

"Canada" makes the world map

(NC)—The National Archives of Canada has acquired a national treasure. The very first printed map to bear the word "Canada" was purchased from an American map dealer late in 1988.

The map is an oval projection printed from a copper plate at Venice in 1560 by cartographer Paolo Forlani. It gives us a good picture of the world as viewed by 16th century explorers.

While it includes the most important features of our geography, the map does need some fine-tuning. For example the Rockies appear to run down the Manitoba-Ontario border and North America is shown as joined to Asia. Extensive exploration ensured that these and other minor miscalculations were corrected, many within the very decade that this map was published.

The acquired map is different from previously existing maps because it is printed. Manuscript, or hand drawn maps carried our country's name as early as

the 1540s following Jacques Cartier's explorations. However they didn't get the wide distribution enjoyed by printed maps.

The name "Canada" comes from the Huron-Iroquois "Kanata" which means village or settlement. Cartier used the term when referring to Stradacona (now Quebec City) and the surrounding areas North and South of the St. Lawrence River.

The National Archives holds over one thousand 16th century maps that feature Canada. For more information on these and other fascinating documents contact Marketing and Distribution, National Archives, 395 Wellington St., Rm. 136, Ottawa K1A 0N3.



Teen moms need support

By Lorraine Brown

Pregnant teenage girls from lower socioeconomic classes are more likely to have low-birthweight babies if they do not receive love and support from their families, a University of Toronto sociologist has found.

Low birthweight is connected to a variety of developmental problems, including a higher rate of death at or just after birth, speech difficulties, decreased reading ability and mental retardation.

"Many families think it is appropriate to be mad at a teenage girl when she gets pregnant," says Dr. Jay Turner. "But this research suggests that if parents withhold love and support at this particular time, it could have adverse effects on their grandchildren."

Turner and his colleague, University of Western Ontario Professor Carl Grindstaff, interviewed 284 pregnant teenagers in London, Ontario. The girls, whose average age was 17, answered questions about how much support they had from their families, friends and the father of their expected child. The researchers defined social support as a perception of being loved and wanted, valued and esteemed, and being part of a network of people one could count on.

After allowing for other factors that would have an effect on birthweight - mother smoking, quality of pre-natal care, gestational age of the baby and mother's living arrangements - the researchers found that the impact of social support on the baby's birthweight was related to a girl's socioeconomic background.

The researchers divided the girls into two groups: a middle-class, higher-income group, and a lower-class, low-income group. In the higher-income group, Turner found no relationship between the amount of family support given to the girl and her baby's birthweight. However, in the lower-income group, he found that social support for the mother did

affect the child's birthweight. Girls who reported a lack of support were more likely to have low-birthweight babies.

Turner thinks his results may point out differences in the amount of stress experienced by the two groups, or class differences in the ability to handle stress.

"Difference in support may be more crucial for lower-class women, who may be experiencing higher stress because of a general lack of resources, and who may be less effective in coping with it," he says.

Turner also points out that stress appears to affect the immune system, raising or lowering the risk of infection and influencing overall health. Research suggests some mechanism, possibly involving the neuroendocrine system, transmits the experience of stress and allows it to influence the body's function, he says. (The neuroendocrine system includes the nerves and hormones.)

Canadian device can tell blind people denomination of bills

By Sally Johnston
Money talks. At least, it does for blind and visually impaired people using a new electronic device that reads some Canadian banknotes.

The pocket-sized banknote reader can tell at a glance the value of a money bill inserted in it. It announces the denomination in an electronically-generated voice.

The battery-powered gizmo has a tiny computer that examines and analyses a special code printed on \$2, \$5, \$10 and \$50 bills issued since 1986.

It speaks in English or French. And it will talk out loud or discreetly through headphones.

Blind people can apply for a banknote reader at no cost on permanent loan from the Canadian National Institute for the blind.

Without a way of reading bills, dealing with money is difficult for blind people. They may be victimized by dishonest strangers. In order to know what money they have, they may have to get bills from the bank in only certain denominations, and keep them in separate compartments in their wallet. Bank machines will hand out a specific sum, but in a mix of different banknotes.

The banknote reader was developed by the Bank of Canada in conjunction with Brytech, an electronics firm in Ottawa. The bank is footing the bill for manufacturing the electronic readers, which cost \$200 each.

"We aim to have 2,000 note readers in use by the end of the year," says Don Adolph, currency research advisor at the Bank of Canada.

The note reader will give blind Canadians greater personal independence by providing a means of sorting the new series of Bank of Canada notes without assistance, he says.

The note reader will become increasingly helpful as the old series banknotes are gradually replaced by the new, he adds.

So far, new notes with the special code have been issued in \$2, \$5, \$10 and \$50 denominations. New \$20 and

\$100 notes will be available in the next few years.

Made of black plastic, the note reader is seven inches long and weighs nine ounces. It is powered by one nine-volt battery.

It's easy to use. The blind person simply inserts a single Canadian banknote lengthwise under top guides on each end of the reader, ensuring the note fits snugly and is flush with the reader's front.

At the touch of a button, the reader searches for the special code, which is printed symmetrically so that the banknote can be read either way up.

The reader measures the difference between light passing through the banknote in coded areas of heavy and light print. The resulting signal is compared to patterns stored in the reader's memory and, if there is a match, it speaks the denomination.

The gadget says "cannot read" if the banknote is foreign currency, is a Canadian bill from before 1986, is incorrectly inserted or is in very poor condition.

It will also tell the user when its battery needs replacing or when it has problems.

Several options were considered when the Bank of Canada decided in 1981 to make it easier for the blind and visually impaired to handle money.

Braille was an obvious consideration, says Earl Brynton, president of Brytech. "But trials have shown that embossed codes, such as Braille, wear down quickly when money has been in circulation for a time."

Many countries have different-sized banknotes for each denomination, but the Bank of Canada rejected this idea

because it would increase handling costs for businesses. Also, automatic banking machines, cash registers and other equipment would have to be modified.

Clipping the corner of banknotes with a pattern, so denominations could be distinguished at a touch, was dismissed because paper money becomes limp and dog-eared with use.

In developing the electronic reader, the bank worked closely with the Canadian Council for the Blind and the CNIB.

They realized early on that the banknotes then in circulation could not be accurately read by a portable device. So the new series of banknotes, with the special code, were designed so that they could be read by the type of electronic reader being developed.

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Dr. Cawkwell graduated from the University of Toronto Medical School in 1987. She completed a two year Family Medicine residency at Sunnybrook Hospital in June 1989 and recently completed 6 months of extra training in Obstetrics and Gynecology at St. Michael's Hospital. She obtained her certification in Family Medicine from the College of Family Physicians of Canada.

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