



Spreading The Facts About Hearing Aids

Within the next month or so a six-page pamphlet about hearing tests and hearing aid evaluations will be distributed to the offices of ear specialists and to some health agencies throughout the province. This pamphlet — compiled and published by the Sanatorium Board of Manitoba — is designed to answer many of the questions commonly asked by people who have major hearing difficulties. *How do I get a hearing test? What is involved in a hearing aid evaluation? What does a hearing aid do?* — are several of the problems dealt with in as simple terms as possible.

There are, however, a lot of problems connected with hearing aids that space wouldn't permit us to discuss at length. One of them concerns the fact that among the thousands of people who have major hearing handicaps, only 10 percent actually use a hearing aid.

Why have people not obtained this much assistance? Part of the reason, as most of us know, is that some individuals purchase hearing aids without proper medical and professional direction; then learn too late that they cannot benefit from them, or at least from the particular model they have been sold.

Another reason, according to J. Brayton Person, head of the Department of Communication Disorders at the Manitoba Rehabilitation Hospital, is that a good number of the hard of hearing are very reluctant to reveal their hearing loss and often go to extremes in attempting to conceal it.

To make matters worse, a number of manufacturers and salesmen have fostered and encouraged this attitude by stressing concealment (in eye glass frames, in the hair, behind the ears) as the most important feature of the modern hearing aid. "Nothing shows" in many instances gets far greater promotion than quality or performance of the instrument.

"It is most unfortunate," Mr. Person added, "that the misleading advertising of a few inferior hearing aid dealers casts a shadow over the entire industry, and on the reputable people who handle good instruments and do not misrepresent the purpose of their products."

Not a Miracle Instrument

Some people have the mistaken idea that a hearing aid will "cure" a hearing loss. "There is no magic in the little instrument," Mr. Person stresses. "Essentially the hearing aid does only one thing: it makes sounds louder. And like normal hearing ears, it picks up impartially all the sounds that it hears — that is, clear speech, slurred speech, background



(Photo by Portugal)

noise, music, and in general, all the humming, buzzing confusion of the world around us."

Thus, just as one does with the normal ear, the individual who uses a hearing aid must learn to select from this sea of noise only those sounds or voices he wishes to attend to. To be able to do so will take at least a month of patient practice in the majority of cases; and for others, who have a hearing loss of long standing, it will likely take much longer.

Some Won't Benefit

Just as it is true that not all visual impairments can be "corrected" by wearing eye glasses, it is also sadly true that some people with a severe hearing impairment will never benefit from any kind of hearing aid.

For the greater percentage of people who experience a natural loss of hearing in later life, a hearing aid will be of little or no use, says Mr. Person. The hearing defects that come with advancing age are probably the most common type of hearing loss in our society and one that is certain to become more prevalent as our population continues to "age." In such instances, elderly persons may very easily hear low pitched sounds around

them and some components of the human voice; but the higher pitched sounds, as for example some of the consonants in speech, cannot be heard.

"I hear, but I do not understand" is a confession that the elderly will make to a physician or audiologist; but more often than not they will admit nothing to their families for fear they will be thought "stupid or senile." So they may go from day to day, half understanding or not understanding at all, while their families, in increasing frustration, raise their voices higher and higher.

"You don't need to shout. I can hear you! . . ."

Speech Reading

The fact that a hearing aid proves to be of little or no use does not mean a closed door to further assistance. Speech reading (lip reading), as Mr. Person points out, admittedly requires a lot of patient, hard work, but in the end it means a richer life in which the individual can communicate quite effectively with his fellows.

In many instances, he continues, the hard of hearing begin to learn the art of speech reading without being aware of it. Because their inability to hear all sounds may occur so gradually over the years, they very often do not realize the full magnitude of their loss; yet unconsciously they begin to compensate for it by watching for the cue expressions on the faces of those they talk with.

It is not uncommon, therefore, that other members of their families are the first to recognize the hearing problem.

A Common Problem

Loss of hearing is one of the most common chronic impairments in society today. It is estimated that there are about 50,000 people in our province who have hearing impairments of varying degrees of severity. For roughly one half of them, the problem is serious enough to warrant the attention of the ear specialist. A smaller percentage will require the assistance of the clinical audiologist.

