

NEWS BULLETIN



The Sanatorium Board of Manitoba

VOL. 13, No. 3

A VOLUNTARY NON-PROFIT CORPORATION

APRIL-MAY, 1972

Buy a ticket...

AID EQUIPMENT FUND

Buy a one dollar ticket on a luxurious mobile home, and help the Winnipeg Club of the Associated Canadian Travellers fulfill a \$100,000 pledge to the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

Once again this cry goes out as the Winnipeg A.C.T. launches its major Lucky Star project for 1972 — the giveaway of a self-propelled, completely furnished mobile home (valued at \$15,500) on the closing day of Manispher, July 1.

As in the past nine years, the net proceeds from the sale of tickets on the Lucky Star project will be turned over to the Sanatorium Board of Manitoba to finance patient facilities and equipment that can be acquired only through voluntary donations.

To date, the Winnipeg A.C.T. has contributed over \$94,000 towards their pledge, and with this money the Board has been able to purchase electromyography equipment to help with the diagnosis and assessment of neuromuscular disorders, audiology equipment for the Department of Communication Disorders, equipment for the x-ray and laboratory services, plus special apparatus for the hospital's paraplegia program.

All of this represents better quality care for disabled people — that would not otherwise be possible. Your one dollar investment in the Lucky Star mobile home means a great deal to the A.C.T. and the Sanatorium Board — for whether you win or lose, our patients will certainly benefit.



WAITING TO SEE THE DOCTOR — In the Belcher Islands, some 850 miles northeast of Winnipeg, two Eskimo children wait for a general health check-up. The doctor who examined them was Earl S. Hershfield, medical director of the Sanatorium Board's Tuberculosis Control Service and chest disease specialist with the University of Manitoba Northern Health Unit. Dr. Hershfield held clinics in the Belcher Islands for three days in early March, and most of the patients he saw had chest problems, including tuberculosis. In the past year, as a member of the university health team, Dr. Hershfield has made six trips into the north to review and renew acquaintances with old TB patients, check up on new ones (on home treatment or drug prophylaxis), help with other health problems and conduct teaching sessions for nurses at Baker Lake, Rankin Inlet, Eskimo Point, Whale Cove, Chesterfield Inlet, Coral Harbor and Repulse Bay.

S. Price Rattray Named Chairman of the Board

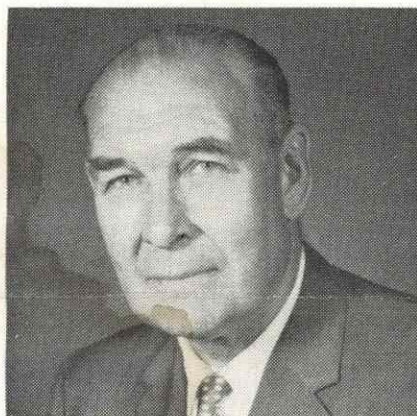
At the 61st annual meeting of the Sanatorium Board of Manitoba at Friday noon, April 28, S. Price Rattray, a member of the Board for 16 years and of its executive committee since 1958, stepped up to the position of chairman of the Board. He succeeds Harold L. McKay, who has given excellent direction over the past two years, both in his capacity as chairman of the Board and as our representative on the Health Sciences Co-ordinating Council.

Three new members have also been welcomed to the Board. They are Dr. Arnold Naimark, Dean of the Faculty of Medicine, University of Manitoba; C. F. McNaughton, senior vice-president of the Manitoba and Saskatchewan division of the Bank of Montreal; and A. R. Williams, vice-president of the Canadian National Railway, Prairie Division.

R. S. Allison was elected vice-chairman. Re-named Board members are John F. Baldner, Frank Boothroyd, W. M. Coghlin, G. W. Fyfe, H. C. Maxwell, D. S. McGiverin, E. B. Pitblado, Q.C., Dr. H. H. Saunderson, George Schwindt, Dr. J. A. MacDonell, J. G. McFee, Dr. E. Snell, L. Stevens, all of Winnipeg; J. B. Craig, F.O. Meighen, Q.C., and Jack Cook, of Brandon, and E. Dow of Bois-sevain.

