news bulletin

The Sanatorium Board of Manitoba

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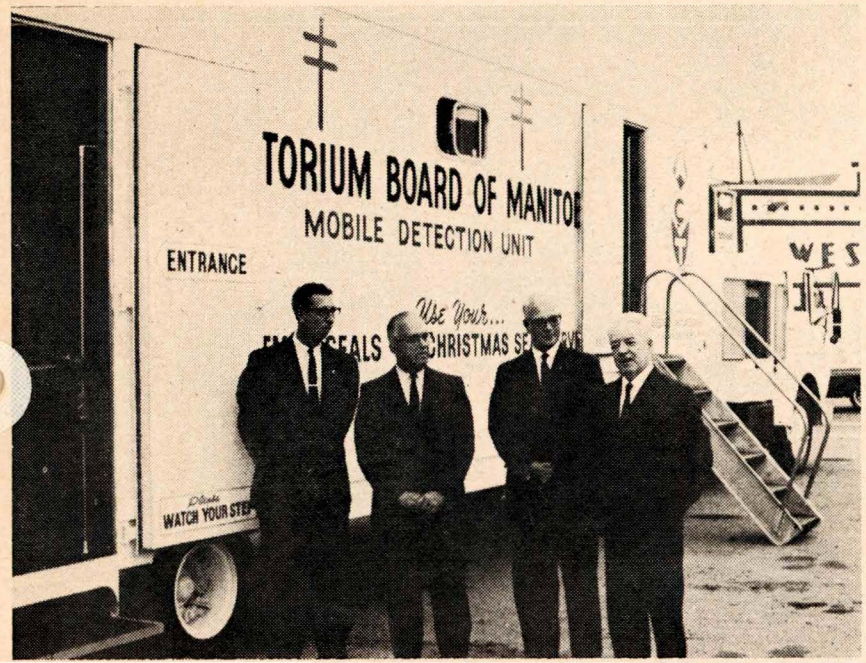
Brandon A.C.T. Presents $35,000 Detection Unit



A shining new $35,000 mobile detection unit — equipped to provide multiple screening tests to the people of Manitoba — was formally presented to the Sanatorium Board of Manitoba on Thursday evening, September 8, by the Associated Canadian Travellers of Brandon.

The brief ceremony took place on the parking lot of Western Motors, Ltd., in Brandon. Herbert Hardy, A.C.T. president, cut the ribbon across the unit's entrance; J. B. Craig of Brandon, a member of the Sanatorium Board, accepted the unit on the Board's behalf. Other speakers included T. A. J. Cunnings, executive director of the Board, and Dr. E. L. Ross, consultant in tuberculosis.

The new unit is being entirely financed by the Brandon A.C.T. through their various fund-raising projects. Measuring over 42 feet from tractor nose to trailer tail and weighing 25,000 pounds, the unit has three rooms, all insulated and

nursing staff will provide free tuberculin skin tests and blood tests for diabetes.

This van is capable of conducting the largest multiple screening operations yet undertaken in Canada. The Sanatorium Board's surveys office (who designed the unit) estimates that it can easily handle a daily flow of 1,000 persons receiving tuberculin skin tests and at least 400 receiving the free tests for diabetes.

The unit will join a sister unit in the field almost immediately, visiting the Ninette and Killarney areas first. Our third unit, now old and very tired, is being taken out of service.

Associated Canadian Travellers of Brandon, for the gift of a $35,000 mobile tuberculosis and diabetes detection unit. Also taking part in the formal presentation in Brandon on September 8 were left to right: Herbert Hardy, president of the Brandon A.C.T., J. B. Craig of Brandon, a member of the Sanatorium Board, and T. A. J. Cunnings, executive director of the Board. (Photo by Jim Zayshley)

Reimer Wins a Bronze Medal Paras Prepare for Next Games

Ben Reimer could only be described as a most happy fellow these days as he proudly displays the bronze medal he won at the Second British Commonwealth Paraplegic Games in Jamaica.

