



Head University Departments

In early September Dr. H. I. C. Dubo and Dr. J. F. R. Bowie, both members of the active medical staff of the Manitoba Rehabilitation Hospital-D. A. Stewart Centre, assumed appointments with the University of Manitoba Faculty of Medicine.

Dr. Dubo, who heads the Spinal Injuries Unit at our hospital, has been named head of the Section of Rehabilitation Medicine in the Department of Internal Medicine; and Dr. Bowie has been appointed director of the School of Medical Rehabilitation (for the training of physiotherapists and occupational therapists), which has a student faculty of approximately 200.

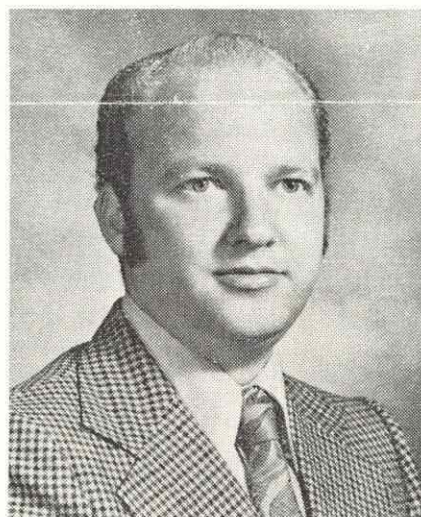
Dr. Bowie joined the physical medicine specialist staff of the Manitoba Rehabilitation Hospital in 1967, and during the past few years he has headed the hospital's electromyography laboratory, conducting clinics (along with Dr. Dubo and Dr. A. J. Mehta) and holding teaching sessions for the resident medical staff and students of the University of Manitoba School of Medical Rehabilitation. He has also served as a consultant in physical medicine to the Manitoba School at Portage la Prairie and to general hospitals at Dauphin, Swan River and Portage la Prairie.

A 1960 graduate of the University of Aberdeen Medical School, Scotland, Dr. Bowie did post-graduate work in Scotland and England, gaining experience in internal medicine, physical medicine, rheumatology and

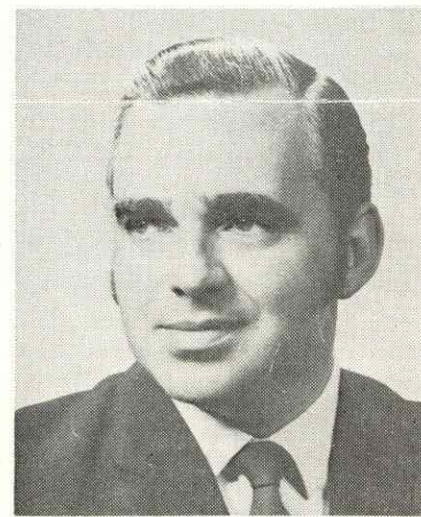
clinical electromyography. Before coming to Winnipeg, he lived in Norfolk where he was registrar in rheumatology and physical medicine for the East Anglian Regional Hospital Board. In 1968 he received his Certification in Physical Medicine from the Royal College of Physicians of Canada.

He is a member of several professional organizations, including the Canadian Association of Physical Medicine and Rehabilitation, and he is chairman of the Medical Advisory Board of the Canadian Arthritis and Rheumatism Society, Manitoba Division.

A native Winnipegger, Dr. Dubo is a 1963 graduate in medicine from the University of Manitoba and took post-graduate training in neurology



DR. H. I. C. DUBO



DR. J. F. R. BOWIE

at Newcastle General Hospital, England, in rheumatology at Stoke Mandeville Hospital, England, and in physical medicine at the Manitoba Rehabilitation Hospital and Columbia Presbyterian Medical Centre in New York City. Between 1967 and 1969 he also took electromyography training at the Neurological Institute in New York.

Dr. Dubo holds a Fellowship in Physical Medicine from the Royal College of Physicians of Canada, and is certified by the American Board

of Physical Medicine and Rehabilitation. He is a member of the Canadian Association of Physical Medicine and Rehabilitation and of the International Medical Society of Paraplegia.

Dr. Dubo became a geographic full-time physician at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre in 1969, and aside from his numerous duties here, he directs the Department of Physical Medicine and Rehabilitation at the St. Boniface General Hospital and instructs at the University of Manitoba Department of Medicine and School of Medical Rehabilitation.

