



On the Agenda for 1970

Special Course for Nurses

Do we have a special project to commemorate Manitoba's 100th anniversary?

Yes! We do! And a very special one it is, thanks to our nursing consultant and administrative assistant, Miss E. L. M. Thorpe.

As chairman of the Nurses' Section of the Canadian Tuberculosis and Respiratory Disease Association, and in her additional role of chairman of the CTRDA's Ad Hoc Steering Committee for Nursing, Miss Thorpe is bringing to the nursing profession in Manitoba — and to nurses across Canada, for that matter — an intensive, top-level, two-week symposium on respiratory disease nursing.

The post-graduate course — geared exclusively for nurses working or interested in respiratory disease care — will be held from September 23 to October 9 at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre. To our knowledge, this will be the first course of its kind to be offered in Canada, and if all goes according to plan, it will be an important first step in meeting a growing demand by nurses for more information about this tremendous public health problem.

The course will cover all aspects of the nurse's role in the prevention and treatment of acute and chronic respiratory insufficiency, and lectures will be delivered by internationally known experts in the respiratory disease field.

Specific topics to be covered will include intensive care for the respiratory emergency, long-term care of the chronic patient, home care programs, environmental factors in respiratory disease, clinical investigation and diagnosis, nuclear medicine and the respiratory disease patient, the epidemiology of chronic obstructive lung disease, surgical procedures and the nursing needs of patients prior to and following chest surgery, and the prevention of illness through multiple screening, health education and other measures.

Emphasis will also be placed on modern methods of tuberculosis prevention, treatment and follow-up care, and on the position of tuberculosis in the main stream of modern medicine.

In organizing the course, Miss Thorpe has enlisted the assistance of the Manitoba Department of Education and the federal Department of Manpower and Immigration. Registration fees will be charged — but through arrangements with the Manpower department, the fees will



MISS E. L. M. THORPE, MBE

be reimbursed to agencies who enroll employees in the course.

Further information may be obtained from the course chairman, Miss E. L. M. Thorpe, Sanatorium Board of Manitoba, Winnipeg 2.

Board Mourns Death of Hazel A. Hart

Someone has said that the Christmas Seal is a part-time worker whose influence is felt the year 'round. It is no less remarkable that this campaign was organized and developed on this continent by untrained people, and that it has undoubtedly affected the life of everyone of us here today. I am proud and happy to have had a part in the development of its potentialities and I leave the field with a feeling of gratitude that my life has been spent in such a worthwhile cause and with so many public-spirited people.

These words were spoken by Hazel A. Hart in a farewell address to delegates to the 65th annual meeting of the Canadian Tuberculosis Association in June, 1965. As the very capable director of the Canadian Christmas Seal Campaign for 26 years and as an enthusiastic supporter of anti-tuberculosis work for many more, Miss Hart was well known and much admired across the country.

Thus when news of her death on Christmas Eve reached us, the Sanatorium Board shared in the sense of

CTRDA Annual Meeting

Multi-phasic screening . . . the development of community health clinics . . . health services from an Indian point of view . . . new developments in respiratory disease research, and the impact of chronic obstructive lung disease on the general Canadian population: these are a few of the topics lined up for the 1970 annual meetings of the Canadian Tuberculosis and Respiratory Disease Association and the Canadian Thoracic Society.

The site for the combined conference this year is the Fort Garry Hotel in Winnipeg. The dates are May 31 to June 3.

As the program shapes up under the enthusiastic chairmanship of Dr. E. S. Hershfield, the prospects appear rather exciting. Dr. William R. Barclay, professor of medicine at the University of Illinois and an international authority on BCG vaccination, will be a guest speaker. Dave Courchene, president of the Manitoba Indian Brotherhood, is expected to be another. Dr. R. M. Cherniack, medical director of the SBM Respiratory Disease Service, and Dr. Hershfield, associate medical director, will present their views on *The Next Decade in Lung Disease*; other experts are

being invited to discuss air pollution problems in Canada, new techniques in health education and the sociological aspects of tuberculosis (its impact on the family and the community).

Under the chairmanship of SBM nursing consultant Miss E. L. M. Thorpe, a dynamic program is being arranged for the special nurses' sessions. Dr. D. P. Snidal, director of continuing education, University of Manitoba, and newly elected president of the Canadian Thoracic Society, is organizing the medical sessions. Papers to be presented at these sessions will deal with the clinical aspects of both acute and chronic respiratory disease, and recent research in respiratory disease.

