NEWS BULLETIN



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EMG Unit Plans Broader Clinical and Research Program

Electroneuromyography, we think, has the distinction of being one of the longest words in our language; so many of us at the Manitoba Rehabilitation Hospital frequently get around the word by referring to it as EMG or ENMG or — "You know, that electrical inquisition up on the second floor."

Last month, thanks to a handsome donation from the Associated Canadian Travellers of Winnipeg, some impressive-looking equipment was installed in our E(N)MG laboratory and since the director, Dr. J. F. R. Bowie, seemed to act happier than a crow in ripe corn as he knocked the thing together, we decided to investigate.

* * *

First, to get our thinking straight, we learned that electroneuromyography is a highly specialized science concerned with the recording and interpretation of electrical activity in muscles and nerves. It is such a specialized field, in fact, that the service offered at our rehabilitation hospital is the only one in the province, and it was established here in 1962 because of the hospital's vital interest in the investigation and treatment of people with neuro-muscular disorders. Electroneuromyography, according to Dr. Bowie, serves as an important adjunct in the diagnosis of disorders in muscles and nerves and it is useful for determining a patient's program of rehabilitation as well as for following the recovery process. As a research tool, ENMG also offers some exciting prospects for the understanding and treatment of these disorders.

To appreciate what electroneuro-myography is all about, one must first understand that small amounts of electricity are generated when nerves transmit messages and muscle fibres correspondingly contract. Though small in strength (they are measurable only in millionths or thousandths of a volt), these "electrical events" can be picked up by sensitive machinery and their quantity and quality assessed.

From this assessment the physician can detect change in the presence of disease or injury, very often to the point where he can identify the trouble and determine its anatomical level—e.g. is it a disease of muscle or nerve, of the spinal cord or spinal nerve root; which muscles are affected, or at what spot has the nerve been injured? The doctor is also able to assess the degree of damage and, by a comparison of tests conducted over a period of time, he may offer

a prognosis.

Keith Pierce, president of the Associated Canadian Travellers, Winnipeg Club, helps Dr. Ron Bowie demonstrate new equipment which the A.C.T. helped to purchase for the Electromyography Laboratory at the Manitoba Rehabilitation Hospital. Shown here is a sensory conduction test—to determine the time it takes for an impulse to travel along a nerve pathway from wrist to index finger. (Photo by David Portigal)

All this electrical activity in muscle and nerve can be seen, heard and photographed, said Dr. Bowie who, to illustrate his point, ushered a patient into the room and helped him to stretch out on a table.

"The equipment we are using comprises a fine needle electrode which, when inserted in muscle or alongside a nerve, will pick up the electrical output and relay it to an oscilloscope for direct viewing, to an oscilloscope under a polaroid camera (if a permanent record is desired), and finally to a loudspeaker where electrical energy is converted to sound. Also coupled to the recording equipment is an electrical stimulator which we place over various nerves to have a look at muscle response to see how these nerves perform."

The doctor proceeded with a battery of tests — some designed to record the electrical activity of a muscle at rest, and some to record the events when the patient voluntarily contracted the muscle. Others called sensory and motor conduction velocity tests were used, as he had told us, to determine the response of nerve and muscle to electrical stimulation of a nerve. From this, Dr. Bowie said, times in thousandths of a second can be measured between the stimulus to a nerve and the response. Or, the investigator can determine how long it takes for an impulse to travel down a nerve pathway from one point to another.

In the course of an EMG, Dr. Bowie pointed to the rapid sweeps on the oscilloscope. "Nice hedge," he commented.

He moved the electrode to another muscle. "Now look — the chips in that hedge." (The chips, we gathered, meant that something was not quite all right with Jack.)

He turned up the loudspeaker, engulfing us in a roar of static. "Music," he murmured. "Different potentials have different sounds, and the electromyographer becomes fine-

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Prominent TB Physician Dies

Members of the Sanatorium Board were shocked and saddened to learn of the untimely death on March 22 of Dr. Joseph Earle Hiltz, medical superintendent of the Nova Scotia Sanatorium and director of Tuberculosis Control Services for the Nova Scotia Department of Health.

Dr. Hiltz was much admired by the Sanatorium Board as a man who made many significant contributions to the tuberculosis cause across Canada and who, from his headquarters at Kentville, directed the tuberculosis control program in Nova Scotia with great skill and compassion.

