NEWS BULLETIN

The Sanatorium Board of Manitoba

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Christmas Seal Targets

Rising Menace of COLD

Chronic obstructive lung diseases are being reported increasingly on this continent as a cause of disability and death.

In a statement at the opening of the 1969 Christmas Seal Campaign to combat respiratory disease, Dr. R. M. Cherniack, medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, said that COLD — particularly chronic bronchitis and emphysema — now constitute the most important chronic diseases of the lung in North America.

Although it is worrying, it is not the death rate[1] that is most disturbing, he said, but rather the prevalence of these conditions, the course and resulting disability, with the tragic social and economic consequences on the lives of the population.

Dr. Cherniack pointed out that vital statistics on the prevalence of chronic bronchitis and chronic pulmonary emphysema lack precision at this time because uniform diagnostic criteria have not been used. But according to field studies conducted in many part of the world, chronic bronchitis[2] has been found to be a common condition, afflicting as many as 20 percent of adult males. Here in Manitoba, in a preliminary report of 7,000 out of 25,000 people who have taken part in a lung function survey, it was stated that chronic cough and sputum — the classic signs of bronchitis — were present in 17 percent of the group and airway obstruction, as indicated by abnormal pulmonary function, was found in 28 percent of the females and 30 percent of the males.

As an indication of the effect of these diseases on the community, it is estimated that chronic bronchitis alone accounts or a loss of around 100,000,000 productive hours in North America each year.

Chronic pulmonary emphysema — a disease which causes distention of the air sacs of the lungs and destruction of the air sac walls — is also increasing in the general public, perhaps reaching epidemic proportions in the older age groups. According to medical findings at post mortem, it is uncommon to encounter adult lungs entirely free of this condition, and in examinations of individuals who died after the age of 50, some two thirds of the males and one quarter of the females showed significant emphysema.

The actual cause of bronchitis and emphysema is not known, but surveys have shown that these conditions are more common in men than in women, that they are most common in middle age, and that the single most important determinant is cigarette smoking, Dr. Cherniack said. The difference in the incidence of bronchitis between rural and urban areas and between Britain and the United States is surprisingly small.

Although much has been written on various aspects of the subject, he continued, it is also surprising how little is known about the natural history of chronic obstructive lung disease, symptomatically, functionally and histologically at different periods along the course of the disease. Many studies now being carried out are attempting to determine the correlation between clinical, radiological, pathological and functional findings, but these are directed primarily at patients who are already suffering from moderately severe disease.

Dr. Cherniack feels that many of the problems involved in obtaining a better understanding of chronic obstructive lung disease can be solved only by long-term, carefully controlled studies of large groups of people in different places, with different exposures to environmental influences, and assessing their status

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IT'S A MATTER OF LIFE AND BREATH . . . you see! It's a matter of preventing illness in children like me . . . of tracking down infection and disease, of education and research in the respiratory disease field. Use Christmas Seals on all your holiday mail. They work around-the-year to protect your health and mine. —Photo by David Portigal

A.C.T. Donation

The Sanatorium Board is grateful to the Associated Canadian Travellers, Brandon Club, for a further donation of $2,500 to our Preventive Services Fund.

The cheque — representing the proceeds from special A.C.T. projects and from the yearly *Search for Talent* contests, broadcast over CKX Radio and Television in Brandon — was presented at the annual President's Ball at the Prince Edward Hotel in Brandon on November 21. W. E. Rees, past president of the

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Elimination of Tuberculosis

The tuberculosis problem in Manitoba today is:

• *Over 1,000 people receiving treatment.* About 600 are being treated for active disease, mainly on an out-patient basis. An additional 500 are taking the anti-tuberculosis drug INH as a means of preventing the development of active disease.

• *A total of 287 active cases uncovered in the province last year. An additional 200 cases reported during the first nine months of this year.*

• *Approximately 22 percent of the population infected with the tubercle bacillus* — about four or five percent of whom will break down with active disease at some point in their lives, unless adequate, life-time protection is provided.

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Tuberculosis prevention in Manitoba today is:

• *Chest x-ray surveys* of communities, industries, schools, nursing homes, people admitted to hospitals, and other special segments of the population.

