



SBM Survey Draws Big Crowd at Dauphin

Citizens of Dauphin town and municipality lined up for nearly 9,000 free examinations during a six-day multiple screening survey this month.

The survey, conducted July 2 to 8 by the Christmas Seal Preventive Health Services of the Sanatorium Board of Manitoba, marked the opening of a summer offensive primarily directed against tuberculosis and other chest disease. In all, our Christmas Seal mobile unit will visit 12 Manitoba municipalities this summer, offering to adult residents free chest x-ray examinations and pulmonary function studies, plus blood tests for diabetes and a few other conditions.

Dauphin residents kept technicians, nurses and volunteers working long after the official closing hours as they continued to stream in and line up for the tests, and in the estimation of Survey Officer J. J. Zayshley, the survey was one of the most successful ever carried out in the area. A total of 2,983 x-ray films were taken, 2,849 people had the fingertip blood tests, and 2,870 took the lung function tests and answered a respiratory questionnaire. The object of this latter project is to study (1) the prevalence of obstructive lung disease in Manitoba, (2) the relationship between functional changes and the development of symptoms, (3) the relationship between functional changes and symptoms, occupation, environment and social habits, and (4) the natural history of disease.

Abnormal findings will be brought to the attention of patients' family physicians. In the case of the diabetes tests, persons with positive findings will be followed up in a further survey conducted by the Sanatorium Board in co-operation with the Dauphin Health Unit.

The Dauphin Club of the Associated Canadian Travellers helped with the co-ordination of the survey and Norman Graham served as the general survey chairman. The Sanatorium Board received the assistance of a great many local volunteers who took over the job of canvassing each home prior to the survey, and during the survey, of receiving the public and filling out various forms.

The Dauphin survey marks the half-way point in this year's preventive program. From January 1 to date, a total of 37,817 free examinations have been provided by the Board in surveys that so far have covered industries, schools, nursing homes, hotels, Indian reserves and other places. Included in this figure



Dauphin's first citizen, Mayor Hugh Dunlop, was first to take advantage of the free preventive health services offered by the Sanatorium Board to all Dauphin residents this month. After getting a blood test to detect early diabetes (above), he took a breathing test (below), while survey chairman Norman Graham looked on. Final stop was the big mobile unit for a chest x-ray.



(Photos by Jim Zayshley)

are 24,646 chest x-rays, 4,820 diabetes tests, 6,617 lung function studies and 1,670 tuberculin skin tests.

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The diabetes surveys are conducted in co-operation with the University of Manitoba Metabolic Laboratory and are endorsed by the Canadian Diabetic Association. The Joint Respiratory Program of the University of Manitoba collaborates with the Sanatorium Board in the lung function studies.

Management of RD Topic of Fall Course

As one means of coping with the mounting problem of respiratory diseases, a three-day post-graduate course on the intensive management of these will be held in Winnipeg October 16 to 18.

The course — geared for internists and physicians interested in chest disease — is sponsored by the University of Manitoba Faculty of Medicine and the Sanatorium Board of Manitoba, as part of the Continuing Education program of the American College of Chest Physicians. Dr. Reuben M. Cherniack, associate dean and professor of medicine, University of Manitoba, and medical director of the Tuberculosis and Respiratory Disease Service of the Sanatorium Board, is the course director.

The sessions — to take place at the Faculty of Medicine auditorium and the Fort Garry Hotel — will be devoted on the first day to the presentation of basic principles of disturbed function in acute and chronic respiratory insufficiency.

The program on the second and third days will feature presentations, workshops and discussions on the management of acute respiratory failure and chronic respiratory insufficiency. Included in the workshops will be videotape presentations of patient problems with tests to be taken by the registrants. These will be followed by a panel discussion by visiting lecturers who will discuss any problem which may arise from the programmed examinations.

Distinguished speakers include Dr. Peter Harris, director of the Cardiology Institute, London, England; Dr. E. J. M. Campbell, professor of medicine at McMaster University, Hamilton; Dr. George Gee Jackson, professor of medicine, University of Illinois; Dr. J. Downs, associate professor of anaesthesiology, University of Pennsylvania; Dr. B. Fairley, professor of anaesthesiology at the Uni-

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ROBERT LAWRENCE BAILEY

With sorrow and a deep sense of loss, the Sanatorium Board of Manitoba records the death of a long-time friend, Robert Lawrence (Bill) Bailey.

