

: : GENERAL ARTICLES : :

HEALTH INSURANCE DRIVE

The Trades and Labour Congress of Canada, the country's oldest and biggest union body with 880,000 members have been hotly pursuing the Federal Government for Health insurance. At its last annual convention, its executive was instructed to continue the press for a National Health Insurance Plan. It called for a scheme covering every citizen on a government subsidized, contributory basis.

THE REFRESHING PAUSE

No brewery could ever hope to attain the universal status enjoyed by the benevolent American soft drink "Coca Cola". Whereas the brewer can supply a more satiating beverage as far as euphoric effects are concerned, the American takes more readily to the "Coke" vending machine; the reason for such addiction is as obscure as that of lotus eaters for the liquid manna. The secret perhaps lies in the fact that each bottle contains two and a half grains of caffeine. Anyway the social implications of such a beverage are fewer than the brewer's, and it perhaps merits ultimate praise for this contribution to the preservation of consciousness and the prevention of dehydration!

THE SCAPEL, THE SWORD

This is the title of a biography of a Canadian surgeon, N. Bethune, who in 1927 was dying of pulmonary tu-

berculosis, in a famous New York sanatorium. Having read of a new cure for this disease—artificial pneumothorax, he demanded treatment and was cured. After then going on to become a skilled thoracic surgeon, he went to Madrid to help the anti-Fascists in the Spanish Civil War. After the war's end he returned to Canada and joined the Communist party. Civilian practice apparently was too dull for his energetic spirit and at that time the Chinese were fighting off invasion. So he left Vancouver in 1938 for Hong-Kong with enough equipment for surgical units. His suggestion of a mobile operation unit close to the front appealed to Mao Tse-tung, who welcomed it, and Bethune apparently had done great work. Towards the end of 1939 he died of a contracted septicemia from an infected operation wound.

OTTAWA MEDICAL FACULTY

Last 30th of September 1954, the new two million dollar medical school building of the University of Ottawa was officially opened by Premier Leslie Frost of Ontario. It marked the realization of plans which began in 1945 in the home of an Ottawa urologist with other supporters of a plan for a medical school. The proposal for such an undertaking rested with the enthusiasm of the Rector, Rev. Philippe Cornellier, O.M.I.

After securing the temporary quarters, grants from the Ontario government, and use of the Ottawa

General Hospital, classes began in 1948 and a teaching faculty was organized. Now the dream of six years ago is complete. The faculty consists of more than three hundred students. The teaching staff numbers more than thirty full-time professors and more than 120 clinical associates. With such tremendous strides over a short duration, one cannot but help marvel at the far-sighted faith these men possessed.

There are now ten Canadian Medical Faculties today with Ottawa and British Columbia being the youngest Members:

University	City	Year
McGill	Montreal	1823a
Toronto	Toronto	1843
Montreal	Montreal	1843b
Laval	Quebec	1848
Queen's	Kingston	1854
Dalhousie	Halifax	1867
Western		
Ontario	London	1881
Manitoba	Winnipeg	1883
Alberta	Edmonton	1913
Ottawa	Ottawa	1945c
British		
Columbia	Vancouver	1949

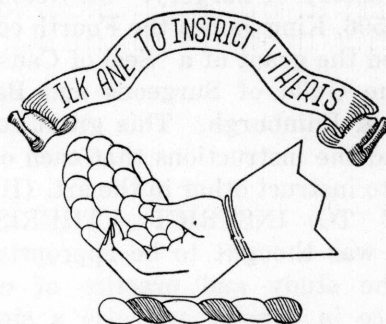
a—first Canadian Medical Faculty.
b—first French-Language Medical Faculty.

c—first Bi-Lingual Medical Faculty

THE TREND?

Some 100,000,000 people carry insurance against hospitalization, of which practically half are insured through Blue Cross. This is the non-profit plan sponsored by the American Hospital Association. A subscriber is guaranteed practically all of his hospital expenses on a semi-private basis for 21 to days. Beyond

that period, he is assured half of his expenses usually up to 90 to 120 days. For a private room, the difference between the Blue Cross rate and the room rate is made up by the patient. The Blue Cross plans started about 20 years ago and through steady growth added millions to the roll. The Blue Shield Plans are sponsored by Medical Societies and controlled by Doctors. These plans began 5 years later than the Blue Cross plans and are likewise rapidly extending.



MEDICAL SCHOOL EMBLEM

At a recent meeting of the Dalhousie Medical Students' Society it was decided to revise the Society's emblem. A design was submitted by Charlie MacBride, '57 to the General Meeting of the Society on February 2nd., and has since been approved by the Dean.

Regarding the emblem and the ordering of blazer crests, Mr. MacBride writes, "The revised crest has as its basis the ancient Assyrian "Pine Cone" emblem originally suggested by Dr. H. L. Scammell in 1923. Although this cone is usually called a pine cone in historical papers, many historians believe that it is actually the cone of *Cyperus sempervereus*. The Assyrian Sacred tree, from which the cone is taken and from

which it receives its supernatural healing powers, is thought to have had as its earthly manifestations the cypress and the pomegranate. (This Sacred tree may also be the basis of the "Tree of Life" of the Scriptures.) The cypress also figures prominently in the Assyrian Pharmacopoeia and so it was commonly used by the Assyrian herb-doctors as well as by the genii.

