NEWS BULLETIN

The Sanatorium Board of Manitoba

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TB-RD: Double Target for Christmas Seals

STICK 'EM UP . . . sideways . . . upside down! That seems to be the motto of these tiny patients at the Central Tuberculosis Clinic in Winnipeg. In their own whimsical way, the children are helping the Sanatorium Board to launch the 1967 Christmas Seal Campaign against tuberculosis and other respiratory diseases. Tuberculosis, in particular, still preys on the very young in many parts of the province. In fact, of the 600 now receiving treatment for tuberculosis in Manitoba, about one-third are youngsters under 19 years of age. (Photo by Dave Portigal)

"Gimme one. Me sister's got it!"

This was the anxious demand of a little newsboy when, 60 years ago, he pushed a penny across a countertop and became one of the first supporters of the world-wide Christmas Seal Campaign against tuberculosis.

This month bright little Christmas Seals appear again, but this time the people of Manitoba are buying them to fight a number of respiratory diseases which, in addition to tuberculosis, include a fast rising, badly disabling lung condition known as emphysema and such other chronic conditions as bronchitis and bronchiectasis.

Who are affected today? There are so many with early, undetected disease that there are no accurate figures, says the Sanatorium Board's Tuberculosis and Respiratory Disease Service. But it has been estimated that chronic respiratory diseases account for nearly 30 percent of all disabling illness in Canada today.

To combat the problem, the Sanatorium Board plans to widen Christmas Seal programs of case finding, research and education. Tuberculosis preventive measures will, of course, be continued as intensively as ever through detection surveys and stepped up vaccination programs. But it is also proposed to combine pulmonary function tests with the tuberculin skin testing and chest x-ray surveys.

By means of these breathing capacity tests, disturbances affecting the breathing tubes may be detected even in the early asymptomatic stage and the patient advised about preventive measures or started on treatment to check the progress of the disease.

From repeated community surveys in various parts of the province, our chest physicians also hope to learn more about the natural course and incidence of respiratory diseases, and perhaps clarify many of the causes.

So there is indeed a tremendous challenge ahead yet for Christmas Seals. They have helped work wonders over the past half century in reducing the tuberculosis problem in Manitoba. Now, other lung diseases are on the upsurge . . . and the hopes are that, with our Christmas Seal contributions, something can be done about it.

DETECTION SURVEYS

The Board's Surveys Department was virtually too busy to notice the opening of the Christmas Seal Campaign this month. At the beginning of November, when they discovered they had a three-day spell after the closing of the Fort Garry survey, the crew declined a rest and decided instead to set up operations at Polo Park. Local radio stations, newspapers and the people who run the P.A. system at Simpson's Sears came through handsomely in publicizing the impromptu chest x-ray survey, and at the end of the three days our technicians gleefully handed over 1,080 plates for reading.

Immediately afterwards, the department began the annual screening of university students and faculty. The teams are beginning to approach this yearly task with some trepidation as students seem to invade the testing room all at once, and at some points harrassed technicians find themselves administering tuberculin skin tests to great lines of people at one end of the room, while reading tests and x-raying hordes of students at the other.

Last year at this time, the department broke all records when in a single day they tuberculin tested close to 2,600 students and faculty on the Fort Garry campus. Considering the increased enrolment this year, the teams fully expect to break the record again.

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TB? Look at the Facts

TB isn't a problem?

As people involved in the daily business of tuberculosis control, we are often struck by the cruelty of this disease which, in the minds of many, doesn't cause much trouble any more.

Trouble! A week or so ago, a young woman died of TB. She was a patient in our Winnipeg clinic, a new arrival from the eastern hemisphere who had come to this country with great expectation of a bright new life.

But fate ruled otherwise. Hardly had she set foot on Canadian soil when she was admitted to hospital with miliary tuberculosis and meningitis. While doctors and nurses watched helplessly, massive numbers of tubercle bacilli invaded the blood and lymph systems, spreading like wildfire to vital organs . . . and in the end, causing death before the drugs and all other medical aid could stop the destruction.

