NEWS BULLETIN

The Sanatorium Board of Manitoba

VOL. 12, No. 2 PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG MARCH-APRIL, 1971

SBM Engineers Launch A New Industry

Sanatorium Board engineers have put forward their best feet . . . and launched a brand new Manitoba industry.

The industry concerns the manufacture of "off-the-shelf" components for artificial limbs, and the first item to go into full-scale production is the Winnipeg SACH foot (Solid Ankle-Cushion Heel), developed by our prosthetics research team as part of the Winnipeg modular system of artificial legs.

The SACH foot has been tested successfully on amputees at the Manitoba Rehabilitation Hospital for the past several years, and the design requirements were handed over early this year to a local manufacturer — Winnipeg Pattern and Model Works Ltd. — to produce in quantities for amputees at home and abroad.

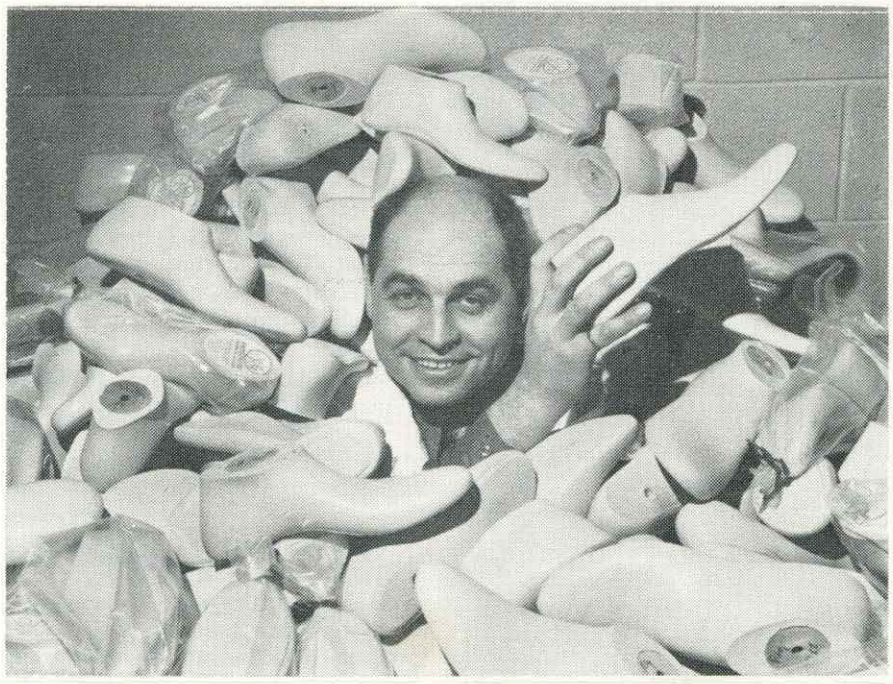
The first big order — comprising 504 adult feet, half left and half right, to fit shoe sizes 6 to 11 — was shipped in mid February to the British Department of Health and Social Security. Similar smaller shipments went out at the same time to several prosthetic clinics in the United Kingdom.

The aim of the SACH foot project — and other production projects to follow — is to make inventions available to patients as soon as possible. "We foresee that modularization of prostheses, such as we have been doing, will lead to greater centralization of production, assembly and distribution," says James Foort, technical director of the Board's Prosthetics and Orthotics Research and Development Unit. "Coupled with modern communications and transportation methods, this will mean that information will be sent in to the central facility, and a device sent back for use at the clinical scene within a couple of days."

Toward this end, the Sanatorium Board of Manitoba has set up a special Prosthetics Products Division to organize a marketing service and work with local industry in the mass production of prosthetic items. Not only will Manitoba amputees benefit, researchers claim, but designers and patients throughout the world will have access to Winnipeg research products.

And the Winnipeg unit, in turn, will have an opportunity to field test and mass produce good designs from other research centres.