(Of these, Mr. Baldur, Mr. Booth-

royd, Mr. Craig and Dr. Saunderson serve with Mr. Rattray, Mr. McKay and Mr. Allison on the Board's executive committee.)



S. PRICE RATTRAY

On taking over as 13th chairman of the Sanatorium Board, Mr. Rattray paid tribute to Mr. McKay, remarking on the many hours freely given to the Board's work and the keen interest he took in day-to-day affairs.

Mr. Rattray has himself contributed a great deal to the Sanatorium Board, particularly during the time of planning and constructing the Manitoba Rehabilitation Hospital when as chairman of the M.R.H. Committee he attended many planning conferences

and inspected the construction site several times each week.

The president of C. H. Enderton and Co., Mr. Rattray has been in the building and real estate business for over 45 years. As a builder, outdoorsman, and a man concerned about the welfare of his community, he has made many contributions to the public good, as a special advisor to the provincial government, chairman of Metropolitan Winnipeg Board of Revision, a member of the Board of Regents of the University of Winnipeg, and a member of Ducks Unlimited.

In recognition of these and other contributions he received an Honorary Doctor of Laws Degree from the University of Winnipeg last year.

Dr. C. B. Schoemperlen Heads Medical Staff

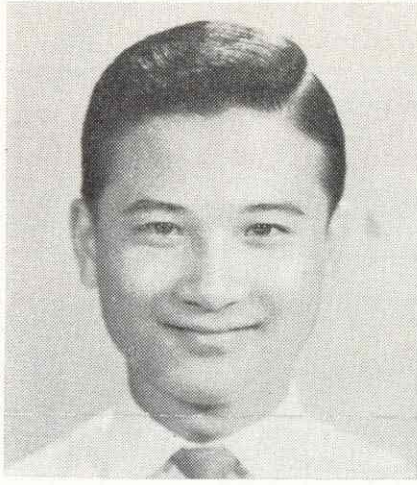
Dr. C. B. Schoemperlen was elected president of the Medical Staff of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on April 17. He succeeds Dr. D. A. Kernahan, who very ably held this post for the past two years.

Other members of the executive committee are: Vice-president, Dr. J. B. Frain; secretary-treasurer, Dr. J. F. R. Bowie; chairman of the credentials committee, Dr. Louis Cherniack; chairman of the admissions and discharges committee, Dr. D. M. Riddell; chairman of the medical standards committee, Dr. H. I. C. Dubo; chairman of the medical records committee, Dr. Carl Zylak.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg, Manitoba R3A 1M4
Second Class Mail Registration Number 0324.

Named Fellow



DR. S. C. MAN

Dr. Sheung-Chi Man, chief resident at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, is one of 19 physicians in Canada to receive a Fellowship this year from the Canadian Arthritis and Rheumatism Society. On July 1 he will begin a year of full-time advanced training in rheumatology in the newly established Rheumatic Disease Unit of the University of Manitoba.

Dr. Man first joined our resident staff in 1969, and he returned to the Manitoba Rehabilitation Hospital last January after completing a year's residency in internal medicine at Deer Lodge Hospital and a year at St. Boniface General Hospital as a resident in orthopaedics.

Dr. Man was born and raised in Hong Kong, the son of two physicians — his father, an internist specializing in tropical diseases, and his mother, an obstetrician and gynecologist. He graduated from Kaohsiung Medical College in Taiwan in 1967 and shortly

Continued on Page 4

Modern Medicine Invades the North

Thirty years ago, Canada's native population was slowly being decimated by disease, accidents and malnutrition. Except for sporadic x-ray surveys into remote areas and the concern of a handful of physicians working alone against insurmountable conditions, the plight of the Indian and Eskimo went unnoticed.