Ben, a former patient at the Manitoba Rehabilitation Hospital, went down to Kingston last month accompanied by his coach, remedial gymnast Cyril Berrington. He was the first Canadian ever to compete in this big international event and it was a great moment when we received word that he had captured third place in the javelin throw. (He threw the javelin a little over 42 feet.)

Over 100 paraplegics from 10 Commonwealth countries took part in the athletic contests. Ben entered the light-weight weight-lifting contest and the archery match as well as the javelin throw. He had trained for the weight-lifting since last winter; took up archery for the first time in the spring and threw the javelin only a couple of times before he boarded an Air-Canada plane for Jamaica.

With continued practice, Ben feels he could improve in these events and take up other wheelchair sports before the next international competitions. Over at Sargent Park, he and six other paraplegics are already attending practice sessions and holding informal competitions in the discus and javelin throw and in the shotput. A number of city athletes have volunteered to coach the group.

Ben is hopeful that other members of the Wheelchair Sports and Recreation Club will soon be training for the special paraplegic games next year at Expo and for the big Paralympics to be held in Mexico City in 1968. There is also some discussion about including paraplegic competitions in the Pan-American games to be held here next summer.

At the games in Jamaica, Ben was most impressed by the swimming races and the wheelchair slalom. "Those boys were really good," he said. "In the slalom, they had to manoeuvre their chairs between flags, without touching them, then jump a curb and go up a ramp turn around and come down.

"That ramp was only five feet long and sloped up to three feet in height. To negotiate that in a wheelchair is really something!"

(Continued on page 2)

Immediately inside the entrance, at the back of the unit, is a registration and waiting room for the public. Next is the lead-lined x-ray room containing a 70 mm. unit which is estimated to be 85 per cent "faster" than the x-ray equipment in our other vans. And, finally, in the third compartment, our

NEW CASES OF TB

Fifty-nine new active cases of tuberculosis and 18 reactivated TB cases were reported in Manitoba during the months of July and August.

So far this brings the year's total to 155 new diagnoses of active tuberculosis. Of this number 118 were whites and 37 were Indians.

During the same period last year, 154 new active cases had been reported.

Thousands Tested

Since the combined tuberculosis and diabetes tests were begun in Western Manitoba on June 1, over 23,000 residents have received tuberculin skin tests for tuberculosis; close to 6,000 have been chest x-rayed; and nearly 12,000 have been given the simple blood tests for diabetes.

By September 1, 20 municipalities had been visited by the Board's surveys teams, and following surveys of six other municipalities this month, the units will move into the city of Brandon for a survey that will run well into November.

In all, six licensed practical nurses and two x-ray technicians are conducting the surveys under the direction of Surveys Officer J. J. Zayshley. The Brandon A.C.T. is paying for the blood tests; funds from the Christmas Seal Campaign cover most of the cost of the tuberculosis tests.

Address all communications to:
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800 Sherbrook Street, Winnipeg 2, Manitoba
Authorized as second class mail, Post Office Dept., Ottawa
and for payment of postage in cash.

Tuberculosis and Alcoholism: An Important Frontier

A is a fairly well-to-do businessman who has inactive tuberculosis. Indications are that he is also addicted to alcohol, although he has never admitted it and is unwilling to talk about it. During the few months he spent in hospital for treatment of his tuberculosis, he was a comparatively "good" patient. It was suspected that he drank surreptiously, but he was never a big behavior problem.

Eventually, however, *A* left hospital against the doctor's advice, and soon after he stopped taking his drugs. When he was last seen, he maintained that he felt very well; he was confident that he had the tuberculosis beaten. But it is now some time since he has reported for a medical check-up.

* * *

B was a tuberculous alcoholic, the so-called "recalcitrant" type of patient. He, too, had a promising business career, but it gradually went down the drain as the bottle took over his life.