(See story and pictures on page 2)



FEET FIRST — THEN COVERS: Prosthetics research engineer Reinhart Daher is literally up to his ears in feet as he and other members of the Prosthetics Products Division prepare a large shipment for the British government. The SACH Foot is the first component of the Winnipeg modular system of artificial legs to be mass produced for clinical use. The next project, says Mr. Daher, is to improve the foot further by replacing the wooden keel with an aluminum one (to match the metal components in the rest of the Winnipeg Leg). When this is completed, the Division will hand over to industry the engineering details for soft rubber cosmetic covers for all levels of the Winnipeg artificial leg system. (Photo by Dave Portigal)

Mobile Units Take to the Roads

• Chest x-ray screening in areas where tuberculosis is a significant hazard to health.

• Tuberculin skin tests for Grade 8 students and school board staffs in selected municipalities . . . to promote the control of tuberculosis in the young.

• Lung function surveys of other selected areas (in cooperation with the University of Manitoba) to discover early symptoms of bronchitis and other chronic chest disease. . .

These constitute the major part of the Sanatorium Board's 1971 program to prevent ill health in the community.

As an additional service and as a measure of good public health practice, the Board's Christmas Seal Service is continuing chest disease screening in selected industries (including barbers and foodhandlers) and on the university and college campus.

Assistance will also be given to the vitally important admission x-ray program in Manitoba Hospitals. And, under contract with the Manitoba Department of Health and the Workmen's Compensation Board, Christmas Seal facilities are again being used to conduct lung function and chest x-ray surveys of workers employed in Manitoba mines and industries where dust is a health hazard.

According to Surveys Officer J. J. Zayshley, the first phase of this year's survey operations has been completed. About a score of Winnipeg industries have been screened for chest disease, including 900 members of the Post Office and some 1,000 employees of the Metro Transit Service. Over 4,000 Grade 8 students and school employees lined up for tuberculin skin tests in eight Greater Winnipeg municipalities in March and early April (schools in Portage la Prairie are being covered in late April); and up

(Continued on Page 2)

Increase in TB Is A Warning

The year 1970 saw a substantial increase in reported cases of active tuberculosis in Manitoba.

According to the Central Tuberculosis Registry, a total of 304 active cases were uncovered in the province — 55 (or 22 percent) more than the number recorded in 1969.

The increase was almost wholly in *new* cases of active tuberculosis, which jumped 25 percent, from 213 in 1969 to 267 in 1970. Reported cases of reactivated tuberculosis remained about the same as the previous year, increasing only from 36 to 37.

Dr. E. S. Hershfield, associate medical director of the Tuberculosis and Respiratory Disease Service of the Sanatorium Board, attributes the rise in part to localized outbreaks of disease, and also to a somewhat different approach to the diagnosis of tuberculosis.

In establishing a diagnosis, he said, the chest physician today relies even more heavily on the tuberculosis laboratory. Lengthy tests for tubercle bacilli are now made on sputum and gastric material from *all tuberculosis contacts and suspects who are positive to the tuberculin test — regardless of chest x-ray findings.* And the diagnosis is not officially recorded until the time of the patient's discharge and the results of culture tests are known.

As one result of this more extensive laboratory work, Dr. Hershfield pointed out, some patients with early disease — who at one time would have been discharged as having inactive disease — are being recorded and treated as out-patients for active tuberculosis.

Several outbreaks of disease have also pushed up the incidence in the past year. One northern community alone accounted for 20 new active cases in 1970; a metropolitan Winnipeg municipality reported 11 active cases; and eight cases were picked up on one Indian reserve.

