

Freight Sorting Yard Opens New Georgetown Rail Era

A new era of railroading through Georgetown and other Halton County towns of Milton and Burlington started Monday 18 with the opening of the Canadian National Railways \$75,000,000 Toronto Yard at Maple.

The opening ceremonies were held at the yard Monday afternoon. The yard is actually a 1,000-acre freight classification complex where, by a combination of gravity and electronics, railway operators can sort out and classify 6,000 freight cars daily.

Apart from the central complex, another gigantic task now completed is the building of an access line which starts in Burlington and ends at Dunbarton, near Oshawa.

The west-of-Metro section of the line is a combination of "old" and new lines, but the so-called old lines running through Halton to the yard have

been completely modernized to serve the huge traffic expected at the yard itself from points west of the city. New tracks needed.

The whole access system required building of 100 miles of track and 33 bridges and grade separations. The result will be to speed CNR's shipments, since automated freight car handling cuts freight car yard time in half.

Trains now pass through Burlington in the new access route and through a track diversion at Milton, cutting through the Baseline Rd. No. 8 Sideroad, No. 10 Sideroad, to Georgetown.

Here the line takes a straight south easterly direction to Brampton, and cuts off north of Malton into Vaughan Township and the Toronto Yard.

Similarly the access line east of Toronto cuts through Metro

and suburbs in a south-east direction to Dunbarton where it meets the Montreal main at Pickering.

CNR officials are the first to admit that it was one thing to draw the new access line on a map and quite another to build it. For one thing, due to the radial pattern of lines leading into Toronto it was necessary to create a massive new access system passing around the northern perimeter of the city and cutting across all existing rail lines.

Then it had to cross rivers, creeks, roads and railways with which Halton abounds and since heavy trains can't operate on grades used in highway construction, the hills and valleys had to be levelled off to a carefully pre-determined gradient, a gradient that can handle high tonnage freight trains

passing through Halton and other sections of the line.

DISCUSS HIRING TWO SKATE PROS

Gifford Johnson was re-elected President of the Georgetown Figure Skating Club at the annual meeting last week. Also elected to the executive were Mrs. D. Hewitt - Secretary, Mrs. C. Johnson - Publicity, Mrs. Erwin Lewis - Co-Agony Convener, Mrs. R. Mooney - Ice Committee Convener, and Mrs. T. McGee - Treasurer.

The group discussed the hiring of two professionals this year, instead of one as in the past.

Shellfish were the staple diet of Indians on the west coast of South America.



ONE OF TWO TRAIN DISPATCHERS who operate the push button Centralized Traffic Control system at the Vaughan Township yard is shown here. In the background is a 30 foot track diagram over which he and the operator control trains. The white arrow indicates Georgetown yard. The automated signalling is performed through remote control of motor driven switches and on-line signals. Trains show up on the large board as moving lights.



Canadian National's new yard, looking north. The bridge at lower right is a four lane one, carrying the road over the yard entrance tracks.

Hospital Emergency Service True Purpose Misunderstood

by Lee Clark

With the cooperation of the Hospital Administrator, Mr. Fred Whitaker, we would like to devote this column to emergency service . . .

Nowhere in our hospital is there greater risk of misunderstandings and friction with the public than in the provision of emergency service. Some of the public relations problems that occur in this area are unavoidable. But many of them can be traced to public misunderstandings about the true purpose of hospital emergency service, the manner in which it is staffed, and the patient's liability for medical or hospital charges. Inclusion of certain emergency care in the provincial hospital insurance plan increases this uncertainty.

The Ontario Hospital Association is stressing the importance of understanding this service to obtain maximum results and efficiency, and in an effort to help, we've assembled the following information:



But don't worry. Urgent treatment will not be held up for your sake of red tape . . . If immediate action is necessary, regulation can wait!

As these doctors are not paid for their services by the hospital insurance plan, they are entitled to submit a bill to you or your medical insurance plan.

Similarly, if you are not covered by provincial hospital insurance, or if your treatment does not qualify as an insured emergency service, the hospital may also charge for its services according to the recognized tariffs in Ontario.

EMERGENCY TELEPHONE NUMBERS
Georgetown Hospital: 877-2284
Ambulance Service: 877-8221
Police Department: 877-3411
Fire Department: 877-3221
Poison Control Centre: 877-3221
Guelph: 824-2820
Toronto: 366-7242
Your Doctor's Number

WILL IT TAKE LONG?

After an initial examination by a doctor or nurse you may have to wait for further treatment. Perhaps you will find that patients arriving after you are being treated first. This does not mean that you have been forgotten or ignored, but naturally the most urgent cases must be cared for immediately. During busy periods, emergency staff must constantly re-assess priorities as new patients arrive for attention.

EMERGENCY!

A vitally important aspect of any general hospital's role in its community is to provide prompt and efficient attention to persons requiring emergency medical care.

We hope the following will enable everyone to obtain the best possible attention in times of urgent need.

THE EMERGENCY DEPT.

Every hospital provides an emergency service, but its size and the way in which it is equipped and staffed varies a great deal depending on the type of hospital and its location.

The Georgetown hospital depends upon the practising physicians of the community taking care of emergency patients.

In the larger city hospitals, with facilities for teaching medicine, of course, they rely on internes and resident doctors to provide round the clock service in emergency. This is not possible in a small hospital, but there are local doctors 'on call' at all times for emergencies.

However, Emergency Service, no matter how it is staffed, has the same purpose — to make the total resources of the hospital available to persons in need of immediate treatment.

WHAT IS AN EMERGENCY?

Generally speaking, if delay in treatment would endanger your condition, it is an emergency. If you are in doubt, call your physician. Don't try to diagnose your own symptoms.

On the other hand, the emergency department should not be used for routine ailments just because it is closer or more convenient than the doctor's office. This helps to create overcrowding and could mean a longer wait for everyone.

WHAT SHOULD YOU DO?

If possible, contact your family physician before coming to the hospital. He can alert the hospital's emergency staff so they can be ready for your arrival, and he may be able to meet you there. If necessary, your doctor can also advise you about immediate first aid procedures that may be very important.

WHAT HAPPENS AT THE HOSPITAL?

On arrival at the hospital you, or your companion, will be asked to register and answer some questions. This information is needed to ensure that you get the best treatment. The hospital needs to know as much of your medical history as possible, if you are not going to be under the care of your own physician.

Other delays might arise through the need for x-rays, laboratory tests, or specialist consultations. And, in some cases, plain watching and waiting is an essential part of the treatment.

When such delays are unavoidable, the hospital staff will do their best to make sure they are as brief as possible, and to keep you and your waiting companions informed of the reason.

You must remember, emergency medical service is provided by doctors in private practice who are on the 'active staff' of the hospital, but are not in any sense employees.

These doctors may not be on duty in the hospital at all times, but there will always be at least one on call and available to give prompt treatment.

WILL THERE BE A BILL?

If you are covered by Ontario Hospital Insurance you will not be charged by the hospital or its employees for necessary emergency services within 24 hours of an accident. This includes x-ray and laboratory tests, operating room, dressings, medication, etc.

Your Ontario Hospital Insurance also covers the cost of follow-up treatments for fractures. HOWEVER, hospital insurance does not cover the services of physicians who are in private practice and are not employees of the hospital.

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PAGE 4

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