A graduate in medicine from Dalhousie University in 1934, Dr. Hiltz took a temporary position at the N.S. Sanatorium in 1935 in order to (in his words) "listen to chests and learn more about lung disease before going out into private practice."

He never did get out into private practice, but stayed on to make his life's work at the sanatorium, becoming medical superintendent in 1947. During this time he earned his Diploma in Public Health, became a Fellow of the College of Chest Physician and received his certifi-



DR. J. EARLE HILTZ

cation in internal medicine (TB) from the Royal College of Physicians.

Dr. Hiltz was also a past president of the Canadian Tuberculosis Association and for many years he was a member of the CTA Executive Council. He will be sadly missed by his many colleagues across Canada who benefited greatly from his friendship and counsel, and, of course, by hundreds of present and former patients

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Robert Farmer Lumsden: Reminiscences

EDITOR'S NOTE: While reflecting one day on bygone years, a senior member of our executive staff remarked that a visit to the Manitoba Sanatorium at Ninette never seemed complete without dropping down to the shed by the power house where Robert Farmer Lumsden had his headquarters as head painter. "Bob," he mused, "was a remarkable fellow. He was an exceptionally fine craftsman; and he had an intelligence and wit and zest for life that seemed to set him apart. It was always beginned to stop by now and then and show things even." pleasant to stop by now and then and chew things over."

Little is known about Bob Lumsden's early life . . . other than that he was born in Aberdeen, Scotland, on September 25, 1888, and that, after what was probably a rather brief schooling, he entered a five-year apprenticeship in the painting and finishing trade. Sometime in his early twenties he left Scotland and came to Winnipeg where he took a job with architect C. W. U. Chivers. A little later, while consulting Chivers about further additions to the newly opened provincial sanatorium, Dr. D. A. Stewart spotted him and, impressed with his skills and no doubt his nationality, persuaded him to join the construction program at Ninette. Two or three years later, at the outbreak of World War I, Bob left this temporary post to fly a flimsy machine for the new Royal Air Force; but at war's end he drifted back to the sanatorium to become a permanent staff member. torium to become a permanent staff member.

It is interesting to speculate on what sort of career Bob Lumsden might have carved out for himself had he chosen something other than the quiet country life, or indeed if circumstances had been different and he had entered another profession. But perhaps the fact is that he would have done nothing different, for he always seemed to have a clear idea of what constituted success. Life at Ninette appealed to him. He was a bachelor and appeared to like it that way, devoting his leisure time to hiking and fishing in the summer, hunting and ice-boating in fall and winter, playing Santa Claus for patients and staff each Christmas. He loved books and he

It was nine o'clock on a November morning and the temperature was 30 below when I and three other fellows - one of them, my assistant, and the other two, patients -- boarded the train at the CPR station in Winnipeg. We arrived at the sanatorium tank station at six that eveing, after a long and tedious trip of $14\overline{0}$ miles.

We were met there by a small open cutter pulled by a black pony called Nigger. And the driver he looked us over and put the patients on the claich and told us two that on the sleigh and told us two that we would have to walk behind. The distance to the san was about one-half of a mile and the snow was over three feet deep. I had never been out in a Canadian country winter before and was certainly not dressed for it. After getting about halfway there I said to my friend, "My ears feel funny." He said, "I guess they are freezing. You had better cover them up."

I had on a Christie stiff hat, so I pulled it down over my ears, and

jogged along.
When we arrived at the sanatorium sitting room we were met by Dr. Stewart, and while he turned the patients over to the lady superintendent I made strenuous attempts to get my hat off. Finally it came off in two pieces. My ears had swollen so badly, you see, and I guess I was a sorry sight, for Dr. Stewart just stood there and roared with laghter.

Needless to say, that was the last of my hat.

We had our supper in the dining room — after a long talk with Dr. Stewart. Then we got ready to start work the next morning.