Some 15 years ago, *B* was admitted to sanatorium with moderately advanced disease. From the start he was a very difficult patient who exasperated the hospital staff, disrupted the ward routine and upset other patients. He stole away from hospital over a dozen times during the following 10 years, was brought back or returned on his own, greatly the worse for wear and each time swearing to turn over a new leaf. The doctors tried to help him and at one point had

women from all cross-sections of society who suffer from this tragic combination of diseases. They constitute a large proportion of problem patients in sanatoria today — not because alcoholism among tuberculosis patients is new, but rather because, as advances are made against tuberculosis, health workers see the tuberculous alcoholic as one of the biggest obstacles to tuberculosis control. If his tuberculosis remains undetected or if he rejects proper treatment (as many do), he is a danger not only to himself but to the rest of society.

There is no absolute profile of the patient with combined tuberculosis and alcoholism. He may come from any walk of life; he does not necessarily fit into the Skid Row category. In fact, according to one survey of alcoholics in a mental hospital, only 29 per cent were found to be unemployed. Thirty per cent were semi-skilled workers, 11 per cent were skilled workers and 24 per cent were housewives. Sixty-three per cent were married.

Experience has shown that some alcoholics in sanatorium have been good patients and were apparent treatment successes. The greater

Just how big a problem is tuberculosis and alcoholism in Manitoba? According to a special study carried out three years ago by Dr. T. A. Pincock, medical director of the Alcoholism Foundation of Manitoba, there is a higher than average incidence of alcoholism and problem drinking among patients admitted to the Central Tuberculosis Clinic in Winnipeg.

Of 306 patients studied over a two-year period, 32 were discovered to be alcoholic. This frequency, said Dr. Pincock, is five times that estimated in the adult population of Canada. One would ordinarily have expected to find six alcoholics among the 306 cases studied.

Of white males with tuberculosis, Dr. Pincock found 14.8 per cent were alcoholics, which is much in excess of the three per cent estimated by the Ontario Alcoholism and Drug Addiction Foundation to be the prevalence of alcoholics among the adult drinking population of Canada.

Of Indian males with tuberculosis, 19 per cent were classed as alcoholics.

And of all the alcoholics studied, 92 per cent were addicted before their tuberculosis was discovered.

Studies conducted elsewhere

doctor's concern for him exists, and exceeds the mere fulfillment of a job."

"It may be that the unfailing interest and concern of the doctor makes the patient appreciate — consciously or unconsciously — the fact that it may be possible to change," he said.

"The mere presence of someone who truly cares whether he succeeds or fails may supply an incentive that never existed before. Though he may not say it, or ever know it, the alcoholic, like practically everyone else, wants to be valued, accepted and loved. The physician may not be able to help in specific terms in every step along the way, but simply by sticking by the patient as he moves forward and back, or doesn't move at all, may be the best kind of help he can offer."

The treatment of alcoholism today is perhaps as nebulous as the treatment of tuberculosis was in the earlier part of this century. But because workers in the field of tuberculosis had the courage and optimism to challenge what was thought to be an incurable, hopeless disease, we are now in a period of history where we can look forward to its conquest.

Surely it is the same sort of positive, hopeful and helpful atti-

pital for treatment. Nevertheless, the tragic result was that the patient died during what should have been the prime of his life.

* * *

Here are two cases of the tuberculous alcoholic — one admittedly an extreme case, but not rare. Somewhere in between are the stories of many other men and

manage. They rebel against sanatorium treatment, are unable to adjust to sanatorium life long enough to benefit from drug therapy and so they leave hospital against medical advice. Their TB relapse rate is high. One two-year study in Austria, for example, reported a relapse rate of 58 per cent in alcoholics, as compared to six per cent in other non-alcoholic patients.

DEFINITION OF ALCOHOLISM

In his study of alcoholism in tuberculous patients, Dr. T. A. Pincock adopted the following classifications to describe the use or non-use of alcoholic beverages:

Abstainer: A person who never uses alcoholic beverages, or does so solely for religious or ceremonial purposes.

Moderate drinker: A person who uses alcoholic beverages moderately; as a carminative, to satisfy thirst, for mild sedation, or to comply with social custom. There is no loss of control with regard to the amount consumed, or the time and place, or the appropriateness of the occasion.

