



Needed: More Research!

What causes arthritis? What are the factors that influence a patient's prognosis?

To what extent are hemiplegic patients affected by "loss of body image?" How big a role does treatment play in regaining realization of the total body scheme?

To help clarify these and other problems related to physical disability, research work was begun at the Manitoba Rehabilitation Hospital several years ago. Part of the program has been financed by outside agencies, but a very important portion has been supported by a special Manitoba Rehabilitation Hospital Research Fund, set up in December 1964 by a resolution of the Executive Committee of the Sanatorium Board of Manitoba. An initial grant of \$15,000 was made by the Board to the fund; since then it has been augmented by about \$3,000 through private donations.

The need for research becomes increasingly urgent as physical medicine services develop more fully, said former Chief of Medical Services Dr. L. H. Truelove in a report of M.R.H. research activities. The level of knowledge in this relatively new area is considerably lower than that of medicine as a whole; and to provide truly effective programs for patients, a good deal more must be learned about the natural development of disease, the basic mechanisms of bodily functions, and the effects of treatments now being used.

Arthritis, for example, remains one of the three leading causes of physical disability in Canada today, affecting more than one-quarter of a million people and about 20 to 30 percent of the patients who turn up in doctors' offices. Yet, although knowledge about this age-old disease has increased tremendously over the past 20 years, its cause and cure are still unknown. As in the case of tuberculosis a half century ago and other chronic chest diseases today, it has been a sadly neglected area of medicine.

It is most interesting, therefore, that one of the four projects financed by the M.R.H. Research Fund over the past year concerns the isolation of a specific bacteria which it is felt may have some bearing on the development of rheumatoid arthritis. The work, which has been undertaken by Dr. Truelove and Dr. G. M. Wiseman of the University of Manitoba Department of Bacteriology, is an extension of research begun in Edinburgh several years ago by Dr. Ian Duthie. It centres on the isolation of an organism (a diptheroid somewhat resembling the bacteria that causes diptheria), which has been turning up fairly regularly in the synovial fluid

extracted from joint cavities of R.A. patients.

Coinciding with these investigations — but not financed by the M.R.H. Research Fund — are four other research efforts in the arthritis field, conducted by Dr. Fletcher D. Baragar in co-operation with several hospital departments. One of these projects — financed since last year by \$5,000 research grants from the Canadian Arthritis and Rheumatism Society — is a long-term study to learn more about the natural history of early polyarthritis and the factors which may influence a patient's prognosis. For this study salicylates in the form of entrophens are being administered to a group of patients with early polyarthritis; they are being provided by Charles E. Frosst and Company.

A second project, also financed by Frosst, is an investigation into the absorption of salicylates and into their effect on hearing; and a third study — not supported by any grant — is an analysis of the results of synovectomy of the knee in rheumatoid arthritis patients, conducted by Dr. Baragar in collaboration with Dr. D. Horoupian (pathologist) and Dr. P. W. Schmidt (radiologist).

A fourth project, also unsupported, is being carried out in the M.R.H. Occupational Therapy Department. It involves a battery of specific tests designed to sort out deformities in arthritic hands, to determine their development and assess the results of treatment (including surgery).

In other areas the Manitoba Rehabilitation Hospital Research Fund is financing a study conducted by Dr.

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WINNIPEG'S FINEST joined the line-up of civic employees during the chest x-ray survey at City Hall last month. A total of 1,522 persons received free examinations before the survey team moved on to the City Hydro and other Winnipeg industries. This month the Christmas Seal Mobile Unit will be set up at the Red River Exhibition and Brandon Fair before moving on to Montcalm, Rhineland and other rural municipalities where, in co-operation with the Metabolic Laboratory of the University of Manitoba, free blood tests for diabetes will also be offered. (Photo by Portugal Photography)

CTA Spends \$104,500 on Research

Using Christmas Seal funds contributed by each of the provinces, the Canadian Tuberculosis Association has invested \$104,500 this year in a nation-wide research and fellowship program.

The program includes three fellowships to Montreal doctors, and 10 research grants for projects related to tuberculosis and other respiratory diseases.

Two Manitobans are receiving assistance through the program. Dr. Brian Kirk, of the University of Manitoba Department of Medicine, who for several years was the recipient of a CTA fellowship, has been awarded

\$7,000 for a research project concerning "Assessment of Respiratory Function in Critically Ill Patients."

