



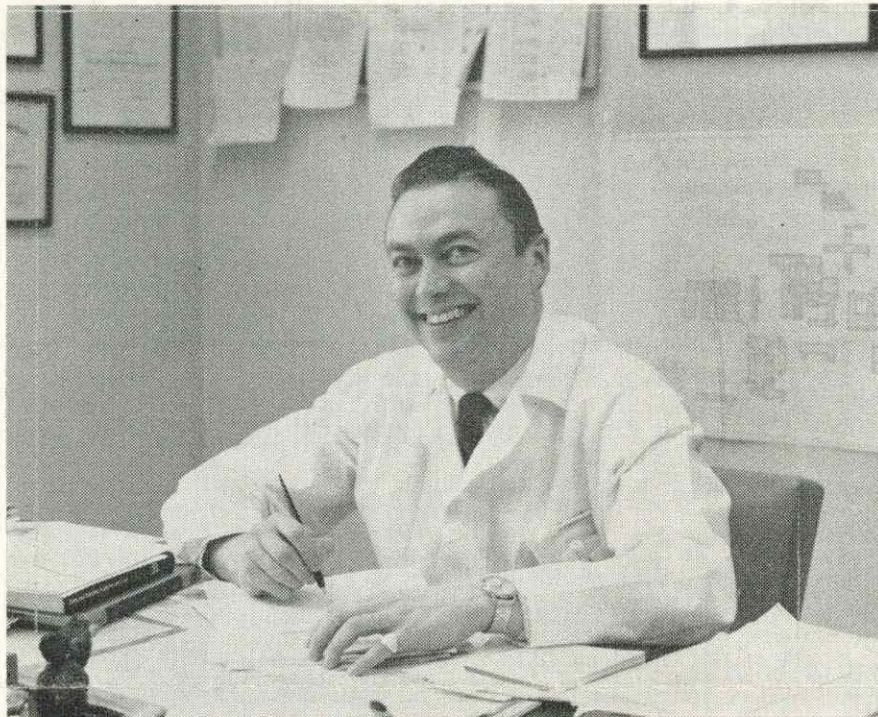
Johns Hopkins Honors Dr. R. M. Cherniack

In recognition of his many achievements since his postgraduate days at Johns Hopkins University, respiratory disease specialist Dr. Reuben Mitchell Cherniack, of the University of Manitoba Faculty of Medicine, was invested as a first member of the Johns Hopkins Society of Scholars at a special Commemoration Day ceremony in Baltimore on February 22.

Dr. Cherniack was one of 16 scholars to receive charter membership in the Society.

The Society, we understand, is the first of its kind on the continent, and membership is restricted to postdoctoral fellows who have gained marked distinction in the sciences or the humanities.* With the honor comes a handsome certificate and a bronze medallion, which the recipient wears around the neck over his academic costume.

In a span of less than 20 years, Dr. Cherniack has received a number of acclamations and awards for his contributions to medical science, but it seems to us that none quite tops this latest tribute which he shares with some of the most brilliant minds on the continent. A 1948 graduate in medicine from the University of Manitoba, Dr. Cherniack came quickly up through the university ranks to achieve international renown. In 1951, after winning the Prowse Prize for physiological research as a teaching fellow at the U. of M. and senior resident in medicine at the Winnipeg General Hospital, he served as a fellow in medicine at the Presbyterian Hospital at Columbia University. He returned to the University of Manitoba in 1952 to take a teaching post in the Department of Physiology and



DR. REUBEN MITCHELL CHERNIACK

Research, won the Drewry Prize for medical research, then set off for Baltimore to study as a fellow in medicine at Johns Hopkins Hospital. In the years following came a Markle Scholarship in Science, a Fellowship in the Royal College of Physicians of Canada and in the American College of Physicians, and the status of Associate Professor in the Department of Medicine at the University of Manitoba. Today he is not only Professor of Medicine and Associate Dean for Planning and Development in the Faculty of Medicine, but he also serves as director of the uni-

versity's Joint Respiratory Program, as head of the Inhalation Therapy Unit at the Winnipeg General Hospital, and, as our own staff and patients well know, as medical chief of the Sanatorium Board's Tuberculosis and Respiratory Disease Service.