Occasional excessive drinker: This category describes the individual who drinks excessively from time to time, but is not an alcoholic or problem drinker.

Problem drinker: A person in whom the consumption of alcoholic beverages constitutes a problem in that it goes beyond the limits set by the cultural standards of his social group. The drinker indulges to such a degree as to cause concern to his family, friends and employers, and the extent of his drinking makes serious inroads upon his budget.

Alcoholic: A term reserved for those considered to have a chronic disease or disorder of behavior characterized by repeated excessive drinking to the extent that it interferes with health, interpersonal relations or economic functioning. Included in this group are those problem drinkers with physical complications such as hepatic cirrhosis, delirium tremens, Korsakoff's psychosis and polyneuritis, and those with psychological and/or physical dependency commonly referred to as "alcoholic addiction".

incidence of tuberculosis among alcoholics, as well as a high incidence of alcoholism among hospitalized tuberculosis patients. In Massachusetts, for example, tuberculosis patients admitted to state, county and municipal sanatoria between June, 1958, and February, 1959, showed an alcoholism prevalence of more than 28 per cent. At about the same time in the Tuberculosis Hospital at Oak Forest, Illinois, 25 per cent of those hospitalized were classed as alcoholics.

TB alcoholics, of course, must be treated as people with two illnesses, and it is necessary that they receive treatment for these illnesses concurrently. Treatment for the alcoholism, it is said, must begin as soon as the patient is admitted for treatment of his tuberculosis, and in this respect the TB physician relies heavily on the assistance of psychiatrists and such special organizations as Alcoholics Anonymous.

But it is up to the physician to help the patient become open to treatment. A negative attitude, say experts, is only likely to cause or intensify "recalcitrant" behavior.

In a paper on Tuberculosis and Alcoholism, Dr. A. W. Stinton, associate professor of medicine at Temple University School of Medicine, said that it is the doctor's duty to get to know all about his patient and his background, and to establish and maintain a genuine relationship with him — a relationship that "leaves no doubt that the

ing with the problems of alcoholism.

BEN REIMER

(Continued from page 1)

Ben and Cyril were received most hospitably in Kingston. The Canadian High Commissioner sent a car out to meet them at the airport, then had them to lunch and took them on a sightseeing tour They met Prof. John Golding, chairman of the Games Organizing Committee, and Dr. Ludwig Guttmann of Stoke-Mandeville Hospital in England, who was responsible for organizing the first paraplegic games after the Second World War.

They also made many friends among the contestants. The Australians were especially friendly, Ben remembers. "They gave me a lot of pointers on how to throw that javelin . . . and in archery, too . . . and everyone was really pleased when I won the medal."

The spirit of the competitors has made Ben even more enthusiastic about other Manitobans taking part in future contests.

"At the opening ceremonies in Jamaica, Prince Philip called out to us as we passed the reviewing stand," he said.

"I couldn't hear what he said, but maybe it had something to do with only one coach and one contestant behind the Canadian flag.

"Golly, we've just got to change that," he said.

Emphysema - A Growing Problem

Respiratory disease now accounts for 28 percent of all disabling illness in Canada, and among these a lung disease known as emphysema is increasing at an alarming rate.

According to Dr. Colin Woolf, of the University of Toronto Department of Medicine, emphysema has increased 500 per cent since 1949, and it has replaced tuberculosis as the second most common cause of death due to respiratory disease. (Cancer of the lung is the leading cause.)

This means that 1,500 Canadians could die of emphysema next year, says Dr. Woolf, who has recently completed a three-year study of the disease sponsored by the Canadian Tuberculosis Association, the Muskoka Hospital Memorial Fund and a federal health grant.

Patients with emphysema are usually put on a program of walking exercise, and other treatments, including "wonder drugs", often help. The exact cause of the disease is not yet known. It is believed that emphysema often is a late effect of chronic infection or irritation of the bronchial tubes.