Mr. Bailey, who died unexpectedly in Calgary on July 7, was an ardent and highly valued supporter of the work of the Sanatorium Board, having served as an elected member since 1950. In earlier years he lent his good counsel as a member of our Administration and Finance Committee, the Clearwater Lake Hospital Committee and Assiniboine Hospital Committee. He had been a member of the Executive Council since 1962, and for the past four years served as vice-chairman of the Board. He also represented the Board members at the annual meetings of the Canadian Tuberculosis and Respiratory Disease Association.



Mr. Bailey had been a prominent banker in Winnipeg. Born 72 years ago in Woodstock, New Brunswick, he joined the Bank of Montreal in 1912 and, except for a period during World War II when he served in France in the Canadian artillery attached to the 22nd Imperial Corps, he devoted his whole career to the banking business, working his way up from office boy and ledger keeper to General Manager of the Prairie Region. He and his wife Kathleen (who died four years ago) first came to Winnipeg in 1943, when Mr. Bailey was appointed assistant superintendent of the Manitoba and Saskatchewan branches. He left in 1947 to take another post, then returned permanently in 1950. He retired 10 years later.

Mr. Bailey was well known for his astute business judgment and lively sense of humor, and for the interest he took in community life. Among other things, he was a director of the Metropolitan Stores and served on the Manitoba Municipal Board; he was actively involved with the YMCA and was a past-president of the Winnipeg Chamber of Commerce. He was also a member of St. Charles Country Club, the Manitoba Club and St. George's Anglican Church.

To us, however, Mr. Bailey's finest contribution lay in his 20 years of devoted service to our voluntary organization. Here at the Sanatorium Board he will be missed greatly and remembered always with the deepest affection and respect.

GERTRUDE HARRIET BOWMAN

Miss Gertrude Bowman, a former Sanatorium Board employee who for 30 years served as secretary of the Christmas Seal Preventive Program, died June 15 after a lengthy illness.

Miss Bowman, who was born at Plum Coulee, Manitoba, and educated at St. Mary's Academy and Havergal Ladies College in Winnipeg, joined our surveys staff at Ninette on May 10, 1935. For 10 years she kept the records for the traveling clinic program at the Manitoba Sanatorium; then in the early 1940's, when mass x-ray surveys were begun, she herself often went out into the field to help recruit volunteer workers and arrange for the x-ray program. As the work expanded, the surveys operation was finally centralized in Winnipeg in 1946, and at this time Miss Bowman left Ninette to continue service to the program until her retirement in 1965.



During her long employment, Miss Bowman was greatly respected and valued for her contributions to the work of the Sanatorium Board. We remember her for her kindness and good humor, for the efficiency with which she carried out her duties and, above all, for the significant part she had in advancing tuberculosis control in Manitoba and in laying the groundwork for our present efforts in the preventive field.

NEW ACTIVE TB CASES UP FIVE PERCENT

New cases of active tuberculosis rose about five percent in Canada last year, from 4,601 in 1967 to 4,851 in 1968.

Despite the fact that Canada has almost the best TB record in the world, we are not at present making much progress towards complete control, warns Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis and Respiratory Disease Association. The number of new active cases reported in the country

has remained around 5,000 each year for the past five years.

Tuberculosis, he stated, is not disappearing largely because of the complacency of a population which no longer thinks it a danger.

Too many people are not taking part in preventive programs and as a result, disease has very often reached the advanced stage when it is discovered and infection has been passed on to others.

Our Glorious Summer Guests

All our cities are furnished with houses for the reception of these birds, and it is seldom that even lads bent on mischief disturb the favoured Martin. He sweeps along the streets, here and there seizing a fly, hangs to the eaves of the houses, or peeps into them, as he poises himself in the air in front of the windows, or mounts high above the city, soaring into the clear sky, plays with the string of the child's kite, snapping at it, as he swiftly passes, with unerring precision, or suddenly sweeps along the roofs, chasing off grimalkin, who is probably prowling in quest of his young.