Dr. Cherniack's primary interest lies in the field of both acute and chronic respiratory insufficiency, and he has been deeply involved in research concerning the understanding of disturbed function and the application of measures to improve the care of patients. He is the chief architect of several front-rank respiratory programs — the most recent of which is a three-year program of postgraduate training in respiratory diseases. This Joint Respiratory Program — hailed as the first of its kind in Canada — aims to correlate basic science and research with the diagnosis and treatment of respiratory diseases.

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CTRDA Announces '69 Research Grants

The Canadian Tuberculosis and Respiratory Disease Association will spend \$113,300 this year on its nationwide research and fellowship program.

The money — comprising a percentage of Christmas Seal funds raised by the provincial associations — will be used to promote research into the unsolved problems of respiratory disease and to assist graduates who are ready to undertake teaching and investigative programs in respiratory disease.

Among the 16 people receiving grants or fellowships from the CTRDA this year are three Manitobans who together will receive \$28,500 for investigations into basic mechanisms of respiratory disease.

Dr. N. L. Stephens, assistant professor of physiology at the University of Manitoba will receive \$12,000 for further investigations into some of the mechanical processes of breathing. Dr. Stephens — who has had nearly \$20,000 from the CTRDA Research Fund in other years — will be studying stress-strain relationships and the effect of carbon dioxide, oxygen and acidity on the smooth muscles in the bronchial walls and on the biochemical properties of the cell itself.

Dr. Bryan Kirk, assistant professor of medicine, University of Manitoba, and director of the Intensive Care Unit at the Winnipeg General Hospital, gets a further grant of \$12,500 this year for research into the mechanisms of the development of severe lung insufficiency in patients who are in a state of septic shock.

To Dr. Edmund E. Faridy, assistant professor of physiology at the University of Manitoba, goes \$4,000 for a study entitled, "The Rate of Formation of Pulmonary Edema".

Dr. Faridy is interested in the surface forces of the lung — that is, in

Continued on Page 3

JOE CHRISTIN KICKS THE HABIT

Joe Christin — who won his way into our hearts several years ago when he posed for pictures for our Christmas Seal Campaign — cheerfully announced this month that he has given up a lifetime habit of cigarette smoking.

"I was getting a little short of breath and figured that maybe the cigarettes weren't so good for my health," says Joe, who for years made a real career out of smoking. He maintains that he picked up the habit on his grandfather's farm at the age of four, when he began stuffing home grown and cured tobacco into a clay pipe. From there he worked his way up to four packs a day and maintained this prodigious quota for years, and years.

"I'm not sure that I feel better physically," says our new abstainer, "but I admit that it wasn't as difficult to quit as I thought it would be.

"In fact, I think I feel rather good about it. I decided one day to quit . . . and just like that, I did. And it's a funny thing: I hardly miss my smokes at all!"

Joe — a resident of the Fred Douglas Lodge in Winnipeg and one of our finest workers during Christmas Seal Campaign preparations — will celebrate his 83rd birthday on October 29.

Which all proves, we guess, that people of any age can successfully give up the weed.

At least, Joe thinks so.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg 2, Manitoba
Second Class Mail Registration Number 0324.

DR. CHERNIACK HONORED

(Continued from Page 1)

At the Winnipeg General Hospital, Dr. Cherniack was also the prime force behind the establishment of an Intensive Care Department and Training Program (which took 12 years of planning and is acclaimed just about the best anywhere), and of a pioneering program that provides good, supervised home care to patients with severe chronic respiratory insufficiency for something around 50 cents per day. He has also been deeply involved in numerous research programs (at present he carries \$100,000 in grants for his projects alone); he is the author or co-author of some 50 scientific articles and he collaborated with his brother Dr. Louis Cherniack on a textbook titled "Respiration in Health and Disease".

Finally, along with other representatives from the Manitoba Medical Centre and the St. Boniface Hospital, Dr. Cherniack has a big part in the planning of a \$97 million Health Sciences Centre for Manitoba, which will provide comprehensive, co-ordin-

Some U.S. Facts

One-third of all male deaths, 35 to 60 years, are premature deaths from diseases associated with cigarette smoking.

At present rates, one-seventh of all Americans now alive will die prematurely of diseases associated with cigarette smoking.

Each year cigarettes kill five times more Americans than do traffic accidents. Lung cancer alone kills as many as die on the road.

— *World Conference on Smoking and Health, 1967*

ated programs of medical care, hospitalization, teaching and research.