Interesting social programs are being planned for each day of the conference and for the evening preceding the conference opening; and a three day post-conference tour is being offered. This tour will permit delegates to visit the beautiful Whiteshell Provincial Park on the eastern border of our province, to see the facilities of our Whiteshell Nuclear Research Establishment near Pinawa, and enjoy for a whole day the many recreational opportunities around Pinawa.

In this, Manitoba's centennial year, the Sanatorium Board of Manitoba and the CTRDA hope to welcome many delegates to our 70th annual meeting. Make a note of the dates on your calendar, and watch for further information in this Bulletin.

Hart joined the staff of the Canadian Tuberculosis Association in Ottawa, and ten years later she became national director of the Christmas Seal Campaign.

In the following years, under her guidance, millions of dollars were

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Address all communications to:

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

Across the Editor's Desk

Over the years the Sanatorium Board has received a number of unusual donations from the community — but few have touched us so deeply as the recent gesture of Mr. and Mrs. Max Caplan of Winnipeg. On the occasion of their 40th wedding anniversary, Mr. and Mrs. Caplan suggested that friends could honor them by contributing to the Research Fund of the Manitoba Rehabilitation Hospital. As a result of this generous action, some two dozen donations were channelled into important research in the physical medical field.

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Thousands of other donations have been coming through the mails as a result of our annual Christmas Seal Campaign, and it appears now that the Sanatorium Board will have sufficient funds for province-wide programs to prevent tuberculosis and other chronic lung disease. We are grateful for this generous support, and also for the trouble some residents take to contribute Christmas Seal money. Soon after Christmas, for example, the Seals Office received a money order for \$22.89 — representing the efforts of a group of school girls in Minto who went about the town one December night singing carols and collecting nickels and dimes . . . for the "fight against TB".

The Manitoba Post Office also co-operated to the hilt. A total of 201,000 Christmas Seals letters were delivered to the main post office in early November and 200,999 were accepted and sent out in the mails. The one returned . . . for lack of postage . . . was addressed to Rudy Trnka in St. Vital . . . who just happens to be the man in charge of processing our mail!

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Dr. Reuben M. Cherniack, medical director of the Board's respiratory disease service, was one of the few staff members who didn't stick close to home base in December. The junket this time was to the city of New Orleans where he was guest speaker at the sixth annual course on Pulmonary Function in Health and Disease at Louisiana State Uni-

versity. The hospitality of this southern city is apparently all that it is said to be. After delivering his papers and giving the press a lengthy interview on the hazards of cigarette smoking ("Cigarette smoking can cause diseases which, in many ways, are far worse than lung cancer . . ."), Dr. Cherniack was made an honorary citizen of New Orleans and presented with a key to the city.

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During the past month the Sanatorium Board bid several valued employees farewell and welcomed about a score of new ones. Among those who have left us is Dr. S. W. Lee, a member of the resident staff at the Manitoba Rehabilitation Hospital since July, 1967, and the winner of several awards for his scientific papers. Dr. Lee has now taken up residence in Washington, where he will be acting chief of the Department of Physical Medicine at the District of Columbia General Hospital.

John Bernard Heath, an Englishman who has an impressive background in precision mechanics and served for some time as production manager for Nuclear Enterprises in San Carlos, California, has joined the staff of our Prosthetics and Orthotics Research and Development Unit, and Miss Jean Roberts, who took training in England in both physiotherapy and orthopedic nursing, has recently assumed the position of clinical prosthetist.

New additions to the registered nursing staff at the Manitoba Rehabilitation Hospital include Miss Veronica Regacho, Miss Jennifer McCombs, Mrs. Bonnie Willis, Miss Charita Pama, Miss Solas Law, and Miss Imelda Caces; and new physiotherapists are Miss Barbara Szilasi, Miss Janet Hoffart and Miss Mary B. Gallagher.

We also welcome Dr. Stanley S. Dias to the resident medical staff, Mrs. Kathryn Lawson, RN, to the social service staff, and laboratory technologists Mrs. Dorise Buksak and Mrs. Barbara Bow.

At the D. A. Stewart Centre we welcome registered nurses Miss May Wong, Miss Roselynn Kuryk and Miss Carmen Dolotnora.