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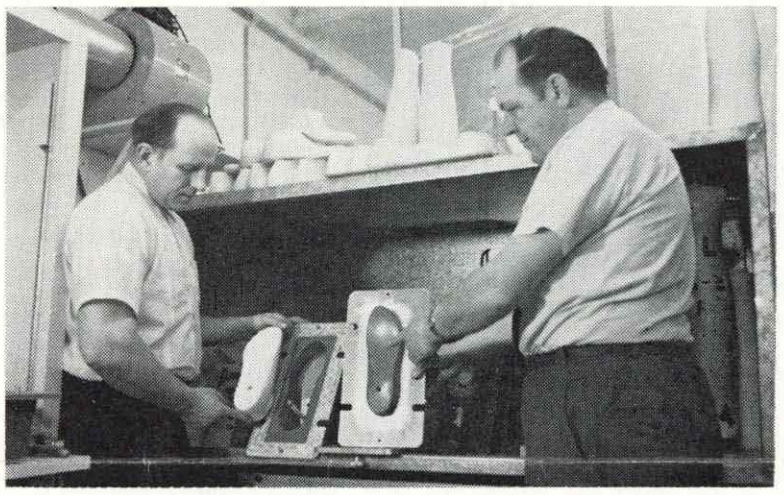
The Making of a (SACH) Foot

At the Winnipeg Pattern and Model Works, where SACH feet are now made, Steve Buchko loads a mold with polyurethane foam rubber.



Steve Buchko and Norman Lobson, right, president of Winnipeg Pattern and Model Works Ltd., in the process of de-molding the SACH foot.

In preparation for shipping to Britain, the finished feet are sorted and packaged by Albert Seal, also an employee of Winnipeg Pattern and Model Works.

(Photos by David Portigal)

The new SACH foot is the result of 20 years of evolution. The design originated in Canada when it was introduced for use in the Canadian Plastic Symes prosthesis, developed by pioneer researchers James Foort, Colin McLaurin and Fred Hampton at Toronto Sunnybrook Hospital. Later improvements were made in the U.S.A.

The Winnipeg version — made out of a cosmetically pleasing polyurethane foam rubber molded around a wooden keel — offers further advantages. It has a natural toe-out alignment, a raised arch to absorb shock at heel contact, a heel that projects back to prevent wear against the counter of the shoe, and reduced resistance at the toe-break to lessen the effects of floor reaction forces on the stump.

The SACH foot is interchangeable with any other artificial foot, but as the designers point out, it is made especially for the Winnipeg system of modular pylon prostheses, in which artificial limbs (for any level of leg amputee) can be assembled in four to five hours, used right after surgery, then adjusted as necessary and retained as a permanent leg.

Exercise Program for RD Patients

Planned Exercises for Health — an evening project begun two years ago at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre for people who have made good recoveries from heart attack — has been broadened this year to include assessment and exercise classes for patients with chronic obstructive lung disease.

The new program takes place in the hospital gymnasia on the second Monday and Wednesday of each month from 1730 to 1900 hours. The sessions run continuously (unlike the cardiac rehabilitation program which is conducted twice weekly for eight-week periods) — and patients attend as often and as long as the physician determines.

The purpose of the program is to make continuing assessments of patients' breathing patterns, to improve their exercise tolerance and general well-being, and help them maintain exercise programs at home.

Some 20 respiratory patients are currently involved in the course, according to supervising physiotherapist Miss Pam Brown — and 12 patients attend any given session.

At the sessions, one-half of the patients are assessed on an ergometer; the other half take part in an exercise class that comprises breathing, arm, leg and trunk exercises, walking and climbing stairs. The procedure is then reversed for the two groups at the next class — and when work performance (as measured by an ergometer) reaches a plateau over several sessions, patients are referred back to the doctor for repeat pulmonary function studies.

Patients enrolled in the program include:

1. Those who have had previous out-patient therapy at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

2. Those who have been in-patients at the D. A. Stewart Centre.

3. Those who are referred by a doctor from the Home Care Conference of the University of Manitoba Joint Respiratory Program.

MOBILE UNIT

(Continued from Page 1)

at Churchill and Wabowden in February over 1,800 residents of all ages turned out for chest x-ray examinations.