— JOHN JAMES AUDUBON.

May 14 was an important day in our calendar. It was an occasion for rejoicing, for sounding trumpets and rolling out the red carpet — for it marked the return of our old friends, the Purple Martins, to their summer home in the hospital courtyard.

In our estimation, the Purple Martins that come to us each spring are the gift and legacy of Joy Huston, former chief occupational therapist at the Manitoba Rehabilitation Hospital, who six years ago decided to provide this special interest for the patients and accordingly had her carpenter produce a neat, two-storey, 16-room dwelling. The house — featuring an eye-catching red roof with deep overhang (to keep out the rain), a ventilated attic, and generous sun decks (for neighborly visiting and loafing) — was bolted in place by the maintenance staff, and each year an appointed welcoming committee from this department turns out to give each compartment a thorough housecleaning.

"In the beginning, people ridiculed the idea of placing a Martin house in a busy downtown courtyard," Mrs. Huston once remarked. "They said it was too low and hemmed in by high structures — and that even if the birds did spot it, they would surely reject it."

But to everyone's delight the Purple Martins were receptive to Mrs. Huston's plan and a few days after the house was raised a large chattering gang moved in. And since then these graceful, glossy friends have made it their permanent summer home.

The moment of their arrival is sudden and thrilling. Sometime in late April or in May they follow the warm air currents and newly hatched insects up through the valleys and over the border. We, too, feeling the warmth start glancing into the courtyard, not wanting to miss what is surely one of the finest spectacles of spring. Then one morning the wait is over. One minute the house stands empty. In the next, there sits the Martin, placidly arranging his plumage and looking for all the world as if he had never been away. And high above, wheeling in ever tightening circles, there appears another and another and yet another, and soon the courtyard is filled with sound and the joyful bustling back and forth with twig and leaf, tufts of old cloth, a feather or two, and maybe a little mud.

The Purple Martin is our largest swallow. It is about the size of a house sparrow (and a half), and is distinguished by its forked tail and, particularly among the males, its highly iridescent purplish-blue and black feathers. Its voice, consisting of sharp chirrups and gurgles, is loud and unmelodious—but pleasing. Its flight is so precise and grace-

ful, and its ways so gentle, that one never tires of watching it and its kin.

Taverner describes the Martin as a sociable bird with no bad habits. "Each is interested in the others' family affairs," he writes, "and there is a constant interchange of visits between neighbors."

We've noticed this. During a noon-hour session of bird-watching, we observed one particularly cheeky fellow swoop down onto the deck and proceed to make a house-to-house canvass, greeting those at home with delighted gargling and pausing now and then to preen and take note of who was noting him.

The house sparrow, we understand, is not particularly welcomed by the Martin — but perhaps ours are a special breed for one year it was noted that the Martins shared their house with the sparrow, taking over one storey and leaving the sparrow in peace in the other. Nevertheless, as Mr. Audubon records, the Purple Martins "are extremely courageous, persevering and tenacious of what they consider their right." He describes how they chase every species of hawk and crow and vulture and even tease the eagle.

Mr. Audubon and other bird authorities have much to say about the Martin. Did you know, for example, that until people here were encouraged to put up houses for them, they were rather rare in Manitoba; or that in the days long ago, before man-made houses, the Martins nested in hollow trees and woodpecker holes, or in the cavities in cliffs? Even today they have a penchant for setting up housekeeping in openings or cavities in the cornices of downtown buildings. Being gregarious creatures, they seem to prefer the noise and entertainment of the city to the dullness of the open prairie.

There is, in fact, a lot to discover about the Purple Martin. So why not take yourself into the courtyard some fine noonday and make a few personal observations about this treasure in our midst. It sure beats the chatter in the crowded cafeteria.

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POST GRADUATE COURSE
(Continued from Page 1)

versity of California; and Dr. William F. Miller, professor of medicine, University of Texas.

Winnipeg specialists taking part include Dr. Reuben M. Cherniack, Dr. Louis Cherniack, Dr. Victor Chernick, Dr. T. E. Cuddy, Dr. E. S. Hershfield, Dr. Bryan Kirk, Dr. Arnold Naimark, Dr. C. B. Schoemperlen and Dr. J. P. Wyatt.