TB isn't a problem? Ask the dead woman's family . . . or the families of the 28 Manitobans who died from tuberculosis last year. Ask the 214 new victims who were added to our active TB files last year . . . the people who didn't die of their disease, yet had to face frustrating months in hospital, many more months on drugs at home, and long periods of unemployment.

True. TB doesn't slaughter wholesale as it used to . . . but it still strikes in the same old way . . . out of the blue, without much preference for age and often without regard for social and economic status.

Sometimes it is just one member of a household who winds up in hospital. Sometimes it is several members. The other day a whole family of five was admitted for treatment at the Central Tuberculosis Clinic. All but the father have active disease. His three-year old twins have miliary disease; the mother and seven-month old baby are also pretty sick.

It is supposed that the family caught the disease from a neighbor who died a short time ago from far advanced tuberculosis. Follow-up of this whole community in central Manitoba is going on right now in hopes that a large-scale outbreak will be prevented.

Sometimes, however, the whole community does become infected.

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Address all communications to:

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

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Smoke It . . . or Throw It Away?

The lighted cigarette between the lips of six million Canadians represents, in the opinion of many doctors, the greatest public health problem in the country today.

The effects of cigarette smoking can be deadly. The mixture of particles and gases in the smoke reduces the function of the lungs and, as the years progress, the continued inhalation of the noxious mixture is contributing to a higher and higher toll of disability and death.

Inhaling smoke from even one cigarette increases resistance in the lung's airways. The tiny particles of tar in the smoke act as an irritant, causing the bronchial tubes to swell, and as a result the smoker has to work harder for the air he breathes.

The gases in cigarette smoke interfere with the cleansing mechanism of the respiratory system. Normally, the lining of the respiratory tract has a coating of fluid from the nose down through the smallest air passages. Inhaled dirt and bacteria settle on this fluid, and tiny hair-like cells called "cilia" sweep the fluid containing its load of harmful substances up to the nose and throat where they can be eliminated.

But cigarette smoke slows down or eventually stops the cilia's action, permitting dirt and bacteria to remain in the respiratory tract. If they remain long, irritation, infection and illness can result.

Chronic bronchitis is frequently linked with heavy cigarette smoking. The lining of the bronchial tubes becomes inflamed, air flow to and from the lungs is hampered and mucous is coughed up. The victim hacks and spits and very often calls it a cigarette cough, but it is actually bronchitis and as the disease progresses, debility progresses with marked obstruction to air flow, heavy cough and sputum and shortness of breath.

Chronic bronchitis sometimes causes death, but more often it leads to other serious disabling diseases.

Emphysema is believed to be a late development of chronic bronchitis. In this disease, air becomes trapped in the lungs when the airways are obstructed. The lungs become distended and the sponge-like tissue that absorbs oxygen from the air is damaged irreversibly.

Emphysema interferes with a man's earning ability and closes the door to an active social life. At its worst, emphysema reduces life to a fight for every breath.

When the lungs become thus damaged, blood cannot flow normally through the narrowed small blood vessels, and the heart must work harder to push the blood through. The greatest risk of cigarette smoking, we are told, is death from *diseases of the heart and circulatory system.*

Lung cancer is second as a risk of cigarette smoking. In 1930, shortly after smoking became a national habit, lung cancer was comparatively rare. In the United States deaths from lung cancer increased from 2,500 in 1930 to 50,000 today. And the estimate is that lung cancer kills 10 times as many cigarette smokers as non-smokers.

Heart disease, lung cancer, emphysema, bronchitis, shortness of breath, chronic cough . . . and some risks we haven't mentioned, such as premature babies and neonatal deaths . . . are often the results of cigarette smoking.

Smoke it . . . or throw it away?

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Travellers Present Cheque

The members of the Associated Canadian Travellers, Winnipeg Club, were all smiles on November 3 when at their regular meeting at the New Westminster Motor Hotel, they handed over a $3,300 cheque to the Sanatorium Board of Manitoba.

The cheque, representing the club's profits on a summer cottage draw at the 1967 Red River Exhibition, was presented by A.C.T. member Keith Pierce (left) and accepted by the Board's chairman, Frank Boothroyd.

The Winnipeg A.C.T., which has given outstanding support to the Board's work since 1945, has been handing over such sums of money every year, in fulfillment of a $100,000 pledge to purchase needed equipment for the Manitoba Rehabilitation Hospital.