Disturbances in hearing also have a far greater impact on day-to-day life than almost any other handicap, for they intimately touch and concern the vital link of communication between man and man. As Helen Keller once explained: "I am just as deaf as I am blind . . . Deafness is a much worse misfortune for it means the loss of the most vital stimulus — the sound of the voice that brings language, sets thoughts astir and keeps us in the intellectual company of men."

(Continued on Page 4)

Address all communications to:

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

Authorized as second class mail, Post Office Dept., Ottawa
and for payment of postage in cash.



The Stor

Manitoba Sanatorium (under construction)
 — "In the beginning a great part of the anti-tuberculosis campaign was concerned with the building of sanatoria. Tuberculosis was to be stamped out by the segregation of advanced cases into hospitals and the gathering of early cases into sanatoria for education, treatment and cure. Sources of infection being thus removed, and knowledge widely spread abroad, the disease, it was argued, would vanish."

— D. A. Stewart, M.D.

PART ONE

On the evening of March 24, 1882, a 39-year-old German bacteriologist stood up to address 30 members of the Berlin Phthisiological Society. In a matter-of-fact way, just as if he were presenting a routine paper, Robert Koch described his discovery of the tubercle bacillus. He explained the method of culture, the characteristics of the organism, the nature of the lesions. Then, when he had finished, he invited the audience to step up to the microphone and see for themselves what he had found. One by one the members came forward, peered at the tiny slender rods, and lapsed into stunned silence. Gradually the import of the evening hit them. This was truly one of the greatest moments in the history of medicine! No longer could there be any doubt about the origin and propagation of tuberculosis. "The Captain of These Men of Death", believed so long to be a hereditary affliction, was proved a communicable disease, which could be prevented and controlled.

The word spread to other countries, and soon against this biggest killer of all time there emerged the greatest voluntary health movement the world has ever known. Private citizens everywhere banded into anti-tuberculosis organizations, setting as their immediate objectives the education of the public and the raising of funds for tuberculosis hospitals.

Most of these associations did not have the means to undertake control programs themselves, but rather they served magnificently as a focal point for community leadership and action, providing the spark that kindled government and popular support and brought new health services into action. Only in a few places did the voluntary organizations go one step further and take over full responsibility for organizing and directing anti-tuberculosis campaigns in their own areas. One of them was the Sanatorium Board of Manitoba which began with the inspiration of a small group of doctors, businessmen and politicians, an Act of the Manitoba Legislature in 1904, and the opening of a tiny sanatorium near the village of Ninette in the spring of 1910. In the following story we tell how this early movement came about. Then, in ensuing articles, we shall explain how the Board's services grew, each leading naturally to another, until we have the complex hospital-health organization we know today.

At the turn of the century, when our story begins, Manitoba was experiencing a big boom in population and wealth. Bountiful harvests and good prices, along with Sir Clifford Sifton's widespread advertising abroad, brought floods of immigrants into the province daily. In ten short years the population of Winnipeg alone shot from 25,000 to over 65,000, while out on the prairie grain elevators sprouted up like mushrooms and new villages appeared almost overnight.

With the upsurge in good living, people became more wakeful to life around them and in particular to the needs of the less fortunate. The electric globes that now gave light to the city streets seemed also to illuminate the sorrier side of society: the problems of sanitation, slums and disease. In 1893 the first Provincial Board of Health was organized to look into the urgent needs for immunization and improved sanitation. Eleven years later this Board and a few other citizens turned their attention to the problem of tuberculosis.

It is no understatement to say that while the whole of Canada was enjoying a great economic boom, tuberculosis was also having a big fling. It was the chief killer of the time, causing about one-third of all deaths between the ages of 15 and 60 years, or an estimated 200 deaths annually per 100,000 population. Thousands were ill, and there was nothing to check the spread of infection — no clinics, no programs for control, indeed not even 50 sanatorium beds in the whole of Canada. Many people still clung to the old idea that tuberculosis was hereditary and incurable; but here and there knots of better informed people started to perk up their ears to a new movement abroad. "All Europe is wide awake to the

importance of the problem," ran the news story in the June 7, 1898, edition of the Winnipeg Daily Tribune. "So important has this subject become that at a recent convention held in England to consider the question *How to Prevent the Spread of Consumption*, the Crown was represented by H.R.H. the Prince of Wales, who presided over the meeting. The medical profession all over the world is deeply interested and every effort is being made to suppress the formidable disease. Since the germ which causes it is known . . . it does appear but rational to assume that it can not only be prevented by precautionary measures, but that it can be cured by proper environment and treatment."

