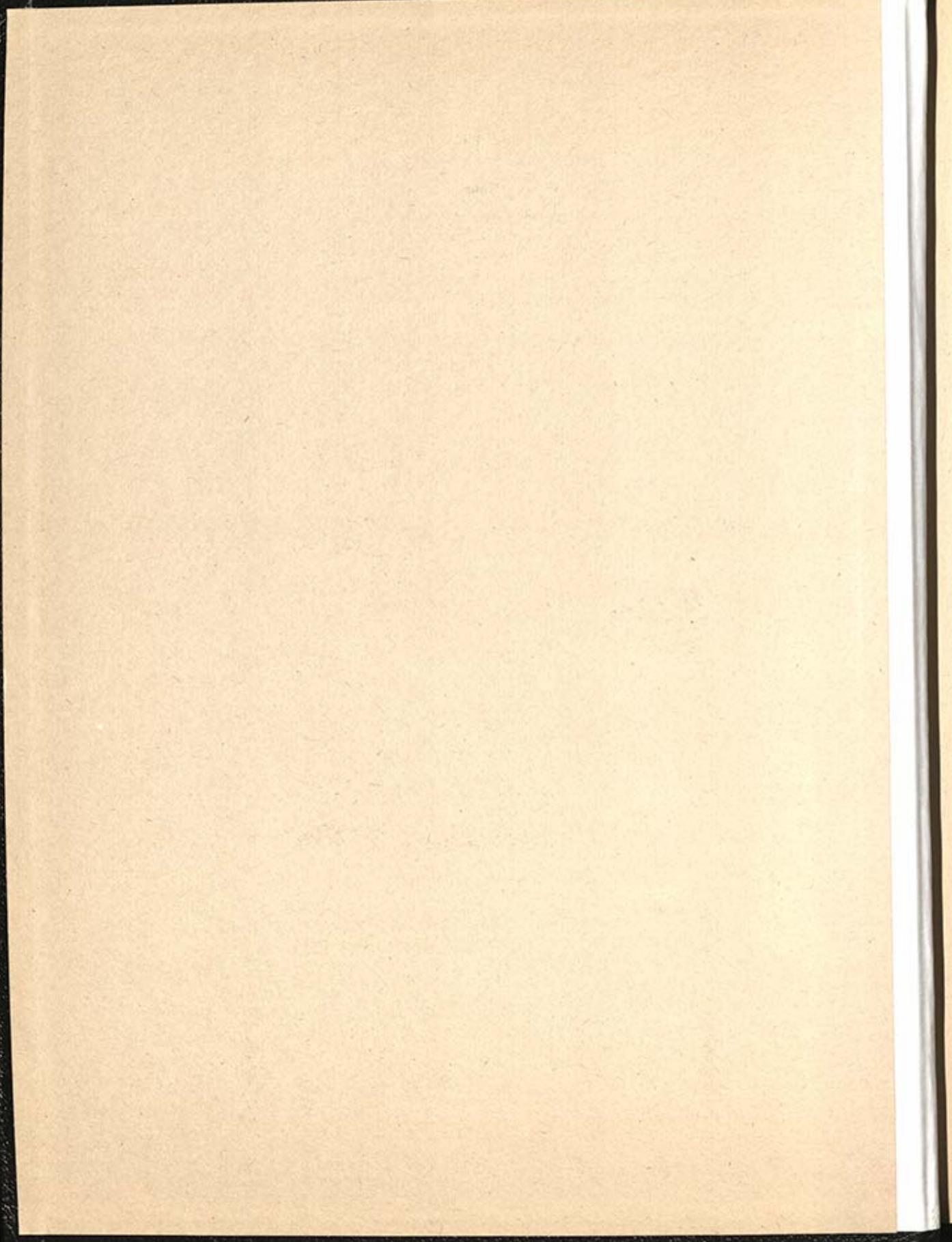


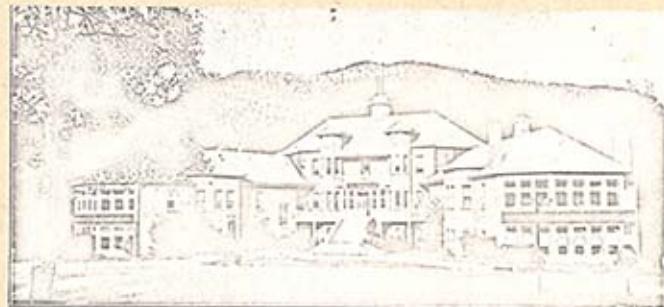
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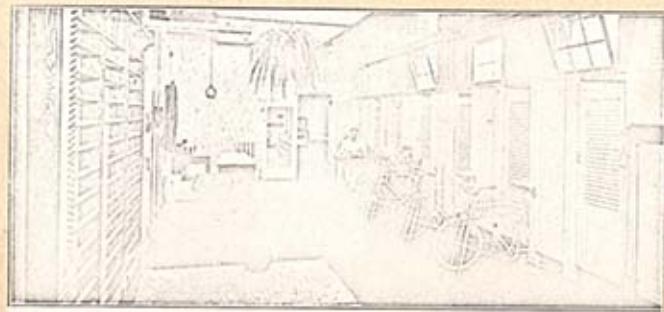
BANFF
MINERAL
SPRINGS
HOSPITAL



Under direction of
Sisters of St. Martha



BANFF MINERAL SPRINGS HOSPITAL IS SITUATED IN THE HEART OF THE CANADIAN ROCKIES.
IT IS WITHIN EASY DISTANCE OF THE WORLD-FAMOUS BANFF SPRINGS HOTEL.
(CANADIAN PACIFIC RAILWAY)



PHYSICAL THERAPY DEPARTMENT

Mrs Pearl Landsman

1945

It has been suggested that I present the case of the Arthritic to the various women's organizations in Canada. Being an Arthritic myself, I have during the past fifteen years become thoroughly acquainted with the ravages of Arthritis and the problems of the Arthritis and the problems of the Arthritic, socially, financially and physically.

The work of your organization during these war years has been most outstanding. But now with the war nearing successful completion and many of your projects gradually diminishing thoughts will turn to the battles on the home front. The battle against Arthritis is the battle against the nation's number one crippler:

We Arthritics invite you to direct your worthy and noble efforts in our behalf. All correspondence is welcome. Arthritis, heretofore known only as "rheumatism", has plagued mankind since time immemorial and has baffled Medical Science for centuries. Few diseases have had stranger treatments prescribed than man's oldest and most common enemy, Arthritis. Some two thousand years ago, the Greek physician Paul Aegina, advocated the use of dragon's blood. "However", he added reflectively, "of course, dragon's blood is difficult to obtain".

Within our time, the venom of bees has been recommended. Bee venom had at least one advantage over dragon's blood. It was accessible. But regrettably bee venom has been discarded.

In the past ten years however great progress has been made in the study of Arthritis, especially in recognizing and diagnosing the disease. More than thirty different types of Arthritis have now been identified, by far the largest group being Rheumatoid Arthritis, which causes the most trouble and greatest suffering.

To my knowledge, there has been no health survey to determine the prevalence of Arthritis in Canada. In a province-wide health survey held in Saskatchewan last year, Arthritis was completely disregarded. In the entire survey report the word Arthritis was not mentioned once. In Canada Arthritis is not a "reportable" disease. It is not mentioned in health statistics. Yet, IT IS THE NATION'S NUMBER ONE CRIPPLER — CRIPPLING IN THE LARGEST NUMBER OF CASES AND KILLING IN THE SMALLEST NUMBERS.

In the 1937 Health Survey of the United States it was found that five per cent of its population is afflicted with some type of Arthritis. In Canada, the numbers are believed to run higher, meaning that approximately 500,000 Canadians are sufferers of this chronic, crippling disease, which is the greatest known physical cause of disability, discouragement and unemployment. Every fifth returned man is a victim of some form of Arthritis.

Outside of the misery and torture victims of Arthritis and their dear ones undergo, there is the economical and the social side to be considered. Homes are broken up and thousands of man-hours are lost yearly in industries such as agriculture, mining, lumbering, etc. Millions of dollars are spent annually because of the ravages of this dread disease. YET THIS CAN BE PREVENTED!

It is known that Arthritis is curable in the early stages, and a great deal can be done in the later stages to check deformity and pain, yet through general complacency the disease today is ten times more prevalent than tuberculosis; seven times that of cancer and tumors, and twice that of heart disease. It is alarming to note that Arthritis is mounting in severity and prevalence in the young adult and prime-of-life age group ... the average age being 41 years. Yet we do not even admit that it exists!!

In face of this appalling situation THERE ARE NO BEDS SET ASIDE ESPECIALLY FOR ARTHRITICS. Specialized treatment, now recognized internationally, should be made available free of charge to all those who need it. HOSPITALIZATION, SPECIAL MEDICAL TREATMENT, REST, FRESH AIR, DIET, AND A SUITABLE ENVIRONMENT are the primary essentials towards recovery.

Considerable spade-work is being done across Canada, to bring to the attention of the proper authorities the immediate need for recognition and action in taking care of Canada's 500,000 suffering Arthritic citizens.

In the light of the information contained herein I invite you to act upon the following resolution:

BE IT RESOLVED THAT: Arthritis be included in the new proposed National Health Bills, on exactly the same basis as tuberculosis and cancer.

7/7) *H. E. Bradley*

(Mrs) Pearl Landsman,

BANFF Alberta

1947 / ARTHRITIS AND KINDRED RHEUMATIC DISEASES

The public and the government of Canada appear to be ignorant of the serious nature of Arthritis. Its high incidence, and its appalling drain on the efficiency and well-being of our citizens are not recognized. Medical practitioners courageously endeavour to stay the ravages of this number one crippler, but the task is too great to be left to the over-worked general practitioner, and urgently requires legislation.

The present health proposals are woefully incomplete in that they do not even recognize the existence of the most prevalent disease afflicting the people, and include no measures to meet this problem. Yet it is admitted that early diagnosis and adequate treatment will avoid crippling and will cure arthritis in most cases. Where the case is advanced and treatment only obtained late in the progress of the disease, great betterment is still possible and a return to partial activity.

Before any progress can be made, the existing ignorance regarding arthritis must be overcome, and the generally complacent acceptance of existing conditions must be changed. The following facts are submitted for the consideration of those representing the people at Ottawa who now have it in their power to right this wrong, and to contribute incalculably to the well-being of our country.

PREVALENCE OF ARTHRITIS

There are approximately 600,000 cases in Canada; of these 400,000 are rheumatoid arthritis and 200,000 osteoarthritis, fibrositis and sciatica.

There are twice as many sufferers from arthritis as from heart disease. There are seven times as many sufferers from arthritis as from cancer. There are ten times as many sufferers from arthritis as from tuberculosis.

Arthritis is known to the medical faculty as a disease of the young adult. The average age of sufferers being 41 years. Fifteen per cent of soldiers invalided home from the Italian front for illness, other than wounds, were victims of arthritis. Many of these will soon be demobilized, and will add to the prevalence of the disease.

Arthritis is common amongst those engaged in mining, logging, fishing, agriculture, and kindred industries. Such workers at present cannot afford the long period of treatment necessary. Arthritis is a crippling disease and therefore a very serious hindrance to national efficiency -- yet it is not reportable and no provision whatsoever is made for its care.