Dr. N. L. Stephens, also of the University of Manitoba Department of Medicine, has received a further \$8,000 to continue investigations into the various factors that affect some of the mechanical processes of breathing. (He received \$11,000 for this research last year.)

Other projects supported by Christmas Seal funds in other parts of the country concern such problems as tissue transplants, studies of lung function and of the causes of respiratory diseases.

Research Is Vital

A contribution or bequest to the Manitoba Rehabilitation Hospital Research Fund offers an opportunity to support the search for greater understanding of the cause, cure and prevention of disabling illness and injuries. For more information please direct your inquiries to the Executive Director of the Manitoba Rehabilitation Hospital, 800 Sherbrook Street, Winnipeg 2.

Address all communications to:

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

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Dr. Truelove to Vancouver

Dr. Leslie H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital from the time of its construction, has resigned this position to work with the Canadian Arthritis and Rheumatism Society in Vancouver.

Since joining the Sanatorium Board staff in April, 1960, Dr. Truelove has been actively involved in the expansion of physical medicine facilities and programs in Manitoba. He had a great deal to do with the original planning and development of treatment services at the Manitoba Rehabilitation Hospital; later he was very much behind the move to establish research work and a program for the postgraduate training of specialists in physical medicine and rehabilitation. He was also a chief organizer and director of a Manitoba school for the training of physiotherapists and occupational therapists, which opened at the Children's Hospital in September, 1960, and later moved to the third floor of the Manitoba Rehabilitation Hospital.

Born and raised in Sheffield, England, Dr. Truelove graduated with a Bachelor degree in medicine and surgery from Oxford University in 1946. He subsequently received his M.A. from Oxford and membership in the Royal College of Physicians (Lond.) in 1948, and a Diploma in Physical Medicine from the Royal College in 1959.

His early medical experience includes two years as a medical specialist in the Respiratory Disease Unit of the Royal Air Force and a further

stint as an air force medical officer in New Zealand. From 1956 to 1958 he was medical registrar at Stoke-Mandeville Hospital at Aylesbury; and from 1958 until he came to Winnipeg he was a clinical research fellow in the Rheumatic Unit of Northern General Hospital, Edinburgh.



In Vancouver Dr. Truelove will again be closely associated with the construction and planning of a new health facility — a special arthritis centre which will serve as provincial headquarters for treatment, research and professional training.

Winnipeg will miss him and his family; we extend to them our warmest wishes for much happiness and success in their new life.

W. Broadhead Assumes New Post

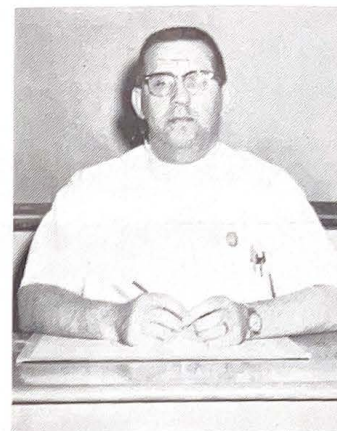
With the recent retirement of Miss Derinda Ellis, William Broadhead has stepped into the position of director of nursing at the Manitoba Sanatorium.

Mr. Broadhead, who has been nursing instructor and day supervisor at Ninette since June 1959, has an excellent nursing background. Born and educated in Yorkshire, England, he served with the British forces in the Far East in World War II, and after his discharge entered nurses' training at the Halifax General Hospital in Yorkshire. Then followed six months of psychiatric nursing and one year of tuberculosis training at the London Chest Hospital, plus three months in the spinal injuries unit at the renowned Stoke-Mandeville Hospital.

Mr. Broadhead held several posts in English hospitals before coming to Canada in 1955. After his arrival here, he worked for a short while at Ninette, then he went on to Miller Bay Indian Hospital at Prince Rupert and after that, to the Mountain Sanatorium in Hamilton for a post-graduate course in tuberculosis nursing. He returned to Manitoba Sanatorium in 1956, only to learn three days later that he had tuberculosis.