For example, in Manitoba between 1939 and 1945 the only sanatorium provision for Treaty Indians was 50 beds at Dynevor Hospital, Selkirk . . . and when at that time health authorities took a good look at the situation, they discovered that Indians, who comprised about two percent of the Manitoba population, accounted for about one-half of the deaths from tuberculosis. As for the Eskimo, his life expectancy was estimated at about 30 years . . . or less.

The build-up of health services for natives occurred after 1945 under the direction of Dr. Percy Moore, who headed the federal Indian Health Services (now called Medical Services) from 1939 to 1965. A chain of nursing stations and a few hospitals were established across the north and in remote areas further south, and disease detection surveys (sometimes conducted by voluntary health agencies, including the Sanatorium Board) gradually became more comprehensive and covered wider areas.

Today there are hundreds of trained nurses and assistants to care for the several hundred thousand Indians and 15,000 Eskimos living in the hinterland or southern reserves. There are scores of emergency treatment and public health units and a dozen northern hospitals. And the modern system of radio communication and air travel have put the finest medical services and health surveys within the reach of almost every citizen.

In recent times, the University of Manitoba and several other Canadian universities have joined forces with federal and provincial governments to improve northern health even further. Under the direction of Dr. J. A. Hildes, the University of Manitoba Northern Health Unit arranges for highly trained physicians to fly into the Churchill area and the Keewatin district of the Northwest Territories on a regular basis. Their purpose is to treat and to teach.

Even more recently, the Northern Medical Unit established a special four-month training program for federal outpost nurses, under the direction of Dr. T. M. Roulston, chairman and head of the Department of Obstetrics and Gynecology, University of Manitoba.

The major objectives of the program, which began in March, are to improve the nurses' understanding of Indian and Eskimo customs and values, and to teach them clinical and technical skills for diagnosis and treatment, so that they more adequately function as primary deliverers of medical care to their communities.

As time passes, these stepped-up programs will perhaps bring the health of the Indian and Eskimo more in line with more fortunate citizens in the south. It is encouraging, at any rate, to note that with respect to tuberculosis among Manitoba Indians there has been a steady decline in deaths and morbidity.

And according to Dr. J. D. Galbraith, consultant in chronic diseases for the Medical Services of the Department of National Health and Welfare, the Eskimo population is now increasing at approximately four percent per year . . . (and with it, hopefully, their life expectancy has also greatly increased).

Nevertheless in the Northwest Ter-

ritories the TB rate among Indians remains 26 times higher than the national average, and among Eskimos it is 40 times higher. The death rates are at a level reached in Manitoba . . . about 30 years ago.

Begin Annual Tour Of Indian Reserves

Tuberculosis screening of Manitobans on government reserves began at Keesekewenin near Elphinstone on April 26.

This annual service, conducted jointly by the Sanatorium Board and the Medical Services of the Department of National Health and Welfare, provides chest x-ray examinations for approximately 13,000 Treaty Indians on some 45 reserves. In the southern part of Manitoba, the Christmas Seal mobile unit visits most of these communities. In a few places, inaccessible by road, our new 300 MA portable x-ray machine (donated in part by the Associated Canadian Travellers of Winnipeg) will be flown in.

In the north, the surveys staff will fly into Garden Hill on May 29, and proceed from there to Red Sucker Lake, Split Lake, York Landing, Nelson House, South Indian Lake, Granville, Brochet, Pukatawagon and The Pas, finishing up the spring part of the program at Moose Lake on June 29.

Largely as a result of these yearly surveys and close surveillance by health workers, the incidence of new and reactivated cases of tuberculosis among the Indian population has gradually declined. In 1971 a total of 46 new active cases and 9 reactivated cases were reported . . . a substantial drop from the 55 new active cases and 15 cases of reactivated tuberculosis uncovered among Treaty Indians in Manitoba in 1970.

Improved Care, Research, Education Aims of RDU

In Canada today, an estimated 95,000 people are confined to bed or wheelchair because of arthritis.

Another 428,000 are disabled by this complex disease — the cause and cure of which remain unknown.

