



Former Chief Honored for Long Service

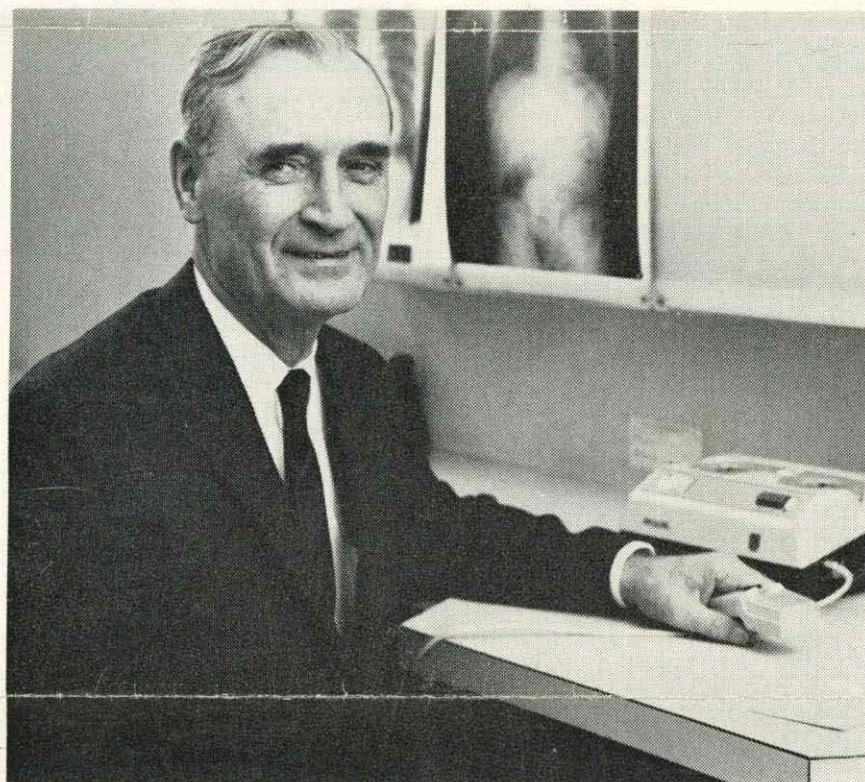
Although the number of expected guests dwindled considerably under a nasty wave of A2-HK-68 and similar winter visitors, over 150 people succeeded in attending a special dinner on Wednesday evening, January 8th, in honor of Dr. Donald Lawrence Scott, who for 38 years served as medical chief of the former Central Tuberculosis Clinic.

This rather grand affair — held in the ballroom of the Fort Garry Hotel and arranged by the staff of the Central Tuberculosis Registry — turned out to be one of the most ambitious and popular parties in the history of the Sanatorium Board. Despite sub-zero temperature and blizzard conditions, friends turned up from Brandon, Ninette and other Manitoba points, as well as scores of former staff members whose associations with Dr. Scott stretch as far back as 45 years. The present Sanatorium Board staff was well represented . . . and many old friends who could not attend sent greetings and good wishes. Among the very special guests were Dr. Scott's wife, Esther, and their sons and daughters-in-law, Dr. and Mrs. Donald Scott of Kingston, and Mr. and Mrs. Stuart Scott of Winnipeg.

The dinner, the organizers stressed, was not in any way a formal farewell to Dr. Scott, for although he retired from his post as chief of medical services last year, he has stayed on for some time to serve as tuberculosis consultant to the Sanatorium Board. The aim of the party was simply to pay tribute and say thank you to a physician who has devoted his life to public service.

Dr. Scott was born 66 years ago at Morden, Manitoba, one of six sons of Scottish businessman Stuart Scott and Annabelle (McIntyre) Scott, a native of New Brunswick (and sister of the noted Winnipeg educator Daniel McIntyre) who prior to her marriage taught school at Treherne and Morden. After completing high school at Morden, he entered medicine at the University of Manitoba, graduating in 1926.

