News Bulletin
The SANATORIUM BOARD OF MANITOBA

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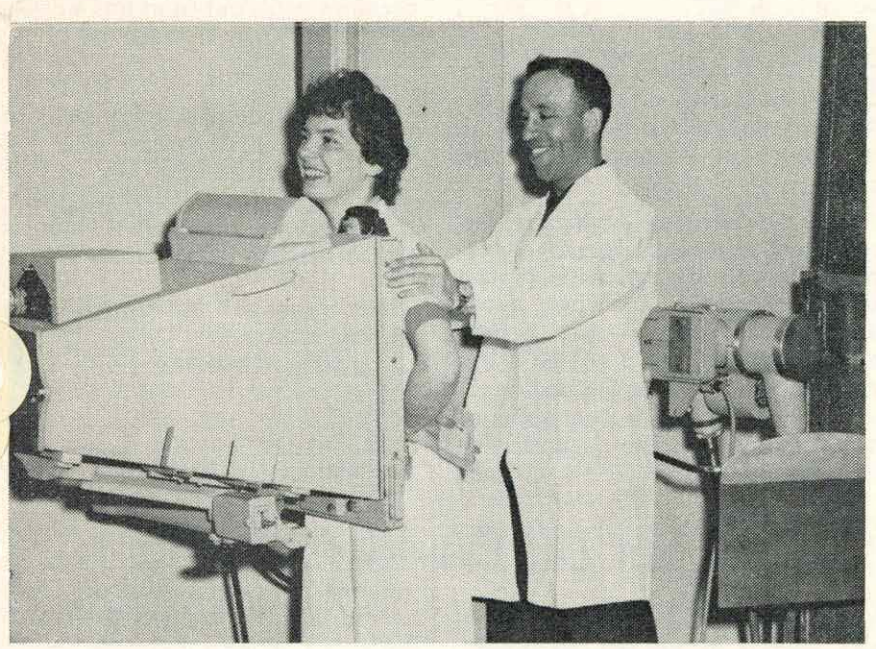

IF YOU LIVE IN WINNIPEG, YOU CAN GET A FREE TB TEST ANYTIME: The Sanatorium Board reminds all Winnipeg residents to use the Christmas Seal services at the Central Tuberculosis Clinic, 668 Bannatyne Avenue. Free tuberculin skin tests and chest x-rays are offered at the tuberculosis screening unit Monday through Friday from 8:30 a.m. to 5 p.m. Free chest x-rays are also available at the National Employment Service building in Winnipeg, and outside the city tuberculosis tests are provided at such places as Manitoba Sanatorium, Ninette, and the Sanatorium Board's newly opened Northern Tuberculosis Unit at The Pas. Be sure you know where you stand against TB — have a free check-up regularly.

Report 214 New TB Cases in 1965

A total of 214 new active cases of tuberculosis were reported in Manitoba during the year 1965, according to the Central Tuberculosis Registry.

This is the lowest number ever recorded in the province — 17 fewer than the total number reported in 1964.

Ten years ago in Manitoba there were 370 new active cases.

But even with this gradual decline, tuberculosis should never be overlooked as an important health problem. Every new case that goes undetected and untreated is the beginning of a new chain of infection, and thus is a danger to the whole community.

Across Canada statistics show that tuberculosis is slowly being controlled — but that there is a long way to go before it will be under complete control.

Since 1955, according to Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, there has been a steady fall of about eight percent in new cases each year in Canada. Ten years ago, 10,000 new cases were discovered.

In 1962 there were 5,400 new active cases and in 1964, 4,700. However, this year, says Dr. Jeanes, the number of new cases is expected to rise again to 5,000.

Children Infected

Although it is estimated that many of the active cases of tuberculosis are coming from a large segment of our older population who were infected years ago, children are also still being infected and are breaking down with disease.

Late last year in Winnipeg, for example, far advanced, active, bacillary disease was discovered in two children, 12 and 6 years of age. Immediate tuberculin surveys of their two respective schools showed that 11 children out of 339 tested at one school (the total figure includes staff as well as pupils) were positive reactors, and out of 438 tested at the other school, 36 children were infected.

None of the children had active disease, but since all will remain infected for the rest of their lives, they will require lifetime surveillance.