Now that engineering has gained a firm foothold in the design and development of artificial limbs and braces, we can look forward to many revolutionary advances in assistive devices for the disabled. In the following article, engineers, who researched and developed the Winnipeg modular (tinkertoy) system of prosthetics, propose an extension of all that has been learned into . . .

A Nation-wide "Tinkerto

Consider the man in some remote area who, because of accident or disease, loses an arm or a leg. How far must he travel, how long must he wait, before he gets an adequate replacement for his limb?

Not long — and perhaps not very far at all — if engineers at the Prosthetics and Orthotics Research and Development Unit in Winnipeg have

their way. A streamlined service offering the latest prosthetic developments and techniques, they feel, should be as readily available to people in the hinterland as to patients who live right alongside the most up-to-date rehabilitation centres — and to prove their point, this imaginative team is undertaking a special project to look into the means of

PORU: WHERE DOCTOR AND ENGINEER MEET

The Sanatorium Board's Prosthetics and Orthotics Research and Development Unit is a hodge-podge of laboratories and offices — sprawled over the basement and second floor of the Manitoba Rehabilitation Hospital and staffed by a half-dozen engineers and physicians who have joined hands and brain waves to help handicapped people of all ages. It is one of four centres supported by national health grants for this purpose; and like its sister units at Toronto, Montreal and Fredericton, it has been responsible — during its short, six-year existence — for some important advances in the limb and brace making industry.

Under the leadership of James Foort, chemical engineer, and Dr. F. R. Tucker, professor of orthopaedic surgery, PORU has produced an interesting variety of appliances and techniques to aid in the rehabilitation of people with various kinds of disabilities. A series of plastic-metal splints have been designed to prevent or correct deformities caused by arthritis; different types of leg and back braces have been developed for patients with other conditions; and work has gone ahead on such other items as a cable recovery unit to improve prosthetic arm function, an electronic device for aligning artificial limbs, and an electric cart to provide locomotion for a "thalidomide" child. Special projects — such as the development of implant units to control artificial arms — have also been undertaken in collaboration with other research units, and a formal program has been set up to train others in prosthetic fitting and care.



Technical Director James Foort, right, chats with colleague, Dr. R. F. Tucker, who serves as PORU's medical director. Mr. Foort, who is a chemical engineer, is one of a handful of prosthetics researchers who pioneered rehabilitation engineering in North America.

But the one outstanding achievement — which has brought international attention to our unit and has set the trend for prosthetics research in nine other countries — is the development of the first modular system of prosthetics for lower extremity amputees. Designed for three levels of leg amputees and composed primarily of prefabricated "tinkertoy" parts that are quick and easy to assemble, adjust and change (with respect to length, alignment and function), Winnipeg modular prostheses are a shining example of what can be done to streamline the processes of treatment. To the clinician, they offer, among other things, the prospect of fitting artificial limbs to patients of all ages. To the limb-maker they mean the elimination of most of the drudgery and waste involved in fabrication and adjustment. And to the lower extremity amputee — who comprises 85 percent of the typical amputee caseload — modular prostheses mean a vastly speeded up rehabilitation program which permits him to be up and about right after surgery, on an artificial limb that is permanently his.

The introduction of modular prosthetics into clinical service at the Manitoba Rehabilitation Hospital has already had a dramatic impact on the hospital's amputee program. But beyond this, PORU'S researchers foresee more far-reaching effects. Modular systems, they maintain, are the way of the future. In time they will be used in the fabrication of other types of artificial limbs and braces . . . and eventually, as the accompanying article points out, they may serve as the foundation of a comprehensive rehabilitation service for disabled people everywhere.

NEW BOOKS IN THE LIBRARY

In recent months, the following books have been purchased and placed in our hospital libraries:

Respiratory Tuberculosis
Frederick Heath and N. Lloyd Rusby

Respiratory Failure
M. K. Sykes, M. W. McNicol, E. J. M. Campbell

Clinical Pharmacy Handbook
Hugh K. Kabat

Scientific Writing for Graduate Students
F. Peter Woodford

Scientific Writing
Lester S. King, M.D., and Charles G. Roland

2,000 Words (Canadian Edition)
Compiled by Louis A. Leslie

Rehabilitation and Medicine
Edited by Sidney Licht, M.D.

The Professional Manager
Douglas McGregor

Physiology of Respiration
Julius H. Comroe

Human Anatomy and Physiology
Barry G. King and Mary Jane Showers

Gray's Anatomy
Henry Gray

Counselling and Psychotherapy
Carl R. Rogers, PH.D.

