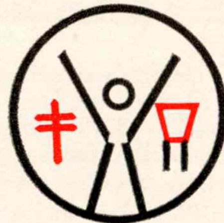
NEWS BULLETIN



The Sanatorium Board of Manitoba

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A Centre for All of Manitoba

At the final stage of treatment at the Manitoba Rehabilitation Hospital, these patients take part in a heavy general exercise class, directed by a remedial gymnast.

—Photo by Children's Hospital Photography Dept.

Director of Nursing Appointed

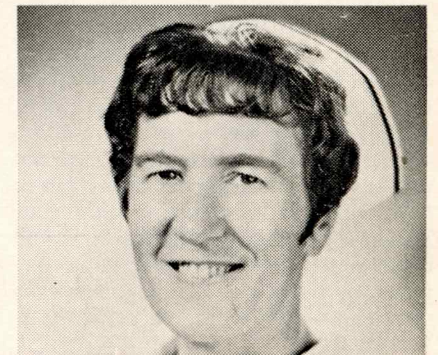
The Sanatorium Board extends a warm welcome to Miss Agnes Fleury who on July 28 became director of nursing service of the Manitoba Rehabilitation Hospital and the D.A. Stewart Centre.

At the same time, we express appreciation to Miss V. R. Peacock, who has very capably filled the post of acting director of nursing for the past two years and this month has assumed duties as assistant director of nursing service.

Miss Fleury comes to us with impressive experience in many aspects of nursing. A native of Manitoba (she was born in Marquette), she is a graduate of the St. Boniface Hospital School of Nursing and holds a B.Sc.N. degree from L'Institut Marguerite d'Youville (University of Montreal). This year she also successfully completed the two-year course in Hospital Organization and Management sponsored by the Cana-

means of ensuring adequate nursing personnel. From 1964 to 1966 she represented western Canada on the executive committee of the Canadian Nurses' Association and at the same time served as a member of the executive of the Manitoba Association of Registered Nurses.

For two years Miss Fleury was also chairman of the nursing committee of



Board of Manitoba was devoted entirely to the treatment and control of tuberculosis in this province. With the discovery of new drugs and the development of province-wide case finding in the 1940's and 1950's, the demand for tuberculosis treatment beds gradually declined, and the Sanatorium Board began to look for additional ways to apply its knowledge and experience for the care of long-term patients.

This month we conclude our history of the Sanatorium Board of Manitoba with an account of the Board's entry into a new health frontier: the rehabilitation of persons with a wide range of disabling conditions. The Manitoba Rehabilitation Hospital, which provides intensive, specialized programs of treatment designed to restore as much function as possible to the physically disabled, has broadened its services over the past seven years to cover the full spectrum of physical medicine and rehabilitation. The number of in-patients and out-patients treated each year also continues to grow, and as reflected in the following figures for 1968, nearly half of our in-patients come from areas outside Greater Winnipeg, indicating that this truly is a centre for all the people of our province.

A total of 1,177 in-patients and ,818 new out-patients were admitted for programs of treatment at the Manitoba Rehabilitation Hospital in 1968.

Treatment days for in-patients totalled 51,162. The average length of stay was 43 days.

The distribution of patients under major medical categories was: arthritis, 388 cases; orthopedic conditions, ... plegia, 113; other neuromuscular conditions, 94; amputees, 86; other internal medicine, 25.

A total of 648 patients were admitted from the metropolitan Winnipeg area; 453 of the in-patients resided in other parts of the province, and of these 71 came from areas from The Pas northward. Seventy-six of the patients were residents of other provinces (mainly Ontario and Saskatchewan).

In addition to the 2,818 new out-patients admitted during the year, 5,024 medical reviews were conducted in this department.

DR. SCOTT HONORED

Dr. Donald L. Scott — who for 38 years served as medical chief of the former Central Tuberculosis Clinic, and on July 31 concluded two years of further service as tuberculosis consultant to the Sanatorium Board — was honored at a luncheon at the Fort Garry Hotel on July 24.

Members of the Tuberculosis and Respiratory Disease Committee of the Sanatorium Board, along with physicians at the D.A. Stewart Centre, the Board's Executive Director T. A. J. Cunnings, and former Medical Director Dr. E. L. Ross, gathered for the occasion. Chairman of the Board Frank Boothroyd expressed gratitude to Dr. Scott for his contribution to tuberculosis control over the past four decades and, on behalf of all Board members, presented him with a handsome engraved silver tray.

