

Expand M.R.H. Treatment Area

The contract for constructing additional physiotherapy facilities at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre was awarded in early February to G. A. Baert Construction Ltd.

Harold L. McKay, chairman of the Sanatorium Board of Manitoba, announced that the 1,500 sq. ft. addition to the main treatment area would begin immediately and take approximately 10 weeks to complete.

The addition will extend approximately 20 feet into the interior courtyard of the complex, and is designed to accommodate 16 treatment plinths, plus overhead mesh and pulleys for resistance exercising. (The present resistance exercise room — which is now inadequate to accommodate an increased patient load — will be used by the physiotherapy department as a charting area.)

Moody, Moore, Duncan, Rattray, Peters, Searle and Christie are the architects for the project which represents the first phase of a proposed construction program to enlarge treatment facilities and patient accommodation at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

Contributions Top \$200,000

"It's taken years of slogging — but we've done it," grinned Christmas Seal Director Mary Gray. "Christmas Seal returns have finally topped \$200,000."

Miss Gray, who can barely conceal her excitement these days, recalls an incident years ago when a former chairman of the Sanatorium Board expressed doubt that Christmas Seal donations — usually made up of two and three dollar donations from individual citizens (see footnote*) — would ever amount to \$200,000.

"You can bet I was on the 'phone to him when we reached that mark on January 25," she said. "Personally, I wish that I could shake the hands of all the volunteer campaign workers, the newsmen and announcers, postal workers — and, above all, the thousands of contributors who have made this possible."

At the end of January, actual Christmas Seal returns from the 1970-71 campaign stood at \$200,618. This is a four percent increase over the \$193,000 raised in 1969-70 — and a considerable increase over the \$120,000 raised in 1952 when Miss

Board Opens New Tuberculosis Laboratory



ROOM 227 at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre will serve as a tuberculosis laboratory for the province. Shown in the new laboratory — which has been equipped with CO₂ incubator, safety cabinet, autoclave and the like — are technologists Miss Rikka Guttormsson (left), Miss Joyce Geib (senior laboratory technologist, centre) and Mrs. Shirley Robson. — David Portigal Photography.

With the aim of improving and speeding up tuberculosis diagnosis and treatment throughout the province, the Sanatorium Board of Manitoba this month opened a new mycobacteriology laboratory for tuberculosis work.

Located in Room 227 on the second floor of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, the laboratory has been fully equipped and organized to isolate and identify the various species of tubercle bacilli and to determine the susceptibility of human strains to anti-tuberculosis drugs.

Centralizing tuberculosis laboratory work will make the province-wide control of this communicable disease a good deal easier than in the past, said Dr. E. S. Hershfield, associate medical director of our Tuberculosis and Respiratory Disease Service. Diagnostic laboratory procedures will be uniform throughout Manitoba, and since more information will be in the hands of physicians earlier than previously, the best possible treatment can be undertaken sooner.

Until January 1, all sputum samples were cultured in Manitoba and the specimens sent for analysis and sensitivity testing to the federally operated National Tuberculosis Reference Centre in Ottawa. In view of the time lost in mailing the cultures and preparing reports, patients and physicians often had a considerably long wait for a final diagnosis and recommendations.

Now, with the acquisition of more laboratory space, new equipment, and a physician in charge (Dr. Shirley Parker), the waiting period (usually four to eight weeks) will be as short as possible and physicians will be able to closely follow the laboratory procedures that will aid them in their appraisal of the disease and in their choice of antimicrobial drugs.

Citizenship Court For Nurses

On Wednesday, May 12 — the 150th anniversary of the birth of Florence Nightingale — a special citizenship ceremony is planned for those nurses who are not yet Can-

adian citizens and wish to obtain citizenship in 1971.

According to T. M. Miller, public relations officer for the Manitoba Association of Registered Nurses, arrangements are now under way with the Department of the Secretary of State office in Winnipeg to hold this ceremony at the new Victoria General Hospital. Everything possible will be done by the Citizenship Court in Winnipeg to expedite applications for Canadian citizenship by nurses so that they may participate in this special court, he said.

The spouses of nurses, as well as members of their immediate families who are eligible for citizenship, may also obtain citizenship at this ceremony.

Nurses wishing further information should contact the M.A.R.N. office, 647 Broadway, Winnipeg 1.