In thanking them at the dinner, Mr. Boothroyd noted that close to $70,000 has been contributed by the members since they made the pledge in 1960. The money, he said, has immeasurably assisted the Sanatorium Board to provide equipment for special services at the Manitoba Rehabilitation Hospital.

This year's cheque, he said, will just about cover the cost of a piece of audiological equipment needed for the hospital's new hearing assessment and rehabilitation service.

LOOK AT THE FACTS

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Just recently we heard about a group of people in the Maritimes who wanted to burn down a 16-room school. These people, we understand, belonged to an upper middleclass community in Nova Scotia, which had suddenly become frightened when they learned that 32 of the some 600 children in that school had developed tuberculosis. Several youngsters were very sick before their disease was discovered on a routine tuberculin survey.

A number of alarmed people weren't fooling when they suggested burning down the school. Eventually they were talked out of it . . . but not a great deal could be done to assuage the grief they and others felt in seeing so many children hospitalized . . . and so many, at that, with positive (infectious) sputum. In all, in this prosperous community, where TB epidemics "are not supposed to happen nowadays", 34 were sent to sanatorium and 200 others were put on drugs to prevent the development of active disease.

During the past few years there have been 20 similar outbreaks of tuberculosis in Canadian schools and communities . . . a few of them right here in Manitoba. Not all were as big as this latest one in the Maritimes — but the same hardship and heartbreak were there.

TB isn't a problem? Don't tell us nonsense. We're too close to the situation.

Fort Garry Health Unit Follows Up Survey Findings

With the conclusion of the tuberculosis and diabetes survey of Fort Garry last month, the Fort Garry Health Unit stepped in to begin initial follow-up of 150 people who had positive diabetes tests.

Between October 1 and 31, a total of 2,957 residents lined up for the fingertip blood tests, and nearly the same number participated in a special diabetes research project by answering a questionnaire related to the history of diabetes in families.

Over 10,000 took part in the tuberculosis screening program and in all, 9,640 tuberculin skin tests were administered by our surveys teams and 1,515 chest x-rays were taken. One new active case of tuberculosis was found.

The follow-up of positive finding in the diabetes survey will continue during the next month. The Fort Garry Health Unit is conducting the initial part of this program by calling in the 150 residents for more sophisticated blood tests designed to filter out the false positives. Following this second screening, private physicians will step in to follow up those who still show abnormality in blood sugar content.

The blood samples are analysed by a research group at University of Manitoba Metabolic Laboratory and the findings are providing them with valuable information about the incidence of undetected diabetes in the population. Findings of other studies, conducted jointly by the Sanatorium Board and the university, indicate so far that about one percent of the population are "previously unknown diabetics".

People, who reacted positively to blood tests administered during the combined tuberculosis and diabetes survey in Forty Garry last month, have been callled in by the Fort Garry Health Unit for further tests to screen out the false positives. Here, at the first session on October 25, Mrs. Ron Hall, technician with the provincial Department of Health, administers the first of two more sophisticated blood tests to a resident, while Dr. T. N. Hurley, health unit director, and Mrs. Rae Cottick, senior public health nurse, look on. (Photo by Dave Portigal)

SURVEYS

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In all, the Surveys Department estimates that some 11,000 will be screened at both the University of Winnipeg and the University of Manitoba before they move on to industrial surveys in December.

Rheumatoid Arthritis — A Search For The Cause

The other day, while leafing through some Board memorabilia, we spotted a small item concerning a $2,200 grant from the Manitoba Rehabilitation Hospital Research Fund for a project described only as "isolation of bacteria".

Curious about what sort of bacteria our doctors are anxious to isolate, we trotted over to the office of the chief of medical services. The darkness had gathered outside and Dr. Leslie H. Truelove was getting ready to call it a day. But obligingly he put away his coat, pulled up a couple of chairs, and began a rather fascinating story.

Back in December of last year, he said, the Manitoba Rehabilitation Hospital received a distinguished visitor from the Rheumatic Diseases Unit of Northern General Hospital, Edinburgh. Dr. Ian Duthie had come to Winnipeg to advise local physicians about the establishment of a rheumatic diseases unit here, and in the course of the talks, he referred to some research findings at his unit.