Nine million work days are lost each year and the annual loss to the Canadian economy is estimated at \$457 million.

Early treatment of arthritis can prevent disability for most patients; yet the tragic fact is that thousands of victims remain untreated until serious crippling sets in, and rehabilitation becomes much more difficult.

In a special effort to correct this situation and improve arthritis control, the Canadian Arthritis and Rheumatism Society has "seeded" a chain of Rheumatic Disease Units across the country to upgrade patient care, initiate public and professional education, and stimulate research. Since 1961, ten of these units have been established in Canadian university centres — the eleventh was opened early this year at the Manitoba Rehabilitation Unit, as part of the University of Manitoba Department of Medicine. To get it into full operation CARS has pledged \$175,000 over the next five years.

At the annual meeting of the Manitoba Division of the Canadian Arthritis and Rheumatism Society on April 13, Dr. J. P. Gemmell, profes-

sor and head of the U. of M. Department of Medicine, and Dr. F. D. Baragar, clinical director of the unit, outlined the concept and aims of the new service.

The Manitoba unit, Dr. Gemmell said, will combine the talents and resources of specialists and paramedical professionals to provide specialized diagnosis and the highest quality of care for arthritis patients throughout the province. The other major target will be prevention and control through expanded programs of research, medical and para-medical training, and public education.

With respect to treatment, Dr. Gemmell concluded, the unit will be more concerned with caring for the patient in his home than with the establishment of more hospital beds.

In his address, Dr. Baragar talked about the new approach to systemic diseases. Arthritis treatment — which remained stagnant for many years — has taken great strides forward in the

past 10 years, he said. Rheumatology is now recognized as a sub-specialty within internal medicine, and it is hoped that this development, along with the establishment of rheumatic disease units, will attract many young bright physicians into the field.

With the promotion of early detection and treatment, with new developments in surgery and drug therapy, and with a dynamic team approach and consultant help in orthopaedic surgery, radiology and other medical specialties, the control of arthritis is nearly within our grasp, Dr. Baragar said.

The distant goal is the cause and the cure.

Dr. Baragar again stressed that out of the 50 beds set aside for arthritis patients, only 20 have been designated as teaching beds. The other 30 will remain available for patients under the care of accredited physicians.

The new rheumatic disease unit truly serves the whole province, he concluded. From January 24 to March 24, a total of 47 patients (having an average age of 44) were admitted to the teaching beds. Half of these patients came from points outside metropolitan Winnipeg.

CLINICAL ASSISTANT

Miss Sharon Dandy, who has helped organize and supervised the physiotherapy student training program at the Manitoba Rehabilitation Hospital since September 1969, recently moved up to the position of clinical assistant in the University of Manitoba Rheumatic Disease Unit. Jim McLaren, who joined our staff in January 1969 and holds the degree of Bachelor of Physical Therapy from the University of Manitoba, has succeeded Miss Dandy as Clinical Training Supervisor.

Miss Dandy, who comes from Wexford, Ontario, is a graduate from the combined physiotherapy and occupational therapy course at the University of Toronto and she is a gold medal graduate (1969) from the physiotherapy degree course at the University of Manitoba. Over 100 students and an average of 14 internes from various Canadian universities have attended Miss Dandy's excellent clinical training program each year.

In her new job, Miss Dandy will have particular responsibility for the follow-up of arthritis patients.

Seal Funds Aid Local Research

During the past five years — through the Research and Fellowship program of the Canadian Thoracic Society — \$107,377 has been awarded to Manitoba physicians for investigation or study in the respiratory disease field.

The Research and Fellowship Program — to which the Sanatorium Board and other provincial Respiratory Disease Associations contribute a percentage of Christmas Seal Funds — awards about \$100,000 each year to physicians across Canada, who have a special interest in chest diseases. Twelve research and scholarship grants — totalling \$101,300 — are being meted out this year. Eight of these will support research in tuberculin skin testing and many areas concerned with breathing problems, including asthma, the mechanics of breathing, effects of air pollution, clearance mechanisms in the lungs, respiratory failure and hypersensitivity lung disease.