• *Tuberculin skin testing* of school children, university and health science students, tuberculosis contacts.

•*Clinics* where patients, suspects and contacts report for check-ups and/or drugs.

• *Drug prophylaxis* for people infected with the tuberculosis germ, who are at some risk of developing active disease.

• *B.C.G. vaccinations* for those uninfected with tuberculosis, but, because of their work or environment, who are more likely than others to come in contact with this communicable disease.

• *Doctors, public health nurses, researchers and educators* working year-round to keep this disease in check, seeking new ways to eradicate the problem once and for all, keeping other professions and the

(Continued on Page 3)

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
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Symposium Speakers Urge Vigorous Therapy For COLD Patient

The aim is not to make athletes out of individuals, but to improve their breathing to the point where they can enjoy life.

On the whole, we are not giving good enough care to patients with chronic obstructive lung disease. The diabetic person, for example, is always told: Never stop taking your medicine. But the patient with chronic respiratory disease — for whom drugs are equally as important — is very often sent home with no instruction and insufficient medication.

Intensive care is not just important for people with acute illness. If patients with chronic lung disease are given intensive care at home, they can be kept out of hospital most of the time.

These were some of the viewpoints expressed to an enthusiastic audience at the closing sessions of a Respiratory Disease Symposium held at the Fort Garry Hotel in Winnipeg from October 16 to 18. Over 100 doctors from seven provinces, 21 states and from Puerto Rico and Mexico attended this postgraduate course — and 12 distinguished chest physicians from Britain, the United States and Canada took part as lecturers.

The American College of Chest Physicians Department of Continuing Education sponsored the course, in co-operation with the Joint Respiratory Program of the University of Manitoba, the Sanatorium Board of Manitoba and other teaching hospitals.

The first day of the symposium was devoted primarily to the principles of disturbed function; and the second day to the intensive management of acute lung failure. On the third day speakers got down to what they consider the greater therapeutic challenge: the care and rehabilitation of patients with chronic lung disease.

One of the worst things a doctor can tell a patient with chronic obstructive lung disease is that he has to live with his problem simply because there is no cure, said Dr. William F. Miller, professor of medicine at the University of Texas Southwestern Medical School. The only acceptable approach is one of warm enthusiasm born out of the conviction that the COLD patient can benefit from vigorous therapy.

In a lecture on the *Rehabilitation of the Patient with Chronic Respiratory Disease*, Dr. Miller suggested the following measures to help rid the patient of cough and sputum, improve exercise tolerance and the patient's general well-being.

1. *Explain to the patient* (and his family) the nature of chronic obstructive lung disease, the causes of his shortness of breath, and the importance of adhering faithfully to the treatment program.

2. *Remove irritants* such as cigarette smoking and, if possible, other environmental pollution that aggravates his condition.

3. *Reduce the production of secretions* by controlling respiratory infection and teaching the patient (and his family) drainage techniques.

4. *Reduce bronchial obstruction* through the use of bronchodilators and through bronchial hygiene and anti-inflammatory agents.

5. *Improve the patient's exercise tolerance and physical condition.* The first step is to teach the patient how to control difficult breathing and make better use of his remaining lung capacity. The patient should understand that when he tries to breathe forcibly or rapidly, he only exaggerates the obstruction. Instead he should be taught diaphragmatic breathing, sniffing in air slowly and letting it out slowly through pursed lips or the nose.

Once the patient has learned to control his breathing, he is ready for a gradually increasing exercise program aimed at improving his oxygen intake level and his general well-being. A state of physical fitness (and release from nervous tension), said Dr. Miller, is as important for COLD patients as for normal people.

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In another session, Dr. R. M. Cherniack, professor of medicine at the University of Manitoba and director of the symposium, talked about the Home Care Program established at the Winnipeg General Hospital 11 years ago for patients with severe chronic respiratory insufficiency.

Dr. Cherniack described the program as an extension into the home of what the health team does for the patient in the hospital. By providing COLD patients with an intensive, medically supervised home care program and by making maximum use of para-medical personnel to carry out treatment, health care costs can be cut to about 98 cents per day, and re-admissions to hospital and length of time spent in hospital can be drastically reduced, he said.