In conjunction with Dr. Dubo's appointment as head of the Section of Rehabilitation Medicine, it is expected there will be 40 teaching beds at the Manitoba Rehabilitation Hospital. Twenty of these will be set aside for patients with such physical disabilities as amputations, orthopedic and neurological conditions and hemiplegia. The other 20 will form a Spinal Cord Injuries Unit, providing total, highly developed medical and rehabilitative management from the onset of paralysis through to the fullest possible restoration and post-discharge follow-up on a long-term basis.

Since patients with spinal cord injuries have unique problems which

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Dr. A. L. Paine Honored For Outstanding Service

The townspeople of Ninette, residents of surrounding villages and farms, and Sanatorium Board staff and patients, past and present, gathered on the wooded lawns of Manitoba Sanatorium on August 25 for the final annual summer picnic. With the impending closure of the Sanatorium, some 500 people came with a special purpose: to reminisce about events and acquaintances of years back, and to pay tribute to Dr. Alfred L. Paine, third medical superintendent since the establishment of the sanatorium in 1910 and a distinguished physician-surgeon in the tuberculosis field.

The weather played ball with one of the sanatorium's finest traditions: the sun shone brightly, as it has for all sanatorium picnics in memory, no matter what month or day they have been held. In fact, on this last occasion, nature assumed an impressive grandeur as staff, patients and friends drifted onto the sun-streaked lawns for a program of community singing, the customary skit on sanatorium life, selections by the Ninette orchestra and choir, and a generous cold plate and refreshments, served buffet style.

The rest of the proceedings — chaired by Dr. D. A. Stewart, son of the sanatorium's first medical super-



DR. A. L. PAINE

intendent — was devoted to speeches and letters of tribute to Dr. Paine and to Mrs. Paine (who also retired from the staff after 15 years as head nurse), and to handsome presentations from staff, ex-patients and friends and from the people of Rosetown, Saskatchewan, where Dr. Paine spent most of his boyhood.

Dr. P. G. Lommerse of Dunrea spoke on behalf of local physicians; Edward Dubinski, assistant executive director of the Board, read letters

from the Board and former medical director Dr. E. L. Ross; N. "Stick" Kilburg made the presentations; and ex-patient Mrs. Eileen Cheavins read a poem she had composed for the occasion. (She also wrote the skit and verses for the songs sung in the Paine's honor.)

* * *

Dr. E. L. Ross, a long-time friend and colleague, sent a moving message. "I think we who have enjoyed the happiest and most satisfying years of our lives at the sanatorium can fully appreciate what is in your and Teddy's

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Address all communications to:

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Patients, Staff, Friends Honor Dr. Paine

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(Mrs. Paine) minds . . . today," he said. "There is a feeling of some sadness, but this can be overcome by the satisfaction you must have by your accomplishments . . . over a lifetime of medical, surgical and nursing service."

To Dr. Paine he wrote, "I could speak of the medical and surgical aspects of your career, but more fluent than words is the living testimony of hundreds, indeed thousands of patients over the past 40 years."

"The termination of this part of your career is more difficult just by leaving the sanatorium which has been home for so long. The sights and sounds of the lake and peacefulness of the marsh at dusk, the autumn air and colors.

"These are all things you will never forget and we hope you both have many years reflecting back upon them."

Although a back ailment confined him to a wheelchair, Dr. Paine spoke with a youthful glow in a folksy farewell address. He talked mostly about patients and old acquaintances and dwelled only briefly on the highly prized years he had spent in the sanatorium surgery.

A schoolmaster-turned-doctor (he received his BA from the University of Saskatchewan in 1922), Dr. Paine first went to Ninette as a medical assistant in 1929. Following graduation from the University of Manitoba

that same year, he married the former Theodis Marteinsson, a member of the sanatorium's registered nursing staff, spent a year as a resident physician in Pennsylvania Hospital Department of Mental and Nervous Disorders, then turned to post-graduate studies in surgery at the University of Pennsylvania. Six months later he developed tuberculosis, and he saw Manitoba Sanatorium a second time, as a patient.

In 1933 Dr. Paine joined the sanatorium's medical staff and three years later he joined the Travelling Tuberculosis Clinics, which in succeeding years acquired an impressive record in the discovery of new tuberculosis cases and the examination and counselling of former patients.