* * *

Spurred to action by a personal letter from the Prince of Wales (later King Edward VII), the Governor General of Canada (the Earl of Minto) enlisted the aid of private citizens in the formation of a national anti-tuberculosis society, and in the summer of 1900, at the time when the Canadian Medical Association was meeting in Ottawa, the *Canadian Association for the Prevention of Consumption and Other Forms of Tuberculosis* was officially established, a constitution set up and the first officers elected. Its chief purposes were to let the people know the nature of tuberculosis and to assist governments or other bodies across Canada to set up programs aimed at its prevention.

* * *

The formation of the national organization did indeed inspire other provinces to take action, and a year or so later Dr. Gordon Bell, the provincial bacteriologist, reported to the Manitoba Board of Health his observations as a delegate to a tuberculosis meeting in Ottawa. On February 8, 1904, a group of men, comprising the members of the Board and Health and a few private individuals, were constituted by Public Act the *Board of Trustees of the Manitoba Sanatorium for Consumptives*. They were given authority to add to their number and "to establish, maintain and operate a sanatorium for the treatment of consumptives", a . . . for that purpose to acquire lands, equip buildings and appoint a medical superintendent; such other employees "as were necessary and proper for the management of the affairs of the institution".

What took place during the next two years leading up to the formal gathering of the Board of Trustees is not recorded until 1906. The meeting took place at the office of Edward (the then Municipal Commissioner) in the Parliament Buildings, and it went along these lines:

On motion Dr. R. M. Simpson was elected chairman and took the chair, and Mr. E. M. Wood was appointed secretary. Dr. W. W. M.P.P., was present and addressed the meeting. He was in favour of the movement to establish in the province a sanatorium for the treatment of that unfortunate class of consumptives who are trained in India. Dr. Gordon Bell, seconded by Dr. . . . carried: That the trustees assist the trustees in a campaign of establishing in the province a sanatorium for consumptives collectively and . . . promises in every manner . . . ennett ex-

In order to accomplish their first main task of raising money by saving the copper drip-cans and arc lamps in the . . . they were em- . . . ingenious fund-

26 1/2 pieces

of the Sanatorium Board of Manitoba

21, 1909, Dr. David Alexander Stewart was appointed to take charge of the organization work and to tour the province to "sound the trumpets".

Dr. Stewart, who had come west with his family from Kent County, Ontario, in 1891, was at that time 35 years old. Originally he had intended to enter the ministry, but an illness affecting his voice made him change his plans, and he turned instead to medicine. He graduated from the Manitoba Medical College in 1906 and after two years as the first senior interne in the medical department of the Winnipeg General Hospital, he went on to do tuberculosis work in New York City and Connecticut. When he returned to Manitoba in 1909, he took up the anti-tuberculosis campaign with Presbyterian fervor, carrying the gospel to all parts of the province, using lantern slides and gaudy campaign posters to illustrate his message. (For his efforts the Board rewarded him with a handsome salary of \$1,500 per annum . . . plus travelling expenses!)

* * *

While fund raising and education proceeded, the Trustees turned to the problem of selecting a site for the proposed sanatorium. Reaching a decision took considerable time: in fact, it took three years to sort out all the suggestions and examine the advantages and disadvantages of each. Almost every month of 1907 and 1908 saw some delegation off to inspect a new site: Sprague and Vassar and Captain Allan's farm on the Red River at St. Andrew's; Bird's Hill, Brokenhead and Moose Nose Hill; Portage la Prairie, Rennie, Gimli, Cross Lake and, of course, Ninette. In an account of these early trials and tribulations, Dr. E. W. Montgomery wrote:

The Board found itself besieged by a number of real estate men who had ideal sites at their disposal. Besides this, a great number of individuals wanted the institution in as central a location as possible so as to provide easy access to patients from all parts of the province. The citizens of Winnipeg, on the other hand, wanted the Sanatorium close at hand, and as they, the citizens of Winnipeg, contributed more than all the rest of the province put together, their claims had to be recognized. Then the doctors, who were familiar with the locations of sanatoriums in many parts of North America, put forth various reasons for its location, alongside a lake or a running stream or on a gravel ridge or in the evergreen forests or on sandy soil, so that the longer the Board delayed its decision the more difficult it was to decide. It reminded me many times of the old man and his sons who had to take a loaded donkey across a narrow bridge . . . Eventually, however, the Board became pretty well united on one of four or five sites. To decide on one of them we determined to get an expert on tuberculosis from Saranac Lake and thus Dr. Lawrason Browne, a patient of Dr. Trudeau's, and himself an active practitioner at Saranac Lake, was brought up to Manitoba to look over the ground and make the final decision. Dr. Browne spent a month or more here and visited all the likely spots, and finally gave his decision that the institution should be built on the Brokenhead River, about thirty