On his recovery, Mr. Broadhead rejoined the nursing staff as nursing instructor and day supervisor. A very capable man and hard worker, he won a Canadian Tuberculosis Association nurses' scholarship in April 1962, which permitted him to take the eight-month course in Nursing Unit Administration at the University of Manitoba. In April of this

year he also completed the intensive course in rehabilitation nursing at our Manitoba Rehabilitation Hospital.



Mr. Broadhead is married and has two children. His interests include music, painting and literature. He also plays golf, and has been closely associated with the Boy Scout troop at Ninette.

SBM Staff Honors Mrs. Ethel Hirst

"I have so many happy memories," beamed Mrs. Ethel Hirst as she accepted the good wishes of fellow staff members at a farewell tea last month in the auditorium of the Manitoba Rehabilitation Hospital.

Mrs. Hirst, who on May 31 resigned from her post as supervisor of our combined hospitals' linen supplies, has been with the Sanatorium Board for nearly 13 years. Nearly all our Winnipeg employees have had some special association with her — but probably none have fonder memories than the people who knew her at the old Central Tuberculosis Clinic where, as food supervisor and clinic housekeeper, she ran a very efficient service from cramped quarters and (with the help of Mrs. Janet Penny) turned out some of the finest cooking and baking we have ever encountered.

Mrs. Hirst joined the staff in November, 1955, shortly after she and her family arrived in Winnipeg from Manchester, England. She has remained with us since then, except for the two-year period when the Manitoba Rehabilitation Hospital and new Tuberculosis Clinic were built.

For health reasons she has now retired — to devote more time to her hobbies of sewing and needlework, to her husband, John Thomas (a Metro bus driver), and her children, Eileen and John Neville. Also planned for the near future is a motor trip to Seattle and a visit there with her elder son Ronald.

All of us join in wishing her a good trip — and a long and happy retirement.

Director of Nursing at Ninette Retires

Derinda E. Ellis brought 42 years of professional nursing to a royal close last month when she retired from her position as director of nursing at the Manitoba Sanatorium, Ninette.

Staff and friends both in Winnipeg and at Ninette gathered to pay tribute to Miss Ellis and to thank her for 16 years of excellent service to the Sanatorium Board. At a luncheon in Winnipeg on May 9, the Board's Chairman Frank Boothroyd presented her with a gift from the head office staff and other Board members, and from Executive Director T. A. J. Cummings she received a tiny gold Cross of Lorraine pin for her contributions to the tuberculosis cause. Out at Ninette on the afternoon of May 15, some 150 persons met in the sanatorium assembly hall to wish her well and present her with a handsome set of matched luggage. In the evening another party was held at the home of Medical Superintendent Dr. A. L. Paine and Mrs. Paine.

Miss Ellis, who joined our staff in January, 1952, has had a long, distinguished career in nursing, which has taken her from one coast of Canada to the other, and from the bustle of the big city to the quiet solitude of the western outpost. A firm belief

in that "a nurse's education must never stop," she squeezed into a lifetime as much varied experience as she could.

Miss Ellis was born in Shipley, Yorkshire, and at the age of 14 emigrated with her parents to St. Johns, Quebec. She entered nurses' training at the Children's Memorial Hospital in Montreal and following graduation



in 1926 she did post-graduate work in public health nursing in Ohio, then took V.O.N. training in Montreal and worked as a V.O.N. nurse in Saint John, N.B.

From 1929 to 1939 she was night supervisor at the Montreal Children's Hospital; then followed this up with various administrative positions at the Women's College Hospital in Toronto, the Metropolitan General Hospital in Windsor (where she had charge of the children's ward), the Essex County Sanatorium and Walkerton General Hospital.

Around 1950 Miss Ellis struck out for British Columbia where she became superintendent of nurses of small hospitals at Ocean Falls, Lytton and Golden. In 1952 she joined the staff at the Sanatorium Board, serving for a short period as director of nursing at the Dynevor Indian Hospital, then as director of nursing at the Clearwater Lake Hospital at The Pas. In 1955 she was appointed director of nursing at Ninette.

Miss Ellis will long be remembered for her contributions to the life and work at Ninette, for her deep interest in nursing education, for her loyalty, and the wholehearted support she gave to each new project.

"She had a good broad vision of what was important to the sanatorium," said Dr. Paine. "She never knew the meaning of defeat. With Miss Ellis there was always a way to accomplish any objective."