It is this simple fact about tuberculosis that will make eradication of the disease so tremendously difficult. The tubercle bacillus can hang on in the body for years, waiting for ill health or old age to clear the way for active disease.

Doctor Urges TB Treatment Have Larger Role in General Medicine

The time has come when the general practitioner must accept more responsibility for the diagnosis and treatment of tuberculosis, Dr. G. J. Wherrett told delegates attending the Third National Tuberculosis Conference in Ottawa this month.

Dr. Wherrett, an outstanding authority on tuberculosis who retired several years ago as executive secretary of the Canadian Tuberculosis Association, said that we have now reached the point where tuberculosis can and must be treated in the general set-up of medicine, in the same way as any other disease is handled.

"The sooner we realize this fact, the sooner will we make the necessary adjustment and be in a position to use rapidly diminishing tuberculosis-trained staff either in an advisory capacity or to carry out the public health aspects of the disease," he said.

Dr. Wherrett suggested that i more money now spent on institu tional treatment could be set aside for physicians' and nursing services and for better clinics able to assume the burden of diagnosis, treatmen and follow-up, it might encourage greater integration and more in terest on the part of those who should be concerned with tuber culosis.

Teaching facilities should be used to train young internists to assume responsibility for the diag nosis and treatment of tuberculosis as well as other respiratory diseases he said. Every teaching hospital should have a diagnostic and fol low-up clinic with some beds avail able for tuberculosis. And there should be more personnel fully trained in tuberculosis for univer sity staff appointments.

The tuberculosis picture today is one of falling death rates, reduced incidence, empty hospital beds shortage of trained medical and nursing staff, and lack of concern on the part of the public and public health officials, Dr. Wherrett said.

"There is a desperate loss of interest on the part of the practising physician who shows even less concern about tuberculosis than for the other chronic respiratory diseases. Something has destroyed any enthusiasm he may have had for making a differential diagnosis, or the thought that he should take any responsibility for treatment."

If we could use some of the money spent on such programs as sanatorium treatment to increase our training of staff and strengthen our clinic set-up to assume a treatment program, this would be a great advance.

Winnipeg A.C.T. Donates $7,000

The Sanatorium Board is pleased to acknowledge a further gift from the Associated Canadian Travellers, Winnipeg Club.

At the last monthly meeting of the club, Mel Priestly, president, presented two cheques amounting to $7,039.45 to J. W. Speirs, chairman of the Sanatorium Board. The money goes to the special equipment fund of the Manitoba Rehabilitation Hospital.

Altogether, the Winnipeg A.C.T. has pledged $100,000 to the rehabilitation hospital equipment fund. So far, club members have fulfilled 65 percent of their pledge through various fund-raising projects.

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Gas Chromatograph – A Master Detector

It is entirely possible that within a few years a special electronic device will be used to identify diseases such as tuberculosis and cancer from substances given off in the patient's breath.

This is the opinion of Dr. David Alan Turner, associate scientist at the Hospital for Sick Children in Toronto, associate professor at the University of Toronto School of Hygiene, and recipient of a special award from the Medical Research Council of Canada.

Dr. Turner, who was in Winnipeg last month to address the Manitoba Section of the Chemical Institute of Canada, described the instrument — the gas chromatograph — as "the most revolutionary and important tool in the history of analytical chemistry, whether applied to medicine, industry or space research and exploration."

The gas chromatograph, it is said, very nearly approaches the chemist's dream of a magic tube into which a complex sample is placed and out of which emerges a completed analysis. It separates, analyses and measures elements in mixtures in a matter of minutes — with an accuracy below one part per billion concentration, or, as Dr. Turner says, almost to the molecule. Indeed, it will give a graphic breakdown of all components in a mixture in 10 minutes or less — a feat which by conventional laboratory means we have, in many cases, never been able to do, or which in other cases it would take us a year to do.

The gas chromatograph was first developed in England by Dr. A. J. P. Martin who in 1952 won the Nobel prize in chemistry for his discovery of paper chromatography, a technique of separating individual compounds and elements on paper.

Dr. Martin realized that if he could make this same type of separation with electronic equipment, he could measure with much greater sensitivity. So the gas chromatograph was developed by Dr. Martin and his associates and around 1952 the first papers on its scientific use were published. Some five years later the instrument was introduced in the United States and around 1962 it came to Canada.