At about this time, a major chest service was also established at the sanatorium, with Dr. Herbert Meltzer in charge. In 1941 Dr. Paine took over the surgical load, and during the next 28 years until the service was stopped in 1969, he earned a reputation as a foremost tuberculosis surgeon. He performed approximately 2,000 major operations, including 438 thoracoplasties in the early years and 838 lung resections from the mid '40's.

The number of lung resections alone is a record the Sanatorium Board can well be proud of, for they were performed by a single surgeon in an isolated area, with only a de-

voted staff of nurses and other assistants at his side.

In a recent letter to the editor Dr. Paine wrote at some length about pulmonary resection, which he classed as a formidable surgical procedure, with risks far in excess of thoracoplasty (a form of collapse therapy designed to relax and compress diseased areas of the lung by removal of adjacent ribs).

"Resection of the tuberculous lung was made possible about a decade before the effective use of streptomycin by the development of a surgical technique involving careful dissection of the root of the lung or lobe to be removed, individual ligation of vessels and plastic closure of the bronchus," he wrote. "It took the place of the old cruder method of mass amputation that often led to wound infection and death."

At Ninette in the mid '40's, he recalled, a number of lungs and lobes were removed with no antibiotic coverage. It was not until 1955 that the effective use of drugs with surgery became well developed. In the meantime, many patients became resistant to early drug treatment and were imprisoned in sanatorium for as long as seven or eight years with positive sputum. Through resection they became negative and inactive and were returned home within a few months of the operation.

In the 14 years that resections were performed, Ninette developed a reputation for good results, even in poor risk cases, and for accepting patients who were turned down elsewhere. "During the heyday of resection surgery the life pattern of the sanatorium was built around the surgical program," Dr. Paine said. "Staff in all departments felt personally involved and morale was very high."

As for the patients, "an almost mass hysteria developed over resection. Everybody wanted it and many were upset when turned down either because of hopeless disease or involvement was too slight.

"Later, when most of the bad cases were cleaned up, an 'elective' indication for resection was developed for patients of low socio-economic background who had residual disease, which was a potential source of reactivation."

During his career, Dr. Paine has lived through three eras of tuberculosis control. The first, from 1930 to 1945, saw significant advances in prevention and in rest treatment, either through prolonged bed rest or collapse surgery. In the second era, 1945 to 1955, anti-tuberculosis drugs were introduced, surgery was improved, and the miniature chest x-ray developed with the result that entire populations were exposed to case finding surveys. These brought "a rich harvest in new cases and marked expansion in tuberculosis beds".

The third era, which began only a few years ago, saw the old hierarchy of sanatorium physicians gradually disappear, and the return of tuberculosis to the field of general medicine.

Throughout this time Dr. Paine has given outstanding medical service, through numerous scientific papers, as medical superintendent of the sana-

torium since 1946, and as a surgeon with a humanitarian approach to the long-term problems of tuberculosis.

In 1939 Dr. Paine was awarded the Fenton Bequest — a fund available through the University of Manitoba Medical College for special study in tuberculosis — which enabled him to study case-finding methods and procedures in eastern Canada and the United States.

In 1959 he was elected president of the College of Physicians and Surgeons of Manitoba, and in 1970 he assumed the presidency of the Canadian Tuberculosis and Respiratory Disease Association. As immediate past president last year, he took part in the meeting of the International Union Against Tuberculosis in Moscow.

"I've always thought of myself not as a surgeon but rather as an operating physician with responsibility for total treatment," Dr. Paine told the Alberta Tuberculosis and Respiratory Disease Association in 1971. With the steadfast support of his wife, his staff and friends in the community Dr. Paine has been all this . . . and more. We wish him and Mrs. Paine good health and well deserved happiness for years to come.

APPOINTMENTS

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must be dealt with immediately and effectively, the SCIU will continue to strongly promote the earliest possible transfer from intensive care or general hospital emergency departments. It has the services of consultants in all the major medical specialties (particularly urology and plastic surgery), and arrangements have already been made with the Intensive Care Unit of the Winnipeg General Hospital for the speedy transfer of patients who develop acute complications.

The Rehabilitation Medicine Section (including the Spinal Cord Injuries Unit) will have a major role in the education of residents, research fellows, undergraduate medical and other health sciences students, as well as in the investigation and care of patients with physical disabilities.