> * *

The san then was just two buildings located in a clearing in the bush, with about 20 patients and an equal number of staff. Conditions were very primitive. Our lighting facilities consisted of an acetylene plant located in a small house at the rear of the main building. (It resembled the outhouse one could see at the rear of each farm house, which they called the House of Parliament.) Dr. Stewart was a stickler for people being in bed by 10 o'clock (although that did not apply to him), and the result was that the plant usually "broke down' about two or three times a week at about 9:30. So the staff all bought

loved music, and at the age of 40 he taught himself to play the alto-sax in less than six months. The surrounding countryside occupied a lot of his time. Apart from hunting and fishing, he often accompanied Dr. Stewart on his numerous archaeological quests, and in later years he continued these expeditions alone, but not looking so much on these occasions for Indian artifacts as for old paintings and pictures which he carried back to his workshop to frame and very often give away "as a personal gift to friends."

Bob acquired scores of friends during his 45 years at Ninette, and it was with real sadness and regret that they bade him farewell in the fall of 1959. White-haired and over 70, but with a jaunty eagerness that belied his years, he headed for Kelowna, B.C., where he promptly set himself up as the town's leading sign painter and decorating consultant. He stayed in this work for 10 years, apparently earning a higher annual income than he had at Ninette, and laying plans for the day when his long-time friends Bill and Louise Doern would join him and settle on "a nice bit of property" he had his eye on property" he had his eye on.

Last month, a few weeks short of that date, Bob Lumsden took suddenly ill and two days later, on March 23, he died - as gracefully, and so it seemed, as cheerfully as he had lived.

Just over one month before his death Bob, for the first time, set down in a long, closely written letter some memories of life at Ninette. And not to our surprise we discovered that, in addition to everything else, he was also a rather extraordinary writer. Over six pages of legal size paper, words spilled out in a non-stop stream of consciousness — colorfully phrased, beautifully spelled, and entirely free from punctuation and paragraphing.

So here, as a tribute to a remarkable man who never grew old, are some excerpts . . . with the editor's deeply-felt apology for restricting punctuation:





So for the hair's-breadth of time assigned to thee live rationally, and part with life cheerfully, as drops the ripe olive, extolling the season that bore it, and the tree that matured it.

candles and stuck them in saucers so that they could be ready for these "emergencies" and go on with their reading or card games, or something.

However, as the years rolled by, we had a small Delco lighting plant installed in the rafters of the power house, and eventually the Manitoba Hydro was installed, which was a wonderful thing.

 \star

It was quite a common thing to go around to the rear of the main building almost any night and see three or four wolves crash out of the garbage drum and vanish into the bush. Then they would run up and down Pelican Lake during the rest of the night howling their heads off.

I was never a patient, and my friends in Winnipeg used to tell me that I was foolish to stay there and work as consumption, as it was called then, was a very dreaded disease. However, I took all the precautions necessary; in fact, came to the conclusion that a person had less chance of getting it at the san than anywhere else.

I was a member of the san orchestra for years, having taken up the E flat alto saxophone. We formed a 20-piece orchestra with Dr. Montgomery, a very fine violinist, as conductor. About this time the Southwestern Music Festival was also formed. It was held in different

towns each year, and the Killarney orchestra, having no other competition, won the trophy the first two years.

As it was well known that any orchestra who won the trophy three years in succession had it for keeps, and as this prize was a beautiful shield, Dr. Stewart suggested we have a go at it. And to our surprise we won on each of our first two tries. Then, as both Killarney and ourselves had won the festival two years in succession, the next competition was the climax. The test piece was Hungarian No. 5 composition, a really tough one for an amateur orchestra, and to make matters worse we had lost our conductor, who had taken up a position in Rochester.

We started our rehearsals with a young doctor who after a few practices admitted that he did not know much about music. Dr. Stewart, who never missed watching a practice, figured we were not getting anywhere, so he called us together and told us that if we wanted to win the shield for the third time we would have to get another conductor.

I think it was Bill Doern who suggested Steve Solvason, an ex-patient who had gone back to Winnipeg. The trouble was that Steve was just living on a war pension, so a few of us who could afford it chipped in and financed his trip to the san.

After about two practices under his baton we improved about 75 per-

cent. Steve knew how to get the most out of the talent he had. He had a wonderful ear for music and he was also a strict disciplinarian. Everything had to be just right, or play it over again. He never thought twice about bawling a person out.

His language at times was not quite parliamentary.