Very simply, the gas chromatograph consists of a long column or tube of glass or stainless steel (measuring about four millimeters in diameter and about six feet long), which is put inside a heated oven and is connected to a detector.

NEEDED!

Pocket Books
(in good condition with
covers intact)
and Recent Magazines
for the Patients' Library
Manitoba
Rehabilitation Hospital

The tube is packed with a fixed sorbent — such as, for example, 10 million particles of grains of sand that are coated with a bit of silicone rubber or some other chemical. The sample to be analysed is injected into the tube and by means of a carrier gas is distributed in and out of each little particle of sand — 10 million times.

Depending on its chemical structure and physical properties, each element in the sample will go in and out of the sand particles at a different rate. Thus, if one has a mixture of 20 materials, they will come out of the tube and into the detector one at a time as individual pure compounds.

The detector is an ionization chamber, which can be a flame that burns the pure compound and, as it burns it, it ionizes it, giving off electrical charges.

These electrical charges are then collected on a piece of metal (an anode) and they flow down into what they call an electrometer or an amplifier which magnifies the electronic current and puts it onto a piece of graph paper.

The instrument will give a tracing which is absolutely characteristic of that compound, Dr. Turner says. The detector will tell us how much of each compound or element is in the mixture — and we can tell what they are by the length of time they take to come out.

The uses of the gas chromatograph are too numerous to list. It can tell, for example, how much fat is in the blood, what kind of fat it is and what is happening to it.

It can tell how many and what kind of hormones are in the blood or the urine; it can swiftly identify from one tiny drop of blood what poison has affected a person.

In industry, the gas chromatograph has proved invaluable. It is used for controlling product quality; it can measure and identify food flavors with the greatest precision— telling, for example, what it is in the coffee that makes it taste so good or bad.

It is used in the paint industry and for finding new drugs. The perfume industry used to be a highly secret industry. Now no manufacturer has any secrets.

In other fields the gas chromatograph is used in the production of rocket fuels. One day soon, says Dr. Turner, the gas chromatograph will go to the moon as a small unit attached to Surveyor. From the moon it will send back an analysis of the organic material on the moon's surface and of the gases above the moon.

It will also give us an analysis of the gases above Mars, he says.

Already the gas chromatograph has been useful to law enforcement agencies. Not long ago in Baltimore it helped customs officers break a narcotics ring that was distributing marihuana in ordinary cigarettes. An analysis by the gas chromatograph helped send these criminals to jail.

The instrument also measures narcotics in the blood or urine and identifies the narcotics taker, even if he hasn't had drugs in 48 hours.

It can tell if a man has been drinking, and not only can it tell how much and what he has been drinking, but also what brand of liquor he drank.

Until recently the gas chromatograph has been used mostly in industry. But now, says Dr. Turner, we have reached the point where it is ready to break into clinical medicine.

For the first time in history, he continues, we are able to do a complete chemistry analysis of the single cell. And in medicine, if we are to understand disease better, we have to get down to the individual cell, for it is in the single cell where metabolism becomes abnormal, where the disease-producing virus or bacteria gets in.

"Let me dream a bit," says the gentle scientist. "If in our bodies we have a tumor, the abnormal tissue metabolizing in that tumor is giving off abnormal products. I visualize the day — perhaps five years hence — when the patient will merely breathe into the gas chromatograph and the abnormal products given off by, for example, tumor metabolism, tuberculosis metabolism or pneumonia metabolism, will be picked up by the gas chromatograph in the air he breathes out. And from this we will be able to make a diagnosis of his condition.

The gas chromatograph will, of course, never do away with the doctor or the chemist. We will always need the human judgment, the human decision and kindness that a machine can never give.

But as an aid for diagnosis and treatment, says Dr. Turner, the gas chromatograph will be a very valuable ally.

In fact, its impact on medicine will be tremendous. **P.A.H.**

About Dr. David A. Turner

Dr. David A. Turner has a special interest in the gas chromatograph: at the Hospital for Sick Children in Toronto he uses the highly sensitive instrument routinely to keep a check on his own health.