The northern part of the province, said Mr. Zayshley, is a prime target of this year's tuberculosis control program, and the little community of Wabowden is receiving highest priority. Two x-ray surveys have been conducted here in recent times, and 30 new active cases of tuberculosis have been discovered. A third survey is scheduled for the area in the early part of June.

Thompson, Gillam, Lynn Lake and Thicket Portage are also being considered for chest screening in the summer and early fall. From mid-April until late June, all of Manitoba's Indian reserves will be surveyed, using either the Christmas Seal mobile unit or portable equipment flown in by air.

In every instance, tuberculosis preventive efforts will focus on the contacts of new tuberculosis patients and on the communities where they live, Mr.Zayshley pointed out. Province-wide community surveys, which are no longer practical or productive in case finding, belong now to history. Attention is directed instead to specific areas where tuberculosis is a problem — and when it seems advisable, more than one survey will be conducted in these areas to bring the disease under control.

With respect to the early detection of bronchitis and other chest diseases, separate lung function surveys will be conducted among thousands of residents in certain southern Manitoba municipalities, beginning in Morris and Dufferin in May, Mr. Zayshley said.

This service — comprising breathing tests and a respiratory questionnaire — is a combined project of the Sanatorium Board and the Joint Respiratory Program of the University of Manitoba.

THE 28th GROUP to take the Nurses' Assistants Training Program at the Manitoba Sanatorium, Ninette, received their certificates at an informal ceremony on February 12th. Our congratulations to the new graduates and their instructor, who from left to right are: Standing — Director of Nursing William Broadhead, Miss Yvonne Rutten, Miss Anita Stowe, Mrs. Elsie Menkema and Miss Myrtle Pompana; Seated — Miss Lois Williams, Miss Violet Korotash and Miss Jean Myers. ((Photo by Bill Amos)

BULLETIN BRIEFS

Establish Northern Chest Service

The medical staff of the D. A. Stewart Centre has organized a consulting chest clinic for patients from the Churchill and Keewatin area.

In co-operation with the Northern Health Unit of the University of Manitoba Faculty of Medicine, a chest physician from the D. A. Stewart Centre will hold a clinic at the Fort Churchill Hospital once every two months. The purpose is to review patients with tuberculosis and other chest disease and to consult with physicians in Churchill on chest problems.

Dr. E. S. Hershfield, associate medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, visited Churchill in February to organize this new service and examine the first 10 patients.

Hospitals Organize Alcoholism Program

The Manitoba Rehabilitation Hospital - D. A. Stewart Centre is collaborating with the Alcoholism Foundation of Manitoba to establish an alcoholism referral and education program as an integral part of available treatment services.

As a first step towards implementing the program, meetings are being held within each hospital department to inform the staff about alcoholism and its effects. The next step will be to establish a system of referral and follow-up services for in-patients and out-patients who have drinking problems.

Once the full program is organized, a representative of the Alcoholism Foundation of Manitoba will be available each day to counsel individual patients; and group meetings, films and the like will be introduced as part of the hospital's daily program.

The important thing about alcoholism is that it affects all aspects of the individual's life, Grant Webster, executive director of AFM, told a recent meeting of hospital department heads.

Thus, for the patient who has a drinking problem as well as physical disability, a successful rehabilitation program would have to include concurrent treatment of both illnesses.

And we do know, Mr. Webster added, that alcoholism is treatable.

Order X-rays Last Says Noted Visitor

Come, Watson, come!
The game is afoot.
First interpret the physical signs.
Lastly order the x-ray.

James Cyriax, honorary consulting physician in orthopaedic medicine at St. Thomas's Hospital, London, approaches diagnosis in the manner of the super sleuth, applying his fine knowledge of anatomy to pinpoint the source or cause of his patients' ills.

The x-ray, he recently told staff and students at the Manitoba Rehabilitation Hospital, gets far too much attention in diagnosing conditions afflicting the locomotor system . . . often to the point where the physician is misled into treating the patient for something he hasn't got.