All this — plus his brisk manner with students and staff, his impatience with slouchers and time-wasters, and his innumerable expeditions outside the province — give one the impression that Reuben Cherniack is a man wholly immersed in the world of medicine. On closer scrutiny, however, it would appear that the Reuben Cherniack of the office, laboratory and classroom somewhat differs from the relaxed man who, after hours, entertains, golfs and curls, dabbles in oils and acrylics, and dotes on a family that includes wife Edith, daughter Karen, 12, and sons Mark and Mitchell, 8 and 5.

Dr. Cherniack is shy about his painting (which we understand includes some rather masterful land and seascapes . . . artfully hung a bit too far from the visitor's eyes), but he enjoys promoting his wife's clay sculpture, pieces of which have been displayed at a local gift shop and will soon form part of a special exhibition organized by the Hadasah.

"She slaps on clay in primitive fashion," he claims, "and in my mind, the result is good. Her faces show real character."

In our mind, Dr. Cherniack emits a fair amount of character himself, and we all join in extending to him our heartiest congratulations on receiving this latest, well deserved honor.

* To be more specific, the Society inducts former postdoctoral fellows at Johns Hopkins who have gained marked distinction in their fields of physical, biological, medical, social or engineering sciences or the humanities, and for whom at least five years has elapsed since their postdoctoral work. Election to the Society — created upon the recommendation of former J.H.U. president Milton S. Eisenhower — is made by a standing university committee on the recommendation of the academic departments having postdoctoral education programs.

TB-RD Associations Link Up With Anti-Cigarette Smoking Campaign

The Canadian Tuberculosis and Respiratory Disease Association — together with member Associations across the country — have wholeheartedly joined the nationwide movement against smoking, and at a recent meeting of provincial executive secretaries the group approved a brief to the standing parliamentary Committee on Health, Welfare and Social Affairs, concerning the dangers of cigarette smoking.

"On the assumption," the brief notes, "that the Department of National Health and Welfare will set forth the facts on various aspects of smoking hazards, that the Canadian Cancer Society will set out the problem of increase in lung cancer, and that the Canadian Heart Association will do the same for the effects of cigarette smoking on the heart, the CTRDA wishes to concentrate on the effects of cigarette smoking as evidenced by the alarming increase in non-infectious lung diseases, of which bronchitis and emphysema are the outstanding examples."

In 1967 in Canada, the brief continues, there were 1,693 deaths from these two diseases — an increase of about 50 per cent in three years, and more than two and a half times the number of deaths caused by tuberculosis.

"The sad fact appears to be that Canada is facing a man made epidemic of a non-infectious disease. Doctors estimate that eight out of 10 of those dying from these diseases have been heavy cigarette smokers."

The CTRDA joins others in recommending: that all advertising of cigarettes on radio and television be banned ("Our reason is that among those who have begun to smoke, this publicity may properly be called advertising, but in pre-school children it would be more accurately described as education to smoke"); that such promotional devices as free gifts and cash prizes used by tobacco companies be made illegal; that consideration be given to making it a requirement that tobacco companies print a warning on cigarette packages to the effect that to smoke the contents may be injurious to health.

With respect to the last recommendation the CTRDA believes that it would be even better (though doubtless hard to impose) to obtain legislation requiring that a red line be put on cigarettes indicating at what point the smoker has absorbed 10 mgs of nicotine.

The CTRDA also offers to co-operate with the government in a study to assess the cost of emphysema and bronchitis to the nation. "Those defending cigarette smoking," the association points out, "are quick to point out the amount of revenue which the government receives from the sale of cigarettes, and that land, which is of almost no practical value for anything else, yields a high acre revenue when planted in tobacco.

"It should be possible to get figures to counter this argument by stating the millions of dollars taken from the economy in hospital costs and payment of disability allowances."

Reference Centre Opened In Ottawa

A long held dream of a national centre that could give a fast, consistent, coast-to-coast service of testing TB cultures for drug sensitivity was recently realized with the opening of a new federal laboratory in Ottawa.

The National Tuberculosis Reference Centre, doctors feel, should aid greatly in the control and management of tuberculosis, which, in spite of big advances, remains one of our major communicable disease problems.

Opened late last year at the Royal Ottawa Sanatorium, the Centre aims to provide uniform standards in testing for resistance to the anti-tuberculosis drugs.