With respect to the School of Medical Rehabilitation, Dr. Bowie said that its future development will parallel the educational system of the Section of Rehabilitation Medicine, headed by Dr. Dubo.

The objective is a totally redesigned curriculum with emphasis on a team approach to education, utilizing clinical facilities, other health services and community programs without detracting from high quality patient care. (If patient care suffers, he said, so does the level of teaching — and we end up with second-rate services in both areas.)

Consequently the School of Medical Rehabilitation, along with hospital and community health services concerned with the teaching program, have been reviewing the school curriculum. Dr. Bowie emphasized that enormous contributions have already been made to this review by medical and other health sciences personnel . . . with respect to both the relationship between the school and clinical therapy departments and health sciences services and facilities, and what physiotherapy and occupational therapy students and internes should be taught.

CTRDA Director Takes New Post

At the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association in Halifax in June, Dr. C. W. L. Jeanes said his official farewell as medical director of our national association.

Dr. Jeanes, who has served with the CTRDA since July, 1962, told delegates, "anything I can do to contribute to the work of this association, I will continue to do so happily."

And so, it seems, he will, for Dr. Jeanes will not only attend the annual meeting of the International Union Against Tuberculosis in Paris in September, but he will also act as moderator and opening speaker on a discussion on fund raising.

Dr. Jeanes, who is Welsh and qualified at Guy's Hospital in London in 1943, served as director of Greenwich Chest Clinic in London, England, before coming to Canada in 1961 to assist with preparations for an International Union Against Tuberculosis conference in Toronto. The following year he succeeded Dr. G. J. Wherrett as CTRDA executive secretary, and last year he was named medical director. He also continued his close relationship with international anti-tuberculosis work and he has served as a consultant and advisor to government and voluntary agencies in developing countries.

Dr. Jeanes' resignation becomes effective in several months, at which time he will assume the position of special advisor (Health and Population) with the International Development Research Centre.



DR. C. W. L. JEANES

At the annual meeting the CTRDA Management Committee accepted Dr. Jeanes' resignation with regret. "The association," said CTRDA President Fred Bradley, "is losing a devoted servant, who for many years has served the association very effectively as its chief executive officer."

Dr. Owen Clarke, chairman of the Canadian Thoracic Society Standards Committee, also paid tribute to Dr. Jeanes on behalf of chest physicians. Some of Dr. Jeanes' greatest work was in the IUAT, he said, adding that Canada stands high in the field of tuberculosis, largely because the association was led by Dr. Jeanes.

Dr. Jeanes was presented with a silver tray by the CTRDA and Ontario representatives presented him with a painting of a Nova Scotia scene.

THIS 'N THAT

Rehabilitation Engineers Meet

It was like Old Home Week at the International Inn in Winnipeg, September 8 and 9, when the Canadian Prosthetics and Orthotics Research Group met to review nationwide accomplishments in the art of limb and brace making, and discuss promising techniques, ideas and programs for the rehabilitation of the disabled.

The meeting was hosted by the Prosthetics and Orthotics Research and Development Unit of the Sanatorium Board of Manitoba and the (Winnipeg) Shriners Hospital for Crippled Children; and many of the 85 engineers, prosthetists, orthotists, physicians and paramedical people who registered for the sessions also attended the meeting of the Canadian Medical and Biological Engineering Society held at the Inn earlier in the week.

Dr. Colin A. McLaurin, who in 1950 became the first prosthetics engineer in Canada and now serves as director of the Prosthetics and Orthotics Research and Education Unit at the Ontario Crippled Children's Centre in Toronto, summarized developments and trends in the International Society for Prosthetics and Orthotics and the National Rehabilitation Engineering Program.

James Foort, former colleague of Dr. McLaurin and Canada's second prosthetics engineer, held forth eloquently on a favorite topic: 3-D shape sensing and reproduction of limb and limb remnants. A medical Research Council Grant has enabled Mr. Foort and other engineers in Vancouver, Calgary and Ottawa to investigate the use of modern techniques for mapping three dimensional models and reproducing replicas on numerically controlled machines. The basic idea is to use highly sophisticated equipment to "look photographically" at an amputee's stump and remaining limbs and transmit the data to a central distribution unit which would produce an artificial limb that fits in with the physical build of the amputee, is comfortable and combines the best features for functional recovery.

Mr. Foort, who helped to establish the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit and served for eight years as its technical director, is now director of the Prosthetics and Orthotics Research Division at the University of British Columbia.

