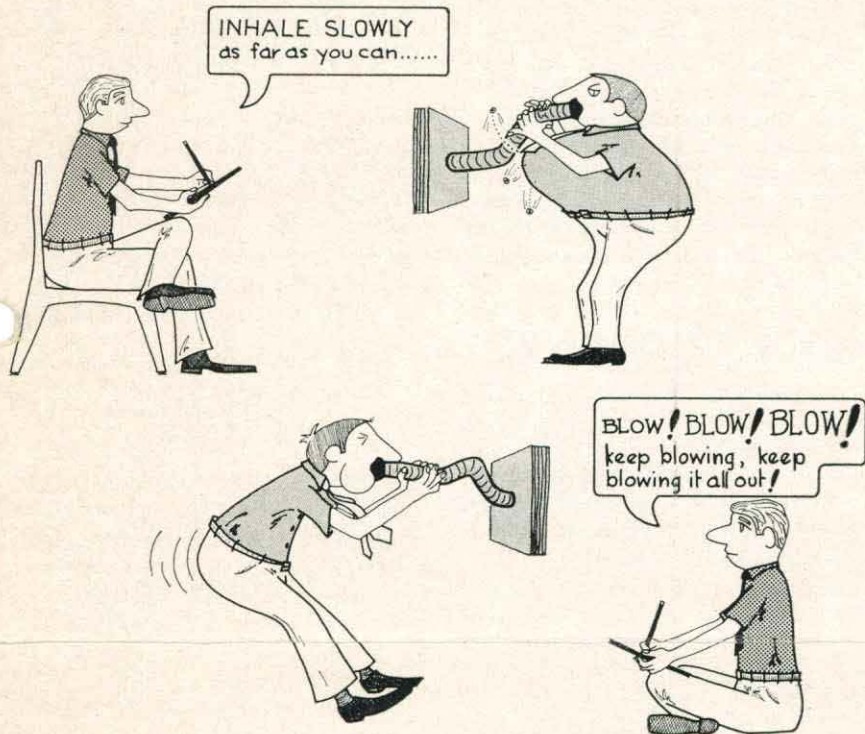




## 20 Percent — Out of Puff?



In Manitoba, pilot surveys to promote the early discovery of obstructive lung disease — and to learn more about its incidence, nature and factors that influence it — have been undertaken jointly by the Sanatorium Board and the University of Manitoba. Through these surveys — the largest to be organized in Canada — physicians are discovering that obstructive airway disease is a mounting problem in Manitoba, affecting between 15 and 20 percent of the adult population. As a result of one survey, for example, 656 out of 3,814 people tested were advised to consult their physicians. — Artwork by Doug Lane.

Do you usually cough first thing on awakening?

Do you usually bring up phlegm from your chest during the day or night?

Do you get short of breath on severe exertion — or when hurrying on the level or walking up a slight hill?

A lung function survey — conducted jointly by the University of Manitoba and the Sanatorium Board among the general adult population of Manitoba — is turning up a disquieting number of “yes” answers to questions such as these. The questions are included in a comprehensive questionnaire concerning symptoms and factors involved in chronic obstructive lung disease; and the questionnaire is accompanied by simple breathing tests to measure lung function.

Over 35,000 volunteers have been tested since the study began two years ago. They include people of all ages, in many occupations, in both urban and rural areas.

The preliminary findings indicate that between 15 and 20 percent of the individuals tested have evidence

of obstruction to air flow in the bronchial tubes.

About one half of this group have symptoms of disease, such as chronic cough and sputum. The other half, who have no symptoms, could very well be early bronchitics, according to the project director, Dr. R. M. Cherniack.

And as suspected, the discovery of airway obstruction usually relates to cigarette smoking.

As the survey continues, the tests and questionnaires will undoubtedly yield more answers to the many questions about the incidence of respiratory disease and the factors that influence it.

But from these first findings it appears that chronic bronchitis is a significant health problem in the general Manitoba population.

## Respiratory Disease Seminar Attracts Wide Nursing Interest

The response to a fall seminar on respiratory disease nursing has been so enthusiastic that organizers are concerned about an overabundance of applications.

Largely because of limited space, enrollment in the two-week course is being restricted to about 30 registered nurses from Manitoba and other parts of the country, said Miss E. L. M. Thorpe, Sanatorium Board nursing consultant who serves as the course chairman.