In Sweden there are nine hospitals, each containing 60 beds, exclusively devoted to the treatment of arthritis. Reports reveal that 60% of the patients, three years after leaving hospital, have returned to and are actively engaged in their former occupations. The condition of another 18% is so improved that they need no further treatment. In Canada there is only one hospital equipped for the treatment of arthritis. In it 75 beds are set aside for arthritis but these are for the use of paying patients only.

IMPORTANCE OF HOSPITALIZATION

Hospitalization and specialized treatment are necessary in a large percentage of cases because:

1. A period of some months of complete rest from work and freedom from worry is urged by specialists.
2. Close observation is necessary while undergoing a course of injections, medically supervised manipulations, dieting, treatment of adhesions, application and removal of casts, etc.
3. Special equipment and mineral water baths, are often necessary, and always highly beneficial.

These conditions are only available where specially provided for and are not obtainable at home.

Praises Arthritis Hospital At Banff

Work being done on arthritic patients at the Banff Mineral Springs Hospital was praised by Hon. Dr. W. W. Cross, minister of health and public welfare, on his return to Edmonton Monday.

"I was much impressed with the work being done there," said the minister. There are 60 patients in the hospital, which is under the direction of Dr. D. Robinson.

Dr. Cross was accompanied by Dr. A. Somerville, chairman of the Alberta health survey committee, and Dr. M. G. McCallum, director of hospitals and medical services.

RAYS OF SUNSHINE From . . .

Banff Mineral Springs Hospital

Pearl Landsman 1944

Patients at Mineral Springs Hospital, especially the ones from Saskatchewan, and they form twenty-two per cent of the shut-ins here, have awaited with anticipation the completion of the recent Health Survey in Saskatchewan to see what rating arthritis gets among other diseases and what place arthritics are given in the health plans of the province.

With disappointment is read the report of the Saskatchewan Health Service Commission written by Henry E. Sigerist, M.D., D. Litt., LL.D., Professor History of Medicine, The John Hopkins University, Baltimore, Md., U.S.A., Commissioner and pilot of the Survey. Arthritis is not as much as mentioned once, in the whole pamphlet.

There is not a word about Saskatchewan's arthritics, estimated 18,000 citizens at various stages of this dread disease, "Nation's Number One Crippler" which is the greatest physical cause of disability, discouragement and unemployment, victimizing people in all walks of life and all ages, and in recent years crippling young adults in ever increasing number.

Facts that there are about twice as many arthritics as cases of heart disease, seven times more than cancer and other tumors and about ten times as many as tuberculosis in all its forms, have not, it seems, borne any significance in the Health Survey in Saskatchewan. Could it be possible that this scourge of mankind, Arthritis, is deemed not important enough to come under the scope of this Health Survey? . . . Incredible!

Arthritic Treatment

Sir—Just before Christmas there was a letter in the Journal from a lady at St. Albert about arthritis and the Banff hospital. Having been a patient there myself for seven and a half months and having received wonderful help, I would like to ask the same question: why are not the doctors and hospital given more credit? As the lady from St. Albert states, they are fully qualified doctors and are making arthritis and all forms of rheumatism their life's work. I myself did not walk for seven years and I am thankful to say I reacted well to treatments, but am far from cured, because of the expense. So many have to leave the hospital for that reason, and often when they are just becoming responsive to treatments.

The treatments need time and infinite patience, so let's hope the government can and will do something soon, if only to help the younger generation.

Mrs. L. Shepherd
R.R. #1, North Edmonton.

Chance For Arthritics

Editor, Bulletin—The December 6th edition of The Edmonton Bulletin stated that the sum of \$80,000 has been granted by the Federal government for TB sanatorium equipment in Alberta. This is indeed news to rejoice at, but why do we not hear equally as good news for our arthritics? When is it going to be recognized that only by early diagnosis, followed by immediate correct treatment in specially equipped hospitals staffed by specially trained doctors and nurses will the terrible suffering and hopeless crippling of arthritics be prevented?

My statements are based on a bitter experience which promises now to have a happy ending. We have a little girl who at the age of four was stricken with an acute attack of rheumatoid arthritis. She was immediately placed under the care of recognized "children's specialists" and remained under their care for eight months in Edmonton, but her condition grew worse day by day. In June, 1948, we moved her to Mineral Springs Hospital, Banff, an absolute cripple doomed, it seemed, to spend the rest of her life in a wheel-chair. Her recovery to date is something to marvel at and for we, her parents, to rejoice in.

However, as it may require several months of hospitalization yet to complete her recovery it becomes a matter of great concern to us. How long can we, an average income family, with four other children to care for, carry on under this terrific financial strain, even though we have been and are willing to make any sacrifice necessary to give our little girl her right to lead a normal life. Suppose it had been the bread-winner of our family to have been stricken, what then?

We did not take our child to Banff as soon as we learned the nature of her disease because we knew not of the work done there. Also, we understood that the care to be had in Edmonton was adequate. Certainly in our case ignorance was not bliss and how many more are like us?

Why so much silence about the work done in Banff? The doctors of the Banff Clinic are not quacks

nor are they medical outcasts. Rather they are well trained, certified medical men, each of them a specialist in the field of work he is doing. They are doctors who are especially devoted to their patients, and since we must be mercenary, their charges are reasonable. The hospital, though old and inadequate to their needs, has the very latest equipment for the treatment of arthritis. The sisters in charge are of a recognized nursing order and have a large staff of registered lay nurses. Might I here pay tribute to the children of Banff, who in organized groups and as individuals do so much to bring sunshine into the lives of the "shut-ins" in their midst? We have at Banff the only civilian hospital for arthritis in Canada so let us give honor where honor is due.

The case that I have cited is only one of hundreds, more pathetic and needy than ours. Do let us give our arthritics a chance now.

I trust sincerely that my statements may make an impression, even slight, upon some of your readers and through their interest and co-operation may government aid be had soon for our forgotten cripples.

The responsibility for this letter is entirely mine.

MRS. NELLIE M. ROSS,
St. Albert, Alta.

See to add file
May 1948

ARTHRITIS COMMITTEE
SETS WORTHY OBJECTIVE

In an effort to make the citizens of Alberta fully aware of the ravages of Arthritis, Canada's Number One Crippler, the Arthritis Club of Banff has launched upon a province-wide promotion and membership campaign.

The Banff Club is the only one of its kind in the province and was formed a few days after the Department of National Health and Welfare officially announced steps to formulate and develop a national campaign.

Alberta's campaign is the first organized step in that direction. It is designed with a three-fold objective. At present the Banff Club is circularizing 3,000 citizens -- many of them Arthritis -- with a colorful folder highlighting the tragic toll taken by Arthritis annually; reviewing the organizational aspects across Canada; listing the aims and objectives of the Canadian Arthritis and Rheumatism Association and the Arthritis Club of Banff and appealing for membership in the Banff organization.

The group of Arthritis at Banff, led by Mrs. Pearl Landsman, are the pioneers in the movement to gain government recognition of Canada's Number One Crippler. After several years' effort their mission was partially accomplished January 12, 1948, when the Canadian Arthritis and Rheumatism Association was officially recognized by Ottawa, and was granted permission to organize and expand into a national body.

The Banff Club was organized a few days later, with Mrs. Landsman -- herself an Arthritic -- as president. Membership in the provincial organization is \$1.00 per year with life membership going to donors of \$500.00 or more. Funds will be used for launching upon a series of educational campaigns to make the public more conscious of the need for organized and official action to combat the spread of Arthritis.

Provinces Asked To Join War On Arthritis

OTTAWA—Heartening news to Canada's chronic authorities was received recently when Maj.-Gen. G. Brock Chisholm, M.D., Canada's deputy minister of health, announced the inclusion of hospitalization and treatment for sufferers of arthritis in Canada's proposed National Health Bill. It

was proposed that chronic rheumatic diseases, which include ward officially recognizing arthritis as a disease that must be coped with in the same category as tuberculosis, mental both and the recognized major ailments.

In Maj.-Gen. Chisholm's statement proposed, among other health measures, the following:

1. Allocation of funds to provide physical, financial and social assistance for the sufferers of arthritis, the dread disease recognized generally as Canada's number one crippler.

CURABLE EARLY It is believed that arthritis in its early stages and a great deal can be done in the later stages to check deformity and pain. Since arthritis has never been officially listed in medical records, its seriousness and widespread prevalence have never been brought to the attention of the public with the same forcefulness as other diseases.

Interested individuals, among them many medical men and research workers, have however, discovered some startling information.

More than 600,000 Canadians are victims of chronic arthritis. The disease is more prevalent than tuberculosis, heart disease, and cancer combined and is the greatest known physical cause of disability, unemployment and convalescence.

COMPLIANT CARE

Commenting on the proposed National Health Scheme, Maj.-Gen. Chisholm stated that proposals covering the whole field of health insurance and provision of complete hospital care for all diseases have been made to the provinces and he hoped that an agreement may be reached through which all people of Canada will be able to have complete medical care. This would of course include any special treatment necessary for arthritis, Dr. Chisholm added.

THE FORGOTTEN MAN

Though officially there is no admission in Canada that the disease exists, an arthritis cannot today avail himself of the security insured by health, sickness or accident insurance or hospitalization plans of any kind. Nor are most hospitals affiliated with medical or nursing personnel specially trained to handle successfully arthritic cases.

Unofficial records divulge that in one of Canada's few hospitals where arthritis receive special treatment, 27 per cent of the patients are under 35 years of age and 60 per cent are under 50. In this same hospital there is a year round waiting list of from 40 to 60 arthritis applying from all parts of Canada and from the United States. In fact of the toll among young

Extensive Program Planned For Arthritis Sufferers

Seeds sown in Western Canada have begun to bear fruit. In Ottawa, on October 13 and 14 last year, the Hon. Paul Martin, Minister of Health and Welfare, convened a meeting for the purpose of doing something nationwide about arthritis and rheumatism. Deputy ministers of health from the provinces, members of the National Research Council, medical schools, Red Cross, Welfare Department and Department of Veterans' Affairs were present.

As a result of this meeting an organization was formed—the Canadian Arthritis and Rheumatism Society, the aims of which being to raise money for the promotion of research into the cause and treatment of arthritis; to raise money to finance treatment, including hospitalization and the training of personnel in the care of arthritis in special hospitals. Membership is open to all persons living in Canada.

An interim committee was appointed to consider raising funds and tapping reserves which may be available for this work, and Miss Mary Pack of Greater Vancouver, a member of the said committee, reported to the cover Health League, joined in co-operation with the others and a vigorous organization in co-operation, under the leadership of President Pearl Landman, Edmonton, and Miss Margaret White, Nanaimo, achieved without the preliminary bearing several thousand dollars. A petition was sent to Ottawa, asking for a meeting to be held at the Dominion Government, great interest particularly to us in

Faithfully yours,

THE ARTHRITIS CLUB, BANFF, ALBERTA

President *Paul Landman*

co-workers were responsible for several broadcasts on arthritis by Stan Ross over radio station CICA, Edmonton, and one by Mr. Bromley-Brown of Kelowna, which covered southern British Columbia. They were the power behind the countless articles in newspapers and magazines and editorials followed in western periodicals. The work that these organizations have done cannot be overestimated. They have been tireless in their efforts this time there were only about five medical men interested and to help the unfortunate victims of arthritis. There is no doubt that no beds designated for arthritis, although it has long been recognized that it is better for the patient if it was due to their efforts that last year parliament spent more time discussing arthritis than any other health subject. From small beginnings in Western Canada an organization has grown which will have the power to bring positive assistance to Canadian arthritis.