Gray took over direction of the province-wide campaign.

In 1952, of course, contributions went a good deal farther in providing health services for the people of Manitoba. Every penny from this year's profits will have to be handled extremely carefully just to carry on our preventive services.

These year-round services — which now receive only minimal financial support from the government — include community and industrial screening programs, tuberculin skin testing surveys, and health education programs for the general public, school children and the health professions.

* The contributions and the letters that accompany the contributions are very precious to the Sanatorium Board. One of our most highly prized letters arrived towards the end of the campaign:

Dear Sirs:

Am enclosing \$2.00 for Christmas Seals. Thank you very much. I would miss them if I did not have them, and the work they are doing . . .

MRS. T. M. of Bowsman.

P.S. Will be 100 years old on April 9, 1971.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg 2, Manitoba

Second Class Mail Registration Number 0324.

IN MEMORIAM

REV. S. J. McKAY

The Sanatorium Board of Manitoba was distressed and saddened to learn of the untimely death of the Reverend Selkirk James McKay in an automobile accident in New Brunswick on December 15th.

Mr. McKay, who was 46, had been Protestant chaplain to Manitoba Medical Centre patients and staff since the establishment of a chaplaincy service in September, 1964. Along with his Roman Catholic counterpart, the Reverend Father G. M. Joannis, he contributed greatly to the spiritual care and comfort of the sick and the disabled, and he had the greatest respect of all staff members within the M.M.C. Over the past several summers, Mr. McKay also directed a great deal of his energy and experience into the training of other clergymen in ministering to patients, in his capacity as assistant supervisor of an interdenominational course in Hospital Orientation and Pastoral Care of the Sick.

Mr. McKay was a native Manitoban (a fourth generation descendent of the Selkirk Settlers) and a graduate of the United College (now the University of Winnipeg). He served in the RCAF during World War II, and worked as a draftsman for the Canadian National Railways before returning to university and graduating in theology in 1962. Throughout his theological course he worked with the McLean Mission in Winnipeg, and after he was ordained he served as pastor at Glenboro United Church. Prior to this appointment as hospital chaplain, he took post-graduate courses in clinical pastoral care at the University of Minnesota and the University of Iowa.

Mr. McKay was an Elder of Knox United Church and an executive member of the Canadian Council of Pastoral Care, the accredited body for the training of hospital chaplains. At the time of his death he was attending a chaplains' conference in Saint John.

To his wife Doreen, his parents, sister and brothers we express sympathy.

FREDERICK A. DAY

With great regret we report the death of former staff member Frederick Arthur Day in Winnipeg on January 12. Mr. Day, who was 78, served ably as an accountant for the Sanatorium Board from 1947 until his retirement in October, 1958.

Mr. Day was born in Stowmarket, Suffolk, and came to Canada in 1913. He was a veteran of both World Wars, serving as a sergeant with the 15th Canadian Battalion overseas from 1915 to 1919, and as a warrant officer with the 100th C.A.T. Corps during World War II. In 1944 he was posted by the Department of Veterans Affairs to the Brandon Military Hospital, and when that hospital was taken over by the Sanatorium Board in 1947 he joined our staff. In 1951 he was transferred to the Board's executive offices in Winnipeg.

Mr. Day was a kind and courteous gentleman, who had numerous friends at the Sanatorium Board. He had many interests — particularly books and the theatre — and he was a member of the Canukeena Club, the Army, Navy and Air Force Veterans Association and the Royal Canadian Legion, Branch No. 90. He will be sadly missed — and our deepest sympathy is expressed to his wife Joan, daughter Sheila and son John.

CLAUDE PETTITT

Claude Pettitt, former head carpenter at the Manitoba Sanatorium at Ninette, died in Winnipeg on January 28 at the age of 79.

Mr. Pettitt, who retired from our staff in July, 1961, had served devotedly at Ninette for nearly 40 years. Born in Dalham, England, he came to Canada in 1910, and during the First World War served in Belgium and France with the 10th Battalion and the Canadian Engineers. He became ill with tuberculosis and was admitted to Manitoba Sanatorium in 1919. On his recovery he worked for a short time as a carpentry instructor for the D.S.C.R. Vocational Training School, then returned to Ninette to join the sanatorium staff. In 1924 he was married to the former May McCormack, also a member of the Ninette staff.