Dr. Scott will be greatly missed by many patients and staff members. We wish him a long and happy retirement.

For the first 10 years of her nursing career, Miss Fleury was supervisor of the pediatric ward at the St. Boniface General Hospital. Then, following a brief period as night supervisor of this 700-bed hospital, she was appointed director of the School of Nursing.

In 1966 Miss Fleury left St. Boniface to become director of the School of Nursing at the Regina Grey Nuns' Hospital. Six months later she was appointed assistant administrator of the hospital — a position she held until returning to Winnipeg this summer.

Apart from the responsibilities she has undertaken in these positions, Miss Fleury has contributed in other ways to the improvement and promotion of nursing education and service, both locally and nationally. In 1965, as a representative of the Catholic Hospital Conference of Manitoba, she served as a member of the Minister of Health's Committee on the Supply of Nurses — and as such devoted much time to the study of nursing programs in the province and the

MISS AGNES FLEURY

the Catholic Hospital Conference of Manitoba, and she is a past president of the St. Boniface Hospital School of Nursing Alumnae. During the three years she spent in Regina, she was vice-president, then president of the Catholic Hospital Conference of Saskatchewan and served for a term as president of the Regina Chapter of the Saskatchewan Registered Nurses' Association.

On the "non-professional side", Miss Fleury is interested in curling, swimming, music and dancing — and expresses a desire to take up golf.

On the "professional side" these past few weeks, she has been very busy taking over her new responsibilities and exploring all aspects of the Sanatorium Board's preventive and rehabilitative services. We welcome this interest and enthusiasm. We are very happy to have Miss Fleury "aboard".

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Story of the Sanatorium Boar

For many years it has been apparent that in cases of severe or chronic disablement due to disease or injury it is not sufficient to save the patient's life. If it is possible to do so, he must also be given the opportunity to earn a livelihood and the privilege of sharing, as far as possible, in the joys and satisfactions of normal social and economic relationships.

—*T. A. J. Cunnings, in an address to the Brandon and District Medical Society, February 17, 1955.*

PART EIGHT

While the philosophy of rehabilitation is age-old, the multidisciplinary approach to the problems of the physically disabled is very new. Generally speaking, our present rehabilitation services developed out of twentieth century concern for the dignity and rights of each individual, and the realization that bringing about a return to useful life is sound, satisfying economic investment. More specifically, to understand the story behind the building of the Manitoba Rehabilitation Hospital and the Sanatorium Board's part in it, one must go back about 25 or 30 years to the first attempt in the team technique of restoration and to government legislation that made this possible on a broad scale.

In Canada the Sanatorium Board of Manitoba and several other voluntary societies working for the welfare of specific groups of disabled people pioneered the concept of *total care* when it was realized that assistance in the social and vocational fields was as important to the patient's well-being as diagnosis and medical treatment. Experience in western countries during and after World War II dramatized the importance of this thinking and suggested the desirability of establishing special rehabilitation centres. Military hospitals were swamped with all kinds of casualties and in the effort to free needed beds and restore the soldier to fighting form (or, failing that, to give the best possible care to those who had served their country well), progressive programs involving all health and welfare resources and catering to a myriad of injuries and illnesses, were hastily developed. It was during this time that a celebrated British surgeon, knighted for his part in restoring to active duty 82 percent of the flying officers severely injured during the Battle of Britain, gave the world a meaningul concept of the term *rehabilitation.* In a book well known to physicians everywhere, Sir Reginald Watson-Jones wrote:

The same skill and care which is devoted to the union of fractures must be

reasonable expectation of every disabled Canadian," he wrote. "No social justification can be found for the continuation of the present situation in which the disabled are divided into two groups — those of a favoured class eligible for comprehensive rehabilitation assistance, and those of a less favoured class who are not."