The home care program incorporates the same treatment measures outlined by Dr. Miller and makes use of the Victorian Order of Nurses, visiting physiotherapists, inhalation therapists, occupational therapists, social workers and, when needed, housekeepers. The resident in respiratory diseases and the patient's own family physician provide medical supervision.

Initially, the program was designed for patients with severe chronic lung disease who had a record of repeated hospital admissions. But the plan has worked so well that organizers are thinking of relaxing the criteria and admitting patients in an earlier stage of disease.

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Out-of-town speakers, in addition to Dr. Miller, included Dr. Peter Harris, director of the Cardiology Institute of London, England; Dr. E. J. Moran Campbell, professor of Medicine, McMaster University; Dr. Barrie Fairley, professor of anaesthesia, University of California; Dr. G. G. Jackson, professor of medicine, University of Illinois Medical Centre; and Dr. John Downs, associate professor of anaesthesiology, University of Pennsylvania.

A significant new feature of the symposium was the emphasis on self education techniques for participants. A recommended reading list dealing with the topics covered was distributed six weeks prior to the symposium. In addition, a booklet of about 250 multiple choice questions concerning the subjects allowed participants to assess their knowledge both during and after the symposium.

It's the Sixty-fifth Anniversary of the Christmas Seal

This year marks the 43rd year that Christmas Seals have been distributed nationally in Canada to raise funds for the prevention of ill health . . . but across the sea, in the little country of Denmark, the Christmas Seal celebrates its 65th anniversary.

Eskimo carvings are the theme of Canada's Christmas Seals, and to officially launch the campaign last month Prime Minister Trudeau accepted the first sheet of seals from Meeka Kilabuk of the Northwest Territories. The seals, depicting Arctic figures against a background of snow and northern lights, were designed by Toronto artist, William G. Parlane.

It was back in December, 1903, that a Danish postal clerk, Einar Holboell, hit on the idea of selling special Christmas stamps to help those in need. The thought came to him one stormy night as he sorted great mounds of mail at a post office on the outskirts of Copenhagen. He happened to glance out into the street where he saw two ragged children struggling through the snow, their tiny bodies shivering in the icy north wind. Holboell looked again at the Christmas greetings in his hand, and suddenly the thought struck him that perhaps during this season of so much good will people would not mind purchasing an extra stamp for their mail, if they knew that their money would aid children such as these.

His fellow workers helped him develop the plan, the King of Denmark gave it enthusiastic support, and the following year the first Christmas Seals went on sale in post offices across the country. The Danish people, who number about four million, bought four million of these little stamps, and the proceeds were used to purchase a site for a tuberculosis hospital for children at Kolding.

In the years following, other countries throughout the world took up the Christmas Seal as a means of fighting tuberculosis. The first seals in Canada were sold in Toronto and Hamilton in 1908 to raise funds for two struggling sanatoria. Manitoba issued its own seal in 1911 to help pay for the new sanatorium that had just been opened at Ninette. Then in 1927 all Canadian provinces took up the Christmas Seal Campaign unitedly, using one seal for the whole country.

For about 40 years Christmas Seal contributions were used to finance province-wide programs to prevent tuberculosis, but in recent years the campaign has been broadened to include all crippling respiratory diseases. The Eskimo figures that decorate holiday mail this year symbolize the continuing battle to control tuberculosis and reduce the rising threat of emphysema, bronchitis and other chronic lung diseases. Today, as in 1904, Christmas Seals give everyone the opportunity to share in the effort to protect and preserve the health of all.

This monument to Einar Holboell, the Danish postal clerk who inspired the world-wide Christmas Seal Campaign, stands in the square at Charlottenlund on the outskirts of Copenhagen.

Planned Exercises for Health

The pilot project went well in the summer. The first formal class, which ran for eight weeks this fall, was also a success.

So it looks like the special exercise program, conducted at the Manitoba Rehabilitation Hospital for certain patients with coronary arterial disease, is here to stay.

The course — consisting of two 1½-hour sessions each week for two months — is designed specifically for people who have made good recovery from a heart attack. Dr. Leon Michaels, consultant in cardiology, is in charge of the program; Dr. S. C. Man, medical resident, is the attending physician; and Mrs. Donna Bjore and other members of the hospital physiotherapy department, conduct the classes.