The Story of the Sanatorium Board of Manitoba

"Here is a sick man. The first question is: Has he got tuberculosis? That is diagnosis. The second is: What can we do for him? That is treatment. The third question is: Can he be helped or cured? That is prognosis. Other questions are: Where did he get it? Where did he scatter it? This is epidemiology. Then, what can we do to prevent infection, or avoid disease, or find it early and take care of it in the circle the sick man came out of? That is public health.

"In such effort one prime essential is to COVER THE FIELD."

— D. A. Stewart, M.D.

PART THREE

Today's preventive survey is a fast, efficient, streamlined affair. Every step is worked out to the last detail from the moment the program is planned to the follow-up of positive findings and the final filing of each record. Everything is organized; each staff member and volunteer knows fairly well what to expect. Any major hitch or deviation would in all probability cause a few moments of anxious commotion in the surveys department and, for sure, an exceedingly long face on "public relations."

Compare for a moment this serene situation with the trials and tribulations of the men and women who organized the first travelling clinics in 1926. There was no elaborate system for carrying out the work; only a loosely defined plan backed by a deep desire to get out into the community and do something about the tuberculosis problem. The equipment was scanty, often improvised; the roads were sometimes dirt tracks (or on occasion, non-existent); the "mobile unit" was a weirdly converted Model A panel truck; and the follow-up report for one small clinic would run to at least 30 closely written pages turned out by the doctor after he returned to the sanatorium and the day's work there was done.

The x-ray machine, of course, was the star of the show, but the real heroes were the public health nurses who did the organizational work, the doctors and a hard-working group of underpaid x-ray technicians who, according to one of our early pioneers, operated magnificently under conditions that ranged from poor to appalling. So in this installment of our story we salute these very special people: among them, Miss Elsie Wilson, a public health nurse who in the fall of 1925 was sent to Ninette by the provincial Health Department to have special oversight of tuberculosis patients and their contacts; Peter McConnell, William Saxton, Bill Doern, Hubert Jones, Wally Anderson, Hugh Gibson, Dave Sowden, Ernie Ackroyd, Bill Amos and Wilf Allison, who were among the first x-ray technicians; and the doctors — Stewart, Ross, Scott, Duncan McRae, Joe Gayton, M. Sigvaldson and others.

X-ray equipment was late in coming to Ninette, primarily, we suspect, because the Board of Trustees never had enough money to buy it. But in the summer of 1919, a machine was purchased and installed through arrangements with the federal Department of Soldiers Civil Re-establishment — and from then on it was constantly in use, not only for the patients, but also for any contacts of patients who happened to wander

into the sanatorium or could be enticed to come in for an examination.

Lacking a technician to operate the equipment, Dr. Stewart took it upon himself to get one trained. In 1920 he swooped down on a keen young man with severe tuberculosis of the kidney (who had no technical training or medical knowledge), taught him what he knew about the outfit, then sent him off to Chicago for a course. Within a short time Dr. Stewart had Peter McConnell transformed into a "technician so expert that (his) glass plates of tuberculosis chests were considered things of artistry."

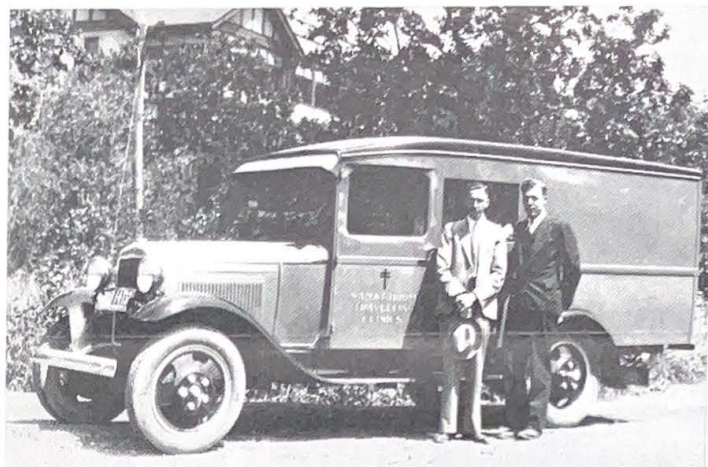
When McConnell died in November 1926, Dr. Stewart turned his attention to other promising patients — among them, Bill Doern, who had been admitted to Ninette in 1924 and had the foresight while he was in bed to take by correspondence a practical course in electricity. With Stewart's encouragement ("He wound me up so tight I haven't unwound yet"), Bill began work in the x-ray department and in 1929 he became the first qualified registered technician in Manitoba. He in turn passed on his knowledge and support to other patients, and in 1932, when he joined the staff of the Winnipeg General Hospital, he organized the first training school for x-ray tech-



The only equipment this early van lacked was a few pots and pans to announce the clinic's arrival. Note the two piano stools in the centre.

nicians, the program of which eventually became the syllabus of the Canadian Society of Registered Technicians.