miles east of Winnipeg. The Provincial Government came into the picture and stated positively that its grant was not available unless the Sanatorium was built at Pelican Lake near the village of Ninette. It would have been very much simpler had the government made the statement in the first place. But I think the method adopted had the effect of making every citizen of Manitoba conscious of the fact that we were going to have an institution all our own for the treatment of tuberculosis.



On a hot summer day in 1907, the Board of Trustees arranged a railway excursion to Ninette "for the purpose of enabling subscribers and potential subscribers to view a proposed sanatorium site." Three who went along were E. L. Drewry (left), a founding member of the Board, Chief Justice Howell, and W. F. Alloway, prominent businessman and philanthropist (who opened Winnipeg's first tobacco shop and private bank).

So in January, 1909, the site for the sanatorium was finally fixed on a wooded hillside overlooking the sparkling waters of Pelican Lake, three-quarters of a mile from the village of Ninette. At a general meeting the following May the members were presented with the plans for a sanatorium, which had been drawn up by W. H. Shillinglaw in consultation with Dr. Stewart. The Provincial Government gave a grant of \$25,000 and a further sum of \$50,000 was contributed by the Manitoba municipalities and by private individuals. Construction began and the cornerstone of the first building was laid in July 1909 by the Hon. George Coldwell. On May 20, 1910, Manitoba Sanatorium, consisting of one scantily equipped main building and two rather flimsy pavilions — offering in all 60 beds for the province's tuberculous — opened its doors to the first group of patients. It was the first sanatorium west of the Great Lakes.

(To be continued)

The Men Who Founded The Sanatorium Board

Trustees of the Sanatorium for Manitoba, for it was they who formed the body of government voluntary citizens, and given full authority to conduct and direct the campaign against tuberculosis throughout the province.

chairman of the Board of Trustees, Dr. J. M. Eaton*, Dr. J. A. McDonald*, Dr. F. L. Schaffner* and Edmund R Wood (secretary).

Other members included Howard Mitchell (druggist)*, Dr. S. W. McInnes M.P.P. (Brandon), Alfred J. Andrews (barrister and one-time mayor of Winnipeg), R. M. Manning, W. H. Reeve (who later became superintendent of works when the Board began construction at Ninette), George E. Wood, W. A. Windatt (coal merchant), D. W. McDermid, Clarence Campbell Chipman (Commissioner of the Hudson's Bay Company), Edward L. Drewry (proprietor of the Redwood and Empire Papereries, member of the Manitoba Legislature from 1886 to 1903, and president of the Winnipeg Board of Trade, 1899), the Rev. Charles W. Gordon, John Ingalls (Brandon), E. F. Hutchings, merchant who came to Winnipeg in 1878 and started the Great West

Saddlery), and John Yellowlees (of Ninette).

Dr. E. W. Montgomery* (who in 1928 became the first minister of Health and Public Welfare of Manitoba) was an active member of the Board from the time of its incorporation in 1904 until his death in 1948. He served as chairman from 1916 to 1918.

Another outstanding member was James H. Ashdown, pioneer merchant who in 1868 came overland to Winnipeg by Red River ox cart. He opened the first wholesale hardware business west of the Great Lakes, was a charter member of the Winnipeg Board of Trade in 1879, and became mayor of Winnipeg in 1907.

Among the political figures elected to the early Boards of Trustees were Horace Chevrier, M.P.P. for St. Boniface, the Hon. George Coldwell, a Brandon lawyer who in 1907 was appointed provincial Minister of Education, the Hon.

Robert Rogers, who came to Manitoba in 1881, started a mercantile business at Clearwater and subsequently became prominent in provincial and federal politics, Sir James A. M. Aikins, one of Manitoba's best known legal figures who became Lieut-Governor of the province in 1916, the Hon. Charles R. Cannon, of Belmont, first reeve of the Municipality of Strathclair and later provincial Minister of Education, and the Hon. Sir Hugh John MacDonald, son of the first Prime Minister of Canada, who came west in 1870 as a member of the Red River (Wolseley) Expedition; subsequently joined the Winnipeg legal profession, served for a short time as premier of the province, then became (in 1911) one of Winnipeg's most outstanding and beloved police magistrates.