As the "pine cone" belongs to medicine, a crest motto was chosen from the history of surgery. On October 13, 1506, King James the Fourth confirmed the grant of a "Seal of Cause" to the Guild of Surgeons and Barbers of Edinburgh. This grant contained the instructions that each one was to instruct other in the art. (ILK ANE TO INSTRIC VTHIS.) This was thought to be appropriate to the study and practice of our science in general and also a similar idea is contained in the part of the Hippocratic Oath which reads: "I swear by Appolo . . . to impart precept, oral instructions and all other instructions to my own sons, the sons of my teachers and to people who have taken the physician's Oath. . ."

The use of the crest motto is in keeping with Scottish heraldry and that, plus the origin of our motto, reaffirms our close connections to Scottish medicine. The addition of the torse, below the hand holding the "pine cone", puts the whole insignia in the heraldic form of a crest. (A crest was originally worn at the top of a knight's helmet to aid in recognition in battle.)

Birk's are at present producing a blazed crest and it should be available shortly".

THE STUDENTS' PLIGHT

Letter to the editor reprinted from the *Lancet*, Saturday, Feb. 20, 1830: Illiberality to Students in the Borough Hospitals.

Sir: As you have ever raised your voice against the "Hole-and-Corner" system practiced in the Borough Hospitals, probably you will not refuse to animadvert upon the unheard-of circumstance which has just taken place. As you must be well aware, the whole of Grainger's class are pupils either of St. Thomas's or Guy's; and this morning a student came into the dissecting room, and informed the class that there was a case of dislocation of the hip-joint at St. Thomas's, which the surgeons were immediately about, or rather were then actually reducing; there was an immediate rush made by the pupils towards the hospital; we were there told, that the surgeons were reducing it in the operating theatre, and upon proceeding to it, to our no small surprise, we found the porter at the door, who refused to admit a single individual without seeing his ticket. Now, as none out of the whole of us had our tickets in our pockets, as it was not a posted operation, we were prevented from seeing an operation which we were privileged to see, and for which privilege we had paid so dearly; the porter at the same time acknowledged that he knew us perfectly as students but that he could not admit us without our tickets, by that means disappointing more than fifty of us who applied for admittance.

Such, Sir, is the manner in which the students, who have been so deluded as to enter the Borough Hos-

pitals, are treated; but vilely as we had been heretofore used, I think, never before, have even the surgeons of St. Thomas's shown so glaring an example of expression. By alluding to this affair you will oblige the whole body of the Borough students, who feel their rights completely trampled under foot by proceedings of this morning, and believe me to remain,

Your obedient servant,
A STUDENT

Borough, Friday Morning,
February 12.

**Dalhousie Medical Students' Society
ANNUAL BALL**

Queen Hotel, Feb. 18, 1930

Excerpts from an account in the Nova Scotia Medical Bulletin, March, 1930: At the Queen Hotel promptly at 8.30 p.m., February 18th, 1930, the president of the above named Society, Mr. E. F. Ross, called the members and invited guests to the dining room. After the meal and toast to the King, the President introduced the proposers and respondents for several set toasts. Mr. Robert Ross proposed the toast to the School and Dr. John Stewart responded. The toast to the Profession was made by Mr. Frank Hebb and the respondent, Dr. S. R. Johnston. Mr. John McGowan had the honor of proposing to the ladies. Dr. Gerald R. Burns responded. The last official toast was to the Graduating Class voiced by D. John Denoon and Mr. Arthur L. Murphy was the responding speaker. A number of impromptu speakers were called including Dr.

Cameron, Professor Bean, Dr. Gibbs and Dr. Smith. Dr. G. H. Murphy spoke briefly to the effect that the backbone to the practice of medicine was its clinical teaching. Dr. S. L. Walker, general secretary of the Medical Society of Nova Scotia was the final speaker.

"TREATMENT OF A HANGOVER"

(From "Notes and Queries" of "The Practitioner", Oct., 1954)

A General Practitioner (in the Home Countries) writes:—With reference to the article, "On Feeling Liverish", in the September issue (p.229), after many a hangover, I have never had "a metallic taste, constipation or diarrhea, feeling of weight in the hypochondrium, specks before the eyes, giddiness or palpitations". A cure, which a naturally abstemious' consultant could pass on to patient is:—

- (1) A large glass of water by your bedside; this saves a walk to the bathroom at 3 a.m. to quench one's thirst.
- (2) A HOT BATH on waking—a sine qua non.
- (3) Four aspirins and a cup of tea in the bath—brought by one's dear wife, who, tactfully, says not a word.
- (4) 11.30 a.m.—A large gin and tonic with a slice of lemon.