Mr. Pettitt was a fine craftsman, highly respected and valued by the Sanatorium Board. Our sympathy is extended to his wife, three sons (Gordon of Castlegar, B.C., Ron, a member of the RCMP at New Glasgow, N.S., Leonard of Fort Saskatchewan), his four daughters (Mrs. F. Lund and Mrs. Kay Fierce of Winnipeg, Mrs. A. Goresky, Stonewall, and Mrs. K. Madill, Edmonton), his many grandchildren and his brother-in-law Alex McCormack, a member of the maintenance department at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

An 'Oscar' For An Outstanding Patient

"Edwin Askew is a physiotherapist's dream," states Manitoba Rehabilitation Hospital patient Don Macdonald of Winnipeg. "He's also one of the nicest fellows I've ever known."

So to honor their room-mate for his intense devotion to treatment, Mr. Macdonald and Joe Garner (from Nanaimo) betook themselves to the Occupational Therapy Department and fashioned an "Oscar" out of a bit of rough wood.

They presented the Oscar to Mr. Askew on January 29 (the first such award in MRH history, Mr. Macdonald claims), and listed their friend's many fine qualities on a special card.

Mr. Askew, a Winnipeg resident who has suffered from arthritis for 22 years, adheres faithfully to his

exercise program and throws in "overtime" for good measure. First thing on awakening he goes into a limbering-up "windmill" routine that fascinates his fellows.

"I'm pretty stiff and sore in the morning," Mr. Askew confides. "Exercising in bed helps me to get up and ready for exercise classes in the treatment departments."

Mr. Askew is indeed an outstanding patient, and his cheery attitude has a big effect on other patients, as well as on the hospital staff.

"I only wish that the rehab. hospital had been here 22 years ago," he says, intimating that aggressive early treatment might have averted much of his present disability.

Edwin Askew, who each day begins exercising a couple of hours ahead of schedule, happily accepts trophy and good wishes from fellow patient Don Macdonald (standing), while head nurse (R-6) Mrs. Carol Jones looks on.

— Portliff Photography.



Dirty Air Affects Babies' Health

Studies in Great Britain and Montreal indicate that children under the age of two have significantly more chest disease when they live in areas with moderate to high air pollution, according to Dr. David Bates, internationally known expert on the health effects of air pollution.

Dr. Bates, who is chairman of the Department of Physiology at McGill University, was a principal speaker at the annual meeting of the Royal College of Physicians and Surgeons of Canada in Ottawa January 21.

At a news conference held in conjunction with the meeting, he told reporters about two clinical studies carried out in the United Kingdom and Canada.

The U.K. study involved 4,000 infants under the age of two and was conducted between 1960 and 1966. It showed that while air pollution made no difference to upper respiratory infections, infections in the lower respiratory system were four times more common in children who lived in highly polluted areas than in children who lived in areas with little air pollution.

A significant but smaller three-year study in Montreal — involving several hundred infants admitted to children's hospitals — also showed a significant relationship between levels of air pollution and the development of bronchiolitis.

The British study was considered a classic piece of research in that it eliminated any relationship to poverty and poor living conditions, and it avoided the pitfalls of genetic patterns by focussing on children adopted at birth. And both studies eliminated the difficulty of separating the effects of smoking from air pollution,

which would have to be done in the case of adults.

The investigators, Dr. Bates pointed out, were not just concerned about the effects of air pollution during the first two years of life. There is additional concern that these children are laying up a basis for chest disease later in life.

Dr. Bates also said that there is a tendency to think that Canada's air pollution problems are not as great as those in Europe. But the fact is that levels of sulphur dioxide in Toronto are high, and higher in Montreal than those in the heavily industrialized city of Cardiff in Wales.

Studies have shown that the effects on a population can be demonstrated when the yearly average of sulphur dioxide reaches .08 parts per million parts of air a day, and the concentration of particles in the air reaches 200 micrograms per cubic meter of air a day.

The annual daily average of sulphur dioxide measured at Toronto City Hall is .08, he said, and readings at between 200 and 300 micrograms of particulate matter are common. In

(Continued on Page 3)

DIRTY AIR

(Continued from Page 2)

Montreal, 2,000 tons of sulphur dioxide are dumped into the air each day; the particle concentration often reaches a daily average of 350 micrograms per cubic meter of air — and on some days, it may go as high as 600 micrograms.

