

Council might also require some proof of financial and moral responsibility on the part of applicants. Ambulance service in London over the years has been a hit-and-miss affair. As soon as one firm goes broke, another one starts up. Apparently nobody gets wealthy in the business; in fact Ontario ambulance operators have had to appeal to the provincial government for a subsidy to take care of their unpaid calls.

Also included in the Chamber of Commerce resolution is the suggestion that sirens not be permitted on ambulances, that they be allowed only flashing lights. There is no doubt that sirens have been abused, and that their use is necessary only in cases of extreme police or fire emergency.

Numerous serious accidents have demonstrated to ambulance drivers that they have no right-of-way, siren or no siren, and that they are subject to all the traffic laws. These reminders might well be incorporated into whatever by-law city council passes if it adopts the chamber's worthwhile suggestion.

Nursing Home Care Rapped
Government Action Urged

Mar. 6/64

OTTAWA (CP) — The Senate committee on aging was told yesterday that its members would be "amazed" and "horrified" by conditions which exist in some private nursing homes in Canada.

Mrs. N. I. Zemans, president of the National Council of Jewish Women of Canada, made the statement in urging the committee to recommend that municipal and provincial governments should take steps to ensure a high standard of care in homes for the aged.

Mrs. Zemans said the council would like to see a system of licencing adopted and training programs started for persons working in nursing homes.

There are no training programs in Canada for persons caring for the aged, she said. Even doctors and dentists were not being trained in the care of old persons suffering from such ailments as from loss of memory.

The council in a brief submitted to the committee urged that a national association on aging be established. Its job would be to conduct an educational program to persuade Canadians to prepare for old age, to bring about a measure of uniformity in welfare services for the aged and to assess the minimum incomes required by the aged to maintain a minimum standard of living.

Mrs. Zemans said the national association should be governed by an independent board of directors. The directors should include representatives of all levels of government and welfare organizations active in caring for aged persons.

Senator Allister Grosart (PC —Ontario) said most organizations that had appeared before the committee had stressed the need for a co-ordinated national program for the care of the aged. He questioned whether a national association would be able to do the job because it would be limited to making recommendations to government.

Senator David Croll (L — Ontario) said some of the responsibility must be placed on government if there ever is to be any co-ordinated plan for taking care of older persons.

Both the council and the Canadian Congress of Labor urged that municipalities make greater use of the National Housing Act to finance new housing for the aged.

They said Central Mortgage and Housing Corporation should try to persuade provincial and municipal governments to take advantage of provisions of the act providing for the construction of such housing.

"Central Mortgage should go out and peddle the act," said Andrew Andras, CLC director of legislation. "It should tell municipalities that this type of housi
much

Award UWO $224,283 For Research

Mar. 6/64

The University of Western Ontario will get $224,283 for cancer research from the National Cancer Institute of Canada it was announced yesterday.

Of this amount, $25,083 is for fellowships to five UWO men and $49,200 as grants to five others.

The cancer research unit on campus received a grant of $150,000.

UWO was among eight Ontario cancer research centres which together received $705,031 awarded by the institute.

This amount comprised $56,808 in fellowships and $648,223 in grants.

The largest single grant of $210,000 went to a research team under the direction of Dr. H. E. Johns, head of the physics division at the Ontario Cancer Institute in Toronto. The Toronto institute also received $102,775 in additional grants and

Students Honored By Osler Society

Mar. 7/64

Nine members of the Osler Society of the University of Western Ontario Medical School were honored at the annual meeting last night for outstanding contributions to the society.

Dr. W. P. Tew, honorary president and guest speaker, presented keys and scrolls to John Aust, London; Gloria Burk, Windsor; James Curtis, St. Thomas; Mary Ellen Kirk, London; Alastair Murray, Toronto; James Purvis, Belle River; Donald Reid. St. Catharines; David Thomson, Windsor; and Albert Yuzpe, London — all fourth year medical students.

The society, named for the famous Canadian physician, the late Sir William Osler, is an undergraduate organization for medical students devoted to the study of the historical development of medicine.

Dr. Tew, chief of obstetrics and gynaecology at Victoria Hospital, St. Joseph's Hospital and Bethesda Hospital from 1921 until his retirement in 1957, spoke on famous medical men who were also well-known for their literary accomplishments.

Sir William Osler, although not a poet, "had a wonderful control of the English language" and "his prose was beautiful," said Dr. Tew. Other famous doctor-writers and poets he touched on included John Keats, Col. John McCrae, a native of Guelph; Oliver Wendell Holmes, John Locke, Oliver Goldsmith, David Livingston and William Grenfell.

Dr. Tew was introduced by Mr. Murray and thanked by Miss Kirk. Toast to the Osler Society was proposed by Mr. Purvis. Chairman was society president Hans Witt, of London, a third-year student.

Londoner Appointed To Fitness Council

Mar 6/64

OTTAWA — Dr. Paul Hauch, of London, is among 15 appointees to the National Council on Fitness and Amateur Sports, it was announced yesterday by Health Minister Judy LaMarsh.

Dr. Hauch is secretary of the Canadian Amateur Swimming Association and chairman of the sport medicine committee of the Canadian Olympic Association.

DR. PAUL HAUCH
- - - fitness post

Since 1946, he has been involved in youth work, particularly in sports. He has instructed in swimming at local, regional and national levels.

Also appointed to the council were Kitchener native Rev. David Bauer, coach of Canada's 1964 Olympic hockey team, and Dr. William A. R. Orban, of Saskatoon, who developed the RCAF 5-BX fitness program.

Others are Earle Nicholson, of Charlottetown, P.E.I.; Mary Barker, of Ingonish, N.S.; Morris M. Bruker, of Montreal; Robert LeBel, of Fort Chambley, Que.; John W. Davies, of Montreal; Jake L. Edwards, of Kingston; Paul H. Traynor, of Hamilton; Dr. Max Avren, of Winnipeg; Dr. Maury Van Vliet of Edmonton; Mrs. May Brown, of Vancouver.

Two members re-appointed were Rev. Marcel de la Sablonniere, of Montreal, and Canadian Olympic Association president James Worrall, of Toronto.

The Council will meet here Monday and Tuesday to plan the year's program. Available for the program this year is $3,000,000, a rise of $1,000,000 over 1963.

The first task of the Council will be to decide on 1964 - 65 grant requests, the announcement said.

and Dr. Keith Coulter.

LEESON, JEAN, M.D. (Cert. Pediatrics)
Department of Pediatrics.
LETTS, HARRY W., M.D., F.R.C.P. (C)
Department of Laboratories.
LIQUORNICK, CLARA, M.D.
Department of General Practice.
LONG, MISS CECILIA
Vice-President, Board of Governors.
LOUDON, ESTHER, M.B. (Cert. of Gynaecology)
Honorary Staff.
LOUGHEED, JEVA, M.D. (Cert. Anaesthesia)
Department of Anaesthesia.
LUKE, W. R. F., M.D.
Department of Surgery, Consultant.

NOBBS, MRS. W. K.
Zone Chairman, Campaign Committee.

O

OSINS, BIRUTA A., D.D.S.
Dental Staff.

P

PARMENTER, ELLICE, M.D. (Cert. Anaesthesia)
Department of Anaesthesia.

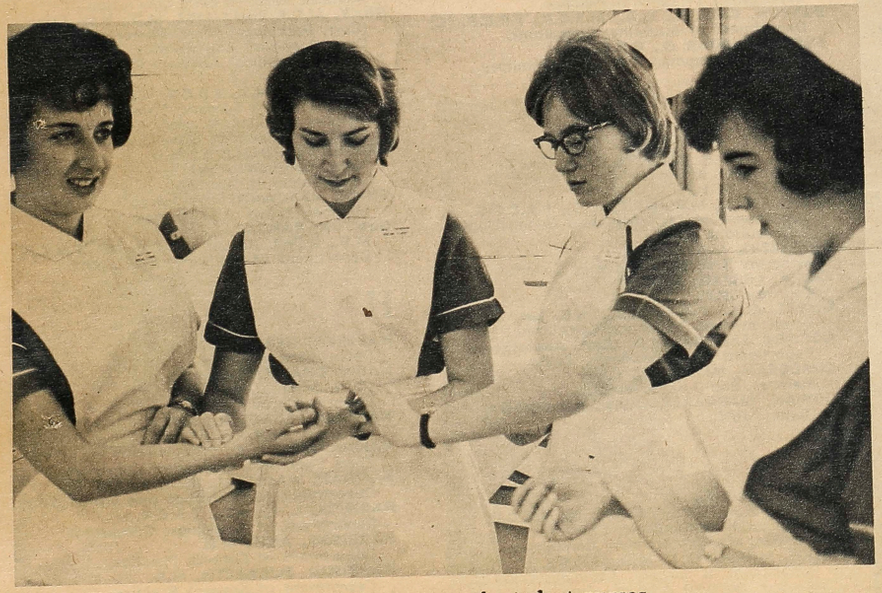
Department of Medicine.
SCOTT, JOHN, M.A., M.D.
Department of Medicine, Consultant.
SHEPPARD, DOROTHY, M.D.
(Cert. Obstetrics & Gynaecology)
Department of Obstetrics and Gynaecology.
SHIELDS, HARRY, B.A., M.D., F.F.A.R.C.S.
Department of Anaesthesia, Consultant.
SHNEIDMAN, NINA, M.D.
Department of General Practice.
SNIDER, BERNICE, M.D.
Department of General Practice.
STANULYTE, R., M.D.
Department of Anaesthesia, Fellow.

Department of Obstetrics & Gynaecology,
Consultant.
WYNNE-JONES, MEGAN, M.D.
Department of General Practice.

Y

YONEYAMA, MISAO, B.A., M.D.
(Cert. Obstetrics & Gynaecology)
Department of Obstetrics and Gynaecology.
YOUNG, ELIZABETH, M.D.
Honorary Staff.

THE PULSE RATE OF A GROWING CITY



There are some things a text book can't teach student nurses

"The University of Toronto is increasing its enrollment in the Medical School. The Women's College Hospital has taken on a gradually increasing load of under-graduate and post-graduate students. **Without increase in our facilities no further teaching is possible.** . . . Unless more beds are made available the hospital cannot add to its present staff—and therefore will not be able to increase the quality and the quantity of the teaching."

From the Report of October 18, 1963, made by **Agnew Peckham and Associates, Hospital Consultants**

"The active treatment bed need in Metropolitan Toronto in 1963 is established as 10,788 beds. In the Spring of 1963, there were 8,428 such beds set up and staffed for use, leaving **a deficit of 2,360 short-term active treatment beds for service to the community."**

From the survey of **Active Treatment Hospitals in Metropolitan Toronto,** Part Five. May, 1963

OUR SPECIAL THANKS TO THE FRIENDS OF WOMEN'S COLLEGE HOSPITAL WHO HELPED MAKE THIS SUPPLEMENT POSSIBLE

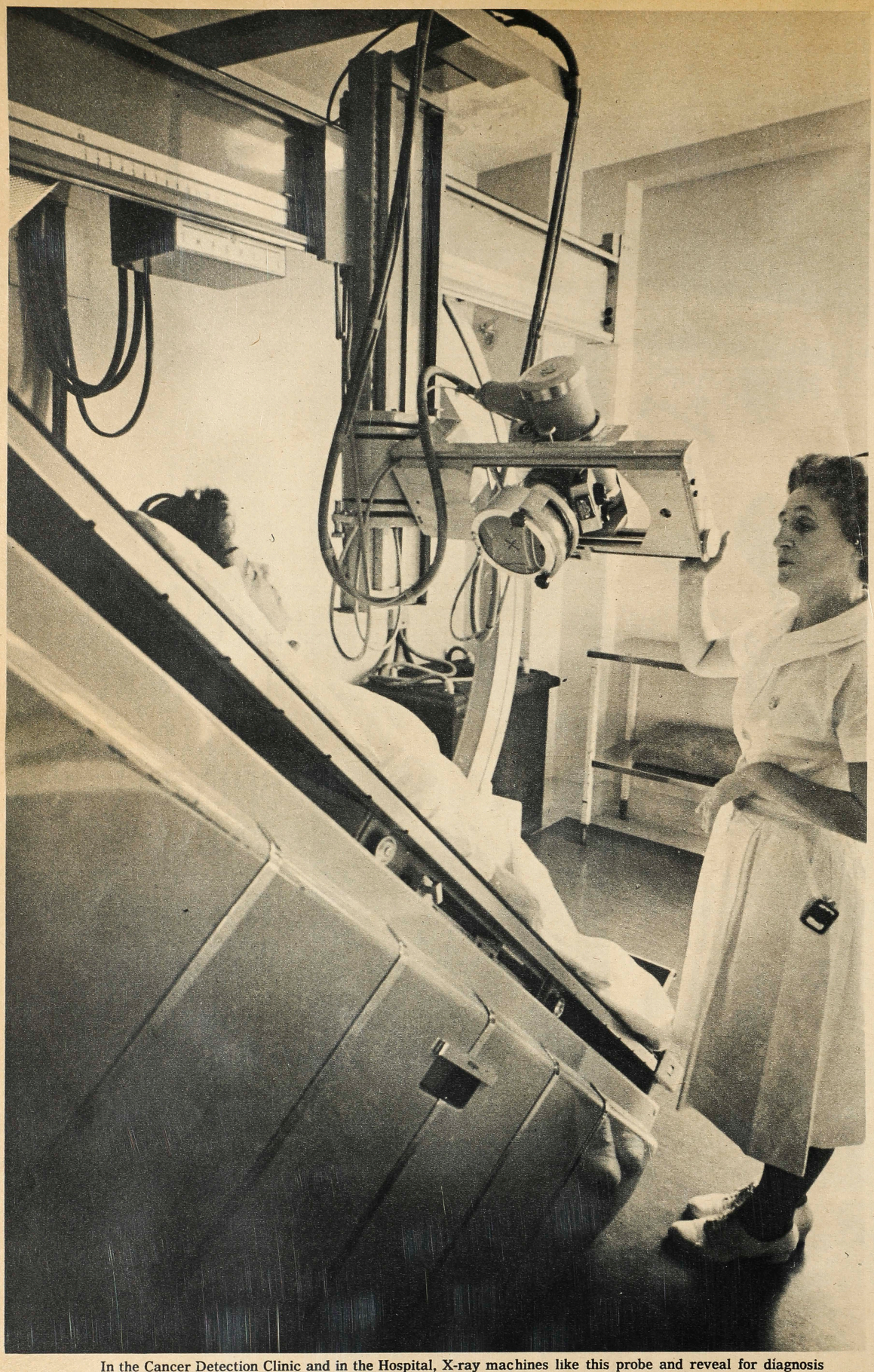
The Globe and Mail
SPECIAL SUPPLEMENT

THURSDAY, MARCH 5, 1964

"...TO TEACH, TO HEAL WITH SPECIAL CARE..."

The story of Women's College Hospital

Surgical nurse and young patient just before the tonsils came out



In the Cancer Detection Clinic and in the Hospital, X-ray machines like this probe and reveal for diagnosis

CANCER Preventive

CANCER, at the present time, is only curable if it is discovered in its early stages. The tragedy is that the obvious symptoms appear late in so many cases.

The most common sites of cancer in a woman are in the uterus, cervix and breast and, if found early enough, these cancers are frequently curable. Even more important is the fact that cancer, particularly of the cervix, can be easily diagnosed even in its earliest stages.

For the past 16 years Women's College Hospital has operated a Cancer Detection Clinic and has been examining "well-women" in a house adapted for this purpose near the main hospital buildings. It is the only clinic of its kind in Ontario and one of two in Canada.

The clinic is only open to women who believe themselves to be in good health and who are over 30. If a woman is sick or thinks she has cancer she cannot be admitted; instead she is referred to her family doctor.

Director of the clinic is Dr. Henrietta Banting, who, with two other

Dr. Henrietta Banting, Director, Cancer Detection Clinic.

DETECTION
medicine for the "well-woman"

doctors, two nurses and a secretary is responsible for the examination of about 2,700 women a year. The patient herself, not her doctor, makes an appointment directly with the clinic, but the appointment has to be made in advance because the clinic has a longer waiting list than anything since "Camelot" on Broadway.

Women making an appointment now will have to wait to be examined until mid-November. Last year, 600 persons decided they couldn't wait for their appointment and gave up.

The clinic not only checks for cancer but it provides a thorough check-up including a complete physical examination, laboratory and X-ray tests. To date, 22,000 patients have visited the clinic and all of them are encouraged to return on a regular basis.

Some women have returned each year for the past 12 years, and, in all, 37,000 examinations have been made since the clinic was opened.

One hundred and eighty five early cases of cancer have been found, as well as other diseases, such as hypertension, diabetes and tuberculosis. A woman does not see her report—it is sent to her family physician who tells her the findings.

The whole examination occupies about two hours and costs the patient $18. The actual cost of each examination is $22. The deficit of $4 is made up by the Ontario Cancer Treatment and Research Foundation.

Cancer of the cervix is detected in the clinic principally by the use of the Papanicolaou test, nicknamed the "pap" test. In the test, the neck of the womb, or cervix, is scraped with a wooden spatula. It is painless, and the resultant smear is spread on a glass slide and stained.

A pathologist, by examining the cells on the slide under the microscope, can give a reliable opinion as to whether any of the cells are cancerous. This provides a method of detecting cancer long before it is visible to the naked eye or before there are any other symptoms.

A new method of detecting cancer of the breast has recently been adopted. This involves the use of "soft" X-rays to take a picture called a mammogram. By using this technique the trained eye of the radiologist can differentiate between a benign tumor in the breast and a true cancer. This method is now being assessed with the help of a financial grant from the Ontario Cancer Treatment and Research Foundation.

Dr. Banting points out that success in controlling these three kinds of cancer (of the uterus, cervix and breast) would alter the whole picture of cancer in women, for these sites account for 41 per cent of all types of cancer. Skin cancer, which is also readily detected by a trained eye, is responsible for 13 per cent more of the cancer in women.

"If we could detect cancer early enough most of it, occurring in these areas, could be cured," Dr. Banting says.

The Canadian Cancer Society estimates that, in 1964, 2,200 women will develop cancer of the cervix and uterus this year. Of these 700 will die. It further estimates that 5,500 Canadian women will develop breast cancer in 1964. Of these women, 2,100 will die. Yet, with early detection, says Dr. Banting, "the cure rate could be very high".

British Columbia is carrying on an extremely ambitious program to diagnose cancer of the cervix. It is planned to give every woman in the province a "pap" test. About 200,000 women already have been tested, and 1,117 cases of invisible cancer have been diagnosed. If the British Columbia project proves practicable, other provinces may follow this lead.

The Women's College Hospital Cancer Detection Clinic has to serve all of Ontario, but the clinic is too small In fact, women from as far away as South America and the Caribbean come to Toronto to attend the clinic.

Plans for the Women's College Hospital provide for an entirely new unit. The present old house will be torn down and the clinic will be housed in modern hospital quarters, able to handle about twice as many examinations in a year—nearly 6,000 but this is still not likely to meet the demand.

Sheena returns to the Hospital to take home the first of her triplets.

SHEENA

A story with an all female cast—one mother, three daughters and a women's hospital

ONE day, just before Christmas, a slightly built girl of 26 hesitantly walked into the office of Dr. Betty Poland in Toronto. She was expecting a child and Dr. Poland noted these particulars:

NAME: Sheena Benton, Husband: Ian.
CHILDREN: One named Gail, aged six.
HOSPITAL INSURANCE: None.
RESIDENCE: Very temporary, just arrived in Toronto from India via Britain.
DOES NOT FEEL WELL.

"I was much more nauseated and tired than when I expected Gail," she said. "I couldn't understand what was wrong."

It could, of course, have been the travelling, but the Bentons are seasoned travellers, as many Scots are. Ian is dark and quiet, and he somehow builds friendly silences. He speakes softly. Sheena is blond, full of nervous energy and bubbles with conversation. On that day in December, however, she didn't feel like talking.

Dr. Poland, a staff doctor of the Women's College Hospital, suspected something.

"I could feel too many bits and pieces for only one baby," she said. "I would have ordered her into the hospital at once but I knew she had just arrived in Toronto. She had just arrived in Toronto, she had no one to leave her daughter with, no insurance and she needed time to settle down."

That night the Bentons moved from a downtown flat to an apartment in Flemingdon Park. She had been told by Dr. Poland to do as little physical work as possible. She tried not to. Her body was tired, but her mind churned. It was Christmas, a time to be home, to make a home, or to put things in order.

A few days later she was admitted to Women's College Hospital for an X-ray. X-rays in cases such as this are limited to an absolute minimum and Sheena received only one exposure, but it was enough to confirm Dr. Poland's suspicions: the Benton family was about to be augmented by three.

Happy days! New country! New home! New furniture! Practically no money — and triplets! Some persons said that Mr. Benton looked, as the British put it, "proper poorly." Sheena now visited her doctor's office twice a week, taking Gail with her.

"Gail was so cute," says Dr. Poland. "To her I was the lady who would bring her not one, not two, but three little sisters."

On Jan. 18, Dr. Poland finally decided that Sheena would have to be admitted to the Women's College Hospital. She looked tired, anemic and was developing a degree of toxemia. The babies were not due for another week or two.

While Sheena waited in her room, a number of technicians she would never know or see, went to work behind the scenes. Her degree of anemia was determined in the laboratory. The blood bank tested her blood and cross-matched it in case she would need a transfusion. An analysis of her urine determined the degree of her toxemia.

Sheena had no hospital insurance, but because she required special care, she was given a private room. One of the staff nurses volunteered to do extra duty to look after her.

That same afternoon the medical staff was alerted. Specialists were told to stand by. Triplets do not arrive every day and Mrs. Benton says that interest in her condition was intense in the hospital. "People looked at me with anxious faces," she says.

Two obstetricians were alerted, one to

deliver the babies and one to look after them between deliveries.

A pediatrician was to stand by in the delivery room to examine the babies as soon as they were born.

Two anesthetists were warned, one to look after the mother and the other to check the breathing of the infants and to supply them with oxygen if they needed it.

At 4:34 a.m. on Jan. 19, **Lynn Benton** was born, weighing 4 pounds 1 ounce. **Kerrie** arrived at 4:39 a.m., weighing 3 pounds 10 ounces. **Fiona** came at 4:42 a.m. and weighed 3 pounds 8 ounces.

Two were identical twins, the other fraternal. All of them were in good health but they were declared premature.

Lynn, Kerrie and **Fiona** were immediately placed in Isolettes. There, under glass, in a constant temperature and humidity, small amounts of oxygen were added to ease the strain of their breathing. They survived the first few critical days.

Sheena was probably too weak to sense the anxiety of the medical staff. Mr. Benton paced the floor.

The triplets never left the Isolette. They were fed through a tube inserted into their mouths and down into their stomachs. Premature babies' reflexes are sometimes not sufficiently developed to permit them to suck properly. When the hospital's chief pediatrician, Dr. Augusta W. Rebhan, examined the babies later she found them remarkably healthy. This didn't surprise Dr. Rebhan and she is reported to have said: "Good Scottish stock."

When the triplets were taken from the Isolettes early in February they were put into Armstrong incubators and then into cribs in the nursery. By the middle of February they were being rocked to sleep by nurses like normal, healthy babies.

Sheena recuperated quickly. On Feb. 2 she paid one more visit to the nursery on the sixth floor of the hospital and then she went home.

Her mother flew from Scotland and a public health nurse was alerted to help in any way she could. These were difficult days for Sheena and Ian, as they must be for all parents of triplets who have had little time to prepare themselves emotionally and physically for a 100 per cent increase in the family.

For a while the babies would remain at the hospital under close supervision. In the meantime, arrangements had to be made for a triplet baby carriage or a triplet stroller—indeed for a triplet everything.

Fortunately, the hospital staff agreed to let the babies go home one at a time so that Sheena would have a chance to get used to them .

"A person has only two hands," says Dr. Poland, "she can hold a bottle in each hand, but then there is still one hungry baby left over. It will take a little time."

To add to the excitement the press arrived a few days later for pictures and interviews. Sheena didn't mind. "I couldn't possibly have been looked after better," she said.

Ian Benton said very little. He was now the father of four girls. Twins seemed to favor the Benton family, and some day there may be more. "We'll face that problem later," he said.

This is the story of Sheena Benton and the three entries in the register of Women's College Hospital, Number 470, 471 and 472, **Lynn, Kerrie** and **Fiona.** May they live a long and happy life.

"Good Scottish stock."

"By the middle of February they were being rocked to sleep."

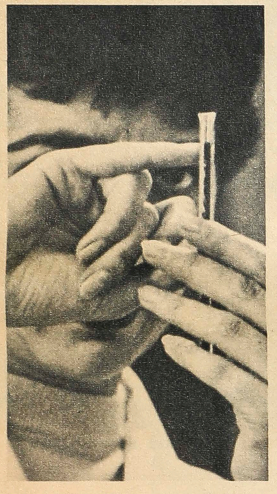
A Doctor looks at Love and Life

To celebrate the progress made by Women's College Hospital, especially in those years when Dr. Marion Hilliard was Chief of Obstetrics and Gynaecology, we have produced a special edition of her book *"A Woman Doctor Looks at Love and Life"*. Copies are available on request to any one of the 60,000 born in the hospital who cares to write us a letter.

WHY A LARGER HOSPITAL?

To heal with special care and to teach the hands that heal

16,875 TREATMENTS

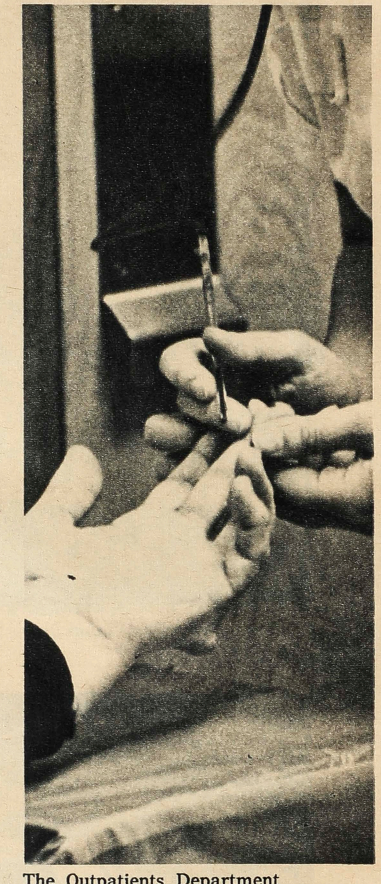


In 1963, Women's College Hospital doctors administered 16,875 physical medicine treatments — a remarkable number when you realize there are fewer than 300 beds for patients in the hospital. Plans for the expansion program call for a total of 450 beds of all types.