According to Dr. Leslie Eidus, physician in charge of the laboratory, tuberculosis treatment centres in all parts of Canada will now be able to send TB cultures to Ottawa for an analysis. Recommendations will be sent back and the pertinent details will go on file for reference in future cases.

The laboratory's first concern will be testing for resistance to the three primary anti-tuberculosis drugs (INH, PAS and streptomycin).

Another important objective is to conduct investigations on resistance to the second-line drugs, in order to establish proper methods for testing these compounds. The introduction of reliable methods should assist considerably in the treatment of patients who are infected with bacilli resistant to the major drugs.

The National Tuberculosis Reference Centre is part of the Laboratory of Hygiene of the Department of National Health and Welfare. It was established on the recommendation of the Third National Tuberculosis Conference held in 1966 under the joint auspices of the Department of National Health and Welfare and the Canadian Tuberculosis and Respiratory Disease Association.

In time, it is felt, the importance of the Centre should grow considerably — particularly if TB treatment centres throughout the country make use of this free service. Canada, for example, still lacks important data on the actual state of TB drug resistance. The new Centre should be able to provide some interesting national statistics.

The Sanatorium Board of Manitoba has been making full use of the service for the past several months.

Seals Raise \$188,000 for Prevention

The 1968 Christmas Seal Campaign closed officially on February 28th, with a total of \$188,101.61 to spend on this year's preventive health services.

The sum is slightly less than the amount raised by the 1967 campaign, but nevertheless it should be sufficient to carry on this year's mass chest x-ray surveys, tuberculin skin testing and BCG vaccination programs, and health education services. In addition to these, our Christmas Seal mobile units and crews will also continue to provide such additional early detection programs as mass pulmonary function studies and blood tests for diabetes.

The Sanatorium Board warmly thanks the thousands of people who, through small yearly donations, make these health services possible. Some 200,000 letters are sent out to householders each year; the average return per letter works out to around 95 cents.

We are also grateful to the many individuals and groups who contributed their time to help get the Christmas Seal letters ready for mailing, and we express our appreciation to the newspapers and radio and tele-



Among the 500 people who helped with Christmas Seal preparations were Air Cadet Peter Papetti and Major A. H. Morrison, Commanding Officer of Squadron 170, City of St. James (Kiwano).

vision stations throughout the province, who gave us a considerable amount of free publicity.

And finally, we would most certainly be remiss if we did not extend a hearty thank-you to the postal service, which saw that our appeal letters reached their destination and brought the contributions back to us.

Volunteers Honored For Outstanding Work

"I enjoy being here," says Mrs. Joe Miske, volunteer worker at the Manitoba Rehabilitation Hospital. "Moreover, I think it's good for a housewife to be included a little in the business world."

That's the way Mrs. Miske looks at the many hours she spends in service to others. An expert golfer and curler during other leisure hours, Mrs. Miske comes to the Rehabilitation Hospital at least once every week to serve as a saleswoman in the gift shop and, because of her artistic sense, she also looks after the displays. At other times she assists the Director of Volunteer Services Mrs. William Barnard in the purchase of merchandise for the shop, and each fall she helps organize a fund-raising Christmas Candle Fair.

"On the whole, I think we've done rather well," she beams. "Every cent of our profits is turned back to the hospital, and over the past five years this has been used to furnish two wards and purchase special audiology equipment for the Department of Communication Disorders."

Mrs. Miske has reason to be proud. Since the Volunteer Service was organized in the summer of 1962, she and several score other women have given to the Manitoba Rehabilitation Hospital 59,774 free hours of service — valued at close to \$45,000 — and, after paying off their debts in the early years, over \$7,000 for the hospital equipment fund.

As a way of saying thank-you for these and other outstanding contributions, the Sanatorium Board honored volunteer workers at a banquet Thursday evening, March 6, in the hospital staff lounge. The highlight of the evening was the presentation of pins and honor guard pins to women who had given a substantial number of hours of service.

Mrs. Miske was among seven volunteers who received the honor guard pin for 500 or more hours of service. Since she began work at the hospital in July, 1962, she has accumulated 1,423 hours of service — a record topped only by Mrs. Helen Jefferson who has spent 2,249 hours helping on the wards and in the gift shop and doing numerous odd jobs for various hospital departments.