In June, 1927, after interning at the Winnipeg General and Children's Hospitals, Dr. Scott joined the medical staff of the Manitoba Sanatorium



DR. DONALD LAWRENCE SCOTT

(Photo by David Portigal)

at Ninette, but a year later he left this post to undertake a private practice in Hartney and then to do post-graduate work in medicine at Edinburgh University.

In 1930, while studying in Edinburgh, Dr. Scott positively tied his career to the Sanatorium Board when he accepted an invitation to head up the soon-to-be-established Central Tuberculosis Clinic in Winnipeg. The result of that decision has been neither fame nor fortune; but, as everyone knows, it has meant a perhaps much richer reward in the love and respect of a great many staff members and colleagues, and in the gratitude and friendship of hundreds of patients who over the years have come under his care.

As medical head of the C.T.C., Dr. Scott has been deeply involved in the fields of diagnosis and treatment, and in prevention and teaching. The clinic began in a small way on the corner of Bannatyne and Olivia streets, in a building which had served for many years as the Milton Bakery. It provided at that time facilities for follow-up care and for the examination of persons with chest disease or suspected disease, plus some 25 to 30 beds for observation and diagnosis.

In the years following, the scope of the clinic work gradually increased. In 1931 an annex was added for the observation and emergency care of children with tuberculosis; in 1937 a Central Registry was started

to gather together data about tuberculosis in the province; and in 1946 the clinic became the headquarters of a massive case-finding program throughout the province. Finally, in very recent times, under the new name of the D. A. Stewart Centre, the clinic has been turned into a major place for the diagnosis, treatment and prevention of all respiratory diseases, and for teaching and research . . . a development which, we like to point out, was not entirely unforeseen by the first medical superintendent of the Manitoba Sanatorium who in the early part of the 1930's noted: "As a catch-all or clearing house, it (the Central Tuberculosis Clinic) is invaluable, and its usefulness will be not less but greater if limitations should be placed upon the length of sanatorium days."

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Preventive Program Provides 107,662 Free Examinations

In 1968 a total of 82,932 people lined up for free chest x-rays in mass surveys to detect and prevent tuberculosis and other respiratory disease. Of these, 17,155 were Indians who were examined in screening programs conducted jointly by the Sanatorium Board and the Medical Services branch of the Department of National Health and Welfare. The rest were non-Indians who received this service largely through contributions to the Christmas Seal Fund.

- A total of 19,373 people (many of them school children) were tuberculin tested for signs of tuberculosis infection.

- And 5,003 Manitobans took part in a mass pulmonary function program, which was incorporated into detection surveys in the latter part of the year.

In all, according to the Central Tuberculosis Registry, a total of 107,662 examinations were provided in the Manitoba communities in 1968 by the Sanatorium Board of Manitoba. Some 20 municipalities were visited by the mobile units; other surveys were conducted on the Indian reserves, in over 20 communities in the northern part of the province, in high schools and universities, in industries and among food handlers, and in penal institutions, hostels, and senior citizens' homes where the incidence of tuberculosis remains fairly high and people are at special risk of encountering tuberculosis infection.

New Cases and Deaths

The number of *new active cases* of tuberculosis reported in Manitoba in 1968 showed an increase of 12 percent over the number recorded in 1967. The total for the past year was 226 new active cases as compared to 202 in 1967.

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CHRISTMAS SEALS FIGHT TB



& OTHER RESPIRATORY DISEASES

Address all communications to:

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Some Food "For Thought"

Several months ago our newspaper carried a nutritionist's report that many Canadians seem to lack vitamin A. Vitamin A — which we understand is found primarily in animal fats and in leafy green and yellow vegetables — is essential for, among other things, normal eyesight, healthy skin and the maintenance of the germ-resistant linings of nose, throat and lungs.

More recently our attention was caught by a CBC radio interview in which a Saskatchewan doctor stated that, in his opinion, improper nutrition may be contributing to an increasing number of mental sufferers in our population.