10,941 ADMISSIONS

Last year, there were 10,941 admissions to Women's College Hospital — patients who came for surgery, for physical medicine treatments, to have a baby, for psychiatric treatment. As Metropolitan Toronto's population grows, the pressure to increase the number of admission grows too. That's why our hospital needs 171 more beds.

22,272 APPOINTMENTS

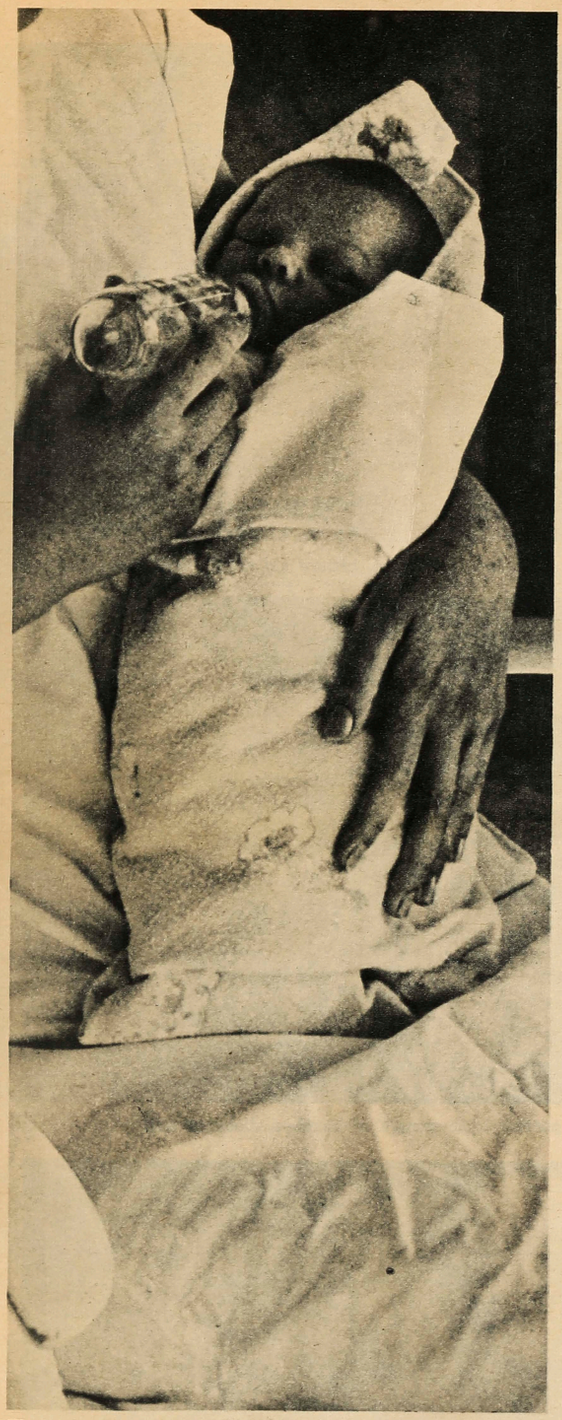


The Outpatients Department is one of the busier spots in Women's College Hospital. Last year, staff doctors made 22,272 appointments for outpatients.

771,555 LAB. TESTS

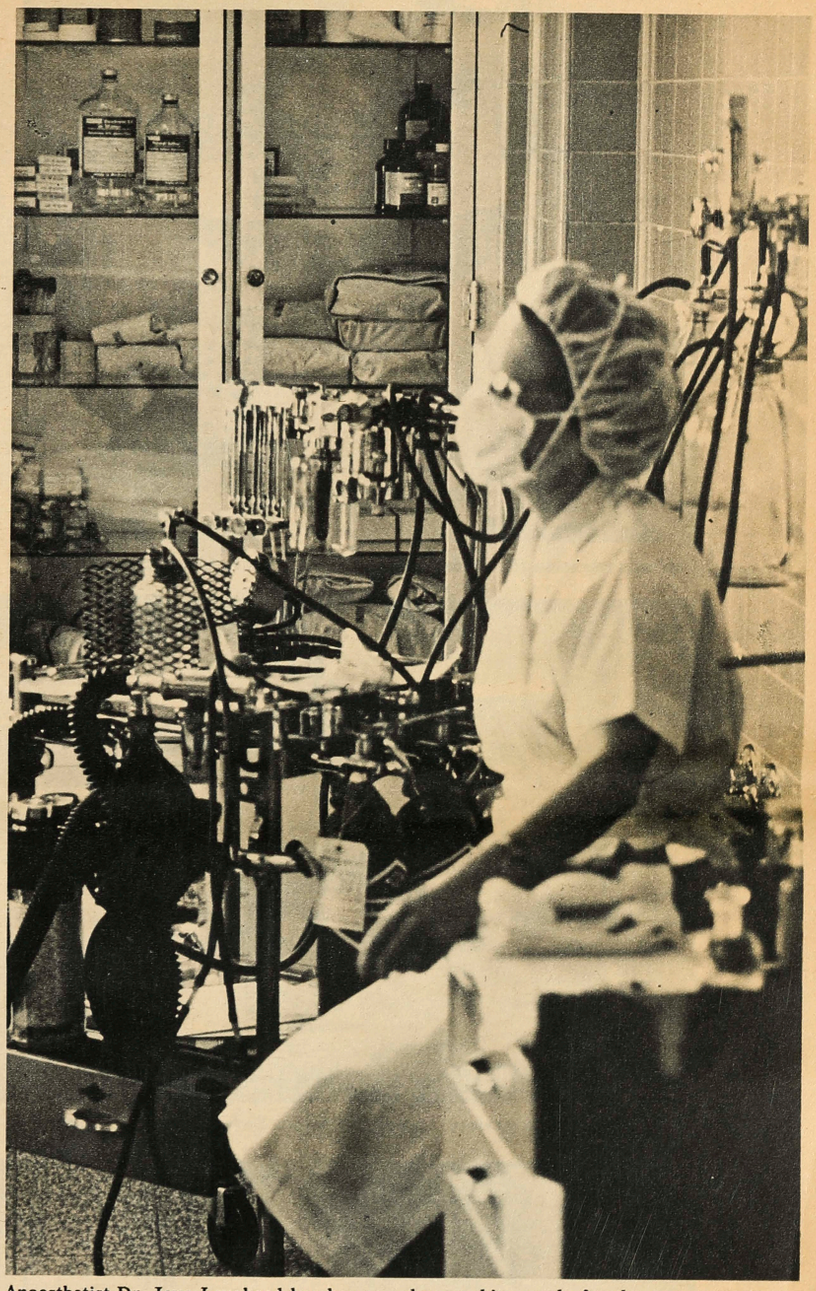
The laboratories at Women's College Hospital now occupy 6,282 square feet. When the expansion program is completed this will increase to 10,780 square feet of space. With 771,555 laboratory tests made in 1963, the need for more space is obvious. While the prime purpose of the Hospital is to treat patients, the teaching of the paramedical professions goes on hand in hand with healing.

2,599 BABIES



There are 78 maternity beds in today's Women's College Hospital. There will be 92 when the expansion program is completed. These and 106 bassinettes will be enough to handle in a year more than the 2,599 new arrivals of 1963.

THE TEACHING HOSPITAL



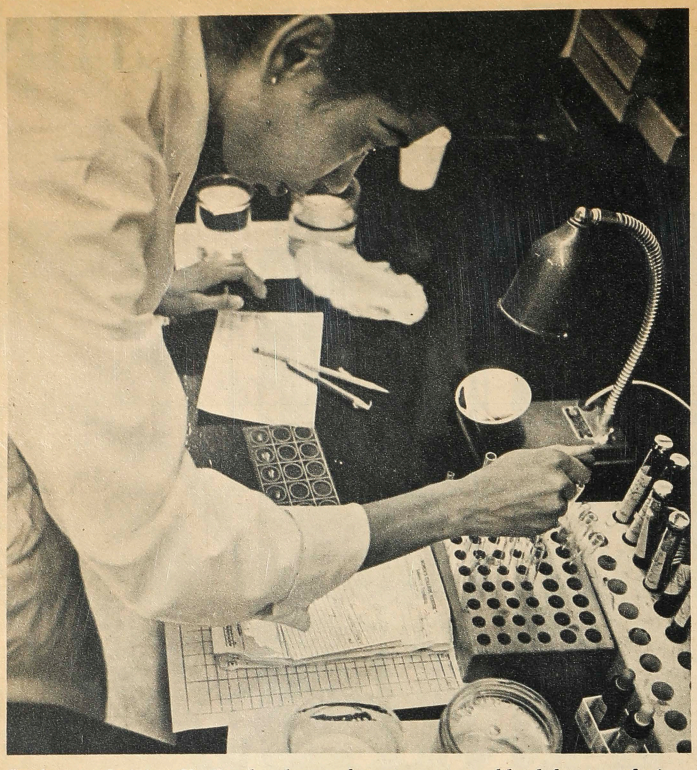
Anaesthetist Dr. Jeva Lougheed has her complex machine ready for the next operation

A complex world of science, enquiry and observation

STORY AND PICTURES START NEXT PAGE

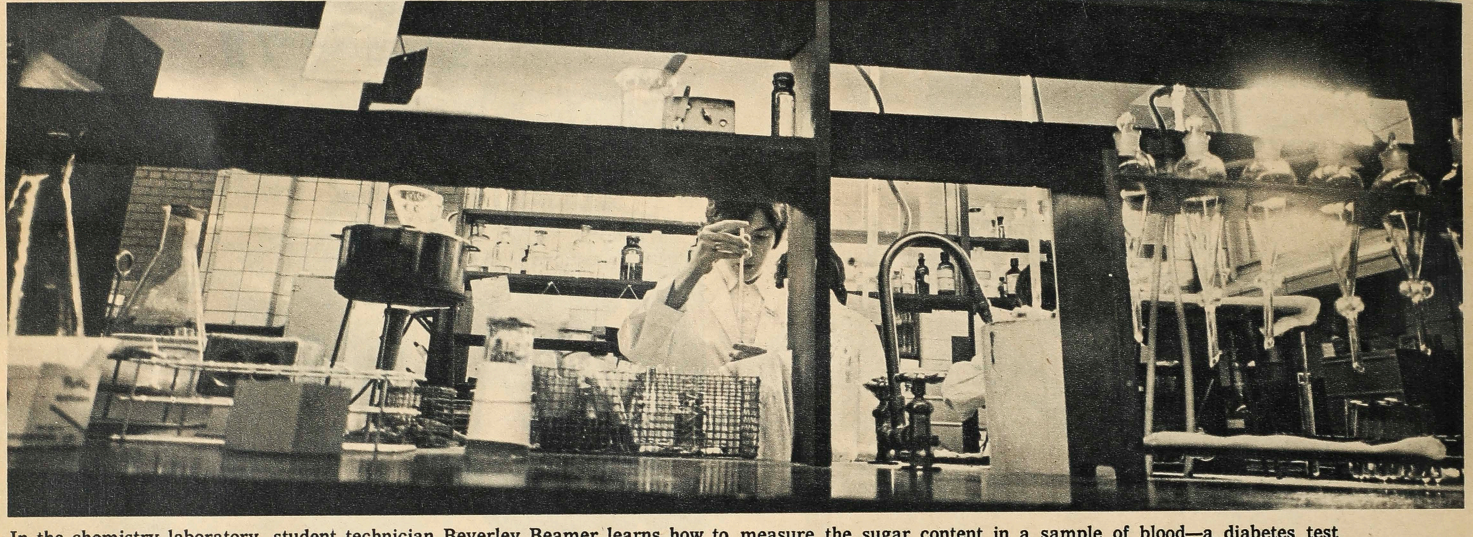
THE TEACHING H

"The staff is proud that it is a tea



Student technician H. Gooden learns how to prepare blood for transfusion

Patient's symptoms, treatment, history get careful staff examination



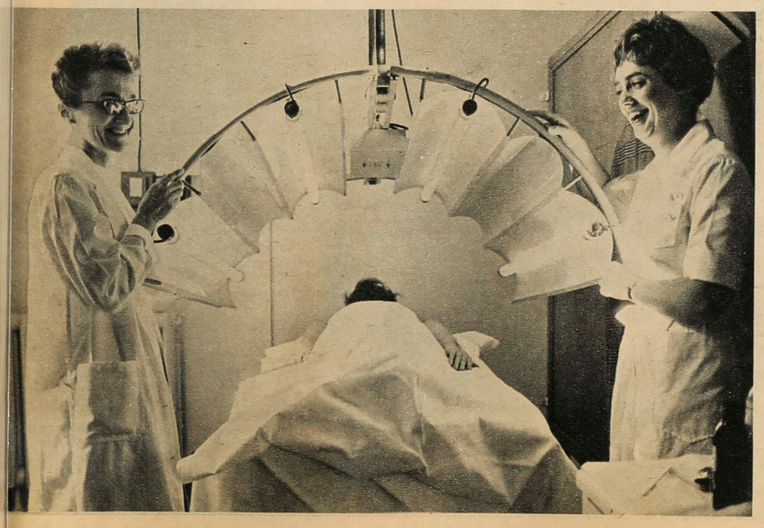
In the chemistry laboratory, student technician Beverley Beamer learns how to measure the sugar content in a sample of blood—a diabetes test

Dr. Elizabeth Forbes, Chief of Radiology, examines a set of five X-ray films and records her interpretation on dictating machine.

OSPITAL

hing hospital and is determined to live up to all that these words imply"

Nurse brings her patient to the sterile, sun-filled operating room



Dr. R. Schachter and Physiotherapist Mrs. F. Heber adjust ultra-violet lamp

TO MANY persons the words "teaching hospital" mean very little. They should not. A patient is probably better off being sick in a teaching hospital than in any other place.

Why? Well, look at Women's College Hospital, where the medical staff is understandably proud to be able to call it a teaching hospital and is determined to live up to all that these words imply.

At 8 on Monday mornings you will see physicians and surgeons planning the week's teaching. Later in the day you will meet a group of eager young medical students (if they're 4th year obstetrics students they may look a bit tired) grouped around a bed examining a patient.

Because this is a teaching hospital everyone must conform to a prescribed standard.

Doctors who are teaching must not only know that their opinions are valid but they must also be in a position to answer the most searching questions and debate points with young students who are forever reading and comparing the latest techniques.

Dr. Jessie Gray, chief of surgery, says: "If you have some bright young fellow reading up his journals every night, you have to know the answers to the questions he is forever asking. Experience is the greatest teacher but nowadays you have to keep up on your bookwork too.

"Being a teaching staff makes a medical staff extraordinarily conscientious.

"Everything they do is screened by a committee.

"There is a tissue committee at the hospital that examines tissue removed during operations to ensure that the removal was necessary. Charts are checked to make certain that the correct amount of drugs is being prescribed. Checks are even made on doctors using the laboratory to ensure that it is neither over-used nor under-used. Even the laboratory has a quality control system adapted from industry."

Three fields of medicine are taught to undergraduate students at Women's College Hospital: obstetrics, 2nd gynaecology, surgery and medicine. The hospital admits third and fourth year obstetrical students, and surgical and medical students in their second and third years.

For a hospital to be approved for teaching it is necessary that the staff be qualified, a condition that is determined by the University. Also, the hospital must admit enough patients with sufficiently varying diseases and conditions to form the basis for teaching.

Undergraduate medical students leave university to see the patients and to study them in a teaching hospital. They usually arrive in classes of six or eight and are controlled by a hospital staff doctor who is on the teaching staff of the university and who will have selected the cases for study before the students arrive.

Second year students, for example, study comparatively simple things: how to use their fingers to find the kidneys, spleen and liver and how to tell when these are normal or otherwise, according to touch. They also learn how to identify pneumonia in the chest. These are all things you can't learn in a book.

Third year medical students have gone further and have learned to take a patient's history, to correlate this history with the physical findings, and to interpret them—in short, to diagnose.

"They see the patient, write up the history and we discuss what they find," says Dr. F. M. Hill, the associate chief of medicine.

"Most patients don't mind being subjects for the students even if they have to give their histories six times to different students," says Dr. Hill. "As a matter of fact, they enjoy it and sometimes get into the discussion. They will interrupt a student who has gone wrong on their symptoms and tell him so."

Fourth year obstetric students live in the hospital and act as clinical clerks, taking histories and helping in scrubbing up prior to deliveries.

Women's College Hospital, besides undergraduate medical students, admits post-graduate medical students, working toward a Fellowship. One example: the hospital provides openings for 12 interns working toward their Fellowships in the Royal College of Physicians and Surgeons in the various specialties.

The School of Nursing plays another important part in the teaching program at Women's College Hospital. The student nurses take courses in the physical and social sciences as well as in nursing. Three-quarters of the students' time is spent in learning to nurse patients. To be admitted to a School of Nursing in Ontario requires at least Grade XII with four options.

One problem of the young staff nurse is the need to develop leadership qualities quickly upon graduation. Frequently she becomes responsible for a group of patients in a ward as well as for the student nurse and nursing assistant working with her. This transition from training to practice is made easier by the in-service training program at Women's College Hospital.

The hospital also trains medical technologists who work in the labora-

continued overleaf

THE TEACHING HOSPITAL

"I never can find a place; everywhere I go I seem to find

continued from previous page

Mrs. R. Austin enjoys whirlpool therapy

tory, carrying out tests which the doctors require.

Dr. Harry Letts, assistant director of the laboratories, says this course is part of a central university course. Students from all the hospitals attend a centrally operated course during the morning and then return to their own hospitals for training in the afternoon.

They are taught hematology (study of the blood), bacteriology (study of infectious processes), chemistry, histology (study of tissues), cytology (study of cells) and blood bank methods.

Among the many procedures, medical technologists test for hemoglobin, blood cholesterol. They also carry out urinalyses, blood sugar determinations and check for jaundice in liver disease.

All this teaching goes on quietly alongside the hospital's prime purpose —treating patients.

At present, the doctors admit, they haven't all the space they need for teaching.

One distinguished doctor said: "I never can find a place to teach my students. I look into all sorts of little rooms hoping to find one vacant but wherever I go I seem to find the nurses in there ahead of me, holding a teaching session of their own." Often corridors have to be pressed into service as classrooms.

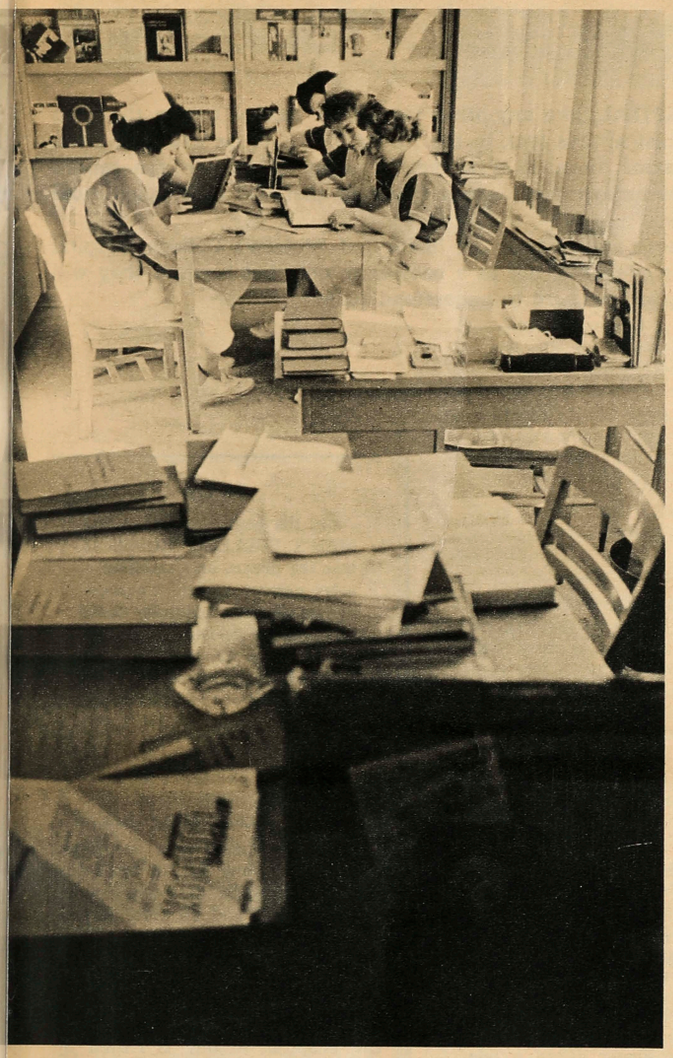
The new building will solve many of these problems. It will provide a large conference room for teaching up to 100 students at a time, if need be, and for holding meetings (at present there is no place in the hospital where all the medical staff can meet at one time).

With adequate teaching rooms on each floor Women's College Hospital will have, by 1965, facilities for teaching that are as modern and up-to-date as those in any other hospital in Canada.

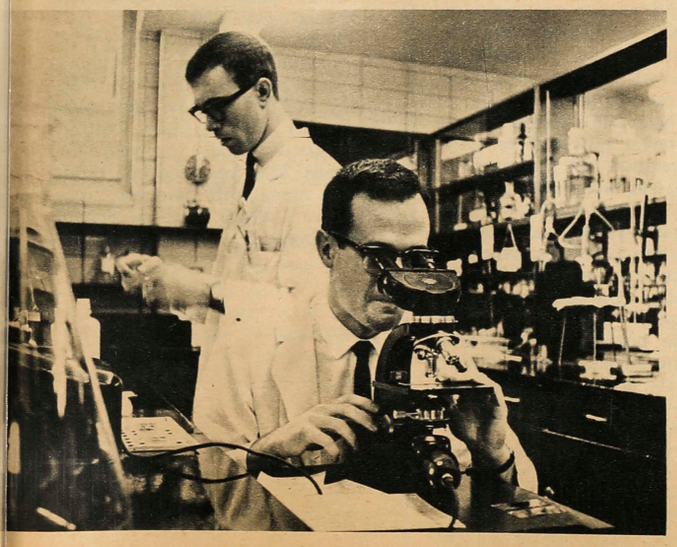
Student nurses learn circulation, respiration, muscles, bones, nervous system and glands on this anatomical model

Doctors Parmenter, Hartsell, Armstrong and Alaton—internes—at regular reviewing and teaching session with Dr. Joan Vale

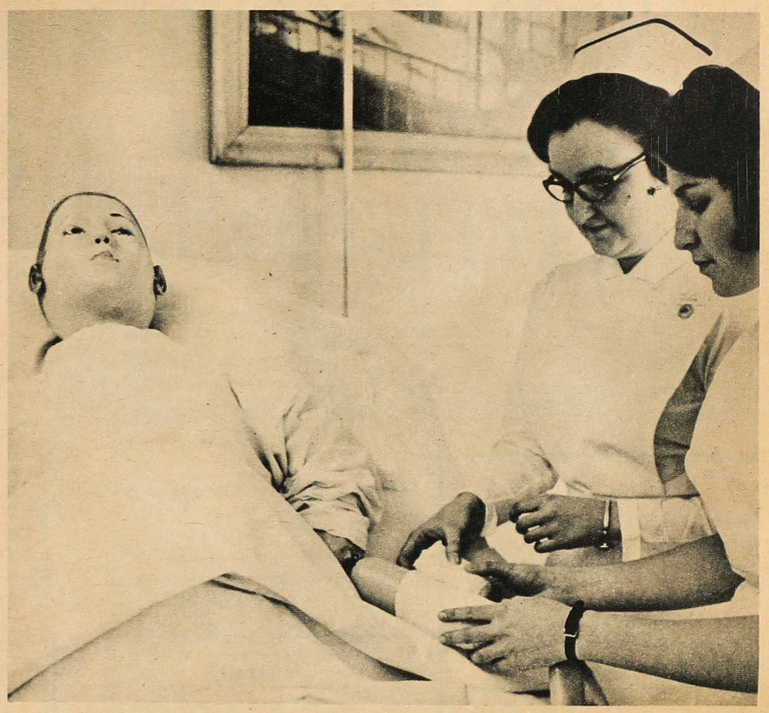
the nurses in there ahead of me, holding a teaching session of their own"



Student nurses study social work in Burton Hall residence library



Dr. H. Letts at microscope and Brian Black, technician in bacteriology



Students practice on dummy 'Mrs. Chase' under Nursing Arts instructor Miss F. Barr

3rd floor head nurse Barbara Devine squeezes by undergraduate students with Dr. Vale

Women's College Hospital

A CANADIAN INSTITUTION

A HOSPITAL, like any other institution, cannot live in the past. It must always look to the future if it is to be vital and alive. At the same time, it was the foresight of earlier generations that made today, and it is our foresight that will create and mold tomorrow.

These notes about the history of Women's College Hospital have been prepared, not as a backward look, but because they will help in great measure to understand today.

1883

"Medical education of women is a recognized necessity, and facilities for such education shall be provided."

Resolution made at a meeting of the Women's Suffrage Club of Toronto in 1883.

Classes in the School of Medicine at the University of Toronto were not opened to women medical students until 1905. Before then, women were allowed to take university examinations in medicine but they were not allowed to attend classes. It was felt that they might distract the male students.

The professor of physiology at the university at the time was Dr. Michael Barrett, a feminist. Although strongly opposed to coeducation at the university, he was determined that facilities for the education of women in medicine should be provided. It was through his efforts and those of the Women's Suffrage Club of Toronto that the *Ontario Medical College for Women* was opened in rented premises on Sumach St. on Oct. 1, 1883. Dr. Barrett was the first dean of the new college and three students enrolled.