For a clear diagnosis, he advises, first examine function from the standpoint of pain, disability, and knowledge of tissues and moving parts. "Then take an x-ray."

Dr. Cyriax visited the Manitoba Rehabilitation Hospital on March 23, on his return from speaking engagements in San Francisco and Vancouver. He is internationally known for his pioneering work in orthopaedic medicine (orthopaedic surgery is the usual specialty), and he is the author of many medical works, including the standard, two-volume *Textbook of Orthopaedic Medicine* and a recent popular book, *The Slipped Disc.*

During his stay in Winnipeg he gave a lecture and demonstration on "The Examination of the Moving Parts" to students and staff at the Manitoba Rehabilitation Hospital, and to the annual general meeting of the Association of Physiotherapists of Manitoba.

He also made known some of his views on orthopaedic medicine and the "slipped disc".

More fit people are disabled by a slipped disc than by any other illness, he said. It is so common — yet there is a dearth of physicians who are truly able to cope with the medical (as opposed to the surgical) aspects of the condition. Consequently, many people end up in the hands of lay manipulators (e.g. osteopaths and chiropractors) — some of whom have no recognized training and all of whom must accept the burden of diagnosis and treatment without the benefit of medical training.

Only the pressure of public demand, he told a reporter, can further the cause of orthopaedic medicine.

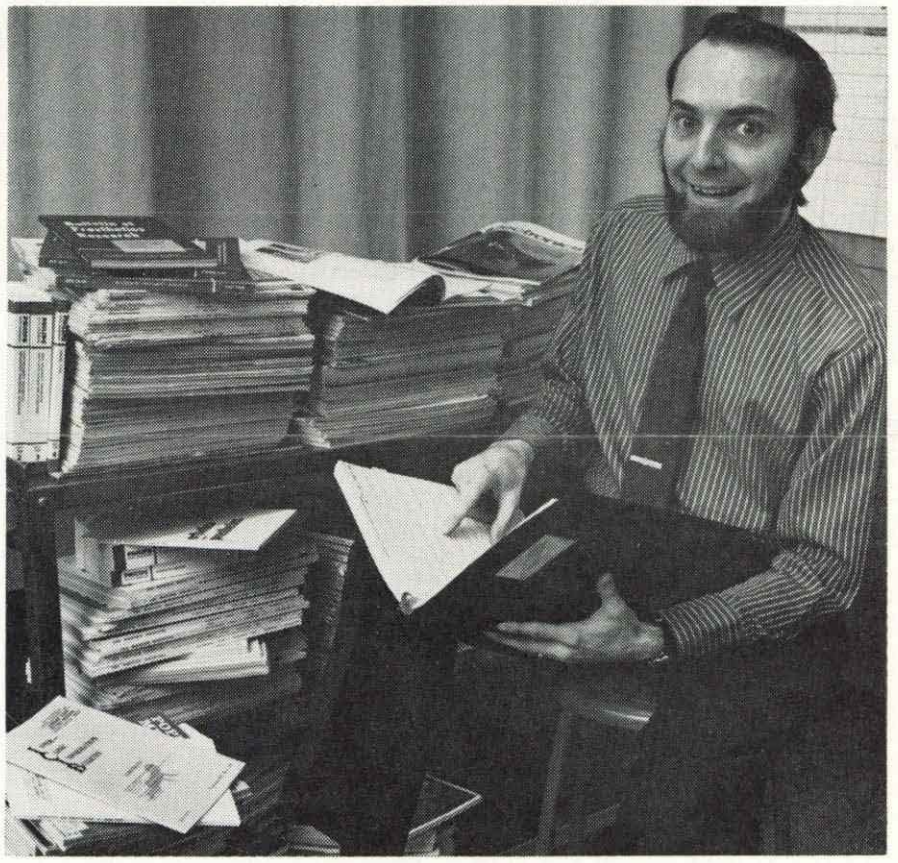
New WCB Service for Patients

The Workmen's Compensation Board has appointed a full-time officer to look after the special needs and problems of WCB patients at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

Craig R. Cormack, a member of the WCB Winnipeg staff for the past three years, has set up permanent headquarters at our hospital. He will be available daily to review the progress of WCB patients, take care of problems related to their compensation and re-establishment in the community, and serve as an advisor to the WCB medical officer, who holds weekly clinics at the hospital.