Fundamentals of Neurology
Ernest Gardner, M.D.

Current Therapy (1969)
Howard F. Conn

"Rehabilitation Service

setting up such a scheme on a national, and perhaps international, basis. The system they envision would co-ordinate all existing research and development and clinical activities, and it would offer to patient and physician the advantages of both a highly centralized program of fabrication and distribution and a very decentralized clinical service.

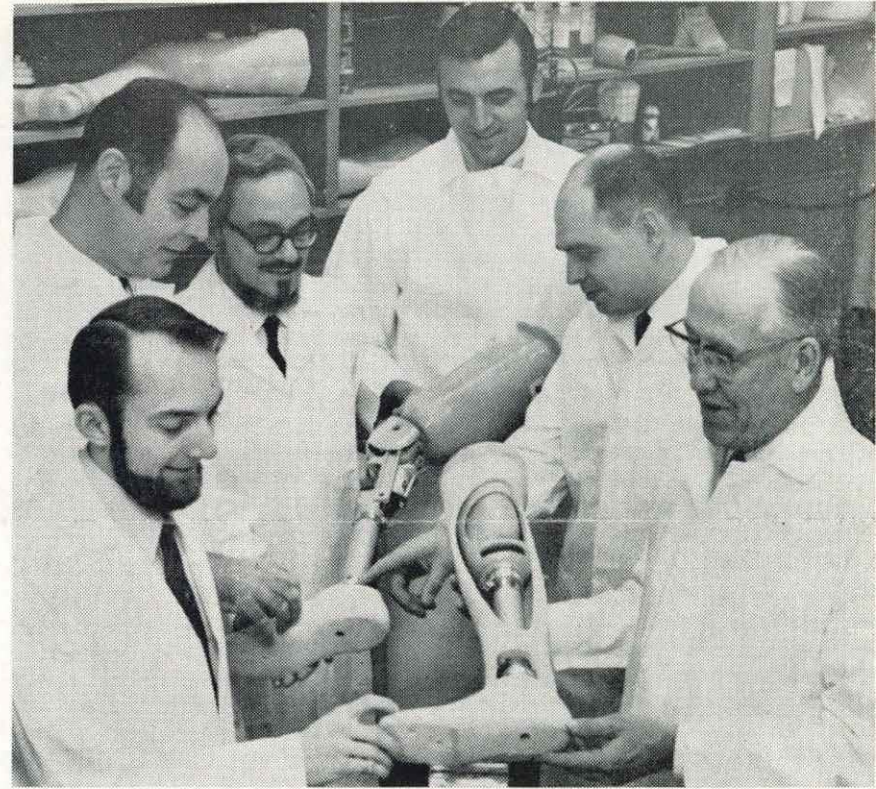
The foundation of the program would be a system of modular appliances — similar to the system for lower extremity amputees that the Winnipeg unit has developed and introduced — for the first time anywhere — into a consistent clinical service at the Manitoba Rehabilitation Hospital. Composed primarily of simple, prefabricated parts that fit together like tinkertoys, modular prostheses have had a remarkable effect on the hospital's amputee program: because the components are so easy and quick to assemble, adjust and change, previously experienced delays in fitting and treatment have been all but eliminated; and because, along with this development, tinkertoys limbs have been incorporated into the clinical service, every lower extremity amputee is considered a candidate for an artificial limb, regardless of age or physical condition. The result is that the percentage of amputees who are fitted with and trained on artificial limbs has jumped in the past few years from 50 or 60 percent to 98 percent — and this in face of the mounting proportion of geriatric patients (60 percent) who make up the typical caseload!

Modular systems, the Winnipeg Unit feels, are the way of the future. In their view, they will form the main building block of a broad, highly polished tinkertoy service that will draw on the collective art and skills of physicians and amputation surgeons, rehabilitation engineers,

prosthetists (possibly orthotists), and therapists, and on modern methods of production, distribution and communication. They foresee, for example, the use of highly sophisticated equipment that can "look" at an amputee and transmit data by wire to a central distribution centre, which would be situated, perhaps far away from the clinical arena, in an area where transportation and communication networks converge. Quickly constituted prostheses, inherently adjustable in important ways, would be shipped back to the clinic where, after application and adjustment, the amputee would begin rehabilitation training. In the event of special problems that could not be handled alone by the clinic staff, the Winnipeg group offers two solutions: either the patients would be transferred to another centre equipped to deal with their needs, or the problem would be fed to experts, regardless of their geographical position, and their advice returned for application at the discretion of the managing physician. In the latter case, remote control viewing of microfilm records would be incorporated for relaying background information.

