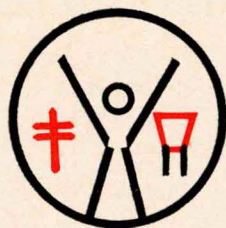


# NEWS BULLETIN



# The Sanatorium Board of Manitoba

VOL. 11, NO. 9

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG

DECEMBER, 1970

## Assistant Director of Nursing Appointed

"Rehabilitation nursing is one of the most rewarding branches of nursing service I've ever been in . . . and I've been in just about all of them," says Mrs. Doris Setter, who on December 14 stepped up to the position of Assistant Director of Nursing of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

A highly capable and personable woman, who for six years has had charge of the nursing education programs in our Winnipeg hospitals, Mrs. Setter has indeed held many nursing positions since graduation from the Misericordia Hospital School of Nursing some 35 years ago. She has worked as a head nurse and night supervisor in a general hospital in Winnipeg, as a private duty nurse, and as a visiting nurse and teacher at the Margaret Scott Mission.

As a RCN nursing sister stationed



she served for a time as a school nurse for the town of St. Bruno.

Mrs. Setter — who was born at Thessalon, Ontario, and grew up in Regina and Winnipeg — has been teaching students and other nurses from the days she worked for the Margaret Scott Mission. When she joined our staff in 1963, the teaching of rehabilitation nursing became a full-time and extremely busy job. With quiet efficiency, she has taught most of the 154 students (20 groups) who have completed our Nurses' Assistants and Nursing Orderlies Training Program, all of the 44 graduates (5 groups) from the rehabilitation nursing course for Licensed Practical Nurses, and all but a few of the 163 registered nurses (15 groups) who have completed the Sanatorium Board's Postgraduate Course in Rehabilitation Nursing.

## *Busy Year For Our Surveys Staff*

The Sanatorium Board's mobile operations ground to a temporary halt this month, when the Surveys Department took time off for a well deserved annual vacation.

Over 60,000 free examinations — financed in part by Christmas Seal funds — were conducted by our Preventive Services this year. The operations took staff members to many parts of the province — and in some cases, where the incidence of tuberculosis has been higher than average, communities were visited twice.

During the first six months of 1970, the program included chest disease screening of Winnipeg industries, nursing homes, schools and

ran well baby clinics and undertook home visiting for the families of navy personnel. In London, Ontario, after she was married, she worked in an internist's office, and in 1952, when she moved to Montreal, she worked

for a year with the Victorian Order of Nurses, then for six years as nursing director of the Town of Mt. Royal Health Department. Finally, before returning to Winnipeg in 1963,

moved from patient care. "That's one of the things I've liked about teaching in this hospital," she smiles. "I've been privileged to have daily contact with a good many patients.

"And I do enjoy caring for them."

thousands of children and school employees in the Seven Oaks, St. Vital and River East School Divisions; and x-ray examinations (in collaboration with the Medical Services of the Department of National Health and Welfare) of the residents of some 40 Manitoba reserves. (Nine reserves in northern Manitoba were surveyed twice.)

## Air Pollution — Another Job For Christmas Seals

Now that Christmas Seal work is directed against all chronic lung disease, the Sanatorium Board suddenly finds itself on the fringes of the war against air pollution.

Although there are still many uncertainties as to the exact relationship between air pollution and respiratory illness,<sup>1</sup> it is positively known that a significant degree of polluted air aggravates such diseases as emphysema and bronchitis, resulting in loss

of time from work and in extreme cases, contributing to death.

Because of this, perhaps the most practical course for respiratory disease organizations at present is to step up programs to educate the public about the nature and dangers of air pollution and about the measures that individual citizens can take to maintain or improve air quality.

But beyond this, as the experts point out, air pollution control is largely a national and international matter, in which industry and the sciences should work with the government in making the decisions.

Dr. David V. Bates, chairman of the department of physiology at McGill University, expressed this view at the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association in Winnipeg last June.

He also stressed that statistics on mortality and morbidity should not necessarily be the major consideration in developing control standards. "Surely we don't have to have a typhoid epidemic before we clean up the water," he said. Similarly, we shouldn't have to prove that half of the population is suffering from chronic bronchitis before we clean up our air.

The quality of our environment

should concern us all . . . it should be improved and protected regardless of health statistics, he said.