1890

"We will need a good deal of money, perhaps $300, to properly fit up the college with the best medical apparatus."

Dean Barrett in a letter to a friend.

The college was successful and a new building was erected on Sackville St. in 1890. Dr. Anna McFee of New York started a clinic in which women physicians could attend women patients who often went without treatment because of their Victorian reticence. For many years the clinic handled general medical problems, but later it became necessary to divide it into three sections—medicine, obstetrics and gynaecology. By 1895 the work of the college merited a front page article in The Saturday Globe.

The University of Toronto finally opened its medical classes to women in 1905 and the need for the *Ontario Medical College for Women* no longer existed. The college was closed but the work of the clinic (known as the Dispensary) continued in a rented house on the corner of Parliament and Queen Sts. About 150 women graduated from the college, the majority receiving their degrees from Trinity University and a few from the University of Toronto.

1909

"It is reported that the loss of the telephone is a serious drawback to the doctors."

A report on the financial affairs of the Dispensary which could no longer afford a telephone.

A number of women were becoming increasingly disturbed at the difficulties women physicians faced in treating their patients in the city hospitals. Women were far from being accepted as fully fledged members of the medical profession, and finally an organization was formed to raise money so that a hospital could be established in which women physicians could practice on equal terms with men. It was called *The Women's College Hospital and Dispensary Board.* The board had $400 and considerable difficulty was experienced in raising the $3,500 needed to buy property for the new hospital. With the help of Mr. W. G. Threthewey, a suitable property on Seaton St. was finally purchased and the new *Women's College Hospital and Dispensary* was opened. It had seven beds, all of which were soon filled.

1915

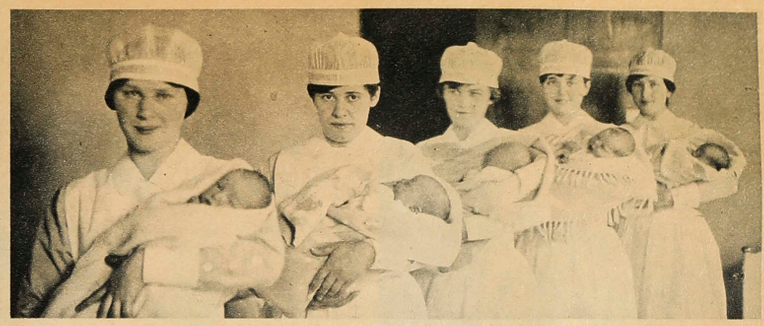
"In the beginning, when WOMEN'S COLLEGE HOSPITAL was the dream and ambition of a few pioneer women, it was discussed whether obstetrics should form part of the work of the hospital. Before the discussion was finished a poor woman in labor flung herself at their mercy and settled the policy of the hospital."

Canadian Journal of Medicine and Surgery, 1935.

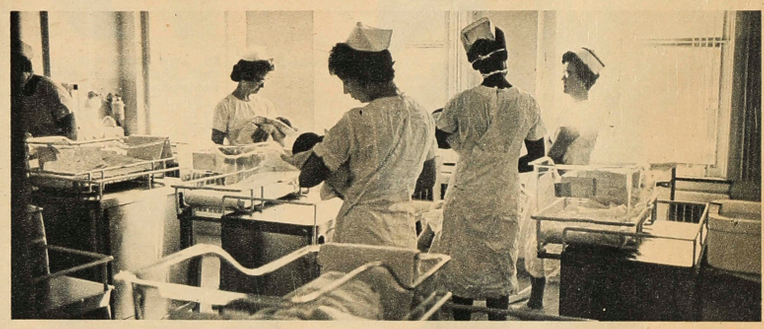
A new property was purchased at 152 Rusholme Rd. in 1915 and a new hospital building was opened with 25 beds and 10 cots. A new wing was added three years later with an extra 52 beds and 25 cots.

The hospital auxiliary was formed in 1915, and since that time has donated large sums of money to the hospital. Money is raised by events like the January Nite Ball which the auxiliary has sponsored each year since 1933.

The first graduation exercises of the hospital's School of Nursing were held in 1918, and two nurses, Nancy Templeton (now Mrs. Alex Buchanan) and Kathleen Gratton (now Mrs. K. Buddo) received their diplomas. This year the one thousandth nurse will graduate from *Women's College Hospital School of Nursing.*



Yesterday's nursing caps (above) look strange; but the dedication hasn't changed



1926

"It was the unanimous feeling of the Medical Staff that it would be to the advantage of the Hospital to be near to the University. This would permit women medical students to take advantage of the clinical material provided by our Hospital."

Elizabeth L. Stewart, M.D.

The demand for beds in the hospital had always been greater than the number available and the need became critical by 1926.

The city offered Casa Loma to the hospital but this was refused because the board of governors and medical staff were determined that the hospital should be as close as possible to the university. A property at the corner of Grosvenor St. and Surrey Place (near Queen's Park and the University of Toronto) was purchased.

A campaign to raise $700,000 for the construction of the new hospital was slow to succeed, for these were depression days. It was not until 1934 that the cornerstone of the first wing of the present WOMEN'S COLLEGE HOSPITAL was laid.

1936

"A great hospital is a real proof of civilization. This Hospital is a special contribution to civilization as it is a special hospital built for women by women. I am a great believer in the value of work of wise women and I believe in the capacity and ability of women in any sphere in which they are given a chance."

Lord Tweedsmuir at the opening of the new Hospital, February 24th, 1936.

The new hospital had 140 beds, 45 cots and six operating theatres, together with a well-equipped laboratory and X-ray department. As in the earlier hospital buildings, the demand soon exceeded the facilities available and beds were again placed in the corridors. The new hospital provided a great stimulus to the University of Toronto teaching staff to train more women in medicine.

Dr. Marion Hilliard, probably the best known of all women doctors, was on the staff of the hospital from 1929 to 1956. It is not possible to assess the influence she exerted on the development of the hospital nor, indeed, in establishing the acceptance of women doctors, by medical men and by the public.

1948

"The value of the Cancer Detection Clinic as a general health service may be judged by the fact that examination often reveals miscellaneous findings not relative to cancer."

Dr. F. McConney, writing in The Globe and Mail.

The Cancer Detection Clinic was opened in 1948 by Dr. L'Esperance of New York who had organized two such clinics in New York. Today it is so well thought of that there is a constant waiting list. At the moment, March, 1964, the waiting list extends to mid-November.

1956

"We cannot do more unless we have more room to do it in."

Mrs. Charles McLean, president of the Board of Governors at the annual meeting on Feb. 27, 1952.

It was obvious that the hospital would have to grow again to meet the increasing needs, and plans were drawn up for an expansion program. Besides the building of a new wing, the project included the modernization of the existing building and the building of a new nurses' training school and residence. The nurses' residence, Burton Hall, was opened in May, 1955, and the new wing on Oct. 13, 1956. The hospital now had 280 beds and 103 cots.

A year after the new wing was opened, the new facilities made it possible for the Department of Obstetrics and Gynaecology to be incorporated into the University of Toronto's teaching program. Dr. Marion Hilliard, who had done so much to bring this about, was chief of obstetrics and gynaecology at the hospital for the first year of teaching. A year later the hospital was approved by the university as a teaching hospital in surgery, and in 1959 approval was extended to the Department of Medicine.

On June 14, 1962, Her Majesty Queen Elizabeth, the Queen Mother, graciously became the Patron of *Women's College Hospital.* She continues to show a very warm and real interest in the hospital and in its plans for the future.

1964

"The Women's College Hospital must grow to meet the demands that exist today and fulfil the needs of tomorrow."

George L. Holmes, chairman of the Campaign Committee, Jan. 16, 1964.

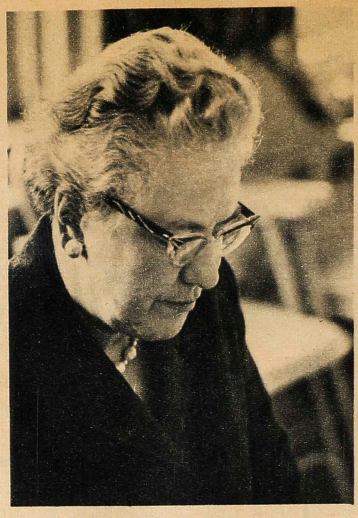
Once more the hospital is filled to capacity and must grow again to provide additional teaching space, better laboratory facilities and more beds in certain departments.

The demand on the facilities available will undoubtedly continue to grow. Patients come from all parts of Metropolitan Toronto and Ontario to *Women's College Hospital* and it seems certain this pattern will continue.

Once more the hospital is to grow so that it may more fully render service to the community, to its patients and to the young men and women who train within its walls.

Dr. Geraldine Maloney
Chief of Obstetrics and Gynaecology

Dr. Joan Vale
Past Chairman of Medical Advisory Committee



Dr. Jessie Gray, Chief of Surgery

Dr. Henrietta Banting
Director of Cancer Detection Clinic

Dr. Marjorie Davis
Associate Chief of Surgery

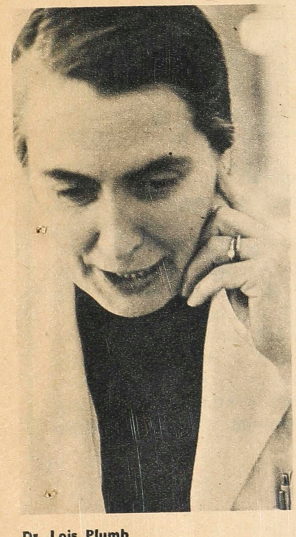
Dr. Mary Albertson
Head of Ophthalmology Service

Dr. Augusta Rebhan
Chief of Pediatrics

Dr. F. Marguerite Hill
Associate Chief of Medicine

THE MEDICAL ADVISORY COMMITTEE

These are the chiefs and associate chiefs of departments and the heads of services at Women's College Hospital responsible for the quality of medical care given patients



Dr. Lois Plumb
Head of Psychiatric Service

Dr. Jean Davey, Chief of Medicine

Dr. Margaret McEachern
Head of Otolaryngology Service

Dr. Hilda Roberts
Associate Chief of Anaesthesia

Dr. Evelyn Bateman
Chief of Anaesthesia

Dr. Shanna Gimbert
Associate Chief of Outpatient Department

Dr. M. Sheila Hill
Associate Chief of Obstetrics and Gynaecology

Dr. Elizabeth Forbes
Chief of Radiology

Dr. A. Pierce
Elected Member from Medical Staff

Dr. Bette Stevenson
Chief of the Outpatient Department

Dr. Donald Moore
Elected Member from Medical Staff

DR. ALICE GRAY
Director, Dept. of Laboratories

Miss Dorothy Macham, Administrator

MEDICAL STAFF
BOARD OF GOVERNORS
CAMPAIGN COMMITTEE
of
WOMEN'S COLLEGE HOSPITAL

A

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Department of Medicine.
Department of General Practice.
AYER, ISABEL, M.D.
Honorary Staff.

B

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BAKER, MR. ALLAN D.
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Chairman, Campaign Corporations Committee.
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Vice Chairman Medical Advisory Committee.
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BOGART, MRS. ERNEST
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Past President, Board of Governors.
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BORSOOK, DORA, M.D.
(Cert. Obstetrics and Gynaecology)
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BOYD, GLADYS, M.D., B.Sc., F.R.C.P., S.C.C.P.
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BURNABY, E. WINCHESTER, M.D.
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BURTON, BLANCHE, M.D.
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BURTON, CARL R., M.D., M.R.C.P., F.R.C.P. (C)
Department of Medicine, Consultant.
BURTON, EDGAR G., C.B.E.
Member, Campaign Advisory Committee.

C

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THE PULSE RATE OF A GROWING CITY

There are some things a text book can't teach student nurses

"The University of Toronto is increasing its enrollment in the Medical School. The Women's College Hospital has taken on a gradually increasing load of under-graduate and post-graduate students. **Without increase in our facilities no further teaching is possible.** . . . Unless more beds are made available the hospital cannot add to its present staff—and therefore will not be able to increase the quality and the quantity of the teaching."

From the Report of October 18, 1963, made by **Agnew Peckham and Associates, Hospital Consultants**

"The active treatment bed need in Metropolitan Toronto in 1963 is established as 10,788 beds. In the Spring of 1963, there were 8,428 such beds set up and staffed for use, leaving **a deficit of 2,360 short-term active treatment beds for service to the community."**

From the survey of **Active Treatment Hospitals in Metropolitan Toronto,** Part Five. May, 1963

OUR SPECIAL THANKS TO THE FRIENDS OF WOMEN'S COLLEGE HOSPITAL WHO HELPED MAKE THIS SUPPLEMENT POSSIBLE

E. W. KENNEDY
- - - re-elected

Feb. 28/64

Arthritis Society Picks Slate

E. W. Kennedy was re-elected president of the London branch of the Canadian Arthritis and Rheumatism Society at the annual meeting.

Dr. Keith Coulter was appointed to the branch's medical advisory board, headed by Prof. F. S. Brien, head of the department of medicine at the University of Western Ontario medical school.

Dr. Coulter told the meeting of his experiences in the society's rheumatic diseases unit, operated in conjunction with the University of Toronto.

It is recognized that rheumatic disease patients requiring complex and intensive treatment programs can be treated more effectively in such specialized units than the facilities of the average general hospital will allow, he said.

Dr. Douglas Bocking, assistant dean of the UWO medical school and a member of the advisory board, said he hoped a comparable unit would be evolved in London if a rehabilitation hospital is developed in London.

Reports of volunteer women's groups were submitted by Mrs. W. P. Tew, director of the women's association, and Mrs. Donald Bowman, representing Delta Chi Sigma Sorority.

Cancer Ranks Second Among Death Causes

Mar. 3/64

TORONTO (CP) — Cancer is the second most frequent killer in the province, says the medical statistics branch of the Ontario department of health.

Heart disease is listed as the top killer in all age groups.

The report says cancer is the leading cause of death for women between 25 and 54 years of age.

Between 1957 and 1961, 363 Ontario residents under 35 died from cancer.

Of 50,977 deaths from all causes in the province in 1961, 8,460 were attributed to cancer.

The cancer death rate among males has increased by 36 per cent over the last 27 years, the report says. For females, it has decreased by three per cent.

In 1962, the seven Ontario cancer clinics registered 7,596 new cases.

Of this number, 6,656 were treated at the clinics with a view to destruction or limitation of the malignant process; 4,750 were primary cases, meaning they had never been treated before for the cancer growth; 1,458 were previous cases with no recorded evidence of disease on admission after treatment elsewhere; 781 were residual never having been considered cancer-free; and 697 were recurrent with a reappearance of cancer after an apparently cancer-free period.

Between 1953 and 1962, the total number of new cancer cases treated annually at the clinics increased to 6,656 from 4,602.

BERDUSCO — Dr. and Mrs. A. R. Berdusco (nee Shannon Lea Donohue, RN) are pleased to announce the birth of a son, Edward Terry, on Februay 28, 1964, at St. Joseph's Hospital. A brother for Kimberley Anne.

Officers of the branch for 1964: Lt. Col. D. B. Weldon, honorary president; John R. Chapman, Lt. Col. H. K. Ingram, Charles H. Ivey, and Joseph Jeffery, honorary vice-presidents; Commander E. G. Gilbride and John E. White, vice-presidents; Earl Nichols, secretary-treasurer; Mrs. Donald Bowman, Delta Sigma Chi Sorority representative; Mrs. M. J. Grant, chairman of the women's association; Frank B. Campbell, C. J. L. Killoran, QC, K. J. Shea, Elmer J. Heard, Bernard Wolf, W. A. Torney, and Fred Hoffman, directors.

Members of the medical advisory committee: Dr. F. S. Brien, honorary chairman; Dr. Douglas Bocking, chairman; Dr. Howard S Cameron, Dr. J. C. Kennedy, Dr. Hugh McAlpine, and Dr. Keith Coulter.

Says Infectious Hepatitis Now Major Health Problem

Mar. 4/64

TORONTO (CP) — Dr. Sheila Sherlock, professor of medicine at the University of London, Eng., says infectious hepatitis, a virus-borne inflammation of the liver, has become a major world health problem.

Dr. Sherlock, who has been researching liver diseases since 1943, said there is no cure for hepatitis and until the virus responsible is located no vaccines can be made.

She said medical scientists are hampered in their search of the virus because it can only breed in the human body and laboratory research is difficult when animals do not contract the disease.

Hepatitis is transmitted from person to person by the fecal-oral route and cleanliness cannot be over emphasized in preventing contamination, Dr. Sherlock told the annual meeting of Women's College Hospital.

American Women's Club Gives $500 To Children's Research Centre

Mar. 3/64

During a tour of the Children's Psychiatric Research Centre, Byron, the American Women's Club presented a cheque for $500 to the centre for the purchase of an electro phoretic analyzer as a memorial to the late President John F. Kennedy.

President of the group, Mrs. Robert T. Hull, made the presentation to Dr. D. E. Zarfas, medical superintendent. Tour of the centre was conducted by Dr. Joseph Pozsonyi.

During a business session Mrs. Hull announced plans for a new members' party to be held at the home of Mrs. Harry Rockey, Lambeth.

Approval was given for a donation to Beck Memorial T.B. Association. A nominating committee was named consisting of Mrs. Douglas Jamieson, chairman; Mrs. L. E. Rochester, Mrs. H. A. McBurney, Mrs. D. M. Cameron and Mrs. J. H. Unger.

ATTEND REFRESHER COURSE — The University of Western Ontario School of Nursing is holding a two-day refresher course in obstetrical nursing and nurses from many centres in Western Ontario have registered. Here, from the left, are: Mrs. LeRoy Blinn, Bethesda Hospital, London; Mrs. A. D. Piliarik, Victoria Order of Nurses, Sarnia; Miss Norma Hern, St. Joseph's Hospital, London; Mrs. George Twamley, Alexandra Marine and General Hospital, Goderich; Mrs. Howard Simpson, Guelph board of health; and Miss Ernestine Wiedenbach, Yale University School of Nursing.

How Nurse's Care Administered Said Vital, But Often Forgotten

May 5/64

The importance of how a nurse cares for a patient was stressed yesterday at the opening of a two - day refresher course in obstetrical nursing at the University of Western Ontario School of Nursing.

Miss Ernestine Wiedenbach, associate professor of obstetrical nursing, Yale University School of Nursing, told the 121 nurses attending the course the effectiveness of a nurse's assistance to a patient depends not only on what she does but how she does it.

The "how," said Miss Wiedenbach, "is the obscure part of nursing practice. Although it is the heart of nursing, it is found in neither procedure books nor manuals and is seldom explicitly taught in schools of nursing."

Hospital staff and community agency nurses from across Western Ontario are attending the refresher course, co-sponsored by the school of nursing and the faculty of medicine. According to Miss Eileen Healey, convener of the course, enquiries were received from as far away as Sudbury and Cornwall. However, registration had to be limited because of the size of the largest lecture room in the Kresge School of Nursing building.

Miss Wiedenbach separated the roles of the doctor and the nurse pointing out that the doctor's primary responsibility is to the patient's condition, while the nurse, she felt, is responsible for the patient's perception of his condition.

She said it was the role of the nurse to assist the patient in understanding what was wrong with him and to get him to help himself. Learning how to do this was the problem of the individual nurse, she said.

The series of addresses and discussion groups are designed to acquaint obstetrical nurses from 14 counties of Western Ontario with the latest developments in their field. The course was developed from the results of a questionnaire sent to nurses in the area last fall asking them what particular field they felt needed the emphasis such a course would offer.

Delegates to the course were welcomed by Dr. O. H. Warwick, dean of the faculty of medicine, and Dean R. C. Aikin of the school of nursing.

WHAT BIG TEETH YOU HAVE — This graphic display seems to have made a lasting impression on a somewhat puzzled viewer. It's symbolic of Dental Health Day, being observed Wednesday

Stress Prevention of Disease During Health Week March 8-14

Mar. 9/54

More than 200,000 Canadians are absent every day from work on account of sickness, many through simple neglect of their health. This problem presents a huge bill in lost wages and production.

In an effort to relieve some of this burden from the economic progress of Canada, the Health Leageu of Canada, in co-operation with the departments of health and education across the country, is stressing the importance of health and the prevention of disease during the 20th annual National Health Week, beginning tomorrow.

Two days have been marked for special promotion, "Health Sunday," tomorrow, and "Dental Health Day," on Wednesday, Mar. 11.

The planning for the week has been accomplished by the National Health Week Committee, made up of elected representatives of 25 organizations under the chairmanship of C. R. Purcell.

Among the organizations represented is the National Clergy Committee, who have co-operated in the promotion of "Health Sunday."

The day marks the opening of Health Week, and the committee expects that many churches and synagogues throughout the land will stress the health theme during services.

Members of the Health Week Committee all belong to organizations with a special interest in the annual campaign.

Dealing with good food and nutrition are the Canadian Restaurant Association, the Milk Foundation of Toronto and the Department off Agriculture's Home Economics Service, all using the opportunity to spotlight and stress the importance of correct dietary values and proper eating habits.

Pharmaceutical aids, as preventive measures in retaining good health are stressed

C. R. PURCELL
- - - heads health groups

by members of the Canadian Pharmaceutical Association who are on the committee. The association's view substantiates that of the Health League — "Prevention is Better than Cure."

The Canadian Public Health Association, the National Council of Jewish Women, the Canadian Association of Consumers, and the National Council of Women are represented.

Members of the Board of Education and the Canadian Teachers' Federation are concerned with formulating ideas on creating active interest in good health among public school children.

In the recreational field there are the YM-YWCA and the YM-YWHA. The Boy Scouts Association also takes an active interest.

The B'nai B'rith, the Canadian Manufacturers' Association and the Canadian Labor Congress all have members.

Also serving on the committee are Dr. Gordon Bates, general director of the Health League of Canada and Miss Mabel Ferris, assistant director.

The question of "Why a National Health Week?" is answered by a statement in "Health," the official publication of the Health League of Canada.

"The Health League believes that the whole future of preventive medicine in Canada depends on education and it is essential that this education be universal.

"If even the present knowledge about means of preventing illness were well-known, years could be added to the length of life of the average human. Hospital beds could be kept empty instead of being occupied by patients who should not be ill, frequently by the adoption of simple measures.

"The Health League of Canada co-operates with doctors, health officers, dentists and other voluntary health associations to tell every Canadian what he or she should do in order to conserve personal and community health.

"The most up-to-date information possible is obtained from all sources and during Health Week is disseminated by newspaper, by television, by radio, through speakers before service clubs and home and school associations across Canada. These methods have proved so effective in the past that it has been thought worthwhile to keep it up for 20 years as an annual event.

Here's How to Keep Fit

Good Posture Helps to Avoid Muscle Strain

Mar. 9/67

Regardless of your body build, muscle tissue accounts for over half your weight. Obviously it is good policy to treat your muscles right by learning how to avoid strain and what to do if it occurs.

First line of defence is posture: Your day's work can quite literally make you sore if you overtax your muscles by standing or sitting incorrectly. Many a chronic "pain in the neck" is traceable to poor posture.

The least tiring and most attractive stance is straight but not ramrod-stiff, with rib cage lifted out of abdomen, hips slightly forward and knees pushed back. Sit straight from hips to neck, pivoting from hips when you lean forward.

Whenever you must move a heavy load, bear in mind that it is much easier to pull than to lift, push than to pull. Stand close to the base of the object you are going to lift.

When picking something up or putting it down, let legs and thigh muscles — the strongest you have — take the brunt of the load by bending at the knees and pushing up or down with your leg muscles. Keep your back straight and the load close to your body. Don't twist your body, if you must change direction, turn with change of foot position.

Housewives should remember that standing up to do a task takes 14 per cent more energy than sitting down. Find the best tool for each job, such as long-handled dust-brooms and sponge-mops that save strain on back and leg muscles.

Cut down on leg-tiring stairway travel by having a full set of cleaning supplies on each floor. Save steps by finishing each room before tackling another, wearing a many-pocketed apron in which you can stash brushes, dust cloths and other cleaning aids.