Dr. Abram Hoffer, a private practitioner in Saskatoon and formerly a research professor at the University of Saskatchewan, told an interviewer that a large proportion of his practice consists of people who are irritable, tense and depressed simply because they have forgotten how to eat properly.

Most of us, he continued, are beginning to eat food for which man is not really adapted — that is, we are taking in large quantities of sugar and starchy food, and large quantities of caffeine and liquor, at the expense of consuming protein and fats, which are the important foods for maintaining good health.

Other factors, such as overpopulation, overcrowding, lack of privacy and lack of human concern also set the stage for all kinds of disturbances. Privacy, he pointed out, is one of the most priceless things we can have; and yet, as society becomes more complex, our basic need for privacy becomes much more difficult to obtain. It is approaching the point, it seems, where only the wealthy manage to get it.

Schizophrenia

In the interview Dr. Hoffer made other interesting comments about mental disease, particularly about schizophrenia which, according to him, is just about as common in our population as diabetes. Every fourth hospital bed (including general hospital, mental hospital and tuberculosis hospital beds) is occupied by schizophrenics.

The estimate that one percent of the population becomes schizophrenic has remained fairly stable, Dr. Hoffer said. But recently there has been some indication that this figure will rise, largely because of mental hospital policies. Thirty years ago all schizophrenics went into mental hospitals where they could expect to spend the rest of their lives — and, therefore, they were taken out of the reproductive field. Today, these patients are discharged from hospital, get married and have children who, because of the hereditary aspects of the disease, may in turn break down with mental illness. In the state of New York, according to the doctor, there has been a real increase in the number of people who are schizophrenic.

About Those Hippies

In another interesting sidelight, Dr. Hoffer noted that a large proportion of the hippies he has seen in his practice were schizophrenic before they turned to L.S.D. or marijuana for relief.

It is unpredictable behavior that separates the sane from the insane in the public's view, Dr. Hoffer said. It is not disorganized perception, because one can see visions and hear voices and still be considered sane. Nor is it unusual thinking; for one can think in a queer way and still be accepted.

But it is the unpredictable actions that result from seeing and hearing things or thinking certain things that society will not accept. And it is for this reason that hippydom offers a cultural "out" or milieu for schizophrenics. Hippies apparently can tolerate anything. They offer the only place in our society where "very queer young people" can feel perfectly at home.

Simple Diagnostic Tool

Dr. Hoffer had much more to say, particularly about a new diagnostic test developed by him and Dr. Humphry Osmond, who is now director of the New Jersey Psychiatric Research Institute.

The test, which grew out of Hoffer's and Osmond's experimentation with psychedelic drugs, is a simple test which has proved very helpful in identifying schizophrenics. Known as the Hoffer-Osmond Diagnostic Test, it consists of 145 true or false statements (each on a separate card) which sample the experiential world of the subjects — that is, they cover the patient's awareness of his body, his sense of time, his thinking and his mood, his senses of touch, hearing, vision, taste and smell. For example: "My sense of touch has become very keen." True or false? "Sometimes I have vision of God or Christ." True or false? The patient decides and divides the cards into *true* and *false* piles. Invariably the individual who is mentally ill will have a much bigger *true* pile of cards than will the normal person.

In Dr. Hoffer's opinion, the HOD Test is still crude, but with further refinement, it promises to be an important diagnostic tool. It is now being used in a number of countries, but, although it is widely known

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THE SIXTEENTH GROUP to complete the intensive Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital are pictured with their nursing instructor following the graduation ceremony on December 11. Seated left to right are: Miss Lynn Currie, Miss Nancy Smyth, Mrs. Gisell Lohre and Miss Margaret Hutton. Standing: Mrs. Doris Setter, nursing instructor, Ronald Dion, Donald Reimer, Jacob Dyck (winner of the Manitoba Association of Certified Orderlies prize), Miss Elizabeth Wiebe (valedictorian). (Photo by Dave Portugal)

Honor Dr. Scott

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Dr. Scott's name will always be linked with the work of the Sanatorium Board and, more specifically he will be best remembered as the Number One doctor at the old C.T.C. In paying tribute to him at the dinner, Executive Director T. A. J. Cunnings said that, in his opinion, each institution has its own distinct personality, and that a full measure of this is reflected in the personalities of the people who staff it. Throughout the years, he said, Dr. Scott has enjoyed a very warm relationship with hundreds of people from all walks of life . . . and all who have known him and worked with him have counted this as a relationship of friendship.