The Sanatorium Board welcomes this closer liaison with the Workmen's Compensation Board. Undoubtedly it will open the way for an excellent, comprehensive service for the 80 or so WCB patients treated at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre each month.

Prophylactic for Uptight Researchers



Sanatorium Board engineer Peter Nelson thinks he's licked the problem of acquiring *instant* information on current prosthetics and orthotics research.

His solution: an international PROSTHETICS AND ORTHOTICS RESEARCH REFERENCE CATALOGUE that —

- offers easy access to hundreds of scientific articles on investigations and studies in the field of artificial limbs and braces;
- contains detailed cross references indexed according to author, subject and research institution;
- remains up-to-date through the issue of twice yearly supplements.

The catalogue is a computerized system, set up by Mr. Nelson and an engineer colleague, Douglas Hobson, and it is now being offered to other prosthetics and orthotics researchers through the Prosthetics and Orthotics Research and Development Unit of the Sanatorium Board.

Issued in a handsome ring binder, with complete instructions on how to use it, this reference catalogue will do much to conserve the researcher's time and help him to avoid covering the same ground that others may have covered before him, PORDU feels. The source of each article is given in such detail that in most cases it can be found in the nearest engineering or medical library, or the author or institution can be approached directly.

Or, failing that, PORDU itself will supply the required article at a nominal charge.

Subscription cost for the first year (which includes two supplements): $25.00.

For succeeding annual subscriptions: $15.00.

TUBERCULOSIS INCREASE

Continued from Page 1

Dr. Hershfield predicts that other outbreaks of this nature will not be unusual during the next decade. Tuberculosis is still firmly rooted in many parts of the province, he said. Surveillance of high incidence areas must be continued. Public participation in preventive programs remains as vitally important as ever.

It is hoped, Dr. Hershfield added, that the rise in tuberculosis will serve as a warning to the public that this communicable disease is not conquered. While 97 Manitoba municipalities reported no cases of tuberculosis in 1970, 49 other municipalities or districts did — and nearly all of Manitoba's Indian reserves were represented in our TB wards.

Tuberculosis today presents a particular problem in the young Indian and Métis, and in the older white population, he said.

Thirty percent of the active cases reported in 1970 were over the age of 50, and of these nearly three-quarters were whites.

Twenty-two percent were under the age of 20, of which 70 percent were Indian or Métis.

These statistics on the tuberculosis situation will be presented at the annual meeting of the Sanatorium Board of Manitoba on April 29. Other information to be recorded at that time includes:

— 7,807 patients on file in the Central Tuberculosis Registry.

— 1,109 out-patients on tuberculosis drug treatment as at December 31, 1970. Of these 713 were taking the drug INH to prevent the development of active disease.

— 190 patients admitted to hospital during 1970.

— 24 deaths from tuberculosis in Manitoba during 1970, as compared with 21 deaths in 1969.

PEMBINA HOUSE STUDENTS SAY

Alcohol Is Sometimes Good... Cops Bleed, Too...

The Sanatorium Board's special rehabilitation service at Pembina House, Ninette, is designed for disadvantaged young people who require assessment, counselling, and social and academic upgrading before they enter job training and the workaday world.

Very often the students have trouble communicating with others; but in their monthly news publication, *Smoke Signals* (consisting of a dozen colored, mimeographed sheets), they override this barrier rather effectively through their contributions of poetry, cartoons and humorous comments on day-to-day life. This is especially true in the *Food for Thought* section, in which students offer their views on various important factors in their lives . . . alcohol, the police, "the big city", and Pembina House. Following are some (slightly edited) excerpts from this section:

Q. Comment on the use of alcohol.

A. What I like about drinking is that I like to feel high so that I won't have to worry about going home. Or I don't have to (be) shy. And so that I'll feel good.