Equipment has been assembled at the University of Calgary to test silhouetting methods, he said, and photogrammetry with existing equipment will be tried. UBC has prepared below-knee stump and shank models for use in the various techniques, and a trial run in June is intended to prepare the computer cards for use in programming the Numerically Controlled Carver at UBC.

Always an optimist, this distinguished investigator (who pioneered the Winnipeg modular system of prosthetics) feels that 3-D shape sensing and limb reproduction will be in use within three years.

* * *

Over 30 other doctors and engineers participated in the meeting, which comprised presentations under eight main topics: manufacturing and testing procedures (Sanatorium Board design engineer Reinhart Daher gave a laboratory evaluation of our Solid

Ankle-Cushion Heel artificial feet); prosthetics, bracing, basic studies, powered prostheses and myoelectric control, and special devices (for handicapped children, for assisting in communication, wheelchair mobilization and assisting patients with quadriplegia).

Dr. F. R. Tucker, medical director of PORDU, opened and closed the sessions.

JOINT CONVENTION

Four distinguished investigators and teachers in the field of human communication disorders are coming to Winnipeg in mid-October to address the Joint National Convention of the Canadian and Manitoba Speech and Hearing Associations.

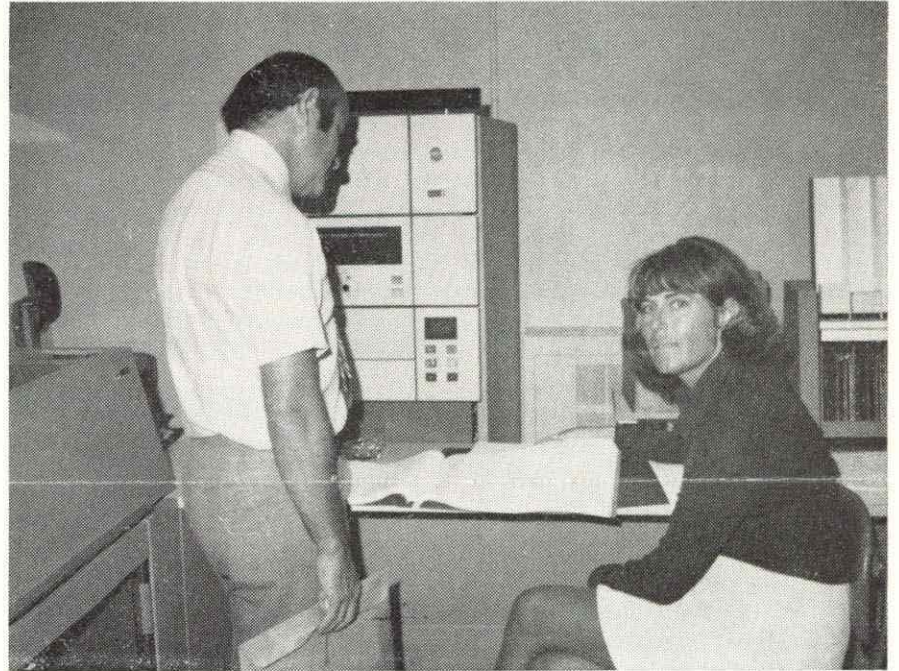
The meeting — to take place at the Winnipeg Inn October 12 to 14 — will include addresses and workshops on hearing aids and the use of residual hearing, communication development and auditory perception in hearing impaired children, voice disorders and therapy, auditory perceptual processes and the application of behavior modification procedures to clinical speech and language instruction.

The speakers and workshop instructors are Dr. Daniel Ling, associate professor and director of the School of Human Communication Disorders at McGill University; Mrs. Agnes Ling, senior research assistant at McGill, who is involved in diagnosis and evaluation, and guidance of parents of deaf infants and in advisory work with teachers in training at Montreal Oral School; Dr. Eugene Batza, Cleveland Clinic Evaluation Foundation, Ohio; Dr. J. M. Wepman, professor in education at the University of Chicago, who is an eminent researcher, widely known for his contributions in the areas of aphasia and auditory perception; and Dr. Janis Costello, assistant professor of speech pathology, Speech and Hearing Centre, Santa Barbara.