Today Canadian arthritis, 600,000 suffers from chronic

arthritis and rheumatism and

sympathizers may be

notable increase in the beds

achieved without the prelimin-

ary task of building

and maintaining a program to bring the attention of public sentiment strong enough

to culminate in action. Eastern

Canada has now taken up the

leadership of Mrs. Van

Cooper, Health League, joined

in co-operation with the others and a vigorous organization

under the leadership of the

Government, great

things may be expected for the future.

Miss Margaret Whyte

Champions Cause to Help 600,000 Arthritis Victims

Arthritis, which has been called "the neglected stepchild of medicine" has a champion in Chilliwack in the person of Miss Margaret Whyte.

When it was recently announced that arthritis had been included in special categories for which federal grants will be made to provinces under the national health program, it was a bit of a personal victory for Miss Whyte. She and a friend, Mrs. Pearl Landsman, Banff, have crusaded on behalf of arthritis for nearly five years.

"It is a very good start but not enough yet," Miss Whyte told The Progress. She has been in Chilliwack for two years and continues an active participation in work on behalf of the estimated 600,000 arthritics in Canada.

WAS AN ARTHRITIC

Miss Whyte's interest in arthritis is natural—she suffered and was virtually cured of the dreaded crippling. She is proud of her recovery in view of the fact that she is white-headed.

From March until August, 1944, she was a patient at Banff Mineral Springs hospital, the only hospital in Canada where arthritics can receive special treatment. She maintains that at least five months' treatment and rest is necessary for recovery from arthritis.

At Banff she met Mrs. Pearl Landsman, who, though years younger was an acute sufferer from the rheumatic disease. Treatment resulted in remarkable improvement.

Dr. J. Dean Robinson, MD, CM, arthritis specialist who has had 20 years' work with rheumatic diseases in Canada, United States, Britain and continental Europe, is in charge at the Banff hospital. Dr. Robinson's two sons, both qualified doctors, are assisting with the work their father started.

At the Banff hospital baths in mineral water, massages and all necessary equipment is available for treatment. But the bed space is limited and treatment is of necessity costly.

At Banff, seeing the plight of arthritics, Mrs. Landsman and Miss Whyte started a campaign on their behalf.

Canadian Rheumatic Disease Association was formed in February, 1936, but during war years was not able to accomplish much.

The two women started from "scratch" and worked enthusiastically. The story of their thirst for knowledge of the disease it told in a scrapbook on arthritis which Miss Whyte has kept.

It includes newspaper articles,

copies of radio broadcasts, and reprints of petitions and circulars sent out, as well as information from letters.

They needed statistics, so they studied every scrap of information available of the dread disease.

Arthritis is Canada's number one cripple. There are approximately 600,000 cases of arthritis in the Dominion, that means twice as many sufferers as from heart disease, seven times as many as cancer and ten times more than tuberculosis.

Hospitalization and specialized treatment for victims is necessary in large percentage of cases.

A period of some months of complete rest from work and freedom from worry is urged by specialists.

Cloose observation is necessary while undergoing course of injections, medically supervised manipulations, dieting, treatment of adhesions, application and removal of casts.

Special equipment and mineral water baths are often necessary and always highly beneficial. These conditions are only available where specially provided for and are not obtainable at home.

HELP WANTED

Proposals asked that definite national provision be made for treatment of arthritis through special grants to the provinces, for erection of adequately equipped hospitals. The hospitals need to be located close to Canada's famous mineral springs, the medicinal waters of which are invaluable for treatment of arthritis.

Funds were solicited so that necessary hospitals could be built and specialized treatment given to a larger number of the sufferers as well as diagnostic and X-ray facilities.

RESEARCH

Research on arthritis in Canada was sought. It was recommended that pending findings of research, a survey be made of work already being done in Great Britain and United States as well as Canada, and existing information be pooled

and made immediately available to medical practitioners.

They secured a list of 2,000 arthritics who had received treatment from Banff Mineral Springs hospital. Petitions were sent to them to be signed.

Letters, circulars and petitions went to Prime Minister Mackenzie King, provincial health officers, members of parliament, members of provincial legislative assemblies and women's organizations. Many arthritics joined in the campaign.

"I know I have written over 800 letters in connection with arthritis," Miss Whyte said. At times it was discouraging, when letters were unanswered and follow-ups had to be written.

There were others who carried the torch for Miss Whyte to provincial and federal governments. Mrs. Gladys Strum, member of parliament for Qu'Appelle, Sask., was particularly sympathetic to the arthritics' cause.

In British Columbia Dr. G. F. Amyot, provincial health officer, has been "splendid," Miss Whyte said. She also speaks warmly of Maj.-Gen. George R. Pearkes, VC, who also has supported the cause for arthritics.

"Mrs. Landsman has done a splendid job and is still working among the patients at Banff Mineral Springs hospital," Miss Whyte said.

Mrs. Landsman has also organized Arthritis club of Banff and does extensive work on behalf of all arthritis sufferers in Alberta.

She asserts that B.C. Hospital Insurance Service is a "step in the right direction" toward providing hospitalization for arthritics.

Miss Whyte, who formerly lived in Nanaimo, has been a Chilliwack resident for two years. Besides her work in connection with arthritis, she has done much research on other subjects, is now working with Mrs. W. J. Allan at New Age reading room and library.

She was born in Edinburgh, Scotland, the daughter of the late Dr. Alexander Whyte of St. George's Presbyterian church, Edinburgh. She also lived in London, has travelled extensively in continental Europe and United States.

MR.—The calling of a national conference by the Honorable Paul Martin, minister of national health and welfare, for October 13 and 14 in Ottawa is the first step in a war on arthritis and rheumatic diseases by the Federal Government. This was prompted by thousands of appeals to the members of parliament by sufferers from arthritis and other persons and groups who are actively interested in the need for national recognition of arthritis. Fundamentally the plea calls for government action to place arthritis on the same basis as tuberculosis and cancer in Canada.

On June 10, 1947 the Honorable Mr. Martin had the following to say, in part, on arthritis in reply to Dr. Blair, M.P. (Timiskaming, Ontario).

"The hon. member referred to arthritis, and perhaps later in the estimates I shall have more to say about this specific item—that the technique we employed early in January in calling together here in Ottawa—those who were interested in cancer control, will be employed again when all the authorities, governmental and professional in the field of arthritis, are called within a very few months, to see if we cannot provide some co-ordinating authority to carry on in the field of arthritis."

"Through the officers of my department I have had an opportunity of consultation with Lord Horder who is one of the outstanding authorities in his profession in the rheumatic field and who has in Great Britain set up a number of investigational clinical centres for the treatment of this malady."

"Likewise Doctor Wallace Graham of Toronto, an eminent physician in this particular field, has also been in consultation with the department. These two sources, to whom I have referred, together with the Canadian Rheumatism Association, will be the basis of a conference which, I hope will lead to an examination of all possible avenues available to bring about some relief in respect of this painful affliction." (Hansard, June 10, 1947-P. 4077).

Today, 600,000 arthritics across Canada are looking with hope and expectation to this meeting in Ottawa as an initial step towards government recognition of Canada's Number One Cripple.

Pearl Landsman

NATIONAL ARTHRITIS CONFERENCE · 1947

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Page -- 4077

The Canadian Rheumatism Association was reorganized from the Canadian Rheumatic Diseases Association and became affiliated with the Canadian Medical Association at the June 1946 national C.M.A. convention in Banff. Officers of its executive are: Pres. Dr. Wallace Graham, Toronto; Vice-Pres. Dr. Dean Robinson, Banff and Dr. Dandurand, Montreal; Sec. Dr. W. S. Barnhart of Ottawa.

On June 6, 1946, the Honorable Brooke Claxton, then minister of national health and welfare, promised a government grant for arthritis research, but to date, so far as we know, nothing has materialized. Today 600,000 arthritics across Canada are looking with hope and expectation to this meeting in Ottawa as an initial step towards government recognition of Canada's Number One Crippler.

CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

B.C. DIVISION

CE. 5114

997, West Broadway,
Vancouver, B.C.

On March 1st, 1949, the B.C. Division of the Canadian Arthritis & Rheumatism Society commenced "Operation Bluebird" - designed to bring health and happiness to those suffering from rheumatic diseases within the province of British Columbia.

After many months of careful study in co-operation with the Medical Advisory Board, appointed by the B.C. Medical Association, the Directorate of the B.C. Division submitted its programme to the Department of Health. Upon the approval of both Governments, grants-in-aid were received to cover initial expenditures for equipment and the salaries of physical therapists.

To the tiny office at 997 West Broadway, headquarters of the Society, arthritics from all parts of the province write, 'phone or come for advice. These people are referred to their family physicians who can arrange consultation privately or through the pilot arthritis centre, as seems appropriate. Those of very low income, pensioners and social service cases, will be recommended by the general practitioner to the O.P.D. of the Vancouver General Hospital, thence by the regular procedure through the diagnostic clinic to the arthritis centre. Here an arthritis specialist and three or four doctors prescribe necessary drugs and treatment. Drugs are supplied free of charge under established social service system. Physical therapy treatment is administered by the three employees of the B.C. Division, all members of the Canadian Physiotherapists' Association, who have completed the special course in treatment of rheumatic diseases given recently in Vancouver. Space in the Physical Medicine Department has been made available for physical therapists of the C.A. & R.S. to treat patients admitted through Vancouver General Hospital Out-patient Department.

Acute cases of arthritis needing hospitalization will be admitted as in-patients as soon as space is available. Four beds are, at present, reserved and occupied for this purpose. These patients receive treatments each morning and already improvements have been noted.

To those who, through physical disability, are unable to leave their homes to secure treatment, the physiotherapists travel in the cars provided, from the Federal Health Grant, by the Society. Carrying portable bakers, infra-red lamps, wax bath and Delorme's equipment, these cars bear the insignia of the Society, the Bluebird of Happiness, to many who hitherto looked forward hopelessly to an existence of pain, crippling and dependence on others. The patient's doctor sends a special requisition and instruction sheet to Divisional Headquarters and the physiotherapist, making her first visit, bears a letter of encouragement from the Society to the patient. Treatments are repeated as often as necessary and patients pay as much as they are able to afford up to \$2.50 per treatment - or are treated free of charge if necessary. As a basis for research, records and charts for all patients are being carefully studied and summarized by the medical research secretary. These three phases - (1) O.P.D. Diagnostic Treatment Service (2) In-Patient Centre (3) Mobile Unit comprise our pilot scheme - the nucleus we hope of a province wide programme. As soon as this plan is proved satisfactory, necessary adjustments made and local branches organized to lay careful plans for the other communities, similar centres will be set up in the five health districts of the province.