However, because of the high interest in this field and the mounting problem of respiratory disease in the population, it is expected that other similar courses will be scheduled over the next several years.

The initial seminar — arranged by the Sanatorium Board for the Nurses' Section of the Canadian Tuberculosis and Respiratory Disease Association — will be held at the Manitoba Rehabilitation Hospital — D.A. Stewart Centre from September 28 to October 9.

It will cover all aspects of respiratory disease care — from the methods of prevention to medical and paramedical treatment of patients with acute and chronic respiratory insufficiency.

Miss Ruth Barstow, clinical nurse specialist in respiratory disease nursing at the Veterans' Administration Hospital at Livermore, California, will be a special guest. Her topics will include *Chronic Obstructive Disease Nursing with Warmth, Anatomy and Physiology of the Respiratory System, Nursing Care of Patients with Acute Respiratory Failure, Psychological Problems of the Patient with Chronic Obstructive Lung Disease and Rehabilitation of the Pulmonary Cripple.*

Other speakers will include Miss Lorette Morel, newly appointed health education and nursing consultant for the CTRDA; Miss Mona McLeod, assistant professor, University of Manitoba School of Nursing; Dr. Emmanuel Snell, director of Pre-

ventive Services, and Miss Janet Smith, public health nursing consultant, Manitoba Department of Health and Social Development; Miss Edith Svanhill, VON, nursing coordinator of the Home Care Program, Winnipeg General Hospital; and Miss Joan Edwards, chief physiotherapist, Manitoba Rehabilitation Hospital — D.A. Stewart Centre.

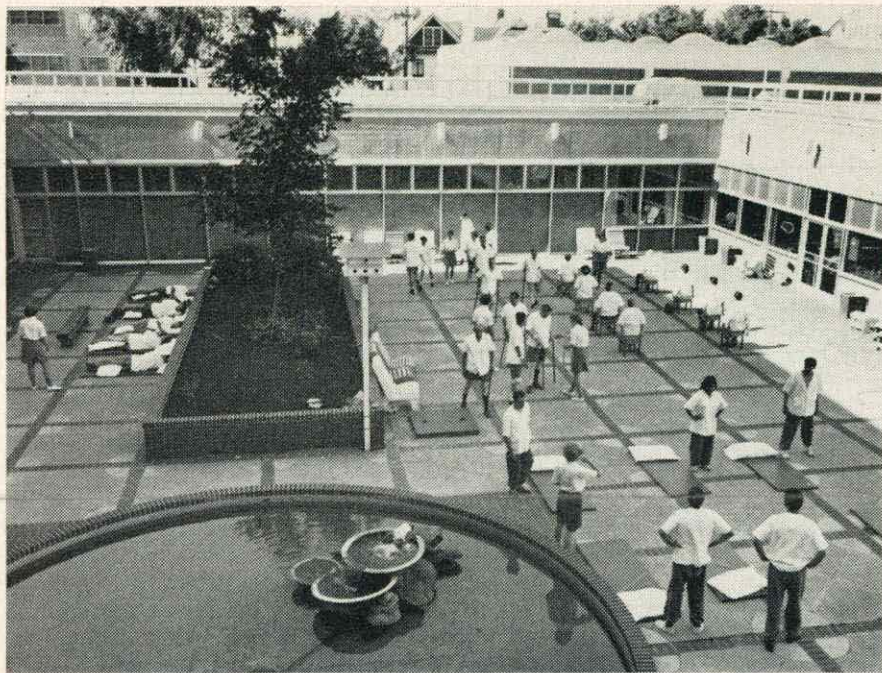
Guest lecturers from the University of Manitoba include Dr. J. C. Wilt, professor and head of the Department of Bacteriology and Immunology; Dr. L. L. Whytehead, Department of Surgery; Dr. Victor Chernick, Department of Pediatrics and Physiology; Dr. R. M. Cherniack, Dr. Louis Cherniack, Dr. E. S. Hershfield, Dr. C. B. Schoemperlen, Dr. D. S. McCarthy and Dr. J. A. MacDonell, Department of Medicine.

Among the topics to be covered are the intensive management of acute and chronic respiratory diseases, respiratory viruses, surgical chest procedures, environmental factors in respiratory disease, sociological implications of illness, pre- and post-operative nursing care, the terminal patient in hospital, inhalation therapy, testing of lung function, nuclear medicine and the respiratory disease patient, drugs currently in experimental use, exercise programs for respiratory disease patients, newer concepts of nursing responsibility.