At the age of 15, while vacationing at his family's summer home at Fort Erie, Ontario, he was stricken with ileitis, which resulted in the removal of most of his intestine. Despite the tremendous burden of his condition, Dr. Turner went on to a distinguished career in science. During the 1950's he obtained his B.A., M.Sc. and Ph.D. degrees at the University of Western Ontario. While he was there he published a paper on ileitis and on the use of the xylose tolerance test to indicate intestinal disease affecting the absorption of food.

His work attracted the attention of the United States Army and they invited him to join the Tropical Medicine Research Laboratory at San Juan, Peurto Rico, where, as Acting Chief, he used the test to screen native army recruits for tropical intestinal disease.

Between 1955 and 1964 Dr. Turner lived in the United States where, among other things, he was Chief of the Medical Research Division at Sinai Hospital in Baltimore, assistant professor in nuclear medicine at Johns Hopkins School of Medicine and director of the training program in fat metabolism for the National Heart Institute.

For eight years he has also carried out special research in submarine medicine, investigating the role of body fat as a cause of death among divers.

On his return to Canada last year, Dr. Turner was granted an associate award by the Medical Research Council of Canada which gives him an annual salary for life and permits him to carry out biochemical research in anything he likes. At the Hospital for Sick Children, therefore, he is involved in many studies — among them special fat studies which have implications for mental retardation and heart disease.

As associate professor at the University of Toronto School of Hygiene, he is also investigating pesticide levels in populations. In his opinion, the problem of pesticides is far greater than the problem of Strontium 90 fall-out. Pesticides are in everything we eat and the residue of pesticides stays for a lifetime in the fatty tissues of our bodies. The problem is, he says, we don't know what the tolerance level is — at what level they become toxic and lead to a severe disorder.

As consultant for the U.S. National Aeronautics and Space Administration, Dr. Turner's research includes special experiments to show the effect of the space environment on the astronaut's liver and intestines.

People complain, he says, about the vast sums of money spent on the space race, but they don't consider the benefits we have reaped as a result of research.

"You may wonder, for example, how space research ties in with a pediatric hospital, but the first few days and weeks of a child's life is like emerging from a capsule into a strange environment. Anything we can learn about how to keep an

(Continued on page 3)

Exercise More — and Eat Less

If you combine exercise with good dietary habits, you will have an excellent insurance policy, say doctors. A good rule for a long and healthy life is to eat less of everything, stay slim and exercise regularly.

As proof, we cite the results of a special experiment recently carried out on the collective farm settlements in Israel — where there are primarily two groups of people: the more or less sedentary group who carry out the day-to-day business of the settlement, and the laborers who work hard each day in the fields.

Because these people live in a commune, they have basically the same environment and eat the same foods in the common dining room. A perfect set-up, scientists found, to conduct the same type of experiment with human beings as with animals.

And here is what they discovered: First, the group who led a sedentary life had three times as high an incidence of coronary artery disease as the group who worked out on the farms and in the fields.

Secondly, those who, after suffering coronaries, were put to bed and given old conventional forms of treatment suffered a second heart attack three times as often as another group who during their recovery were made to do graduated increasing exercises.

So exercise does seem to be a very important factor in maintaining good health. Forget your car the next time you have to go a block or two to pick up something at the store — you'll live longer and be healthier if you walk!

HIGH TB COST

The estimated annual cost of tuberculosis in Canada — including the expenses of all agencies, government or other — is $400 million. Thus the prevention, treatment and control of tuberculosis averages $20 per capita.

Of this amount about $2 million is raised through the Christmas Seal Campaign.

Paraplegic Becomes Enthusiastic Athlete

When competitors from around the world meet for the next international paraplegic games in 1967, Canada, for a change, may be represented. More specifically, the city of Winnipeg and the Manitoba Rehabilitation Hospital may be represented for it is the hope of 26-year-old Ben Reimer to pit his strength against other paraplegics in the weight-lifting contests.