STAFF ACHIEVEMENTS

Our congratulations to Dr. H. K. Dhingra, active medical staff member of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, who has been elected a Fellow of the American College of Chest Physicians and will be attending convocational ceremonies during the annual meeting of the College in Denver, Colorado, October 22 to 27.

Dr. Ben Schoemperlen is also attending the meeting in his capacity



AN AUTOMATED INFORMATION SYSTEM has been set up by the Sanatorium Board of Manitoba — under the supervision of Ron Birt, Executive Assistant (Planning) and systems analyst Gail Hauser — to improve the control of tuberculosis throughout the province. The new system will provide health services people in the field with periodic print-outs concerning individuals in their area who are being treated for tuberculosis or are under special surveillance. Sociological data, disease description, diagnostic procedures with their results, and chemotherapy information will be integrated into the electronic data processing system. Miss Joann MacMorran, provincial nursing consultant in tuberculosis and respiratory disease, looks over a print-out with Dr. E. S. Hershfield, medical director of the Sanatorium Board's Tuberculosis Control Service. They state that this information will give health workers essential data for dealing with tuberculosis in their areas. It is a concise summary in a useful form that supplements regular correspondence between the Tuberculosis Control Service and people engaged in control work in the field, they say.

as governor for the province of Manitoba and a member (representing Canada) of the nominating committee.

* * *

The Sanatorium Board was also happy to learn that George Gasek, Department of Communication Disorders, has recently passed the American Speech and Hearing Association board examinations for his Certificate of Clinical Competence in Speech Pathology. Stephen Foster, also a speech pathologist in this department, passed the same examination six months ago; and John Sylwester, who joined the staff last year, has completed the first clinical fellowship year towards a Certificate in Clinical Competence in Audiology, ASHA.

NOISE CONTROL

Again on the subject of communication disorders — more specifically, the prevention of impaired hearing in industry — the Workmen's Compensation Board of Manitoba is sponsoring an introductory course in controlling harmful industrial noise for some 15 representatives from Manitoba industries.

The course — for people in the managerial level — will be held October 19 and 20 and November 2 and 3 at the Manitoba Rehabilitation Hospital, and will be conducted by the Department of Communication Disorders.

According to J. B. Pearson, head of the department, the need for this course was recognized by a Committee for Occupational Noise, headed by Dr. Neil Popplewell of the Depart-

ment of Mechanical Engineering, University of Manitoba.

As in Chicago and other U.S. Centres, it is planned that this introductory program will lead shortly to a course for the training of audiological technicians (or audiometrists) in industry. Certification would be granted after 20 or so hours of training over a fairly lengthy period and yearly follow-up sessions. With certification, technicians would be qualified to test noise levels in industry and recommend safety measures to prevent impaired hearing.

Community Service Nurse Appointed

As a step towards improving the education of tuberculosis patients on the wards and in the D. A. Stewart Centre out-patient department, the Sanatorium Board has appointed Mrs. Jean C. Burton to the newly created position of Community Service Nurse.

Mrs. Burton was born in Westmount, Quebec, educated at Barrie, Ontario, and Liverpool, New York, and graduated with a Bachelor of Science degree in Nursing from the University of Saskatchewan in 1969.

She served for a year as a general staff nurse in the Intensive Care Unit of the University Hospital in Saskatoon, and prior to her new appointment she was an instructor in medical-surgical nursing at the Grace General Hospital School of Nursing in Winnipeg.

We extend to her a very warm welcome.

The Lake

An excerpt from *Reminiscences Written in 1948* by A. L. Paine, M.D.

The sailboat had been hauled up in October and stored in the boathouse, but with continued mild weather I had put off taking in the wharf to save it from spring breakup. Now in late November snow blanketed the frozen lake. Mild weather continued, however, and on a late Sunday afternoon, with no visitors around to be interviewed, my thoughts turned, as always, to the lake and in particular to the neglected wharf.

A sniff of my old clothes told the dogs they were in for a tramp, and shortly we were on the scene and I was busy with crowbar and nail puller. The heavy spikes squealed in the still air as they pulled out of the wood, but the planking came off without great difficulty and was soon stored in the boathouse. The oak posts, now solidly frozen in the ice, would have to be left.

A brief inspection inside the boathouse in the dimming light showed a damaged rudder and broken boom that would need repairing during winter nights before the little craft would again slip down the runway to another season of footing her way through the restless waters of Pelican Lake.