Four physicians have been awarded fellowships to cover clinical work, teaching, education and research. Among them is Dr. H. K. Dhingra, assistant professor in the Department of Medicine and a member of the active staff of the D. A. Stewart Centre.

The fellowship — amounting to \$13,000 — is the third to be awarded to Dr. Dhingra.

THOMPSON SURVEY

The Christmas Seal mobile unit visited the city of Thompson and the Mystery Lake district in April to conduct a general x-ray survey of the adult population and a lung function and x-ray survey for silicosis and other dust diseases among 1,200 International Nickel Company employees.

Approximately 1200 people were examined in the general survey, and once again we express our thanks to city alderman Mrs. A. J. Denby and to Mrs. G. B. Hambly, who assisted with the publicity and organization of this health service.

SANATORIUM BOARD OF MANITOBA — 1971

	1971	1970
SERVICES TO INDIVIDUALS		
Admissions for Treatment (Manitoba Sanatorium, Ninette, and the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, Winnipeg.)	2,001	1,931
Out-Patient Attendances	80,325	76,705
Special Rehabilitation Services Pembina House, Ninette — Admissions	214	195
Preventive Services, Survey Examinations	77,134	62,779
Treatment Days for In-patients	95,582	100,090

GRANTS

In 1971 Christmas Seal grants were made to the Canadian Tuberculosis and Respiratory Disease Association in the amount of \$17,300. This was in support of national operations, international commitments and research. In addition a grant of \$1,250 was made to assist a special Canadian project in aid of a tuberculosis control program in South East Asia. This project was supported by contributions from the provinces, and matched by a grant from the Canadian International Development Agency.

PERSONNEL

On December 31, 1971, the Sanatorium Board staff numbered 532.

Organ Dedicated at Memorial Service

He touched many lives and made them richer.

By these few words, the Rev. James Strachan, Protestant chaplain for the Manitoba Medical Centre, voiced a sentiment shared by many people who had known the late Rev. Selkirk James McKay, and worked to make one of his long held dreams come true.

The dream was a small electric organ for worship services at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

It was fulfilled through a highly successful St. Patrick's Day coffee party and bake sale, to which our staff members, patients and friends generously contributed time, baked goods, hampers and money . . . and it was a triumphant moment for everyone who assembled in the hospital auditorium on Easter Monday to hear the rich tones of the new \$1,000 Yamaha organ, and witness its dedication in a memorial service conducted by the Rev. Strachan, the Rev. Fr. Andre Cote and several senior members of the Sanatorium Board staff.

From the time a chaplaincy service was established at the Manitoba Medical Centre in 1964 until his accidental death in December, 1971, the Rev. McKay dedicated most of his time to the spiritual comfort and care of the sick and disabled. He was a good friend and counsellor to staff members, too . . . and in his capacity as assistant supervisor of the interdenominational course in Hospital Orientation and Pastoral Care of the Sick, he promoted the training of other clergymen in this field.

The Rev. McKay's good works will long be remembered by the Sanatorium Board and the Manitoba Rehabilitation Hospital - D. A. Stewart Centre . . . especially each Sunday and on festive occasions when the music of the organ fills our auditorium.

Our heartfelt thanks to the staff, their wives, patients (past and present), business friends and others who made this possible.



Participating in the service and dedication of an organ in memory of the late Rev. S. J. McKay were, left to right, Dr. R. R. P. Hayter, director of physical medicine at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, T. A. J. Cummings, SBM executive director, Mrs. McKay, the Rev. James Strachan, Protestant chaplain, Rev. Fr. Andre Côté, Roman Catholic chaplain and Miss Constance Hershberger of the occupational therapy department was organist and physiotherapist Miss Joyce Traub sang a solo. (Photo by Portugal)

Winnipeg General Marks Centennial

In 1870 when the province of Manitoba was established, Main Street, Winnipeg, was but a muddy trail lined with some 30 houses, mostly made of logs. One-half mile to the south lay old Fort Garry of the Hudson's Bay Company; two miles to the north loomed St. John's Cathedral and Bishop's Court.