A. Well, I have nothing against people drinking, but if they want to drink they could behave . . . I know. I drink, and if I have too much I can't behave. That is why I don't want to drink . . . It is good to have a few beers once in a while.

A. Alcohol is worse than smoking. Anybody that drinks is having a shorter life. More alcohol you drink the shorter your life.

A. Alcohol is a liquid which affects the nerve system. Alcohol is supposed to be drunk to relax a person's nerve system. That is what I like about it . . . (but) if too much alcohol is drunk . . . you do not have full control over yourself and you can easily get in a lot of trouble.

A. . . . and it has led many people to doing wrong. Because once you're high on it you think you are brave and can do anything.

A. A lot of people drink to relax or for something to do . . . Some people have problems so they drink to get rid of the problems. Sometimes it works, sometimes it doesn't work and just makes things worse.

A. Alcohol is usually good if you have big problems you want to forget . . .

A. A lot of people have big problems so they go out and get drunk and forget about them. When the next day comes their problems are just the same. So it is no good to drink.

Q. What do you think of the RCMP?

A. Well, as far as the fuzz are concerned, I don't really want to comment on them. But anyway they are a nice bunch of citizens. I say citizens because they are no different from us. They have blood the same as us. At least I think they do . . .

A. To tell you the truth I really don't have much use for cops. Why I don't have much use for them is because some of them just seem to love ramming authority down a person's throat . . . But then again, everybody has his . . . opinion. Some of the cops are fairly nice people . . .

A. I think they're kind, gentle gentlemen doing their job. If you give them a hard time, they'll give you a hard time. If you're kind . . . they'll be kind . . . They're nice to you when they haven't got on their uniform. In other words, they're nice anytime.

A. I have had one experience with RCMP officers and I was scared out of my wits until I found out they weren't going to take me to jail. I have no grudges against them. They are courageous and damn good men . . . I know that without the RCMP Canada would be a very . . . unsafe place to live.

A. I think some RCMP are real groovy. Except for some who are called on during the night if there's trouble brewing on the reserve. Some of them just don't give a damn. The next thing we hear is somebody's been killed or wounded . . . But I guess the RCMP are only humans after all. They have their faults too as I have discovered.

Q. Tell us about your first impression of Winnipeg.

A. We moved to Winnipeg in 1968. For about three weeks we stayed at the St. Charles Hotel . . . I had no friends yet, so I found it boring and lonely . . . as I didn't know where to go . . . I seemed sort of clumsy, and in the wrong places with the wrong people. I think I felt clumsy because of the cowboy boots I had on . . .

A. When I first got to Winnipeg, I thought it was a pretty large city. I even got lost in the bus depot. So when I got out on the street I lost all sense of direction. All those people and those cars. Man I was lost . . . I walked around the city to get used to it. After a while Winnipeg seemed like a small town.

Q. What do you think about Pembina House?

A. My reason why I like Pembina House is simply that it has education involved in it. That is one reason. One more is it has girls and boys mixed in it. One more is you do your work at your own speed. One more is they have good counselling.

A. A place to find great peace of mind. (It) is a joint to really discover yourself. Who am I? Where do I stand? etc. You'll find this out usually when the results come in from the tests they give you . . . This whole idea about this teacher-counsellor thing is really great . . . but I wish they'd do something about this thing they call boredom. When (people) get bored, naturally they get homesick, and homesickness is one of the greatest pains a person can experience.

A. The location of Pembina House is on the shores of Pelican Lake and makes a very beautiful scene. I like the Pembina House staff because they are interested to help the student that tries hard . . . Pembina House has a recreation hall where sports, dances and other activities are held. I like this because it may help a person who is lonely or homesick to overcome life if he or she is isolated.