Others who received 500 hour guard pins were:

Mrs. Desmond Cox — 518 hours on the wards, in the gift shop and assisting in serving tea to arthritis patients.

Mrs. William Craigon — 757 hours at the information desk and in the gift shop.

Mrs. Arthur Horrick — 624 hours in the gift shop.

Mrs. J. Kinnear — 677 hours preparing fresh ice water for patients each Friday morning on the sixth floor.

Mrs. Doris Show — 606½ hours at the information desk.



Mrs. Joe Miske, a member of the Manitoba Rehabilitation Hospital Volunteer Services, was among 50 women who were honored at a banquet this month for their contributions to the life and work of the hospital. Mrs. Miske has been associated with various Sanatorium Board programs for a long time. For many years, as a member of the Ladies Auxiliary of the Associated Canadian Travellers, Winnipeg Club, she helped with the annual Christmas Seal preparations; then beginning in 1962 she undertook weekly missions to our Rehabilitation Hospital to assist primarily with the operation of the gift shop.

(Photo by David Portugal)

Those who received both 300 hour pins and 500 hour guard pins were:

Mrs. J. Oterholm — 625 hours on R-6 preparing ice water for patients.

Mrs. H. A. Millar — 542 hours preparing ice water for patients on the fourth floor and taking care of flowers and visiting on the ward.

Mrs. G. Roberts — 872 hours on the wards, in the gift shop and doing clerical work.

Mrs. L. Winder — 575 hours in the gift shop.

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Presented with 300-hour pins were the following:

Mrs. A. W. Dowse — 340 hours in the gift shop.

Mrs. L. A. Glinz — 475 hours in the gift shop.

Mrs. Ralph Greer (306 hours) and Mrs. William Tate (306 hours) — taking the shopping cart to the hospital's three floors two evenings each month.

Mrs. Mabel Hine — 385 hours doing filing and ward work.

Mrs. Claude Leslie — 354 hours in the gift shop.

Mrs. William MacWilliam — 463 hours on ward work, in the gift shop and serving tea to and entertaining arthritis patients.

Mrs. A. McIntosh — 378 hours on the wards, in the gift shop and at the information desk (where she has filed thousands of reports for Medical Records).

Mrs. J. R. Singleton — 378 hours on the wards and in the gift shop.

Mrs. J. G. Speirs — 395 hours in the gift shop.

Almost every hospital department — plus such other Sanatorium Board programs as Surveys, Christmas Seals and Health Education — benefit greatly from the help of the M.R.H. volunteers. And, in addition to the services mentioned previously, the patients are treated to twice monthly entertainment (arranged by the Aviva Chapter of the B'nai B'rith) and they are provided with a library (organized and operated by the Pi Beta Phi sorority), a hairdressing salon and barber shop.

But beyond this, the volunteers make their finest contribution by bringing to patients a little of the world outside. "A hospital's personality is shaped to a large extent by the cheerful attitude and enthusiasm of its voluntary workers," noted Sanatorium Board Director in his address at the banquet. "We are indeed very grateful for their presence."

Mrs. Barnard chaired the evening's program, which also included a demonstration by a Winnipeg beautician, and Mr. Cummings presented the distinguished service pins. Special guests included SBM assistant executive director, Edward Dubinski and Mrs. Dubinski, SBM Comptroller Robert Marks and Miss V. E. Peacock, M.R.H. director of nursing.

RESEARCH GRANTS

Continued from Page 1

the properties of the lung tissue which tend to make it collapse, and the substance known as surfactant, which operates against collapse. He asks: Is a change in lung surfactant due to lung edema, or is edema the result of this change?

Over 500 on Drug Treatment in North

Under a new program to reduce the tuberculosis problem in the Canadian North, a total of 530 persons are presently taking supervised drug treatment at home, says Dr. J. D. Galbraith, chronic disease consultant to the Northern Region Medical Services of the Department of National Health and Welfare.

Dr. Galbraith, who visited Winnipeg this month before embarking on another routine tour of northern settlements, says that the drugs are being taken either for the treatment of tuberculosis or as a means of preventing the development of active disease.

The incidence of tuberculosis is many times higher in the Canadian north than in the provinces, he notes. In the North West Territories, the incidence of TB is 569 new cases per 100,000 population, as compared to about 25 per 100,000 in the rest of Canada. The problem is greatest among the Eskimos, who in 1967 accounted for 66 percent of the 210 tuberculosis cases reported in the north, and have a case rate of 1,352 per 100,000 population.