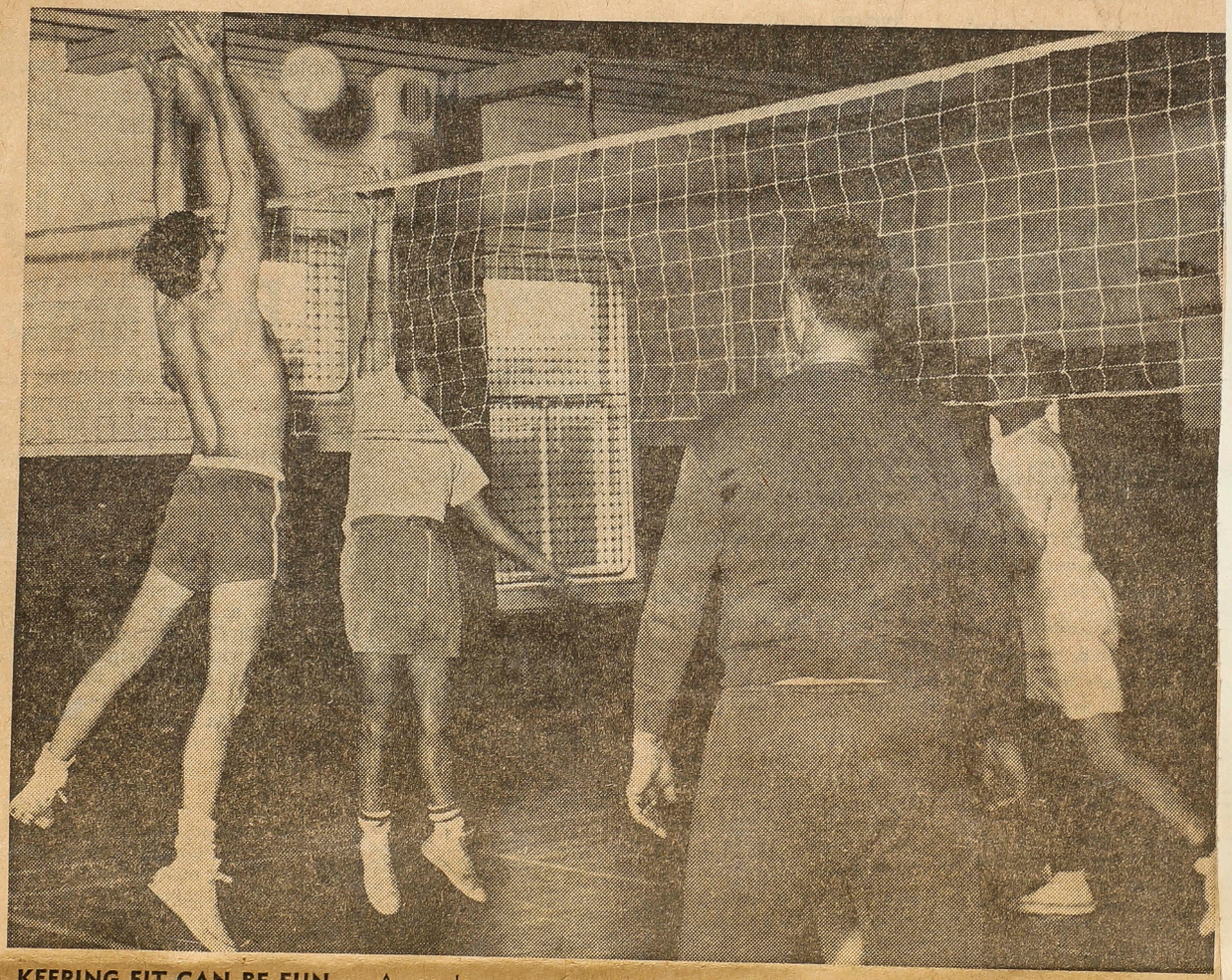
Tense muscles, most subject to strain, can be willed relaxed. Does one set of muscles — jaw, forehead or fingers, for instance — clench when you concentrate? Consciously tighten them even more, then let go. It is a sure relaxer.

The same trick can be used to prepare tense muscles for a restful night's sleep. Lie quietly in bed, legs straight, arms at your sides. Starting with your feet and working towards the head, contract one set of muscles at a time, then relax them. They'll usually stay relaxed throughout your eight hours of sleep.

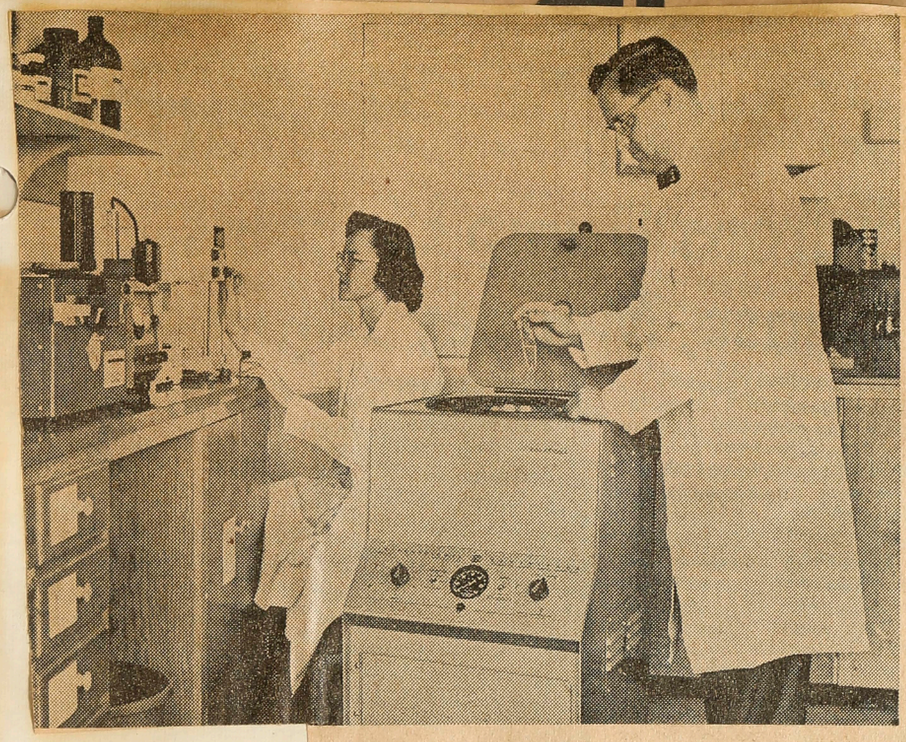
The right kind of exercise limbers your muscles, but the wrong kind only ties them up in knots. Weekend athletes and Sunday gardeners must be especially careful to take their unaccustomed exertions in small doses.

If you're over 40, it is a good idea to pick golf or tennis partners your own age, don't try to keep up with a younger and springier set of muscles.

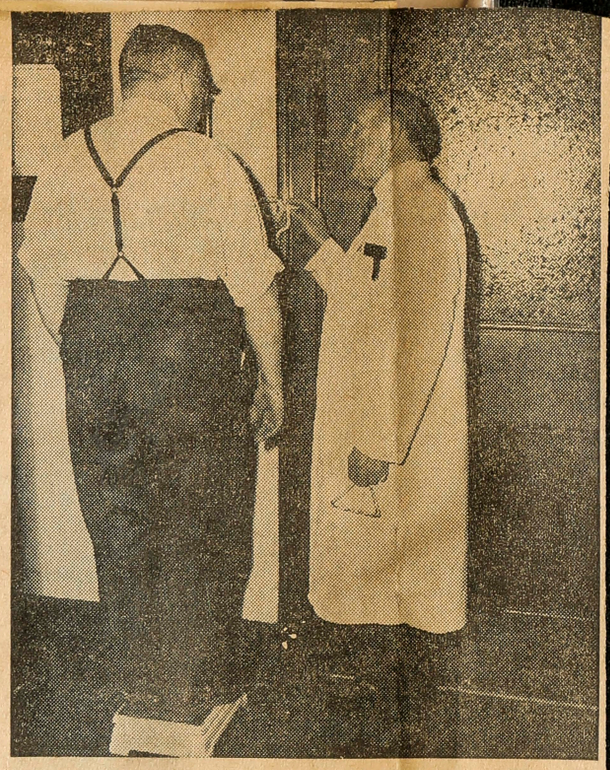
Avoid strenuous exercise after a bout with fever or a general infection of any kind. Exerting yourself before your doctor gives the green light may bring on muscle pain that could last for weeks. Whatever your age or state of health, go in for moderate, rhythmic exercises like walking, swimming, skating or bicycling.



KEEPING FIT CAN BE FUN — A regular program of exercise, active participation in sports like volleyball, tennis, skating, badminton, golf can be entertaining plus healthful, providing you do it in moderation. Fitness is being stressed during Health Week.



RESEARCH WORK — Millions are spent annually on research projects aimed at reducing disease. Yet many health problems could be overcome if private citizens only followed a regular program of physical check-ups.



WATCH THE CALORIES — There are dangers to being overweight. If frequently contributes to diabetes, heart disease and other ailments. Doctors advise well-balanced meals.

Mar 9/64

ACCIDENT AFTERMATH — Bumps, bruises and cuts should be treated immediately, either at home or by a doctor. Neglect may cause later complications.

Heart Disease Nation's Number One Killer, Ailment Often Caused by Stress, Anxiety

9/64 Mar 13/64

Heart disease is Canada's number one killer, report medical authorities. Each year more than 66,000 Canadians die as a result of heart and blood circulatory disorders. In addition there are in Canada 250,000 persons, including 50,000 children who have been disabled by heart disease.

Yet some forms of heart disease can be prevented. The situation in the home can be one major deterrent to heart ailments.

Candles on the table, soft music in the background, your husband relaxing in his favorite chair, the children playing quietly in their room as you leisurely prepare dinner.

Is this typical of dinner time atmosphere at your home? Or is your husband greeted each evening by screaming youngsters, pent-up emotions, stuffed drainpipes, television breakdowns and a pile of bills?

Stress, from morning until nightfall — on the job, at home, even on vacations — seems to be a by-product of today's family life. Stress causes anxiety which, in turn, is one of the things that can lead to coronary artery disease.

Under certain conditions of stress, the blood actually becomes thicker. In a person who already has a narrowing of the blood vessels, a clot may then develop. With this clot he gets a thrombosis, a blockage of the blood flow which can result in a heart attack.

Is stress a necessary evil? Eminent cardiologist Dr. Herman Sobol says the answer is emphatically no.

"It's a wife's duty, to her husband, herself and her family, to reduce the "stress load" the breadwinner has to carry. She can begin by trying to live within her husband's means, seeing to it that the family doesn't over-extent itself financially," he said.

"I also urge wives to try to eliminate the 5 or 6 p.m. frenzy, to attempt to rearrange their schedules and put an end to the evening turmoil. There's no law that says squabbling children must share the dinner table with a tired father. As for your own grievances, save them. Give the guy a break. He may be just as anxious to let off some steam, just as anxious for a sympathetic ear."

What about the wife? What about her grievances, her tensions, her hard day at home? The doctor suggests that every busy homemaker try to treat herself to a day off each week, one day away from the children, the neighborhood, the problems of running a household. The weekly holiday is also indirect therapy for the husband, who can then come home to a relaxed, happy companion.

Of course, before relaxation can benefit husband or wife, both must learn how to relax. A day off will do little to relieve tension if it's a hectic attempt to cram a week's shopping, visiting and entertainment into a few hours.

By the same token, a "night out with the boys" for the husband is of little use if it is an evening spent at the bowling lanes under the stress of tournament play.

Vacations can often do more harm than good. Excellent therapy when they provide much-needed rest and change of atmosphere, too many vacations are frantically spent catching up on a year's fun and frolic. The vacationers come home more fatigued and frustrated than when they set out.

HOSPITAL CARE — Even though the care is good, hospitals are good places to stay out of. Thus prevention of disease, rather than treatment, is being stressed during National Health Week.

Probe Clamp's Link To Palmerston Death

Mar. 11/64

PALMERSTON—A surgical clamp has been found in the abdomen of a 54-year-old Palmerston widow who died Saturday following an operation, it was revealed in Toronto yesterday by Attorney-General Fred M. Cass.

Mr. Cass immediately ordered an inquest.

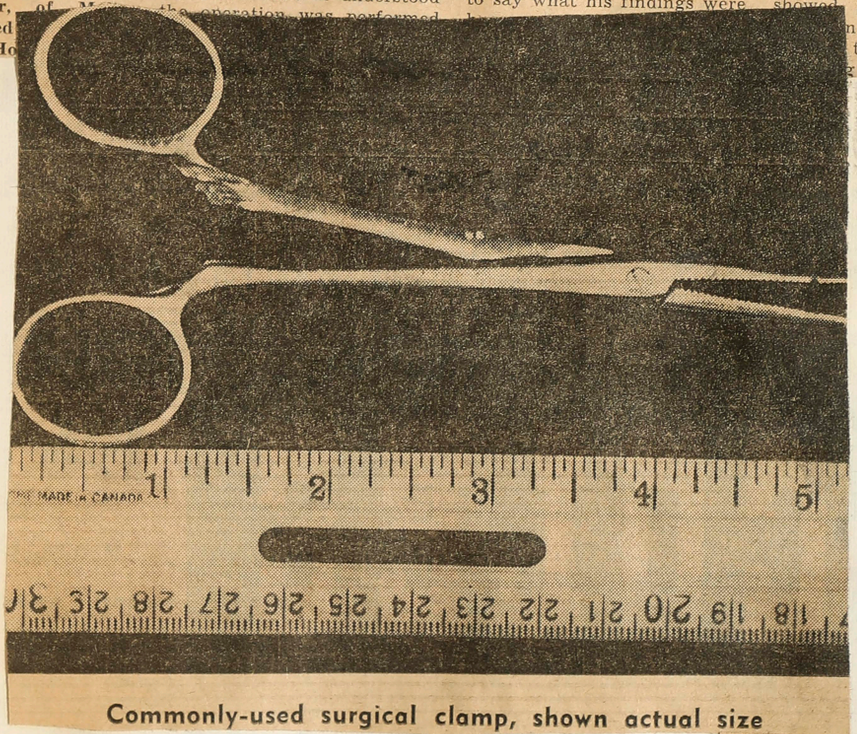
Less than two weeks ago a coroner's jury in Toronto blamed a doctor for leaving a surgical clamp in the body of another woman.

The Palmerston woman is Mrs. Ina Noer, of [illegible] Street, who died [illegible]ston General Ho[illegible] days after undergoing surgery.

Mr. Cass told the legislature the clamp was found in the peritoneal cavity when an autopsy was conducted. (The peritoneum is a double membrane lining the cavity of the abdomen).

Nature of the operation was not disclosed. However, it was believed to have been for gall stones.

Mr. Cass said outside the legislature that he understood the operation was performed [illegible]



Commonly-used surgical clamp, shown actual size

was could not be determined yesterday.

Miss Arlene Little, hospital administrator, issued a statement following a meeting of the board of governors yesterday, which said only that the board is aware of an investigation into the death of a patient, but no more information "is available."

The autopsy was performed by Dr. E. L. Barton, pathologist, of Guelph. He declined to say what his findings were [illegible] the surgical instru[illegible] the abdomen. Dr. [illegible] then notified the su[illegible] coroner.

Guelph, but a date has not been set. Dr. H. B. Cotnam, supervising coroner for Ontario, who will preside at the inquest, went to Guelph yesterday. John A. Hollihan, of Toronto, will be counsel for the attorney general's department at the inquest.

Mr. Cass, in outlining the circumstances outside the legislature, said Dr. Frank Farmer, of Guelph, Wellington County coroner, had been notified when the autopsy showed the surgical instru[illegible] the abdomen. Dr. [illegible] then notified the su[illegible] coroner.

Regarding the new inquest, Dr. Farmer said he had been told by the attorney-general's department he was not to answer any questions about the woman's death. All questions were to be referred to the department.

Mr. Cass also said Dr. Cotnam would preside at the inquest only because Dr. Farmer, as a surgeon, asked to be relieved because of his large practice and the fact he was operating nearly every day at Palmerston.

But Dr. Farmer last night told The Free Press he did not ask to withdraw . . . "the department said it would like to supervise," and told him so on Monday.

He operates at the Palmerston hospital no more than once a week, Dr. Farmer said.

Meanwhile, the Palmerston [illegible]d has retained Mount Forest lawyer Roy M. Grant. He said he did not know "of my own knowledge" who the operating doctor was, and would not comment further. "We'll have to await the outcome of the inquest."

Mrs. Noer had lived alone since her husband, Eric, died last December. Friends said she entered the hospital only shortly before the operation.

The funeral service was held yesterday at the Miller funeral home in Palmerston. Burial was in Palmerston Cemetery.

Survivors include: Daughter Mrs. Wallace (Freeda) McIntosh, of Ottawa; sisters, Mrs. Ross E. Faulkner and Mrs. William McCormick, both of RR 2, Moorefield, and Mrs. John Dixon, of RR 3, Moorefield; mother, Mrs. James Cardy, Palmerston; brother David Cardy, of Arthur.

The Noer case follows on the heels of that of Miss Patricia Morgan, who died Nov. 4 in East General Hospital, Toronto. An inquest found her death was due to a surgical clamp left in her body after an operation. A coroner's jury ruled she died of "misadventure" and that Dr. Kenneth Brown was responsible for leaving the clamp in her abdomen.

Says 24-Hour Duty Outmoded, Impossible For Modern Doctor

Mar. 10/64

Society's idea of the family physician as an "old country doctor" image was declared outmoded, impossible, and sentimental by a London doctor yesterday.

Dr. Ralph Girvan told members of the Forest City Kiwanis Club at the YW-YMCA, that "much misunderstanding arises between patients and their doctors because of this outmoded and sentimental image of the country doctor."

"The concept of the doctor as being on duty 24 hours a day is out of date and almost impossible in this modern day," Dr. Girvan said. "We in the medical profession feel this should be made very clear."

He said that if society demanded that kind of availability then people need not expect top performance from doctors. He traced much of the criticism of the medical profession to this misconception of the doctors' duty.

"The only real solution we in the medical profession can see is to establish more clinics with adequate staffs for daytime, nighttime and weekend duty," he said.

Dr. Girvan said the "old country doctor" concept that is held by many people was the image of a kindly old man who spent hours on the road in a horse and buggy. He pointed out that at least the doctor of that era could catch some sleep in his buggy as his faithful horse found its own way home.

"Today a physician makes house calls in the morning, grabs some lunch and prepares to meet an office full of patients in the afternoon, and then makes more house calls in the evening," Dr. Girvan said.

He said lack of communication between patient and doctor contributed to a misunderstanding as to the role of the doctor. The modern doctor, he felt, is never given an opportunity to make his own viewpoints known to the patient.

Dr. Girvan appealed to the public to help put the proper patients in the proper beds in the city's hospitals.

He said the community must recognize the local hospitals' situations and problems.

"London doctors are going to have to get tougher about ordering patients who no longer need medical care out of our active treatment beds, or the Ontario Hospital Services Commission will step in," Dr. Girvan warned.

He pointed out that it costs between $23 and $25 per bed per day to maintain active treatment beds such as those in Victoria and St. Joseph's hospitals but only $4.50 to $6 a day to maintain a domiciliary bed in the McCormick Home, St. Mary's, or the House of Providence.

"Complete rebuilding programs at the McCormick Home and the House of Providence will provide the types of beds we need to relieve the pressure for space on the active treatment units," he said.

The House of Providence has announced plans for a $1,500,000, 123-bed addition, and officials of the McCormick Home are planning a $1,000,000, 150-bed, building program.

The problem with this type of care, Dr. Girvan pointed out, was that the patient must pay his own costs as the provincial hospitalization plan does not cover these institutions.

There is a real bottleneck getting patients out of the expensive hospital beds," Dr. Girvan said. "We can't kick them out on the lawn but something has to be done."

He blamed the recently announced increase in hospitalization premiums on this bottleneck.

London Architect, O. Roy Moore, Dies

Mar. 13/64

O. Roy Moore, founder of the London architectural firm of O. Roy Moore and Co. and a member of the firm which designed the original Gothic-styled buildings on the campus of the University of Western Ontario, died yesterday at his home, 1615 Gloucester Road. He was 74.

Mr. Moore was a member of his father's firm, John M. Moore and Co. when the first buildings on the present site of UWO were constructed in 1926, and followed with his own company the style of architecture which has given UWO the reputation of having the most beautiful campus of any university in Canada.

Among other London landmarks with which the firm was connected are: Hotel London, London Life Insurance Company's original building, Parkwood Hospital, the Northern Life Insurance Company, the Dominion Public Building at Richmond and Queens Ave., and the Salvation Army Children's Village.

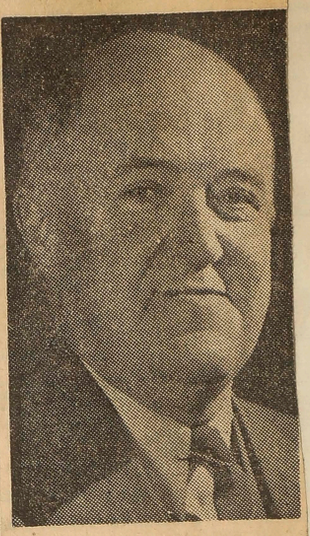
The firm is also well-known throughout Western Ontaio having designed St. Marys Memorial Hospital, Schell Industries plant at Woodstock, and several Bank of Montreal buildings in various centres of the province.

Mr. Moore had been in ill health since his retirement in 1958. The firm is now known as O. Roy Moore Associates.

Mr. Moore was a Fellow of Huron College, a member of the London Hunt and Country Club, the London Club, and a former director of the Ontario Loan and Debenture Company. He was a member of St. John the Evangelist Anglican Church.

His wife, the former Shirley I. Taylor, died two years ago.

Surviving are a son, George T. Moore, of Arva; a daughter, Mrs. David (Shirley) Gunn, of London; a sister, Mrs. W. H. (Louise) Smyth, of London; and nine grandchildren.



O. ROY MOORE
- - - architect dies

The body is at the family residence where a private service will be held tomorrow afternoon. Ven. C. W. Foreman, of the Church of St. John the Evangelist will officiate. Burial will be in Woodland Mausoleum.

Seek Judge's Opinion On Hospital Detention For Problem Children

Mar. 12/64

The possibility of the juvenile court ordering emotionally disturbed children to hospital detention, rather than cells in the juvenile observation home, will be discussed with Judge W. H. Fox, of the juvenile court, board of control decided yesterday.

As a result of a request from city council, the board was notified by Victoria Hospital superintendent Dr. C. J. Kirk that hospital trustees feel it undesirable to have locked detention wards for custodial care in an active treatment hospital.

"This doesn't answer our question", said Mayor Stronach. Con. Norman Bradford said: "It isn't what we asked for."

Ald. C. M. Peterson had suggested that all children under detention might be placed in custody at the hospital, but controllers yesterday said they considered this impracticable although they felt all disturbed children should receive hospital care.

The mayor suggested that Judge Fox be asked about "summarily lodging disturbed children in the hospital" and Con. Earl Nichols said the hospital has facilities for psychiatric care which should be available to such children.

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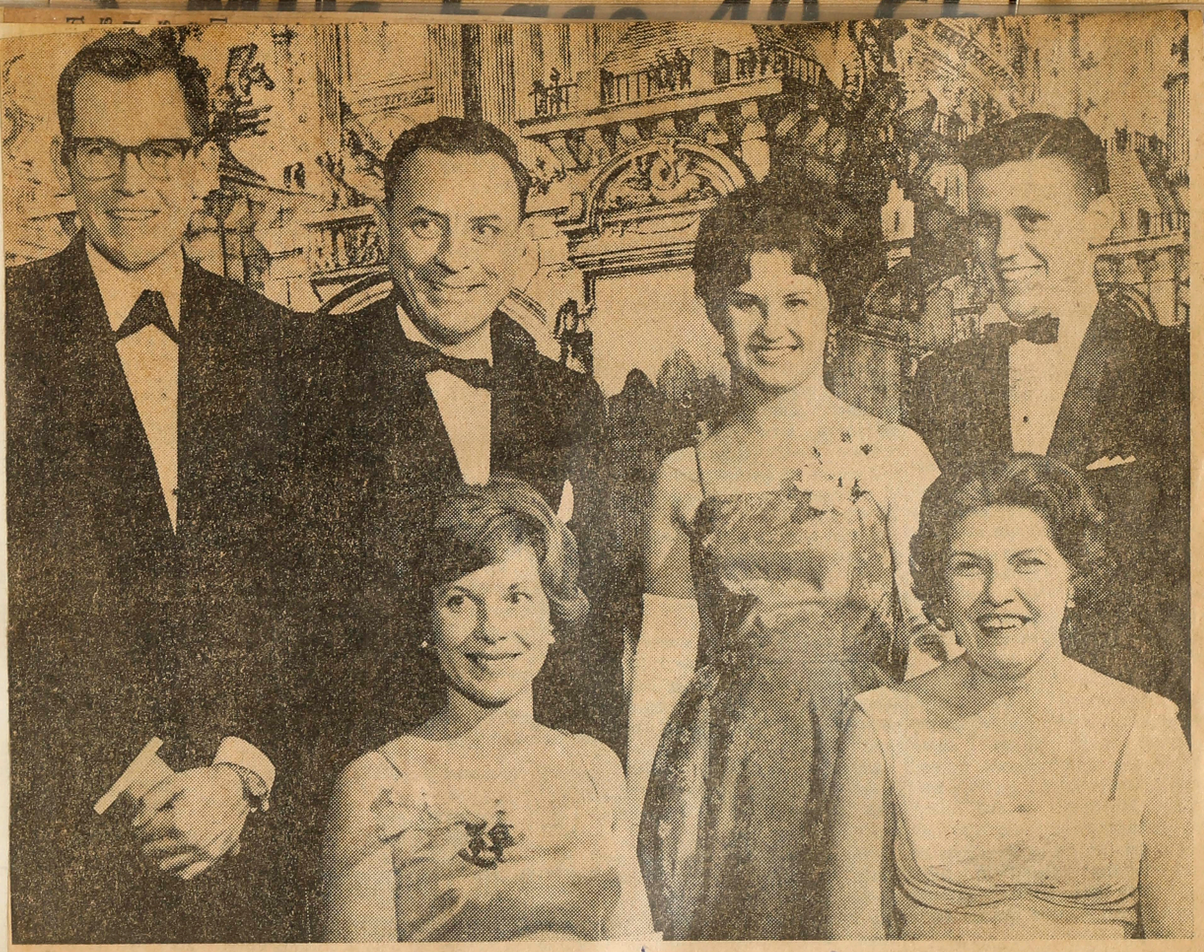


Attend Annual Meds 'At Home'

Mar 9/64

The University of Western Ontario Hippocratic Society hosted the annual Meds "At Home" dance Saturday evening in downtown Holiday Inn. Guests included Miss Gail Richardson, Toronto, seated left, and Mrs. R. A. Kinch. Standing, left to right: Bill Williams, Toronto, retiring president; Dr. Kinch, honorary president; Miss Lyn McFaul, Owen Sound; and Terry Moore, Owen Sound, incoming president.