Maximum registration is 100 and applications will be accepted in the order in which they are received. Registration fee is \$60 for ACCP members and \$75 for non-members.

Chronic Bronchitis Too Often Neglected

Chronic bronchitis is one of the greatest and fastest growing public health problems in the nation today. Yet it is also one of the most neglected forms of respiratory disease and essentially taken for granted as a minor human ailment.

This statement was made by Dr. Theodore L. Badger of Boston, a noted authority on respiratory disease and one of the chief speakers at the 69th annual meeting of the Canadian Tuberculosis and Respiratory Disease Association.

Addressing some 200 delegates in St. John's, Newfoundland, on June 23, Dr. Badger said that chronic bronchitis, as well as emphysema, are the most important chronic diseases of the lung (on this continent) today. Their prevalence and the tragic consequences of these diseases — in terms of disability, mortality and cost — demand that they receive greater attention.

Dr. Badger noted that in the United States individuals with chronic bronchitis and emphysema are the second largest recipients of sickness insurance benefits, exceeded only by those with heart disease. It is estimated that over 100,000 will be the 1968 total for emphysema and bronchitis in the U.S.; that one out of every 14 workers over 45 years of age is varyingly disabled by these conditions.

(In Canada, delegates were told earlier, there has been a 50 percent increase in chronic respiratory disease during the last three years, resulting in a startling rise in hospital admissions. Bronchitis and emphysema accounted for 1,500 deaths in Canada last year; 2,000 died from other respiratory diseases, excluding lung cancer which killed an additional 5,000.)

"The absence of an aura of glamor around chronic bronchitis may be due to its causes, pathogenesis and prevention as well as to the ill effects of our environment upon its progressive course," Dr. Badger said. "This indifference . . . is only a reflection of the many uncertainties of its pathogenesis and a disregard for the high degree of reversibility it can show with treatment."

While it is well recognized that the specific cause of emphysema has not been unequivocally established, bronchitis has many known and treatable causes. Bacterial infections, viruses, industrial dusts and air pollution have a place in the development, but the commonest cause of bronchitis in adults is due to cigarette smoke, Dr. Badger said.

"It remains my own opinion," he added, "that cigarette smoke is as causative in the development of chronic bronchitis and emphysema as the tubercle bacillus is in the development of tuberculosis."

Acute and chronic bronchitis can be reversed, he said, by the early elimination of cigarette smoking.

WE'RE GOING METRIC

"Thumbs Down" on Saxon Girdles and King's Feet

Adherence to an age-old law that demands respect for the length of a king's foot and the weight of a single grain of wheat will be thrown to the winds this fall when hospitals in metropolitan Winnipeg "go metric".

At that time patients and hospital staff will be introduced to the international system of weights and measures based on the meter and the kilogram. All hospitals in the Metro area plan to convert together. The target date for total conversion has been set for November 1.

From then on, a patient's weight will be measured in kilograms instead of pounds, his height in centimeters and decimeters instead of inches and feet, and his temperature in centigrade degrees rather than according to the Fahrenheit scale. Liquids will be measured in terms of the liter — and all of us, patients and staff alike, will go on the 24 hour clock. That is, instead of quitting work at 5, we'll be leaving at 1700 hours.

There are a number of reasons for the switch-over, says Miss E. L. M. Thorpe, Sanatorium Board administrative assistant and nursing consultant, who represents our organization on the Metro Winnipeg Metric Task Force Committee. For one thing the metric system is well established in the scientific world and is being used increasingly in the health sciences field.

Use of the metric system helps to minimize errors and avoids confusing the computer, which is programmed in metric terms. The computer also prefers the 24-hour clock, as it fails to distinguish the difference between a.m. and p.m.

Canada and the United States are the world's last holdouts against the adoption of the metric system. At present it is estimated that close to 40 percent of the world's population uses the metric system, and that another 50 percent is now in the process of converting. Many hospitals elsewhere in Canada and the United States have converted to the system.

Conversion is not expected to be costly. One of the biggest items to be purchased will be the thermometers which measure centigrade degrees. But this cost, as one Task Force Committee member pointed out, could be considered a normal expenditure of ordinary replacement.