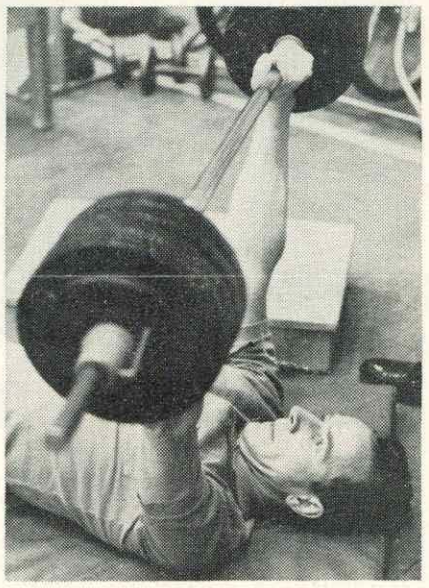
Ben, who comes from Winkler, is at present an out-patient at the Manitoba Rehabilitation Hospital. He became a paraplegic eight years ago in a motorcycle accident and in September, 1964, after a second accident (he broke his knee), he was admitted to the rehabilitation hospital as an in-patient for four months. Afterwards he continued as an out-patient, coming daily to the hospital to work out on the mats and practise walking with the aid of braces and a supporting walker.

It was a physiotherapist, Mrs. June Rankine-Wilson, who suggested that Ben should at least train for the paraplegic games. While working at the West Australia Spinal Injuries Centre at Perth, Mrs. Rankine-Wilson had seen teams of Australian paraplegics take part at these international events. At most of them Canada had been conspicuous by her lack of representation; it was high time, she said, that something was done about it.

Under the careful coaching of remedial gymnast Cyril Berrington, Ben began lifting weights five months ago. In the beginning he could manage to lift 60 pounds; today he has edged up to 205. Mr. Berrington feels he now has a good chance of matching or exceeding the 220-pound lift which was the record set in the lightweight class at the 1964 Para-Olympiad in Tokyo.

The next Para-Olympics are scheduled in Mexico City in 1968; the year before that the British Commonwealth Games will be held in Jamaica, and there may be a second international competition at Canada's Expo '67.

While gymnastics and games have been used as a form of therapy for centuries, the idea of an international competition is relatively new. Special games for paraplegics were conceived some 15 years ago by Dr. Ludwig Guttmann as part of the rehabilitation program at the now famous Stoke Mandeville Hospital in England. In 1948 he organized the Stoke-Mandeville Games which began as yearly archery contests and gradually grew in size and scope to include swimming, table tennis, field events, basketball, wheelchair racing and fencing.



Ben Reimer, weight-lifter

The games became international in 1952 when a group of paraplegic war veterans from Holland turned up to compete with the Stoke Mandeville people. Five years later 360 competitors from 24 different countries took part. The contestants were divided into two groups: Those with complete paralysis below the waist, and those with partial paralysis.

In 1960 Italy followed England's example by hosting a Para-Olympiad in Rome after the regular Olympics, and just as at the Olympics, medals were awarded towards the end of each day and a band played the national anthems of the winning contestants.

In 1962 the first British Commonwealth Paraplegic Games were held in Perth, and two years later Tokyo was host to the second Para-Olympiad.

Canada was represented only twice at these various world events — once by a small team from Quebec and another time by a paraplegic who went on his own.

Ben would like to take part in at least one of these international games during the next few years. Despite the fact that he weighs only 135 pounds and has a high spinal lesion, he is rapidly developing good muscular power in the upper part of his body. and already he is able to push a 310-pound weight three to four inches above two high benches.

As a member of the Winnipeg Wheelchair Sports Club, Ben also enjoys archery at the Fort Whyte Archery Club on Sundays and basketball at the rehabilitation hospital on Monday evenings. Coached by Jim Bulloch, the wheelchair basketball team has taken on both high school and university social workers' teams as well as the Blue Bombers. This Easter they will challenge another paraplegic team from Saskatoon.

. . . and basketball player.
— Photos by The Winnipeg Tribune

CHARLES EDWARD DREWRY

The Sanatorium Board of Manitoba records with regret the death last month of Charles Edward Drewry of Winnipeg, a prominent member of the Board for 17 years and an honorary life member for the past 10 years.

The son of E. L. Drewry, a founding member of the Sanatorium Board in 1906, Mr. Drewry, throughout the 88 years of his life, was a very fine citizen who showed genuine concern for the welfare of his fellowmen and was always generous in his support of community work.

He was a particularly outstanding member of the Sanatorium Board (from 1938 to 1955) and as chairman of the former Dynevor Indian Hospital at Selkirk from 1948 until 1954, he took a kindly, personal interest in the patients and staff. Even after his retirement from active membership, Mr. Drewry continued to take a deep interest in the campaign against tuberculosis in Manitoba, and he supported the Sanatorium Board's new health services. In recent years, through private donations, he helped furnish the Manitoba Rehabilitation Hospital and a patients' ward in the Central Tuberculosis Clinic.