For areas of concentrated population, the Winnipeg unit envisions a rehabilitation complex which would provide the necessary skills for handling both special and routine cases. At these centres there would be a network of research, design, development and education activities, plus the same sort of facilities for evaluating world-wide developments as now exist at prosthetics units in Winnipeg, Toronto and Montreal.

Since members of each group within this complex would be involved to some degree in the over-all program, exchange of information would be ensured. Thus the researcher would take on the additional role of edu-



According to the Technical Director, James Foort, leadership within PORDU belongs essentially to the man with the best ideas, and therefore tends to shift. Pictured left to right are some of the men with good ideas: Peter Nelson, electrical engineer who is currently working on implant studies; Ian Cochrane, formerly a member of the research team and now the unit's chief prosthetist; Mr. Foort; Doug Hobson, former design engineer, now a project consultant; Reinhart Daher, mechanical engineer, at one time concerned with production and at present doing special studies in human locomotion; Dr. F. R. Tucker, PORDU'S medical director.

cator and, in special cases, of clinician; and the clinician would aid the researcher in the evaluation of new devices and, along with the researcher, he would take an active part in the teaching. Students would share training across the boundaries of the various rehabilitation disciplines, and in the later stages of their training, they would actively participate in clinical and research work and in the evaluation of new methods and appliances.

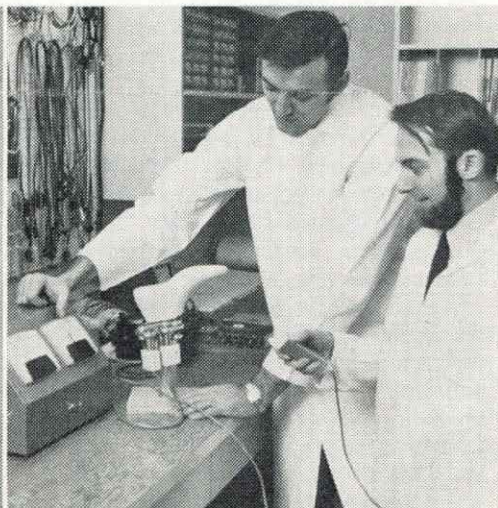
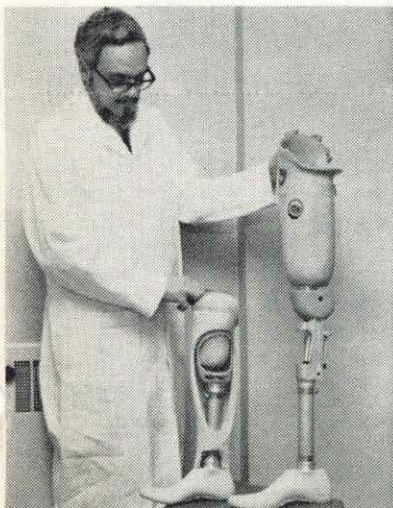
PORDU's engineers maintain that everything needed for the proposed system exists. It is a matter of finding out about each item, then adapting it to special needs. Included in their current research, for example, is a systematic review of existing three dimensional sensing systems and of the processing methods that go with them. For this, a wide variety of skills in the scientific community are being mobilized, after which selected methods will be laboratory tested and the most promising of these put into

broader field testing. Once this has been accomplished, they say, it should indeed be possible to gather the necessary data about an amputee's leg and stump shapes for transmission to the central distribution unit and for processing into a prosthesis that "looks like" the amputee, is comfortable, and combines the best features for functional recovery.

When, within a day or two, the prosthesis arrives at the clinical site, powered alignment units would then be used to adjust the prosthesis through a simple limited sequence of choices. Work on these alignment units is also going ahead at the Winnipeg unit. According to the researchers, they will "close the loop" in the proposed system, and certainly bypass the "educated guess" methods that are now being used for the final stage of prosthetic adjustment. In future, they add, the amputee himself should be able to select the angles and positions that suit him best — and eventually it may even be possible to make prostheses self-aligning.