The last faint red was fading in the west as I closed the boathouse door and turned up-lake for a tramp in the gathering dusk. A fresh fall of snow stretched out in a white expanse faintly tinged with pink from the dying sunset and rimmed in the distance by the black cut-banks of the further shore. The near shore rose up steeply and from its shaly banks scrub oak stood up stoutly with branches like huge twisted fingers silhouetted against the clear sky above.

The dogs rushed joyfully ahead. Tim, young and long of limb, ran up and down the bank, his rabbit questings marked by excited yelpings. Patsy, the older dog, disappeared in

snow, except for the flapping ears, with each short-legged bound. She soon gave up the chase and retired to pursue a more matronly course in the hard-packed wake of my snowshoes.

The winter night closed in quickly and a pilot star appeared hanging low over Manhattan point far up the lake to guide us on our way.

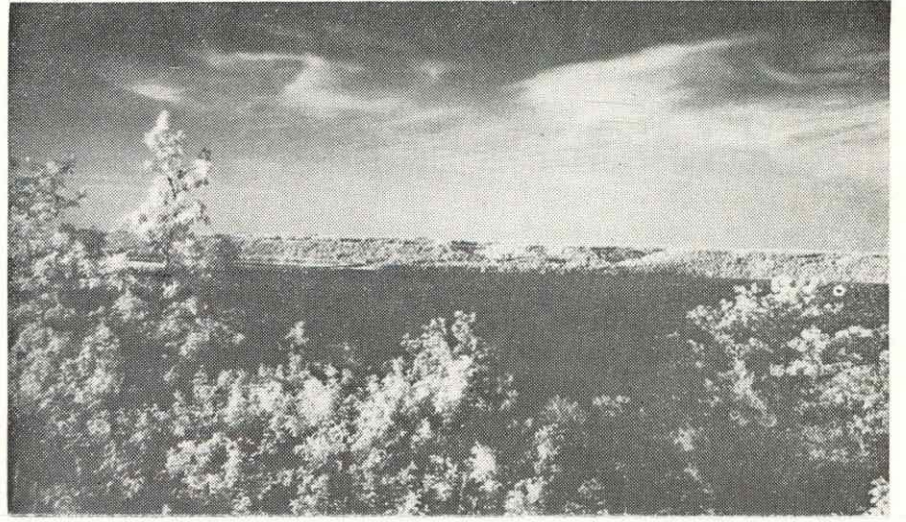
A half hour's tramp in solitude brought tranquility of mind and a growing desire for supper. As we turned to retrace our steps a full moon rose above the cut-banks to the east, flooding the lake with soft brilliance, while down the valley the lights of the sanatorium twinkled on the hillside beckoning us home. Thoughts turned back over the years and half-forgotten memories of the lake returned. What a wealth of human experience and venturing any lake must hold.

Though prairie born and raised I have always been attracted by water, and since childhood much idle time has been spent around inland lakes and streams. Tales of earlier days on Pelican Lake have always interested me, and are better known by old-timers still in the district. However, in the past 20 years few craft have plied its waters, a period during which the writer has come to know and love its solitude through many ramblings over its surface.

This lake was at one time part of a mighty waterway. About a mile across and some 12 miles long, it pursues a winding course between high cut-banks, and is really one of a chain of lakes occupying the Pembina valley. Poplars clothe the southern bank, while the ravines running into its northern shore are dotted with scrub oak, many of them very old. Indeed, according to their growth rings, some of these trees may have been saplings when Henry Kelsey — the first white man to view our Western plains — made his historic trip from Hudson Bay in 1690.

To sanatorium folk the lake, with its surroundings, is an ever-present influence through the years. It is a part of all the sanatorium means to anyone who has been here. Many accept its presence unconsciously as part of this tranquil countryside, which, with its rather unique beauty, helps to bring peace and healing relaxation to overtired bodies and minds. Others, with a greater awareness of nature and when able, have found hidden treasures of happiness in closer observation of water, plant and bird life, along its margin or on its surface.

Dr. Stewart* was first among these nature lovers and during his 27 years at the sanatorium he was a constant



student of lake and marsh life. In the early days he was an enthusiastic sailor and his boat was a familiar sight on these waters and offered a welcome and necessary release from the incessant burdens of his calling. Early sailing days came to an end around 1920 when three patients and an employee were drowned when they took off, unknown, in a row boat with an improvised sail. After this Dr. Stewart regretfully discouraged the pastime, and I believe the sailboat succumbed on shore to time and disuse.