Emphysema (from the Greek word meaning "inflation") causes the lungs to become enlarged or overstretched. The walls of the small air sacs in the lung break down and this gradually results in fewer, but larger sacs, working less efficiently and reducing the

Shortness of breath is the chief symptom. There is also a chronic cough. It may begin with only a slight morning and evening inconvenience in breathing. Next, a short walk may be enough to bring on an attack of breathlessness.

Unless promptly treated, a day-in, day-out struggle to keep the lungs working can develop. Every breath may require a major effort. The lungs may be permanently damaged. The ultimate hazard of emphysema, however, is the extra load it puts on the heart, which is required to pump harder.

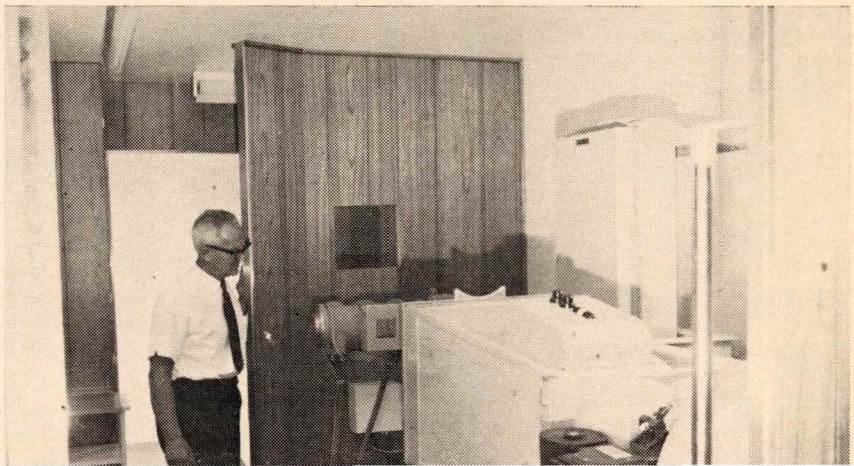
Emphysema is more common among heavy smokers. According to Dr. Woolf, one in every six men over 40 years of age who smoke a pack of cigarettes a day is likely to develop it.

Continued smoking will certainly make it worse.

Sales Office Needs Help!

Do you have a few hours to spare now and then? Mary Gray, supervisor of our Christmas Seals office, would gladly welcome some willing hands during the next

OUR NEW MOBILE VAN: "She's a beauty!" agreed the Sanatorium Board staff who strolled out to look at our new mobile detection unit one day early this month when it was parked outside the Central Tuberculosis Clinic on Bannatyne Avenue. The unit has already been put to work in south-western Manitoba where the Board's surveys teams are currently carrying out a combined tuberculosis and diabetes detection program.



Twelve Take Nursing Course

Twelve graduate nurses are enrolled in the seventh Course in Rehabilitation Nursing which got under way at the Manitoba Rehabilitation Hospital on September 19th.

The course provides three intensive weeks of lectures, demonstrations, practice periods, discussion and observation, and when the student receives her certificate at its conclusion she should not only have a thorough knowledge of the skills and techniques of rehabilitation nursing, but she should also be well acquainted with the contributions made by each of the other professional groups in the rehabilitation of the physically disabled.

This formal course in rehabilitation nursing was established as an in-service program in October, 1963, and was the first to be offered in Canada. Last fall it was opened to graduate nurses from other centres.

Four nurses from outside the Manitoba Rehabilitation Hospital are taking the present course. We extend a warm welcome to Mrs. Olive M. Carter of Forest Hill Rehabilitation Centre in Fredericton, New Brunswick; Mrs. Mary Anna Bird of Holy Family Nursing Home, Winnipeg, and Mrs. Sonja Anderson of the Winnipeg branch of the Victorian Order of Nurses; and to Mrs. Donna Brown from the V.O.N. in Edmonton.

stuff envelopes for mailing.

Approximately 190,000 Christmas Seal letters will go into the Manitoba mails when the campaign opens this November. To prepare for the opening date, lots of volunteers will be needed throughout October.