* * *

* Original incorporator of the Board of Trustees of the Manitoba Sanatorium for Consumptives — 1904.

vertical aid dealers entire ind- peopl

lea ma a hearing in the little stresses. "Ess does only one louder. And ears, it picks sounds that it speech, slurre

In Memoriam

ERNEST W. ACKROYD

With deepest regret we report the death on January 25th of Ernest W. Ackroyd, R.T., a highly valued member of our staff.

Mr. Ackroyd, who was 61, served the Sanatorium Board for nearly 40 years and for the past five years he had been in charge of the x-ray service for both the Central Tuberculosis Clinic and the Manitoba Rehabilitation Hospital.

Born and educated at Angusville, Manitoba, he joined our staff at the Manitoba Sanatorium, Ninette, on June 30, 1927, after a brief period as a patient. In May 1930 he began training as an x-ray technician and for a period of two years he served on the Board's travelling medical clinics which each summer criss-crossed the province to examine tuberculosis contacts, and were the forerunner of today's tuberculosis preventive program.

In September 1932 Ernie came into Winnipeg to head the x-ray depart-

ment of the newly established Central Tuberculosis Clinic. He remained at this post until March, 1942, when he joined (with the rank of sergeant) the Royal Canadian Army Medical Corps at Fort Osborne. He returned to our staff in 1946.

In 1935 Ernie was married to the former Janet Hughes, who had been a member of the nurses' assistant staff at Ninette and later the C.T.C. They raised three children: Marylyn (now Mrs. W. Hanna of Winnipeg), David and Jimmy.

It is difficult to fully assess the contribution of a staff member like Ernie Ackroyd, or to express adequately our sense of loss in his unexpected death. He was more than a good friend and loyal employee, for it has been quietly dedicated men like him who over the years have formed the very heart of our organization and the anti-tuberculosis crusade. We shall miss him very much.

IRENE A. CRUIKSHANK

On February 25 the Sanatorium Board of Manitoba was shocked and deeply saddened to learn of the unexpected death of Mrs. Irene A. Cruikshank, director of nursing at the Assiniboine Hospital in Brandon, and for 30 years a member of our staff.

During her long association with the Sanatorium Board, Mrs. Cruikshank was known as an exceptionally fine nurse and able administrator, who was devoted at all times to the highest nursing ideals. A 1935 graduate of the Brandon General Hospital School of Nursing, she first joined our staff in December 1936 as a relief nurse at the Manitoba Sanatorium. The three weeks she expected to spend at Ninette, however, stretched into 11 years, five of which she served as a ward nurse and six in the operating room.

In 1947 she moved to Brandon where she was appointed assistant matron at the newly opened sanatorium for Indian and Eskimo patients. In November, 1951, she became the director of nursing.

During her first year at the Brandon hospital, Mrs. Cruikshank worked hard to establish routines and teach her staff the techniques of tuberculosis nursing. Between times, she rebuilt the dispensary, opened wards, and performed many of the extra duties that quickly accumulate with the opening of a new facility.

Twelve years later, when the sanatorium was converted into the Assiniboine Hospital for extended treatment patients, she again took over much of the responsibility of organizing and developing a high level of

nursing care for people with other types of long-term illness.

Mrs. Cruikshank was a fine woman and a good teacher, who instilled in students and staff the importance of sympathetic bedside nursing. "In building up the hospital the welfare of the patient must always be the primary concern," she would say. "A good nurse will radiate comfort. As the Golden Rule instructs, she will pretend in her own mind that she is the patient, then do her nursing as she herself would like to be treated."

When the operation of Assiniboine was taken over by the Brandon General Hospital in 1966, the Sanatorium Board lost Mrs. Cruikshank as a valued employee. In her death we have now lost a good and highly respected friend.