T. A. J. Cunnings, executive director of the Sanatorium Board, will open the course with a talk on *Keeping People Well.*

Address all communications to:

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



**THE COURTYARD** at the Manitoba Rehabilitation Hospital was designed as a pleasant retreat for patients and to admit lots of sunshine into the hospital's halls and wards. But in recent times, as this picture shows, the area is also being used for extra treatment space for our crowded physiotherapy department. Back classes, shoulder classes, respiratory classes and walking classes are almost daily courtyard attractions this summer — and in a few days workmen will also join the throng. The idea is to steal 20 feet along the south side for an extension to the general physiotherapy treatment department — then return the courtyard to its original quiet purpose.

— Photo by David Portigal.

## Survey Ship Makes Last Voyage

The *M. V. Christmas Seal* has made her last voyage.

This news from our sister association in Newfoundland was received sadly at the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association in June, because for 22 years the exploits of the 148-ton motor ship had become something of a legend.

Once a vessel for the U.S. Air Force Rescue Service, the *M.V. Christmas Seal* was purchased by the Newfoundland Tuberculosis Association in 1947 and turned into a floating health clinic. She was given a snowy white coat of paint, a white flag bearing the doubled-barred Cross of Lorraine, and a personable staff to carry out x-ray examinations, BCG vaccinations and diabetes tests.

Then every year she plied the coastal waters of Labrador and Newfoundland, visiting the folk of isolated fishing settlements. Music over a public address system would announce her approach, and at each place she docked all would come out to greet her.

But now that land connections have sprung up and health services are centralized, "our romantic symbol of health has been replaced by a

### 15th REHABILITATION NURSING COURSE

October 19 - November 6, 1970  
Manitoba Rehabilitation Hospital

This intensive course is designed to teach registered nurses the special skills and philosophy involved in the rehabilitation of the physically disabled.

Further information may be obtained from Mrs. D. Setter, Director of Nursing Education, Manitoba Rehabilitation Hospital, Winnipeg 3.

soul-less x-ray van, belching smoke and fumes into our relatively unpolluted atmosphere," sighed executive director E. G. House.

Other provincial associations sigh with him.

Such is progress.

## Patients Share In Manitoba Day Festivities

The excitement of the Manitoba Day celebrations on July 15 also reached patients and staff at the Manitoba Rehabilitation Hospital — D.A. Stewart Centre.

Early in the day Miss E. L. M. Thorpe, nursing consultant and administrative assistant, showed up to present special pioneer pins to those patients, 75 years of age or older, who had lived in Manitoba most of their lives.

And at noon, Versafood Services served up generous helpings of Manitoba beef (with lots of trimmings) on trays appropriately decorated with placemats and napkins sporting the Manitoba tartan.

But the highlight, of course, was the visit of Queen Elizabeth and the Duke of Edinburgh to the Children's Hospital across the way. The usual sombre atmosphere in the Medical Centre area gave way to noisy excitement as crowds gathered on the street. And nurses and porters made sure that ambulant patients got to the street early to have a front-row view of the royal couple's arrival and departure. Other patients who couldn't move around so well were comfortably settled at the hospital's wide windows.

It was a happy day, reported one staff member. "I don't suppose many others had a better time than those of us forced to remain in hospital."

## SBM To Conduct Silicosis Survey

Beginning this September, the Preventive Health Services of the Sanatorium Board, will conduct a yearly survey of all Manitobans employed in mines or other industries where dust may be a health hazard.

The survey — provided under contract with the Manitoba Department

of Health — relates to the government's silicosis regulations. It will comprise chest x-ray examination, and breathing tests to measure lung function, plus a questionnaire concerning symptoms and factors related to chronic respiratory disease.

Results from the examinations will be reported to the health department, which will make the decisions about licensing workers. There will be a complete medical follow-up of those with significant findings.

The examinations will fit naturally into the Sanatorium Board's existing field survey operations. Our travelling clinic will carry the service to mines and foundries outside Winnipeg and to larger industries in the metropolitan area. Smaller Winnipeg firms will use the stationary facilities at the D.A. Stewart Centre.

About 40 companies employing some 10,000 people are involved in the silicosis control program.