Physicians and other health workers joined the cause and as a result of many representations to Ottawa over the next few years, the federal Minister of Labour, assisted by the Minister of National Health and Welfare and the Minister of Veterans Affairs, convened a national conerence on *The Rehabilitation of Disabled Persons* in Toronto in February, 1951. The recommendations arising out of that meeting — attended by some 150 representatives of federal, provincial and municipal governments, of voluntary health societies, welfare organizations, and the fields of education and medicine — marked the first important step toward the coordinated development of services to the civilian handicapped and brought about joint federal-provincial participation in rehabilitation. The immediate outcome of that meeting was the establishment of a continuing National Advisory Committee on Rehabilitation[3], the formation of a Civilian Rehabilitation Branch within the Department of Labour, and the appointment of a national Co-ordinator of Rehabilitation. In 1953, on the recommendation of the National Advisory Committee, a series of matching grants[4] were offered to each province for the development of rehabilitation services. In addition, funds were made available for the training of disabled people under a new schedule of the Canadian Vocational Training Act, and in January 1955 legislation was introduced providing for the payment of disability allowances to persons totally and permanently disabled.

The provinces used federal assistance grants in various ways. Some established publicly operated projects; others provided funds to private groups. Over the next 15 years more than 100 hospitals, rehabilitation centres and clinics benefited from the grants, and Canadian universities received assistance to open new schools of physiotherapy and occupational therapy and to establish postgraduate courses in speech therapy and audiology. In Manitoba a Rehabilitation Commission[5] was organized in 1954 to consider and make recommendations on all matters of policy relating to rehabilitation services and the following year, in accordance with an earlier recommendation of the National Advisory Committee on Rehabilitation, a provincial Coordinator of Rehabilitation was appointed by the Manitoba government to coordinate at the administrative level all

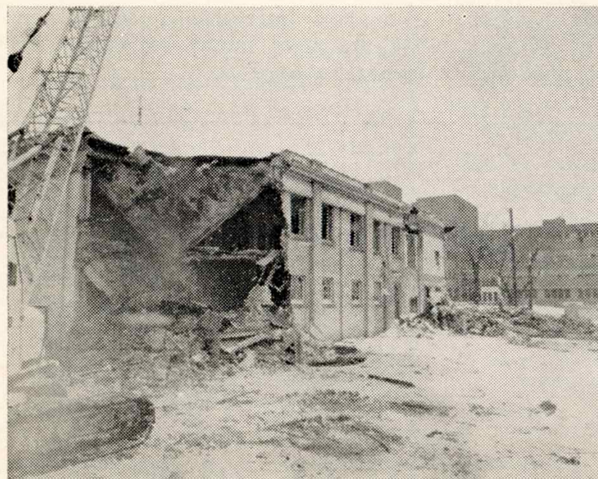
must be graduated and progressive; the patient must be taught to walk, climb stairs, run and jump. But physical exercise alone is not rehabilitation. The patient must understand his disability; he must regain confidence and be inspired. His doubts — and every sick person has doubts — must not be anxieties. His fears and misgivings must be dispelled. His social problems must be solved. He must be reassured. He must not fear the future. It is the duty of the surgeon to treat both body and mind.

The success of rehabilitation programs for disabled servicemen intensified public demands in Canada for similar services for disabled civilians. Only the blind, industrial accident cases, veterans and tuberculosis patients, it was pointed out, benefited from well structured schemes integrating medical rehabilitation with vocational training and job placement; but the majority of disabled Canadians went without. Moreover, with the tremendous advances in medicine, the problem continued to deepen as survival and longevity of the population increased, adding constantly to the number of people with chronic illness and physical handicaps.[1]

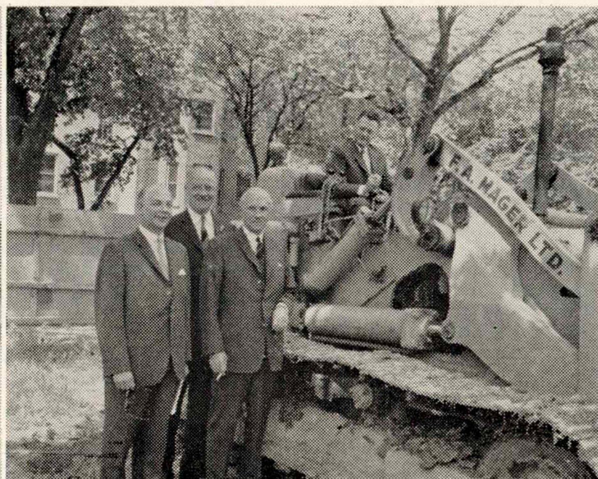
Among those who felt that the Government of Canada should take the initiative in organizing rehabilitation services to meet the diverse medical, social and vocational needs of all groups of disabled persons was a chief officer of the Casualty Rehabilitation Service of the Department of Veterans Affairs. Edward Dunlop[2], who had come out of the war totally blind, who had himself demonstrated in an inspiring manner how physical handicaps can be overcome, and had been responsible to a large extent for excellent counselling and vocational training assistance for Canadian veterans, worked quietly for legislative action. "The opportunity to emancipate himself from the needless consequences of disability should be the right and