In the Baffin Zone, which in 1967 had a population of 4,363, 22 percent of the Eskimos have been in sanatorium for treatment of tuberculosis, Dr. Galbraith said.

In one massive effort to bring the disease under control, the federal government, in co-operation with voluntary tuberculosis agencies in the south, began in December 1967 an intensive program that includes tuberculin surveys, sputum surveys and annual x-ray screening of northern residents, plus BCG vaccination for those with a negative tuberculin test, supervised home chemotherapy for patients released from sanatorium, and chemoprophylaxis for those who are infected with tuberculosis but have not yet developed disease.

A great deal of emphasis has been placed on the preventive program of chemoprophylaxis, according to Dr. Galbraith. A combination of the drugs INH and PAS is used in one tablet; the daily dose for adults is 18 of these tablets taken all at once.

"The essential ingredient of the whole program is to get the patient to cooperate in this regime, which is carried on for 18 months," Dr. Galbraith says. "However, we have an unusually advantageous situation in the north, in that Eskimos live in reasonably compact settlements, and we have nurses located in each area."

"Our general plan is to have Eskimo patients come to the nursing station and take the pills under the direct supervision of the nurse."

"In other cases a week's supply is given to the patients . . . and there is a test which can be done to determine whether or not the patients are taking their tablets."

TB IN OTHER LANDS

The Doctor Serves 100,000 People

Current squabbles about health care and who gets what and how much in the scheme of things somehow lose appeal when we encounter articles on how the other half of the world fares.

For example, we quote from a report by Dr. John Holm, executive director of the International Union Against Tuberculosis, who recently looked at tuberculosis problems and programs in various parts of Southeast Asia.

Speaking on his impressions of Indonesia, where he met with representatives of the national tuberculosis association and of the Ministry of Health and international agencies, Dr. Holm said:

"I am sure it will be a shock to you, as it was to us, to find out that the high officials employed full time by the government have a monthly salary which translated into U.S. dollars amounts to \$10.

"Even if the buying power of

these U.S. \$10 may correspond to \$50 in New York or 250 French francs in Paris, it is impressive that these officers continue working with devotion six times 12 working hours per week."

Together with malaria, tuberculosis is considered the major public health problem in Indonesia, he said. "It is estimated that 0.5 to one percent of all adults have *infectious pulmonary tuberculosis* . . ." or in a country with 110 million people, there are 300,000 to 500,000 with sputum in which tubercle bacilli can be demonstrated by direct microscopy." Each year at least 100,000 people die from this infectious disease.

The Ministry of Health has prepared a sound plan for its national tuberculosis program, but there are big difficulties in implementing this program, he said. The plan is to integrate the TB program into "peripheral, multi-purpose health centres" and to develop and improve the services of these centres.

But this will be a most difficult task in view of the fact that the economic situation of the country is extremely critical (e.g. drugs and equipment needed for TB control cannot be imported due to lack of foreign currency) and that there is an acute shortage of professional personnel.

"At present," he said, "a health area served by a doctor covers something like 100,000 people.

"But even if the doctor mainly works in the central health centre, which usually has some beds, he is supervising four or five sub-centres, staffed only by paramedical personnel, each serving a population of about 20,000 inhabitants."

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In the Republic of South Viet Nam, tuberculosis produces as much disability as the war casualties, observes Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis and Respiratory Disease Association.

As a member of a recent Canadian aid mission to assess tuberculosis control measures in the province of Quang Ngai, Dr. Jeanes found that the exact number of tuberculosis cases cannot be determined in Viet Nam, because of a lack of statistics and notification.

"However," he says, "a study of new patients attending the Quang Ngai hospital shows that one out of every seven has active tuberculosis."

The country is divided up into 40 provinces, and among these organized tuberculosis services are provided only in Saigon and in Quang Ngai province where a Canadian project was set up four years ago.

This project is the Quang Ngai clinic — a two storey building with out-patient services and an 80-bed ward occupied at present by people who are desperately ill with advanced disease.

The clinic's services are directed

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals who have recently made gifts or bequests to our various health services.* Their contributions help make possible the purchase of new equipment and enable us to extend the search for greater understanding of the means of preventing and treating disabling illness and injuries.