In view of this thinking — and of the fact that Canada has been the only country in the western world without national standards for air pollution control — the federal government's announcement of a clean air bill was welcome news this fall.

The bill sets national standards of air purity and lists three phases for the gradual abatement of pollution. It will, in the words of Deputy Minister of Health Dr. Maurice Le Clair, be very comprehensive, with the emphasis on prevention of new sources

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During the summer lung function studies were conducted in eight Manitoba municipalities, and chest x-rays were offered to residents of eight others. In late September — under contract with the provincial Department of Health — the Board began silicosis surveys of miners and other workers in the Lynn Lake and Lac du Bonnet areas. At about the same time, the Board began the annual screening of students and faculty of the Universities of Brandon, Manitoba and Winnipeg and the Red River College.

Examinations provided during the year included some 14,000 tuberculin skin tests, over 36,000 chest x-rays, and about 10,500 lung function tests.

1. Evidence is gradually piling up linking pollution to disease. One of the most important studies in recent years is that of Dr. Sadamu Ishikawa, a pathologist at the University of Manitoba, who made autopsy studies of 600 lungs, half of them obtained from St. Louis, Missouri, and the other half from Winnipeg.

Among adults between the ages of 20 and 49 who lived in sooty St. Louis, he found the incidence of emphysema was seven times as high as in a comparable group of adults who had been breathing the relatively unpolluted air of Winnipeg.

Among St. Louis residents between the ages of 50 and 69, there were twice as many cases of emphysema; and in those over 70, 1½ times as many.

Smoking is undoubtedly a factor in causing the respiratory diseases, Dr. Ishikawa reports, but it is not the only one. "Smoking seems to act synergistically with other contributing factors. In both cities, we saw more emphysema among smokers than among non-smokers, but we found four times as many cases among smokers in St. Louis as among those in Winnipeg."

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# Kessler: His Belief in Man's Ability Has Helped Thousands

"To refer to a patient by his disease is so negative," says Dr. Henry H. Kessler, founder of the Kessler Institute for Rehabilitation in West Orange, New Jersey.

"Having been engaged in the rehabilitation field for 50 years, I've learned to appreciate the tremendous potentials in the human being — the marvelous ability of the human body and personality to adjust to even the most severe handicap."

Sipping coffee in the lounge of the Kinsmen Centre on Sherbrook Street, the 74-year-old orthopaedic surgeon—who has won international acclaim for his pioneering work in the rehabilitation of the physically disabled — grinned broadly at the half-

dozen health agency representatives clustered around him.

He had come to Winnipeg on December 2 as a guest of both the Canadian Arthritis and Rheumatism Society and the Manitoba Health Conference — and on December 3, after delivering an "extra lecture" to students and staff at the Manitoba Rehabilitation Hospital, he was still in an expansive mood.

His eyes twinkled as he told the little gathering about his early work in rehabilitation, and about the time years ago when a prominent colleague advised him to give up "this d— social nonsense". He also spoke about his friendship in 1919 and the early 20's with Colonel Lewis T. Bryant,

New Jersey Commissioner of Labor ("he profoundly influenced my life"); and about Dr. Fred H. Albee, famous World War I orthopaedic surgeon, who with Bryant opened up a rehabilitation clinic for disabled workers in a Newark industrial loft — and invited the young Dr. Kessler to join him.

"I was so alone in the field," said Dr. Kessler, recalling later attempts to carry rehabilitation further afield and sell the idea of treating *the whole individual* to the health professions, the government and the community. But for so many years, so few were willing to appreciate the potential of the disabled, let alone direct treatment services towards developing it.

*(In his autobiographical book, The Knife Is Not Enough, Dr. Kessler expounds his fierce belief in man's ability to overcome seemingly impossible obstacles; and in the fashion of a first-rate storyteller, he relates how he used every opportunity to translate his belief into action — on the battle fields of World War II, in post-war Europe and Asia, and on the home front in New Jersey. Each individual (disabled or healthy) is like an iceberg, he says. "All you see of him is about 15 percent above the surface; and beneath the surface lies the remaining 85 percent of his potential . . . (his) instinct for survival is so strong that it defies all logic and, in a sense, defies even the probing of science.")*

"I don't know . . . maybe I'm wrong . . . but I like to hear the children's voices, and the older patients like to hear the children's voices . . . maybe we'll go on treating children just as we have done over the years."