Other speakers included the Chairman of the Board, Frank Boothroyd, Dr. E. S. Hershfield, Dr. A. L. Paine and Dr. E. L. Ross. Dr. Ross, former medical director of the Sanatorium Board, spoke warmly about 45 years of close association with Dr. Scott, of his excellent professional relations with doctors throughout the province, his contributions as a past president and honorary secretary of the Manitoba Medical Association and as a former Canadian Tuberculosis Association scholar to Britain.

Then, on behalf of those present and of many others, Dr. Ross presented Dr. Scott with a "memento" of their affection — a 25" color TV!

Students Stay Away From TB Survey

A rule making tuberculosis tests compulsory for all University of Manitoba students was lifted in 1968 — with the result that at the last university survey in November only 25 percent of the campus population turned out for free examinations.

The rule ordering students to have annual check-ups was rescinded because students and many staff members felt that such compulsion is an infringement on individual rights. Only health sciences students are still required to have the tests.

As a result, according to the Sanatorium Board Surveys Department, at the last survey of the University of Manitoba, from November 5 to December 6, the number of examinations administered dropped 75 percent — from 8,109 tuberculin skin tests and 2,971 chest x-rays in 1967 to 2,039 skin tests and 727 chest plates in 1968.

"It seems that the majority of students and faculty members do not feel that tuberculosis is a problem on the campus," the Surveys Department observes.

"But the fact is that in the past four years three new active cases have been picked up in our annual screening programs among university students in Winnipeg."

No new cases were found among the students examined on the campus last November. But one suspected case of TB was discovered among the some 600 medical and dental college students for whom the tests were compulsory.

"Since there was not a 100 percent turn-out to the whole survey," the Surveys Department says, "we cannot say that the University of Manitoba is tuberculosis-free."

"Whether or not the new rule is in the best interests of the community only time will tell . . . for, of course, all it takes to begin an outbreak is one active, infectious, undetected case."

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals and organizations who have recently made gifts or bequests of \$25 or more.* These contributions help make possible the addition of new equipment and the expansion of health services and research programs.

BEQUESTS

Estate of the late Nathan Sures \$ 200.00

DONATIONS

Mrs. Alice Boyce (For the purchase of a wheelchair) \$ 100.00

The Canadian Indemnity Staff Society \$ 75.00

George, Frank, Bob and Fred Taylor

In memory of the late Frederick Taylor \$ 150.00

Associated Canadian Travellers, Brandon Club \$5,000.00

*These do not include donations to the Christmas Seal Fund.

Over 22,000 Get Diabetes Tests

In 1968 a total of 22,878 blood tests for diabetes were provided to the Manitoba public, in conjunction with the Sanatorium Board screening program for tuberculosis and other respiratory disease.

This early detection program, begun on a mass scale in 1966, has primarily been a joint effort of the Sanatorium Board (which is responsible for the field work) and the University of Manitoba Metabolic Laboratory, which analyses the blood samples and looks after the scientific aspects of the project. The Canadian Diabetic Association has provided funds for a special research study conducted at the time of the tests.

Of the population examined in 1968, 6.7 percent had positive screening on the first blood test, reports Dr. Barry Kaufman, medical director of the project. About 90 percent of the people with these positive tests returned for follow-up studies, and of these, 1.1 percent were discovered to have previously unknown diabetes. Over two percent were classed as possible diabetics.

The follow-up of positive findings was conducted by the survey staff of the Sanatorium Board in collaboration (where possible) with district health units, and the newly discovered cases were reported to patients' family physicians.