The theory behind the "Cardiac Program" is that graded exercises can benefit patients who have suffered a cardiac infarct or an attack of acute coronary insufficiency in the past. According to Dr. Michaels, extensive studies in other medical centres have shown that not only are such programs safe, but that they also help patients to become fitter and develop a sense of well being and an increased exercise capacity.

The ability of the heart to cope with the stresses of exercise is improved,he says. And it is possible (although not yet proved) that the risk of future episodes is reduced.

The Winnipeg course — based on the Rehabilitation Exercise Program of the Institute of Occupational Health of Helsinki — gradually works each patient into a routine which, it is hoped, he will continue to maintain at home. Exercises are graded according to the patient's physical capabilities and consist for the most part of relaxation exercises and gradually stepped up calisthenics, walking and running.

The next program begins in January and will be followed during the year by three other 8-week courses. Patients who will be admitted to the program must be referred by a physician and they must meet certain medical requirements. They must also be able to get to and from the hospital on their own.

Application forms are available to physicians from Miss E. L. M. Thorpe, nursing consultant and administrative assistant, Manitoba Rehabilitation Hospital (775-0181).

In Memoriam

PERCY BEACHELL, a former member and long-time friend of the Sanatorium Board of Manitoba, died in Winnipeg on November 14 at the age of 95 years. There is a handful of staff members who remember this gracious, soft-spoken gentleman who from 1940 to 1944 represented the Union of Manitoba Municipalities on our Board and headed the Tuberculosis Control Commission, which was set up for a short time in the early 1940's to formulate policy related to tuberculosis control. He was an enthusiastic supporter of anti-tuberculosis work and long after his retirement he turned up in our offices each spring to attend our annual meeting. In a broader way, Mr. Beachell contributed a good deal to the life of this province. A farmer at Rosser since 1889, he served for 40 years on the council of Rosser municipality and was reeve for 32 continuous years. He became a member of the Union of Manitoba Municipalities in 1935 and was elected president of the Union in 1943 and 1944. He was also chairman of the Cancer Research Board for 20 years, a Justice of the Peace for 25 years, a member of the Old Age Pension and Relief Board and of the Manitoba Motor League. For 58 years he was a member of the Manitoba Good Roads Association, serving as president from 1937 to 1953. Mr. Beachell will be remembered at the Sanatorium Board as one of the outstanding citizens of this province, a pioneer who helped to shape a better life for up-coming generations, a gentle man who, in the words of one of our members, "was nice to know".

HENRY ANDERSON YOUNG, known affectionately at Manitoba Sanatorium as Pop Young, died on November 1 at the Killarney Hospital. A former tuberculosis patient at both the King Edward Hospital in Winnipeg and Ninette, Mr. Young joined the sanatorium staff as relief switchboard operator on June 9, 1956. He was born in Scotland on October 16, 1898, and served during World War 1 with the Royal Scottish Imperial Army, returning wounded in 1916. He emigrated to Canada in 1920 and worked for the CPR in Winnipeg until he fell ill with tuberculosis in 1951. Mr. Young was a popular member of the Ninette staff and an enthusiastic participant in the sanatorium's social life. He will be missed by many.

WELCOME NEW BOARD MEMBER

A warm welcome is extended to Russell S. Allison who last month accepted membership on the Sanatorium Board of Manitoba.

Mr. Allison, who attended his first meeting of the Board on November 27, moved to Winnipeg early this fall to assume duties as vice-president of the Canadian Pacific Rail, Prairie Division.

Born June 1, 1924, in Tichborne, Ontario, Mr. Allison represents the third generation of his family to serve the CPR. He joined the company in 1946 after graduating with a degree in civil engineering from Queen's University, and transferred from the engineering department to the operating service in 1957. Following posts of increasing responsibility in the east, he moved to Vancouver in 1966 as general manager of the CP Rail's Pacific Region, a position he held until his appointment as vice-president of the Prairie Region on October 1.

R. S. ALLISON

Mr. Allison is a member of the Engineering Institute of Canada, the Professional Engineers of Ontario and the American Association of Railway Superintendents. He lives in Tuxedo with his wife and two children, Joan 11 and John 8.

BRANDON A.C.T.