Bill Doern and Miss Wilson (now living in retirement in Winnipeg) did much of the ground work for the first travelling clinics. Deciding that the only way to find early tuberculosis was "to go out and look for it," Dr. Stewart laid plans for his "missionary journeys" out into the province, and in the beginning it fell primarily on Bill to take the x-ray



This photograph, taken at Ninette in the summer of 1932, shows Chief X-ray Technician Bill Doern (left) and Dr. J. L. Gayton (now assistant senior medical officer of health in Vancouver) standing in front of the original travelling van. That year 47 clinics were held in the rural areas and 5,102 people were examined, of which 677 had tuberculosis. (Photograph from the collection of former chief radiographer, Wally Anderson)

pictures (and a little later to organize the travelling vans), and on Miss Wilson to solicit the support of the private practitioner and, with the help of a few other public health nurses in the field, to visit and round up families where there was known infection or suspicion of disease.

At first it was difficult to prove the worth of the clinics to both the doctors and the public, remembers Miss Wilson, but through persistent effort she and her corps of nurses won out. "Eventually we couldn't keep people away. Everyone wanted to come — not just the contacts, expectants and suspects for whom the first clinics were geared — but the whole public. After all, where else in those days could one get a free chest plate, and a thorough physical examination to boot?"

The travelling clinics of 1926 and '27 were held only at centres where a hospital x-ray plant was available. In the first year 105 people were examined at Portage la Prairie and Selkirk hospitals, and in 1927, six other hospital centres were visited where 658 were examined. The first nation-wide Christmas Seal Campaign in 1927 brought in sufficient funds to outfit our sanatorium with a portable x-ray unit and pay for the examinations, and the following year a total of 1,727 people were examined at 12 centres. "In those days we shipped the x-ray machine ahead of us," recalls Wally Anderson. "And we travelled behind in the san's 1919 Buick — the technician nursing the x-ray tube on his lap."

Around 1931 the sanatorium devised its own portable generator which made it possible to take the x-ray everywhere — over dirt tracks and through cow pastures to even the remotest parts of the province. A Ford Model A truck was fixed up to carry the crew and supplies, which included the x-ray machine, the 110-volt generator, dark room supplies, five staff members (doctors, nurse and technicians) and their baggage, huge piles of sheets and examining gowns, a couple of piano stools (also for the examinations) — plus, for good measure, two bunks. "That van

was out of this world," said Bill Doern. "And when it was operating, the generator shook so violently that we had to prop the truck up with cord wood to keep it from falling apart."

The clinics had much the same effect as a travelling circus. People came from miles around, travelling on foot, by car or horse and buggy, via ox team, bicycle or, in the north, by canoe. At four o'clock a local Ladies' Aid often showed up to serve tea — after which the examinations would go on, sometimes well into the night.

The clinics were held anywhere the staff could get room — in pool rooms, church basements, schools, community halls, and once in an abandoned box car that had been used to store coal. The x-ray area and dressing rooms were screened off by cotton sheets attached with pegs to a clothes line. And when the doctor was particularly suspicious of a pair of lungs, the harassed technician would hurriedly improvise a dark room in a pantry or some dark corner, develop the film and attach it to a line with safety pins to dry. Using a window as an illuminator, a diagnosis could be made on the spot and the patient despatched to sanatorium where, on occasion, he

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First Sanatorium

In the first instalment of our story about the Sanatorium Board of Manitoba, the editor reported that the Manitoba Sanatorium in 1910 was the first sanatorium opened west of the Great Lakes. "West of the Great Lakes," of course, takes in a lot of territory, and the other day we learned that Tranquille Sanatorium in B.C. opened its doors to 10 patients in November, 1907. And for a number of years before that, we also learned, a private sanatorium for tuberculosis existed in the Kamloops area. Our apologies, British Columbia!