Fourteen municipalities, plus over 3,000 employees of a large Winnipeg department store, were included in the survey. The municipalities screened included Montcalm (1,401 residents tested), Rhineland (2,554 tested), Stanley (3,561 tested), Pembina (1,504 tested), Louise (1,453 tested), Roblin (692 tested), Morton (1,077 tested), Lorne (1,733 tested), South Norfolk (765 tested), Grey (883 tested), Tache (575 tested), Pinawa (175 tested), Transcona (3,039 tested) and Teulon (387 tested).

Of the 19,797 people examined in these community surveys, 191 were classed as previously unknown diabetics. An additional 356 persons were found to have an abnormality which was classified as possible diabetes. Abnormal glucose was found in 57 children who were 15 years of age or under.

A second test to discover anemia was also done on the blood samples, and a total of 198 showed abnormal haemoglobin.

The findings indicated that from 1 to 1½ percent of women screened are anemic, Dr. Kaufman said. The condition is not common among men.

At the time of the survey, second blood samples were taken from the participants to explore the possibility of incorporating into general screening programs tests for predicting certain heart and blood vessel conditions. The results of this pilot project, however, have not yet been disclosed.

Research Questionnaire

About 95 percent of the people who had diabetes tests also answered

a research questionnaire on diabetes and coronary disease. The questionnaire, which is part of a Canada-wide survey, is an epidemiological type of investigation designed to determine the incidence of diabetes and coronary disease in families, and to increase medical understanding about the various aspects of these diseases and their relationship, one to the other.

There is statistical evidence that these diseases may be gene-linked, but until recently no widespread surveys along this line have been undertaken among large groups of apparently well people.

Findings from the 1968 surveys in Manitoba will be the subject of what we expect will be a rather fascinating paper by Dr. Kaufman later this year.

From pioneer research of this type may well come the clues for identifying people who have a genetic predisposition to disease, and perhaps the means of preventing or delaying the onset of illness.

In our opinion, the questionnaire, coupled with blood glucose tests for diabetes, is tremendously important research — and the Sanatorium Board feels privileged to have some part in it.

Preventive Program

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New active tuberculosis among Indians, according to the Registry, rose from 41 cases in 1967 to 56 cases in 1968; in non-Indians it rose from 161 to 170.

Statistics to date show that 24 people (20 whites and four Indians) in Manitoba died from tuberculosis in 1968. Although this figure is not the final one, it indicates so far the fewest number of deaths ever reported in the province. In 1967 a total of 29 people died.

The rise in new active cases was not found in any one particular area of the province. On the whole the control situation is fairly good, and such ups and downs can be expected so long as this communicable disease remains in the province.

It is estimated that some 90 municipalities in the province have not reported new active cases of tuberculosis for several years. The plan, therefore, is to concentrate community case-finding programs in areas where the incidence of tuberculosis remains relatively high. In this connection, it is felt that even if many municipalities do not receive direct service from the Christmas Seal preventive program in 1969, they will in the long run benefit from it. Keeping the disease in check in areas or population groups where tuberculosis is found helps prevent the spread of disease into districts which are now more or less considered tuberculosis-free.

ESTER MARGRETHE LEE

With sorrow the Sanatorium Board records the death of Ester Margrethe Lee, clerical assistant in the Christmas Seals Department.

Miss Lee, who died December 31, 1968, after a brief illness, had been a valued member of our staff for just over 18 years. She was born of Norwegian parents at Garson, Manitoba, on October 30, 1905. A hairdresser and later a fine seamstress and milliner by profession, she fell ill with tuberculosis as a young woman and was a patient at the St. Boniface Sanatorium from 1933 until 1936. She took up residence in Winnipeg around 1945 and in September 1950 she joined the staff of the Sanatorium Board as the only full-time assistant to the Christmas Seals Supervisor.