Dr. Duthie related how, over the past several years, he and his associates had been testing the idea that rheumatoid arthritis may be caused by some specific bacteria. Their interest was focused on a diphtheroid (an organism somewhat resembling the bacteria that causes diphtheria), which had been turning up fairly regularly in the synovial fluid extracted from the joint cavities of rheumatoid arthritis patients.

It seems that in other previous investigations, the diphtheroid findings had been discarded as mere contaminants . . . but, in Dr. Duthie's view, they seemed to be popping up so regularly that they deserved further study.

So, synovial material was removed from patients undergoing joint operations. The material was cultured in an enriched medium, and the behavior of the organisms studied under an electron-microscope. With each batch of specimens, control media were set up, using similar specimens from the joints of patients who did not have rheumatoid arthritis.

Diphtheroids, Dr. Duthie reported, were found in a fairly high proportion of R.A. patients, but only rarely in the control studies. Further investigations were carried out to study the effect of these organisms on non-rheumatoid synovial cells. The preliminary results of these studies showed that the organisms seemed to enter the cells within 24 to 48 hours and were subsequently recovered in colonial form.

That's about as far as Dr. Duthie has gone in his research. To the layman, the obvious question is why not inject the diphtheroid into the synovial membranes of animals and see if they develop disease? The answer, we discovered, is simple. Other animals just don't get rheumatoid arthritis.

But the fact that the organism may have an important connection with the development of rheumatoid arthritis in humans is, to say the least, an exciting thought. The mystery of arthritis has plagued the medical profession for centuries. It is one of the three leading causes of physical disability in Canada today, affecting over one quarter of a million people of all ages. Yet the cause is still unknown . . . and so, of course, is the cure.

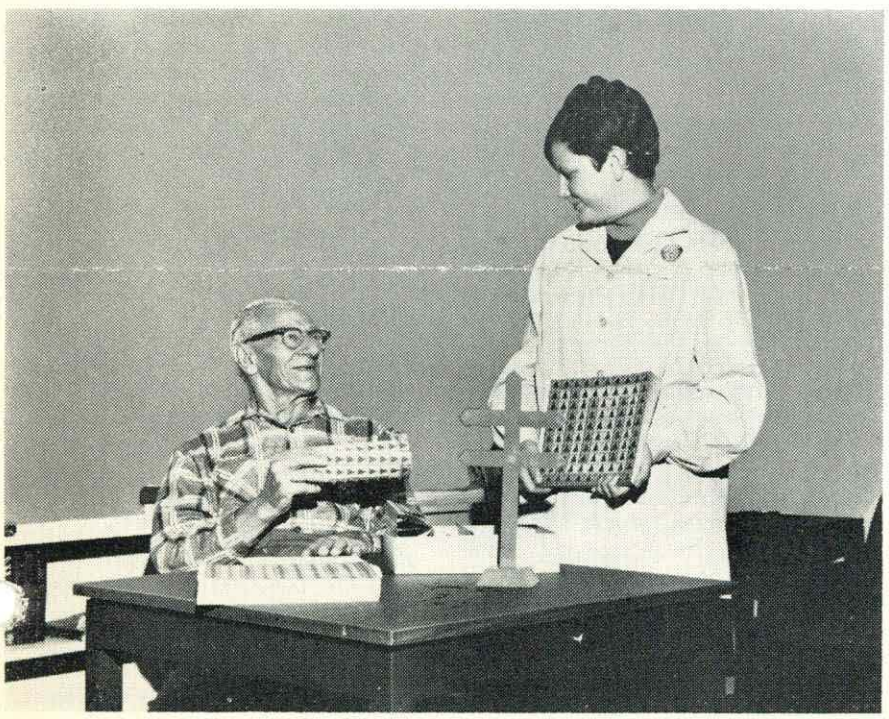
Dr. Duthie's revelations have aroused the deep interest of our own doctors, and for the past six months similar investigations have been repeated here. Their research, carried out in collaboration with Dr. G. M. Wiseman of the University of Manitoba Department of Bacteriology, has been done without funds in the doctors' spare time.