Through his many fine contributions and his love for humanity, he enriched the lives of all of us. We shall always remember him.

DISTINGUISHED CANADIAN

(Continued from page 2)

astronaut going in space will apply directly to the problems of the newborn."

We have benefited directly in many other ways, he continues. Because, for example, the United States did not have highly potent fuels to send large payloads into space, researchers had to develop micro-electronics.

And this has resulted in the development of things like the heart pace-maker and artificial limbs operated by micro-electronic systems.

"We can even talk about the world's food problems. One of the major efforts in the space program is the development of techniques for growing such things as algae in bottles as a source of protein. If, as a result of the race to the moon, we can come up with artificial means of growing food or of making synthetic food, we may find a way to feed all the hungry nations of the world.

"I firmly believe," he says, "that whether we get to the moon or not is unimportant: the benefits we shall reap trying to get there will make it all worthwhile."

REHABILITANTS LEARN TO DRIVE

A driver training program has now been added to the students' curriculum at the Sanatorium Board's Special Rehabilitation Unit at Brandon, and early last month rehabilitant Andrew McIvor of Sandy Bay, Manitoba, was the first to receive his driver's licence from the Brandon Safety Division.

The primary aim of the program, according to Supervisor of Special Rehabilitation Services Roger Butterfield, is to make rehabilitants more employable. At present some 6 other young men and women are enrolled in the course.

In a report of activities at the Brandon unit, Grade 10 student Clementine Sinclair of Fisher River, notes that, in addition to the regular sessions of counselling and academic up-grading, other special programs are offered.

On Tuesday evenings, she writes, dancing lessons are given at the South End Community Hall under the direction of Mr. and Mrs. George Clarkson. Monday and Wednesday evenings are devoted to study classes under the supervision of the unit's teacher, Lorne Berg. (Two students also attend Saturday morning classes at the Brandon Collegiate for extra tutoring.)

Educational films are shown at the unit Thursday evenings and very often on Saturday evenings out-of-town bus trips are arranged.

At the present time, 50 single people and six families are enrolled in the training program at Brandon. Of these 16 live in the unit and the others board in private homes.

Six students attend local high schools, others are taking the Basic Course for Skill Development at the Brandon Prevocational Centre.

The Sanatorium Board's Rehabilitaiton Unit at Brandon has initiated a driver training program in order to make rehabilitants more employable. Andrew McIvor of Sandy Bay was the first to receive his driving licence at the Brandon Safety Division last month. On hand for the presentation were from left to right Harold Leader of Leader's Driving School, Mr. McIvor, Robert Brown, administrator of the Safety Division, and Harold Weitman, supervisor of the Brandon Rehabilitation Unit. (Photo by The Brandon Sun.)

Pembina Notes

The special rehabilitation program at Manitoba Sanatorium, Ninette, is forging ahead with plans this month to convert the former King Edward Pavilion into a residence for women.

Until now, says Supervisor Roger Butterfield, the program at Ninette has been limited to males, but sometime in the next few weeks, the unit hopes to admit some 15 women for training and social re-orientation.

Highlight of the January social activities, report Wilson Hall and Art Cutlip, was a dance and show in the sanatorium recreation hall. The guests of honor were students from the Rehabilitation Unit at Brandon, from Killarney Collegiate and from the town of Ninette. The Pembina House boys put on a program of guitar, violin and vocal numbers and provided the music for the dance afterwards.

On January 2 the students saw the Ice Capades show in Winnipeg and the following morning toured the International Airport. They also entered two rinks at the Killarney Curling Bonspiel, and one rink, composed of George Boyer, Zack Beardy, Gabe Elke and skip Murray McCausland made it into the first event.

Solomon Linklater, Stan Dorie and skip Lyn Kuzenko, who composed the second rink, won the trophy for the third event. A fairly good showing, the boys felt, since only the skips had curled before.

During the month, the students bade farewell to some of the rehabilitants. Louis Campbell left for Winnipeg to take the Basic Course for Skill Development before entering the Manitoba Institute of Technology, and Roy Daniels, Jack Angecomb, Stanley Bunn and Robert Tait have enrolled in a similar course in Brandon.