Yet, while the program now covered all fields of disability, the physical medical facilities available in the province remained modest. Before 1960 small physiotherapy departments existed in four general hospitals, there were only two hospitals providing extended treatment care[6], and one Department of Veterans Affairs hospital offering physical medicine services to its special group. In the vocational rehabilitation field, the Society for Crippled Children and Adults was designated as the main rehabilitation agency to help injured and handicapped persons not falling into a special group.

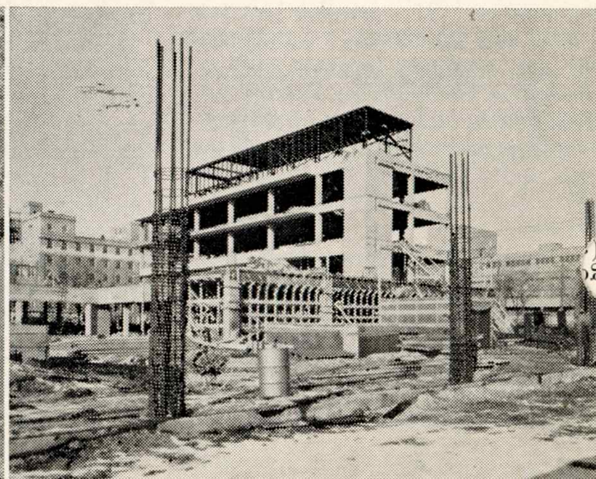
During these years, the Sanatorium Board of Manitoba became in creasingly involved in the problems of persons disabled by conditions other than tuberculosis. Representing the Canadian Tuberculosis Association, T. A. J. Cunnings, executive director of the Board, attended the 19[illegible] rehabilitation conference in Toronto and presented to the delegates a detailed paper on the Manitoba scheme for the rehabilitation of tuberculosis patients. Afterwards, because of the Board's experience and interest in the total care of persons with long-term illness, he served as a member of the National Advisory Committee on Rehabilitation as well as of the Manitoba Rehabilitation Commission. Within the Board structure itself changes were beginning to take place. The rehabilitation service for tuberculosis patients was broadened in 1956 to include a special program for disabled Indians, and as the need for tuberculosis beds diminished, the Board began studies with respect to possible alternate uses of its hospital organization. The advent of prepaid hospitalization under the Manitoba Hospital Services Plan in June 1958 provided the answer.



Demolition of the Central TB Clinic in March 1960.



Health Minister turns the first sod, June 1960.



Hospital under construction, January, 1961.

d of Manitoba

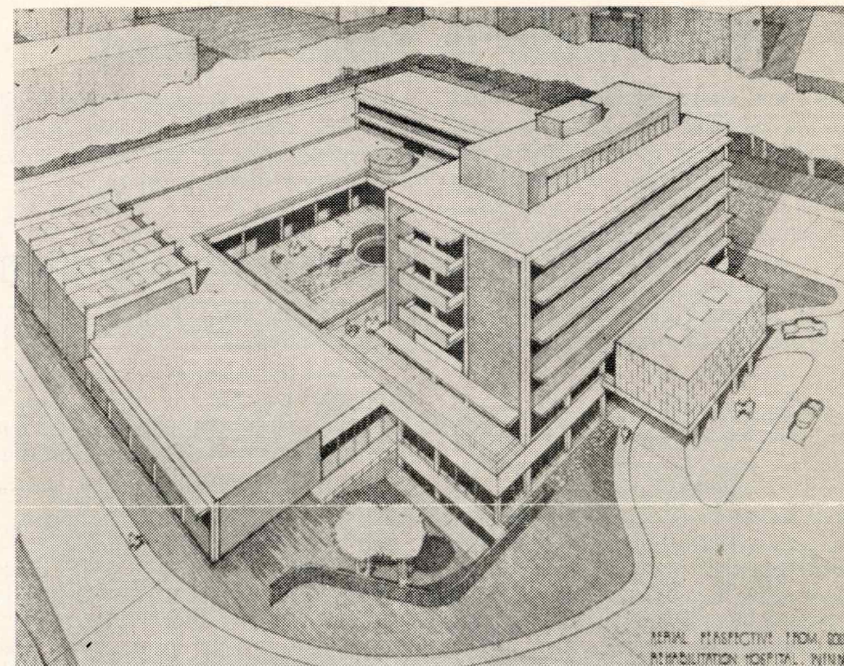
Immediately following the introduction of the hospitalization plan, pressure mounted rapidly on acute general hospital beds and the Manitoba government, faced with the problem of providing either more acute beds (at a cost at that time of about $20,000 per unit) or alternate medical facilities, established an ad hoc committee to consider hospital needs in the province. After considerable investigation this committee (composed primarily of representatives appointed by the Manitoba Medical Association and including officers of the Sanatorium Board) recommended the following:

1. That general hospitals, in the main, confine their services to the care of acutely ill people, for which they are specifically organized.

2. That, on the second level, there should be a rehabilitation hospital offering intensive programs of treatment for patients who have passed the acute stage of illness and require an intermediate period of rehabilitative treatment.

3. That at the third level, there should be extended treatment hospitals to provide rehabilitative care for persons needing a long period of medical and nursing care.

Following these studies the provincial government, acting on the advice of the Manitoba Medical Association, asked the Sanatorium Board to begin planning a rehabilitation hospital to accommodate some 160 in-patients and up to 200 out-patients daily.[7] A committee — comprising Dr. Hartley Smith, chairman of the MMA Committee on Rehabilitation, Walter Boyd, provincial coordinator of rehabilitation, and Mr. Cunnings — was formed to give extensive study to the services and facilities to be incorporated in the building. And to help them in the planning, these men also toured selected rehabilitation centres in the eastern United States and Canada, paying particular attention to the facilities provided for Workmen's Compensation Board cases in Ontario. The Ontario WCB had pioneered in the development of rehabilitation methods and procedures for industrial accident cases and, before moving into their present hospital at Downsview, had established in former RCAF buildings at Malton what was probably the first major Canadian attempt in the physical rehabilitation of disabled civilians. While the Manitoba Rehabilitation Hospital was designed for many other types of disabilities as well as industrial accident cases, the centre at Downsview offered many fine ideas for the overall Manitoba plan. The most important criterion for our hospital, according to Mr. Cunnings, was to convey a spirit of uplift. "After all," he once pointed out, "a person is a very complex being, and these complexities tend to be-



Artist's sketch of the proposed rehabilitation hospital (1959).

departments. "We had to bear in mind the importance of *education* in the rehabilitative process," Mr. Cunnings pointed out. "We weighed carefully the pro's and con's of making things easy for the patient."

Board members entered enthusiastically into the hospital's construction[9] and along with staff members noted every step in the building's progress. "By the end of October 1960 the G.A. Baert Construction Company had laid 3,000 cubic yards of concrete on the site," ran a report in the News Bulletin. "The men have begun work on the third floor of the tuberculosis wing and they have nearly finished concreting the main floor treatment areas of the rehabilitation hospital. Work has also started on the tunnels which will eventually connect our hospital with other buildings in the Manitoba Medical Centre area." Each person connected with the Sanatorium Board at that time has some special memory of those days. Some recall the hot day in August 1961 when Premier Duff Roblin set the corner-

his sickness or disability is of a long term or permanent nature. Consequently, in a rehabilitation hospital, we must give special thought in our planning and our actions, to the patient's psychological needs as well as to his physical needs."