BEQUESTS

Estate of the late Edward Mayo \$2,500.00

DONATIONS

Sam Werier, Winnipeg \$ 500.00
Volunteer Services, Manitoba Rehabilitation Hospital \$1,000.00

Other donations are gratefully acknowledged from:

Mr. and Mrs. Lucien Laclotte, Los Angeles, California; Miss Margaret McLean, Winnipeg; Mrs. V. M. Wood, Winnipeg; Mrs. Evelyn Cutting, Carman; Mr. and Mrs. Walter Conner, Grandview, Michigan; Dr. Benjamin Goldberg, Winnipeg; Mrs. J. A. Brumwell, Winnipeg; Mr. Anthony Drozdowski, St. Norbert; Mr. and Mrs. J. D. Graham, Winnipeg; Mr. and Mrs. A. McDowell, Winnipeg; Mrs. J. Decker, Winnipeg.

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

Manitoba Amputees Organize

The Manitoba Amputees Association has been gradually building up strength since it was formed just over a year ago, following a Christmas party arranged by members of the Manitoba Rehabilitation Hospital medical and social service staff.

The association — boasting an active membership of 56 and an associate membership of 12 — has come out with a vigorous constitution and some concrete plans for advancing prosthetics services and research in the province. In the immediate future is a social and recreational evening at the Manitoba Rehabilitation Hospital on the evening of March 26. All amputees (whether they are mem-

bers of the M.A.A. or not) are invited to attend this event which, we understand, will include card playing, darts, ping pong and volleyball — or just plain chin wagging.

bers of the M.A.A. or not) are invited to attend this event which, we understand, will include card playing, darts, ping pong and volleyball — or just plain chin wagging.

Unlike paraplegics, diabetics, and other similar groups of disabled citizens, civil amputees in Manitoba, have, until now, been without an association to meet their social needs and act on their behalf. It is estimated that there are around 2,000 amputees in the province who could benefit from an organized program — and it is our belief that, given some enthusiastic support, this M.A.A. could match, if not top, the excellent achievements of other groups who have banded together for a common purpose.

The association's objectives, as laid out in the constitution, are:

1. To bind together in a spirit of fraternity all amputees who have lost a limb or limbs through various causes.

2. To further the rehabilitation of all amputees by hospital and home visits, by personal encouragement and by demonstrating to amputees the results which may be achieved.

3. To endeavour by every possible means to obtain the fullest benefits for amputees from all government and civilian agencies.

4. To assist in prosthetics research for the purpose of obtaining the best device(s) available for amputees.

5. To promote social, recreational and sports activities for the benefit of the members.

6. To make a continuing study for the need to establish club rooms or other facilities for the benefit of amputees.

7. To function as a non-political, non-partisan, non-sectarian association.

Ralph Wanner, 359 Wallasey Street, St. James, is president of the association. Other officers are: Gus Siefert, vice-president; Mrs. Alice Hopko, secretary; and Walter French, treasurer.

Ninette Wins Trophy

— Or, How the Courageous Country Boys Fetched a Death-Dealing Blow to Some Wicked Winnipeg Wags.

The annual men's curling play-offs between the Winnipeg and Ninette staff picked up no little and quite some interest this year when competitors discovered that a new shield had been put up for the winners.

This shield — with a distinctive (not to mention unusual) inscription and design — was made and contributed by the maintenance department at Manitoba Sanatorium, and during the competitions it was prominently displayed to spur on the opposing rinks.

The competition, as usual, was based on a home-and-home series, involving two games at Ninette and two at Winnipeg. At the first of these, held at Ninette on February 23, the games were split. However, in Winnipeg on March 9, the superiority of the Ninette group came to the fore and they "swept" the series to win three games out of four. This, according to one completely unreliable source, was in revenge for a similar drubbing administered by Winnipeg curlers in 1968.

To the vanquished goes the task of providing engraved plates for the new shield, indicating the winners of the last two bonspiels. Although both groups have been meeting each other for several years, the plates will go back only to 1968, because, according to our informant, the Winnipeg team seems to have suffered a complete lapse of memory as to who were the winners in other years.

But in all probability, he adds, the games were inconclusive anyway.

At least it is to the credit of both groups that at the end of each series, they were able to put aside old grievances and join together for conviviality and refreshments. Lynn Kuzenko hosted the party at Ninette; Ed Dubinski was host in Winnipeg.