In preparation for this an intensive educational campaign is being carried on. Circulars are being sent to all the doctors and physical therapists in the province, articles and lectures prepared for doctors, nurses and lay personnel and specially written literature, speeches and a film strip for the public. The Governments, the medical profession, the C.P.A. and C.A. & R.S. have co-operated to initiate this programme. The public is asked to give full support necessary to make it a success.

Canada Ready for Arthritis War ■ ■ ■

By ELMORTH PHILPOTT

TORONTO — Canada is now all-out ready to make the first concerted drive against the great enemy, arthritis. The first annual meeting of the Canadian Arthritis and Rheumatism Society has already developed in the sale of this year's campaign for \$350,000. This will take the form of a three-front attack on the disease:

1. Basic research into the cause and care of the ailment.
2. Provision of more and better facilities in hospitals, clinics, etc.
3. Great expansion of the travelling treatment system, such as we have been using for several years in B.C., especially Vancouver.

The list of directors of the society includes not only many of the famous names in Canadian medical and surgical circles. There are also representatives of the nursing and social welfare services.

The executive director of the society is Edward Dunlop, a blinded war veteran, whose courage and tenacity in action speak really inspiring to see. Mr. Dunlop is as competent as any executive secretary I have ever seen in action in any active organization — I have seen quite a few, one way or another.

He has a smart and competent assistant in Mary Angus, a young lady who hails originally from Victoria, B.C., and who arrived with high distinction as a nursemaid in our Canadian Army overseas.

NOT ENOUGH

One thing stressed by the leading specialists and scientists at this meeting was that there is no hope of obtaining an early adequate supply of Cortisone or ACTH. What tiny supply that is available in Canada in the next year or so will have to be used in clinical tests.

I am glad to be able to report that Canadian authorities are taking steps to make Canada independent of the United States

in production of those so-called "therapeutics." This seems to me of the highest importance. Not, while the master was not displayed at the meeting of GARS, I am reliably informed from a source in the U.S. that a glucose market has already developed in the sale of this year's campaign. A few of the U.S. millionaires have managed to get unfair priorities in the supply of these rare remedies.

Development of our own supplies in Canada should help us to ensure the most harmful consequences of such practices. It even granted full speed ahead in the development of these remedies. It will be many months before there is a general supply. Meanwhile, sufferers from arthritis can be greatly helped by the best methods already in use. In my travels across Canada and in other countries I have been amazed at the high percentage of arthritis who do beat the disease and

mitts to live full and happy lives. Yet if you question these, you find that they were helped by any one or more of several widely different forms of treatment.

BIGGER GRANTS

These are the ones who are helping to set Canada lined up to do something about arthritis are hopeful that the national government and all the provinces will give substantial grants to combat the crippling. There is every reason why them. Paul Martin should include the disease of arthritis along with cancer and other major diseases as eligible for the \$20 million grants already made and explicable over a period of several years. But perhaps the most encouraging of all the facts is that the people of Canada are at last waking up to the magnitude of the scourge of arthritis. It afflicts more humans than cancer, heart disease, diabetes and TB combined. But up till now it has been a case of "out of sight, out of mind."

Meanwhile, sufferers from arthritis can be greatly helped by the best methods already in use. In my travels across Canada and in other countries I have been amazed at the high percentage of arthritis who do beat the disease and

therefore, the financial problem was to find some synthetic means to mask such atomic energy, extraneous to mankind, as a "revolution."

Mr. Martin hailed the new drug as a "lateral revolution in the field of medical science."

Some day, they said, they would open up a whole new era of physical well-being and add years to man's life span.

Mr. Martin explained that the new drug, salol, compete mastery over the drugs. It would take an equally lengthy period before a method of large-scale production was found, he said.

Mr. Martin warned, however, that he cautioned arthritis and rheumatic sufferers not to drop any treatments they were taking now. It was important, he said, that no one entertain "any false hopes" that cortisone and cortisone would be available in sufficient quantities for treatments in the near future.

Both drugs, in experiments in Canada and the United States, had proved themselves "as specific as insulin" against arthritis and rheumatism, said J. C. Hean, of the United States Public Health Service. The minister said, "Their ultimate success, however, was expected to extend far beyond those two ailments."

OTTAWA, Dec. 5 (CP)— Canada is under the direction of a special committee of eminent Canadian medical men named by the National Research Council.

"This committee," Mr. Martin said, "besides advising on the administration of ACTH, will approve financial support for research on both ACTH and 'encouraging results' in treatment of arthritis and other diseases."

Health Minister Martin announced his intention to speed the research program.

Cortisone is another drug, usually associated with ACTH, which has been found to "hold promise for treatment of a number of diseases." Mr. Martin said ACTH is a substance obtained from the tiny pituitary glands located in the centre of the brain of animals.

Allocation of ACTH will be of the

New Drugs More Beneficial Than Atomic Energy. - Martin

* * * * *

By NORMAN M. MACLEOD | Federal medical officials declined on what this wider research involved.

Medical officials here supported the minister's statement. They agreed that Martin, a lawyer rather than a medical man, had not been given a chance to comment on the new work.

Canada's effort would be focused mainly on acts, with major work on cortisone being carried out in the United States, he said.

PATIENTS REPORTED

NEW YORK, Dec. 12 (AP) — The American Journal of Medicine reported today that the medical principle upon which cortisone was based was the theory that the human body contained within itself the means of correcting any derangements occurring in the body's internal workings.

Cortisone, although it was being received now from the little island of pag, and oxen, also was a property of medical science.

The case of cortisone developed in a woman who was given the hormone shock promptly ended the menstrual trouble. She recovered from her arthritis pain and stiffness. But she developed what doctors call euphoria, which is hysterical laughter. The doctor became a mania, the medical report states. This mania lasted 11 days after all such treatment had been stopped.

TRULY GREAT MEN

Martin paid high tribute to the Canadian and United States scientists who pioneered the new drugs. Dr. George B. Collip, of Canada, and P. K. Meeker, of the United States, had developed insulin "from the United States at Columbia University College of Physicians and Surgeons by doctors Charles Rawn, Albert W. Grodsky, and Ralph H. Boas.

In the months ahead on the problem of arthritis, this report states, "The others, this report says, severe pain and stiffness came back quickly when the hormone medicine was stopped.

The Columbia doctor said they tried to find out why the hormones had their dramatic effects, but they failed. They explained that the present medical article is published so that other doctors will not have to repeat some of the numerous failure experiments.

THE ALBERTAN.

DECEMBER 12, 1949

Fellowships Given For Arthritis Study

REGINA, Dec. 11 (CP)—At least 50 Canadian doctors will receive fellowships for further study of arthritis as the result of the \$1,000,000 fight against arthritis in Canada during the coming months.

The federal government will provide \$750,000 for production of the drugs A-C-T-H and cortisone for research.

The Canadian Arthritis and Rheumatism Society will put up \$350,000, part of which will be used to pay for fellowships for doctors to study arthritis and related diseases.

Canada to Produce Drug for Arthritis

VICTORIA, B.C., Fri., Dec. 9, 1949

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British Columbian | Canada is under the direction of a special committee of eminent Canadian medical men named by the National Research Council.

"This committee," Mr. Martin said, "besides advising on the administration of ACTH, will approve financial support for research on both ACTH and 'encouraging results' in treatment of arthritis and other diseases."

Mr. Martin emphasized that all amounts of ACTH produced would be found to "hold promise for treatment of a number of diseases."

Mr. Martin said ACTH is a substance obtained from the tiny pituitary glands located in the centre

Latest Drugs "News of the Century" For Many Who Suffer From Arthritis

Two new drugs, termed "the news of the century" for arthritis sufferers, are described in the current issue of Coronet magazine.

First to be announced was cortisone, an adrenal gland hormone, which, although not a cure for arthritis, provides relief in many cases with startling swiftness.

The article describes the case of a young woman who had suffered agonizing pain for four and a half years.

"Two days after she had her first injection, the pain began to vanish."

"In three days, she could spring out of bed."

"A week later she was able to go on a three-hour shopping tour."

"Catches" are that injections of the drug must be continued or the arthritis condition returns; that its discoverers still don't know whether or not it has harmful effects and, most important, the problem of producing it in anything like the quantities needed.

Announced almost simultaneously

with the news of cortisone was discovery of the extractive ACTH, a product of independent researches by Dr. John R. Mote and associates in the Chicago laboratories of Armour & Co.

The discovery consisted essentially of extracting hormone materials from the pituitaries of butchered hogs.

NEED LARGE AMOUNT

Unfortunately, 400,000 hog pituitaries are required to make a single pound of ACTH, although there is hope that it may be produced synthetically.

Announcement that the Canadian Government would undertake production of ACTH was made earlier this week by Health Minister Martin. He told Commons that \$750,000 would be provided in the first year of a project on which the Government, the packing industry and the

University of Toronto are co-operating.

He emphasized that the ACTH produced would have to go to research, to hasten the day when the drug would become available in large enough quantities to supply the need for it.

Allocation of the drug will be under direction of a special committee of leading Canadian medical men named by the National Research Council.

The committee will approve financial support for research on both ACTH and cortisone, Mr. Martin said.

THE CALGARY HERALD

Saturday, December 3, 1949

Martin Tells Story Of Arthritis Drugs

By ROSS MUNRO
From The Herald's Ottawa Bureau
Copyright Southern Company Limited
A fascinating story of the medical development of two new drugs on which high but cautious hopes are pinned in mankind's struggle against disease was unfolded in the House of Commons on Friday night.

The drugs are cortisone and ACTH used for research into the treatment of arthritis and other as yet unspecified diseases.

HEALTH MINISTER Martin unexpectedly made a statement on these drugs in the House during initial consideration of his departmental estimates and said that their discovery in the United States during the past year is undoubtedly one "of first importance."

A spokesman for the department of national health and welfare told this bureau later that "this is one of the biggest developments to come out of medical research in years."

THE MONOTONY of Friday evening in the Commons was demolished by the minister's careful but dramatic disclosures of research progress, of the part played by Canadian medical scientists and of the co-operation between the United States and Canada in this project.

Mr. Martin emphasized that at present both ACTH and cortisone are in extremely short supply and amounts available are not even sufficient for experimental purposes.

THERE IS NO immediate prospect that the amounts that can be produced will exceed the needs of research workers, who are finding out the full effects of these drugs and subjecting them to prolonged tests.

It was A. L. Smith, K.C. (P.C.), Calgary West, who himself has suffered from arthritis, who brought on the statement from Mr. Martin.

Mr. Smith had mentioned the Robinson's hospital for arthritis at Banff, and speaking of cortisone said that he didn't want to raise false hopes in sufferers from arthritis.

THIS DRUG IS in no sense yet a cure, he said. The most that one can say about it is that it does give temporary relief. But successful work is being done and "I hope that some day there will be a corrective medicine for arthritis which will be what insulin has become to the diabetic."

The health minister related the involved research struggle over the past 20 years or more to develop these drugs and told the House that preparations are now actively going forward in the national health and welfare department to set up acceptable assay (or measurement) standards to check the potency of ACTH produced in Canada or imported into Canada.

ASSAY TECHNIQUES are also to be established by the department to check cortisone.