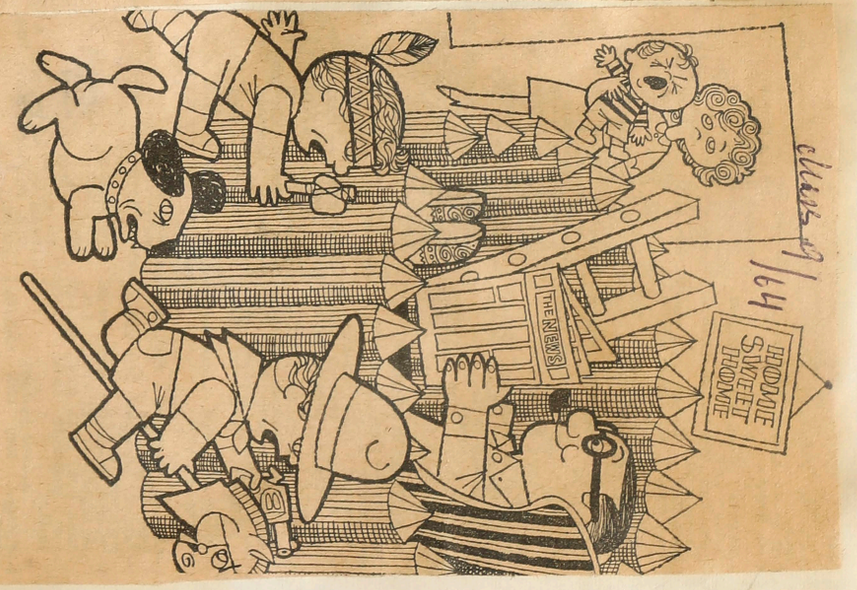
Meds 'At Home' Follows Banquet

The annual Meds "At Home" dance, sponsored by the University of Western Ontario Hippocratic Society, was held Saturday evening in downtown Holiday Inn.

Prior to the event, past and present members of the Hippocratic Council attended a banquet in Hotel London.

Dance patrons were Dr. and Mrs. O. H. Warwick; Dr. and Mrs. J. B. Collip; Dr. and Mrs. R. A. H. Kinch and Dr. and Mrs. Douglas Bocking.

Music was provided by Ron Brown's orchestra.



DAD'S HIDEAWAY — In a lighter vein, this cartoon depicts the family breadwinner relaxed after a hard day at the office. A quiet home atmosphere is conducive to longer life, authorities say.

Mar 9/64

families invited to attend a not[illegible]

Any of Us May Be Elderly a Long Time

May 7/64

SHOCKING conditions in aged living standards, notably in private nursing homes, were reported to the Senate commitee on aging. Not only firmer rules governing such domiciles were asked, but also a program of education to prepare Canadians for their elderly years.

The brief presented by the National Council of Jewish Women was timely. Elsewhere, the esteemed physician, Dr. Morris Fishbein, said life expectancy may readily rise to 100 years and possibly to 120. Unless the retirement age is adjusted upward, these couple of decades will be a long time for the elderly to live in such sordid conditions.

Authorities must aim to insure that proper living standards are assured the elderly in private nursing homes and pensioners' boarding places. Senator David Croll insisted "some of the responsibility must be placed on the government if there ever is to be a coordinated plan" for the elderly citizens.

The suggestion was made that Central Mortgage and Housing Corporation should persuade provincial and municipal governments to provide proper housing not necessarily municipal, for senior citizens.

There are many citizens who have small incomes in addition to the aged pension. They are not indigents, and decline to accept municipal aged home care. Some of the sordid conditions occur when these persons are sheltered in unfit quarters that should not be qualified as boarding homes. Yet health officers are concerned about condemning such premises for fear they turn the occupants onto the street. Most aged homes today have waiting lists.

Senators questioned whether the national association for the aged can have any powers; they would only make suggestions. These senators should not forget that fruitful achievements have resulted from the promotional efforts of dedicated citizens, even if they have no authority. Frequent revelation of these seamy conditions could shame municipalities and senior governments into action.

Medical Building Site Dispute Settled

May 19/64

A lingering court dispute between the builders of a proposed new medical-dental building on Waterloo Street South and an adjoining property owner has been settled.

Goldaire Rentals Ltd., of London, has agreed to buy the property of Mrs. Sophia Ryazantzeff, of 103 Waterloo St., for $17,000 with the property purchase to be completed by Sept. 30.

Notice that a pending trial between the disputants has been discontinued was filed in the Ontario Supreme Court offices yesterday.

Both sides have also agreed to dissolve an injunction handed down by Judge Ian MacRae earlier this year which restrained Goldaire Rentals from constructing the building pending trial of the dispute.

The trial had been slated for the February sittings of Middlesex County Court but did not transpire because settlement proceedings were in progress.

The legal battle began in October when Mrs. Ryazantzeff applied for a mandatory injunction requiring Goldaire to take steps to safeguard against damage to her property.

Mrs. Ryazantzeff claimed excavation for the project had caused damage to her house and engineering affidavits were filed stating the house was in danger of collapsing into the large open-cut excavation for the medical - dental building.

Aaron Brown was lawyer for Mrs. Ryazantzeff. John Menzies represented Goldaire and two of its principal shareholders, Louis and Harry Goldenberg.

Health Week Is What You Make It

May 19/64

MOST of us have about the same attitude to Health Week that the old farmer is supposed to have had to the agricultural representative who was trying to persuade him to adopt more modern farming methods.

"Why are you telling me all this stuff when I'm not farming as well now as I know how."

The story may be apocryphal, but the viewpoint isn't. We all know things we could do to improve our health, but we don't get around to doing them.

That's why we have a Health Week. It is designed to draw attention to existing means of adding years to our lives that are readily available to all of us.

We talk a great deal about medicare and hospital insurance. These are admirable things. But we are all too likely to neglect the basic things like diet, exercise, fresh air and mental attitude which not only help ward off disease, but make living more pleasant.

Medical science unfolds new miracles daily. Insurance statistics tell us that we are enjoying longer life — on the average. But as long as there is any needless illness, particularly through ignorance or neglect on the part of the citizens, there is a job to do in the field of health.

Dean of Medicine Quits University

May 12/64

SHERBBROOKE, Que. (CP) — Dr. Gerard Larouche has handed in his resignation as dean of medicine at the French-language University of Sherbrooke on the grounds that goals sought by the university cannot be attained in the near future.

Dr. Larouche told Msgr. Irenee Pinard, rector of the university, he was resigning after making "a serious analysis of the situation."

He explained he fixed himself a limit of two years to create the foundation for a faculty when he joined the university in March, 1961, but found this could not be done.

Chief Coroner Names Doctors in No

MAY 13/64

The names of the doctors who performed a gallstone operation on Mrs. Ina Noer at Palmerston General Hospital have been released by Dr. H. B. Cotnam, Ontario's supervising coroner.

Dr. Cotnam identified the men as Dr. Robert Kingsley Graham, 38, of Palmerston, who was in charge of the operation, and Dr. John Scott Hogg, of nearby Arthur, who assisted.

Mrs. Noer died eight days after the operation. After her death a surgical clamp was found inside her.

Dr. Graham has refused comment on the case.

Dr. Cotnam also said the investigation into Mrs. Noer's death by his office and provincial police would take about three weeks. The inquest will be held in Guelph.

All eight or 10 doctors, most of them from outside Palmerston, who serve on the hospital staff, will be interviewed, Dr. Cotnam said.

Dr. Cotnam said the investigation will take them into the neighboring communities of Harriston, Arthur and Listowel.

Dr. Graham is the son of A. Kingsley Graham, Canada's ambassador to Sweden.

Dr. Graham was the centre of controversy in October, 1962, when he resigned from his post as surgeon chief-of-staff at the 32-bed Manitouwadge General Hospital, 18 miles northeast of the Lakehead.

Dr. Graham said at that time that he had been given the alternative of resigning or of having his privileges revoked, but he said two days later he had resigned of his own accord.

After leaving Manitouwadge, Dr. Graham was on the staff of Listowel Memorial Hospital, in Listowel, for a brief period in 1963.

The administrator of the Listowel hospital, who identified himself as Mr. Nelson, was asked about Dr. Graham.

"I'd just as soon not talk about the incident," he said. "It's all in the files of the College of Physicians and Surgeons."

Mr. Nelson said any information about Dr. Graham's reason for leaving the staff would have to come from the chief of the medical staff. He refused to divulge the name of that official.

In Toronto, Dr. Joseph C. C. Dawson, registrar of the Ontario College of Physicians and Surgeons, said he could not make public the contents of any doctor's file without the written consent of that doctor.

All that he could release, Dr. Dawson said, was that Dr. Graham is a registered physician and surgeon in good standing in Ontario.

Considered one of Canada's outstanding violinists during h university years, he was a guest soloist with the Toronto Symphony Orchestra and with symphony orchestras in Chicago and Duluth, Minn., on different occasions.

Undertaker Jack Miller said Mrs. Noer's death certificate made no mention of a surgical clamp and gave peritonitis as the cause of death.

Mr. Cass has appointed lawyer John A. Hoolihan as Crown counsel. Mr. Hoolihan was Crown counsel at an inquest that found two weeks ago that Patricia Morgan, 34, died from "misadventure" in a Toronto hospital after an operation in which a surgical clamp was left inside her.

Articles or foreign bodies were left in at least 10 patients during operations by doctors in Canada in 1962.

an object was found to been left in her throat.

This was revealed in the port of the Canadian Me Protective Association issue members last June. The ass ation has 13,600 members handles civil-legal problems.

Meanwhile, the Ontario le lature was told that the Ont College of Physicians and geons should be allowed to e cise more control over the o ating rights of doctors. Ro J. Harris (PC Beaches) a d tor of Toronto East Ge Hospital where Patricia Mo died, told the House that at moment only hospital bo can deprive doctors of the to operate.

But the ruling applies o to the board's own hosp and the problem of libel p vents a board from mak recommendations to other h pitals about a doctor, he s

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Urges Hospital Plan Cover Mental Patients

May 13/64

OTTAWA (CP) — A plea for institution, which doesn't qualify, is $5.90 a day.

inclusion of mentally ill, mentally retarded and tubercular patients in the federal-provincial hospital insurance program failed to win support from Liberal MPs in the Commons yesterday.

Mr. Orlikow also urged that large sums be earmarked for professional training of persons to treat the mentally ill.

Dr. Harry Harley (L-Halton) said he agreed with Mr. Orlikow in principle and expressed the hope the royal commission will provide sufficient information to clear up the "anomalies" in present legislation.

Instead, supporters urged that action be delayed until after the royal commission on health services submits a report expected to be about May.

The plea came from David Orlikow (NDP-Winnipeg North) in a private member's motion supported by Harold Winch (NDP-Vancouver East).

Mr. Orlikow argued that the vast majority of mental patients now are confined to under-staffed and under-equipped provincial institutions where they are denied, in effect, the successful treatment for their illness supplied mental patients confined to psychiatric units of general hospitals.

In 1961, the average spending per day on a patient in a general hospital, which qualifies under the hospital insurance program, was $23. The average spent on a patient in a mental

Harold Winch (NDP-Vancouver East) called it a "disgusting disgrace" that not a cent of federal money is provided for the care and training of the mentally retarded.

Lloyd Francis (L-Carleton) said inclusion of tubercular patients wouldn't have significant effect on their treatment. Only five per cent of revenues of mental institutions came from federal sources. There was a distinct provincial responsibility in the question.

J. J. Greene (L-Renfrew South) felt that Mr. Orlikow's motion wasn't the solution to the problem. He hoped the royal commission's report would point the way.

Mr. Greene was still speaking as the hour set aside for such debates expired without a vote.

Doctors Can Clean Own House

May 17/64

BY TAKING severe disciplinary action against four Ontario doctors, the College of Physicians and Surgeons has acted in its own best interests and has done much to rid itself of the public suspicion that it is a sort of family compact designed to cover up for medical malpractice.

It is only a week since Dr. Morton Shulman, chief coroner for Metropolitan Toronto, said on a CBC television program that the college had no disciplinary powers. The college has shown that Dr. Shulman was mistaken. One offender has been removed from practice; three others have been castigated for "unprofessional, infamous and disgraceful conduct."

But it was left for the press and the public to learn where these doctors were practicing, since the college did not otherwise identify them. This was taking a needless risk; what if there were other doctors with identical names in Ontario?

Their offences must have been grave to merit such action, and it is reassuring to learn that the college can and will police the medical profession—the great majority of whose members are honest and competent men.

It is unfortunate that patients had to die to bring these cases to a head, but the resultant publicity cannot but have a salutary effect on hospitals throughout the province. This was a form of house-cleaning long overdue.

Medical Profession Needs an Inquest

Mar. 12/64

ALREADY shaken by the Toronto inquest which revealed that a woman died there because a surgical clamp had been left in her intestines, the public's faith in the medical profession has received a dual jolt from statements made on a television program by Dr. Morton Shulman, Chief Coroner for Metropolitan Toronto.

Dr. Shulman stated that during the tenure of his predecessor, the late Dr. Smirle Lawson, doctors were not to be publicly embarrassed in cases of this kind. It would be in order to "chastise" the offending surgeon or physisian privately; inquests where the truth would become known were to be avoided if possible.

Dr. Shulman also revealed that, contrary to what he and most members of his profession—and the public at large—believed, the College of Physicians and Surgeons has no disciplinary powers, after a doctor has joined its ranks.

It was made abundantly clear in the course of Dr. Shulman's interview on Front Page Challenge that the vast majority of doctors in Ontario are competent, capable and honest men, who do not deserve to be smeared for the sins of the few. But it remains true that a long-standing public suspicion is correct; that doctors usually close ranks and stay silent when one of their number is guilty of malpractice or a gross error in judgment.

What is equally shocking is that there is no way for the public to know how many similar cases never become known; how many persons have gone to their graves with falsified death certificates left behind. Dr. Shulman's unremitting candor and persistence have made it clear that the medical profession must take drastic steps to overhaul its operating-room techniques and exert a far greater discipline over its incompetent members than has been the case up to now.

DVA Plans Transfer of Vets' Hospitals

Mar. 17/64

OTTAWA (CP) — The department of veterans' affairs is anxious to transfer its 13 hospitals across Canada to local authorities, for use as general active-treatment institutions.

The new policy was announced in the Commons yesterday by Veterans Minister Teillet. There were immediate signs of rough political weather ahead for it.

Gordon Churchill, former Conservative veterans minister, called it an insult and a betrayal of war veterans.

Spokesmen for the New Democratic and Social Credit parties urged great care before implementing the change, while Creditiste Leader Real Caouette congratulated the government.

Mr. Teillet said no DVA hospital will be transferred before three conditions are met:

- Disabled veterans must be assured of immediate treatment at all times, according to DVA standards, at alternate institutions;
- Other sick veterans must get treatment in their own communities at institutions of accepted standards;
- Physicians, nurses and other employees of DVA hospitals must get satisfactory employment elsewhere.

The minister said the new policy is being introduced to avoid a disintegration of medical service provided at DVA hospitals.

"Recruitment problems are becoming alarmingly acute, particularly in the nursing classes. We are coming dangerously close to the unhappy situation which prevailed in veterans hospitals just prior to the Second World War."

Another reason was that serious hospital bed shortages were developing in many large cities while the veterans hospitals were gradually turning into institutions for aged chronic patients.

He stressed that the government will continue to finance medical services for veterans, whether they are admitted to general hospitals or chronic-care institutions.

He said the only way to ensure excellent care "is to make the treatment of veterans an integral part of a larger, more active, more on-going operation —in other words to incorporate the treatment of veterans into treatment programs devised for members of the general community."

The best time to make such arrangements "is sooner rather than later, provided the three essential conditions referred to earlier can be met."

The policy was recommended Jan. 7, 1963, in a report by the Glassco Royal Commission on government organization.

The Glassco report said the 13 DVA hospitals cost $50,000,000 annually to operate, caring for about 8,000 patients. About 70 per cent of the patients were chronic cases, mostly veterans of the First World War.

It estimated that the case load will double by 1980 as aged veterans of the Second World War enter hospital in increasing numbers. An additional $200,000,000 would have to be spent on new hospitals with 8,500 beds.

The Glassco report drew a a volley of criticism from veterans organizations and then Prime Minister Diefenbaker announced that the recommendation was being rejected.

Mr. Teillet said his department will seek agreements soon with suitable local agencies to transfer the hospitals. Negotiations already have started in connection with DVA hospitals in Winnipeg and Calgary.

Mr. Churchill (PC-Winnipeg South Centre) said the new policy does not reflect the wishes of veterans and their families, but a whim of the Liberal government.

Former Defence Minister Douglas Harkness said veterans groups in Calgary are violently hostile to the transfer of the DVA hospital there.

All opposition spokesmen called on the minister to consult national veterans organizations and refer the issue to the Commons veterans committee before taking any action.

Mr. Teillet said the Commons committee recommended such a policy in the past.

Veterans hospitals are located at Halifax, Lancaster, N.B., Quebec City, Montreal, Ste. Anne de Bellevue, Que., Toronto, London, St. James, Man., Saskatoon, Calgary, Edmonton, Vancouver and Victoria.

New Democratic Leader Douglas said the best solution might be to retain some DVA hospitals as chronic-care institutions and turn the others over to local governments.

5 MDs Face 40 Charges

Four Doctors Disciplined

(Continued from Page One)

found not guilty of charges laid against them.

The committee recommended that every hospital medical staff establish an actively functioning medical advisory committee.

The committee would deal with proceedings in a hospital when a doctor's privileges were curtailed or withdrawn because of professional misconduct or incompetence.

The report from the committee, which sat last October, also stated that, unlike the legal profession or other professions whose work is under supervision from the bench or otherwise, the work of the medical profession can well be hidden from the general public's knowledge.

"It is for that reason," the report states, "that we expect every man practising medicine in this province . . . to have a conscience which will keep him within his depth, keep him honest and keep him sincere in his endeavors.

"You are perfectly within your rights to discontinue attention to a patient, but you are not within your rights when you discontinue your services to that patient without assuring yourself that she or he has other medical attention."

The report says the college has the power to take action on charges of professional misconduct as defined in 1963 amendments to the Ontario Medical Act.

The college can impose four degrees of disciplinary action — reprimand, severe reprimand, suspension of the right to practise for a fixed period of time and erasure from the register (in effect, cancellation of right to practise).

Four Doctors Disciplined For Improper Conduct

Mar. 16/64

TORONTO (CP) — The Ontario College of Physicians and Surgeons has found four Ontario doctors guilty of improper conduct and has imposed disciplinary action ranging from a reprimand to erasure of a doctor's name from the register.

Among the four mentioned in the college's semi-annual report mailed to doctors Saturday was Dr. Robert Kingsley Graham, who was found guilty of "reckless disregard" for his patient in an operation.

He and the three others — Franz Joseph Woss, Kenneth Douglas Johnson and John Robert LaCroix — were not identified in the report as to their place of practice.

The name of Dr. Woss was erased from the register when he was found guilty, in absentia, of "infamous and disgraceful conduct in a professional respect."

The charge, the report states, deals with Dr. Woss "attempting to procure a miscarriage, a criminal act in the practice of his profession." A bench warrant had been issued for his arrest. The doctor did not appear for the college discipline committee hearing last October.

Dr. Kingsley Graham was reprimanded, the mildest form of disciplinary action, when he was found guilty of improper conduct on three charges.

The report said he "attempted to deceive a professional colleague as to the necessity for and / or the result obtained by a surgical procedure upon a patient," for entering "on a hospital operative record a post-operative diagnosis that he knew to be untrue," and for exhibiting "reckless disregard for the interest of a patient by persisting in his decision to subject her to a hazardous surgical procedure, notwithstanding the opinions of colleagues and clinical evidence that such procedure was not called for."

(A Dr. Robert Kingsley Graham was named last Friday by Dr. H. B. Cotnam, Ontario's supervising coroner, as the doctor in charge of a gall stone operation on Mrs. Ina Noer, 54, of Palmerston, who died March 7, eight days after the operation. A surgical clamp later was found inside her.

(An inquest into the Noer case is to be held in Guelph.

(The same Dr. Graham received publicity in late 1963 when he resigned as surgeon chief-of-staff at the Manitouwadge General Hospital, near the Lakehead. He first said he had been given the alternative of resigning or having his privileges revoked, but later said he had resigned of his own accord.

(After leaving Manitouwadge, he was on the staff of Listowel Memorial Hospital for a brief period in 1963.

(The college's report did not say whether or not the Dr. Graham it listed was the same as the doctor involved in the Palmerston and Manitouwadge cases.)

Dr. LaCroix was severely reprimanded after being found guilty of disgraceful conduct.

In the other case, the disciplinary committee postponed imposition of a penalty against Dr. Johnson, found guilty of professional misconduct in that his privileges under the Narcotic Control Act were restricted or withdrawn.

Four other doctors were

(Continued on Page 4, Col. 9)

Oxford MOH Acts to Curb Hepatitis

Mar. 31/64

THAMESFORD — Dr. O. C. Powers, medical officer of health for Oxford County, said last night he has advised against the serving of food at any public meeting in the county because of an outbreak of infectious hepatitis.

"About 40 or 50 persons in 17 families, the majority of them children, are affected in cases throughout Oxford," Dr. Powers said.

"The hepatitis is concentrated in the Princeton area, but there are some cases in Tillsonburg, a fair amount in Mt. Elgin, and in Kintore."

In Princeton, Mrs. Julius Toth, president of the Catholic Women's League, cancelled a St. Patrick's Day pot luck supper, to be held at Sacred Heart Church today, after she telephoned Dr. Powers.

Dr. Powers said the disease has been in the county for the last three or four months. No one has been admitted to hospital. The children affected have been told to stay away from school for three weeks. "The effects can last in adults for six months," he said.

The medical officer said hepatitis is spread mainly through food.

Coroner Considers Central Registry To Curb 'Battered Child Syndrome'

May 16/64

TORONTO (CP)—The office of Ontario's supervising coroner is considering setting up a central registry to help curb the phenomenon known with ugly preciseness as "the battered child syndrome."

"We are inquiring into the possibility of a central registry where all cases of unexplained death or injury to children can be recorded and filed for quick reference," Jack Mills, executive officer in the office of supervising coroner Dr. Harvey B. Cotnam, said Friday.

"We feel this could be an important factor in bringing to light cases of cruelty to children and preventing, in particular, cases of 'battered child syndrome'."

Syndrome means all the symptoms of a disease. And the knowledge that such symptoms are common enough in the case of child-beating to merit classification is a recent development. The term has come into common usage only within the last five years.

Yet, Dr. Cotnam recently said, for every child who dies of neglect, malnutrition or beating in Ontario, there are 100 others who are mistreated without it coming to the attention of the authorities.

The coroner's office cited the case of a woman, three of whose children died in different Ontario cities in unexplained circumstances — two of suffocation and the third of an overdose of sleeping pills.

The office got onto the case because of the unusual surname involved. And at the time of the discovery of the case, a fourth child of the women was in a Northern Ontario hospital suffering from an overdose of headache tablets.

The mother has since spent time in a mental hospital and now is at home caring for the surviving child, under the supervision of the Children's Aid Society.

Dr. Cotnam recently defined the syndrome as the clinical condition seen in young children who have been the victims of serious physical abuse, sometimes leading to permanent injury or death.

A psychiatrist and a radiologist in Toronto said in interviews they both believe a tremendous number of children suffer broken bones and other permanent deformities through the brutality of parents. Man suffer to a lesser extent without even neighbors knowing about it, they said.

"There may be no clue in outward behavior of a pe

to indicate whether he or she is capable or this sort of thing," said Dr. Edward J. Rosen, director of the child and adolescent unit of Toronto Psychiatric Hospital. And Dr. John D. Munn, director of the Hospital for Sick Children's radiology department, said X-ray photographs are often the only evidence of injury.

Jessie Waters, a social worker with the Children's Aid Society here, said the surprising thing about the syndrome is that it took so long to come to light.

At first, she explained, there was a tendency to assume that a child had particularly weak bones. "It took quite a long time to believe that children could be treated in this way deliberately."

Dr. Cotnam disclosed that cases of young children being battered to death in secret by a parent or custodian are being reported to his office at the rate of one a month. In January, there were three such cases in 10 days.

"Many parents involved in this problem are said to be psychopathic or sociopathic characters (without any sense of good and evil), and alcoholism, sexual promiscuity, unstable marriages and minor and major criminal activities are common amongst them.

"They may be immature, impulsive, unstable emotionally, and have uncontrollable tempers . . ."

But the "battered child" is also found in so-called good homes among people with good education and background.

"In some cases, the extra child is not wanted in the family and causes considerable inconvenience with social activities or finances — or perhaps a premature pregnancy hastened a marriage in the first place."

But one of the greatest problems about the "battered child syndrome" is the lack of knowledge about it. A central registry of victims is seen as a start toward preventing repetition of past beatings and a source of material to cast light on the problem.

Says Causes of Mental Retardation Often Occur During Early Pregnancy

March 18/64

The cause of retardation were outlined by Dr. S. J. Koegler, clinical director at the Children's Psychiatric Research Institute, Byron, to members of St. Joseph's Parent-Teacher Association at a meeting in the school.

He said heredity was one of the least frequent causes, although with four per cent of the population being mentally retarded, nearly every family is in some way related to a mentally retarded person, or has mental retardation in their background.

Dr. Koegler said research is being conducted at the institute with chromosomes, thought to be the cause of mongolism and other types of retardation, which may occur in early pregnancy. Drugs taken at this time or virus attacks like measles, can affect chromosomes and cause retardation, he said.

During later pregnancy, the speaker said, retardation can be caused by poisoning through the bloodstream. He urged frequent visits to a doctor at this time.

Other causes he listed were difficulty at birth, now greatly reduced with better medical techniques; or bumps on the head during infancy and childhood.

Causes are being discovered, but cures are not because damaged brain cells cannot be repaired, Dr. Koegler said.

He was introduced by Mrs. M. P. Duffy and thanked by Mrs. J. R. Fleming.

President, Mrs. Frank Vita, presided.

Health Minister Won't Take Action In Dispute of Ontario Nurses

March 18/64

TORONTO (CP) — Ontario Health Minister Dymond said Monday he could not take part in a dispute which has split Ontario's professional nurses.

He told representatives of the committee for the advancement of professional nurses that the government "would not support any one group, organization or faction as opposed to any other, but was ready at any time to listen to any group."

The committee says that the Registered Nurses' Association of Ontario is dominated by the "old guard" of the profession and does not speak for the rank and file.

Dr. Dymond had invited two representatives of the committee, chairman Mrs. Ruth LeRoux and secretary Jean Cranstoun to tell him about nurses' grievances.