Particles less than five microns in size can reach deep into those parts of the lungs that are unprotected by mucus — and they can carry with them such harmful substances as sulphur dioxide (whereas, if the sulphur dioxide was breathed as a gas alone, it would be dissolved into the mucus before it reached vulnerable tissue).

Particulates can also act as catalysts. For example, sulphur dioxide can be changed to sulphuric acid, helped on by catalytic iron oxides.

When cities eliminated the burning of soft coal, they cut out the heavy particles, most of which did not enter the lungs, Dr. Bates told newsmen. But industry is increasing pollution by small particles of one to five microns. At least 40 percent of the particles in heavily polluted Canadian cities are in the size range that can penetrate directly to the lungs. A factory 25 miles upwind from Montreal is putting out 25 tons of such particles every 24 hours.

Canada must act now to control air pollution; otherwise it will drift into a dangerous situation, Dr. Bates warned.

He predicted that many values will change in future. Standards of living will no longer be equated with material well-being, but will be thought of in terms of quality of life and environment. Transportation will be accomplished without pollution. Present noise levels will no longer be tolerated.

He also predicted that smoking — still a greater hazard to health than air pollution — will be socially unacceptable in 10 years time.

PERSONNEL

New Appointments in SBM Executive Office

The Sanatorium Board of Manitoba started the New Year with some major reorganization of the Executive Office staff.

On January 1, *Robert F. Marks*, who held the position of Comptroller for the past 12 years, was appointed Assistant Executive Director of the Sanatorium Board.

Robert J. Thomas, SBM accountant since October 1963, took over the post of Comptroller.

And *Miss E. L. M. Thorpe* was named Executive Assistant (Patient Services). Miss Thorpe, who joined our staff in March 1963, was formerly Nursing Consultant and Administrative Assistant for the Sanatorium Board.

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The Manitoba Rehabilitation Hospital - D. A. Stewart Centre organized a Psychology Service early this year — with *Dr. Robert Miller Martin* as chief psychologist and *Dr. Terrence P. Hogan* as consultant psychologist.

Dr. Martin, who obtained his B.A. at Miami University and his M.S. and Ph.D. degrees at Purdue University, is presently an associate professor in the University of Manitoba Faculty of Medicine, Department of Psychiatry, and chief psychologist at the Winnipeg General Hospital. Prior to these appointments in 1969 he held the position of assistant professor in clinical psychology and coordinator of training in clinical psychology at the University of Colorado Medical School.

Dr. Hogan is associate professor of psychology and assistant director of the Psychological Service Centre at the University of Manitoba. He earned his B.A. (magna cum laude) from Loras College in Dubuque, Iowa, and holds M.A. and Ph.D. degrees from the Catholic University

of America in Washington, D.C. Prior to his arrival in Winnipeg in 1968, he directed the clinical psychology program in a large multi-specialty medical clinic in Marshfield, Wisconsin.

★ ★ ★

The Sanatorium Board also welcomes *Earl Vernon McKenzie* to the post of clinical audiologist in the Department of Communication Disorders.

Mr. McKenzie, who joined our staff on January 1, has a bachelor's degree in speech pathology and audiology from the University of North Dakota, and recently completed re-

quirements for an M.A. in audiology at the University of Washington. He was born and raised in Fort Frances, Ontario.

★ ★ ★

Mrs. Alvina Boyechko has been appointed medical records librarian at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, succeeding *Mrs. D. A. Stewart*, who has taken up residence in Regina. Mrs. Boyechko was born in Steinbach and trained as a medical record librarian at the Winnipeg General Hospital. Last year she completed the Manitoba Hospital Association course in supervisory management.



R. F. MARKS

MISS E. L. M. THORPE

R. J. THOMAS

Tuberculosis Is Not Dead

When the tubercle bacillus invades a community, the Christmas Seal Preventive Services responds like a fire department, sending out men and equipment to quench the blaze.

Such was the case — or so it was hoped — last year when active tuberculosis turned up in Wabowden, a small settlement (population 1,000) on the Hudson Bay Railway line, some 130 miles northeast of The Pas.

A chest x-ray survey was organized in June — but only 500 people attended and the source of infection remained undiscovered. And so like an unchecked flame in a dry forest, disease rooted and spread; and by the end of 1970, the toll had amounted to 20 new active cases — many of them children, the others adults in all age groups.