Hospital scales can be fairly easily converted to specify weight in kilograms; most measuring vessels are already marked in both systems; clocks will have red numbers placed next to the present black ones to denote the 24 hours.

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The new system, in all, should not be difficult to adjust to. It is, in fact, easy to learn and to use as the scale of multiples and subdivisions of the meter is 10. All units of surface, volume, capacity and weight are derived directly from the meter. The liter, for example, which corresponds to the quart as a unit of capacity, contains one cubic decimeter of water and weighs one kilogram (which is 1,000 grams).

This surely is a good deal easier to use and understand than the old system where one was expected to remember that four gills equal one pint, two pints equal one quart, four quarts equal one gallon, 31½ gallons equal one barrel, and two barrels, one hoghead.

There is, of course, a fair bit of romance in a system that derived linear measurements from the breadth of a thumb and the length of an Anglo-Saxon girdle. But romance doesn't particularly help us to remember, for example, how many feet there are in a statute mile. A kilometer is equal to 1000 meters, exactly. But the mile? This we inherited from the Romans who set it at 1,000 paces or double steps — the pace being equal to five Roman feet. When the Romans introduced the mile to

the Britons, it was changed to 5,000 English feet — a figure that might not have been too difficult to remember had not the decree been issued during the rule of the irascible Henry VIII that the mile henceforth would consist of 5,280 feet, more or less.

Patients and staff should indeed find the metric system acceptable — provided, of course, that one is not also expected to remember that the meter, in accordance with the decision of the 11th International Conference on Weights and Measures (held in October, 1960) abandoned the old concept of the meter and set it as equal to 1,650,763.73 wavelengths of the orange-red line of krypton-86, under specified conditions.

M.R.H. Benefits from Memorial Project



Pictured looking over reference material on paraplegia — assembled by the Ladies Auxiliary of the Central Western Division, Canadian Paraplegic Association for the H. E. Luten Memorial Project — are left to right: T. A. J. Cummings, executive director of the Sanatorium Board, Dr. R. R. P. Hayter, Director of Physical Medicine, Manitoba Rehabilitation Hospital, A. T. Mann, executive director of the Central-Western Division, Miss E. L. M. Thorpe, S.B.M. nursing consultant and administrative assistant, Steve Patrick, chairman, Central-Western Division, and Mrs. Hank Luten.

(Photo by Children's Hospital Photography Dept.)

Two complete sets of reference material on spinal injuries, compiled as a memorial to the late H. E. Luten, were presented this month by the Central-Western Division of the Canadian Paraplegic Association for the use of staff and patients at the Manitoba Rehabilitation Hospital.

The literature consists of a handsome volume of 49 selected papers and reprints covering the whole field of rehabilitation of spinal cord injuries, including the general management, psychological aspects, functional retraining, rehabilitation goals, homemaking, sports and recreation. In addition, there are textbooks, handbooks and pamphlets on paraplegia which will be most useful for the medical and nursing staff as well as the patients.

The CPA Ladies Auxiliary undertook this special project in memory of Hank Luten, a paraplegic who served as a welfare officer with the Central Division from 1956 until his death on August 25, 1966. Hank was well known to patients and staff in the Paraplegia Unit at the Manitoba

Rehabilitation Hospital. He contributed in a particularly fine way to boosting the patients' morale and assisting them to a useful life.

According to A. T. Mann, executive director of the Central-Western Division, Mr. Luten had been deeply concerned during this time about the lack of reference information on paraplegia for both patients and staff, and consequently it was decided to use the money from his Memorial Fund to fill this need.

The 30 sets of reference work, assembled over the past several years — for distribution to hospitals, health sciences libraries, CPA Divisions and paraplegic units across Canada — represents a great deal of scrounging on the part of the Ladies Auxiliary, Mr. Mann said. The material was gathered from all parts of the world.

The staff at the Manitoba Rehabilitation Hospital, who have never had such easy access to comprehensive literature on paraplegia, are delighted with this gift.

TB Belongs in "Mainstream of Learning"

Tuberculosis must be removed from the isolation of sanatorium care and returned to the mainstream of learning in medical schools and general hospitals that are equipped to handle it.