They said Dr. Dymond had emphasized the government is not opposed to compulsory arbitration in any dispute. He said Dr. John B. Neilson of the Ontario Hospital Services Commission had been misquoted as saying otherwise.

5 MDs Face 40 Charges

March 20/64

TORONTO (CP) — Forty charges resulting from the post-operative death of a cancer patient were laid yesterday against five doctors and the administrator of Toronto East General Hospital.

The six men each face six counts under the Coroner's Act of failing to notify a coroner after an autopsy revealed that Patricia Morgan, 32, died in the hospital Nov. 4 with a clamp inside her following an operation 18 days earlier.

Dr. Kenneth Brown, 45, who started the operation on Miss Morgan but left the operating room before it was finished, was also charged on four counts under the Vital Statistics Act with falsifying Miss Morgan's death certificate.

The others charged are Dr. Burns Plewes, chief surgeon at the hospital, administrator Eric Willcocks and three doctors involved in a pathological examination of Miss Morgan — S. F. Penny, Allan Noble and Alexander Kennedy.

Maximum penalty for conviction on each charge is six months imprisonment, a $500 fine, or both.

Police went to the hospital to serve summons on the doctors and the administrator, requiring them to appear in court April 6.

The charges, under the Coroner's Act, accuse the doctors and the administrator of not notifying a coroner in case of death by:

1. Misadventure; 2. Negligence; 3. Misconduct; 4. Malpractice; 5. From a cause other than disease; 6. Circumstances as may require an investigation.

Dr. Brown is charged with making a false statement as to the cause of death, a false statement on an autopsy finding, failing to furnish particulars respecting a death and neglecting to furnish particulars respecting a death.

An inquest Feb. 27 was told the death certificate listed cancer and an acute internal obstruction as the cause of death.

The charges were ordered by John Hoolihan, special counsel for the attorney-general's department and Crown counsel at the inquest that found Dr. Brown responsible for Miss Morgan's death.

The inquest jury also found that the clamp caused Miss Morgan's death.

The inquest was ordered after Miss Morgan's relatives told Dr. Morton Shulman, Metropolitan Toronto's chief coroner, about the clamp.

Witnesses at the inquest said Dr. Brown left the operating table after another surgeon, Dr. A. T. Varga, the senior resident, called in Dr. Plewes who finished the operation. Dr. Plewes ordered the method of operating revised.

Dr. Plewes said he had assigned Dr. Varga to be a "watchdog" on Dr. Brown's operations for the last two years.

Administrator Willcocks denied a charge by Mr. Hoolihan that the clamp death had been "swept under the rug" by the hospital, but he admitted at the time he felt it would not be a public service to "destroy the public image of hospitals."

Mr. Willcocks testified that, on Nov. 5, Dr. Kennedy told him he had advised Dr. Brown to notify a coroner. He said he left the task of notifying a coroner to the medical staff because "I am not a doctor."

Saskatchewan Vote Tests Medicare

Mar 20/64

A Saskatchewan provincial election was in the cards this year as the last vote was in 1960. But Premier Woodrow Lloyd is causing some surprise by setting the election date at April 22, which makes the campaign about as short as possible under the law.

This will be the first appeal of a New Democratic Party government in Canada. Actually the same party has been in power since 1944, but it has previously been elected under the CCF label.

The Saskatchewan vote will be a test of Canada's first provincial medicare scheme, which caused a fierce rift in the province when it was put into effect in 1962, and even before. Since then the excitement has simmered down though bitterness remains, and within the last few weeks the Medical Care Insurance Commission of Saskatchewan issued a statement that doctors are substantially better off since the scheme went into effect. This was countered by a release from the Saskatchewan College of Physicians and Surgeons which indicated that there has been a considerable exodus of experienced doctors from the province since Medicare came.

There was a sharp decline of popularity for the government in the early years of its regime and the Liberals won the first three byelections. All these were for seats formerly held by CCF members and one was in Weyburn, the seat formerly held by Hon. T. C. Douglas when he was premier. However, these seats were all picked up in straight fights between Liberals and CCF or NDP candidates. In four-party fights the government might expect to do better.

Retardation Cause Explained To Kinette Club

Mar 14/64

Causes of mental retardation were outlined by Dr. S. J. Koegler, director of the Children's Psychiatric Research Centre when he spoke at a meeting of London Kinette Club, held at the Bull and Bear Sawpit.

The speaker noted that 30 per cent of all premature babies are mentally retarded, and the number of premature births doubles with mothers who smoke moderately, and triples with those who smoke more than a pack a day.

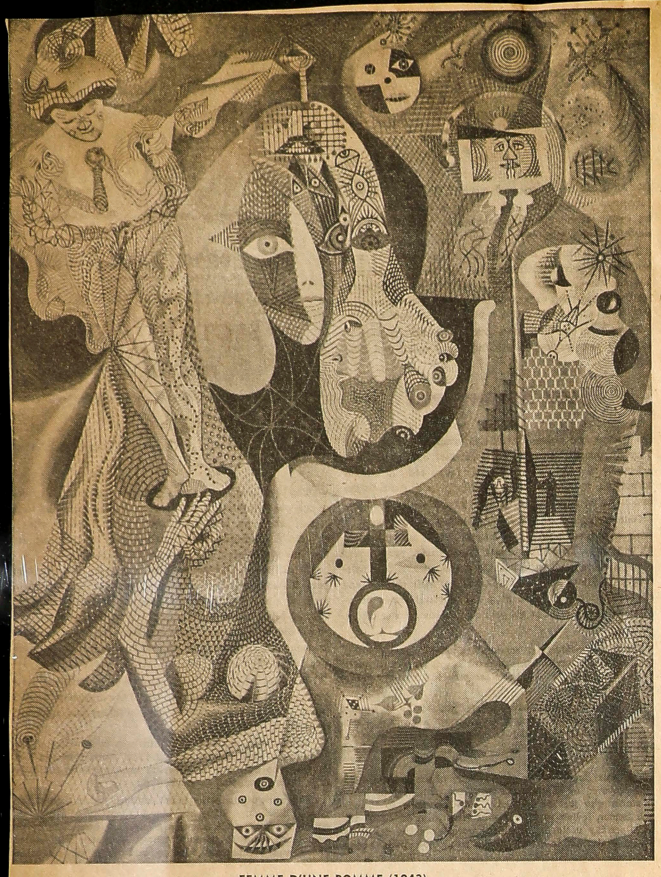
Mrs. Otto Schmidt introduced the speaker, and he was thanked by Mrs. John Munro.

New member, Mrs. Robert Routledge, was initiated, and two transfers from Aylmer, Mrs. Homer McConnell and Mrs. Jerry Benn, were welcomed by president Mrs. E. S. Hawley.

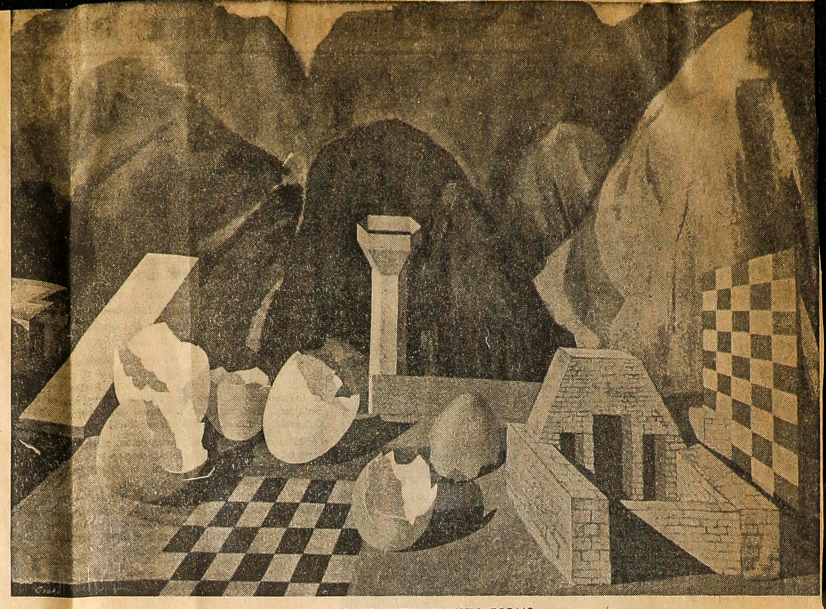
Mrs. W. K. Johnson reported on a bridge held at the YM-YWCA.

By

For half a century the association was ... entirely of women. However in the past few years many auxiliaries



FEMME D'UNE POMME (1943)
- - - by Alfred Pellan, Auteuil, Quebec



LANDSCAPE WITH BROKEN FORMS
- - - by Edwy Cooke, Fredericton, N.B.

ON THE ROAD

By Otto Cam

Several Auto Industry Pioneers Once Worked in Chatham

I was recently pleasantly surprised to learn from William Gray, of Chatham, that a number of people who were associated with the automobile in its infancy had worked in Chatham.

• • •

One of these was Bernard F. Everitt who had been a trimmer with the old William Gray & Sons Company in Chatham, who were manufacturers of buggies. Mr Everitt's job was to help install the upholstery in buggies. A person with these qualifications, of course, was invaluable to the automotive industry and it was natural that Everitt should follow the automobile industry which was then springing up and move to Detroit.

• • •

He worked for the Olds motor works for a short period of time and subsequently associated himself with William E. Metzger and Walter E. Flanders. Metzger was the first sales manager for Cadillac and Flanders was the production man who loved hardware women and a good [illegible] was, in addition to [illegible] genius for getting things done and by virtue of this appealed to Henry Ford. However Flandeers was not very happy working for the non-drinking, non-smoking, non-chasing Henry, and one day while sitting in the Hotel Pontchartrain in Detroit with Everitt and Metzger, the three of them came to the unanimous decision that they would quit working for someone else and start working for themselves. They then and there formed a partnership to manufacture the E.M.F. car. They made in fact two cars, the E.M.F. "30" and the Flanders "20".

• • •

At about this time the Studebaker organization was interested in expanding its automobile business and eventually the E.M.F. organization reached South Bend. It has been said that to the purchasers of E.M.F. cars the initials meant "Every Morning Fixit". Another Chatham boy who went to Studebaker was Will Shillington who acted as a cashier for the Chatham buggy makers.

• • •

Alex Malcolmson at one time lived in Chatham and he was one of the big moneymen with Ford in his early days. When Ford turned to the Dodge brothers and asked them to build motors for him in 1903 they agreed to do so, but knowing that Henry Ford was somewhat of an erratic character who had had two previous unfortunate experiences in the automobile business, they agreed to make his motors only on condition that Alex Malcolmson would guarantee his bills, which he did. History records that Malcolmson later sold out to Ford and Couzens for $175,000. This was early in the Ford history, long before Ford finally bought up the rest of his partners in 1918.

• • •

Sheldrick, who at one time was an executive of the Hudson Motor Car Company of Detroit came from Chatham, as well as Edwin H. Walker, who was the president and general manager of General Motors of Canada.

• • •

James Couzens started out as Ford's bookkeeper and bought 25 shares of Ford. He later became business manager and Henry Ford's right-hand consultant. As a matter of fact when Henry Ford built his first two-cylinder cars they were an immediate success and orders started pouring in for them. However, some difficulties did arise and it was Henry's opinion that all cars should be called back to the factory and repaired and made road-worthy.

• • •

However, Couzens pointed out to Ford that a close-down of the factory for even one week would mean bankruptcy for the company, with the result that it was decided to send mechanics out to repair these cars in the field and to make them road-worthy.

• • •

Couzens was also very closely associated with Ford in the fight which he had over the Selden patent. You will recall that Couzens and Ford agreed to sell their interests in the Ford Motor Company to Billy Durant at one time for some $8,000,000, but this sale was held up because Durant's bankers would not advance him the money.

• • •

Apparently there were a great many similarities in the characteristics of Couzens and Ford. Nobody could work with Ford or Couzens, you simply worked for them. This was what caused the break-up between the Dodge brothers and Ford. However, finally in 1916 Couzens found that he could not work with Ford either and he resigned. Until this point Ford had been fairly generous in his payment of dividends to his shareholders but for some reason, which I will leave to you, Henry Ford decided at about this time that he would limit the payment of dividends in the future and announced that only $1,200,000 would be paid annually in dividends and that the balance of the profits of the company would go back to plant expansions and improvements.

• • •

This resulted in the very famous action against Ford to force him to declare dividends. While this action was still before the courts and before a decision had been handed down, Henry Ford, in 1918, bought out Couzens for $29,308,858. Couzens originally had 24 shares but in the meantime, he had acquired some additional shares. Rosetta Couzens received $260,000. for one share. I am informed that Couzens was originally a Chatham boy.

Yours to Explore

Leftovers Cause Problem

By Ken Bambrick

Nuts, bolts, nails, and screws are instruments of various sizes designed to hold things together.

Glue will do some jobs, too.

In our house, however, it appears only habit is keeping everything from collapsing into the basement.

We suffer from creeping leftovers.

And there isn't a do-it-yourself book on the library shelves that says a darned thing about leftovers.

• • •

Like the man who digs a hole and then finds himself with a surplus mound of dirt after refilling it, we impetuously dash into renovation projects, and emerge with a handful of leftover nails, leftover bolts, leftover coathangers, leftover wallplates.

Nobody can remember where they are supposed to go.

Every home improvement project we have ever conceived has given birth to a similar assortment of fasteners.

There are nails for each picture. Plugs and switches sport their wall plates. (Often these reflect the previous decor since they scuttled under some protective cover during the operation and escaped the brush and roller.) The light fixtures depend as usual from the ceiling, and disassembled furniture stands solidly reassembled.

• • •

When things go bump in the night we are apt to wake up and find ourselves standing quivering in the middle of the room, looking fearfully around to see what has come apart.

The haunted look you may notice as we open the basement door is due to the fact that we had more door hinges than doors after freshening up the kitchen.

Inevitably, the front wheels fall off a scooter, or a wagon needs emergency repairs. The kitchen junk drawer with its mysterious assortment of odds and ends almost always has something the right size and shape to stick these items back together again.

Like I said, Nuts, bolts, nails, and screws are designed to hold things together.

But what is holding together the things they used to belong to?

LOOKING AT ART

By Lenore Crawford

'Surrealism in Canadian Painting' Is the 'Big' Exhibit for 1963-64

THE LONDON PUBLIC ART MUSEUM assembles several exhibits "on its own" in a year. There is usually one, though, which is the "big" exhibit of the season and therefore entails preparation of a year or more. In 1963-64 the "big" exhibit of this kind is "Surrealism in Canadian Painting" which is on display this month.

Next month the exhibit will be shown at the Kitchener-Waterloo Art Gallery, then will go to the Art Gallery of Hamilton for May and on to Queen's University, at Kingston, for June. After that a tour of the Canadian West has been arranged. Already Canadian Art Magazine has published an article related to the exhibit and written by the assistant curator, Paddy Gunn O'Brien, who was responsible for the entire assembling of the 73 works.

Already the show has attracted hundreds of viewers, and rightly so, for it is a collection of interest - holding besides curiosity - inspiring works. It is a show of which the London Art Museum should be especially proud. It was not surprising to learn from Mrs. O'Brien she obtained thousands of photographs from artists and gallery proprietors or directors as a means of determining which among the vast collection of works done in Canada from early times to the present should be selected. Nor that she visited galleries and studios and looked at hundreds of pictures. Nor that she enlisted — and received — cooperation from owners of private collections.

IT WAS THE FIRST TIME any public gallery had undertaken a display of Canadian surrealist work and its potential worth was recognized by those whom Mrs. O'Brien contacted. Hers was a huge job; the exhibit proves she did a magnificent one.

There seems no better way to introduce discussion of the show than to quote from the Introduction to the excellent catalogue for the exhibit in regard to what Surrealism is and the relation of Canadian art to it: "The philosophy of Surrealism challenges the idea that reality is that which is comprehended within the framework of an ordered system of perception and the application of a logical system of space and time. It maintains that a super - reality exists when this framework is removed and the restricting habit of logic either is broken deliberately in the process of creation, or is broken unconsciously in the process of dreaming. Generally speaking it is the juxtaposition of realistically painted but irrationally related objects in illogical situations that creates the absurd and it is the absurd which is the sur-real.

"The Canadian artists included do not necessarily subscribe overtly to this theory, or paint as a result of it. The works . . . reveal a wide range of techniques and images, but no such thing as a surrealist movement, even though the paintings are surrealistic in character. Many of them are illustrations of literary ideas, some are more closely related to psychic automatism but they do have two elements i common — a very person vision and the expression this vision in an almost ee way."

INEVITABLY, the pictu seem to be the projection i "real" visible form of a nig mare, or a dream experienc while sleeping, or a da dream. There are horrific p tures — Tom Lapierre's "Se and the Mind" and Frederi Hagan's "Descent" which h nothing of the Risen Chri about it, merely the trag grief and hopelessness of unbelieving world. There a pictures of sensuality — Ge ard Luther Clarkes' "Nig fall" — and of repulsive lu and ugliness — Hagar "Passing Grand Parents."

These paintings are surre ist in their very paint qu ity, besides their presentat of subject. Red is redder t blood — an unnatural red, real — and the green Clarkes' painting has so thing more than the green the greenest grass. Ot works also depend on paint - color for much of t surrealist effect.

THIS UNREAL QUAL of color helps to give to Urquahart's "The Yell Bride" its dream status. other "assist" is use rhythm which makes the ure look as though it is r from waves. It is quite like Lemieux's 1941 pain "Lazare," which has cl of a realistic kind, it se and yet projects a surre ic idea forcibly — the and-now miracle of Laz rising from death with Quebec scene.

Some artists combine a tographic realism, which self is more real than and therefore sur-real, w dreaminess. Jack Chan does this in two paintings stunning effectiveness.

It is impossible, here t the many ways Cana achieve surrealism. It m pointed out, though, tha exhibit contains outstan good works by several o ada's internationally nized artists — Beach Bellefleur, Colville, Da Gould, Nakamura, Nive Nichols, Pellan — and tant works by lesser artists — Edwy Cook Sindon Gecin for exam some of whom have ra seldom, been represen London.

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From the Bookshelf

Engineers Get Around In Course of Their Work

The Wandering Canadian

By Robert M. Legate
(Brunswick Press)

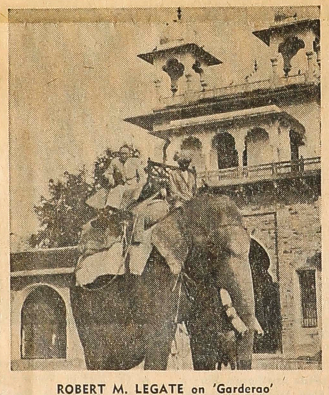
A recent Ottawa report notes that engineers were the most numerous group in the "brain drain" from Canada to the U.S. in the year ending June 30, 1963. The fact lends a special interest to the book telling some of the highlights in Mr. Legate's long experience as an engineer.

Engineers get around in the course of their work, and Mr. Legate's various jobs took him to virtually every continent — unless you count in Antarctica. He was born in Australia, finished his secondary school in Ireland and received his professional training at the University of New Brunswick. He apparently regards himself as a Canadian, although he hopes — sometime — to retire to England.

Meanwhile he keeps up a busy life which has seen him work on small electrical projects in New Brunswick and mammoth ones in Africa and Asia. During the depression, when the demand for engineers slumped, he was electrician on the ferry which plied the Northumberland Strait between Prince Edward Island and had some of his most harrowing, and dangerous experiences on that job.

He makes no attempt to present a chronological account of his adventures. He hops about in time and space. But this has the effect of high-lighting the happenings of most interest.

His descriptions of such events as the riots which marked the partition of the old Indian Empire into the new nations of India and Pakistan conveys much of the excitement of the time. Some of his best stories come from India, mostly from the time just before partition. But he is just as much at home in North Africa or South America, or learning the customs of the Japanese.—John K. Elliott.



ROBERT M. LEGATE on 'Garderao'

Britain — Handbook Of The British Information Service

Every year the British Information Services publishes a handbook which is the centre-piece of its extensive publicity and reference services throughout the world.

Entitled, appropriately enough, "Britain", it presents a journaled panoply of the life and ways and institutions of Britain.

While much of the content is statistical it is possible to garner from this book a good deal of knowledge on where Britain is today and where she has been. It makes no attempt, however to indicate where Britain may go from here.

The handbook contains information on the development of British law and British Parliamentary institutions. It has information on British elections of the past which just might provide the odd clue to what can be expected in 1964.

It cannot be construed as a working document for the re-election campaign of Sir Alec Douglas-Home. But it sets forth in great detail the evolution of planning and housing, education, social welfare, health facilities and other issues on which the election will be fought. As the introduction notes, however, "it does not attempt to cover Britain's participation in Commonwealth or world affairs."

This book at one time was available overseas only in a limited free edition. Since 1954 however, it has been on sale throughout most of the world. It forms a useful addition to the world's reference libraries. — Garnet Moore

Anthology Salutes Good Life with Festive Air

The Compleat Imbiber

Edited by Cyril Ray
(Macmillan)

There is a festive air about this anthology but — like the good life it salutes — it is welcome any time.

Editor Cyril Ray describes it as "an entertainment" and indeed it is. First published in 1956, "The Compleat Imbiber" has appropriately gained body with each passing year.

It is a handsome package of prose, verse and illustration dedicated to good wine, good food and the amusements they invite or heighten.

The honor roll of contributors includes Evelyn Waugh, the Priestleys, Joseph Wechsberg, C. Day Lewis and Anthony Powell and numerous less familiar names.

Likes its predecessor, the sixth edition contains a cosmopolitan assortment of material —short stories, poetry, reflections, nostalgia and even some technical guidance on how to stock your cellar and kitchen which you can savor even if you can't afford to follow it.

There is also a modest confessional about the powers of positive drinking that must surely evoke many memories of undergraduate passing - out ceremonies. It's "Faint Drinking Song From Under the Table" by P.M. Hubbard and it begins

"I have no head at all for drink;
You all have better heads than I.
You gather strength as I get weak,
Grow loud as I fall silent, speak
Large words when I can barely think
And stand when I must lie."

The complete collection is altogether delightful. — Norm Ibsen.

Surgeon Hits Commission On Hospitals

March 18/64

TORONTO (CP) — Legislation to give Ontario's health minister over-all control over the Ontario Hospital Services Commission has been recommended by Dr. T. P. Morley, chief of neurosurgery at Toronto General Hospital.

In a strongly worded article in the current Journal of the Canadian Medical Association, Dr. Morley says that either the commission has been hoodwinking Ontario Health Minister Dymond about a hospital bed shortage caused by a lack of nurses, or else Dr. Dymond has been "less than frank with the legislature."

Dr. Morley says the need was never more acute for a reform in the situation of the province's nurses, but the hospital commission stands in the way of reform.

"Permanent officers of the public service do not as a rule count reform among their mandates . . . "Their refuge and stronghold is in their financial control, the massive inertia of their organization, and their immunity from direct parliamentary enquiry."

Hospital boards hesitate to get into conflict with government, and the hospitals are powerless to bring about needed changes, he writes. But the minister lacks control over the hospital commission and legislation is needed to change this, he added.

The extent of the hospital bed shortage in metropolitan Toronto — estimated to be 2,360 beds— will remain difficult to assess, Dr. Morley says, "if essential facts are withheld even from the provincial government, or are disguised by its ministers."

Meanwhile in the House, Premier Robarts, Health Minister Dymond and Provincial Treasurer Allan spent 55 minutes discussing the Metropolitan Toronto Hospital bed shortage.

Dr. Dymond immediately began work on a statement explaining what the government plans to do about demands for aid in ending the shortage. The statement is expected to be read in the legislature today.

A meeting of Mr. Allan, Dr. Dymond and representatives of the Ontario Hospital Services Commission Monday took most of the afternoon with discussions of the problem.

Cass Showed Talent In Attracting Critics

May. 24/64

By JOHN A. PETHICK
Free Press Staff Writer

TORONTO — Fred M. Cass, who resigned last night as attorney-general of the province, had held the post since the fall of 1962. He had served as head of two other departments, municipal affairs and highways.

He was the storm centre during the entire debate over his bill to give extraordinary powers to the Ontario Police Commission and was the main target of attacks by opposition members.

In recent months he had encountered stormy weather over other issues. He was in and out of controversy with the opposition during a considerable portion of the time he was in office.

The opposition charged he was reluctant to undertake a probe into the used car sales business, which was eventualy undertaken.

He also showed reluctance to order a probe into the death of a Toronto woman who died in hospital here after a surgical clamp had been left in her body during surgery.

Mr. Cass was not in the legislature for the afternoon or night sittings of the legislature yesterday and his absence was taken as an indication either that his resignation was in the offing or that he might be asked to quit his post by Premier Robarts, depending on how the debate on the police bill went in the House.

When the premier yielded to opposition demands to get rid of section 14, it seemed a certainty that there would be another attorney-general before long.

No mention was made of a possible successor.

The resignation is likely to lead to the first cabinet shuffle since the Robarts government was returned to power last September.

The opposition has maintained that having been repudiated by his premier over the police bill, there was only one course for Mr. Cass to take and that was to resign. If the bill was a cabinet decision, the opposition said, then the government should resign.

$2,200,000 Sought In Thalidomide Suit

May. 24/64

CLEVELAND (AP) — A $2,200,000 lawsuit was filed yesterday on behalf of twin Canadian boys who were born badly deformed after their mother allegedly used the drug thalidomide.

Richardson-Merrell Incorporated, of Cincinnati, was named defendant in the suit filed in common pleas court by the Cleveland law firm of Spangenberg, Hasenflue and Shibley. The company held U.S. and Canadian manufacturing rights to the drug that was developed in West Germany.

Donald T. Traci, lawyer with the law firm, said the suit was filed on behalf of Peter and Paul Settle, of Hamilton, Ont., born Jan. 3, 1962, to Maxene Settle, 32. Her husband is a plumber.

Traci said the Settles' four other children are normal.

Mrs. Settle said in the petition that she got a sample package of the drug from a physician and took one pill on four consecutive nights during the early part of her pregnancy.