The $2,200 grant from the M.R.H. research fund, said Dr. Truelove, will help speed up investigations . . . permitting, among other things, the employment of a full-time technician.

Then, as he reached for his coat, Dr. Truelove had one more thought. "Having worked with him in Edinburgh, I know Dr. Duthie pretty well," he grinned.

"He's a careful man, who wouldn't get excited about any of his findings . . . unless he was fairly sure of them.

"He does seem excited now. Just maybe we're on to something . . ."



SENIOR CITIZENS JOINED THE YOUNG in helping the Sanatorium Board prepare for this year's Christmas Seal Campaign against tuberculosis and other respiratory diseases. Here, 81-year-old Joe Christin, one of 30 volunteers from the Fred Douglas Lodge in Winnipeg, jokes with one of our junior volunteers, 14-year-old Valerie Hughes of St. James, as they prepare Christmas Seals for the November mail.

M.R.H. RESEARCH FUND

There are a lot of things doctors would like to know more about in the field of physical medicine.

Why, for example, do some forms of treatment seem to benefit patients more than others? Could certain measures or techniques be improved upon to give better results? Just how does a disease develop in the first place?

Research into the many problems of rehabilitation and physical medicine is needed very badly, but the trouble is that it requires extra money to provide the facilities and staff. It takes time, too, to acquire research grants from government or other sources . . . and precious months or even years are lost in waiting.

So, to get projects going right now, the Sanatorium Board of Manitoba has established the Manitoba Rehabilitation Hospital Research Fund to which private citizens are invited to contribute. The fund has been in existence for two years and has already enabled our doctors to turn up some important clues to the understanding and treatment of disabling diseases.

We are sincerely grateful to the individuals who have helped make these investigations possible, and we invite the support of others who may be interested in broadening the hospital's research program. Contributions or inquiries should be directed to the Executive Director of the Sanatorium Board of Manitoba, 800 Sherbrook Street, Winnipeg 2.

Infectiousness of Tuberculosis

Within the past 20 years, the risk of tuberculosis infection has been greatly reduced by the advent of effective chemotherapy, increased understanding of the mechanism of transmission and the practical ways of disinfecting the air.

However, attitudes toward contagion have not kept pace, says the Ad Hoc Committee on Treatment of Tuberculosis Patients in General Hospitals in a statement published recently in the American Review of Respiratory Diseases. The following is an excerpt from their statement. It concerns the transmission of bacilli from person to person.

The tubercle bacillus is a nonmotile organism that is readily killed by heat, drying, sunshine, and ultra-violet light. It is transmitted from one person to another by air, in the residue of minute droplets of moisture produced during coughing, sneezing, laughing, etc. The larger particles fall to the ground close to the expeller. The small ones, however, rapidly evaporate leaving "droplet nuclei", which remain suspended in the air indefinitely and are carried by air currents, as is cigarette smoke. Inhalation and implantation on lung tissue of these bacillus-laden droplet nuclei are necessary for transmission to be completed.

As a rule, only the more minute particles are able to penetrate into the lungs. When larger particles are inhaled, they are stopped in the nasal and upper respiratory passages and are eliminated. Even though laden with tubercle bacilli, these particles do not infect because the upper rispiratory tract is resistant to infection. Bacilli must reach the susceptible lung tissue, settle out, survive, and multiply before infection is established.

Available evidence suggests that tubercle bacilli lodged on fomites — linen, furniture, books and floors — do not constitute a significant infection hazard. Most of them die quickly through the action of drying, heat or sunlight. Dried secretions are very difficult to fragment and suspend in the air; and furthermore those airborn particles, which do arise from surfaces, are ordinarily innocuous. They are too large to penetrate into the lung. Hand washing is efficient in removing organisms possibly picked up from fomites or direct contact with infectious sputum or other discharges.

At the conclusion of the statement, the committee repeats what other doctors and health workers have been telling the public for years . . . i.e. the greatest risk of infection arises from the individual with undiagnosed or unsuspected tuberculosis.

SMOKING

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Even when the lungs are badly damaged, say doctors, stopping smoking will slow down the disease or, at least, reduce cough and sputum.