Although the "rehabilitation idea" has finally caught on throughout the world, Dr. Kessler feels that a great deal of education is still needed to overcome society's general prejudice against the disabled, and to upgrade certain services for the disabled, as well as the aged.

The following are some of his views:

*On Spinal Injury Units:* Dr. Kessler minces no words when he speaks about the prevailing early treatment of patients with spinal cord injuries. He denounces general North American methods; praises a spinal unit in Ireland where a team of experts is always ready to fly to the scene of any accident involving a spinal injury. "It's a matter of education," Dr. Kessler says. "We must be prepared, like this Irish unit, to begin

## In Memoriam

With the greatest regret, the Sanatorium Board records the recent deaths of one of our staff members and two longstanding friends. Our deepest sympathy goes out to their families.

### OLIVER (OLE) C. HAYCOCK

Mr. Haycock, who died unexpectedly in Winnipeg on November 22, was well known to both patients and staff in his capacity as a porter at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. He had been a member of our staff since May, 1964.

He was born 64 years ago in Cannockshire, England, but lived in Winnipeg most of his life. He served overseas with the Queen's Own Highlanders during World War II and he was a member of the Cameron Association and the Canadian Legion Branch 43 (Norwood).

Ole will be long remembered at the Sanatorium Board, for he always



schemes to improve our health services, and participated enthusiastically in special events for patients.

#### WILLIAM (BILL) JOHN STEELE

Mr. Steele, who died at Assiniboine Hospital in Brandon at the age of 84, is remembered fondly by patients and staff who knew him at the Manitoba Sanatorium back in the 1920's and 1930's, and later when he was an orderly, then head orderly, at the Winnipeg General Hospital.



He was born at Holmfield, Manitoba, and lived for a time at Cartwright, where he worked as a "blockman" for the International Harvester Company. Sometime in the late 1920's he became very ill with tuberculosis and spent the next 10 years of his life as a patient at Ninette. Hundreds of patients came to know him during these years, and for several years in the late 1930's when, as a convalescent, he worked at the sanatorium as an orderly. In these times of fresh air treatment, the primary job of this big, good-natured fellow was to act as a bed-puller, old-timers recall with a grin — that is, trundling the beds of his weaker comrades onto and off the sanatorium balconies.

In 1939, Mr. Steele joined the staff of the Winnipeg General Hospital. He eventually became head orderly, and for a time he also had charge of the splint room. Former fellow workers recall him as a very fine, dependable and capable man — to whom time didn't mean a thing when a job had to be done. When he retired in October, 1960, he was missed greatly.

#### JAMES ALCOCK SPENCER

The husband of executive office secretary, Mary Spencer, Jim was well known to many Sanatorium Board staff members, and highly regarded for the love and support he always gave his wife and for the interest he took in our work.

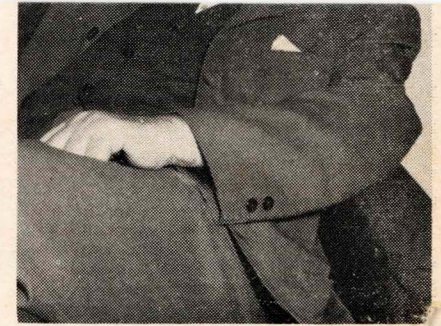
Jim Spencer, in fact, was a warm-hearted, very special man who left his mark on many people — particularly young people with whom he was associated for many years through the Boy Scout movement. He was also a hard worker for St. Alban's (Anglican) Church, and during the Second World War he served his country overseas as a sergeant in the artillery.

Jim Spencer was not on our staff, but our sense of loss was nevertheless very deep when he died unexpectedly on November 29, at the age of 50.

established in a vacant two-story summer home in West Orange in 1949, Dr. Kessler noted that he at last found his greatest opportunity to work on the dormant abilities of the disabled. At a time when the prevailing concept of rehabilitation was still limited to "baking and massage", he and his dedicated staff threw all their energy into proving that handicapped people can be taught to care for themselves, to be independent, and in a great many cases, support themselves. *(With a carefully designed program, he pointed out in his book, even such severely handicapped patients as quadriplegics "can be directed towards goals which are both psychologically satisfying and, in at least 20 percent of the cases, economically efficient".)*

The Kessler Institute at one time drew its patients from the whole world, he told the health workers. But now that physical rehabilitation facilities have become more abundant and easily accessible, the hospital primarily serves the surrounding community, providing comprehensive treatment and assessment services to 48 in-patients and some 80 out-patients each day. Families are always brought into counselling sessions, and the psychological and social needs of the patient get as much attention as their physical problems.