Thus in early 1959, immediately after the Rehabilitation Commission and the Cabinet formally recommended that a $4½ million rehabilitation hospital be built and operated by the Sanatorium Board in the Manitoba Medical Centre area[8], plans went ahead on a building design that made maximum use of daylight (with patients' wards located in bright spacious wings around the outside of a six-story rectangle) and incorporated in the centre an open air courtyard flanked by second floor walkways. Moody, Moore and Partners were selected as architects in January 1959 and four months later the province purchased a block of land in the Manitoba Medical Centre which was occupied in part by the Central Tuberculosis Clinic. Early the following year the Sanatorium Board moved to temporary quarters in St. James and patients in the TB clinic were relocated in a separate wing at the Winnipeg General Hospital. Demolition of the old CTC began that March and on June 6, 1960, some three score people gathered near the gaping hole that once served as the clinic's foundation to watch the Minister of Health climb atop a huge bulldozer and turn the first sod. "The construction of the hospital comes out of the thinking of our own experts," the Hon. George Johnson told the assembly. "It is truly a Manitoba effort and we have here an opportunity to develop a rehabilitation hospital second to none on the North American continent." Staff members and guests listened quietly to the addresses and then, perhaps in a moment of excitement mixed with nostalgia for a bygone era, they wandered about the site gathering lily-of-the-valley still bravely blooming amid the clumps of upturned earth and bits of debris left by the workers.

Dr. Johnson had been right in his remark about the hospital being a wholly Manitoba effort. The entire planning for the hospital was done by full participation of the Sanatorium Board department heads at regular conferences with the architects. No hospital consultant was employed simply because at that time there were no consultants knowledgeable about the building of rehabilitation hospitals, recalled Mr. Cunnings. Special requirements for such facilities were not known "so what we did was scrutinize every detail of the plan. Nothing was accepted from the architect without investigation. The function and merits of each piece of equipment and material were discussed." While the hospital was designed with the limitations of the disabled in mind, planners also had to remember that the main purpose of the hospital was to train people for a normal environment. For this reason, while light switches and door pulls were placed at wheelchair level, elevator buttons were left at the level where wheelchair patients would normally find them in the outside community. Grab rails were omitted in all corridors, except on one ward, and swinging doors were left between the main lounge and elevator lobby and at the entrances to the treatment from time to time taking in new developments and trying to visualize the end product. Assistant Executive Director Edward Dubinski likes to remember that the Manitoba Rehabilitation Hospital was one of the few big buildings of its type that was completed and occupied ahead of time. The hospital was scheduled for occupation on July 1, 1962, but six months before that time, on January 3, the tuberculosis patients were moved out of the Winnipeg General Hospital and into the new four-story Central Tuberculosis Clinic section[10] of the hospital. On March 5, Chief of Medical Services Dr. L. H. Truelove examined the rehabilitation hospital's first out-patient, while the occupational therapy and physiotherapy departments cleared the decks for the first program of treatment. On Friday, April 27, the Sanatorium Board moved into the new executive offices, sidestepping workmen who were rushing to complete a few last details, and a week later 15 patients, arriving by wheelchair, on stretchers and on foot, took up residence on the hospital's sixth floor. On September 14, 1962, the Hon. George Johnson appeared once more to declare the Manitoba Rehabilitation Hospital officially open and guests, who two years before had gathered on a barren tract of land to witness the first turning of the sod, looked on with justifiable pride as the Minister expressed his belief that this facility was indeed among the finest anywhere.

(Cont. on Page 4)

1. The Canadian Sickness Survey of 1950-51 indicated that seven percent of the population suffered from permanent disability in some degree. (This excluded the mentally ill and deficient and those in institutions.) Of this number, it was estimated that 120,000 had an unmet potential for rehabilitation and about half that number might be rehabilitated if complete services were available.

2. Mr. Dunlop is now managing director of the national board of the Canadian Arthritis and Rheumatism Society.

3. Membership on the committee consisted of one representative of each provincial government, a representative of the federal departments of Labour, National Health and Welfare and Veterans' Affairs respectively, six representatives of health and welfare voluntary agencies, six representatives of the medical profession, four representatives of organized employers, four representatives of organized labour, and four representatives of universities and groups specially interested in rehabilitation. This committee met twice each year.

4. On a 50-50 or equal cost-sharing basis between federal and provincial governments.

5. The Rehabilitation Commission served as an advisor to the Minister of Health and Public Welfare and had representation from the Manitoba Medical Association, employers, labour, the Workmen's Compensation Board, hospital administration, the National Employment Service, the Manitoba municipalities, farm organizations and the Provincial Council of Women. K. O. McKenzie, at that time Deputy Minister of Welfare, was chairman.