Miss Gray is especially looking for women to help in the daily stuffing sessions. For those who work, a blitz night has been arranged for October 18 at the Manitoba Rehabilitation Hospital.

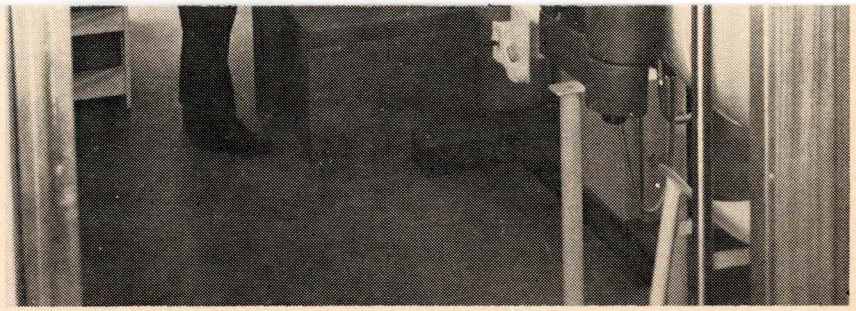
If you have the time and would like to help, please call the Christmas Seal Office at SP 5-0181. *Thank you!*

Party for Dietary Staff

It was a real swinging party, they agreed, when members of the dietary staff were asked about the little social affair arranged one night last month by Miss Nan. Tupper Chapman, director of Dietary Services.

The party, which featured a buffet lunch and dancing to the music of a four-piece orchestra, was attended by about 30 persons from the kitchen and cafeteria of the Manitoba Rehabilitation Hospital.

John Knol, son of Toni Knol, assistant cook, acted as master of ceremonies and kept the group lively from beginning to end. Mrs. Isabel Stewart and Mrs. Phyllis McCabe sang a medley of Scottish and Irish songs, after which Phyllis gave her impression of Marlene Dietrich. "It was easy to do," said Phyllis, who had gone through the whole act of tweaking the men's hair . . . and so forth. "She's a terrible singer!"



Supervising radiographer Alex Roh, who along with Surveys Officer Jim Zayshley, supervised the design and construction of the trailer unit, proudly displays the spanking new x-ray equipment. Built over the last four months by Sangster's Wagon and Body Works in Winnipeg, the 28-foot trailer houses three compartments: a reception and waiting area, an x-ray compartment and a laboratory. The x-ray compartment is heavily lined with lead to protect the public and staff.

Laboratory technicians Mrs. Janet Boonov (seated) and Mrs. Carol Tardi demonstrate how the simple fingertip blood tests for diabetes are given to the public in the Unit's laboratory compartment. The blood samples are refrigerated right in the unit while waiting transportation to the University of Manitoba Metabolic Laboratory for analysis. This compartment, according to the Surveys Office, can also double as a dark room for developing x-ray films when the need arises. (Photos by David Portigal)

THIS 'N THAT

Recreation Club Needs Your Support!

Sometime during the next two weeks all the Sanatorium Board staff in Winnipeg will be invited to attend a general meeting for the purpose of electing the new officers and committee chairmen of the Sports and Recreation Club. We hope very much that there will be a good turn-out at this important meeting; the people you elect will be responsible for arranging all our social events during the next season and for supervising the various sports and recreation activities. To do a good job, they need your support.

Some groups are already planning their program for the 1966-67 season. The Manitoba Medical Centre 10-Pin Bowling Club held their first meet at the Northgate Bowling Lanes on September 14. If you would like to bowl with this group, contact Mrs. Mary Spencer in the SBM executive offices.

The Five-Pin Bowlers began their season September 8 at the Polo Park Lanes. It's not too late to join the teams; the contact is Jim Brechka in the Accounting Department.

Other sports activities include curling, badminton and table tennis. The Art Class will also be holding weekly meetings again this year, with Dr. Paul Mari as instructor. The first class is set for Monday, October 3.

joined the Sanatorium Board staff during the summer months. There are new faces in almost every department, among them:

Dr. Chi-Chong Loh, resident physician at the Manitoba Rehabilitation Hospital. Dr. Loh is a graduate of the College of Medicine, National Taiwan University, and interned at the Halifax Infirmary before coming to Winnipeg last month.