Certain quantities of cortisone produced from the glands of certain animals, will be made available by the Merck Company to the health department on Jan. 1, but it will be solely used for experimental research purposes.

"But every effort that we know how to make is going to be made to see if there cannot be an acceleration of the process not only in regard to research but in regard to further uses."

"WE HAVE established contacts through a number of medical men who were canvassed for this purpose who have contacts with Dr. E. C. Kendall and Dr. Philip Hench of the Mayo clinic (who deserve the major credit for this discovery) and a scientific committee has been established in the U.S."

Mr. Martin said that no effort is going to be lost to do all that possibly can be done from the Canadian end, through the health department and more particularly through the research division.

"No efforts will be spared. I hope perhaps before the end of next week to say something further in that connection."

IT WAS LEARNED later that the statement will be in connection with supply and allocation of the drug and the question of funds for further research.

Health Minister Martin said that among Canadians who have made important contributions to the development of cortisone are Dr. R. D. H. Heard and Dr. J. S. L. Brown, both of McGill University, and also Dr. Hans Seyle of the University of Montreal.

University of Toronto are co-operating.

He emphasized that the ACTH produced would have to go to research, to hasten the day when the drug would become available in large enough quantities to supply the need for it.

Allocation of the drug will be under direction of a special committee of leading Canadian medical men named by the National Research Council.

The committee will approve financial support for research on both ACTH and cortisone, Mr. Martin said.

Letters To the Editor

The columns of The Times-Herald Newspaper are open to letters to the editor on any subject. No letter will be published unless the correct name and address of the writer is enclosed for publication. Letters must be written on one side only. The Times-Herald Newspaper accepts no responsibility for the opinion of correspondents and publication of a letter does not necessarily imply acceptance of its contents. Correspondents should refrain from abusive language. The editor reserves the right to edit and shorten letters. Correspondents are requested to limit their letters to 100 words.

TREATMENT OF ARTHRITIS

Dear Sir:

The urgent need of adequate treatment for arthritis has recently received some publicity. The following quotations from House of Commons Debates, relating to arthritis may be of interest to your readers.

Under the date of December 3, 1945, Hansard reports Mrs. Strum as saying: "... the rapidly increasing rate at which arthritis is spreading demands . . . that we give it special attention. . . . I have been alarmed to notice the number of people who have been in wheel chairs for years, and who have suffered incredible pain, and have been a terrible burden on their families."

On December 15 the Hon. Bruce Claxton is reported to have said in reply to a question: "With regard to arthritis, I do not know of any work being done under the auspices of the National Research Council."

The remedy lies in the hands of those members of the public who are concerned about this problem. They can exert their influence by writing to their Members of Parliament and to the Members of their Legislative Assembly, urging that research on the serious and neglected disease of arthritis be justified, and that grants be made by the Dominion Government to the provinces for the adequate treatment of arthritis.

MARGARET S. S. WHYTE,
Nanaimo, B.C.

DONALD F. MOORE,
St. Chad's College, Regina.

The contributions made by these Canadian scientists to the development of cortisone is similar to that made to the development of ACTH by Dr. J. S. Collip, now head of the medical school of the University of Western Ontario, and Dr. James Campbell who works with Dr. Charles Beat at the Connaught Laboratories in Toronto.

DR. L. I. PUGSLEY, chief of the food and drugs laboratory of the national health department was co-worker with Dr. Collip when he prepared a substance which was one of the steps towards the development of ACTH.

A doctor-member likened Health Minister Martin to Little Jack Horner during the debate.

Dr. W. G. Blair (P.C.), Lanark, criticizing the health department for the manner in which it publicizes grants for hospital structure, said Mr. Martin is giving a good imitation of Little Jack Horner. Every time he stuck in his thumb and pulled out a plum he said "what a good boy am I!"

"IT'S BECOMING tiresome to hear this fanfare and publicity every time a grant is made," said the Perth, Ont., physician as the House began consideration of health department estimates.

Stanley Knowels (C.C.P.), Winnipeg North Centre, regretted that Canadians have not yet become sufficiently health conscious. Health services remained "woefully inadequate."

Until there are enough doctors, nurses, dentists, hospitals, clinics and laboratories there is "no room for boasting," he said.

ACTH Reported Cause Of Mental Disturbance

BY HOWARD W. BLAKESLEE
Associated Press, Canada

NEW YORK (AP) — Loss of sanity due to taking the new hormone ACTH, and recovery by electric shock, was reported in the American Journal of Medicine Monday.

The case of mania developed in a woman who was given the hormone for rheumatoid arthritis. She recovered from her arthritic pain and stiffness.

BUT SHE DEVELOPED what doctors call euphoria which is hysterical joy. The joy became a mania, the medical report states. This mania lasted 11 days after all ACTH treatment had been stopped.

Electric-shock promptly ended the mental trouble. It did not return.

This woman was one of eight patients, four women and four men, given ACTH for rheumatoid arthritis at Columbia University College of Physicians and Surgeons by Doctors Charles Ragan, Albert W. Grocock and Ralph H. Poos.

SHE IS THE only one of the eight to date to show signs of any lasting good effects on her arthritis. In all the others, she report says, severe pain and stiffness came back quickly when the hormone medicine was stopped.

The Columbian doctors said they tried to find out why the

hormones have their dramatic effects, but that they failed. They explained that the present medical article is published so that other doctors will not have to repeat some of the numerous failure experiments.

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The Columbian doctors said they tried to find out why the

By STAN ROSE

COMMENTATOR — CICA EDMONTON

-6-0-

Jan. 24-5.

On several occasions I've outlined the critical need for some action to cope with the increasing number of arthritic patients, and the tremendous hardships resulting from persons crippled by this illness.

In 1924 Holland began special studies of Arthritis and began providing special facilities for treatment. As a result this disease has been spreading to many countries. In Sweden two thousand hospital beds are already provided for Arthritis treatment alone and at the moment accommodation for another three thousand is being constructed. In 1934, Canada possessed no facilities and only about five medical men were interested in specializing in the subject. An 1930 Western Canada did lead the way in this country by providing 60 beds for arthritis treatment, yet little more was done.

However a group in Canada continued agitating for some improvement and in June 1946 the Hon. Brook Claxton promised a special grant for research, that Grant has not yet been provided.

Finally in June 1947 the matter was again brought on to the floor of the House at Ottawa. Questions directed to the Hon. Paul Martin that day provided the following interesting official statement. Only about ten specialists in Canada are devoting full time to this work. No post-graduate studies are provided although such courses are now being provided in both Britain and the United States. During the period from 1939 to 1946, the National Research Council spent just over 33 thousand on Arthritis research. Less than five thousand a year. Specialized accommodation for such patients can be obtained only in the 90 bed Banff Ward and in the Sunnyside Hospital in Toronto. This return to Parliament by the Federal Minister goes on to disclose that at least half a million Canadians suffer from Arthritis and that of those about 45 thousand would be under 20 years of age. According to further investigation the Federal department believes that about 5% of the total population may be affected, making it by far the most prevalent ailment in Canada. Plus the fact that unknown thousands are crippled in various degrees would seem serious enough — yet these cold official figures tell us that Arthritis in one way or another directly kills almost as many as does Tuberculosis. Yet for 15 years, in the other we have a dozen experts, about five thousand and a couple of hundred beds.

After considerable publicity, a conference was called in Ottawa last October and the whole subject was seriously discussed. The Federal Government made no commitment but it did offer assistance in the formation of an association to devise ways and means of combating this ailment. A further meeting opened in Ottawa today at which the Canadian Arthritis Association will come into being. In Baden the patients are forming their local branch of this same Association, and plans are being made for the formation of a Province wide organization.

Thus after years, the first step is being made, but there is still a long way to go.

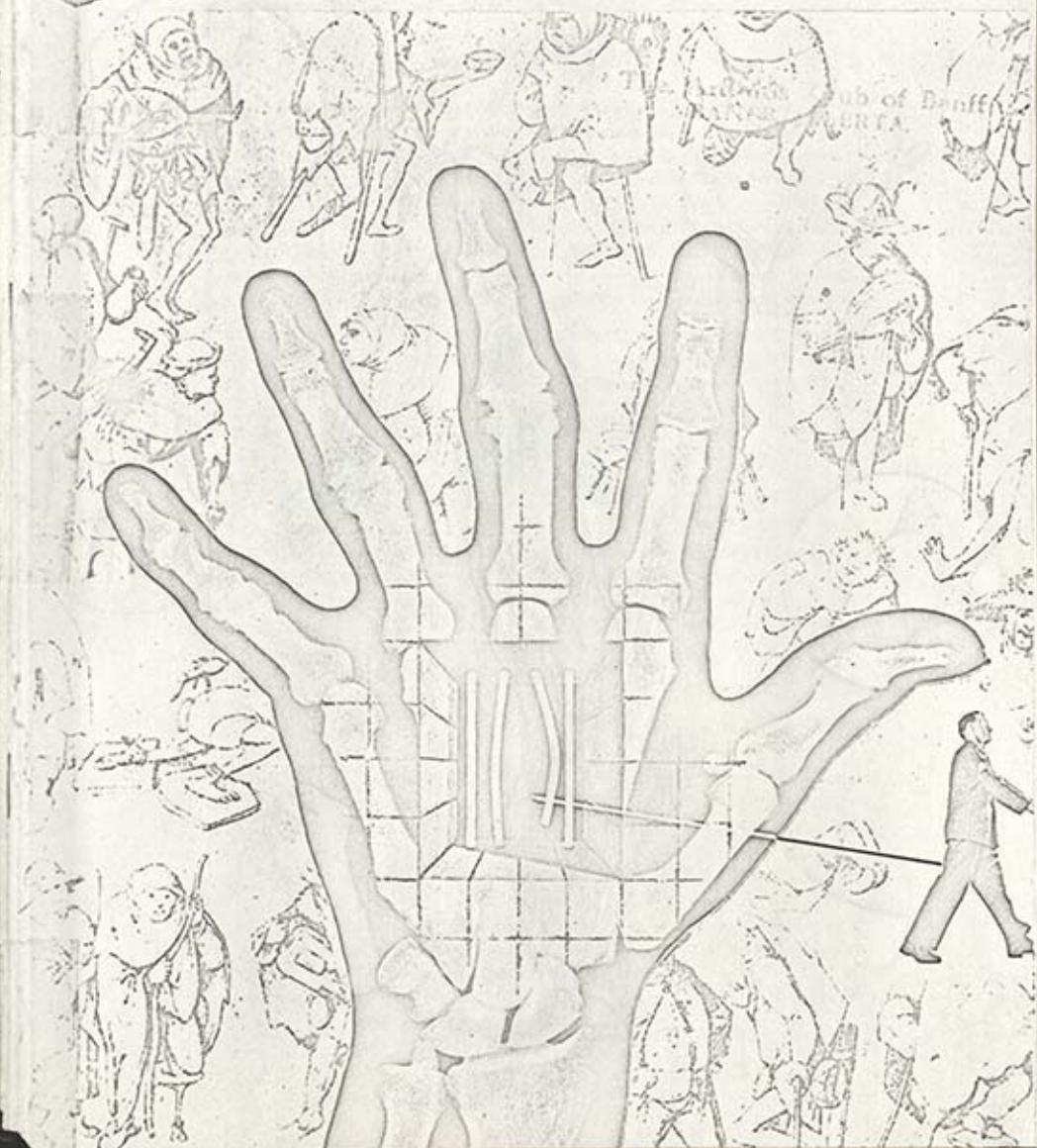
In spite of the Alberta Deputy Minister taking part in the Ottawa conference, the provincial department apparently still does not contemplate any definitive action. As recently as December the 10th, it was stated by the department that insufficient information was available to warrant the setting up of institutions for treatment of arthritic patients. The letter goes on to say that the Dominion and Provincial Governments are taking steps to good up research, and that when some form of treatment is found the department will do everything possible to make treatments available. But that doesn't mean much to a person now crippled. On the other hand there is little point in providing facilities until it is known what kind of treatment is worth using. Thus the first important step is to speed up that research and the sooner that is done, the sooner these half million Canadians will get some relief. That is the task that is still before us. That is the task which this new Arthritic Association is going to tackle along with the Government agencies, and that is something that can mean much for at least 5% of the people living right now.