Though shy and retiring, Miss Lee was highly respected by those who knew her. She was in fact a special kind of person: greatly devoted to her family and to her work, always kind and gentle and charitable in her manner towards everyone. Our deepest sympathy is extended to her father, Berger Anderson of Winnipeg; to her brothers Alfred and Herman of Calgary, Gilbert, Arthur and Stanley of Vancouver, and to her sister, Mrs. Joseph (Evelyn) Forster of Winnipeg.

GEORGE E. COLLINS

We also regretfully report the death of a former member and honorary life member of the Sanatorium Board of Manitoba, George E. Collins.

Mr. Collins, who died December 15 at the age of 66, was formerly Deputy Minister of the Manitoba Highways Department and prior to that Deputy Minister of Public Works. As a private citizen, he had developed a special interest in the work of the Sanatorium Board some 40 years ago when he acted as Municipal Engineer for the municipalities of Riverside, Argyle and Strathcona. From 1948 until 1966 he lent his good counsel as an elected member of the Board, and on his retirement in 1966, he was made an honorary life member.

Mr. Collins was a native Manitoban, born near Clearwater on a farm homesteaded by his parents in 1882. He attended high school in Crystal City and in 1928 graduated from the University of Manitoba as a civil engineer. After a year as municipal engineer, stationed at Belmont, he joined the staff of the provincial government's Good Roads Branch, but shortly after, with the coming of the depression, he was called from his profession as a civil engineer to undertake special relief work.

In 1932 Mr. Collins was appointed supervisor of the Greater Winnipeg Relief Clothing Depot, in 1934 he became registrar of the Single Men's Relief Commission and in 1935 he assumed the post of supervisor of unemployment relief in the organized and unorganized territories of Manitoba. In 1940 he succeeded Arthur MacNamara as Director of Unemployment Relief for the province.

Mr. Collins was appointed Assistant Deputy Minister of Public Works in 1941, a position, however, that he had to forsake temporarily when he was asked by the federal government to take the difficult job as Commissioner for the Japanese in Canada. He returned to his Manitoba post in 1944 and soon after succeeded M. A. Lyons as Deputy Minister of Public Works. In this position he had charge of all government buildings and institutions as well as the highways. When a separate Department of Highways was created some three years ago, Mr. Collins was appointed Deputy Minister of that department.

During his career, Mr. Collins contributed a great deal to the public welfare. This was evidenced in the many public positions he held over the years, in his extra work as a member of our voluntary organization, and the many contributions he made as an active member of the Shriners. Our deepest sympathy is expressed to his wife Nellie, his son James of Port McNeill, B.C., his four grandchildren and other members of the family.

RECENT ADDITIONS TO STAFF

Among the new staff members we have welcomed to the Sanatorium Board over the past few weeks are Mrs. Sheila Marilyn Pachal, a graduate of the University of Manitoba who has joined the staff of the Manitoba Rehabilitation Hospital as part-time occupational therapist; M. R.H. physiotherapists James A. McLauren (formerly a staff physiotherapist for C.A.R.S.) and Miss Constance Ludwig, a graduate of the University of Saskatchewan; Miss M. Linda Anderson and Miss Laurieth Lorine Sam, licensed practical nurses at the M.R.H., and Mrs. Elinor Jean Peadson, clerk-typist and appointments clerk at the D.A. Stewart Centre.

Many Oldtimers Reunited at Party

Many old-time staff members enjoyed a splendid reunion for a few hours when they gathered for the *Dr. Scott Testimonial Dinner* at the Fort Garry Hotel this month.

Looking over the crowd we spotted many familiar faces — Laura Delamater, Mr. and Mrs. Hugh Gibson, Dr. and Mrs. A. H. Povah and Roy Catley from Brandon; Dr. and Mrs. A. L. Paine, Stick and Stella Kilburg, and Bill and "Ed" (Bonner) Amos from Ninette; Sadie Ross, Anne Law, Fred Day, Margaret Busch, Evelyn McGarroll, Bill and Louise Doern and a good many others from Winnipeg; x-ray Technologist Wilf Allison of Portage la Prairie, and former C.T.C. nursing staff member Ruth (Reid) Pentland of Morden.