Children are treated at the institute alongside adults — and even with proposed expansion of the hospital's facilities, Dr. Kessler thinks he'll keep it that way. "Perhaps with this expansion we will have a pediatric ward, and a playroom and a classroom for children," he said. "But I'm not so sure we'll have separate treatment areas.



HENRY H. KESSLER, M.D.

rehabilitative treatment at the scene of the accident — among other things, to get the patient into traction immediately, in order to prevent further injury in handling.

*On Prosthetics:* Prosthetics, said Dr. Kessler, "are my specialty within a specialty. I learned to make them myself in a non-commercial limb shop back in 1919." With respect to artificial arms, he thinks that engineers are making a fundamental mistake in trying to duplicate the natural arm. "It can't be done; and many engineers are going crazy chasing after a will-o'-the-wisp." The natural arm can only be imitated, he feels, because its function is to serve not only as a prehensile (grasping) instrument, but also as a sense organ ("It's the eye of the blind and the tongue of the mute"). The best approach is to set up an array of devices from which selections can be made according to the individual needs of upper extremity amputees.

*On the Aged:* The aged have much in common with the disabled — i.e. they both have underlying potential, and they both face apathy and preju-

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## Clinical Training — The Emphasis Is On Problem-solving

"Brunnstrom's approach to the treatment of adult hemiplegia takes a lot of figuring out — I mean, for us!" the vivacious young student told her classmates. "But," she added, with a cheerful shrug, "if you take a good look at all the information you've gathered, you can see how it all fits together."

The setting is the Physiotherapy Department at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. The subjects are third-year students from the University of Manitoba School of Medical Rehabilitation two floors up. And the name of the game is clinical training, with the student in the role of teacher and the emphasis on problem-solving.

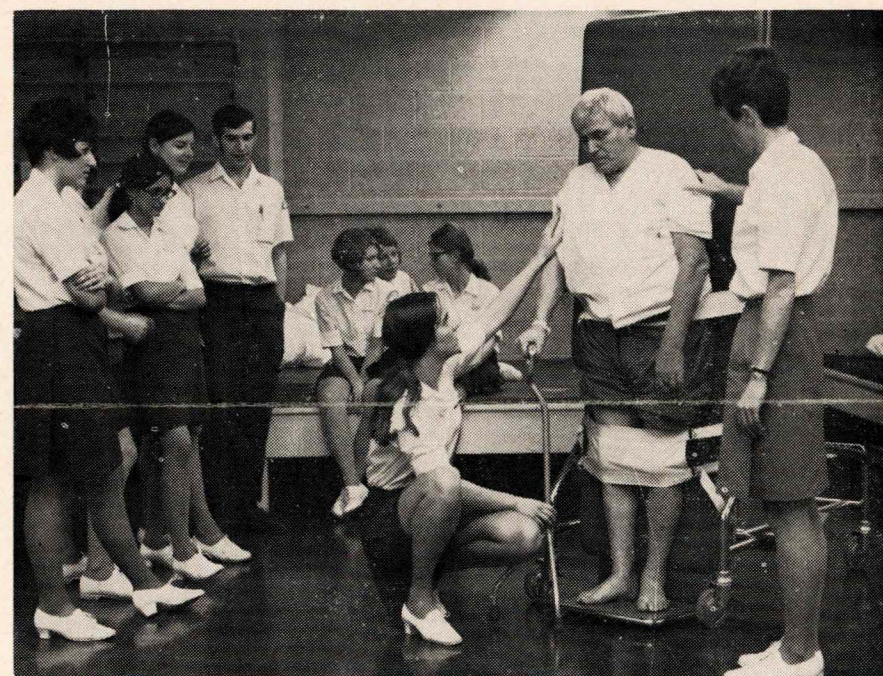
The Physiotherapy Department has provided clinical training for physical therapy students since early 1963; and during the past two or so years it has been one of the few — if not the only — physiotherapy departments in Canada to employ a full-time clinical training supervisor.

Over 100 students now receive clinical instruction in rehabilitation principles and methods at our hospital each year — and by the time they graduate from the three-year course,

they will have acquired anywhere from 16 to 24 weeks of training in our physiotherapy department, or even 32 weeks if they also decide to do their internship here (between the second and third year).

