



CHECK SUPPLIES OF SALK VACCINE

An unidentified technician checks lot of Canadian Salk vaccine in storage in refrigerated room at Evans Medical Supplies, Ltd., at Speke, Liverpool, England, Jan. 8. The vaccine, which reached Manchester by air, will be distributed to local health authorities. The supply contains enough vaccine to give 350,000 children two injections each. (AP Wirephoto)

Royal Family Will Meet Canadians More Often

By CAROLYN WILLET
Canadian Press Staff Writer
OTTAWA (CP) — Canada, in the next two years at least, can prepare its red carpets for more royal visits.
There is every indication that Queen Elizabeth and members of the royal family intend to mingle more with subjects on this side of the Atlantic.
The autumn visit to North America by the Queen and Prince Philip lasted little more than nine days, four of which were spent in Ottawa and the remainder in the United States.
But the Queen making her first live telecast during her Oct. 12-16 stay at Government House here, strongly suggested that she and Philip soon will be back to stay longer.
WIDER VISIT
The royal couple first visited and toured Canada in 1951, as Princess Elizabeth and the Duke of Edinburgh. Prince Philip returned in 1954 to open the British Empire Games at Vancouver, and visit Canada's northland.
In her broadcast, the Queen said she hopes to be present in 1959 when the St. Lawrence Sea-

large cities.
Early in the new year the Queen Mother is to stop briefly at Montreal and Vancouver on her way to Australia and New Zealand.
MADE HISTORY
The Queen's October visit marked the second time a British Sovereign has come to Canada. Her father, King George VI, and the Queen Mother toured Canada in 1939.
In Ottawa, the Queen's major function was to open the first session of the 23rd Parliament, the first time in Canadian history that a sovereign has presided at the ceremony.
Throughout the royal visit, the predominant theme was that Elizabeth II reigned in Canada and visited the U.S. as Queen of Canada. In Washington, she was attended by Prime Minister Diefenbaker.
The beautiful Queen and her handsome husband provided one of the year's biggest news stories. Covered at every public appearance by batteries of reporters and cameramen—in Ottawa the press radio and television corps was more than 1,000 strong—the royal couple attended press receptions in both Ottawa and Washington, apart from ceremonial visits.
MORE INFORMAL
The deviation from the more rigid relations with the press at home sparked a British press clamor for some of the same treatment.
In Ottawa, the major chips off Victorian ideas surrounding royalty fell in the field of fashions. Official announcements stated that contrary to outdated ideas, women could wear black costumes in the presence of royalty.
But the royal couple shook thousands of hands and went through a gruelling round of official functions during their brief visit.
Whether future visits will include more time for informality and relaxation remains to be seen. But Canadians now sing Will Ye No Come Back Again? with assurance of an affirmative answer.

ASKS DULLES TO GO
KANSAS CITY, Mo. (CP)—The Kansas City Star says state Secretary John Foster Dulles should "go." In an editorial, the Star says "In the present critical juncture of world affairs, it is imperative that Mr. Dulles be replaced by a man better able to command the confidence of our Allies—and the American people."

GUEST TV SPOT
TORONTO (CP) — Toronto comedians Johnny Wayne and Frank Shuster are to appear on the Rosemary Clooney show over NBC, Jan. 30 in a skit giving their version of a World Series baseball game between England and the United States.
SMALL FISH
Sprats are small members of the herring species, found in British and Norwegian waters.

way is opened, and to travel more widely in Canada at that time.
Coupled with her hope to "pay more visits in the future," was her wish to bring her children to Canada someday, too.
Princess Margaret, the Queen's sister, is to attend centennial celebrations in British Columbia next July. She is expected to arrive by air at Vancouver and spend two weeks in B.C., afterwards travelling east, with brief stops, to visit other parts of Canada including Ottawa, and perhaps Toronto, Montreal and other

Says Big Increase Needed In N. S. Teachers' Salaries

HALIFAX (CP) — Glen Morison, president of the Nova Scotia Teachers Union, said Friday salaries of teachers with university training must be raised by \$1,000-\$1,500.
Miss Morison said a recent offer by Premier Stanfield to help the municipalities increase teachers' salaries, if more money can be found by the province, focuses attention on the need for towns and municipalities to better teacher's financial positions.
Salaries for teachers with university degrees must be raised by at least \$1,000-\$1,500 above present figures before the remuneration for teaching can compare with that offered in other fields of service requiring comparable training.
"All other categories . . . also need to be raised in proportion."
PLANNED HELP
Premier Stanfield said in mid-December that the government would like to help the municipalities pay salaries higher than a scale drawn up in 1956 on the basis of a royal commission report.
Miss Morison said in a prepared statement the foundation scale pays a teacher with Grade 12 education and one year of teacher's college training a starting salary of \$150 a month. University graduates with a year in She said the government's pro-