The festival that year was held in a church in Manitou, and Steve had us down in the basement tuning up our instruments for over an hour and giving us a pep talk, as he called it, before our appearance. Then the call came, so we went up to the church proper, all tensed up. There were 24 of us and the only place to put us was in the choir loft. When we were placed the question came up as to what to do with the bass instrument player. After quite a discussion they decided to put him in the pulpit. The player happened to be Mr. Hubert Jones, quite a character, full of fun, and after he was located in the pulpit some of us turned around and there was Hubert grinning his head off. That was the best thing that could have happened to us as it seemed to lessen the tension and we went on to win by a mere two points. We were all happy, but none more so than Steve. We coaxed him to stay over at the san for another day and that evening we gave a concert in the assembly hall.

Afterwards five of us formed a small dance orchestra and we used to go around the different towns and play for dances, and also for our parties at the san, which were held once or twice a month during winter. One of the highlights occurred in November and December each year when the small schools used to hold a dance for their Christmas Stocking Fund, and we were asked to play for them. We never charged a cent as it was for such a worthy cause; but it had its drawbacks, too, as the schools were usually off the beaten track and to get there with that old Essex car of mine quite often proved a problem. However, the people knew when to expect us and if we did not show up on time a team of horses arrived to pull us out.

Usually the schoolroom where the dance was held was only about 100

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Memorial to Late J. M. Scott

In honor of a man who dedicated his life to the tuberculosis cause and earned wide renown for his contributions to laboratory technology in Canada, the Manitoba branch of the Canadian Society of Laboratory Technologists announced the establishment this month of two Joseph M. Scott Memorial Scholarships.

The scholarships — which amount to \$250 each — will be offered each year to Manitoba students who have entered the first year of study in laboratory technology at the Manitoba Institute of Technology and are planning to take a further year of in-hospital training in preparation for certification as a registered technologist. The \$250, according to Jerry Elias, chairman of the provincial CSLT Scholarship Committee, completely covers the cost of tuition and books for the second year of the course.

The establishment of the scholarships is of special interest to the Sanatorium Board as the late Joseph Matheson Scott was a member of our staff at the Manitoba Sanatorium, Ninette, from May, 1929, until his death on April 7, 1964.

Joe Scott got his laboratory training the hard way beginning his career with virtually no practical experience and resolutely working his way up to the top of the profession.

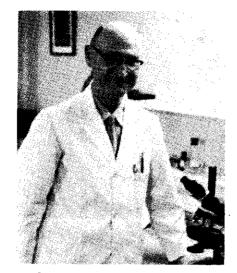
Born in Maine and raised on a farm near Portage la Prairie, he originally trained as a teacher and for several years taught school in various parts of Manitoba before falling ill with tuberculosis in 1926. As a patient at Ninette, he turned his attention to teaching others and to broadening his own knowledge, particularly in the field of medical technology. On his recovery he was asked to take charge of the sanatorium's newly opened laboratory.

Mr. Scott got his training from the sanatorium doctors, and from books and by studying laboratory methods in several Canadian and American hospitals. Within a short time he earned his Canadian certificate as a registered technologist, as well as registration with the Registry of the American Society of Clinical Pathologists.

A prolific writer, he contributed many papers to Canadian and American scientific journals, and one of these (concerned with laboratory findings in minimal tuberculosis) won him the Fenton Bequest for research in tuberculosis in 1946. A few years prior to his death, he probably made his finest contribution when he compiled a manual on laboratory techniques in tuberculosis.

A member of the Canadian Society of Laboratory Technologists since its inception in 1937, Mr. Scott served for many years as a member of the executive and as national president in 1951 and 1952. In 1957, in appreciation of his outstanding work, he was awarded honorary life membership in the Society.

Joe Scott will always be remembered as a gentle scholar who had a



JOSEPH MATHESON SCOTT

deep passion for study and spent a good part of his time teaching and training others. The establishment of a scholarship was one of his main interests during his years as a member of the Canadian Society of Laboratory Technologists, and the fact that two are now offered in his name is indeed a moving tribute.

Further information about the scholarships may be obtained from Manitoba hospitals offering training programs in laboratory technology, from the provincial Department of Health Laboratory or from the Chairman of the C.S.L.T. Scholarship Committee, Box 305, Winnipeg.

EMG Laboratory Expands

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ly attuned to them — sorting out one from the other, picking up the abnormalities."