The first survey will be held at Lynn Lake at the end of September

### DETECTION SURVEYS

In mid-July — after hanging back to x-ray some 1,500 Winnipeg postal employees and several hundred people attending Manisphere and the Brandon Provincial Exhibition — the Sanatorium Board's Preventive Health Services took to the highways and byways of rural Manitoba.

The Christmas Seal x-ray van — which now usually visits only those areas where the tuberculosis incidence is higher than average — moved into nine rural municipalities and districts this summer. They include Brokenhead, Whitemouth, Lac du Bonnet, Cartier, Alexander, McCreary, Ste. Rose, Lawrence, and the town of Wabowden.

At the same time, the pulmonary function testing team carried free breathing tests and respiratory questionnaires to residents in the rural municipalities of MacDonald, Cartier, Roland, Thompson, Brenda, Arthur and Edward.

So far this year, some 25,000 chest x-ray examinations have been provided in our community surveys, and over 10,000 lung function studies have been completed.

### MAGAZINES

(recent issues)

Before you throw them out, think of the PATIENTS' LIBRARY at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre.

The VOLUNTEER SERVICE is in need of both magazines and books . . . and will welcome your contributions.



Crowds gather around Queen Elizabeth and the Duke of Edinburgh as they leave the Manitoba Medical Centre area on July 15.

— Photo by David Portigal.

Perhaps only two of our people fared better than patients and working staff. They were Marilyn Green, 16, and Patty Smigelsky, 15, who were among a number of hospital junior volunteers invited to join Prince Charles and Princess Anne at a luncheon at the Manitoba Centennial Concert Hall.

"They were so nice and normal . . . and they spoke to everyone," reported Marilyn, who wore an espe-

cially chic little dress for the event. "Princess Anne asked us if we had enjoyed the lunch . . . and Prince Charles, with a twinkle in his eye asked me if I designed my dress."

Today, among the prized souvenirs of these two happy girls, are a miniature Red River cart presented to each guest, a sorry-looking carnation that had once graced a head table, and a handsome engraved invitation to a royal affair.

# Goal Should Be Prevention

*Ill health of body or of mind is defeat. Health alone is victory. Let all men, if they can manage it, contrive to be healthy.*

Although most Canadians would subscribe to this sentiment — expressed by Thomas Carlyle a century ago — the truth is that in our country today we spend about five billion dollars each year on health services — nearly all of which goes to look after the casualties.

This statement was made by T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba, when he discussed the spiralling costs of curing illness in an address to the annual meeting of Canadian Tuberculosis and Respiratory Disease Association in Winnipeg in June.

Speaking to delegates from provincial associations across Canada, Mr. Cunnings suggested that Canadians examine more closely the direction in which health programs are moving . . . and give more thought to the rewards of preventing illness.

Would it not seem sensible and logical, he asked, to direct more effort towards avoiding as many of these casualties as possible — and thus save some of this pain, inconvenience and money?

This is not to say that curative medicine does not prevent or minimize an enormous amount of suffering and disability, Mr. Cunnings continued. "But the fact remains that only about five percent of our health expenditures today is applied in the field of primary prevention."

About three billion dollars go to hospital expenditures, and one and three-quarters billion are spent on medical and allied services.

"With this sort of heavy emphasis on hospitals and the care of the sick, one is reminded of Sir Thomas Browne's seventeenth century observation: *For the world, I count it not an inn, but an hospital.*"

Compared to the drama of relieving pain and distress, the distant and non-specific rewards of prevention may be hard to appreciate, Mr. Cun-

nings said. But unromantic as the work may seem, keeping people well and healthy and out of hospital should be the avowed goal of a major part of health care.

Mr. Cunnings urged the CTRDA to keep abreast of changes in health services, and of tools and techniques that are becoming available for preventive purposes.

As members of a voluntary health association with a long, distinguished record in the control of tuberculosis, he said, we should actively participate in discussions relating to the development of other types of preventive programs . . . and be able, willing and equipped to co-operate with their delivery, whenever possible.

## DR. PAINE TO EUROPE

As newly elected president of the Canadian Tuberculosis and Respiratory Disease Association, Dr. A. L. Paine, medical superintendent of the Manitoba Sanatorium at Ninette, will attend a meeting of the International Union Against Tuberculosis in Ankara, Turkey, from September 7 to 11.

Earlier in the month, Dr. Paine will also fly to Norway for a meeting of the directing committee of the Tuberculosis Surveillance Research Unit, an international study group set up four years ago to examine the tuberculosis situation and trends in four western countries.