Miss Berva Ione Plummer, M.R.H. speech therapist. Miss Plummer comes from Flin Flon, received her B.A. in speech pathology at Moorhead State College in Minnesota.

Miss Barbara Malanchuk, who has joined the M.R.H. Social Service Department. She has her B.A. from the University of Manitoba.

Miss Rhoda-Sue Goldman, Miss Ruth Jamieson and Miss Carol Boyd, M.R.H. physiotherapists. Miss Goldman graduated in physiotherapy this year from McGill University, and Miss Jamieson and Miss Boyd received their training at the School of Medical Rehabilitation. It is also of interest that Miss Jamieson was formerly employed at Assiniboine Hospital in Brandon, and Miss Boyd interned at our rehabilitation hospital last year.

Nurses from Overseas

The summer months have also seen the arrival of many graduate

Seven nurses have recently arrived from the Philippines. They are *Miss Estrellitta Cometa, Miss Virginia Pace and Miss Dolores Rarama*, general staff nurses at the Manitoba Rehabilitation Hospital; *Miss Angelina Valdez, Miss Marietta Ricacho and Miss Elvira B. Rada,* general staff nurses at Manitoba Sanatorium, and *Miss Erlinda Domingo*, general staff nurse, Central Tuberculosis Clinic.

Other new members of the M.R.H. graduate nursing staff are *Mrs. Marilyn Watson*, who received her training at Grace Hospital in Winnipeg, and *Miss Marion Henderson*, a graduate of the Brandon General Hospital School of Nursing.

There are six additions to our Licensed Practical Nursing staff. They are *Miss Eleanor Koops, Miss Marilyn Pearson* and *Miss Shirley Stalker*, who are working on our Tuberculosis and Diabetes Surveys; *Mrs. Lorraine Sinclair and Mrs. Maureen Thomas*, members of the C.T.C. nursing staff, and *Miss Marilyn Edwards*, of the M.R.H. nursing staff. Miss Edwards was formerly employed at Ninette.

New faces behind the typewriters at the Manitoba Rehabilitation Hospital are *Miss Renetta Eidse*, medical secretary, *Miss Constance Williams*, clerk-typist in the Occupational Therapy Department, and

BULLETIN BOARD

Our congratulations to Edward Dubinski, executive assistant of the Sanatorium Board, who was admitted to nomineeship status in the American College of Hospital Administrators at the 32nd annual convocation held last month in Chicago.

Also, during the same week in Chicago, Mr. Dubinski attended the annual convention of the American Hospital Association, in his capacity as president of the Upper Midwest Hospital Conference. * * *

We are very happy to welcome back the Rev. F. J. McKay to his post as Protestant Chaplain for the Manitoba Medical Centre. Mr. McKay was on a leave of absence this summer to take a three-month course (June 10 to August 26) in counselling psychiatric patients at the State Mental Hospital in Jamestown, North Dakota. Six attended the course, and three were from Winnipeg.

Mr. McKay, who is a graduate of United College in Winnipeg, has taken other special courses in Clinical Pastoral Training at the University of Minnesota and the University of Iowa. He has also arranged a training course in Hospital Orientation and Pastoral Care of the Sick at the Manitoba Medical Centre for other city clergymen.

At the Medical Centre, the Rev.

hospital bulletin boards!

Welcome New Staff

A very warm welcome is extended to the many people who have we welcome *Miss Sun Ja Lee*, who has joined the general nursing staff at Manitoba Sanatorium, Ninette, and *Miss Ki Sun Lee*, who is nursing at the Manitoba Rehabilitation Hospital.

FOUR-WEEK CHARTER FLIGHT TO EUROPE
September 8 to October 8, 1967

The Canadian Tuberculosis Association is now making arrangements for a charter flight and special European tours in connection with the **19th INTERNATIONAL TUBERCULOSIS CONFERENCE** to be held in Amsterdam, The Netherlands, from October 4 to 8, 1967.