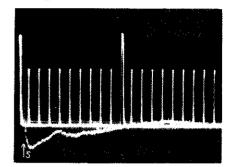
The patient, who was beginning to register no little interest in this one-way conversation, volunteered the information that he had fallen off a ladder several months ago, repeatedly banging his left elbow during the fall. His fourth and fifth fingers, he said, were painful to touch.

The electromyography and nerve conduction studies did indeed show loss of nerve supply to the fourth and fifth fingers and to some muscle of the left hand, pinpointing the trouble to a lesion in the ulnar nerve at the elbow. If the condition does not improve, we were told, surgery will probably be used to correct it.

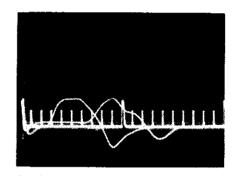


The new electromyographic equipment — valued at \$7,000 and considered to be the most technically advanced in the world — is being used primarily for clinical investigation and for teaching and some research. But it is so designed that other units can be added to it as the funds become available, which will enable the laboratory to step up its work considerably, particularly in the research field.

Electroneuromyography has exciting implications in the search to understand neuromuscular disease and



Shown here is a photographed record of a sensory conduction test from wrist to index finger. The S in the lower left is the electrical stimulus applied to a nerve at the wrist; the midway peak is the response evoked in nerve in finger. Each marked division represents one one-thousandth of a second.



In this motor conduction test, the first wave is the response evoked from muscle by stimulation at the wrist; the second wave from a stimulus applied alongside the nerve at the elbow.

to improve the care of patients, Dr. Bowie said. "With the future addition of multi-channel equipment, for example, we plan to extend investigations in kinesiological electromyography in which, by recording electrical activity from a group of mucles simultaneously, we should get important information about the interaction of muscles and the way they contribute to purposeful movement."

Among other things, he continued, such information could be used for assessing muscles prior to surgical transplants to develop movement after paralysis, as in paraplegia. It would also be used to assess the effectiveness of muscle re-education programs used in physiotherapy and for refining therapeutic measures.

Also expected in the fairly near future is a cable hook-up to a computer centre and to special equipment for recording sensory nerve potentials from the skin to the brain. As a result of this planned expansion, the electromyography department may be the first in Canada to have such facilities available both for research and for routine clinical examinations.



Although the principles of electroneuromyography have been known from the beginning of this century, it is only within the last two decades that the actual function of living, moving muscles has been brought under close scrutiny. As one of the few centres engaged in these investigations and as expansion plans go ahead, our second floor unit may one day put Winnipeg on the map as a leading centre for the treatment of neuromuscular disease.



WINNIPEG A.C.T. PRESENTS CHEQUE — A cheque for \$3,400 — which will help pay for new equipment for the Manitoba Rehabilitation Hospital EMG Laboratory — is hunded over by John Bisson, right, past president of the Associated Canadian Travellers of Winnipeg, to Sanatorium Board Chairman Frank Boothroyd.

(Photo by David Portigal)

Some 50 members of the Associated Canadian Travellers, Winnipeg Club, gathered for a luncheon meeting with Sanatorium Board representatives on Saturday, March 29, to hand over a further donation to the Manitoba Rehabilitation Hospital Equipment Fund.

The \$3,400 cheque — which will be used to help cover the cost of new equipment for the hospital's Electromyography Department — represents around the 10th payment on a \$100,000 pledge made by the Winnipeg Travellers to M.R.H. Equipment Fund in 1950. So far, through their various fund-raising projects and much hard work, the club has

contributed \$72,000 towards this pledge and, through these donations, they have made possible the purchase of important equipment for various diagnostic, treatment and research programs.

At the luncheon held in the hospital auditorium, the A.C.T. members, accompanied by their wives, heard a talk by Director of Physical Medicine Dr. R. R. P. Hayter, after which they toured the hospital's facilities.

A.C.T. President Keith Pierce and Chairman of the Sanatorium Board Frank Boothroyd, chaired the program; immediate past president John E. Bisson presented the cheque.

Bob Lumsden Reminisces

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feet square or less and I think everyone and his dog was there for miles around. To heat the place they had a large pot-bellied stove in the centre of the room and people had to dance around it. As the evening wore on it got hotter and hotter and to make matters worse quite a few of the young men who had to do their chores, as they called them, in the barn arrived late, without bothering to change their shoes or overalls. The result was that the atmosphere inside got pretty rank. However, with all that everyone enjoyed themselves and went home happy . . . including the orchestra.