This opinion, increasingly voiced by other chest physicians, was again emphasized at the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association in Newfoundland last month.

Taking "A Critical Look at the Respiratory Disease Program of the Voluntary Health Association," Dr. Theodore L. Badger, clinical professor of medicine at Harvard University, said that the voluntary health association can find an important role to play in supporting the concept of tuberculosis as another infectious disease — but "an extraordinarily kaleidoscopic and important disease" — which, if its eradication is to be obtained, must be made clinically available to the rising generation of doctors.

The propaganda effect of eradication, he pointed out, has put the medical profession and the public

"off guard" with respect to the continuing importance of this disease.

As an illustration, Dr. Badger spoke about the number of patients with tuberculosis who languish in general hospital wards for days before their disease is diagnosed. "At the Boston City Hospital, 37 patients were admitted in a six-month period, none of whom had an admission diagnosis of tuberculosis.

"Nine of these patients died in the first few hospital days of their advanced infection. They were not definitely diagnosed during life. Seven of these cases were admitted with significant accompanying disease that tended to camouflage the underlying tuberculosis."

Sooner or later, he said, tuberculosis must be incorporated into the curriculum of medical schools and it must be included on teaching wards so that young doctors can be trained in its diagnosis and varied management.

While the eradication of tuberculosis should remain the primary goal of the voluntary organization, other goals should include the control of

respiratory disease, elimination of cigarette smoking, air conservation and improvement of general community health and welfare.

Speaking on the control of respiratory disease, Dr. Badger urged that more attention be paid to prevention.

While there is no question that we must cope with the staggering results of excessive cigarette smoking, the rehabilitation of the vast reservoir of incapacitated respiratory cripples, he said, "let us not lose sight of the most basic and perhaps forgotten concept of the prevention of these diseases.

"Our thinking, our research money and our public relations must go into the causes, the development and especially the preventive management of bronchitis and emphysema . . .

"These are things about which we know too little. We must make our position clear in these matters. We must make our position unequivocally clear in regard to the elimination of cigarette smoking."

Miss Manchester Retires

Staff members from all departments at the Manitoba Sanatorium turned up at a coffee party on June 13th to honor Miss Gertrude Manchester, who at the end of last month retired from her position as senior member of the teaching department.

Miss Manchester has taught patients at Ninette since 1951 and for the past 14 years she has been in charge of the teaching program. The department, employing three full-time teachers, is responsible for instructing all grades, one to 12; the students enrolled in these grades have ranged in age from six to over 60 and in recent years have been largely of Indian or Eskimo descent.

The school program hasn't been easy for either the teacher or the student, Miss Manchester once commented, recalling the years of bedside and classroom instruction. For the Indian and Eskimo in particular, it has been difficult to adjust to the ways of the classroom and to the whiteman's ideals. For the teacher it has meant a big change in teaching methods and infinite patience and understanding.

Miss Manchester, however, has done a very commendable job over the years and is justifiably proud of the many students who have risen above great obstacles and found a satisfying career.

Her success as a sanatorium teacher probably stems to a large extent from her own experience as a tuberculosis patient, which has resulted in a deep understanding of the needs and problems of both patient and pupil.

A slim, quiet-spoken woman, who was raised on a farm in New Brunswick, Miss Manchester became ill with tuberculosis after some 20 years



Miss Gertrude Manchester, shown here with Medical Superintendent, Dr. A. L. Paine. (Photo by Bill Amos)

of elementary school teaching. She taught first in New Brunswick, after graduation from teachers college in Fredericton; then, with her mother, moved west to Manitoba where she taught school at Warren for two years and afterwards in Fort Garry for 19 years. In 1947 she became ill and spent the next five years as a patient at the Manitoba Sanatorium. As her health returned she took up part-time teaching of other patients, then graduated to full-time work.

At the coffee party last month, medical superintendent Dr. A. L. Paine paid tribute to Miss Manchester's many contributions to teaching over the past 30 years (she is an honorary life member of the Manitoba Educational Association) and to her devoted service to the Sanatorium Board and the hundreds of patients who have come under its care. As a way of saying thank you, fellow employees presented her with a yellow orchid corsage and a handsome set of matched luggage.