M.R.H. Research

Continued from Page 1

Michael Newman on *Body Image and Postural Sense in the Rehabilitation of Hemiplegics*, and investigations by Dr. M. G. Saunders and Dr. J. F. R. Bowie, entitled *Estimation of Conduction Velocities in Sensory Pathways*. This latter project involves the use of a highly sensitive machine with which it is possible to pinpoint the origin of responses in the brain and the length of time it takes to receive messages from peripheral nerves (e.g. in the fingertip) to specific areas of the brain.

The fourth project, begun with money from the M.R.H. Research Fund and later taken over by a \$3,000 grant from the Medical Research Council, concerns a method of measuring spasticity in patients suffering, for example, from multiple sclerosis and paraplegia, and the factors involved in reducing spasticity by cooling techniques.

This study, recently completed by Dr. Truelove, is perhaps the best example of the benefits to be derived from the Research Fund, for it provided money to get research started at the time when doctors first noticed that cooling seemed to modify spasticity. A lot of groundwork had been covered and precious hours saved by the time the project could be submitted to and approved by a national agency.

Research at the Manitoba Rehabilitation Hospital is guided by a Directing and Advisory Technical Committee, composed of four doctors who have special medical research knowledge. The committee, chaired until recently by Dr. Truelove, includes Dr. M. C. Blanchaer, professor and head of the University of Manitoba Biochemistry Department; Dr. M. G. Saunders, associate professor of physiology, Dr. A. H. Shephard, professor and head of the Department of Psychology, and Dr. J. A. Hildes, specialist in internal medicine and professor and director of the university Arctic Medical Research Unit.

It is their responsibility to establish regulations, to supervise and review projects — and, to encourage and stimulate new research in this vital area of medicine.

Story of the Sanatorium Board

Continued from Page 3

was safely tucked in bed long before the crew returned.

Each year the clinics covered wider and wider areas, until by the early thirties they covered nearly the whole province, making about 5,000 examinations annually. The tuberculosis findings ran from 11 to 15 percent of those examined; and because of the thoroughness of the check-ups, many other conditions were uncovered and referred to the local physician for treatment.

"Every doctor . . . in every district has brought in people who should be examined, and has helped with the work," wrote Dr. Stewart. "Talks have been given to the people in general . . . There is scarcely a limit, except the limit of available time and energy to what can be done by these clinics for the better health and the better health instruction of the people."

On occasion Dr. Stewart liked to go along with the clinic staff — partly because it gave him a splendid opportunity to delve more deeply into the history and geology of the province. Recalls a doctor: "The clinics actually operated a lot faster without him, for often when he was along we'd spend an extra half day detouring to some place of historical significance."

Stewart, in fact, was a most stimulating person, and with him along, the clinics were never slow or dull. Wherever he went (or for that matter, wherever any of the clinic staff went), teaching went on — both among the general public and the medical profession. Local doctors were encouraged to attend the clinics to learn about the signs and symptoms of tuberculosis, and in particular, the techniques of taking, processing and interpreting x-ray plates. Many physicians at that time had their own x-ray equipment, but knew little about how to operate it. "An absolute necessity is the well taken, well read x-ray plate," Dr. Stewart once remarked. "But the plates we sometimes see, which Bardswell aptly likened to a myope's impression of a November fog, are crimes against medical science and sick people . . . Miserable, unreadable bone plates!"

In all, a good many things came out of the early travelling clinics —

not the least of which was the reorganization of the Board of Trustees of the Manitoba Sanatorium into a general Sanatorium Board of Manitoba. By a Legislative Act in May, 1929, this partly official, partly voluntary body was given full responsibility for the "care and treatment of residents of the province afflicted with tuberculosis and the adoption of such measures as may be deemed requisite for preventing or minimizing the development and spread of the disease in the province."

A second big result was the organization of the Central Tuberculosis Registry. In 1937, using the records kept by the public health nurses, Miss Wilson, assisted by Gladys McGarrol and others, began sorting out all the accumulated data on tuberculosis patients and contacts in the province. It was a monumental effort which soon became indispensable to all tuberculosis work and indeed a model for many other registries formed in Canada and other parts of the world.