Compensatory damages of $1,000,000 was asked for each of the twin boys and $200,000 damage for the parents for loss of service and subsequent medical attention for the twins.

Traci said five other lawsuits, seeking between $7,500,000 and $10,000,000, will be filed here within the next two weeks on behalf of one Canadian boy and four more girls, all deformed.

In Cincinnati, officials of the drug firm said they had not heard of the suit and declined comment.

PRESIDENT WINS PRIZE

AACHEN (Reuters) — President Antonio Segni of Italy was awarded the 1964 Charlemagne Prize for outstanding service to European unity, it was announced in this West German city yesterday.

A million dollar business - - -

- - - And It's Run by Women

May. 14/64

The London Free Press
Western Ontario's Foremost Newspaper
SATURDAY, MARCH 14, 1964
SECTION TWO
PAGES 15 - 26

There is a million-dollar business in Ontario which never appears in the columns of the financial pages, never attempts to buy and sell shares and would never submit to takeover by outside interests. It is run by women. It benefits everyone. It is the Hospital Auxiliaries Association of Ontario.

The history of volunteer assistance throughout Ontario is a venerable one, dating back to 1865 when a group of women in St. Catharines banded together to establish a four-bed hospital and became a 'Ladies' Aid' to it.

Between 1865 and 1910 — the year the Hospital Auxiliaries Association was founded provincially — 30 such aids and auxiliaries came into being. Those who formed the nucleus of the association more than half a century ago were from Brantford, Galt, Ingersoll, Kitchener (then Berlin), Stratford, Cainsville, Scotland, Mount Pleasant and St. Catharines.

Members of these auxiliaries raised money for the buildings, helped furnish the hospitals, helped with or did the hospital housekeeping, provided food, purchased ambulances and bought hospital equipment.

By the 25th anniversary of the association in 1935, the number of auxiliaries had grown to 58. At the 50th anniversary in 1960, there were 170 affiliated auxiliaries serving 153 hospitals, with a total membership of 69,941. Amount of money raised that year totalled $899,159.

206 Auxiliaries

Today, the association boasts 206 auxiliaries with a membership of 72,057 who raised almost a million dollars in 1963.

In the course of the years the auxiliary concept has changed in one major aspect. During the Second World War, volunteers moved into the hospitals to minimize staff shortages. As staffs came back and resumed their positions and as hospitals continued to grow in size and number, volunteers remained to offer 'plus' services to patients and the warmth of a link with the lay community.

Emphasis on the kind of service volunteers can give most effectively is constantly changing — just as surely as hospitals and diseases from which people suffer are changing. With the development of modern hospitals, hospital housekeeping or food supply is no longer a practical volunteer service.

Today, there are three basic elements of auxiliary work — public relations, service work within the hospital and fund raising.

Most Important

The first of these is considered the most important, because without the understanding and sympathetic support of the public, smooth operation of a hospital can be difficult. Good public reception of the hospital's image and the work it is attempting to do also makes it easier to raise funds in the community and encourage staff to work there.

Countless thousands of hours are contributed each year by volunteers who work within the hospital. They tour the wards with gift carts, library carts and snack carts; provide magazines, flowers, transportation, Christmas baskets and hairdressing facilities; decorate hospital trays; visit patients and write letters for them; do sewing and knitting; act as hospital guides; serve coffee at out-patients and blood donor clinics.

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Funds to provide these services are raised through profits from baby photo services, sale of items in gift shops and operation of coffee shops. Then there are proceeds from teas, bake sales, bazaars and bridges.

Work of hospitals auxiliaries is praised by governing bodies, administrators, doctors and nurses alike. Dr. Helen Musselem, president of the Canadian Nurses' Association, summed up their feelings when she said: "They put the soul into patient care".

This vital ingredient in the recovery of any patient cannot be covered by the hospital insurance plan, nor by nursing staffs who just do not have sufficient time to include much tender, loving care as one of their services. Since the charge-per-day costs of a hospital cover only the operating costs, it is also left to the auxiliaries to provide special equipment, furniture and other facilities needed for the comfort of the patient.

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The ideal hospital auxiliary volunteer has been described as one who recognizes the importance of assignment and team action; who does not repeat confidential matters; who is cheerful and brings outside interests into the hospital; and who has staff review questions asked by patients.

In addition to helping patients, auxiliaries play a major part in satisfying the educational, physical and emotional needs of nurses. They provide bursaries to further their education, scholarships for post-graduate study, funds to purchase additional teaching aids and equipment and monetary assistance for students to go on field trips and receive specialized training.

The field of physical needs is covered by financial assistance given to some students who have difficulty meeting heavy expenses and provision of furnishings and equipment for nurses' residences.

Emotionally, auxiliary members help by inviting student nurses into their homes, visiting them when they are confined to the infirmary and helping them celebrate red letter days, such as capping or graduation.

The work of auxiliaries is not confined just to general hospitals, however. With the development of chronic and convalescent hospitals, there has come an awareness of the volunteer's value in friendly visiting, assistance with recreational and occupational therapy and other services which help alleviate the tedium of illness and inactivity.

Serve as Link

In the field of mental illness, the volunteer serves by simply being a link between the world and the patient whose illness is typified by withdrawal from a world he cannot encompass. These volunteers hold participation activities, such as fun fairs, bingos and theatre nights. They also take patients to hockey games, on sightseeing and shopping trips.

• • •

For half a century the association was composed entirely of women. However, in the past few years many auxiliaries who once incorporated the name 'women' in their title have now dropped it in an effort to encourage their husbands, sons and daughters to join them in their work. More than 2,500 girls are now participating in teen-age volunteer programs sponsored by 57 auxiliaries, and there are almost 200 male volunteers belonging to 17 of the auxiliaries.

Commenting on the use of men as volunteer workers Mrs. C. W. Sheridah of Ottawa, past president of the Hospital Auxiliaries Association of Ontario, said: "There are a great many businessmen who can find time to help in the evenings. You cannot ask them to do something they consider a woman's job, but very often they can give a hand in purchasing supplies or even helping with the library cart."

• • •

Mrs. William Smolkin of Perth, Ont., current president, is most enthusiastic about the teen-age volunteer program. She says: "Often they can supply the difference between a lonely, mechanical hospital day, and a friendly, warm atmosphere for the patient".

Primary purpose of the teen-age program, however, is educational. "By encouraging this age group to work in the hospital", says Mrs. Smolkin, "you expose them to the many hospital careers available to them and are thereby developing future employees for your hospital.

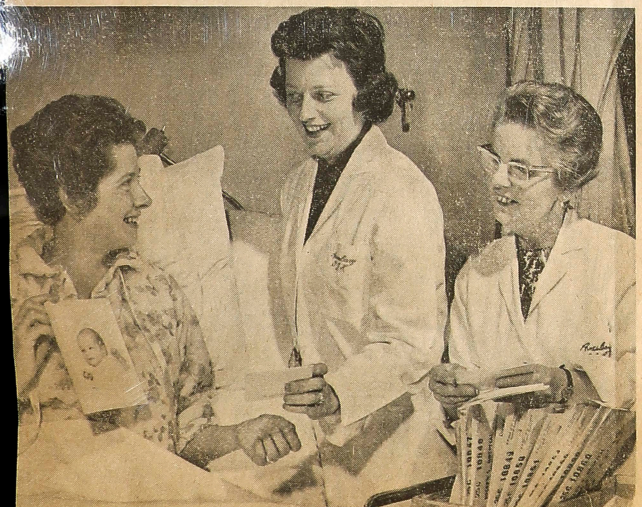
"You also create a new image of teen-agers — dependable, unselfish members of a community giving freely of their time to lend a helping hand to the hospital and the less fortunate members of that community".

Story By Pamela Baker
Free Press Staff Writer

Free Press Photo by Don James
Mrs. Joseph Corcelli, of St. Mary's Hospital Auxiliary, London, offers a basket of fruit to one of the patients, Mrs. Margaret Baker, during her rounds of the hospital.

Free Press Sarnia Bureau Photo by Mike Stinchcombe
Mrs. L. F. Whitfield, convener of Sarnia General Hospital Auxiliary's library cart, discusses one of the magazines with 93-year-old Eliza MacRae, a patient at the hospital.

Free Press Chatham Bureau Photo by Win Miller
The Flora Campbell Auxiliary of Chatham Public General Hospital was one of the first in Western Ontario to sponsor a teen-age group of volunteers known as "Candy Stripers." Sheila Ball, 16, standing, and Heather Foley, 16, encourage Terry Holmes, 3, to clear his supper tray.



...y photography is one of the services offered by ...oseph's Hospital Auxiliary in London. Mrs. ... Sangster and Mrs. W. I. McMorran present

Free Press Photo by Jeanne Graham
Mrs. J. K. Arnold, of London, with a picture of her new-born baby. The auxiliary offers many other services.

Free Press Photo by George Blumson
Karen Wilson, of Chatham, a senior student nurse of London's Victoria Hospital, is visited in her sick room by Mrs. A. G. McBeath, a member of the auxiliary's student nurses' group.

...ree Press Woodstock Bureau Photo by Harvey Dowker
Mrs. Raymond Muttart, a nurse's aide at Woodstock General Hospital, buys an article requested by a patient from Mrs. Jack Fowler, one of the Hospital Auxiliary members who works in the hospital gift shop.

Surgeon Hits Commission On Hospitals

March 18/64

TORONTO (CP) — Legislation to give Ontario's health minister over-all control over the Ontario Hospital Services Commission has been recommended by Dr. T. P. Morley, chief of neurosurgery at Toronto General Hospital.

In a strongly worded article in the current Journal of the Canadian Medical Association, Dr. Morley says that either the commission has been hoodwinking Ontario Health Minister Dymond about a hospital bed shortage caused by a lack of nurses, or else Dr. Dymond has been "less than frank with the legislature."

Dr. Morley says the need was never more acute for a reform in the situation of the province's nurses, but the hospital commission stands in the way of reform.

"Permanent officers of the public service do not as a rule count reform among their mandates . . . "Their refuge and stronghold is in their financial control, the massive inertia of their organization, and their immunity from direct parliamentary enquiry."

Hospital boards hesitate to get into conflict with government, and the hospitals are powerless to bring about needed changes, he writes. But the minister lacks control over the hospital commission and legislation is needed to change this, he added.

The extent of the hospital bed shortage in metropolitan Toronto — estimated to be 2,360 beds— will remain difficult to assess, Dr. Morley says, "if essential facts are withheld even from the provincial government, or are disguised by its ministers."

Meanwhile in the House, Premier Robarts, Health Minister Dymond and Provincial Treasurer Allan spent 55 minutes discussing the Metropolitan Toronto Hospital bed shortage.

Dr. Dymond immediately began work on a statement explaining what the government plans to do about demands for aid in ending the shortage. The statement is expected to be read in the legislature today.

A meeting of Mr. Allan, Dr. Dymond and representatives of the Ontario Hospital Services Commission Monday took most of the afternoon with discussions of the problem.

Cass Showed Talent In Attracting Critics

May. 24/64

By JOHN A. PETHICK
Free Press Staff Writer

TORONTO — Fred M. Cass, who resigned last night as attorney-general of the province, had held the post since the fall of 1962. He had served as head of two other departments, municipal affairs and highways.

He was the storm centre during the entire debate over his bill to give extraordinary powers to the Ontario Police Commission and was the main target of attacks by opposition members.

In recent months he had encountered stormy weather over other issues. He was in and out of controversy with the opposition during a considerable portion of the time he was in office.

The opposition charged he was reluctant to undertake a probe into the used car sales business, which was eventualy undertaken.

He also showed reluctance to order a probe into the death of a Toronto woman who died in hospital here after a surgical clamp had been left in her body during surgery.

Mr. Cass was not in the legislature for the afternoon or night sittings of the legislature yesterday and his absence was taken as an indication either that his resignation was in the offing or that he might be asked to quit his post by Premier Robarts, depending on how the debate on the police bill went in the House.

When the premier yielded to opposition demands to get rid of section 14, it seemed a certainty that there would be another attorney-general before long.

No mention was made of a possible successor.

The resignation is likely to lead to the first cabinet shuffle since the Robarts government was returned to power last September.

The opposition has maintained that having been repudiated by his premier over the police bill, there was only one course for Mr. Cass to take and that was to resign. If the bill was a cabinet decision, the opposition said, then the government should resign.

$2,200,000 Sought In Thalidomide Suit

May. 24/64

CLEVELAND (AP) — A $2,200,000 lawsuit was filed yesterday on behalf of twin Canadian boys who were born badly deformed after their mother allegedly used the drug thalidomide.

Richardson-Merrell Incorporated, of Cincinnati, was named defendant in the suit filed in common pleas court by the Cleveland law firm of Spangenberg, Hasenflue and Shibley. The company held U.S. and Canadian manufacturing rights to the drug that was developed in West Germany.

Donald T. Tracl, lawyer with the law firm, said the suit was filed on behalf of Peter and Paul Settle, of Hamilton, Ont., born Jan. 3, 1962, to Maxene Settle, 32. Her husband is a plumber.

Traci said the Settles' four other children are normal.

Mrs. Settle said in the petition that she got a sample package of the drug from a physician and took one pill on four consecutive nights during the early part of her pregnancy.

Compensatory damages of $1,000,000 was asked for each of the twin boys and $200,000 damage for the parents for loss of service and subsequent medical attention for the twins.

Traci said five other lawsuits, seeking between $7,500,000 and $10,000,000, will be filed here within the next two weeks on behalf of one Canadian boy and four more girls, all deformed.

In Cincinnati, officials of the drug firm said they had not heard of the suit and declined comment.

PRESIDENT WINS PRIZE

AACHEN (Reuters) — President Antonio Segni of Italy was awarded the 1964 Charlemagne Prize for outstanding service to European unity, it was announced in this West German city yesterday.

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Mental Illness Fight Theme of Conference

March 21/64

OTTAWA (CP) — More than 100 Canadian medical doctors and psychiatrists gather here Monday to join forces in the fight against mental illness.

They will seek ways of integrating the practice of psychiatry into all fields of medical practice at a three-day conference on "Medical Action for Mental Health."

The conference, which will be officially opened by Prime Minister Pearson on Monday morning, is under the joint sponsorship of the Canadian Medical Association, the Canadian Psychiatric Association and the Canadian Mental Health Association.

The main basis for discussion will be the Canadian Mental Health Association's 1963 report, "More for the Mind," which stressed that mental illness should be dealt with in "the same organizational, administrative and professional framework as physical illness."

The Ottawa conference will discuss the various problems involved in the future implementation of this principle, including the shortage of specialists at the community level, the lack of co-ordination between community agencies which could constitute an important network of mental health services, and the role of the general practitioner in the practice of psychiatry.

Special areas of concern for the family doctor, such as mental retardation, alcoholism, drug addiction, behaviour disorders in the aged, and emotional illness in children will also be discussed.

Conference organizers from the three sponsoring associations said three objectives of the meeting are to:

- Stimulate within the medical profession a wider interest and concern about mental health and illness, and the psychiatric implications of medical practice;
- Develop medical support for changes in existing legislation, administrative policies and regulations connected with psychiatric treatment;
- Support medical education programs at undergraduate and graduate levels for better understanding of prevention and control of psychiatric problems.

The program will include a number of symposiums and panels, with opportunity for open discussion from the floor.

The findings of the conference will be summarized at its conclusion on Wednesday by Dr. Gustave Gingras, executive director of the Montreal Rehabilitation Institute.

BALLANTYNE — Dr. and Mrs. J F. Ballantyne announce with pleasure the birth of a daughter, Gretchen, on March 20, 1964, at St. Joseph's Hospital, London.

Pill Seen Possible To Protect Smokers

Mar. 24/64

PALM BEACH SHORES, Fla. (AP) — A leading cancer research said Sunday that new animal experiments suggest the possibility of developing pills to help protect cigarette smokers from the "indisputable" hazard of lung and other cancers.

Dr. Charles Huggins of the University of Chicago noted this in addressing the annual seminar for science writers sponsored by the American Cancer Society.

He reported that any one of about 60 "aromatic hydrocarbon" drugs, if administered to rats, provide protection in 60 per cent of cases against a cigarette - smoke chemical which otherwise invariably produces breast cancer in female rats. He indicated that if this is true of breast cancer, it would be true of lung cancer.

In fact, he said, the protective drugs are readily available, and inexpensive. Huggins said it's conceivable that other research scientists could begin testing these materials in humans within a few months — with smokers being given pills daily, just like a vitamin pill.

But he stressed it would take years of testing to get final results.

Huggins said some of these protective drugs are actually contained in cigarette smoke as products of the burning process.

And he said it's conceivable that is why moderate smokers ay escape lung cancer.

"Cigarette smoke is not all d," he told a reporter in plifying on his seminar k. "If it were all bad, the cidence of lung cancer uld be 100 per cent among okers."

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Maritimes Start Physio Class To Fill Gap

Mar. 24/64

HALIFAX (CP) — Fifteen girls at Dalhousie University are working to fill a gap which in the Atlantic provinces has hampered health services assisting in the recovery of victims of crippling diseases.

The girls enrolled last fall in Dalhousie's new school of physiotherapy. They should be ready to go to work by the fall of 1965.

They are learning the specialized physical exercises a patient needs to recover from the aftermath of a variety of mishaps and diseases, ranging from a broken leg to infantile paralysis.

The provincial governments and hospitals in the Atlantic provinces, to ensure a supply of trained physiotherapists, have offered a number of scholarships, available to girls with senior matriculation.

Mrs. Patricia Wells, the school's senior lecturer, says the first group of students "have applied themselves very well to the work and are making excellent progress."

The course involves study of functional anatomy, therapy of movement and medical physics, which teaches the uses of electricity and mechanics as part of

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LONDON ACADEMY OF MEDICINE

LONDON MEDICINE ACADEMY

ANNUAL ACADEMY DAY

Medical School Auditorium

Wednesday, April 8th

1964

Approved Study Credits—Category 1
(four hours)
College of General Practice

—Free Press St. Thomas Bureau

FAST TRANSPORTATION — Maintenance, laundry and other employees at the Ontario Hospital, St. Thomas, use the hospital's many tunnels as a fast means of getting from one section of the institution to another. Cycling to maintenance jobs are, from left to right: Plumber John McIntyre, and maintenance mechanics Ross Chute and Glen Ormerod.

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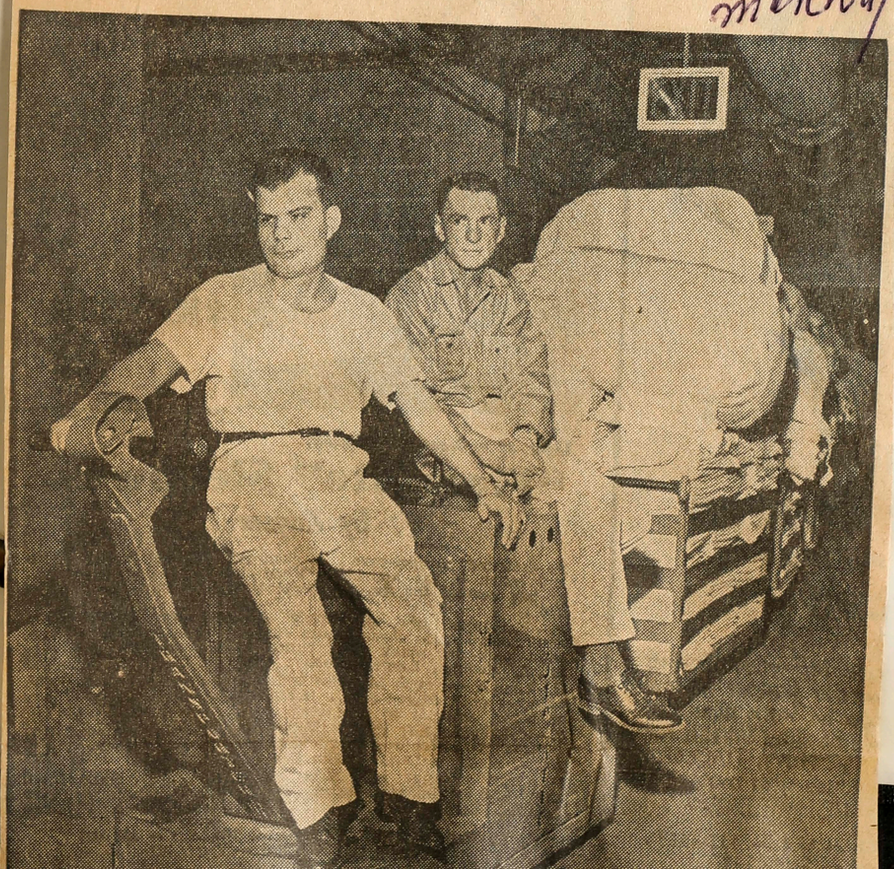

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Guest Speakers:

Dr. David State,
Professor of Surgery and Chairman of the Department of Surgery, The Albert Einstein College of Medicine, Yeshiva University, New York.

Dr. Albin T. Jousse,
Medical Director, Lyndhurst Lodge; Associate Professor (Div. of Rehab. Medicine) University of Toronto.

Morning Session

Chairman: Dr. H. G. MacKichan, Past-President, London Academy of Medicine.

10:00 a.m. Dr. David State "Diagnosis & Treatment of Congenital Megacolin" Discussion

11:00 a.m. Visit exhibits in Gymnasium. Tea and coffee.

11:30 a.m. Dr. Albin T. Jousse "Management of Paraplegia" Discussion

12:30 p.m. Luncheon. Auditorium, Nurses' Residence. Tickets $1.50. Must be purchased from Registration Desk before 11:15 a.m.

Afternoon Session

Chairman: Dr. Warren W. Wilkins, London Academy of Medicine. President,

2:00 p.m. Dr. A. Jousse "Management of Hemiplegia" Discussion

3:00 p.m. Exhibits in Gymnasium Tea and coffee.

3:30 p.m. Dr. David State "Autoregulation of Gastric Secretion—Physiologic and Therapeutic Consideration"

6:30 p.m. Sundown Hour, Carousel Motel

8:00 p.m. Dinner and Dance
Members: $5.00 Non-members $10.00 per couple per couple

Visit Our Exhibits In The Gymnasium!

Tea and coffee will be served there, and we would appreciate your meeting with the exhibitors who help to support Academy Day. Pharmaceutical exhibitors are curtailing their samples to emergency items only, for physicians' personal use at this convention. They will be pleased to forward to your office, material requested at the booth.

—Free Press St. Thomas Bureau

FAST TRANSPORTATION — Maintenance, laundry and other employees at the Ontario Hospital, St. Thomas, use the hospital's many tunnels as a fast means of getting from one section of the institution to another. Cycling to maintenance jobs are, from left to right; Plumber John McIntyre, and maintenance mechanics Ross Chute and Glen Ormerod.

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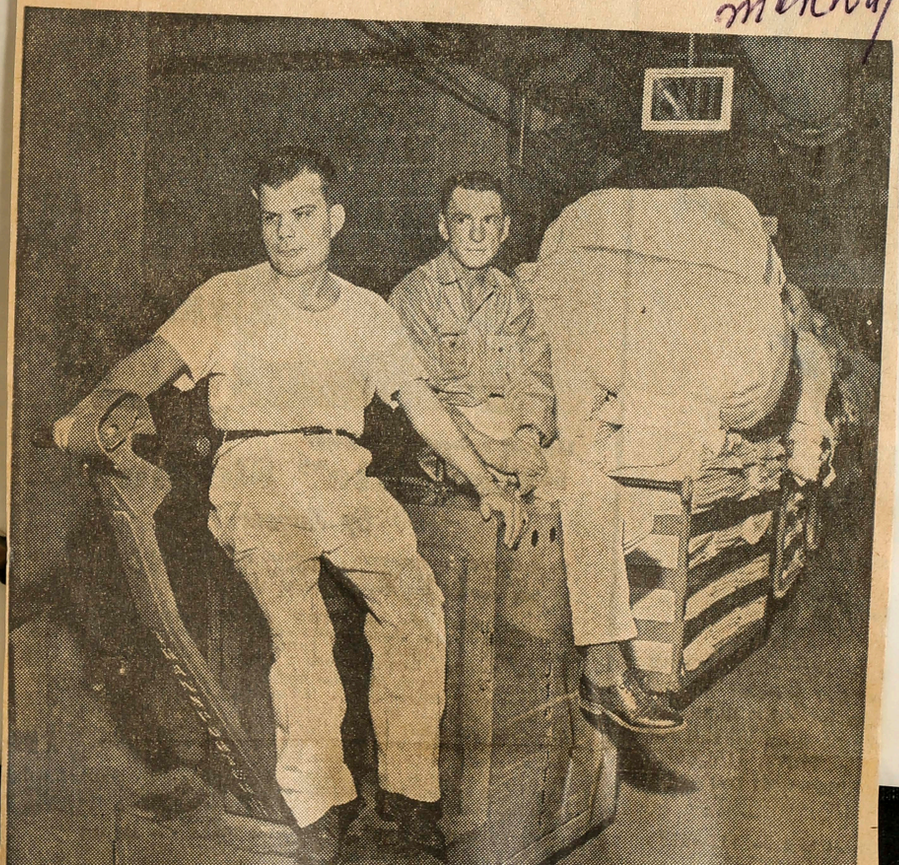

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Tunnel System Provides Hospital Maintenance Route

March 21/64

By STEVE TRAICHEVICH
Free Press St. Thomas Bureau

ST. THOMAS — A network of tunnels linking all but one of the institution's more than 15 acres of buildings is providing a fast underground route for a bicycle-riding "flying squad" of maintenance and other personnel at the Ontario Hospital, south of here.

Almost unknown to the general public, the tunnels enable plumbers, electricians and others to reach any part of the hospital by bicycle within five minutes of being summoned, says maintenance supervisor Kenneth Earnshaw.

The assembly hall is the only building not connected by the tunnels, which also are used by a battery-powered "train" to distribute clean laundry and collect soiled bedding.