As a young staff doctor in 1929 I had my first contact with the lake through Dr. Lall Montgomery, who already knew it well. In winter we skied or tobogganed down its steep inclines and took moonlight snowshoe tramps along its shores. With the summer came canoe trips to Manhattan Beach or further. I remember one Sunday when we made an early morning catch of fish and that evening, high up on the bank overlooking the moon-flooded lake, cooked a fish dinner under the spreading oaks. These days were also courting days and my wife was on many of the excursions.

Later, as a patient, I watched the lake's blue surface from the balcony of East Three or from the roof where I took the sun, and bided the time when I could resume a closer acquaintance.

In the winter of 1936 I built the sailboat. Dr. Stewart, then in poor health and for the most part in bed, followed its progress with interest and impatience. By late spring it neared completion and Dr. Stewart frequently had Ralph bring him down by car to watch Bob Lumsden and I working in the long June evenings. He was present at the launching, and I am sure would have come on her maiden voyage had he been able.

Since then my most vivid memories of the lake have been mixed up with sailing. There is nothing finer than shedding your daily worries and giving yourself up for a day or two to the vicissitudes of wind and weather with a boon companion who also yearns for a closer bond with nature and welcomes the hourly uncertainties of what the lake may hold in store. Often I was alone, except for the dog Patsy, who is a good sailor, but occasionally falls overboard. Suddenly noting her absence and looking about one would see a small black head bobbing far in the rear. A quick "go about" and a swoop down upon

her on the opposite tack always effected an easy rescue.

Bright sunny days with warm, moderate breezes and sparkling water traversed by fleeting shadows from occasional summer clouds are frequent and make for almost perfect sailing pleasure. But the wind often dies when the sailor is far from home. Many times I have floated about most of the day in a dead calm at the other end of the lake. Fishing and occasional swims to cool off pass away the hours. At sunset hunger drives one on shore to kindle a fire and cook supper. Mosquitoes come with the dark, so to escape I sometimes have paddled to the centre of the lake and there slept at anchor with a blanket and the sails for covering and the dog at my feet. Hours later we are awakened by the lap of small waves against the boat and arise to find the moon is up, bringing with it a steady night breeze, fragrant with the scent of sweet clover. Morning is not far off and may bring another hot still day, so now before it comes is time to sail. These night breezes coming with a late rising moon are perfect for sailing. They are so steady and free from squalls that one can set sail, lash down the rudder and wander at ease about the deck. Now we slip through the warm night at a steady pace that eats up the miles. The bow cuts cleanly through the smooth waves, and with water gurgling quietly under her belly the little craft steers for home, leaving a long moonlit track of bubbles in her wake.

* First medical superintendent of Manitoba Sanatorium.

FAREWELLS

With regret, Sanatorium Board staff bade farewell to Mrs. Douglas (Trish) Jones, who for eight years brightened our days in the Executive Office, and to George Schettler, a member of the Manitoba Rehabilitation Hospital-D. A. Stewart Centre maintenance staff since February, 1966.

Mr. Schettler, a native Winnipegger with kindly ways, is retiring. Mrs. Jones, who served as secretary to assistant executive director Edward Dubinski and efficiently looked after a great deal of the personnel work, has headed for Nova Scotia and a gracious, quiet(?) life by the sea.

We will miss them both considerably, and wish them happiness.

ELSIE K. JOHNSON

At about this time every year, she came nearly every day to the Sanatorium Board to volunteer six hours of her time to preparations for the annual Christmas Seal Campaign.

For approximately 15 years, Mrs. Elsie Kathleen "Monty" Johnson was a quietly enthusiastic supporter of Christmas Seal work, and her voluntary contributions to folding seals and stuffing envelopes have been surpassed by none.

We missed Monty last year when failing health prevented her daily appearances in the Christmas Seal office, and the Sanatorium Board was greatly saddened to learn of her death on September 6 at the Grace Hospital.

Monty will be long remembered for her interest in Christmas Seal work and the prevention of illness and disability, and for her attendance to the job at hand ("I haven't time for coffee breaks"). We feel honored that she specified before her death that any contributions in her memory be made either to the Society for Crippled Children and Adults or to the Christmas Seal Research and Education Fund of the Sanatorium Board.