This is a goodly part of the 1,400 hours set aside by the school of Medical Rehabilitation for practical experience, notes Clinical Training Supervisor Miss Sharon Dandy. "It gives our hospital a unique opportunity to share in the development of the type of physiotherapists we want in the rehabilitation field."

Miss Dandy, who has had charge of our student training program since September 1969, is a firm believer in simplicity and reasoning problems out. A 1965 graduate from the combined physical and occupational therapy course at the University of Toronto, and a gold medal graduate (1969) from the physiotherapy degree course at the University of Manitoba, she has emerged from her own schooling with the conviction that the art of physiotherapy should not be made unnecessarily specialized and complex. Like all other disciplines, physiotherapy involves the application of a good measure of com-



*With classmates and Clinical Training Supervisor Miss Sharon Dandy (right) looking on, a third-year physiotherapy student shows how, in the early stage of treatment, a tilt table and cane can help a hemiplegic patient to transfer weight-bearing to the affected side of his body.*

*(Photo by David Portigal)*

mon sense, she says. "If physiotherapists have a basic understanding of disease and anatomy and physiology, they have a place to start from . . . no matter what they are treating."

Miss Dandy introduces students to her ideas gradually. For the second-year classes, who come down to the

take their place, they move on, to other training at general and psychiatric hospitals . . . and finally back to the Manitoba Rehabilitation Hospital - D. A. Stewart Centre for another eight-week session.

This cycle is repeated two or three times throughout the three years of

### DR. HENRY H. KESSLER

(Continued from Page 2)

dice. In Dr. Kessler's view, rehabilitation ignores the fact that chronological age

service for the aged as for the disabled. "For the disabled, rehabilitation is hope, translated into action," he is fond of saying. "For the aged, this same hope can be translated into a better life."

In an address to the Manitoba Health Conference at the Winnipeg Inn that evening, Dr. Kessler spoke about the social and economic problems of the aged. He decried current hiring practices which fail to differentiate able older workers from those who can no longer compete, or from those in other age groups who are incompetent. Age ceilings for hiring

tional potential.

As a matter of fact, he said, it has been learned that the aged are no longer those who are over 65. Aging as a process begins after about 25, declines slowly for the next 15 or so years, then fairly rapidly.

\* \* \*

At 74, Dr. Kessler shows no sign of relinquishing his mission to preach the rehabilitation gospel. He continues his work at the Kessler Institute as Director of Professional Education and Research, and his eyes sparkle when he talks about his hospital's expansion program.

As a rehabilitation surgeon and teacher at home, as a leading orthopaedic surgeon in the United States Navy in World War II, and as hospital consultant to the United Nations, he has dedicated his life to proving that *the knife is not enough*; and in carrying out his numerous missions, he has been accorded many honors, and the love and gratitude of disabled people throughout the world.

Among the honors: gold medal award, American Academy of Orthopaedic Surgeons (1936); Lord and Taylor Design Award for outstanding services in rehabilitation (1944); citation from the President's Committee on Employment of the Physically Handicapped as outstanding physician (1952); Lasker Award (1955); Philippine Legion of Honor (1956); Speidel Award, International College of Surgeons (1956), Columbia University Lion Award (1958) Order of the Phoenix Citation (Greece, 1962), Red Cross Award (Madrid, 1964); "Roma" International Award for Rehabilitation (Rome, 1966).

the emphasis is on "recognition and definition". At this point, she feels, it is the clinician's job to help students bridge the gap between textbook theory and direct application of what they've learned. They are taught to read charts and x-rays, to recognize signs and symptoms, and to understand the patients' problems and the effects of disability and illness on them.

By the time they enter the final year of their course, however, it is assumed that students now know enough to assess the patients' problems and determine treatment requirements. So the emphasis swings to problem-solving, with the clinical teacher sitting back as a consultant, and the students selecting the problems and presenting what they feel to be the most beneficial treatment.

Twelve members of the third-year class attend clinical sessions in the physiotherapy department every afternoon for eight weeks. Then, as a fresh batch of third-year students arrives to

plete the full course, most of the students have become fairly skillful physiotherapists . . . knowledgeable about such major disabling conditions as arthritis, hemiplegia, paraplegia, orthopaedic and neurological disabilities, and respiratory diseases.