Dr. A. B. Colohan, immediate past president of the CTRDA, Dr. C. W. L. Jeanes, CTRDA executive secretary, and several physicians from other provinces will also attend these meetings.



OUR THANKS TO THE ASSOCIATED CANADIAN TRAVELLERS OF BRANDON, who at a special luncheon on August 14 presented a \$3,000 cheque to assist the Preventive Health Services of the Sanatorium Board. While club secretary John Hanlon (left) and W. A. Paton, A.C.T. representative on the Sanatorium Board (right), look on, T. A. J. Cunnings, executive director of the Board, is shown accepting the cheque from club president George Smallwood. In a brief address, Mr. Cunnings thanked the Brandon Club for their long-time splendid assistance to programs designed to prevent ill health and disability.

## Surgery of Hand Is Symposium Topic

*Surgery of the Hand* is the topic of the 1970 (Centennial) Symposium on Orthopaedic Disabilities and Rehabilitation, to be held in the auditorium at the Winnipeg General Hospital Nurses' Residence on October 1, 2 and 3.

Guest lecturers are four internationally known authorities on hand surgery — Dr. A. E. Flatt of Iowa City, Iowa; Prof. J. I. P. James of Edinburgh, Scotland; Dr. J. W. Littler of New York City; and Dr. A. B. Swanson, Grand Rapids, Michigan.

Their topics will include *The Basic Anatomy of the Hand and Wound Healing and Soft Tissue Injuries and Skin Coverage* (October 1); *The*

*Surgery of Tendons, The Wounded Hand and The Surgery of Joints* (October 2); *Fractures of the Hand* (October 3).

This annual symposium is arranged by the University of Manitoba and is sponsored by the Canadian Arthritis and Rheumatism Society, the Sanatorium Board of Manitoba, the Workmen's Compensation Board and the Winnipeg Clinic Research Foundation.

The registration fee is \$75.00 (for residents, \$25.00). Further information may be obtained from the Department of Continuing Medical Education, 15 Medical College, Winnipeg 3.

## DR. WILLIAM RUPERT WELPLY

With great regret, the Sanatorium Board received the news of the death of Dr. William Rupert Welply, in London England on June 24.

Dr. Welply, who was an orthopaedic surgeon, was a well known citizen of Winnipeg and a highly respected member of the medical community. In addition to other posts, he served for eight years as a member of our Active Medical Staff at the Manitoba Rehabilitation Hospital, and during that time was an interested supporter of its programs. He was also chairman of the 1968 annual Symposium on Rehabilitation and Orthopaedic Disabilities.

Born in London, England, Dr. Welply received his education at Queen Mary College and London Hospital Medical College, University of London, graduating in 1935. During the Second World War, he was a medical officer in the Royal Air Force Transport Auxiliary. For three years after the war, he served as a consulting orthopedic surgeon in Hopei, Northern China. In 1951 he came to Winnipeg to join the staff of the Manitoba Clinic.

Dr. Welply was a Fellow of the British Orthopaedic Association, the Royal Society of Medicine, England, and the Royal College of Surgeons, England; and at the time of his death he was assistant professor of orthopaedic surgery at the University of Manitoba, immediate past president of the Winnipeg General Hospital Medical Staff, past president of the Children's Hospital Medical Staff, and chief of the Orthopedics Section at the Grace General Hospital. He was also a member of the Canadian and Winnipeg Orthopaedic Associations, the Pan-Pacific Surgical Association and the Manitoba Medico-Legal Society.

Aside from his contributions to medicine at home, Dr. Welply was actively interested in the health problems in other lands. He was co-chairman of the Care Medico Project of the Dominican Republic, and several years ago he spent some time in that country assisting its health services.

He will be greatly missed by the staff at the Sanatorium Board and Manitoba Rehabilitation Hospital. Our deepest sympathy is expressed to his wife Margaret and his family.



AT MANITOBA SANATORIUM, NINETTE, students attending Class 26 of the Nurses' Assistants Training Program received their diplomas in a special graduation ceremony on June 26. The newest graduates, pictured here with the Director of Nursing William Broadhead, are Miss Leona Bell, standing, Miss A. M. Clements, seated left, and Mrs. Lynda M. Manning.

—Photo by Bill Amos.