(Continued from Page 1)

Brandon Club, made the presentation and Executive Director T. A. J. Cunnings accepted the cheque on behalf of the Board.

Mr. Cunnings commended the Brandon Travellers for their outstanding support of programs to preserve health and prevent needless disability. Since 1945, he said, the Brandon A.C.T. has financed many important community projects, amounting to around one-quarter of a million dollars in cost.

George W. Smallwood, new president of the Brandon A.C.T., chaired the program and tribute was paid to the out-going president, Leo Clement. Also representing the Sanatorium Board at the ball were John F. Baldner, chairman of the Preventive Services Committee, and Dr. A. L. Paine, medical superintendent of the Manitoba Sanatorium.

Students Awarded Scott Scholarship

We were deeply interested in a report from the Manitoba Branch of the Canadian Society of Laboratory Technologists, which announced the presentation of the first Joseph M. Scott Scholarships to two students of medical technology.

At a recent meeting of the Society, Honorary President Dr. J. M. Bowman awarded the scholarships to Miss Carol Anne Metcalfe, formerly from Erickson, Manitoba, and now a student at the Winnipeg General Hospital, and to Miss Ingrid Roh of Winnipeg, a student at the Misericordia General Hospital.

The scholarships — amounting to $250 each — are in honor of the late Joseph Matheson Scott, a former tuberculosis patient who pioneered medical technology in the province of Manitoba and served for 35 years as chief laboratory technologist at the Manitoba Sanatorium, Ninette.

From the time he joined the sanatorium staff in 1929 until his death in April, 1964, Mr. Scott made many fine contributions to the anti-tuberculosis crusade and to the advancement of laboratory technology. A prolific writer, he produced many papers on scientific subjects and among other things, compiled a manual on laboratory techniques in tuberculosis. He was elected national president of the CSLT in 1950 and he was also a member of the Editoral Board, which was responsible for formulating the Society's code of ethics. In 1957, in appreciation of his work, he was awarded honorary life membership in the national body.

RISING MENACE

(Continued from Page 1)

symptomatically, functionally and, if possible, psychologically. "In this way," he said, "it may be possible to determine the very early manifestitations of this disease, so that it can be recognized before serious disturbances develop. It may then also be possible to introduce preventive and therapeutic measures to prevent progression to the stage of marked disability."

Toward this end, the University of Manitoba, in co-operation with the Christmas Seal Preventive Service of the Sanatorium Board, began lung function surveys of large population groups in Manitoba some 18 months ago.

1. According to available statistics, deaths from chronic bronchitis and pulmonary emphysema have doubled every five years since 1950, rising from at least 168 deaths in Canada in 1950 to at least 3,209 last year. In a great many other cases, chronic obstructive lung disease was designated as a contributory cause of death.

2. Chronic bronchitis: cough and sputum every day for more than three months of the year, for two or more successive years.

TUBERCULOSIS

Continued from Page 1

public informed about the methods of control.

BUT MOST OF ALL, TUBERCULOSIS PREVENTION DEPENDS ON YOU . . . ON THE INTEREST YOU TAKE IN PROTECTING YOUR HEALTH . . . ON THE SUPPORT YOU GIVE TO THE CHRISTMAS SEAL CAMPAIGN, WHICH IS THE PRIMARY MEANS OF FINANCING MANY OF THESE SERVICES.

Christmas Events

Manitoba Association of (Civil) Amputees are holding a Christmas party in the M.R.H. auditorium on December 11, beginning at 7:30 p.m.

All staff members of the Sanatorium Board of Manitoba are invited to attend a gala party at the Sildor Ballroom on the evening of December 12. Organizers have promised an evening of dining, dancing and entertainment at the price of $3.50 per person.

A children's choir will tour the wards of the Manitoba Rehabilitation Hospital on December 12, beginning at 7 p.m. And at 7 p.m., December 15, the choir of the Sargent Mennonite Church will sing for patients in the hospital auditorium.

Patients at the Manitoba Rehabilitation Hospital are the special guests at a Christmas party and concert in the hospital auditorium on the evening of December 17. The Aviva Chapter, B'nai B'rith, are again providing the refreshments and staff members, the entertainment. (Mrs. June Thomson is in charge of the latter).

