NEWS & NOTES

Time capsule: 1962 through the lens of the BC Medical Journal

oday the pages of the 1962 bound volume of the British Columbia Medical Journal are yellow with age. The journal is in its heyday of 6" X 91/2" pages, with type set in a single column. The typography is muscular and clear; the ads, from today's vantage point, are variously charming, naive, stylish, and sexist. The first Xerox machines are being acquired, and the medical scene in BC is still small enough that the Journal carries monthly notices of hospital rounds and clinics, of new practices, and new babies.

The language of the articles is formal and sometimes stilted. This is the last year that the *Journal* is published by the Vancouver Medical Association, after which it is transferred to the

There are a great many articles about universal health care, a pressing issue at the time, with strong opinions both for and against this new concept in Canadian health care. Along with this come warnings about the dire straits of physicians and patients in the National Health Service of the UK.

In the June issue there is an article by Dr John McCreary, dean of the Faculty of Medicine, in which he proposes that a university hospital be built at UBC. Dr McCreary sets the historical stage, mentioning that the recently opened Faculty of Medicine welcomed its first students only 12 years earlier, in 1950. There is also a proposal to move the BCMA from its old building, as well as a plea for social workers to be available in hospitals.

Some of the hot clinical issues of the day were the tragedy of thalidomide and the emergence of a promisthe first comprehensive truly feminine regulator of cyclic function

to control dysfunctional uterine bleeding, regulate abnormal menstrual cycles, enhance or suspend fertility, advance or postpone the menses, correct endometri-

osis-often without surgery

For maximal efficiency and safety in regulating menstrual cyclic function a steroid compound should be progestational, estrogenic and (to suspend fertility) ovulation-inhibiting. Enovi alone meets the requirements for a truly comprehensive feminizing (nonmasculinizing) drug: it has a balanced progestational-estrogenic effect without undesirable androgenic, antiestrogenic or anabolic actions.

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to inhibit ovulation and to control dysmenorrhea with unsurpassed effectiveness and with greater economy

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Research in the Service of Medicine

SEARLE

ing new form of birth control—oral contraception. It is fitting that the BCMJ should include, so early in the decade, a cautious yet generally positive clinical article on "the pill," the medical breakthrough that opened the door for so many social breakthroughs that were to define the 1960s.