I remember the year the British Medical Party came to visit us. When Dr. Stewart was notified that they were coming to the san he immediately started elaborate arrangements for entertaining them. At this time our train service had not improved; it was still nine hours from Winnipeg to Ninette. So he got the idea of bringing them to Glenboro via the C.P.R. (which was only a three hour journey) and then recruiting 50 drivers and cars from around the district to bring them in over the 34 miles from Glenboro to the san.

Dr. Stewart called one or two meetings of the staff to instruct them on their duties; then the night before the doctors' arrival he had all the drivers come to the assembly hall for a rehearsal on our deportment. It was in the middle of August and terribly hot, and we sat there in our shirt sleeves perspiring quite freely. He looked at us and said that we had to wear our jackets at all times in the vicinity of doctors. He had our names drawn up on lists showing how we were to form up at Glenboro and he warned us that we must not break that formation at any cost.

Well, we arrived at Glenboro station the next day and dutifully put on our coats, and after the introduction of several dignitaries the doctors were assigned to different cars. Then the procession got started and everybody took their coats

Dr. Stewart had chosen a road well off the beaten path, meandering through the countryside through the Icelandic settlements of Baldur and Belmont. I was fourth in the parade. driving four young Scotchmen who kept asking questions. It was harvesting time and after a few miles we passed two binders working in a field close to the road. One of the doctors, who had been brought up on a large farm in Scotland, was keenly interested in Canadian farming methods and he asked if I would drive them over to where the binders were working. I told them I had been instructed not to break formation at any cost. One of them said they would take the blame, so I drove over, and as it happened that I knew the farmer I introduced the doctors to him. They watched the binders make one round of the field, then they asked the farmer for permission to sit on them for another round. The farmer winked at me and said go ahead. The wheat was covered with rust, you see, and I knew what would

happen. They had been wearing white shirts when they started out, but when they got off what with the perspiration and all, they looked like Indians. They looked at each other, roared with laughter, got out their cameras and took pictures. Then we said good-bye and thank-you to the farmer and set off again, arriving at the san nearly an hour late. When we pulled up at the front door Dr. Stewart was there to meet us and I knew by the expression on his face that I was in for it.

However, the doctors stepped forward and explained everything . . and I was off the hook, as you would

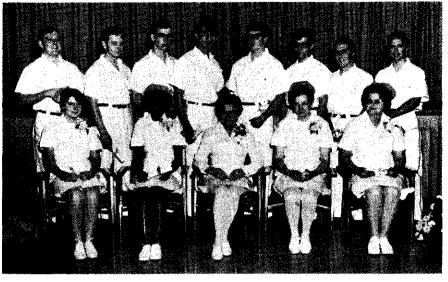
Dr. Stewart was, of course, my outstanding personality during the beginning years . . . He was a terrific reader and writer and he was keenly interested in the history of the province. He used to corral me on Saturdays to go up to the different Indian mounds and dig for relics, and we found so many that we equipped a museum at the san, which was admired by hundreds of visitors. He also knew almost all the origins of names of different towns and villages in Manitoba and was, in fact, the main driving force in having historical cairns built with native stone in different localities.

He was also the person who brought three or four governors-general to visit the san. When he was notified that they were coming, we started a hectic clean-up. I had to hire quite a few painters to paint all the fronts of the buildings that lined the route they would take prompted the chairman of the Board to designate the buildings as having Queen Victoria fronts and Queen Anne backs.

I was always a close friend of Dr. Stewart and it was very pathetic when he took seriously ill and had to stay in bed in his room at the house on the hill. He did a lot of reading and writing and also completed quite a few water colors which I framed for him. He used to get me up to visit him in the evenings; however, Mrs. Stewart kept a time limit on those visits and when it came 10 p.m. she beckoned for my departure.