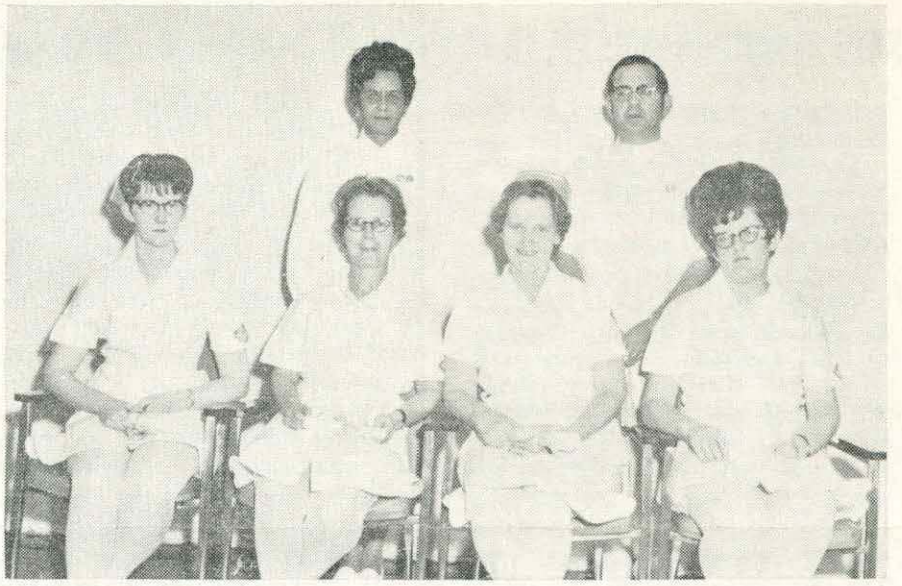
Don Buccini's Orchestra will hold a concert for our patients in the M.R.H. auditorium on December 18 at 7 p.m.

Patients in the D. A. Stewart Centre will gather for a Christmas party and concert in the hospital auditorium on December 22 at 6:30 p.m. Mrs. Margaret Masterman, Social Service Department, is organizing the program.

Salvation Army Christmas Cheer Group will entertain the children at the D. A. Stewart Centre on the evening of December 22, and afterwards they will visit the wards of the Manitoba Rehabilitation Hospital.

A Christmas Carol Service has been planned for all patients and staff on December 24. The program, to be presented by staff members, begins at 2 p.m. in the M.R.H. auditorium.

Patients and staff at the Manitoba Sanatorium, Ninette, along with students and staff at Pembina House, will hold their annual Christmas concert in the assembly hall during the week preceding Christmas and on Christmas Eve they will gather for the Christmas Tree song fest.



NINETTE GRADUATION — The 24th class to complete the Nurses' Assistants Training Program at the Manitoba Sanatorium are pictured following the graduation ceremony on November 21. Seated left to right are Miss Janet M. Buttner, Mrs. Beatrice Pearce, Mrs. Helen Sharp and Miss Lois Ringland. Standing behind are Miss Doreen Lewis, nursing instructor, and William Broadhead, director of nursing. —*Photo by Bill Amos*

Something It Is Our Duty To Give

"She'll be comin' 'round the mountain . . . Toot! Toot!"

This was the lusty welcome when we visited the children's school at the Manitoba Sanatorium last month. Outside, the air was clear and crisp, and the first winter snow lay thinly on the ground. Inside, the gaily bedecked classroom was bathed in sunlight, and in the warmth of a dozen smiling faces. It was good to be back at Ninette, if only for a little while. And as always, it was fun to witness the industry that goes on in this lovely haven.

Many years ago Dr. D. A. Stewart determined to turn Manitoba Sanatorium into a school "from top to bottom". Both staff and patients were recruited into his program, and lessons were scheduled 'round the clock. Today, although circumstances have changed, the sanatorium tries to carry on this tradition. Mrs. Edna Thiessen, who back in 1927 helped set up Dr. Stewart's school, keeps going as senior teacher. Assisting her are Mrs. S. V. Hastings and Miss Gladys Motheral.