Over the next two years the population of the village rose rapidly from about 200 people to approximately 2000, owing to the influx of settlers after the close of the first Riel Rebellion. Housing became overcrowded, the drinking water from the Red unsanitary, and the inevitable result was an epidemic of typhoid fever.

Accordingly, in 1871, Governor Archibald called a meeting of the town's prominent citizens at Driver Hall, and out of this a Board of Health was formed and plans made for the establishment of a hospital. On December 13, 1872, the Winnipeg General Hospital was duly organized and on Christmas Eve the first patient was admitted to a room in a small building situated on the northwest corner of McDermot and Albert streets.

During the next ten or so years, the Winnipeg General had many homes before a building was constructed on the present site. A few months after the admission of the first patient new quarters were found in a house somewhere in the rear of the present main branch of the Bank of Montreal, and afterwards the hospital was set up in a house owned by Dr. John Schultz on Notre Dame avenue. The fourth move found the hospital on the Red River on the site of the CNR station (near the old Broadway Bridge); then in 1875 the hospital was re-established on Main Street North in a log house owned by the Hon. John Norquay. This location, too, proved inadequate, and so there was a sixth move to a house between McDermot and Ban-

natyne Avenue, on a tract of land donated by the Hon. A. G. B. Bannatyne.

With a second big increase in population following the construction of the CPR, the 20-bed general hospital became too small to serve the people's needs, and so the lot donated by Mr. Bannatyne was exchanged for a large one and a fund raising campaign organized. On the eve of St. Valentine's Day in 1884, on the present site of the General today, a building costing \$65,000 was officially opened by a grand charity ball.

Since then the Winnipeg General has grown from a modest structure with separate wards for medical, surgical and infectious cases, to a large centre sprawled out over 18½ acres and accommodating 970 patients. The hospital's surgical, intensive care, research, teaching and other facilities rank with those of any other large hospital on this continent . . . and its achievements are known internationally.

The Sanatorium Board of Manitoba joins with other organizations and citizens in this province in congratulating the Winnipeg General Hospital in this, their centennial year. The staff, the boards of directors, the voluntary workers and others have made an excellent contribution to the health life of this province over the years . . . and undoubtedly will continue to do so in years to come.

Happy 100th birthday!

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.

SBM Salutes Staff With Long Service Records

Spring is traditionally the time for cleaning, taking inventory and browsing through old records.

We've ignored the first two items because they are dull and bothersome . . . and concentrated instead on listing staff members who have been with the Sanatorium Board for 20 or more years . . . and are with us yet.

The longest record of loyal service, perseverance, patience and what have you is held now by N. "Stick" Kilburg, hospital manager, and William C. Amos, radiographer, at the Manitoba Sanatorium, Ninette. Stick and Bill joined our staff together on May 1, 1932 . . . at the time our Board's headquarters was at Ninette, travelling clinics were the big thing, and the sanatorium — under the medical direction of the late Dr. D. A. Stewart — was almost filled to capacity.

Dr. A. L. Paine, who has been medical superintendent of Manitoba Sanatorium for the past 25 years, joined our staff 39 years ago, and served with the travelling clinics until 1941 when he took over the major part of tuberculosis surgery for the province. From then until surgery was discontinued at Ninette in 1969. Dr. Paine gained renown for himself and the Board for the amount and quality of surgery he performed at the sanatorium. For example, he did 884 lung resections over a period of 24 years . . . a large number for any tuberculosis centre . . . and a unique record for one surgeon working alone in an isolated area.

Miss Gladys McGarrol began work at the Central Tuberculosis Clinic in Winnipeg 36 years ago, and she was on hand a year later to help Miss Elsie Wilson set up the Central Tuberculosis Registry. For many years she has had the job of compiling and integrating statistics and other data related to the Board's TB control program.