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Health &
Welfare

VOL. 3 NO. 6
MARCH 1948
SPECIAL SUPPLEMENT
NUMBER 6

ARTHRITIS



1946

Box 374 NANAIMO British Columbia.

January 17th 1946.

Dear Sir.

The urgent need of adequate treatment for arthritis, has recently received some publicity. The following quotations from House of Commons Debates, relating to arthritis may be of interest to your readers.

Under the date of December 3rd 1945, Hansard reports Mrs Strum as saying, "..... the rapidly increasing rate at which arthritis is spreading demands.... that we give it special attention..... I have been alarmed to notice the number of people who have been in wheel chairs for years, and who have suffered incredible pain, and been a terrific ~~wry~~ burden on their families."

Under the date of December 15th 1945, the Hon Bruce Clayton, Minister of Public Health, said in reply to a question, "With regard to arthritis, I do not know of any work being done under the auspices of the National Research Council."

The remedy lies in the hands of the public who can make its will felt by writing to ~~www~~ their Members of Parliament, and the members of the Legislative Assembly, urging that research on the serious and neglected disease of arthritis be instituted, and that grants be made by the Dominion government to the provinces for the adequate treatment of arthritis.

Yours faithfully,
Margaret J.S. Myte, Nanaimo/
Pearl Sanderson, Nanaimo.

A 'Bright Hope' to Many

Vancouver Has Program To Control Arthritis

VICTORIA, B.C. (CP)—A comprehensive program to control arthritis and rheumatic diseases was announced, today, by Provincial Health Minister George S. Pearson who said British Columbia is the first to undertake the step on so wide a basis.

Plans to establish "pilot" diagnostic and treatment centres in each medical district were disclosed. The minister said physiotherapy treatments will be offered to patients unable to attend the centres or visit their own physicians. Mobile and specially-trained units are being organized for this purpose, Mr. Pearson said.

THE PROGRAM to eliminate the province's estimated 45,000 patients has three-way support with backing from the recently incorporated Canadian Arthritis and Rheumatism Society, the B.C. Medical Association, and provincial and federal governments.

Physiotherapists will be employed full time by the B.C. division of the chartered Physical Therapists Association and will work un-

der direction of the pilot centres. "I venture to say," said Mr. Pearson, "that within a few years we shall see in this province, as a direct result of this control plan, an extended program which will offer wide relief in the care and rehabilitation of the thousands of sufferers from rheumatic diseases of one kind and another."

He DESCRIBED the plan as not being able to reach all directly but serving as a "bright hope to many."

The pilot system already is operating in Vancouver, Mr. Pearson said. First courses started for physiotherapists last month at Vancouver's General hospital and an intensive educational program will be undertaken by the medical association's advisory committee.

The minister said that since general practitioners will carry the main load of responsibility, short courses are being prepared for them.

To the public will be directed a series of pamphlets, film strips and occasional motion picture to broaden the educational program.

More Arthritis Aid Is Urged

OTTAWA (CP)—Greater facilities for the treatment of arthritis were urged in the Commons Tuesday night by Mrs Gladys Strum (C.C.F.), Qu'Appelle.

Entering the Throne Speech debate, she said the disease crippled hundreds of thousands of Canadians and yet it had not drawn the attention which its ramifications would seem to warrant.

THERE WERE an estimated 625,000 persons suffering from arthritis in Canada against only 20,000 tuberculosis patients. Yet, Canada had only one hospital available for treatment of arthritis and it had only 75 beds.

The cost to Canada of the disease was high. It accounted for 20 per cent of the persons who were unemployed because of illness.

BANFF PATIENTS OPEN FUND
FOR ARTHRITIS CAMPAIGN

(Pearl S. Landsman)

National campaigns against chronic rheumatic diseases have been under way for some time in Great Britain and in the United States.

The first known fund in Canada for the purpose of a campaign against arthritis has been formed by the patients in the Banff Mineral Springs Hospital.

These public spirited Canadians many of them sufferers from

arthritis, have started this fund as a nucleus of the Canadian effort to stem the ravages of this crippling disease.

Up to date the sum of \$93 has been donated by the patients voluntarily and this money has been deposited in the Imperial Bank of Canada, Banff, in trust.

Literature in the campaign against arthritis has been emanating from Banff, for the past six years and from Nanaimo, B.C., for

the past two years financed volun-

In Great Britain the Empire Rheumatism Council was formed some four years ago and immediately acquired the interest of medical men, industrialists and welfare workers. Great strides have been made in research work on the cause and prevention of the various forms of the disease.

The Empire Rheumatism Council has secured the active co-operation of the educational authorities, for it has been found that in London, England, absence from school due to rheumatic diseases amounted to 27 per cent. At the same time it was found that absenteism from tuberculosis (the next highest) was 6.8 per cent.

It was also discovered that in many instances children who suffered from rheumatism, in later life suffered from heart conditions as a result of this early rheumatic disease.

In London today there is a systematic check-up of all schools and treatment along with preventative care is given as part of the national health service to combat this disease.

The British people, particularly the industrialists, realize the enormous economic loss to the nations due to the crippling results of rheumatic trouble.

In the U.S. the drive to stem the ravages of arthritis has taken practical form and the National Arthritis Research Foundation has come into being with President Truman honorary chairman.

As the initial effort, the Foundation is out to raise the sum of two and a half million dollars for research work and to establish a clinic at Hot Springs National Park, Arkansas.

The chairman of this campaign committee, Louis Kranitz, St. Louis, Mo., stated that the Foundation was formed as a national and independent centre for studying the causes and treatment of rheumatic diseases.

In Canada little public effort has been made on the prevention of arthritis and other rheumatic diseases. The Canadian Rheumatic Disease Association was formed in 1936 and was active until the war began but since then, has found it impossible to do very much. Recently, in Canada, interest has been aroused, and the association is planning a campaign for funds either by government grant or through private subscription, to further the research work as to the cause and prevention of arthritis.

It is estimated there are 600,000 cases of chronic rheumatism in Canada and no beds available for them. At the present time there are no funds available for research and no government money set aside for treatment and diagnosis. Arthritis and chronic rheumatism are not even mentioned in the draft of the proposed new Federal Health Bill.

A meeting of the Canadian Rheumatic Disease Association will be held in Banff this June while the Canadian Medical Association convention is in session and medical men interested in the eradication of this scourge have been invited to visit the Mineral Springs Hospital and the arthritic patients.

—Banff Crag and Canyon.

A CALL TO ARMS

to combat

Canada's Number One Crippler

You may be one of the 600,000 Canadians afflicted!

You may be one of the 2,000,000 Canadians affected!

You ARE one of the 12,000,000 who can help force
"the Devil's Torment" into retreat!

You Now Have An Opportunity to Identify
Yourself With This Worthy Cause

Read our marshalling of facts and

ACT FROM THE HEART

April 1946

1949

CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

B.C. DIVISION

CE. 5114

997, West Broadway,
Vancouver, B.C.

On March 1st, 1949, the B.C. Division of the Canadian Arthritis & Rheumatism Society commenced "Operation Bluebird" - designed to bring health and happiness to those suffering from rheumatic diseases within the province of British Columbia.

After many months of careful study in co-operation with the Medical Advisory Board, appointed by the B.C. Medical Association, the Directorate of the B.C. Division submitted its programme to the Department of Health. Upon the approval of both Governments, grants-in-aid were received to cover initial expenditures for equipment and the salaries of physical therapists.

To the tiny office at 997 West Broadway, headquarters of the Society, arthritics from all parts of the province write, 'phone or come for advice. These people are referred to their family physicians who can arrange consultation privately or through the pilot arthritis centre, as seems appropriate. Those of very low income, pensioners and social service cases, will be recommended by the general practitioner to the O.P.D. of the Vancouver General Hospital, thence by the regular procedure through the diagnostic clinic to the arthritis centre. Here an arthritis specialist and three or four doctors prescribe necessary drugs and treatment. Drugs are supplied free of charge under established social service system. Physical therapy treatment is administered by the three employees of the B.C. Division, all members of the Canadian Physiotherapists' Association, who have completed the special course in treatment of rheumatic diseases given recently in Vancouver. Space in the Physical Medicine Department has been made available for physical therapists of the C.A. & R.S. to treat patients admitted through Vancouver General Hospital Out-patient Department.

Acute cases of arthritis needing hospitalization will be admitted as in-patients as soon as space is available. Four beds are, at present, reserved and occupied for this purpose. These patients receive treatments each morning and already improvements have been noted.

To those who, through physical disability, are unable to leave their homes to secure treatment, the physiotherapists travel in the cars provided from the Federal Health Grant, by the Society. Carrying portable bakers, infra-red lamps, wax bath and Delorme's equipment, these cars bear the insignia of the Society, the Bluebird of Happiness, to many who hitherto looked forward hopelessly to an existence of pain, crippling and dependence on others. The patient's doctor sends a special requisition and instruction sheet to Divisional Headquarters and the physiotherapist, making her first visit, bears a letter of encouragement from the Society to the patient. Treatments are repeated as often as necessary and patients pay as much as they are able to afford up to £2.50 per treatment - or are treated free of charge if necessary. As a basis for research, records and charts for all patients are being carefully studied and summarized by the medical research secretary. These three phases - (1) O.P.D. Diagnostic Treatment Service (2) In-Patient Centre (3) Mobile Unit comprise our pilot scheme - the nucleus we hope of a province wide programme. As soon as this plan is proved satisfactory, necessary adjustments made and local branches organized to lay careful plans for the other communities, similar centres will be set up in the five health districts of the province.

In preparation for this an intensive educational campaign is being carried on. Circulars are being sent to all the doctors and physical therapists in the province, articles and lectures prepared for doctors, nurses and lay personnel and specially written literature, speeches and a film strip for the public. The Governments, the medical profession, the C.P.A. and C.A. & R.S. have co-operated to initiate this programme. The public is asked to give full support necessary to make it a success.

Nov. 5, 1949.

Dear Members and Sympathizers:

The executive of the Arthritis Club of Banff wishes to inform you that the objective of the Club has been achieved, and we are asking you to direct your interest and support to your provincial division of the Canadian Arthritis and Rheumatism Society.