Yet we cannot but feel that the greatest triumph of the early travelling clinic was its tremendous success in making everyone aware of the tuberculosis problem and the measures needed to bring the disease under control. With the finding of so many new cases, new treatment and diagnostic facilities were approved and efforts were made to expand the preventive program to the general public.

In reviewing the work of the sanatorium on its 25th anniversary, Dr. Stewart wrote: "We have done much, and on the whole done wisely and well, but much more is to be done. Indeed, we have just got nicely ready to take our coats off and actually begin on the tuberculosis job. We have not won out war; we have just finished 25 years of scouting, and the heavy attack can now begin."

1. From "Life Piled on Life," by Dr. R. B. Mitchell.

(To be continued)

Northern Unit Closes

The Northern Tuberculosis Unit — opened by the Sanatorium Board at The Pas in December 1965 — will be closed at the end of this month.

The unit was established following the closing of our Clearwater Lake Hospital near The Pas, and has served since then as an x-ray and laboratory centre for ex-patients and tuberculosis contacts and suspects in the north.

According to the Board, there will be no reduction in this type of service in the north. Arrangements have been made for St. Anthony's Hospital to take chest films of people referred by the Northern Health Unit director or by the Sanatorium Board medical staff.

The films will be read at the D. A. Stewart Centre in Winnipeg, and the reports sent back to the health unit via a Telex communication service.

The cost of this preventive service will be covered in part by Christmas Seal contributions.

BULLETIN BOARD

Congratulations to Jim W. Breakey who, having completed the new one-year degree course in physical therapy at the University of Manitoba, was awarded his Bachelor's Degree at the May 23 Convocation. A graduate of the U. of M. School of Medical Rehabilitation, Mr. Breakey has been a clinical prosthetist with our Prosthetics and Orthotics Research and Development Unit since May 1966.

We also congratulate Miss Doreen Moore, charge physiotherapist at the University Hospitals, Saskatoon, who has completed the degree program and received the first gold medal to be awarded to the outstanding student in the course.

* * *

Edward Dubinski, assistant executive director of the Sanatorium Board, flew to Vancouver May 27 to attend the first annual convention of the Canadian Hospital Association.

* * *

Among those who sweated out the intensive course on Work Planning and Control, conducted by the Manitoba Institute of Management, Inc., May 13 to 17, was M.R.H. Plant Superintendent, Bill Evans.

* * *

Doctors in the D. A. Stewart Centre also come and go: to Detroit, Dr. Louis Cherniack, associate medical director of the Tuberculosis and Respiratory Disease Service, to deliver three lectures (e.g. smoking and chronic respiratory disease, breathing exercises) to the meeting of the Michigan Society of Inhalation Therapists, May 22 to 24; to Dryden, Ontario, on June 8, Dr. Earl Hershfield, also an associate medical director, to speak on Manitoba's respiratory disease program to the Northwestern Tuberculosis Association; and to Mount Sinai Hospital at Miami Beach, Dr. Reuben Cherniack, medical director, to give two lectures and take part in a panel discussion at a postgraduate seminar on "Emergencies — Medical and Surgical."

* * *

With deep regret the Sanatorium Board reports the death of a longtime patient and friend, Dugald Rankin. Mr. Rankin, who was first admitted to Manitoba Sanatorium in 1936, was haunted by tuberculosis for over 30 years. As a patient he took a radio repair course by correspondence, then spent many years doing expert repair work around the Ninette district. For a long time he also ran a store for patients at the sanatorium.

Nearly a score of the Ninette staff attended his funeral at Dauphin on April 22.

Honor Roll of Contributors

The Sanatorium Board of Manitoba is grateful to the following individuals and organizations who have recently made gifts or bequests of \$25 or more.* Their contributions help make possible the addition of new equipment and health services and the continuance of vital research programs.

BEQUESTS

Estate of the late Nathaniel Cantor \$500.00

DONATIONS

In memory of the late Robert E. Goodchild
Employees of Johnson Controls Ltd. \$50.00

In memory of the late Francis W. Booth
Employees of Crane Supply \$50.00

Great-West Coal Sales \$738.94

Alex Walker Wheelchair

*These gifts do not include contributions to the Christmas Seal Fund.