Honor Teacher

Many well-wishers turned up in the assembly hall at Manitoba Sanatorium, Ninette, on January 27 to honor Miss Gladys Irene Motheral who, after nearly 20 years of service in our organization, has retired from her position as sanatorium school teacher.

Miss Motheral — who was born at Crystal City, Manitoba — earned her teacher's certificate while she was a patient at Ninette in the 1930's. She taught both academic subjects and crafts to patients at the King Edward Hospital in Winnipeg from 1949 to 1954, and she has been a member of the Manitoba Sanatorium teaching staff since 1956.

Miss Motheral has served the Sanatorium Board faithfully and well, and it was with great regret that fellow employees and patients bade her farewell.

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the individuals and organizations who have recently made donations to our various health services. According to the wishes of the donors, these contributions have been used to provide special services or equipment for patients, or to finance research into the means of preventing or treating disabling illness or injury.

American Women's Club $250.00
For the purchase of a wheelchair

Maryland Motor Hotel $195.76

Mrs. Joyce Krzywonos ..... $ 50.00
In memory of Peter Zolondek

The Sanatorium Board expresses appreciation to the staff members and friends who have contributed to the *Rev. S. J. McKay Memorial Organ Fund*, and invites other donations to this special project.

Our thanks are also extended to the many individuals who have made donations to the Respiratory Disease Research and Education Fund and the Manitoba Rehabilitation Hospital Research Fund. These gifts were made in memory of the late *Mrs. Millicent A. Watson, Mrs. S. A. (Dora) Wood, J. F. Draper, S. S. Stevenson, Mrs. Wilma Wilding, William Ford, James Hood, Leonard T. Thornton, Tom Geere and Russell McBain.*

BULLETIN BOARD

A warm welcome is extended to Dr. Ruth S. Kihm, who recently joined the physical medicine specialist staff at the Manitoba Rehabilitation Hospital. Dr. Kihm was previously a consultant physiatrist at the Jewish Convalescent Hospital at Chomedey, P.Q. She was born in Verdun, P.Q., graduated in medicine from McGill University, and received Certification in Physical Medicine and Rehablitation from the Royal College of Physicians and Surgeons of Canada and the College of Physicians and Surgeons of Quebec.

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Our congratulations to Albert Svendsen, assistant plant superintendent of the MRH-DASC, who on March 30 graduated from the one-year course in Hospital Supervisory Management (sponsored by the Manitoba Hospital Association) . . .

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. . . and our congratulations to SBM staff members Miss Tam Nishizeki, Miss Sharon Dandy and Doug Calder who were elected (or re-elected) to the five-member Board of Directors at the annual general meeting of the Association of Physiotherapists of Manitoba on March 23. Miss Nishizeki will serve as chairman, Mr. Calder as vice-chairman, and Miss Dandy will have charge of publicity.

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The Sanatorium Board thanks the Winnipeg Technical-Vocational High School, who on February 15 delivered to the Manitoba Rehabilitation Hospital - D. A. Stewart Centre five very capable students for on-the-job office experience. The young ladies, who gave two weeks of excellent assistance to the Executive Office, the Nursing, Dietary, Communication Disorders, Occupational Therapy and DASC Out-patient Departments, were Louise Latrail, Dorleen Haight, Liz Doering, Allyn Kustra and Dianne Katrinsky.

★ ★ ★

Recent visitors to the Manitoba Rehabilitation Hospital included Dr. Lynn Bashow of the Ridgewood Rehabilitation Centre at St. John, N.B., who toured the hospital on February 8, and Dr. Brian McKibbin, visiting professor in orthopaedic surgery, from Sheffield, England, who participated in rounds and a conference on February 16.

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Reinhart Daher, mechanical engineer in our Prosthetics and Orthotics Research and Development Unit, attended a course on upper extremity prosthetics at Northwestern University, Chicago, from February 22 to March 12.