R. A. Dalley, assistant chief engineer at Ninette, and F. J. Rodwell, head of the laundry, have given 32 years of service; Miss Ann Rackwick, supervisor of the Ninette laundry maids, has been with us for 28 years; and Alec Roh, supervisor of radiography for our Preventive Health Services in Winnipeg, and Mrs. Gladys Ward, purchasing clerk at Manitoba Sanatorium, have each chalked up 27 years.

This year Edward Dubinski, assistant executive director of the Board, Miss Rikke Guttormsson, laboratory technician, D. A. Stewart Centre, and John H. Young, Ninette maintenance, are celebrating a quarter of a century with the Board.

Others who have been staff members 20 years or more include — in Winnipeg, Miss Mary Gray, supervisor of the Christmas Seal Campaign, (20 years), Gordon Hurley, IBM supervisor (21 years) and Mrs. Betty Carey, admitting clerk (21 years); and at Ninette, Miss Anna Stefanson, head nurse (22 years), Miss Marion Hine, senior accounting clerk (22 years), Paul Kardal, maintenance (20 years), William Kostiniuk, janitor (21 years), Charles Stinton, groundsman and chauffeur (20 years), and Frank Mitchell, head porter (20 years).

* * *

And now at the end, we express fond wishes, congratulations and thank-you to our Executive Director

SENIOR NURSE RETIRES

Mrs. Edith Stevenson, a member of the Manitoba Rehabilitation Hospital nursing staff for nearly 10 years, has resigned from her position as relief supervisor.

Mrs. Stevenson was born and educated in Saskatchewan and graduated from Saskatoon City Hospital School of Nursing. She joined our general nursing staff in November 1962, and later moved up to the post of Central Supply supervisor. After a leave of absence to obtain her diploma in nursing education and supervision from the University of Manitoba, she returned to our staff to take charge of nursing orientation programs and serve as relief supervisor.

Mrs. Stevenson was respected and appreciated for her conscientious work and pleasant manner. She will be missed.

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the people who have recently donated to our health and hospital 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 and treating disabling disease.

Volunteer Service, Manitoba Rehabilitation Hospital -	
D. A. Stewart Centre	\$1,500.00
Mrs. J. S. Bowie (<i>In memory of the late Dr. J. S. Bowie</i>)	200.00
Mrs. M. Matheson (<i>for a wheelchair</i>)	146.00
Mr. and Mrs. William Bell, Winnipeg	Color TV Set
<i>Through the sponsorship of Good Neighbor Pharmacies, National Toyota, Radio Station CJOB and the nomination by Mr. and Mrs. Ken McLachlan, Winnipeg, in a "Good Neighbor Contest".</i>	

Many other people have contributed to the Respiratory Disease Research and Education Fund or to the Manitoba Rehabilitation Hospital Research Fund in memory of the late J. M. Bernstein, Kenneth J. Hatherley, G. E. Milhausen, Henry Meyer, Anton Kunick, Robert Starry, J. W. Byron, Carl Jefferson, Edwin McCarron and John Manley Conger, Winnipeg; and the late Harry Wolstenholme, Rivers.

T. A. J. Cummings, who 30 years ago emerged from five long years of treatment at the Manitoba Sanatorium, set up a unique rehabilitation program for TB patients and, in our opinion (which is seldom wrong), went on to become one of the finest leaders in the health history of Manitoba.

BOWLING AWARDS

The Manitoba Sanatorium Community Club held their annual bowling wind-up and coffee party on April 19. Twenty-two teams from the sanatorium, Ninette, Killarney, Belmont and Baldu participated in the 1971-72 competitions.

The sanatorium trophy was won by Alex Deleurme's team (which included Mrs. Deleurme and Mr. and Mrs. Ed Hinton). Runner-up was the team of Royce Budd, Mr. and Mrs. George Capon and Ed. McLeod of Belmont.