Special messages arrived from long-time friends who were not able to attend the party. Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis and Respiratory Disease Association, sent good wishes from Ottawa; and from close to home a telegram came from Gertrude Bowman, who worked with our Surveys Department for 30 years.

Other greetings were happily received from Dorothy (Hay) Brown, Marian McRae and Betty (Doughty) Rathje of Calgary, Edna Dillon of Burnaby, B.C., Dr. and Mrs. Lynn Falconer, Dr. and Mrs. Mac Edmison and Gladys Wheatley of Victoria; from Anne (Braun) Goerz of Kitchener, Ontario, Dr. Sidney and Jonina Larson of Canton, Ohio, Nelle Regehr of Seattle, and Beth (Regehr) Unruh of North Surrey, B.C.; from May Waters of Long Beach, California, and from Elsie Stewart, Bessie (McGarroll) Shantz, Jean Russell and Dr. Paul and Nona Mari of Vancouver; from Jessie (Hill) Bertuzzi of Brandon, and Mr. and Mrs. Jim Mason, Doreen Lewis, Anna Stefanon, Catherine Malik, Gladys Motheral and Gertrude Manchester of Ninette.

Some Food "For Thought"

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geographically, it is known and used by only a small percentage of Canadian doctors. Doctors who are using the test have reported picking up as many as five, 10 and 15 cases of schizophrenia every month. Many of these cases are in such an early stage of disease that they can be diagnosed and treated in the physician's office without need for referral to a psychiatrist.

There is a great deal to be done in educating both the public and the medical profession about schizophrenia, Dr. Hoffer said. We must get away from the enormous pessimism that has surrounded this disease; we must, above all, understand that it is treatable.

What is the treatment? Well, as we understand, it consists of psychotherapy and shock treatment, the administration of tranquilizing agents . . . and massive doses of Vitamin B3 and vitamin C.



CANDID CAMERA AT THE DR. SCOTT DINNER — Top Left: Dr. E. S. Hershfield "and company", from left to right, Rikka Guttormsson, Janet Smith, Mrs. Donald Scott of Kingston, Mrs. D. L. Scott, Mrs. Stuart Scott (somewhat obscured by Dr. E.S.H.), Evelyn McGarroll and Gladys McGarroll. Top Centre: Dr. Scott (left) receives congratulations from his long-time associate Dr. E. L. Ross, former medical director of the Sanatorium Board. Top Right: Dr. Scott and his Icelandic wife Esther, to whom he was married 35 years ago, receive corsage and boutonniere from Miss Evelyn McGarroll (left), who was chief C.T.C. secretary for 37 years, and Miss Janet Smith, supervisor of the Central Tuberculosis Registry. Bottom Left: Miss Laura Delamater (far left), senior laboratory technologist at Assiniboine Hospital, Brandon, with friends from Ninette — Mrs. Bill Amos, Mr. Amos, Mr. and Mrs. Stick Kilburg. Bottom Centre: A group of x-ray technicians and their wives — Bill Amos, Mrs. Hugh (Stella) Gibson (Brandon), Roy Catley (Brandon), Mrs. Tony Samolesky (Portage la Prairie), Wilf Allison (Portage la Prairie), Mrs. Allison, Mr. Samolesky and Mrs. Catley. Bottom Right: Mrs. Rene Bertouille, Winnipeg, with Dr. Donald Scott and wife Janice of Kingston, Stuart Scott and his wife Marilyn of Winnipeg.

(Photos by J. J. Zayshley)

Our Thanks To You Who Helped

To talk about Christmas events in mid-January is a little like reviewing the stale leftovers from last night's party. Nevertheless, we would be remiss if we did not again thank the many generous people who contributed to a very happy holiday both at Ninette and in Winnipeg.