In collaboration with Northern Health Services at The Pas, case-finding and follow-up of tuberculosis contacts is being conducted intensively at Wabowden. While N.H.S. has concentrated mainly on tuberculin testing and examining contacts, the Sanatorium Board organized another chest x-ray survey for February 11 to 16. Nothing better than 100 percent participation would be acceptable this second time around, health workers said. It was hoped that with 20 cases to shock residents out of any complacency, they would respond.

The main problem at Wabowden is a constantly growing and shifting population, says Surveys Officer James Zayshley. With three mining exploration companies now active in the area, there has been a consequent in and out-flow of workers and their families.

Add a susceptible, largely tuberculin-negative people, who in these times of lowering case rates have not had

a chance to build up immunity to the disease, and the tubercle bacillus — once loose — finds happy hunting grounds.

The survey at Wabowden is a dramatic opening for this year's tuberculosis preventive program. When it is completed, the Sanatorium Board's x-ray technicians — accompanied by Dr. E. S. Hershfield, associate medical director of our Tuberculosis and Respiratory Disease Service — will conduct a survey of Churchill residents from February 10 to March 3. Churchill — which had four new active cases of tuberculosis last year and 10 in 1969 — was also visited by our surveys staff last year, and about two-thirds of the population turned out for chest x-ray examinations.

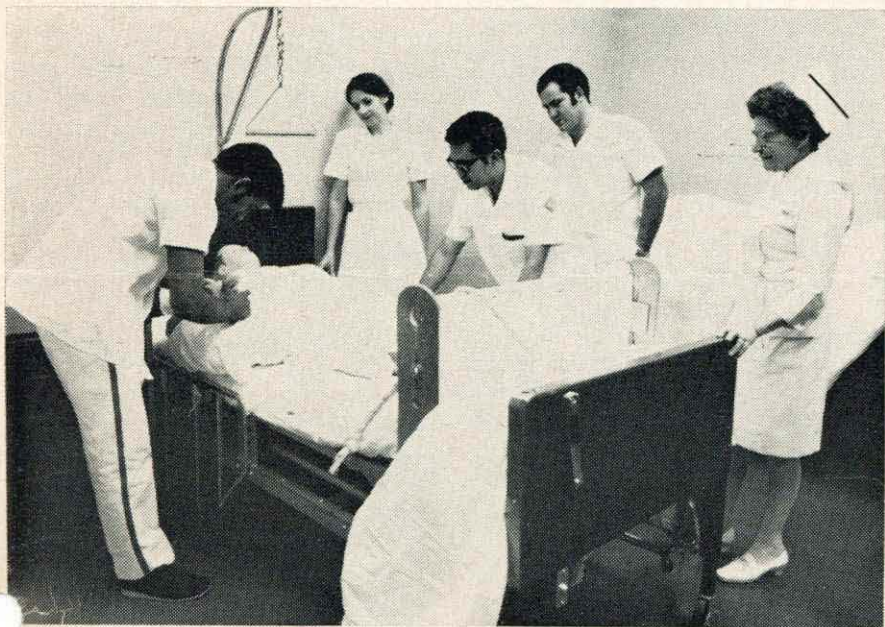
Applications Are Invited!

16th REHABILITATION NURSING COURSE

April 19 to May 7, 1971

Manitoba Rehabilitation Hospital

Direct inquiries to: Mrs. D. Setter, Assistant Director of Nursing, Manitoba Rehabilitation Hospital, 800 Sherbrook Street, Winnipeg 2.



UP-GRADING SKILLS — Nurses' assistant *Sonya Krawczyk* and nursing orderlies (left to right) *Chandradath Samaroo*, *Joseph Ting* and *Frank Baker* — paused only a moment from their work on December 16 to celebrate their graduation from the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. With *Mrs. Doris Setter*, assistant director of nursing services, looking on at right, the group demonstrated for the News Bulletin the use of splints, footboards and other special equipment in caring for the disabled. The course — the 20th to be provided at the MRH-DASC — ran from September 23 to December 14, included 66 sessions and covered over 50 topics. "A lot of extra work," sighed one graduate after the last examination, "but well worth it."

THIS 'N THAT

Special Projects To Aid Needy

A 14-year-old Filipino girl forges ahead with her schooling and dreams of becoming a nurse.

