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Brooklyn Times:—The Oriental, apparently, must choose between birth control and earth control.

Collingwood Bulletin:—The old, old story—"He lit a match to see how much gasoline he had." He had some all right, but in the hunt he lost his hair, which came too close to the flames. Now he's entirely a minus quantity, being hairless, gasless, carless and also what he was before—thoughtless.

Dr. Moore Urges Methods to Avoid Danger of Diphtheria

Inoculation of all School Children Suggested. Parents of 600 Already Consented, Dr. Moore Tells Kiwanis in Very Helpful Address at Monday's Luncheon.

The speaker at the Kiwanis Club luncheon on Monday was Dr. H. H. Moore, Medical Health Officer for the town of Timmins since its inception, and one of the pioneer doctors of the North. His address was an unusually helpful one and was greatly appreciated. He spoke on "Diphtheria" and suggested a way whereby this town may guard itself against any danger of any epidemic of this dread disease. The time to act is before any epidemic comes in sight. It may as well be admitted here and now that had the advice of the M. H. O. been followed Timmins would have avoided any smallpox epidemic. Indeed, it may be said that the fine record of the town in the way of good health in the past has been due to the plans and suggestions of the M. H. O. and the other physicians who have backed him up in his recommendations. Accordingly, there should be special attention given to the address of Dr. Moore as reviewed at length in this issue.

At Monday's luncheon Mr. V. Woodbury reported on the All-Kiwanis Night, on Monday, June 18th. The event was successful financially, as well as a most pleasant social evening.

The visitors at Monday's luncheon included Mr. J. H. E. Coulthard, of Toronto, who came here by motor cycle over the Ferguson highway.

Mr. E. H. King on behalf of himself, his mother, his brothers and sisters thanked his fellow Kiwanians for their kindly sympathy in the death of his father and for the beautiful flowers sent.

Dr. H. H. Moore's address was given the closest attention. Dr. Moore spoke in part as follows:

"I am very sorry that I was unable to speak to you at the appointed time three weeks ago, and I would apologize for leaving you, except that the call was an appeal from a small child in distress and danger, and it is the appeal of the helpless little children to you and to me, as fathers and as citizens of this community, which is the burden of my remarks to-day.

"During the past few months we

have heard some very interesting addresses on Public Health matters in general, but to-day I will confine my remarks to one particular phase or subject which is not only a Public Health matter but is also of interest to each one of us as individuals,—namely, "Diphtheria."

"Diphtheria has been known and recognized for centuries. In that illustrious period before the birth of Christ, known as the Golden Age, which produced more brilliant men than any other similar period in the history of the world,—with such men as Socrates and Plato, there was born Hippocrates, known as the Father of Medicine. Hippocrates recognized and described diphtheria and down through the centuries this disease has appeared in isolated cases and in epidemics in all climes and in all countries.

"Diphtheria is an acute contagious disease caused by a germ called the Bacillus Diphtheriae or Klebs' Loeffler Bacillus and is characterized by the formation of a pseudo-membrane on the mucous surface,—especially of the throat.

"Etiology—It appears in all climates but more frequently in the colder countries and in the cooler months of the year—Fall and Spring. It attacks adults and children, but more especially children between the ages of 1 and 10 years. It attacks male and females alike. A catarrhal condition of the nose and throat and also diseased tonsils predispose to the infection.

"Bacillus—The bacillus was isolated by Klebs in 1883 and was cultured by Loeffler in 1884. It is a short non-motile rod. The bacilli produce a toxin which is absorbed into the system. They are found in the throat where this false membrane is formed in the tonsils, soft palate, nares and larynx. In 75 per cent. of the cases the bacilli are absent two weeks after the membrane disappears.

"Susceptibility—This is a highly contagious disease transmitted directly by immediate contact. Frequently the disease is spread by convalescents, out too soon, by mild unrecognized cases and also by carriers. Indirect transmission may occur but is uncommon.

"Individuals vary in susceptibility. Most adults are immune. Children between the ages of one and ten are most susceptible.

"Symptoms—The incubation period is usually two or three days. It begins with chilliness, headache, fever, sore throat. The throat is reddened and swollen and in a few hours small patches of a dirty gray colour appear.

"Prognosis—The prognosis varies with the individual patient, the virulence of the infection, complications, the site of the infection and the time at which treatment is begun. Over 50 per cent. of the deaths occur in children under 5 years of age. Before the introduction of antitoxin treatment the death rate in all forms was 30 to 35 per cent. It is now 10 to 15 per cent and when serum treatment is commenced on the 1st day it does not exceed 3 per cent.