Or so it seemed, when one listened to the student's explanation of the Brunnstrom theory of developing coordinated muscle movement out of reflex action in hemiplegia patients, or watched her demonstrate the technique on a patient.

The interest and questions of the students were impressive, and so was the conclusion they drew at the end of the session — namely, that while the Brunnstrom approach alone may not be most effective means of treating the affected limbs of hemiplegics, it nevertheless offers some very useful treatment principles for prospective physiotherapists.

It must have been a good conclusion — for Miss Dandy looked rather satisfied.

## AIR POLLUTION

Continued from Page 1

of pollution. It will also leave the enforcement machinery in the hands of the provinces.

At about the time of the health minister's announcement of this bill in late September, two other proposals were unveiled. The first was a national symposium on the effects of air pollution on public health, to be held in Ottawa next spring; the other was the establishment of a new division within the Department of National Health and Welfare, to carry out research on the relationship

between air pollution and illness.

One of the next important steps, as we see it, is for Canada to join other nations in pushing for global standards of air quality control. For even though the full facts are not known about the effects of air pollutants on health, scientists feel there is enough evidence for prompt action now.

To delay efforts to control the environment and wait for positive proof is just too dangerous, they feel.

USE  
CHRISTMAS SEALS.



IT'S A MATTER OF  
LIFE AND BREATH.

CHRISTMAS SEALS FIGHT  
EMPHYSEMA, TUBERCULOSIS,  
AND OTHER RESPIRATORY  
DISEASES



## This 'n That

So many pleasant things seem to happen during the weeks before Christmas. The festive spirit takes hold early as staff members fuss around with decorations and begin preparations for the concerts, pageants and carol services that have become a tradition in all our hospitals. And with this mood prevailing, it seems that even the more weighty aspects of day-to-day life — like scientific meetings — are conducted in a less serious manner.

Certainly it was a light-hearted group who set out from the D. A. Stewart Centre on December 5 for an informal medical conference at the Manitoba Sanatorium, some 130 miles away. About half of the contingent on that crisp, sunny morning were chest physicians, residents and students, led by Dr. R. M. Cherniack, medical director of our Tuberculosis and Respiratory Disease Service; the other half were office staff and nurses, who were eager to have a look at our mother institution.

Hospital Manager "Stick" Kilburg, Medical Superintendent Dr. A. L. Paine and his gracious secretary, Mrs. Gladys Maxwell were on hand to greet the party at noon. With them were Dr. P. G. Lommerse of Dunrea, sanatorium staff physician Dr. H. Hernando, and Dr. David B. Stewart of Killarney (son of the first medical superintendent of the Manitoba Sanatorium), who recently retired from his position as professor of obstetrics and gynaecology at the University of the West Indies in Jamaica.

After a hearty steak dinner, the party split up — the doctors repairing to the conference room to deal with a series of problem cases, pre-

two other types of guitars and a piano. Add to this a pretty good voice and a talent for beating a cardboard drum, and voilà — the Sky Divers.

The performance was so good that it enticed three other little ones out of their beds to perform a dance . . . and evoked thunderous applause (if you can credit that to about a dozen people) from the visitors.

Nurse Anna Stefanson, who for years has been lavishing motherly affection on the children at Ninette, allowed that the Sky Divers had been the hit of the sanatorium's Hallowe'en party, and had been in secret session for many days to work out their part in the Christmas concert in mid-December.

Bless you, Churchill Sky Divers . . . may you thrive and prosper!

\* \* \*

It is perhaps a good thing at this point to express our appreciation to the many people who have contributed to the Christmas celebrations both in Winnipeg and at Ninette. The list of events, participators and donors is



**CHRISTMAS RECIPE** — Graham Kerr, better known to millions of TV viewers around the world as the "Galloping Gourmet", took time out of a hectic schedule in November to join Ottawa nurse Valerie Williams

hope and faith of all peoples.

Graham Kerr enthusiastically supports the Christmas Seal Campaign and advises Canadians to sprinkle seals on all holiday mail.

accompanying Mrs. Maxwell and Mr. Kilburg on a tour of the buildings and grounds. When both groups later reassembled at the home of Dr. Paine, it was agreed that the day had been both profitable and delightful.

"It's so beautiful here," whispered one bright-eyed secretary. "There's a special atmosphere . . . a kind of cosiness that one doesn't often encounter in a hospital setting."