Other winners were: R. Fidler of Belmont, men's high average (208); Miss Marion Hine, Manitoba Sanatorium, ladies' high average (196); Ken Myers, men's high single (312); Murray Maxwell, men's high double (513); Mrs. Dave Decima, ladies' high single (345); Mrs. Alex Deleurme, ladies' high double (451).

FELLOWSHIP

(Continued from Page 2)

afterwards came to the Grace General Hospital in Winnipeg as a rotating interne and later a resident in surgery and medicine.

At the Manitoba Rehabilitation Hospital, Dr. Man has made dynamic contributions to patient care and research. Under the supervision of Dr. Leon Michaels, for example, he assisted with a pilot project on the rehabilitation of cardiac patients, and this out-patient program — consisting primarily of graded exercises — continues today as a permanent service.

Aside from his medical work (he is a member of the International Society of Cardiology, the American Heart Association and the Manitoba Medico-Legal Society), Dr. Man has a deep interest in music and in the complex arts of judo and karate. In 1957 he played the flute with the South China Philharmonic Orchestra, and during his undergraduate days in Taiwan, he perfected his knowledge of judo and karate.

Today Dr. Man is a black belt holder in judo and one of a handful of people (and the only man on this continent) to earn the highest degree in the prodigious Chinese system of karate — Master in Tai-Chi (soft style) and Pak-Quar (positioning).

A lively man, with flashing eyes and a warm smile, Dr. Man promises several scientific articles in the near future — one on karate, one on the ancient art of acupuncture, and a third, for physicians and other members of the health team, on counselling the sick and disabled on problems of sex.

BULLETIN BOARD

Dr. F. R. Tucker, director of the Board's Prosthetics and Orthotics Research Unit, presented a paper on Canadian research in artificial limbs and braces and took part in discussions at a meeting of the International Society for Prosthetics and Orthotics in Cairo, Egypt. The conference — held from April 30 to May 2 — was attended by representatives from 70 nations . . . and in addition to Dr. Tucker, Canadian delegates were Dr. Colin McLaurin, director of prosthetics and orthotics research and education at the Crippled Children's Centre, Toronto, and C. Corriveau head of the prosthetics and orthotics department at the Rehabilitation Institute of Montreal.

After the conference, Dr. Tucker travelled to Alexandria for another meeting, held May 6 to May 12.

* * *

Our congratulations to Dr. M. J. Newman who was named Professor of the Year by the students in the Faculty of Medicine, University of Manitoba. Dr. Newman is a member of the geographic full-time staff of the Manitoba Rehabilitation Hospital.

* * *

If medals were awarded to volunteers, Mrs. Olive Smalak of 718 Lansdowne Ave., Winnipeg, would deserve one of the brightest. After nearly three years of assisting group therapy for aphasic patients at the Manitoba Rehabilitation Hospital, Mrs. Smalak has had to discontinue her voluntary work. She will be missed greatly by the patients and the Department of Communication Disorders for the help she has given Tuesday afternoons in setting up and supervising group work . . . and for her friendly and concerned manner.

* * *

Congratulations to the registered nurses who on May 5 successfully completed the 18th Rehabilitation Nursing Course at the Manitoba Rehabilitation Hospital. Certificates were presented to: George W. Dawson-North BScN, who will be rehabilitation nurse at St. Joseph's Hospital, Thunder Bay; Mrs. Lenore Rivers, supervisor, St. Boniface General Hospital; Miss Shirley Laura Mohr BN, Winnipeg; Mrs. V. I. Mitchell, PHN, CARE Services; Mrs. Dorothy J. Parrish, head nurse, Bethania Personal Care Home; Mrs. Gertrude Campbell, supervisor, Holy Family Nursing Home; and Miss Jacqueline Robertson, director of inservice education, Miss Rita Lavalee, Mrs. Carmen C. Stewart, Mrs. Jane M. Tishinski, Mrs. Dorothy L. Bradford, Mrs. Dorothy Morrison and Miss Carmelita Omega, all of the Manitoba Rehabilitation Hospital-D. A. Stewart Centre.