And, of course, if you're lucky enough not to have developed diseases associated with cigarette smoking, you vastly improve your chances of escaping them completely . . . if you quit now.

DR. E. L. ROSS, who retired last July as medical director of the Sanatorium Board's tuberculosis control program, has been made an honorary life member of the Manitoba Public Health Association.

At the annual meeting of the M.P.H.A. on November 2, Dr. Peter Constantinidis presented Dr. Ross with the certificate in recognition of his fine contributions to the improvement of public health in Manitoba. Dr. Ross, who devoted 42 years to the tuberculosis cause, is the second man to receive such an honor from the Manitoba Public Health Association.

NEWS AND VIEWS

Quiet Men Who Like to Build

They burst into the office about once a week with a cheery hello and the inevitable question, "Anything for me to sign?" For a few minutes perhaps there is time for small talk and some kidding with the secretaries. But when the executive director emerges from his office there is no more ado and the men step briskly into the Board Room for two hours of business.

"They", of course, are the members of our Board . . . the efficient, highly skilled businessmen who head some of our top local industries, and who somehow find time in their busy lives to work behind the scenes in our organization, giving direction to over-all operations and laying much of the groundwork for future developments. Without their advice and influence, the Sanatorium Board would be hard put to function effectively. Yet most of these men are known to only a handful of staff, and their contributions to the public welfare go largely unnoticed. In fact, as members of that nebulous, unpaid group known collectively as "hospital boards", they are sometimes damned for their efforts.

So why do they volunteer their services? S. Price Rattray, who has been in the real estate and construction business for over 40 years and a member of the Sanatorium Board for 12, had no difficulty answering our question. "Why? Because it's interesting work and I enjoy it!" he smiled. "I suppose I could say that contributing to the work of a voluntary organization eases my conscience as a citizen. But to tell you the truth . . . (his face broke into a bigger grin) . . . I like to build things."

We *know* this last statement is true, for we vividly remember Mr. Rattray a few years back when once or twice every week he scrambled around the construction site of the new Manitoba Rehabilitation Hospital, making sure that everything was proceeding according to plan.

We also recall how other members have taken similar pride in the Board's work . . . and how readily they have given up their leisure hours to attend presentations, staff parties and patients' reunions. At the same time, however, we are aware of the hundreds of other hours spent closeted in the Board Room with our executive director, long hours of reviewing accounts and trying to improve services while keeping costs down. We know, too, about dark days when good plans were thwarted.

Is it really all that enjoyable?

Mr. Rattray was adamant. "It's just like any business," he continued. "It's fun to see things grow and good results come out of your work. I'm sure the other 20 members feel the same way. Don't you think so, Frank?"

Mr. Boothroyd, chairman of the Board, was too busy signing papers to spend many words.

"Yes," he said . . . and, as if to underline the statement, added a flourish to his signature.

* * *

THE NURSING SERVICE at the Manitoba Rehabilitation Hospital also got on with their job during the past month, quietly adding a few more accomplishments to an already impressive record.

On November 3, without any special ceremony, eight more registered nurses completed the hospital's ninth post-graduate course in rehabilitation nursing, thus making a grand total of 92 who have completed this intensive three-week course since it was established in October, 1963.

The purpose of the course is to teach graduate nurses the special skills required for rehabilitation, and to give them a fairly comprehensive understanding of the work and aims of other disciplines involved in the treatment of the many types of physically disabled. The day-long sessions include observation of nursing procedures on the wards and of the programs carried out in the hospital's various treatment departments, plus a heavy schedule of lectures and demonstrations by representatives of the treatment departments and the medical and consultant staff.

The newest group of graduates include: Mrs. Dorothea Ruth Coulter of the Physical Rehabilitation Centre, Regina; Mrs. Nellie H. Slimmon, Wawanesa Hospital; Richard W. Nordrum, V.O.N., Winnipeg; Miss Jennie S. Wevursky, Mrs. Ki Sun Choi, Mrs. Victoria Dzikowski and Miss Eleanor F. Lewicki, Manitoba Rehabilitation Hospital; and Mrs. Janice W. Little, Central Tuberculosis Clinic.