## THIS 'N THAT

# Youth Befriends Stewart Centre Patients

Although none of its members profess special qualifications or training, CRYPT will tackle almost anything.

As a *Committee Representing Youth Problems Today*, this Winnipeg group cheerfully organizes such things as feed-ins, drop-ins, billeting services, counselling and medical and legal aid for thousands of today's wandering society.

And because that doesn't seem enough to do, the young members also act as general helpers and advisers to hard-pressed welfare agencies, church and service groups — and such other conventional institutions as the Sanatorium Board of Manitoba.

A government subsidized organization — operating out of a former auto body shop with a loosely organized staff of 14 paid employees and an ever-changing army of volunteers — CRYPT recently became known to our Board when the Social Service Department proposed periodic outings for long-stay patients in the D.A. Stewart Centre.

The stumbling block appeared to be transportation. Who could provide it on a regular basis? Not us, said a welfare agency. Try CRYPT.

So the social workers called CRYPT and sure enough, a few days later, a bus and driver arrived at the Stewart Centre door.

Ten patients, ranging in age from five to about 50, climbed aboard with a staff attendant, and they all whizzed off for a fine afternoon at Assiniboine Park.

For all of the patients, this three-hour excursion on August 12 meant a wonderful chance to taste some excitement and lots of sunshine and fresh air. And for one five-year-old — saddled with leg braces as well as pulmonary disease — it also meant a marvellous romp in the grass, her first close-up view of a cow, and a wilted bunch of dandelions and clover to place by her bed.

The tour also turned on towheaded bus driver Don Mareton. It was a nice change, he (more or less) said, from hauling hippies to hostel or hospital, or operating the Crash (billeting) desk at CRYPT's quarters at 250 York.

So he'd be back for 10 more patients the next week, he promised. And if that also worked out, he'd return for 10 others the week after that.

And say, wasn't there some other job needing volunteer help?

CRYPT would be glad to oblige.

## About Research

Although people may picture it that way, not all medical research is conducted in cluttered laboratories by dreamy, white-coated scientists, pursuing an idea on their own.

Usually lots of hospital people are involved in these investigations — not the least of whom are the therapists and patients in the treatment departments.

At the Manitoba Rehabilitation Hospital, for example, the occupational therapy department is working alongside physicians in the clinical testing of L-dopa, the promising experimental drug for treating Parkinson's disease. The therapists help to assess the drug's benefits by conducting daily tests for dexterity and coordination on certain patients who have volunteered for the study.

Occupational therapists and technicians also work with the patients

and research engineers in designing special orthotic devices; and one senior member of the department is doing functional hand assessments on people with early polyarthritis. Using a battery of specific tests, she helps to sort out deformities in arthritic hands, to study the development of these deformities, and assess the results of treatment.

In another arthritis project, the Department of Communication Disorders offers its assistance to investigators assessing the effects of salicylates on hearing; and in still another area, the Social Service Department collaborates with doctors in a study on social and psychological factors in early polyarthritis.

Sometimes treatment departments undertake their own investigations — with assistance, as needed, from other professions. Several years ago, for instance, our physiotherapists decided to compare the value of two exercise techniques in the treatment of patients with certain significant shoulder limitations. The object was to determine whether routine exercises or the often favored PNF technique<sup>2</sup> would produce a greater increase in range of movement during the same time period.

After talking it over with the doctors, criteria for entering patients in the project were established, assessment forms worked out, and routines of treatment, to be supervised by six therapists, were set up.

Two groups of patients with closely matched shoulder conditions were entered in the four-week studies, and two years later, after 29 patients had completed the intensive routines, the therapists had some significant information.

Routine and PNF techniques complement each other in the treatment of shoulder conditions, they discovered. Each method has a useful purpose, which can be used to great advantage when prescribing treatment.

The physical therapy service plans more investigative projects in months to come — as do members in other departments. Not one of these, however, is likely to be a one-man effort. It will be a matter of collaboration — with the star collaborator, the patient.

1. Proprioceptive neuromuscular facilitation.

## INDIAN PRINCESS

Our congratulations to Pauline Wood, clerk typist in the Department of Communication Disorders, who was recently named Miss Manitoba Indian Princess.

After winning the contest in Winnipeg on June 27, Pauline took part in a number of summer festivities, including the Miss Canada Indian Princess pageant at Yellowknife.