Hospital Chaplains Serve Big Need

Since its inception in September, 1964, the Manitoba Medical Centre Chaplaincy Service has become a vital force in hospital care, and as each month goes by more and more patients and staff are benefited by pastoral help.

In 1965, the Roman Catholic chapels were never empty at the Mass, and the Sunday and Holidays of Obligation Services were always well attended, said Father Gerard M. Joanisse.

The Roman Catholic Chaplain heard thousands of confessions, distributed 23,554 Communions and 229 Last Rites, and officiated at a number of baptisms and confirmations.

Instructions were also given on request and 107 patients benefited from the chaplain's counselling.

Counselling of patients who themselves ask for help, or who are referred by the hospital staff, also forms a large part of the Protestant Chaplain's work. In any one week, according to the Rev. S. J. McKay, about 30 patients receive counsel. The group may include alcoholics or families of alcoholics and persons with marital problems. Pre and post-operative support was needed by many patients and during the year four individuals contemplating suicide turned to the chaplain for help.

Between 6 and 40 persons attend chapel services at the Rehabilitation and General Hospitals, and last year our M.R.H. protestant chapel was the scene of the two first weddings.

Also last year, Mr. McKay found time to conduct a special training course in "Hospital Orientation and Pastoral Care of the Sick" for 12 members of the Anglican, Lutheran, Mennonite and United Church clergy. The "students" attended lectures and seminars and did supervised pastoral care on the wards.

The program not only taught ministers how to function more effectively in the hospital, said Mr. McKay, but, by involving medical, nursing and social service staff in the teaching, the course also helped solidify the chaplain's work.

Father Joanisse also attended a similar course for Roman Catholic Chaplains, organized by St. Paul's University in Ottawa.

NEARING TB CONTROL

There are some areas in Manitoba that are approaching the World Health Organization's standard of tuberculosis control.

According to W.H.O., a country can consider that it has tuberculosis under control when one percent or less of the children of school — leaving age (14-year-olds) are positive to the tuberculin skin test.

In the Dauphin Health Unit area, according to a report by Dr. E. L. Ross, 289 students of 14 years of age received the tuberculin test. Only seven showed positive reactions — which gives a reaction rate of 2.4 percent.

Bulletin Board

The staff of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit have been very busy lately taking special courses and getting themselves elected to various offices. James Foort, technical director of the Biomechanics Laboratory, has been made chairman of the work panel on socket design of the Sub-committee on Design and Development of the National Academy of Science Committee on Prosthetics Research and Development. He chaired his first meeting February 6 to 9 in Seattle, Washington.....

Douglas Hobson, who has charge of the unit's design work, was made a member of the work panel on lower extremity bracing of this same committee, while attending a meeting in Miami, Florida, last month. At present he and technician Ian Cochrane are taking a five-week course in upper extremity prostheses at Northwestern University in Chicago.

David Whitton, also a technician at the Unit, brough us honor when he came first in the written examinations following a course on below-knee prostheses at Northwestern University late last year.

* * *

T. A. J. Cunnings, executive director of the Sanatorium Board, was in Ottawa from February 7 to 10 to attend the Canadian Tuberculosis Association Provincial Secretaries' Conference and a meeting of the Mass Survey Review Committee.

Also in Ottawa February 7 and 8 for the Third National Tuberculosis Conference was Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette. One of the papers presented at the conference was a review and appraisal of Hospital Admission X-ray Programs prepared by Dr. E. L. Ross, Tuberculosis Consultant for the Sanatorium Board.

The Central Tuberculosis Clinic sent Dr. Earl S. Hershfield to Cincinnati, Ohio, last month to take part in the U.S. Veterans' Administration Conference on Tuberculosis Chemotherapy. Dr. Hershfield also gave a lecture on Lung Purpura at a recent meeting in Winnipeg of the Western Canadian Section of the American College of Physicians and Surgeons.

* * *

Roger Butterfield, supervisor of the Sanatorium Board's Special Rehabilitation Services, will address the Rotary Club of Brandon on March 2 on the Board's rehabilitation program for Treaty and non-Treaty Indians. He was also guest speaker at the Catholic Women's League meeting in Dunrea on January 18.