 \star * There was another member of the staff I would like to mention and that is Jim Scott, our chief engin-eer . . . a wonderful fellow who could be seen almost any day walking around with a pipe in his mouth, supervising everything. His responsibilities were enormous, especially as he had so many nationalities on his staff. To look at their names, it was like the League of Nations, but with Jim's diplomacy everything worked out all right . . . And then there was our teamster of many years. I happened to be over at the barn when they brought the first truck we ever had. They straightway loaded the horses on another truck and there was our teamster standing there with the tears running down his face.

Well, I guess I had better stop as time is running out and perhaps you are getting a little bored with all this



A GRADUATION CEREMONY for "Group Number 17" of the Manitoba Rehabilitation Hospital Nurses' Assistants and Nursing Orderlies Training Program was held in the hospital auditorium on April 3. Our hearty congratulations to the new group, pictured here with their instructor Mrs. Doris Setter. Standing, left to right: Neil Banks, Rick Bender, Don Davis, James Nemeth, Winfried Wachsmann (MACO prize winner), Gerald Link, Richard Norton (valedictorian) and Garry Larch. Seated: Miss Wendolyn Low, Mrs. Viola Batson, Mrs. Setter, Miss June Klassen and Mrs. Claire Hanisch.

(Photo by David Portigal)

Among Our Personnel

Marvin Thorgeirson, who has served so capably as senior laboratory technologist at the Manitoba Rehabilitation Hospital for the past six years, resigned his post on April to become medical laboratory chief of the new Charles Camsell Hospital in Edmonton.

At the Charles Camsell Hospital — a federally operated general hospital of 400 beds — Marvin will be in charge of a large operation offering full laboratory service plus research and training programs. Our best wishes go with him as he assumes this new work, as well as our thanks for a job well done here.

* We also bade a sad farewell this month to Mrs. Dorothy McDermott, who for the past several years has efficiently managed the M.R.H. switchboard. Dorothy joined the staff seven years ago as supervisor of the hospital cafeteria, then, following an illness, took over the day-time operation of the switchboard. She has been a loyal, dedicated member of our staff. She will be missed very much.

Miss Joyce Geib succeeds Marvin Thorgeirson as senior laboratory technologist at the Manitoba Rehabilitation Hospital. A native of Saskatchewan, Joyce joined the laboratory staff four years ago, after completing training at the Manitoba Institute of Technology and the Misericordia General Hospital.

 \star Recent additions to the Sanatorium Board staff include Miss Norma Gascon, Miss Teodora Pontaoe and

Miss Yolande Macatol, general staff

*

preamble. You see I am writing this at 2 a.m. and I am leaving for a trip to Vancouver at 8 a.m. and I haven't even got my grip packed. I have got a lot of pleasure out of writing this and if there is anything I can do in future don't hesitate. Cheerio from an Old Timer who was there.

> Respectfully yours, Bob Lumsden.

nurses at the Manitoba Rehabilitation Hospital; Miss Leandra Andojera, general staff nurse at the D. A. Stewart Centre; John Wiebe, parttime teacher, and Mrs. Eileen Malak, L.P.N., assistant accountant at the D. A. Stewart Centre; Mrs. Mary Davies, M.R.H. medical secretary, and Mrs. Barbara (Martel) McKeever, clerk typist for Social Service.

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Our hearty congratulations to Dr. Ron Bowie, M.R.H. physician, who performed superbly in the Manitoba Open fencing championship last month. Representing the Excalibur Club of Winnipeg, Dr. Bowie won the epee championship in an event that lasted five and one-half hours and required him to fence his way through a four-way tie. A week or so later he acquitted himself well in the Western Canada Open in Saskatoon, and next month he will take part in the national competition in Calgary. Dr. Bowie took up fencing as a student and fenced for Aberdeen University and for Scotland before coming to Winnipeg in 1967. He devotes a good part of his time now as a fencing instructor.

Dr. C. B. Schoemperlen, associate medical director at the D. A. Stewart Centre, flew to New Orleans March 22 to present a paper on bronchoscopy and bronchitis at a meeting of the American Broncho-esophagological Association. Next month, on May 20, Dr. Earl Hershfield, also an associate medical director at the D.A.S.C., will attend the sessions of the American Thoracic Society in Miami.

J. EARLE HILTZ

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in whom he always took a warm and

personal interest.

To his wife, Eileen, who supported him faithfully over the years and shared in much of the work at the Nova Scotia Sanatorium, goes the deeply felt sympathy of all Sanatorium Board staff and members.