New Personnel

The Sanatorium Board welcomes the many people who during the past month have joined our staff. Among them are:

Miss Jeanette B. Jolicoeur, girls' supervisor and night counsellor at Pembina House, Ninette;

Grant Thiessen, assistant accountant, SBM Executive Office (formerly accountant for the Manitoba Hospital Association);

Dr. Harish Kumar, resident physician at the D. A. Stewart Centre (a graduate in medicine from the University of Delhi, India, and until recently, a fellow in pulmonary medicine at Washington University, St. Louis, Mo.);

Mrs. Therese M. Young, general staff nurse at the D. A. Stewart Centre;

Mrs. Nancy A. White and Miss Margaret P. Hamilton, laboratory technologists for the D. A. Stewart Centre and Manitoba Rehabilitation Hospital;

Mr. Kishorchandra Mehta, pharmacist at the Manitoba Rehabilitation Hospital, (a B.Sc. graduate in pharmacy from the University of Manchester, England, who succeeds Mr. Eugene Stefiuk, who took a new post at the Selkirk General Hospital);

M.R.H. Resident physician Dr. Heung-Chi Man, (a native of Hong Kong and a graduate in medicine from Kaohsiung Medical College, Taiwan), and Dr. Saroj Gokarn, (graduate from the University of Bombay Medical School);

M.R.H. general staff nurses Mrs. Adrienne E. A. Mathias, Miss Virginia Omega, Miss Yolande Macatol and Miss Marian E. Land;

M.R.H. occupational therapists Mrs. Esther Plucer, Miss Carol L. Swanson and Miss Darlene Raymer;

M.R.H. physiotherapists Miss Vivian R. Dowhopoluk, Miss Heather-Anne Fick, Miss Edna J. Conly and Douglas A. Calder;

Miss Judith M. Bjoren, clerk typist for the Physiotherapy Department.

BULLETIN BOARD

Our hearty congratulations to Dr. S. W. Lee, who last month became a Diplomate of the American Board of Physical Medicine and Rehabilitation. Dr. Lee is assistant physician in physical medicine at the Manitoba Rehabilitation Hospital.

Dr. A. L. Paine, medical superintendent of the Manitoba Sanatorium, was named president-elect of the Canadian Tuberculosis and Respiratory Disease Association, at the CTRDA annual meeting in Newfoundland last month. Dr. D. P. Snidal, director of Continuing Education, University of Manitoba Faculty of Medicine, was elected president of the Canadian Thoracic Society, at the same time.

The next annual meeting of the CTRDA and the Canadian Thoracic Society will be held in Winnipeg in June, 1970.

Dr. B. J. S. Grogono, orthopedic surgeon who since December, 1964, has served as medical director of the Paraplegic Unit at the Manitoba Rehabilitation Hospital and has actively promoted wheelchair sports in Western Canada, resigned his post last month to take up residence in Halifax. Dr. Grogono will be missed very much by patients and staff — our warmest wishes go with him.

Our congratulations to Miss Joan Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital, who was recently appointed a director (representing Manitoba) of the Canadian Physiotherapy Association. As such, Miss Edwards attended the CPA Directors Meeting in Toronto, June 11 to June 14, and the 1969 CPA Congress in Halifax, June 11 to 14. Staff physiotherapist Miss Tam Nishizeki also attended the Congress.

Dr. R. M. Cherniack, medical director of the SBM Tuberculosis and Respiratory Disease Service, was chosen to represent Canada at the annual meeting of the British Tuberculosis Association in Cambridge last month. Dr. Cherniack presented papers on the management of chronic obstructive pulmonary disease and on respiratory failure on myocardial infarction. Later, in the company of his brother Dr. Louis Cherniack, he attended a conference on sarcoidosis in Prague.

A children's action song, a staff skit, games, contests and hot dogs and soft drinks served on the shady lawns highlighted the annual patients' picnic at Manitoba Sanatorium on June 11th. For the adults, Hospital Manager Stick Kilburg, Mrs. V. Hastings, Mrs. E. Thiessen and special guest Miss Derinda Ellis (former director of nursing) had the honor of pouring tea.