About one-third of the patients are enrolled in some form of study. They range from six-year-old school entrants to middle-aged Eskimos taking bedside instruction in English. The majority of home addresses are vastly different from those of bygone years, and the emphasis in teaching has changed. If their health permits, the youngest ones, of course, follow the program set for the elementary school; but in the case of most of the older students, the old academic routine has been laid aside in favor of the Basic Course for Skill Development.

Still, we feel that Dr. Stewart would be pleased enough with the school at Ninette today — and also with the outstanding accomplishments at Pembina House, a separate institution on the sanatorium grounds where, under the direction of the Sanatorium Board, young men and women from remote rural areas are being prepared for training and work in the city.

The intent, we feel, remains the same. "Something," as Dr. Stewart said, "that will occupy this time usefully . . . that might yield a little advantage, if possible . . . something it is our duty to give."

Ninette Bowlers

Ninette district bowlers started the 1969-70 season on November 3 with a record number of participating teams. According to the Bowling Committee Chairman Alok Hallem, 24 teams, comprising 96 bowlers, will compete in the year's events.

The teams — meeting four nights weekly at the Manitoba Sanatorium recreation hall — are made up of members of the sanatorium staff, residents of Ninette and of Belmont, Dunrea and Baldur. Special events include and Mr. and Mrs. Tournament and a Mixed Doubles Tournament during the Christmas holiday.

Trophy winners last year were Ken and Carol Mansell and Butch and Heather McKenzie. Terry O'Brien captured the prize for the Men's High Average, and Miss Marion Hine won the Ladies' High Average. Other awards went to Murray Maxwell and Edna Verhelst, Belmont (High Single), and to Don McKenzie and Gladys Maxwell (High Double).

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals and organizations who have recently made donations or bequests to our various health services.* According to the wishes of the donors, some of this money has been used to purchase special equipment for patients, or in other cases, to assist our province-wide program to prevent ill health, or to finance research into the means of preventing and treating disabling disease or injury.

Mr. and Mrs. Alexander MacPhail, Shoal Lake	$ 175.00
Winnipeg City Police Athletic Association	$ 265.00
J. M. Bernstein, Winnipeg (a further donation)	$ 233.00
Mrs. H. G. Shuttleworth, Winnipeg	$ 200.00
Associated Canadian Travellers, Brandon Club	$2,500.00

Mr. and Mrs. F. M. Barclay, John Rickard Clements Memorial Fund, Winnifred McDowell, Kenton.

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

BULLETIN BOARD

Our hearty congratulations to Dr. Hyman I. C. Dubo who recently received his Fellowship in Physical Medicine, and to Dr. Siu Wah Lee, who received his Certificate in Physical Medicine from the Royal College of Physicians of Canada. Both Dr. Dubo and Dr. Lee will soon be joining the active staff of the Manitoba Rehabilitation Hospital. Dr. Dubo has also been appointed medical director of the hospital's Paraplegic Unit.

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The Sanatorium Board also extends warmest wishes and congratulations to Dr. George J. Wherrett of Ottawa, who received an Honorary Doctor of Laws degree at the fall convocation of the University of Saskatchewan on November 1. An internationally recognized authority on tuberculosis control and a former president of the International Union Against Tuberculosis, Dr. Wherrett served for 30 years as executive secretary of the Canadian Tuberculosis Association, retiring in 1962.

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Several members of the SBM executive staff and various hospital departments attended the Second Manitoba Health Conference at the Fort Garry Hotel November 19 to 21. Chief participant was our assistant executive director, Edward Dubinski, who as president of the Manitoba Hospital Association, presided at the conference and annual meeting. At the annual banquet on November 20 he was presented with his past president's pin.

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Dr. C. B. Schoemperlen, associate medical director of our Tuberculosis and Respiratory Disease Service, was re-elected chairman of the Committee on Bronchoesophagology at the recent annual meeting of the American College of Chest Physicians in Chicago. He was also elected a governor of the college for this province and a member of the Council on Pulmonary Diseases.

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Miss E. L. M. Thorpe, SBM nursing consultant and administrative assistant, has been reappointed chairman of the Ad Hoc Committee on Nursing of the Canadian Tuberculosis and Respiratory Disease Association Management Committee.

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Our deepest sympathy is expressed to John B. Craig of Brandon, in the recent loss of his wife Catherine. Mr. Craig is a member of the executive committee of our Board.