CHARTER FLIGHT leaves Toronto and Montreal for London, England, on Friday, September 8, 1967, and returns from Amsterdam to Montreal on Sunday, October 8, 1967.

ROUND-TRIP FARE, which provides first-class meals, service and baggage allowance, will be **$250.00.**

TO PARTICIPATE IN THIS CHARTER, the head of the family must be a member of the Canadian Tuberculosis Association for at least six months before departure. Members of his immediate family may accompany him on the charter.

Hotel and Conference Expenses in Amsterdam: Approximate cost for one week is $120.00.

ALL-EXPENSE, PRE-CONFERENCE TOURS

5 days in London, England	$ 98.00
19 days — France, Switzerland, Italy, Austria, Germany, Netherlands	$532.00
19 days — France, Spain, Switzerland, Germany, Holland	$465.00
19 days — France, Belgium, Germany, Denmark, Sweden, Norway, Holland	$580.00
19 days — England, Scotland, France, Luxemburg, Germany, Holland	$492.00

Prices include most meals, travel, sightseeing, first-class hotels and the services of courriers throughout.

FOR FURTHER INFORMATION PLEASE CONTACT THE EXECUTIVE OFFICES OF THE SANATORIUM BOARD OF MANITOBA OR THE CANADIAN TUBERCULOSIS ASSOCIATION, 343 O'CONNOR STREET, OTTAWA 4, CANADA.

ords department.

And Farewell to . . .

Mrs. Dorothy Clark, who has been a faithful employee of the Sanatorium Board for some ten years, resigned her post as a secretary for Special Rehabilitation Services. Dorothy started out as a secretary to Miss Margaret Busch in the TB Rehabilitation Department, later became secretary to the nursing consultant and director of dietary services, then rejoined the the rehabilitation department under the new administration two years ago. We miss Dorothy's cheerful face very much and wish her much happiness in her future endeavours.

Dave Whitton, remedial gymnast who has been doing special work during the past three years in our Prosthetics and Orthotics Research and Development Unit, was honored by his fellow workers at a party last month at the home of Mrs. Harriet Brown. Dave has left the Manitoba Rehabilitation Hospital and has returned to England where he will undertake further studies in physiotherapy. Afterwards, he plans to continue his work in the prosthetics field. Our best wishes for success go with him. . . .

. . . and also with *Cyril Berrington*, who at the end of this month is resigning his post as a remedial gymnast at the M.R.H. and is taking up new duties as a rehabilitation officer with the Canadian Paraplegic Association. Cyril has been a member of our staff since the first out-patients were admitted to the rehabilitation hospital in February, 1962.

Joanisse, Roman Catholic chaplain, serve the spiritual needs of over 2,000 patients.

* * *

The Manitoba Rehabilitation Hospital is applying for renewal of accreditation from the Canadian Council on Hospital Accreditation. A Council representative, Dr. Irial Gogan, of Holy Cross Hospital, Calgary, will be visiting the hospital on October 6 to survey and evaluate all our services related to patient care. The hospital was first given full accreditation in July, 1963.

Also, during the week of October 24, Dr. K. J. R. Wightman, professor and head of the Department of Medicine, University of Toronto, will visit the Manitoba Rehabilitation Hospital to review and assess the medical resident training program, on behalf of the Royal College of Physicians and Surgeons. The hospital was first approved for training in physical medicine and rehabilitation medicine in 1963. * * *

During a visit to England this summer, Mrs. Joy Huston, chief occupational therapist at the Manitoba Rehabilitation Hospital, took time out to attend the International Congress of Occupational Therapists held in London.

Ted Sims, Chief of Pharmacy Services for the Sanatorium Boar also used part of his holiday take part in the joint meeting o the Canadian Pharmaceutical Association and the Canadian Society of Hospital Pharmacists held at St. John, New Brunswick, August 14 to 18. Mr. Sims is treasurer of the Manitoba Branch of the C.S.H.P.