In Nigeria, where polio is endemic among children, an under-equipped physiotherapy department receives a shipment of splints to help straighten small, paralyzed limbs.

And in two different parts of Manitoba this past Christmas, two hapless families had many gifts under their Christmas tree and a turkey dinner on the table.

These three stories — seemingly unrelated — have evolved out of the good will of 35 staff members of the Physiotherapy Department at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

Rather than exchange gifts with each other at Christmas and other times in the year, the staff have elected to hand over one dollar from their monthly pay to finance special projects. In this way, through the Foster Parents Plan, they have kept little Teresita Moises in school in the Philippines since 1966, and her tuberculous father, mother, and five sisters and brothers supplied with food, clothing and medicine.

Then, with extra money from this fund, the department shipped off splints to the University College Hospital in Ibadan, Nigeria, last summer; and just before Christmas — as they have done for other needy families in the past — the members joined together to make Christmas a little happier for the families of two patients who had been treated at the Manitoba Rehabilitation Hospital during the year.

The projects engender a great deal of enthusiasm and fellowship among the staff, according to Chief Physiotherapist Joan Edwards. "Everyone has some responsibility, as a foster parent throughout the year, and as a member of the food or packaging committees, the tree-cutting or transportation committees, or the toy repair shop in the weeks before Christmas."

The recipients of the Christmas parcels of food, clothing and toys were a young mother (who was stricken with hemiplegia early in

1970), her husband and two small sons, who are struggling to make a success out of farming in southern Manitoba, and a family of four (the father is a leg amputee) who live at Red Sucker Lake, some 325 air miles northeast of Winnipeg.

Midwest Airlines flew this second parcel free of charge to Island Lake, and the final delivery to Red Sucker Lake was made by federal health nurse Miss Joyce Hayhoe, of Garden Hill Nursing Station.

The projects are important to the staff. Even those who leave the department write back for news of Teresita, said Miss Edwards.

"And, of course, everyone enjoys the extra fun of playing Santa. It's become a significant part of our own Christmas."

MR. ULM RETIRES? In the spring 1970 issue of the Sanatorium Board News Bulletin a headline stated what everyone (including Mr. Ulm) thought to be a fact: *Mr. Ulm Retires.*

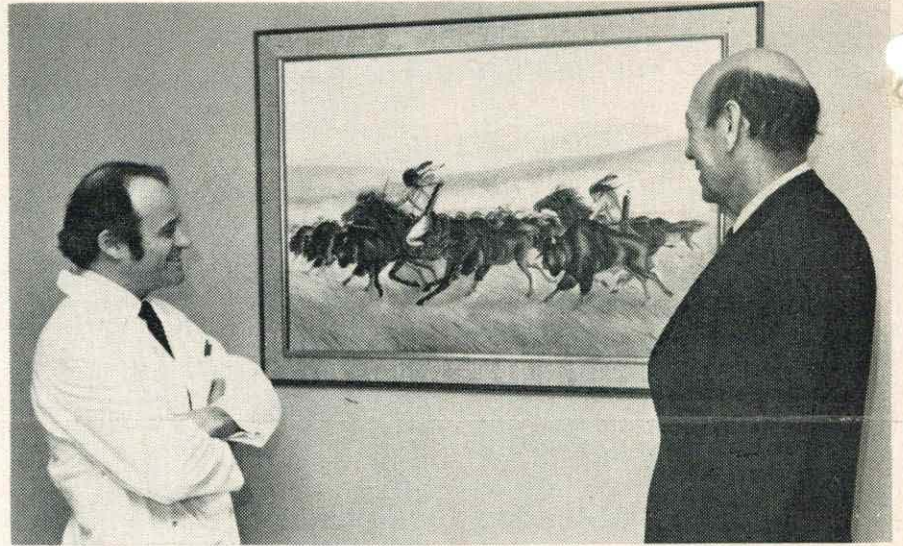
But things didn't turn out that way — and today at the age of 71, Maximilian Ulm is busier, more prosperous, and probably healthier than ever in his full-time job as an investigator-courier for a Winnipeg law firm.