The tractor, hauling as many as 10 carts, moves throughout the tunnel network and drops off carts required for various floors. The carts are then transported to the floors by elevators.

On the return trip, the train collects soiled laundry.

"Before the tractor was purchased, about six years ago, we delivered the laundry by trucks," said Clifford Myers, laundry supervisor. "In bad weather the laundry would get wet by the time it was loaded on the trucks and delivered to its destination."

Mr. Myers said that with the underground movement, there is no problem. Two staff members operate the train and some of the patients help in unloading the laundry.

The maintenance employees have their own bicycles on the job.

"We do not get any financial assistance for our bicycles, not even for parts," an employee said. "But, the bicycles save a lot of wear and tear on our feet."

The bicycle and laundry train operators have an unwritten code. The maintenance men, riding their bicycles, must ring the bells on their bicycles when they approach a tunnel intersection.

The laundry train operator has to sound the tractor horn when approaching intersections.

"We've never had a serious accident at any of the intersections," said Mr. Earnshaw.

The laundry train is also used during the hospital's Carnival Days to transport patients around the hospital grounds.

The tunnel system not only provides a fast route for the maintenance and laundry staff but also is the access to 36 separate rooms used for storage of hospital equipment.

The stores department employees, who have to manually haul supplies, may get assistance in the near future. H. K. Paton, hospital business administrator, said acquistion of a battery-operated tractor for the stores department, is under consideration.

The hospital is one of the biggest industries in and around St. Thomas. It employs 960 regular and part-time employees, and is the biggest hydro and water consumer in St. Thomas.

The hospital's 1964 estimated expenditures are $5,150,000 for salaries and supplies, Mr. Paton said.

'Hearing-Aid' Pump Aids Cancer Victims

Mar. 24/64

PALM BEACH SHORES, Fla. (AP) — Victims of incurable liver cancer are getting life-prolonging help from a newly-developed tiny, portable pump—carried like a hearing aid—which feeds drugs continuously into the liver as the patients remain up and around at home or at work.

This was reported yesterday by Dr. Robert D. Sullivan, of the Lahey Clinic, Boston, in a report to the sixth annual seminar for science writers, sponsored by the American Cancer Society.

The pump, which drips anti-cancer drugs 24 hours a day into a catheter tube, inserted in an artery supplying the liver, weighs only a half-pound, and the patient winds it every eight hours, just like a clock. (Earlier story is on Page 5.)

A replaceable plastic bag containing a five-day supply of drug is attached. When the drug runs low, the patient attaches a new bag.

Dr. Sullivan was unable to give his report in person because his daughter suffered serious injury last week in a fall into a neighbor's swimming pool.

Reporting significant, and in many cases, sustained benefits from the technique, the doctor said it "obviates the necessity for extended periods of hospitalization, often attended by severe financial and psychologic burdens to the patient and his family."

The technique has been used in 25 patients, with periods of treatment ranging up to almost three months—and still going.

Of 18 patients considered t have been under treatment lon enough to justify appraisal, have had the growth of the tumors significantly slowed.

Massively - enlarged live have been reduced to norm or near-normal size. And the has been relief of liver pa and nausea, improvement in a petite and weight and "i provement in over-all perfor ance."

All patients report every f weeks for check-ups. At le one has a full-time job.

The drugs being used complex chemicals, called "F and "FUDR" for short. Th are so-called anti-metaboli That is, they replace mater a cancer normally needs in der to grow.

Dr. Sullivan said the met achieves better results than ing drugs by injection.

Doctor Sentenced In Drug Death

March 25/64

LAUSANNE (AP) — A three-man panel of judges yesterday convicted society physician Gerard Savoy in this Swiss town of the drug death of a wealthy Missouri-born widow, Marjorie Winifred Bird, and sentenced him to seven years' solitary imprisonment. Two co-defendants got lesser sentences and an Egyptian defendant was acquitted.

Presiding Judge Bertrand De Haller called the 59-year-old Swiss nerve specialist a disgrace to humanity and to the medical profession. Savoy, Mrs. Bird's personal physician, was accused of conspiring with her secretary, Nicols Sturdza, to keep her in a permanently drugged state for nearly three years in an attempt to get control of her fortune.

HUNT — Dr. and Mrs. Barry Hunt of Ingersoll are pleased to announce the birth of a son, Andrew John, on Saturday, March 21, 1964, at Victoria Hospital, London. A brother for Jeff, Craig and Julie.

New Drugs May Aid Breast Cancer Treatment

Mar 25/64

PALM BEACH SHORES, Fla. (AP) — Fifteen new and potentially valuable drugs against female breast cancer — uncovered by a new radioactive screening technique — are soon to undergo extensive human trials, it was reported yesterday.

"We are awaiting the results with considerable excitement," said Dr. Ralph I. Dorfman, of Shrewsbury, Mass., one of a team of scientists who developed the new drug screening method and also submitted the new drugs to early preliminary trials.

Dr. Dorfman, of the Worcester (Mass.) Foundation for Experimental Biology, told about the new developments at the sixth annual seminar for science writers sponsored by the American Cancer Society.

Asserting that the new drugs are all synthetic preparations chemically related to the male sex hormone testosterone — the first hormone used in treating female breast cancer — the scientist said:

● Two of the drugs, as indicated by early animal and human trials, are as good or better than the best hormone now available for clinical use against breast cancer.

● Six others possess anti-tumor activity of "the same order" as the best previously available material of this class, and seven others possess "considerable activity."

The scientist indicated, however, that none of the new drugs was expected to cure a cancer—though some might extend survival times beyond present limits in cases not curable by surgery or radiation.

He said the results have been so promising to date that the compounds soon are to be subjected to wide-scale human testing at at least six centres in the national network of hospitals participating in a government-backed program for evaluating various anti-cancer drugs.

He declined to identify the centres, saying they would become known when the investigators publish their scientific findings.

The new drugs were unearthed from among literally hundreds tested in rats with the aid of a new and speedy screening technique employing a radioactive "tracer" material along with the drug being tested.

The radioactive material is an amino acid which tends to concentrate in the protein of the rat's cancer. But, in the presence of an active anti-cancer drug, the tumor absorbs lesser amounts of the amino acid. Therefore, the less radioactivity noted in the rat's tumor, the more effective the drug is known to be.

Dr. Mary Scoffield To Resign School Post

Mar. 26/64

Dr. Mary Scoffield, school medical officer for the board of education, is resigning from the post she has held since 1958, the board announced yesterday.

Her resignation is to be effective before the beginning of school next September.

Dr. Scoffield, a member of the board of education's medical department since 1943, has been twice head of the department.

She was in charge of medical services temporarily during the Second World War.

Dr. Scoffield came to London in 1933 as an intern at Victoria Hospital. She was born in Winnipeg, received her medical degree at the University of Toronto and did post-graduate work on skin diseases in New York.

DR. MARY SCOFFIELD

She was appointed to the school medical department in 1943. She became school medical officer for the second time in 1958 following the death of the former head of the department, Dr. J. E. Williams.

Vaccination Neglect 'Amazing,' Says MoH

Mar. 30/64

In his annual report, Medical Officer of Health Dr. D. A. Hutchison expresses "amazement" that so many parents neglect to have pre-school children vaccinated against polio, smallpox, diphtheria and tetanus.

"It is striking that so much primary immunization should be needed for the first time in school-age children," he says. "Is it not amazing that parents have neglected their responsibility in not having 1,130 children given Salk vaccine long before they reach school age?

"The same can be said for 1,227 children never before vaccinated against smallpox, and 740 children not protected against diphtheria and tetanus.

"There is no excuse for this type of ignorance," he said. "It would be disastrous, but not surprising, if diphtheria once more occurred clinically in this community, as it has done elsewhere when complacency supersedes sensible precaution."

His report reveals that in 1963 umps and chickenpox "in-eased greatly," with 2,673 and 687 cases respectively, com-ared to 246 and 877 in 1962, and 39 and 1,732 in 1961, respec-ively.

Infectious hepatitis, says Dr. utchison "still remains as the ommunicable disease causing s most concern, with 116 cases eported in 1963, 146 in 1962 and 03 in 1961.

Diseases of the heart and hypertension continue, as elsewhere in Canada, as the leading cause of death, followed by cancer in its many forms, the doctor reported.

In 1963, heart disease modified its lead slightly, accounting for 36.5 per cent of all causes. In 1962 it was responsible for 40 per cent, in 1961, 37.3 per cent, and in 1960, 42 per cent of all specified causes of death.

Cancer deaths, on the other hand, increased to 17.3 per cent from 15.3 per cent in 1962, 16 per cent in 1961, and 13 per cent in 1960.

READY TO GO — A. C. Farmer, vice-principal of Westminster Secondary School, hands out canvass kits to cover drive volunteers. About 1,200 secondary school students will participate in the annual campaign of the London-Middlesex unit of the Canadian Cancer Society.

Mar. 26/64

1,200 Students Aid Cancer Drive

About 1,200 students from London's 10 secondary schools and Medway high school have volunteered to canvass the city for the London-Middlesex unit of the Canadian Cancer Society.

The students will do most of their canvassing during Easter holidays but have until the end of April to complete the job. About 300 other volunteers will aid in the canvass.

Mrs. Allan Rush, executive-secretary of the London-Middlesex unit, said students have been asked to return their canvass kits to the society's office, 401 Nelson St., if completed next week.

Mrs. Rush said each volunteer has 30 calls to make. Each kit contains a receipt book and educational material which is left at each home whether a donation is made or not.

She said the campaign objective is $85,000. Last year's objective of $80,000 was exceeded by about $9,000.

J. Norman Alexander, chairman of the campaign committee, and Edward Peters, a member of the committee, visited the 11 schools at assemblies presenting slides showing the work of the society.

Patients

Radiation Said Aiding Lung Cancer

Mar. 23/64

PALM BEACH SHORES, Fla. (AP)—New evidence was reported Saturday that medicine's heavy artillery against cancer — super-voltage radiation — can help certain victims of inoperable lung cancer cheat death for years.

Dr. Ruth Guttmann of Columbia University told about it in a report to the sixth annual seminar for science writers sponsored by the American Cancer Society.

She said that at present, many surgeons and radiologists do not offer their lung cancer patients any treatment at all after an exploratory operation shows crue is impossible — and if the patients are free of symptoms for the time being.

But new studies of her own indicate, she related, "that it might be worthwhile to revise this attitude."

Describing use of high doses of super-voltage X-ray in 82 patients who had undergone an exploratory operation and were found to be inoperable, she said 58.5 per cent survived more than a year. She added that in appreciable numbers survival ranged as high as eight years, with eight patients still alive between three and eight years after the completion of treatment.

The average survival time so far has been 21 months—compared with between 10 weeks to six months for patients who receive no treatment, the scientist said.

Yesterday, the president of the cancer society said "substantial gains" are being made against ncer, but he cautioned that here is no reason for complancy."

Dr. Wendell G. Scott, a St. ouis radiologist, reporting that tails of these gains will be tlined by society - supported

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scientists during the coming week, declared that even as progress is being made, the over-all incidence of malignancy continues to mount.

USE LASER RAYS

WASHINGTON (AP) — Infra-red Laser rays — powerful beams of light—have been used to kill malignant tumors in mice, the U.S. defence department said

The announcement said Dr. Peter Minton, surgical investigator of the National Cancer Institute, has successfully killed two types of cancer strains in mice in several hundred experiment said.

Working with Dr. Minton were engineers of the U.S. Army missile command who are conducting experiments with Laser rays—which some people say may develop into the death ray of science fiction.

Claim New Drug Hits Germs Causing Urinary Tract Infections

Mar. 23/64

NEW YORK (AP) — The first of a new type of drug is hitting successfully at germs causing urinary tract infections, a pharmaceutical manufacturer announced yesterday.

It is said to kill germs in a different way than other drugs such as antibiotics and sulfas. And it also appears to act against the poisonous products produced by germs, physicians said.

The drug is nalidixic acid, trade name NegGram, announced at a press conference by Winthrop Laboratories, New York. It has just been cleared for public use by the U.S. food and drug administration.

The urinary tract is the second most common site of bacterial infections, outranked only by respiratory infections, said Dr. Theodore G. Klumpp, company president.

In recent years, germs resistant to most drugs have been causing an increasing number of serious urinary infections, including the kidneys, bladder, ureters, and prostate gland.

These are known as gram negative germs, because of the color they turn upon exposure to a certain stain. Ordinarily and quite harmlessly, they live in the intestinal tract.

Trouble comes when they invade the urinary tract. Such infections are particularly common among children, older people, and pregnant women. The urinary infections are four to five times more common among women than men.

Five years of testing with more than 2,000 patients show the drug, taken in tablet form, to be broadly successful against these gram-negative bacteria, while producing few side effects, said physicians who tested it.

One investigator, Dr. Grayson Carroll of St. Louis University Medical School, said it brought recovery in 147 out of 214 patients.

Three types of gram-negative germs — E. coli, aerobacter aerogenes and proteus — are said to couse 80 per per cent of all urinary tract infections.

Nalidixic acid represents a new class of chemicals, derived from naphthyridine, that may have anti-bacterial action, Dr. Klumpp said. One significant fact is that ordinary germs have not yet had time or "experience" at least to meet the challenge of becoming resistant, as with other classes of drugs.

Septic Tank Sludge Disposal Protested

Mar. 25/64

There have been some complaints about the disposal of sludge from septic tanks at the city's North Street dump in Byron, Dr. D. A. Hutchison, medical officer of health, told board of health yesterday. He said there is no health hazard.

Septic tank wastes, are being dumped at the sanitary fill area on an experimental basis which must continue several months before it is known whether this solution of the problem is successful, the doctor said.

There are between 2,000 and 3,000 septic tanks in the city, Dr. Hutchison said. Surrounding rural municipalities no longer will permit dumping of the sludge on farmland. The waste cannot be disposed of in sewage plants either, he said.

If the sanitary fill site is found unsatisfactory, said the doctor, it may be necessary to refuse permission for any more septic tanks to be installed. Eventually, he said the problem will be eliminated when all areas of the city have sanitary sewers.

Drug Case Pleas Changed

May 25/64

WASHINGTON (AP) — A major U.S. drug manufacturer entered a no contest plea in U.S. District Court yesterday to charges of filing false statements about anti-cholesterol drug known as Mer-29.

The William S. Merrell Company, its parent firm, Richardson-Merrell Incorporated, and three of its former research scientists all withdrew pleas of not guilty and pleaded nolo contendere before Chief Judge Matthew F. McGuire. The scientists are Harold W. Werner, Everet F. Van Maanen and William M. King.

McQuire asked lawyers and the defendants whether they knew a plea of nolo contendere was "tantamount to a plea of guilty." All said they understood. The judge ordered a pre-sentencing investigation before final disposition of the case.

The indictment said the drug, also known as triparanol, is alleged to have caused eye damage, loss of hair and a loss of sexual desire. It was on the market from April 1960 to April 1962.

The Merrell company pleaded no contest to six counts of the 12-count indictment, Richardson-Merrell to two counts and the scientists each to one count. Four other counts will be dropped by the government, James W. Knapp, justice department lawyer said.

Lawrence E. Walsh representing the companies, said Mer-29 was marketed in good faith in the belief that it was an effective agent in the reduction of cholesterol in the blood. He said many physicians considered cholesterol to be a major factor in arterio-sclerosis.

The indictment said the original application by Merrell to the food and drug administration did not include information concerning cataracts that had formed in the eyes of rats to which Mer-29 was given.

In another count, the grand jury said Merrell did not produce a study that showed the drugs caused changes in the ovaries of female monkeys and that there was a reduced rate of conception among rats given the drug.

Walsh said a significant factor for pleading no contest is the fact that the company faces several hundred civil damage suits over the drug and a trial on the indictment would interfere in the defence of those cases.

Doctor Sees Alcoholism As Epidemic

May 25/64

OTTAWA (CP) — Alcoholism has reached "almost epidemic proportions" in Canada, a Quebec psychiatrist said yesterday.

Dr. Andre Boudreau, director of medical services on alcoholism for the Quebec health ministry, told a conference of 100 psychiatrists and physicians that in view of the gravity of the problem, it was time medical doctors took a greater responsibility in helping to solve it.

"Some years ago, alcoholism used to be thought of as a moral issue, or a mental illness, but today it is recognized as a disease and as such, lies within the scope of the medical doctor," he said.

Dr. Boudreau was speaking at a three-day national conference whose theme is "Medical Action for Mental Health." It is being held to find ways of combining psychiatric treatment with general medical practice.

He suggested that most medical doctors were not sufficiently aware of the problems of the alcoholic and of modern treatment methods.

"It is important that doctors be properly educated about alcoholism. They must be convinced that it is possible to rehabilitate alcoholics."

More treatment centres specializing in the rehabilitation of alcoholics were badly needed in Canada as well as a greatly increased research program.

Dr. Boudreau also pleaded for better public understanding of the alcoholic's problem.

"People like a person who drinks moderately — but once he becomes an alcoholic they reject him completely.

"They must realize that the alcoholic is often a very sick man."

Dr. D. E. Zarfas, director of the Children's Psychiatric Research Institute at London, speaking on family problems and mental retardation, told the gathering:

"One of the most important ways to help a retarded child is to help his family make a more satisfactory adjustment to the fact that he is retarded.

"I believe this to be a treatment for the child because I have seen many, if not all problems diminish or disappear with sound, understanding management of family reactions by the physician."

Form Clinic For Retarded

Mar. 26/64

WINNIPEG (CP) — A clinic for care of pre-school children whose mental and physical development is retarded has been established by the Manitoba Hospital Commission.

Due to go into operation at Winnipeg Children's Hospital by summer, the clinic will be run at a cost of $50,000 a year, to be paid by the province's Hospital Service Plan.

Hospital officials say they hope the clinic will result in hundreds of children with developmental delay being saved from lives in institutions.

Dr. W. Wallace Grant, a psychiatrist-pedistrician, has been named director and his assistant will be pediatrician Dr. Kenneth McRae.

Urge Insurance Cover Mental Hospitals

Mar. 26/64

OTTAWA (CP)—A strongly-worded resolution urging that mental hospitals be included in the federal-provincial hospital insurance plan was passed yesterday at a conference attended by 100 Canadian psychiatrists and physicians.

The resolution, passed at the closing session of a conference on "Medical Action for Mental Health," said that present exclusion of mental hospitals from the plan raises "psychological, medical, administrative and financial barriers" against the adequate treatment of the mentally-ill.

It urged the conference's sponsors, the Canadian Medical Association, the Canadian Psychiatric Association and the Canadian Mental Health Association, make representations to all levels of government requesting that mental hospitals and hospital schools for the retarded be covered by the plan.

The resolution, along with 12 others passed at the conference, will be sent to Health Minister LaMarsh for submission to Prime Minister Pearson.

The Prime Minister, who officially opened the conference Monday, told the physicians and psychiatrists then that inclusion of mental hospitals in the plan would receive consideration at the federal-provincial conference at Quebec City next week.

Another resolution said the practice of psychiatry should be combined with other hospital and medical care services.

To this end, it recommended that the federal government remove all regulations interfering with the operation of mental hospitals under provincial public hospital legislation.

It also recommended that the three sponsoring associations make recommendations at provincial and local levels for operation of mental hospitals under the public hospital acts.

The resolution affirmed the principle that general practitioners would be given increased opportunities to take part in the care of psychiatric patients. It said all "duly qualified medical practitioners" should be given the same privileges in the care of psychiatric patients in all psychiatric hospitals that they enjoy in other hospitals.

The conference also passed a resolution recommending that payment for treatment of psychiatric illnesses be made on the same basis as payment for the treatment of other illnesses.

It said this principle should be maintained whether payments are made directly by the patients or by voluntary medically-sponsored prepayment plans, commercial plans or government-sponsored programs.

In a bid to develop more teaching and research programs, the conference passed a resolution urging that costs of space, general and special facilities and non-medical staff in teaching hospitals be accepted as a shareable cost under the Hospital Insurance and Diagnostic Services Act.

It was resolved that the Canadian Medical Association, Canadian Psychiatric Association and Canadian Mental Health Association should encourage suitable general hospitals to establish comprehensive psychiatric facilities and services for treatment of the mentally ill.

The necessity for further development of better educational programs on psychiatry for the general practitioner was stressed in another resolution.

Army May Call Up Striking Doctors

Mar. 30/64

BRUSSELS (AP) — The Belgian government yesterday ordered a Brussels military hospital opened to civilians and planned to call up physicians in the armed forces reserves to cope with a country-wide doctors' strike.

Government sources said civilian hospitals here were overcrowded and 200 more beds urgently needed.

Almost all of Belgium's 10,000 practising doctors struck Wednesday in protest against changes in the state-controlled health insurance system.

The Belgian news agency BELGA Thursday night reported four doctors burst into an Ostend surgery Wednesday while an operation was being performed and urged the surgeon to stop it. The surgeon refused and threw the intruders out of the operating room with the help of his assistants, the agency reported.

The reform law, passed by Parliament last year, grants free medical treatment to low-income people and sets fixed fees for treatment. It strengthens controls so much that spokesmen for the doctors charge it is a step toward fully socialized medicine.

One provision is that rebel doctors will be fined and jailed if they refuse to abide by the law after one year's probation.

Kidney Transplant Performed

Mar. 30/64

A rare kidney transplant operation was performed on a young London man in St. Joseph's Hospital Saturday.

Last night doctors said the man "is doing extremely well after the first 24 hours."

The donor of the kidney used in the transplant was a London woman not related to the recipient. She was reported in good condition.

Dr. S. E. Carroll, a vascular surgeon, and Dr. Lionel Reese, a urologist, headed the team of doctors which performed the operation.

The two doctors last year performed what was believed to be the first kidney transplant in Ontario. However, the patient died several days later.

The major worry of doctors now is that the patient's body might reject the new organ. It will take some time to determine if there will be rejection, Dr. Vincent Callaghan, chief surgeon at the hospital, said.

The body normally creates antibodies to combat infection or foreign matter. In this case the transplanted kidney could be regarded as foreign material.

Drugs are used to combat the body's tendency to reject it.

Red Cross Provides Bottl

of Blood Every Nine Second

March 28/64

The Red Cross is best known for its blood transfusion service which, to keep up with hospital demand, must provide a bottle every nine seconds of every working day this year.

Since its founding in 1859 by Jean Henri Dunant, a Swiss, the Red Cross has grown to nearly 160,000,000 members linked by 102 national societies.

Red Cross in Canada was organized in 1896 as the first overseas branch of the British Red Cross Society and the Canadian Red Cross Society was incorporated by an act of Canada's Parliament in 1909.

The Canadian society's governing body is a central council, made up of three representatives from each province and an additional 28 members from the 10 provinces. The latter serve in a personal capacity and do not represent any provincial division.

The London area branch, formed in 1914, is one of about 200 in Ontario organized and administered by volunteers. Administrative functions of the London area branch have been consolidated in new quarters at 370 Queens Ave. The old quarters at 517 Queens Ave. and the former Eric Reid Soldiers Home on Hale Street have been sold.

The former blood donor clinic at 465 Clarence St. has been moved to the new quarters, and the building has been sub - leased to the Middlesex branch of the Canadian Mental Health Association, which now uses it as a White Cross rehabilitation centre.

Although perhaps better known for its blood transfusion service, the Red Cross is also active in disaster work, hospital visits, first aid, homemaker service, home nursing, water safety and other projects to help alleviate suffering and make life a little brighter for many.

Whether disaster strikes during war or peace, as floods, hurricanes, earthquakes or fires, Red Cross volunteers are quickly on the scene to provide material aid and comfort to the afflicted.

There were no major disasters in the London area during the past year. But clothing, bedding, furniture, dishes and food were provided for families whose homes were destroyed by fire in London, Wingham, Mount Brydges and Dorchester, said J. L. M. Fitzgerald, chairman of the disaster service committee.

London exceeded its blood transfusion quota in 1963 by collecting 12,065 bottles, said G. A. MacLachlan, branch president. **An additional 3,370 bottles were** collected in Middlesex and Huron counties.

Someone receives a free blood transfusion in Canada every hour of every day, say Red Cross officials. Since 1947, the Canadian Red Cross transfusion service has provided 6,750,000 bottles of whole blood and blood products for more than 2,780,000 Canadians.

Familiar figures at blood donor clinics are the grey - clad women members of the Canadian Red Cross Corps, a volunteer body which serves the needy in numerous ways. Besides actively assisting at clinics, corps members give a helping hand to serviceman and immigrants and their families, ill or handicapped travellers, shut-ins, the blind, senior citizens and others.

Corps members enrolled in 21 centres across the country include about 700 housewives and business women, who donate a total of 115,000 hours and travel the equivalent of six and a half times around the world.

London's 29 corps members spent a total of 3,039 hours and travelled 2,695 miles during 1963 to serve in their various activities.

Newest volunteers to join the London area branch are the Volunteens — about 200 students at London's Central Secondary School and Catholic Central Secondary School. Organized a few months ago, they have already contributed 2,100 hours of service, said committee chairman Mrs. D. K. Shales.

Girls feed patients at St. Mary's Hospital for the chronically ill, and children at St. Joseph's Hospital. Both boys and girls assist in recreational and homework assistance programs at the Salvation Army Children's Village, as well as at the Ontario Hospital, Westminster Guest Lodge, blood donor clinics, Crippled Children's Club and the Children's Psychiatric Research Institute, Byron.

The Westminster Guest Lodge, staffed by Red Cross and other volunteers, has served nearly 2,500,000 patients and relatives and provided bedroom accommodation for nearly 50,000 since it was built in 1945, said committee chairman Mrs. H. T. Wright.

J. E. Young, chairman of the Junior Red Cross committee, said there are 12,594 pupils in 396 classrooms in London elementary schools taking part in the junior organization. Junior Red Cross members in London last year contributed and raised a total of $1,808.47 for provincial health projects.

A free sickroom loan service is provided in 575 centres across Canada. In London last year, 399 persons borrowed 503 articles, including adjustable crutches, wheelchairs, air cush-

U.W.O. Faculty of Medicine

Collected Clippings

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