We take this opportunity of thanking you for your support of the Club's programme - viz: arousing the interest and sentiment of the public, press and the governments in the Case of the Arthritis, towards making available to these sufferers free scientific treatment in specially staffed and equipped institutions as is provided for TB sufferers.

The Arthritis Club of Banff was formed in Jan. 1948, for the purpose of accelerating and expanding the Anti-Arthritis Campaign which was begun in Banff in 1940 and fostered by several volunteer workers. That Campaign is now Canada-wide.

The Canadian Arthritis and Rheumatism Society (CARS), with headquarters at 74 Sparks Street, Ottawa, was established two years ago for the purpose of effecting prevention and cure of Arthritis. It is stimulating research into the causes and cure and promoting professional education in this field. The Society is now organizing its provincial divisions which will have the authority to raise funds for the establishment and equipment of adequate facilities for scientific treatment of arthritis and rheumatism.

We believe that our Members should be leaders in promoting the Arthritis Campaign because they are informed. Therefore, we are asking you to study and pass on the following major facts:

a. If all cases of rheumatic disease were diagnosed in their early stages and promptly submitted to the treatments which present medical skill can suggest, there would be a prompt and great reduction in the number of lives wrecked by its ravages. With present knowledge and adequate facilities about 50-90 per cent of Arthritis victims can remain, or be rendered employable, or able to

Annual Picnic To Be Held July 29

DOMINION, June 9—Annual picnic of Immaculate Conception Parish will be staged July 29 and 30, it was announced today.

The picnic will be under the auspices of the Catholic Charities Association of the parish and all proceeds will be donated to the parish camp and welfare work, it was said.

Swings, wheels and rides will be featured at the two-day event which will be held on the L. O. C. Hall grounds at Dominion. All the usual picnic attractions will be available to patrons and both evenings a hot supper will be served in the hall.

Dancing, round and square, to good music will be offered in the hall during both evenings, it was said.

Work of preparing for the annual event is now in progress and everything will be done to make the affair enjoyable and entertaining to patrons.



WHAT YOU CAN DO

If You Suspect Rheumatic Disease . . .

- Consult your doctor . . . be prepared for a thorough examination.
- Rest as much as you can both mentally and physically.
- Eat a good, well-balanced diet.
- Send your membership or a donation to this Society.
- Tell your friends.

Canadian Arthritis and Rheumatism Society

Head Office:
74 SPARKS STREET
OTTAWA, ONT.

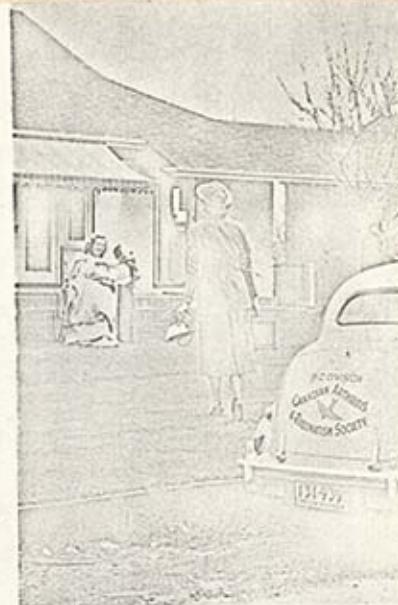
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<i>Honorary President</i>	MR. W. MAINWARING
<i>President</i>	MR. ELMORE PHILPOTT
<i>First Vice-President</i>	DR. A. W. BAGNALL
<i>Second Vice-President</i>	MR. J. P. SARGENT
<i>Third Vice-President</i>	MR. F. HUME
<i>Honorary Secretary</i>	MRS. E. C. CARSON
<i>Honorary Treasurer</i>	MR. J. N. TURKEY
<i>Organizing Secretary</i>	MISS MARY PACK

We shall need the help of every one who has witnessed the suffering caused by arthritis if we are to foster the proper diagnosis and treatment of arthritis wherever it exists in British Columbia. Additional Government Aid can be solicited only in proportion to the support given by the people of B.C. If you want this service brought to your district support the Canadian Arthritis and Rheumatism Society NOW!



ACTION against ARTHRITIS

WHY?

BECAUSE if such deformity is properly treated and diagnosed at the onset IT CAN BE PREVENTED

BECAUSE there are over 40,000 people in British Columbia who suffer from some form of rheumatism.

BECAUSE the average age of arthritic sufferers is 41 years. Children are included among those affected.

BECAUSE more people suffer from arthritis than from heart disease, cancer, T.B., diabetes combined.

BECAUSE rheumatic disease ranks second in causes of work days lost through illness . . . and

BECAUSE we know that where early diagnosis is provided and proper treatment given 90% can be returned to gainful employment.

SUPPORT THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY NOW!

THEREFORE . . .

THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY, B.C. DIV. HAS ADOPTED A

3-FOLD PROGRAMME

DIAGNOSTIC FACILITIES

under specialists' supervision at Pilot Centre through the regular channels of Out Patients' Dept.

TREATMENT

is given at the Pilot Centre and by our Mobile Physical Therapy Unit to homebound arthritics.

RESEARCH

collection of data to assist in the discovery of causes and cures.

3-FOLD ASSISTANCE

GOVERNMENTAL

Grants from both the Dominion and Provincial governments.

PROFESSIONAL

Co-operation of the B.C. Medical Association and the Canadian Physiotherapists' Association.

PUBLIC

Represented by the members of the Canadian Arthritis and Rheumatism Society and the Associated Canadian Travellers.

HELP US TAKE THIS SERVICE TO ALL PARTS OF B.C.

SEND YOUR OWN DONATION AND ENLIST THE HELP OF ONE MORE

Your Own Name _____ Name of Friend _____

Address _____

Enclosed \$ _____ MEMBERSHIP DONATION MEMBERSHIP DONATION

Donations are deductible from Income Tax
Membership \$1.00 and up.
 INFORMATION REQUEST FORMS MEMBERSHIP FORMS are obtainable from Canadian Arthritis and Rheumatism Society, B.C. Division, 997 West Broadway, Vancouver, B.C.

No Proven' Cure For Arthritis

Editor, The Albertan:

In April, 1949, news reached the public of the discovery of cortisone and ACTH as probable cures for arthritis. The news was hailed as promise of an immediate panacea for the dread crippler.

The marvels of science are becoming almost a commonplace, and the news of cortisone was received without question. As the months have passed, it has slowly become clear that neither cortisone nor ACTH are yet proven as cures for arthritis.

The Seattle Post-Intelligencer reports in November, 1949, that scientists at the University of Pennsylvania cautioned that the "new wonder drug" — cortisone and ACTH — may be overrated. A spokesman for the University School of Medicine's Investigating Committee said that "the experiments up to date tend to indicate that neither cortisone nor ACTH gives evidence of permanent cure." It has been demonstrated that the good effects last only while the hormone is being taken daily, and that a relapse frequently occurs a few days after the injections cease. In some patients "a mental depression or other profound change in the body equilibrium, has made it necessary to stop the drug at once. Those looking forward to cortisone or ACTH as a miraculous healing drug, are warned that neither of the substances can restore damaged or destroyed points to normal function."

On December 4th, 1949, the University of Chicago Round Table broadcast a radio discussion on cortisone and ACTH on which well-known experts took part. In summing up the discussion, the Chairman, Dr. Allan T. Kenyon, of Albert Merritt Billings Hospital, Chicago, said: "An adrenal agent long called Compound E and now known as cortisone, and a pituitary agent known as ACTH, both relieve the inflammatory process in rheumatoid arthritis, abolish fever, and restore a sense of well-being... However dramatic the effects, and they are so, we cannot consider now that either agent cures rheumatoid arthritis. On this point Dr. Hench and Dr. Kendall and many others have been most explicit. If the disease is severe and progressive, the symptoms often return after the hormone is stopped."

In a brief history of the story of cortisone, the public is warned that there is nothing as yet in the situation but hope. "Your hope for relief may materialize in a few months. But several years may be required before many problems involved in treating you with cortisone are solved. Dr. Hench prefers not to have the results of his work referred to as a treatment at present, for important research work remains to be done. According to Dr. Hench's results, cortisone cannot be given for a few weeks and cure arthritis. The effect lasts only while the hormone is being taken daily, in doses of 75-100 milligrams. A sharp relapse occurs a few days after the injections cease. Cortisone, like insulin, penicillin and countless other specifics against disease, is a triumph of medical research. But cortisone, which today costs almost a hundred dollars for a single injection, is at best a highly effective palliative — a means of relief while it is being taken. A cure for rheumatoid arthritis and for other rheumatic diseases is yet to be found. It can only be found through additional research."

EDMONTON JOURNAL JUNE 3/1949 New Drugs For Canada

In the last few months, a great deal of interest has been aroused in the medical world and among laymen by two new drugs, cortisone and ACTH. They have shown remarkably promising results against several diseases and especially against arthritis, an ailment which probably causes more disablement and suffering than any other, and which has hitherto been generally unresponsive to treatment.

Because of this widespread interest, two statements by Canada's minister of health and welfare, Hon. Paul Martin, deserve attention. In one Mr. Martin reviewed the history of the two drugs, and pointed out that their use is still in the experimental stage, and that they are extremely scarce. Both these substances are hormones, or secretions from the glands of animals: ACTH is extracted from the pituitary gland in the brains of hogs, and cortisone from the adrenal glands near the kidneys. It is estimated that 400,000 hogs are needed to produce a pound of ACTH, and the huge packing-house industry of the United States has so far been able to turn out only enough glands for the production of sixty pounds a year of the drug. The extraction of cortisone is equally difficult and expensive.

For these reasons all supplies of these substances are being used for research work—experimental treatment of selected patients, and chemical investigation to discover cheaper methods of production—and none will be available to the general public for some time.

In the second statement, Mr. Martin revealed that Canadian scientists did much of the pioneer investigation into cortisone and ACTH; a particularly outstanding part was played by Dr. J. B. Collip, who was earlier famous as a collaborator of Dr. Banting in the development of insulin.

At the present time production of the drugs is concentrated in the United States, but plans are being made to start it in Canada. The dominion government is providing three-quarters of a million dollars for the purpose. However, all the cortisone and ACTH produced in Canada or imported from the States will, in the immediate future, be allocated to selected hospitals and research laboratories.

This policy will be a great disappointment to arthritis sufferers and their families. But it represents the only way in which the proper use of these potential "miracle drugs" can be determined, and means found to produce the drugs themselves in quantity, so that eventually all who need them may receive them. Until this happy day dawns—and it may be a considerable time away—the authorities advise patients with arthritis, rheumatic fever and similar diseases, not to neglect whatever treatment they are now taking.

During the past nine months, many arthritis have delayed taking advantage of available means of treatment in the hope that the miracle drug may soon be available. As stated by the Hon. Paul Martin in the House of Commons at Ottawa recently, the quantities of cortisone available at present are not sufficient even for the necessary research.