PORDU believes that the system they propose is a distinct possibility within the next decade. In answer to some people who consider the prospects far-fetched, they cheerfully refer to the things that are already being done in other industries. To those who claim that the system would not be practical because the number of amputees is not large enough, they point out that when considered on a continental basis, amputees alone represent a population of 750,000. And if the larger orthotic problem is added to this prosthetic problem — and if both are considered on a global scale — then the prospects become very realistic indeed.

The engineers further point out
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"So we borrowed from Berkeley the pneumatic swing-phase unit for control of our knee joint . . . we made a better wedge-disc alignment unit . . . we took ideas from here and there, and invented things on our own." It was in this manner that Jim Foort (left) described the development of Winnipeg modular prostheses for lower limb amputees. With the system completed for below-knee, above-knee and thigh amputees, work continues on similar systems for knee and ankle amputees, and on such other projects as a powered unit to adjust limb alignment (shown centre). Another outgrowth of modular systems has been the setting up of a Prosthetics Products Division to make available to other centres components designed by PORDU researchers. Prosthetists Ian Cochrane and Jean Roberts look over the stock (right).

— Photos by David Portigal.

For Annie Brightnose: A Christmas to Remember

"If I was able to talk good English, I sure would have a good speech to make . . ."

In a letter to the doctors and staff at the Manitoba Rehabilitation Hospital, paraplegic patient Mrs. Annie Brightnose expressed her feelings to the many people who had a hand last month in arranging a reunion between herself and her children. "I want to thank everyone who had a part in making it possible for my children to be with me at Christmas," she wrote. "Please make it known that I truly appreciate their help."

Actually it was not the hospital doctors, nor any of the staff members who were instrumental in bringing Mrs. Brightnose and her five youngest children together after a five-month separation. The idea originated last November in the far-off northern community of Thicket Portage, where Mrs. Brightnose lived, and subsequent assistance to see the project through was pro-

vided by the Rotary Clubs of Thompson and Winnipeg.

The people of Thicket Portage became concerned about their neighbor, Mrs. Brightnose, when after suffering an accident that left her paralyzed, she was flown to Winnipeg for treatment. They knew she faced many months in hospital before she could return home, and through news trickling into their tiny community, they learned that she keenly felt the long separation from her children. So, at a meeting of the northern affairs community committee, they decided to launch a campaign to bring mother and children together for a few days at Christmas. To raise the funds, they held a bake sale and scraped together \$38.50. Then they held a raffle and raised a bit more.

At this point Rotarians in Thompson learned about the project, and together with the Rotary Club in Winnipeg, they chipped in additional money and their time to make the trip possible.

For the five little Brightnose children whose ages range from 11 years to seven months and for their older sister, Eliza, and their aunt, Mrs. Evelyn McCurdy, who accompanied them, the 656-mile train journey to Winnipeg was somewhat awe-inspiring. None had laid eyes on Winnipeg before; almost every minute



Five Brightnose children share a happy moment with their mother on Christmas Day at the Manitoba Rehabilitation Hospital. Left to right are Calvin, 3½, Rosemary, 11, Mrs. Brightnose, Eliza, 23, Jessie, 7, Mrs. Evelyn McCurdy (an aunt who helped chaperone the children), Major William Hosty (bearing gifts from the Salvation Army) and Baptiste, 8. Missing from the picture: seven-month-old baby Marilyn. (Photo by David Portigal)

Rehabilitation Service

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that such a system would, in the long run, save a lot of money and professional time, as well as human misery. There would be no need to turn out large numbers of highly skilled people. The skills required by peripheral personnel could be rather simple, and only the people at the core of the scheme would need comprehensive training and experience to maintain research, education and the solution of special problems.

Here, at the centre, a much closer integration of the doctor and engineer should develop, they feel. It is already obvious that certain categories of doctors need engineering, that engineers involved with doctors need medical training, that the combined skills of both would be required for handling the patient and analyzing his problem. To the machines would fall the mechanical tasks, the tasks of classifying information, and the tasks of an artisan nature.

What is suggested for the prosthetic industry is as revolutionary as the method developed by Henry Ford in the production of automobiles. By relying on thousands of technicians and products all the same, Ford demonstrated that mass production techniques could make a car available to almost all people who wanted one. In a somewhat different way — by relying on modern techniques that permit the mass production of items that are potentially different, and on operators who are artists — the Winnipeg unit predicts that the most up-to-date prosthetic and orthotic devices will one day be within easy reach of all who need them.