Pauline — who was born at St. Theresa Point at Island Lake — has been a member of our staff for four years. She models in her spare time, and somehow also manages to find a few hours each week to help young Indian girls in Winnipeg, through her volunteer work with Operation Opportunity.

## BULLETIN BOARD

T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba, will be advanced to Fellowship status in the American College of Hospital Administrators at a convocation ceremony preceding the College's annual meeting in Houston, Texas, September 13.

The College — founded some 35 years ago to honor hospital administrators doing outstanding work — today comprises more than 9,000 leading hospital and health care administrative personnel in the United States and Canada.

Mr. Cunnings became a nominee of the College in 1963 and was admitted to membership in September, 1965.

★ ★ ★

Reinhart Daher, bio-mechanical engineer in the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit, flew to Chicago on August 10th to attend a three-week course in below-knee prostheses at Northwestern University Medical School.

About a month earlier, PORTU's Technical Director James Foort embarked on a three-month teaching session in Dundee, Scotland. Mr. Foort will teach Scottish prosthetists techniques developed by the PORTU group over the past few years, and he also plans to do further research on the electrical alignment of artificial limbs. He is expected back in Winnipeg in mid-October.

★ ★ ★

Dr. F. D. Baragar, internal medicine consultant, and Dr. S. Naik, assistant physician at the Manitoba Rehabilitation Hospital, attended the annual meeting of the American Rheumatism Association Section of the Arthritis Foundation in Detroit June 19 and 20. Mrs. Judy Veilgut, Social Service Department, attended the sessions of the Allied Health Professions Section.

MRH delegates to the annual meeting of the Canadian Association of Physical Medicine and Rehabilitation in Saskatoon this month were Dr. R. R. P. Hayter, director of physical medicine, Dr. J. F. R. Bowie, Dr. H. Dubo and Dr. A. J. Mehta.

Also this month Dr. Dubo attended the Congress of the American Academy of Physical Medicine in New York City.

★ ★ ★

Mrs. Violet Dunsmore, food supervisor at the Manitoba Sanatorium, Ninette, recently returned from Guelph, Ontario, where she attended a Canadian Dietetic Association seminar in hospital food supervision, sponsored by the Canadian Hospital Association.

## HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals, business firms and organizations who have recently made donations to our various health services. According to the wishes of the donors, these contributions are used to provide special equipment for patients, to assist our province-wide programs to prevent ill health, and to finance research into the means of preventing or treating disabling illness or injury.

Associated Canadian Travellers, Brandon Club .....	\$3,000.00
Associated Canadian Travellers, Dauphin Club .....	100.00
Mrs. Annette Caplan, Winnipeg (a further donation) .....	100.00
Manitoba Society of Medical Assistants .....	250.00
Canadian Forces Base, Shilo (Community Chest Appeal) .....	100.00
Employees' Federated Giving Plan, North-American Lumber Company .....	70.00
Mr. and Mrs. J. M. Davis, Dugald .....	Wheelchair
Andrew Stephen, Winnipeg .....	Wheelchair

We also express our thanks to the following contributors:

Mr. and Mrs. Al Algate, Mr. J. F. Baldner, Mrs. Gretta Brown, A. E. Burstein and Associates, C. Claydon, Mr. and Mrs. R. M. Colman, employees of Crown Cap Manufacturing Company, Elmwood Ladies' Curling Club, Elmwood Retired Men's Curling Club, Mr. and Mrs. C. Fairclough, Sheila Falk, F. T. Gaspard, Mr. and Mrs. D. Hall, Dr. and Mrs. E. S. Hershfield, Mr. and Mrs. Lyle Johnston, Mr. and Mrs. Reg Jones, Mr. and Mrs. Ronald Lazar, staff of Libling, Michener and Associates, Mr. and Mrs. F. Lumsden, Mr. and Mrs. Sidney Mallin, Mr. and Mrs. William Mann, Mrs. D. McKay, residents on Munro Avenue (East Kildonan), Glen Nicol, Dr. Dwight Parkinson, Mr. and Mrs. W. J. Rettie, Mr. and Mrs. M. Rusen, Mrs. Alfred Savage, Mrs. T. B. Vermilyea, Mr. and Mrs. Les Walker, Mr. and Mrs. H. Warren, all of Winnipeg.

Rural Municipality of Tache; J. D. Hughes, Calgary; Mrs. C. H. Reeve, Brandon.