There is indeed a special warmth in the atmosphere of this 60-year-old institution. It was felt on the wards that afternoon where the visitors chatted with the patients, in the crafts room where a beaming patient from Baker Lake introduced the group to the art of soapstone sculpture, and in the classrooms of Pembina House, where young men and women are preparing themselves for vocational training and the workaday world.

But, as so often happens at Ninette, the best part of the tour was the children's pavilion. It was the visitors' good fortune and some 20 children's bad luck that cold weather prevented them from attending a Santa Clause parade in Killarney that day; for the adults were treated to a sort of jam session the like of which they'd never experienced.

There was music . . . and yet no sound issued from most of the instruments . . . which, in fact, were not really instruments at all.

It was a matter of fantasy . . . the imagination of the children, captured for a few precious minutes by their elders.

Out of cardboard, tinsel and string, and a few other odds and ends, five little boys from Churchill had fashioned a drum, an "electric" guitar,

would like to make a note of the Christmas concert at the Manitoba Sanatorium on December 16, the festival of carols around the Christmas tree at this same institution on December 22, and the Christmas Concert and Carol Service at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on December 16 and at 14:30 hours on December 23, respectively. Another Christmas party has also been organized by the Social Service Department for D. A. Stewart Centre patients on the evening of December 21.

We'd like to thank the numerous staff members who participate in the skits and fun, and work behind the scenes with the props, lighting, food serving and whatever. We would certainly be remiss if we did not single out Miss Jane Peacock, who each year organizes the very fine carol service and pageant for Winnipeg patients and staff . . . or the Aviva Chapter of the B'nai B'rith who, in addition to providing twice-monthly entertainment for Winnipeg patients, hosts the big Christmas variety show.

Many service organizations, business firms, church groups and private citizens have brought gifts and goodies — and yes, music — to the patients; and throughout the weeks before Christmas we've seen lots of staff members huddled in corners, planning some special pleasure.

To each any everyone . . . we express gratitude.

\* \* \*

There are lots of good stories arising from Christmas events. Often they are about children, and among

of his TV show.

The ceremony marked the opening of the 44th annual Christmas Seal Campaign in Canada.

Three wise men are depicted on this year's colorful seal . . . which, according to the designer Martin Regensteir of Montreal, represent the

the best remembered are three told several years ago by Anne Grant, former health education consultant for the Canadian Tuberculosis and Respiratory Disease Association.

The stories, according to Miss Grant, are true, and they are based on the fact that teachers nowadays get their pupils to write their own little dramas about the Christmas story.

The first happened in Ottawa. When Mary and Joseph arrived at the inn and Joseph was told there was no room, he got into an argument with the innkeeper and the upshot was that he hauled off and punched his classmate in the nose. Peace on Earth!

The other two took place in Alberta. In one primary room Mary and Joseph were going along the road to Bethlehem in complete silence, and the teacher said, "Joseph, talk to Mary. She is very tired. You must try to keep her interested. Start again. Talk as your father does to your mother."

So they started again and this time as they walked along Joseph kicked at an imaginary stone and said, "These roads are terrible. You'd think the government would be ashamed to collect taxes from us for roads like this!"

commented, "but they are a foolproof recipe for better health."

In Manitoba Christmas Seals support year-round screening programs, plus research and education, in the fight against tuberculosis, bronchitis and other crippling lung disease. The 1970 campaign continues until January 31.

In the third drama the little chap who had the part of the innkeeper found that turning Joseph and Mary away was too heartbreaking, and he broke into tears. He came from a hospitable home and the whole episode seemed too terrible to him.

The teacher was reluctant to take the part away from the child, so she explained to him that the innkeeper was not a cruel man. He just didn't have any more rooms. The little lad still sniffed but got through the rehearsal.

The day of the concert came and the innkeeper seemed quite cheerful. The drama started. Joseph and Mary arrived and the regretful innkeeper said he was dreadfully sorry, but he didn't have a room left at all. "But," he added heartily, opening an imaginary door wider, "come in and have a drink anyway!"

\* \* \*

Well . . . that's the sort of material one comes up with during these happy days before Christmas. What else can one think of when one's friend 'round the corner is reciting *The Night Before Christmas* as she types out untoward accident reports.

A HAPPY HOLIDAY AND NEW YEAR . . . EVERYONE!