HAZEL A. HART

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raised by Christmas Seals and intensive programs of prevention were organized everywhere. The success of those programs are a tribute to her talent and dedication.

of the train trip and subsequent excursions around Winnipeg brought new sights and sounds.

Mrs. Brightnose was on hand to greet the children and her sister when Winnipeg Rotarian Dave Enns brought them to the hospital on Christmas Eve, and on the day following, with members of the cafeteria and nursing staff to serve them, the

family sat down to a festive dinner. Stacks of gifts were sent by Rotarians and the Salvation Army; a tree was "borrowed" from a hospital department to add the right touch.

And the children, wide-eyed and silent, clustered around . . . and the mother wiped a tear from her eyes.

"I was really lonesome to see them," she said.

Christmas in our SBM Hospitals

Christmas 1969 brought many delightful moments for other patients and staff members in Sanatorium Board hospitals. The variety shows and concerts were all great hits; the Christmas Eve carol service at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre was — to put it simply — the most beautiful ever; and once more patients were inundated with gifts, entertainment and goodwill.

The Sanatorium Board expresses warmest thanks to all staff members and to individuals and organizations outside the hospitals who brought so many happy smiles to the faces of our patients. We are grateful to Ted Komar of Winnipeg and to Mr. and Mrs. H. E. Bateman of Charleswood, who showed up at the Manitoba Rehabilitation Hospital one December day in answer to an Eskimo patient's Christmas wish for an accordion; and we express our appreciation to the Aviva Chapter, B'nai B'rith, who, in addition to providing a year 'round program of concerts and bingo games for patients at the Manitoba Rehabilitation Hospital, once again contributed pastries and cakes for the patients' Christmas variety show on December 17 and helped the MRH Volunteer Service to serve it.

We also thank the North Kildonan Fire Department and the shopkeepers of North Kildonan who provided goodies and gifts for the D. A. Stewart Centre patients at their variety show on December 22; the Win-

nipeg artists and inmates of Stony Mountain Penitentiary who provided entertainment for this concert; Don Buccini, who arranged another concert for MRH patients on December 20; and the Beta Beta Chapter, Pi Rho Zeta, the IODE and the Salvation Army, who provided our Winnipeg patients with gifts.

It is not possible to thank all staff members who contributed to the festivities in Winnipeg. But we would like to single out the efforts of occupational therapist Mrs. June Thomson, who organized the MRH variety show (presented by the staff), Mrs. Margaret Masterman of the Social Service Department, who arranged the D. A. Stewart Centre concert and Miss Jane Peacock and Miss Eunice Jackson, of the occupational therapy and physiotherapy departments respectively, who were chiefly responsible for the finest carol service we have ever witnessed.

The highlight of the service was "The Christmas Message", told in the form of song and tableau. The staff choir, dressed in overcoats and mufflers, sang little known English carols, a modern Czechoslovakian folk tune and an old Huron carol; and Dr. J. F. R. Bowie read a simple script prepared by Miss Peacock, while members of the staff presented a graphic scene of the old Christmas story. Nearly every hospital department had something to do with this very special event, either as participants in the service itself, or be-

hind the scenes as stage hands, prop designers and so forth. All deserve praise.

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Christmas at Manitoba Sanatorium at Ninette was marked by a variety show on December 17 and a carol service "around the Christmas tree" on December 23rd. All of the department heads, members of the nursing staff and the students and teachers at Pembina House were involved in these events. Among the outstanding items on the concert program were a cartoon show presented by Miss Erika Simons of the nursing staff, a Christmas pageant organized by the teachers, skits and musical numbers by the children of No. One Pavilion, the nurses' assistants and the students of Pembina House.

Gifts distributed to patients this year, according to the staff, seemed more beautiful than ever. The donors included: Professional Engineers' Wives of Winnipeg, Zonta International, employees of Eaton's and Simmons Ltd., the Ladies Auxiliary to the Associated Canadian Travelers of Winnipeg; Fidelity Branch of the Canadian Legion (105), Miss L. Atkinson of Winnipeg, Ladies Auxiliary to the Ninette Canadian Legion, square dance clubs of Killarney and Wawanessa, Belmont CGIT, Baker Lake Anglican Mission, Beta Sigma Phi of Boissevain, Norfield and Ninga 4-H Clubs, the United Church Women of the Brandon Presbytery, and the Komet Teen Club of Killarney.