6. In addition to extended treatment facilities offered at the Municipal Hospitals in Winnipeg, the Assinniboine Hospital, operated by the Sanatorium Board in Brandon, offered rehabilitative care to long-term patients from western Manitoba. It was converted from a tuberculosis hospital for this purpose in 1959.

Our Thanks to Junior Workers

We are always glad for the voluntary assistance we get year-round from youngsters and teenagers. We recall, for example, a particularly difficult x-ray survey several years ago when a gang of small folk, rounded up by the Neighborhood Services Centre and St. Andrew's Church, helped immeasurably to publicize the campaign by distributing flyers from door to door.

Again this month a half dozen Dauphin high school students unexpectedly came to our rescue one day when crowds lining up for examinations proved just a bit more than the survey technicians and volunteers could handle. "I tell you, we would have been in a bad way if those wonderful kids hadn't walked in and offered to help with the registration and recording," said Surveys Officer Jim Zayshley, beaming as he recalled the incident. "We owe them a big debt of gratitude."

Indeed we do — and so do the staff and patients at the Manitoba Rehabilitation Hospital and the Director of our Christmas Seals Campaign, who in all receive over 3,000 hours of devoted service each year from teenage girls.

This summer, thanks to some promotion from two Winnipeg columnists, we have 45 junior volunteers helping on the wards and assisting at the reception desk and in the own personal encounters with hospital life, often lead to the decision to choose one of the health professions as a life-time career.

RATS RETAIN RECORD

It was the best of games — if you enjoy burlesque.

It was the worst of games — if you actually counted on going out to Assiniboine Park on August 13 and seeing an orderly game of baseball.

For staff members who participated in the event it was the *age of foolishness* only; for spectators who turned out to cheer the *epoch of incredulity*. For two Scottish neophytes it was definitely the *season of Darkness*, and for the brave little team rallied by Dr. Earl Hershfield of the D.A. Stewart Centre, the *winter of despair*.

It was, in all, good fun.

The Rehab Rats, composed primarily of the staff of the M.R.H. Physiotherapy Department and loosely led by gymnast Lynne Humphreys, challenged our Stewart Centre staff several weeks ago. Emboldened by resounding victories over other groups in the Manitoba Medical Centre, they were out to assert themselves as masters of the lot — although on this occasion it seems they felt obliged to add to their muscle by recruiting the heftiest physician on the M.R.H. staff.

Story of the Sanatorium Board

(Continued from Page 3)

Many things have happened in the seven years since that opening ceremony. An accredited residency training program in physical medicine has been established, and in the fall of 1963 a group of registered nurses were enrolled in one of the first rehabilitation nursing courses to be offered in Canada. During that same year, the first renovations were made to the basement of the building when a Prosthetics and Orthotics Research and Development Unit prepared to set up shop. This unit, one of three established in Canada under a grant from the Department of National Health and Welfare, has since earned international renown for its contributions to the art of making artificial limbs and braces and through education programs, it has had a significant part in the development of prosthetics services in Canada. Other research programs, particularly in the arthritis and neurological fields, have also been undertaken. The Department of Communication Disorders, which has gradually built up a comprehensive program for the assessment and rehabilitation of persons who have speech and hearing impairments, now servès as a central diagnostic and treatment centre for the whole of Manitoba, as does the Electroneuromyography Laboratory which has a special role in the investigation and treatment of people with neuromuscular disorders.

During these past seven years over 7,000 in-patients and 13,000 out-patients — with a wide range of disabilities that include orthopedic and neurological conditions, arthritis, amputations, paraplegia and quadriplegia — have been admitted to the Manitoba Rehabilitation Hospital. The programs of treatment, placing particular emphasis on group activities, are being constantly refined and modified in the search to find better ways to help the patient "to live and to work to the utmost of his capacity". In this respect, however, we are always led back to the old truth: that a fine building and modern procedures and techniques are not nearly as important in rehabilitation as the relationship between the patient and the staff, and the ability of the latter to join together cooperatively, flexibly and creatively to assist each individual to reach his treatment goal. In our quest for excellence we have sometimes fallen short of this mark; at other times we have actually seen people go far beyond expectations. Among our treasured memories is the story of a Winnipeg insurance salesman who was among the first in-patients to be admitted to our hospital. Tom Irwin, who had suffered 26 fractures in a car-train collision and had undergone six months of intensive treatment in a general hospital, came to us in a wheel-

gift shop. You'll see them, too, in the Christmas Seals office doing clerical work and stuffing envelopes, and up on the second floor sorting and stamping health education supplies.