Mrs. Doris Setter, nursing instructress, is in charge of the program, and, we understand, has been carrying the cause of rehabilitation nursing outside our hospital to other nursing centres. On November 1, for example, she lectured to nurses' assistants and orderlies at the Holy Family Nursing Home.

THE THIRTEENTH GROUP TO GRADUATE from the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital is shown following the graduation ceremony in the hospital auditorium on September 29. Left to right, standing, are: Mrs. Doris Setter, nursing instructor, Wayne Atkinson, Vincent Rodgers, Lorne Brandt, Dennis Kroeker and Gabe Galovincs. Seated: Miss Lena Hofer, Mrs. Isabel McLoughry and Miss Carol Ann Gibb. Lorne Brandt was valedictorian and the winner of the M.A.C.O. prize for top student. (Photo by Dave Portigal)

MISS E. L. M. THORPE, MBE, nursing consultant to the Sanatorium Board, seemed to have taken up residence at Winnipeg International Airport the other week when time and again she was on hand to greet groups of nurses arriving from the Philippines. After seeing that the girls were comfortably settled, Miss Thorpe delightedly introduced all 13 of them to the staff.

Six of the girls, who have considerable experience in tuberculosis nursing, have joined the staff at Manitoba Sanatorium. They are Estrellita Torres, Esther Viaje, Lutagarda Rivero, Remedios Perez, Juanita Pascua and Gloria Nebre.

Staying on as general duty nurses at the Manitoba Rehabilitation Hospital are Nieves Yahya, Grace Sencio, Ladie Garduque, Lucy Sayson, Atenodoro Orimaco, Bernardita Belen and Maurilla Calacar.

The Board happily welcomes these charming women to our hospitals. They will be a great asset to our nursing service.

* * *

NEW STAFF MEMBERS — The Sanatorium Board takes great pleasure in welcoming many new members to our staff. Most of them comprise additions to our nursing staff, including:

Mrs. Teresa Shaw, Mrs. Jeanette Teoh, Mrs. Susan Wong, Miss Judith L. Smith, Miss Sheila Serrette, Miss Janice Lockhart, Mrs. Elizabeth August and Mrs. Sheila Allen, all general staff nurses at the Manitoba Rehabilitation Hospital; and Miss Catherine McMillan, general staff nurse at the Central Tuberculosis Clinic.

New Licensed Practical Nurses at the M.R.H. are Miss Ann Fleming, Miss Judith McCulloch, Miss Mildred Little, Miss Donna Irwin and Miss Tina Goertzen. Mrs. Marjorie Rerie, L.P.N., has joined the staff of the C.T.C.

Miss Margaret-Ann Donaldson, a recent graduate of the London (England) School of Occupational Therapists, is our most recent addition to the M.R.H. Occupational Therapy Department. Also working for the department on a part-time basis is Mrs. Barbara Moss, who attended the University of Wisconsin School of Occupational Therapy.

Other new faces belong to Miss Rosemary Craig, secretary to the chief of medical services, and Miss Diane Picard, secretary to the M.R.H. Nursing Department.

* * *

NEWLY APPOINTED HEAD NURSE on the sixth floor of the Manitoba Rehabilitation Hospital is Miss Vide Appleby. Miss Appleby, who has been assistant head nurse on R-6 for the past two years and was formerly director of nursing services at our Clearwater Lake Hospital, The Pas, succeeds Mrs. Negri Leicester who resigned her post after two years of very capable work.

Mrs. Carol Jones has stepped in to take Miss Appleby's place as assistant head nurse.

* * *

CONGRATULATIONS TO HUGH GIBSON, registered x-ray technician at Assiniboine Hospital, Brandon, who has just been elected to the Brandon City Council.

We are sorry to note that we missed Mr. Gibson in our last issue when we commended long-time employees. Mr. Gibson was a member of our staff for many years, serving first in the x-ray department at Manitoba Sanatorium, then joining the new department at Assiniboine Hospital (then Brandon Sanatorium) when it was taken over by the Board in 1947. Since then he has taken a deep interest in civic affairs and prior to being elected to the city council he served as a trustee on the Brandon School Board.