The sufferer should not wait, but get the treatment which medi-

cine can now provide to arrest the disease and prevent crippling deformities. Then when cortisone becomes available he can make use of it. In any case, cortisone will not correct already existing deformities which occurred when the disease was active. It will not straighten a bent knee or a twisted hand. The arthritic should consult his doctor at once, who best knows what means are available, and may feel that hospitalization is necessary.

(Miss) Margaret Whyte
Chilliwack, B.C.

The Albertan
June 12 1949

30 Students From Glace Bay Are Graduated

GLACE BAY, June 1—A total of 30 students from the Glace Bay district received graduation honors at St. F. X. University this year. The number which includes students from the surrounding districts as well as a substantial number from town is believed to be the largest group of local students to graduate from the Antigonish University in a single year.

This year's graduating class included ten Bachelor of Arts recipients from the Glace Bay district; four Bachelor of Science and three Bachelor of Commerce graduates while three other students received Post Graduate Degrees of Bachelor of Education. There were seven local residents who received diplomas in engineering and six others who received diplomas in Education.

Following is the list of local graduates of St. F. X., who comprised a big group among the 233 students honored at graduation this year.

Bachelor of Arts: Timothy E. Donovan, Neil F. MacNeil, Rod E. MacNeil, Ralph J. MacNeil, Peter Clifford Bisson, Bernard Alasdair Graham, Gerald B. Hawley, John A. Leclaire, Dominion, James W. MacLean, Donway G. Ellsworth, Dominion.

Bachelor of Science: John Gregory Currie, Michael Aloysius MacDonald, Len C. MacLeod, John S. MacNeil.

Bachelor of Commerce: Bernard MacInnes, George E. Dalrymple Hines, George MacKay, Dominion.

Bachelor of Education: Allan E. Hawley, Norman J. MacDonald, Joseph Steele.

Diploma in Engineering: John B. Aucelin, Aubrey L. Bates, John Gregory Currie, Henry J. MacDougall, Michael Gerard MacDougall, Ian MacLeod, Hector J. MacNeil.

Diploma in Education: Lorrie E. Anderson, Wilfred Borden, Donkin, William Borden, Dockin; Charles S. Capstick, Jean L. MacPhee and Michael D. MacInnis.

Dominion

DOMINION, June 1—Mrs. Len Fielding, Commercial street is confined to her home through illness.

FAREWELL PARTY

Miss Mary F. MacMullin was guest of honor at an enjoyable social affair held at the Legion Home last evening. When all had assembled an address expressing the good wishes of her friends was read by Miss Eileen White and a well filled purse was presented by Miss Carmen MacNeil. Miss MacMullin graciously replied expressing her appreciation of her friends' gesture.

Dancing was enjoyed during the evening to music supplied by Donald MacPherson and Misses Annie MacMillan, Eileen White and Mabel MacIntosh.

A dainty lunch was served by Misses Catherine MacDonald, Shirley MacMullin, Betty MacMullin, Christina MacEachern and Carmen MacNeil.

The party came to a close at a late hour with all present joining in wishing the honoree every success in her chosen vocation.

Miss MacMullin will leave shortly for Alexandria, Ont., where she will enter the religious order of Our Lady's Missionaries.

Test New Drug On Lad Here

Suffering Rheumatic Heart

Mondays a team of medical specialists from the University of Alberta launched a medical experiment that may mean the future saving of countless thousands of lives.

At the University Hospital, a fever-ridden 18-year-old youth from the Lethbridge district, stricken with rheumatic heart disease, was given the first known treatment with the new drug, cortisone.

Last week three grams, less than one-tenth of an ounce, valued at \$450, was made available here for the first time through the National Research Council at Ottawa.

Several Days Needed

The minute supply, being made available for research purposes, is sufficient for only one experiment, officials said.

The Lethbridge youth was selected, for what is believed the first treatment yet conducted with cortisone for rheumatic heart disease, when it was learned of his condition from a doctor in Lethbridge. Brought to Edmonton several days ago the patient had failed to respond to penicillin and streptomycin.

Dr. John W. Scott, dean of the faculty of medicine, in charge of the experiment, said it will take several days before any definite results will be known. "We can only wait and hope."

Hopeful Of Result

Doses will be administered about six hours apart at the start, then gradually reduced to one a day. A special group of doctors from the university medical staff will make a close check daily of the patient's reactions as the tests progress.

Though it is the first time cortisone has been tried on this particular disease medical authorities here are hopeful the experiment will make medical history.

Cortisone has achieved some success in treatments of rheumatic fever and has brought at least temporary relief of some types of arthritis. Dr. Scott declared, "But," he warned, "it isn't a cure-all."

Only One Plant

Though its uses were spreading the dean warned against premature optimism. "There is always a feeling at first that a new wonder drug is a cure-all. We are only on the threshold of research. It may take many years before all its uses can be investigated."

Cortisone is being manufactured in limited supply at only one plant in North America. This is in New Jersey. Dr. Scott said it is only within the past six months that supplies have increased to the point that small amounts could be distributed in Canada for experimental purposes.

Since the beginning of January

EDMONTON JOURNAL JAN. 15-16

Research Aids Cortisone Hunt

OTTAWA (CP) — Search for new sources of the drug cortisone will be aided by the results of recent experiments at the chemistry division of the National Research Council.

The organic spectrochemistry section has succeeded in devising a general method of identifying cortisone, making it possible to distinguish the drug from other similar compounds of closely-related structure.

SCIENTISTS in Canada and the United States are pressing research on cortisone which has shown promising results in the treatment of some forms of arthritis, and other diseases.

Produced from the adrenal glands of some animals, particularly hogs, cortisone is available only in minute quantities.

A search is being carried out in some parts of the world for other possible sources of the drug, possibly from some type of tropical plant.

THE SURE METHOD of identifying cortisone in its pure form is expected to help these men in their hunt for the new sources. It will eliminate the possibility of confusion with some similar compound with the real thing.

The method of identification used is infra-red spectrometry.

THE CALGARY HERALD — Saturday, January 7, 1950

which measures the amount of infrared radiation absorbed by various organic substances.

EACH ORGANIC compound absorbs a different amount of heat. An apparatus used at the catalogue and provides a master chemistry division measures the pattern against which future tests small amounts of heat absorbed, may be checked.

5 Sufferers From Leukemia Recovering With New Drug

EDMONTON JOURNAL

NEW YORK (AP) — The hormone ACTH brings dramatic recoveries from acute leukemia, the quick-killing blood cancer, three physicians announced Thursday night, but these recoveries may be only temporary. It is still too early to tell, they said.

They told of tests on three children and two adults. All five recovered after getting the hormone for 24 to 30 days.

The disease came back in one child three weeks later. ACTH again stopped it. The other four were still well with almost no sign of leukemia from one day to five weeks after getting the hormone.

The report was made by Drs. O. H. Pearson, L. P. Eller and T. R. Talbot, Jr., of the Sloan-Kettering Institute and Memorial Hospital, famous cancer centre here.

Leukemia is a cancer-like blood disease, in which the body produces too many white blood cells. Up to now, at least, it's been hopeless. Children getting it live an average of five to six months.

The fact that all five improved stamps ACTH as the best treatment yet found for acute leukemia.

ACTH is a hormone made by the pituitary gland, at the base of the brain.

ACTH also temporarily stops chronic leukemia.

ACTH was tried on other forms of cancer, including cancer of the breasts, testes, and adrenal gland but it hasn't shown any benefit so far, Pearson's group said.

In leukemia, the hormones actually destroyed cancer tissue.

The leukemia results are exciting, but aren't a cure, Pearson said. The recoveries so far must still be called "temporary and incomplete." ACTH isn't available for general use.

THE NEWS-HERALD, Vancouver,
Saturday, Jan. 7, 1950

Now Walks In Ease ACTH Used In Test On Arthritic Vet

TORONTO (CP) — Gordon Wyatt, 29-year-old Canadian Army veteran from Sudbury, Ont., stepped from his wheelchair in Sunnybrook Hospital.

He was demonstrating for newspaper interviewers what treatment with ACTH has done for his arthritis.

Wyatt's case is the first reported test in Canada on arthritis with the rare drug, unreleased yet for general use. Hospital officials emphasized the drug was used only as an experiment.

Wyatt first suffered from rheumatoid arthritis and another allied disease, reiteritis, while serving overseas in 1943 and was returned to Canada. Since then he has been in and out of veterans' hospitals.

About the middle of December doctors started giving him injections of the new drug every six hours for 14 days. The injections then were discontinued.

After two or three days, Wyatt reported the pain had "pretty well" left him and he experienced a feeling of well-being. He was able to get up without assistance and walk

about, something he had not been able to do without great pain for a long time.

"It now is approximately two weeks since the injections were stopped and I still feel pretty well," said Wyatt.

The leukemia results are exciting, but aren't a cure, Pearson said. The recoveries so far must still be called "temporary and incomplete." ACTH isn't available for general use.

Compliments of Waterous Limited

"One Man's Viewpoint"

By: Stan. Ross

Monday January 16th 1950

publicized in

During recent months, a number of new medical discoveries have been published including new drugs or preparations for curing colds, heart conditions, arthritis and other ailments. This, of course, gives new hope to many sufferers,—but it also likely to mislead them.

Once again, it must be pointed out that some of these cures have not been fully established. Even now certain tests are being conducted by the University of Alberta on a new cure for colds. It may well be that some of these preparations will turn out to be excellent. It may be that some of them will be useful in only a certain type of case. It can be that some will be found to be useless. You will recall some of the serious results from sulfa drugs until they were fully tested and the treatments established. In the case of these newer drugs, time will show their value,—and by that time, those which have value will be more easily secured.

The worst feature of this publicity is that too many people jump to conclusions. In some cases it doesn't matter. After all, if you try a cold remedy and it doesn't work,—you still only have your cold to contend with. But in other cases the results could be much more serious.

For example, it is reported that many arthritis patients are so certain that this new drug is going to cure them that they aren't bothering to keep up their regular treatments. If the new treatment comes along in time to effect a cure that will be wonderful,—but suppose it isn't available for some time,—or suppose it doesn't turn out to be as effective as was expected,—what then. The danger is that by ignoring the present day treatments for arthritis, many sufferers may permit their condition to become considerably worse,—even to the point of causing permanent injury. Even if the new drug does work, it may seriously limit its beneficial effects, if a patient's condition is neglected in the meantime.

The point is that it is still too early to know just how effective many of these remedies will be. In some cases there have been discouraging reports,—in others there is considerable promise.

But even with the greatest optimism,—it is surely far better to continue with whatever treatments are available now until the time comes when the new treatment can be substituted. In that way, there can be no possible danger because there would then be no change in treatment unless and until a better treatment was immediately available.

There is nothing to gain and everything to lose by jumping to hasty conclusions about what is going to happen. There is nothing to lose and everything to gain by continuing to provide the best care for every person suffering from any ailment until something better is available. In that way, no one will be disappointed.

As a matter of fact, some of these new developments are announced at the first experimental stage and even though they may turn out to be 100% effective,—it could be months or years before supplies could be available. Take penicillin, for example,—It's value was known long before it was produced,—in fact one of the most difficult problems was to devise a method so that it could be produced at all, in quantities that would do any good.

Some day many of these ailments may be licked,—but until they are we would be foolish to discard the treatments we have, even though they may not be too effective.