The rewards from this voluntary work come back to us many times. As part of the program, Director of Volunteers Mrs. W. B. Barnard takes the girls to various hospital departments to observe and hear about the different services. This, plus their

JAMES C. MASON

With regret we record the death on August 10 of James Clarence Mason, a valued member of the staff at the Manitoba Sanatorium for 27 years.

Born at Tisdale, Saskatchewan, on June 13, 1911, Mr. Mason worked for a time as a carpenter in Flin Flon, then fell ill with tuberculosis. He was admitted as a patient to the Manitoba Sanatorium in 1939 and on his recovery he joined the Travelling Clinic service at Ninette on June 1, 1942. When the operation of this program was moved to Winnipeg a few years later, he remained on at Ninette as storesman.

Mr. Mason will be missed very much by his many friends and fellow employees at Ninette. Our deepest sympathy is extended to his wife, Vida Rene, to his son Robert and daughter Velma.

there Hershfield did the best he could with his dainty representatives of the nursing and laboratory staffs and at times he seemed to be playing all positions at once. To no avail. His only triumph was in forcing the Rats to go the full nine innings — and Miss Humphreys into convalescence.

The most interesting moments in the game were provided by two medical students from Aberdeen, who literally did not know one end of the bat from the other and accordingly encountered a number of sticky wickets.

"I think I'll wait for a better one," announced John Pollet when he tapped the ball towards the pitcher's mound. The Stewart Centre was unmoved. "You're out," they shouted.

In view of such setbacks, it was rather surprising that the cricketers chalked up a good number of points for the Rehab Rats. On another occasion, one of the lads tenaciously hung on to third base when a teammate drove a long ball into right field. "May I continue along now?" he politely asked the baseman. "No you can't," came the obvious reply. So he stayed.

No doubt there will be a score to settle when Dr. Hershfield fattens up his team and Miss Humphreys recovers from injuries incurred in a skirmish somewhere around the 20-yard line.

Miss Humphreys, however, has no doubt about the outcome of a rematch. "Those people from the Stewart Centre may be able to breathe better," she sniffed. "But they have no stamina."

This reporter is not convinced.

way from full recovery. After demonstrating what is surely an outstanding example of human courage and determination, he walked out of the hospital two months later, describing his hospital stay as "a real experience in living". It was for this purpose that the Manitoba Rehabilitation Hospital was built.

7. The immediate establishment of an extended treatment hospital in Winnipeg was deferred pending further investigation relative to the utilization of beds in tuberculosis hospitals. (Between 1959 and 1962 over 500 tuberculosis beds in the province were converted to extended treatment beds.)
Provisions were also made at this time for a School of Medical Rehabilitation which was to be located on the third floor of the new rehabilitation hospital and operated by the University of Manitoba.

8. In July, 1959, the Tuberculosis Control Act was amended by the provincial government to permit the Sanatorium Board to provide care and treatment of sick, injured and disabled persons, in addition to its responsibilities for tuberculosis control.

9. It was S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee, who pushed for and otbained further excavation for underground parking facilities.

10. Now called the D.A. Stewart Centre for the Study and Treatment of Respiratory Disease.

Psycholinguistics Topic at Seminar

The Significance of Recent Studies in Psycholinguistics for Language Evaluation and Therapy will be explored at a seminar to be held at the Manitoba Rehabilitation Hospital on October 3 and 4.

The seminar, sponsored by the Manitoba Speech and Hearing Association, will be conducted by Dr. Sue A. Pace, associate professor in the Department of Speech Pathology and Audiology at Southern Illinois University.

Subjects to be discussed at the all-day sessions are:

Recent Research into Psycholinguistic Behavior

Psycholinguistic Disabilities of Special Populations

Diagnostic Procedures for Identification of Psycholinguistic Disabilities

Therapeutic Implications

In addition to its own members, the M.S.H.A. is inviting members of allied professions to register for the seminar.

Included in the program is a dinner on the evening of October 3 at the Winnipeg Winter Club.

J. Brayton Person, director of the Department of Communication Disorders at the Manitoba Rehabilitation Hospital, is seminar chairman. Inquiries and applications for registration should be directed to him.