COMPLETE TRAINING COURSE — Looking crisp and proud in their starched uniforms, four nurses' assistants and three nursing orderlies stepped up to the stage in the Manitoba Rehabilitation Hospital auditorium on February 23 to receive certificates of graduation from the Sanatorium Board's Nurses' Assistants and Nursing Orderlies Training Program. The group — the 14th to graduate from the program — are pictured here with their nursing instructor, Mrs. D. Setter (standing, extreme left). They are, standing left to right: Barry Percy Manning, Harold Robert Martens, and Mike George Shipp (valedictorian). Seated: Mrs. Eileen M. Doig, Christina H. Crate, Alice Caroline Thunder and Anna-Maria Torgerson. Dr. J. F. R. Bowie was guest speaker at the ceremony; T. A. J. Cunnings was chairman. The graduating orderlies also received pins from the Manitoba Association of Certified Orderlies, Mr. Martens also winning a nursing textbook for top marks. (Photo by Portugal)

Hearing Aids

(Continued from Page 1)

It is hardly possible then to overestimate the importance of hearing aids or any other measure that will help the hard of hearing to overcome this tremendous communication barrier. We hope that our little pamphlet will prove to be a helpful guide.

Board Moves X-Ray Service

The Sanatorium Board's chest x-ray service at the Canada Manpower Centre was discontinued on March 1, and referrals from that service are now being handled by the survey and contact x-ray service at the Central Tuberculosis Clinic.

According to Executive Director T. A. J. Cunnings, the rate of case finding and the usage of the service has declined sharply in recent years, and it was judged uneconomical to continue operation of this year-round screening service.

Instead, alternative arrangements have been made to utilize more fully the x-ray facilities which are available in the lower level of the Central Tuberculosis Clinic. This unit is now geared to handle all persons who come to the clinic for a chest x-ray only — which includes tuberculosis contacts, the staff and prospective staff of commercial and industrial firms in Greater Winnipeg, and, in all, any citizens who wish to have a free chest x-ray.

For several years the x-ray unit at the Canada Manpower Centre and the former National Employment Service performed a valuable service to the citizens and business community of Greater Winnipeg. Since its installation in 1962, a total of 34,369 chest x-rays were taken (mostly pre-employment checks) and eight active cases of tuberculosis were discovered — five of them in the first year of operation.

In 1967, however, less than 4,000 people used the service and no cases of tuberculosis were found.

Miss Caroline Doern who did an excellent job of operating the service at the Canada Manpower Centre has been transferred to the same duties at the Central Clinic.

BULLETIN BOARD

Dr. C. W. L. Jeanes, executive secretary of the Canadian tuberculosis Association, flew in from Ottawa to attend a Tuberculosis Control Conference arranged by the Sanatorium Board on March 15.

Among the others who gathered to discuss such subjects as admission and discharge policy, field services for Indians, prophylactic measures and community surveys were Dr. F. J. Porth, Regina, and Dr. M. J. DeKoven, Winnipeg, representing the Medical Services Branch of the Department of National Health and Welfare; Dr. E. Snell, director of Preventive Medical Services, Manitoba Department of Health; Dr. J. B. Morison, provincial Deputy Minister of Health; T. A. J. Cunnings, Dr. R. M. Cherniack and other members of the Sanatorium Board staff.

During the past month the Sanatorium Board has been represented at meetings elsewhere. T. A. J. Cunnings, executive director, attended the annual Conference of Provincial Executive Secretaries at the Canadian Tuberculosis Association headquarters in Ottawa last month. This month Mrs. Doris Setter, nursing instructor, Manitoba Rehabilitation Hospital, and Mrs. P. Torgerson, day supervisor, Central T.B. Clinic, attended a two-day Nurses Institute on Inhalation Therapy, arranged by the General Extension Division of the University of Minnesota at Minneapolis.

Recent additions to the Manitoba Rehabilitation Hospital staff include Torrey G. Rackley, clinical audiologist in the Department of Communication Disorders; Mrs. Jane Patricia Johnson, occupational therapist; Mrs. Sally T. Liivamae and Miss Nalini Natverlal Sheth, physiotherapists; Mrs. Linda Jane Campbell, x-ray technician. Mr. Rackley has a B.Sc. degree in psychology from the University of Southern Mississippi, and a M.Sc. in clinical audiology from the University of Oklahoma. Mrs. Johnson is an O.T. graduate of the University of Toronto; Mrs. Liivamae trained in Finland, Miss Sheth in India.

Among the recent contributions to our Christmas Seal Fund was a \$17.00 cheque from the local organization of Motion Picture Projectionists. In a letter to the Sanatorium Board, club treasurer A. M. Sennett explained that the projectionists had raised the money by saving and then selling the copper drippings from the arc lamps in the theatres where they were employed. A very ingenious fundraising