"Treatment—(1) Isolation—The regulations of the Provincial Board of Health of Ontario require that all cases of diphtheria be quarantined for 3 weeks or until two negative cultures are obtained 10 days after the date of onset. Contacts must also be quarantined for 7 days, or until a negative culture is obtained. This is very important as most cases occur in young children, where the mortality rate is highest. This regulation is made for the protection of you and your little ones and your Medical Officer of Health and Local Board of Health are anxious in all cases that this be enforced. But we need your co-operation and assistance. And I want to tell you that every person who knowingly conceals a case of diphtheria is no friend of yours but is a menace to you, to the life of your children and to the community and should be dealt with accordingly.

"(2) Antitoxin—Since the discovery of antitoxin in 1894 and in those countries where its use has become general the mortality rate has been very considerably reduced. The mortality rate is still much too high. If antitoxin in adequate amount is given within a day of the onset of the disease, prompt recovery is almost invariably the rule. But the parents, thinking the child has just a cold or sore throat, too often do not call in a physician until the child's system is flooded with toxin.

"A settler and his family live on a farm about twelve miles from a town in Northern Ontario. Late last fall one of the children, a little girl three years old, took sick. It had a sore throat but, the parents thought it would be all right, and besides they lived 12 miles from a physician and couldn't very well afford to send for him. The little one grew worse and four days later the other two children in the family had sore throats. The doctor was summoned but too late. The little one was moribund and died the same day. The others recovered. Such is the tragedy of delay in this

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factor in the fight against diphtheria is Prevention. While the mortality rate has been remarkably reduced in the past twenty-five years, the incidence rate remains about the same. That is, the number of cases per 10,000 population is about the same in Ontario now as it was twenty-five years ago.

"We have now however a vaccination against diphtheria at our disposal and if diphtheria is not entirely wiped out or the incidence rate very materially reduced within the next few years, it will be a disgrace to our province, and the day should not be far distant when the incidence of diphtheria will be regarded as a punishable offence.

As I said before, many persons, especially adults, are naturally immune to diphtheria. By a test called the Schick test, one can determine whether a person requires vaccination or not. This test consists of the injection of a small amount of toxin into the skin. If the person is immune no reaction occurs, if not immune a small reddened area half cm. in diameter appears in twelve to twenty-four hours, reaches its height in 3 to 4 days and gradually disappears.

"Vaccination is done by the subcutaneous injection of a substance called toxoid. This is diphtheria toxin rendered atoxic by the addition of formalin. Three doses are given, each three weeks apart. In this way 95 per cent. of those vaccinated are made immune. The immunity lasts for several years, probably for life. Sometimes in older children and in adults a reaction occurs in which there is an area of redness and swelling at the site of injection, together with some fever and headache. But no reaction practically ever occurs in those under six years, and very rarely under eight years.

"As the greatest incidence and the largest mortality occur in children under eight years, it is quite evident that vaccination of this group is the logical method for the control of diphtheria. The freedom from reaction in this age group which stands in greatest need of protection, emphasizes the necessity of concentrating our efforts on the immunization of young children.

"My proposition to the Local Board of Health is to vaccinate all the school children under eight years of age, with the consent of the parents. Each year we will do the same. Consent cards have already been sent out and about 600 have already been signed. In this we have the co-operation of all the local physicians. We hope also that through the advice and influence of the physicians, the help of the Clinic, and also with your assistance, many children of pre-school age will also be vaccinated.

"You business men, whose minds are daily occupied with stocks and bonds, with prices and profits, what do all these really matter to you, when the hand of death can reach in past your protecting love and snatch your little one from the cradle, or the bright-eyed boy or girl from your knee.

"I appeal to you also as Kiwanians, for every child who is denied the privilege of this protection, is an underprivileged child."

Louisville Times:—Another of life's unsolved mysteries is why, when you have a swatter in your hand, a fly nearly always persists in alighting on something fragile.

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Winnipeg Electric Co.	5%	1935	101.00 4.85%
Winnipeg Electric Co.	6%	1954	105.00 5.65%

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Power Corporation of Canada	6%	Market	5.85%
Windsor Hotel Limited	6 1/2%	Market	6.80%

Common Stocks			
British Columbia Power Corp. Ltd. Class "A" (no par value)	Per Share	60.00	
(Carrying bonus of one share class "B" with each four shares Class "A")			
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