After 10 years of service with the Sanatorium Board, Max gave up his post in our mailing and printing service to take life easy at his home on Dudley avenue and enjoy a leisurely trip back to Europe with his wife Margaret. He returned to the Board for a short time last summer to do relief work in the mailing room and again in the fall to assist with



Preparing Christmas parcels for the families of two former patients at the Manitoba Rehabilitation Hospital are left to right: Mrs. Joyce Conley, Mrs. Signe Holstein, Mrs. Linda MacDonald, Joe Varkerti, Mrs. Mary Orti and Mrs. E. L. Eddy. (Photo by Portugal).

Doctor Awarded Indian Painting



Two hardy warriors hunt food and clothing on the windswept prairie. The talented artist is Eddy Cobiness of Buffalo Point, Manitoba. The admirers are Dr. E. S. Hershfield, proud owner of the oil painting, now hanging in the D. A. Stewart Centre lounge, and Dr. Ahab Spence, arts and crafts director, Manitoba Indian Brotherhood.

Eddy Cobiness, we feel, is an up-and-coming Indian artist . . . and we are proud that one of his oil paintings, *The Buffalo Hunt*, now graces the waiting lounge in our D. A. Stewart Centre.

The painting — a gift from David Courchene, president of the Manitoba Indian Brotherhood, to Dr. Earl S. Hershfield, associate medical director of the D. A. Stewart Centre — was

presented at a recent banquet, marking the opening of a year-long *Pow-Wow* to commemorate the 100th anniversary of the signing of Treaty No. 1 (at Lower Fort Garry in August 1871) between the Crown and the Chippewa and Cree Indians of Manitoba.

Dr. Ahab Spence, director of the MIB Arts and Crafts Program, told us about the artist when he slipped into the hospital the other day to look at our prize and pose for a picture.

Mr. Cobiness, he said, is a member of the Saulteaux tribe, who comes from Buffalo Point, a sparsely inhabited reserve on the U.S. border. (There are 34,000 registered Indians in Manitoba today, but only 28 of them can claim Buffalo Point as home.)

Now in his mid-thirties, Mr. Cobiness lives with his wife and children in Winnipeg. He has been painting from childhood and hopes to take formal lessons to improve his work.

Abstract art doesn't interest Eddy said Mr. Spence. He wants to present the story of his people and their life today.

Having nursed and worked with the Indian people for more than four decades, the Sanatorium Board is grateful to Mr. Cobiness, Dr. Courchene and Dr. Hershfield for this arresting reminder of life on the prairies, as the first Manitobans knew it.

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preparations for the Christmas Seal Campaign.

Then one day Max informed the Board that he could take on no more extra work. "I've got another job," he said.

And what a job Max has. He's busy five days a week, eight hours (at least) a day, hustling all over town to check legal documents, do research and a myriad of other things. He gets one and one-half hours for lunch, but takes only a half; he omits the two coffee breaks he's entitled to; and he travels by bus because it takes too long to park his car.

"It's a very nice job," beamed Max, when he popped in to see us the other day. "I'm learning a great deal about this business — and getting a great deal more exercise than I would around home."

It's great to see Max so happy. He's proof that the winter years can be good and fulfilling.

TODAY'S YOUNG PEOPLE, we're told, know nothing about the history and work of Christmas Seals.

One couldn't prove this in the town of Minto or at Falcon Beach where groups of youngsters "went carolling" at Christmas and collected donations for the Christmas Seal Campaign.

Our thanks to Lorna Winslow, Janice Large and to Donna, Sharon and Norman Krysto (ages 13 to eight years) who took to the streets of Falcon Beach on Christmas Eve and collected \$4.00 — specifically, they informed us, for education about air pollution.

And a hearty thank-you, too, to the Minto Carollers — Barbara Jackson, Colleen, Gwen and Lois Campbell, Debbie Nesbitt, Janice Shaw, Adrienne James and Debbie Trail — who sang to the good townspeople on December 18, and sent us \$17.70.

REV. S. J. MCKAY
MEMORIAL

During his six years as Protestant Chaplain at the Manitoba Medical Centre, the Rev. McKay often expressed a wish for a small organ for worship services at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. The Sanatorium Board is determined to see this wish fulfilled and it has established the Rev. S. J. McKay Organ Memorial Fund. Staff, patients and friends are invited to send contributions to the Executive Director, Sanatorium Board of Manitoba, 300 Sherbrook Street, Winnipeg 2. A receipt for income tax purposes will be issued to each donor.