Perfusion Treatment For Cancer Seems Promising

By STANLEY MEISLER
NEW ORLEANS (AP) — John, a man in his 70s, noticed a lump on top of his foot one day. The growth proved to be cancer.
Doctors tried the standard treatment. On the operating table, they sliced away the growth and some of the surrounding tissue. Then, from his upper thigh, they cut out the lymph gland for lymph, a body liquid carrying some elements of blood, often spreads cancer cells.
John and the doctors hoped the surgery had come in time, that all the malignant cells had been removed. Hope did not last long.
TUMORS SPREAD
Black tumors spread over John's leg. There were more than 200. Cancer had intensified.
Now facing the patient was an operation promising little chance of success and much horror. It is called hind-quarter surgery, an operation that removes an entire leg and buttock. John fought against this. And doctors thought perhaps such a major operation would be too dangerous for so old a man.
Instead they chose an operation tried only on experimental dogs. The name of the technique: perfusion.
Last June John became the first human to have cancer treated by perfusion.
DRYING ACTION
Several weeks later, John noticed some of his black tumors had started to dry. Soon they crumpled and fell off.
Today only six of the 200 tumors remain.
Has he been cured of cancer? Doctors at Tulane University schools of medicine, where the treatment was performed, are not sure. But they know there has been a startling improvement, enough to prompt them to continue further research into the technique.
Perfusion combines two medical weapons that usually are unrelated—drugs and the heart-lung machine.
For some time, the drugs nitrogen mustard and phenylalanine mustard have fought cancer. But their success has been limited.
TWO PROBLEMS
The problems were two. Doctors would inject the drugs into the arteries sending the chemicals all through the body. If the dose was too little, the drugs would have almost no effect on the particular part of the body that was diseased. If the dose

was too large, the drugs would reach into bones and destroy the marrow, the substance that makes blood.
But Tulane researchers feel the heart-lung machine may solve all that.
Normally the device is used for heart operations. Surgeons connect it to the veins and arteries attached to the heart. In this way, the machine takes over the pumping job of the heart so the heart can be clear of blood as the surgeon operates.
In perfusion, the machine is connected to the veins and arteries attached to the diseased part of the body. In John's case, that meant the leg.
Doctors tied a tourniquet or tight bandage high on his thigh, stopping blood from entering or leaving the leg. The heart-lung machine then took over the job of pumping out blood from the leg veins, replenishing it with oxygen and pumping it back into the leg arteries.
In other words, John now had two circulatory systems. One, with the heart pumping blood, took care of most of his body. The other, with the machine pumping blood, took care only of his leg.
Just before the machine pumped blood back into John's leg, doctors added the drugs.
The key problems may have been solved. First, the drugs concentrated only on the diseased limb without being wasted on other parts of the body. Second, doctors would not have to worry much about the dose being too large for bone marrow. If the marrow in John's leg were destroyed, there still would be enough in the rest of his body to make all the blood he needed.
EXPERIMENTS NECESSARY
Much more experimentation is necessary, of course, before perfusion can take a place as a major weapon against cancer. At Tulane, doctors are operating on dogs and several more humans to find out on what cancers the technique works best.
Working on the project with Dr. Oscar Creech Jr., chairman of the department of surgery, are Dr. Robert F. Ryan, Dr. Edward Kremenz, Dr. James N. Winblad, William Chambliss and Howard Creek.
Dr. Creech guesses that perfusion's main use would be auxiliary to surgery: The operation would remove a tumor and per-

Kansas Plan Brings General Practitioners To Country

By ED L. CAMPBELL
ALTAMONT, Kan. (AP) — Is there a doctor in the house?
There is in this little southeast Kansas farming community with a population of 678.
He is Victor L. Jackson, 37.
He came here because the town, doctorless for many years, set out to get one and keep him. And because Altamont was just what he wanted for himself, his wife and three children.
The same thing is happening across the country where, the American Medical Association reports, the demand for family doctors exceeds the supply by two to one.
Altamont's last resident physician died several years ago after more than half a century of service.
Dr. Franklin Murphy, then dean of the medical school and now chancellor of the University of Kansas, discovered that while the population of Kansas had increased by 25 per cent in 40 years, the number of medical practitioners had decreased by 30 per cent. The state was losing 80 doctors a year by death or retirement. The state medical school turned out only 58 graduates that year.
Dr. Murphy estimated the state would have to produce 100 or more doctors each year and work out some scheme which would attract doctors to rural areas.
He came up with the three-way Kansas Plan: communities needing doctors would raise funds to provide office space, examining rooms and laboratories for their doctor; the doctor would agree to rent or buy on easy terms facilities so provided; the state would set up post-graduate training facilities to keep rural physicians in touch with advances in diagnosis and treatment.
After eight years of the Kansas Plan, these are the results:
The number of physicians turned out by the medical school has been increased by nearly 100 per cent—107 in this year's graduated class, compared with 58 in 1948.
rusion would destroy any malignant cells that had spread through the area.
Professionally, the physician says he has been surprised by two things: the wide range and frequently unusual nature of ailments he is called upon to treat; and the great number of elderly people among his 2,500 patients. Both have presented medical challenges.
To keep up with new discoveries and trends in medicine, Dr. Jackson has used two projects that are essential parts of the Kansas Plan. One year he attended refresher courses conducted in regional centres of the state by a circuit-riding team of professors. Now he drives once a month to the medical centre at Kansas City, Kan., for a day of post-graduate study.
The rate of attrition has dropped from 80 a year to around 40 to 50.
No county is without services of a resident physician. Only one town with a population of 1,000 or more is without a doctor.
TOWN BUILDS CLINIC
Altamont was one town that profited from the plan. First it formed a Citizens' Improvement Association, in which nearly all the people bought \$10 shares. The association raised funds by pancake sales and other entertainments. It built a \$10,000 seven-room clinic building and went hunting for a doctor.
Dr. Jackson was at that time resident physician in a large Wichita hospital.
"A member of the Altamont committee came to the hospital and asked if we knew of a doctor who would like to come to our town," he recalls. "I told him I did and so here I am."
"We wanted to bring up our children in a small town," he explains. "We had lived in New Orleans and Wichita and we didn't like it."
So in July, 1955, he moved into the clinic building. He had his surgical instruments, an x-ray machine, a microscope and some other laboratory apparatus. People came from miles around to take a look at the new doctor.
"I made \$600 the first month," he says proudly, adding that he netted \$9,000 from his practice in 1956.

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