The events which took place at the Manitoba Rehabilitation Hospital and the D. A. Stewart Centre in Winnipeg, and the people who contributed their time and gifts, were covered fairly extensively in the December issue. Little was said, however, about the program at the Manitoba Sanatorium, and so in this issue we would like to thank the staff, the patients, the students at Pembina House and the various individuals and groups throughout the district and other parts of the province who made sure that the holiday was joyous for all our patients.

As in Winnipeg, the program included a concert on December 19, the singing of carols around a tree, followed by a procession through the wards, on December 23, and a festive dinner, bingo and picture show on Christmas Day and again on New Year's Day. The Sanatorium orchestra was kept busy at these times, as were Santa and his helpers.

Donors of gifts for patients included: Professional Engineers' Wives Association, the Zonta Club,

employees of Eaton's and Simmons Ltd., the Ladies' Auxiliary to the Associated Canadian Travellers, the Fidelity Branch of the Canadian Legion (105), and Miss L. Atkinson, all of Winnipeg; Provincial Council Ladies' Auxiliary to the Royal Canadian Legion, Ladies Auxiliary to Ninette Canadian Legion, Wawanesa Square Dance Club, Belmont CGIT, the Rev. and Mrs. Whitten of Baker Lake Anglican Mission, Wawanesa Chapter of the IODE, Killarney Elks, Pelican Lake Motel, Primrose Homemakers of Boissevain, Norfield Combined 4-H Club and Ninga 4-H Home Economics Club.

The some 30 to 40 units involved in the United Church Women's organization in the Brandon Presbytery sent gifts to "adopted" patients at Ninette. Each group in the Presbytery adopts a needy patient at the sanatorium each year, and in addition to the gifts these patients receive at Christmas, special presents and remembrances come their way every month. It is a most generous and much appreciated work.

We are also very grateful to the members of Komet Teen Club of Killarney who arrived at the sanatorium on the day of the patients' "Christmas Tree" and presented several boxes of beautifully wrapped toys, which they had repaired and repainted themselves.

WERE YOU THERE? TELL US ABOUT IT

Following the concluding article on the Story of the Sanatorium Board, we plan to devote the subsequent issue of the Bulletin to vignettes of life and work at the various hospitals operated over the years by the Board. Were you at any time a patient or staff member? Do you have any memories that you would like to share with others? Did you play with the sanatorium orchestra, work on the travelling clinics or on any other program, take part in a Christmas concert or summer picnic? Do you have special recollections of the doctors, the nurses, the members of the Board? If you do, please write to us. We're not looking for literary masterpieces, just simple letters. Address them to Mrs. Pat Holting, Sanatorium Board of Manitoba, 800 Sherbrook Street, Winnipeg 2.

Present Papers at Medical Meeting

Two Sanatorium Board physicians are presenting papers at the 38th annual meeting of the Royal College of Physicians and Surgeons of Canada, to be held January 23 to 25 at the Hotel Vancouver.

Dr. R. R. P. Hayter, director of physical medicine at the Manitoba Rehabilitation Hospital, will speak on "The Modular Pylon Prosthesis System in the Management of Leg Amputees" at a scientific session on orthopaedic surgery on Thursday, January 23. This prosthesis system — developed by the Prosthetics and Orthotics Research and Development Unit of the Sanatorium Board of Manitoba — is now in its sixth year of use. Dr. Hayter will outline results of trials on various groups of patients and, among other things, compare the cost of fitting and length of training time in the program with another program using conventional prostheses. An earlier paper on this subject was also given by Dr. Hayter at the International Congress on Physical Medicine in Montreal last August.

Dr. Reuben Cherniack, medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, will present two papers, the first of these on "Home Care of Chronic Pulmonary Disease" and the second on "Tracheostomy — Indications and Management." In February he will also present a special paper at the meeting of the American College of Physicians at Banff.

Another paper at the Vancouver meeting is "An Analysis of Blood Glucose Value in a Population in Relation to Diabetes with a Suggestion About Diabetes Inheritance." This paper will be presented by Dr. Barry J. Kaufman of the University of Manitoba and will be largely based on findings from a large-scale diabetes survey conducted by the University and the Sanatorium Board.