news bulletin The Sanatorium Board of Manitoba

VOL. 8, No. 6

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG

SEPTEMBER - OCTOBER, 1967



Professor R. N. Scott (centre), executive director of the Bio-Engineering Institute, University of New Brunswick, is pictured with his graduate engineer assistants, Peter Nelson, left, and Bob Brittain. The trio have come to the Sanatorium Board to do further myoelectric research in collaboration with Winnipeg surgeons. The engineers are designing a tiny transmitter, shown with some of its parts below, which in the near future the surgeon

Researchers Aim to Improve Myo-electric Control Systems

The usually quiet O.R. corridor at the Manitoba Rehabilitation Hospital burst into cheerful activity during the early days of September when Professor Robert N. Scott and two graduate assistants from the University of New Brunswick moved crates of

electronic equipment into new research headquarters.

Professor Scott, a native of Saint John, is associate professor of electrical engineering and executive director of the U.N.B. Bio-engineering Institute. He has come to Winnipeg to do a year of further research into myo-electric control systems for artificial arms, in collaboration with a Winnipeg surgical team headed by Dr. F. R. Tucker, Medical Director of our Prosthetics and Orthotics Research and Development Unit.

The general object of the pro-

"The technique is still in the pioneering stage," says Prof Scott, who has been doing myo-electric research in Frederiction since 1960. "But it has exciting possibilities.

"From past studies, using university athletes as the guinea pigs, we have discovered that the individual's ability to control electrical activity in his muscles is really quite.exquisite. Not only can he quickly learn to control the general activity in a large muscle, but he can refine this control with great precision to a single group of fibres within that muscle."

Thus, for example, the amputee



Announce Weekly Chest Conference

The weekly Chest Conference reopened to a packed house in the Sanatorium Board auditorium on September 13.

Throughout the coming year these conferences will be held each Wednesday at 12:15 p.m. in the SBM auditorium. They are open to physicians who have a special interest in pulmonary disease, plus interns and residents in the Manitoba Medical Centre, nurses, physiotherapists, occupational therapists and other para-medical personnel.

The program, arranged by Dr. Earl S. Hershfield, associate medical

director of our Tuberculosis and Respiratory Disease Service, offers papers on problem pulmonary cases. These papers are presented by a chest resident, after which current literature and recent advances in treatment are discussed.

The conference is sponsored by the joint respiratory program of the Tuberculosis and Respiratory Disease Service of the Sanatorium Board of Manitoba, the University of Manitoba, the Children's Hospital of Winnipeg and the Winnipeg General Hospital. for control sites, lesser used but strong muscle segments deep within the human body, says Prof. Scott. In contrast, most other myo-electric investigations to date have been restricted to tapping only the weaker electric signals given off by contracting muscles close to the body surface.

Here in Winnipeg surgeons plan to shove tiny radio transmitters up into the marrow cavity of the upper arm bone of above-elbow amputees. These transmitters are connected by suitable electrodes to the brachialis, a muscle situated under the biceps which normally works with the biceps to bend the elbow.

The plan then is that when the amputee contracts the brachialis, the transmitter will pick up the tiny electric signals given off by the contracting muscle and measure and transmit them to an amplifier and battery placed somewhere outside the body. The battery in turn supplies the power to move motorized parts of the artificial arm. tem in which a relaxed muscle would produce no motion in his artificial arm; a small contraction of certain muscle fibres would spark the power needed to, say, bend the elbow of the artificial arm; and a larger output from the same muscle would produce the motion to straighten the elbow. In this way, one muscle provides control over two basic functions.

The problem of controlling today's complex artificial arms may well be solved by myo-electric systems, Prof. Scott feels. 'Once the problems of selecting good control sites and connecting electric signals from muscle to electronic equipment are solved, the engineer's task of designing the control equipment should be relatively straight forward."

Having established themselves in their new quarters, Prof. Scott and electrical engineers Peter Nelson and Bob Brittain began readying the transmitters for surgical implanting. The first implant, they hope, will be done in January.

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

SBM NEWS BULLETIN

CONGRATULATIONS TO

Our Outstanding Para-athletes

Our fellow employee was ready to pop his suspenders when he burst into the office last August with the first results of the Paraplegic (Pan-Am) Games. He was very proud of our local wheelchair athletes, as indeed were the rest of us as news of their achievements continued to roll in. big competitions . . . and working

By our calculations 31 of the 108 medals awarded to the Canadian contingent were picked up by Winnipeggers. Among the gold medallists were Irene Miller, Terry Kostash and George Boshko who won three of the swimming competitions. Allan Nordal was a double winner, capturing a gold medal for featherweight weightlifting and another for the 1500 meter race. Miller, Nordal, Boshko and other Winnipeg athletes won 13 medals in the silver division and another 13 in the bronze.

Elated by their victories, 10 Manitoba athletes went off to Montreal in early September to take part in the first Canadian National Paraplegic Games. Certainly one of the happiest moments here was when pretty Irene Miller beat five other competitors for the trophy for best female athlete. Irene also took a third place bronze when she competed against both men and women in the precision javelin event.

A total of 130 paraplegics from eight Canadian centres took part in the Montreal games. Garry Nault of Portage la Prairie (a former patient at the Manitoba Rehabilitabig competitions . . . and working just as hard right along with them were several members of our own staff.

Gymnast Lynne Humphreys deserves a medal herself for the time she devoted to coaching the track and field competitors. She showed up at Sargent Park twice a week for three months to give the men and women encouragement and instruction.

Others who helped with the track and field training were Miss Jane Peacock of the Occupational Therapy Department, and six members of the Physiotherapy Department: Miss Joan Edwards, Miss Jane Bridger, Miss Martha Treichel, Miss Merle McPhee, Miss Tam Nishizeki and Mrs. Georgina Terwin.

Grant Lindblom of the Occupational Therapy Department made anchors for the wheelchairs, and Occupational Therapist Mrs. June Thomson volunteered to organize medical assistance.

And, of course, the Sanatorium Board and Manitoba Rehabilitation Hospital again came through to help provide needed equipment and

A Roving Ambassador

Big (6'6'') Doug Hobson is a man on the move these days.

Doug, a mechanical engineer in charge of the design activities of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit, returned from Los Angeles in late August with barely enough time to repack his bags for an extended tour of research centres in Europe.

His missions are exciting for PORDU for they are providing an invaluable exchange of information. In California, Doug related, he and other prosthetics engineers visited the Child's Amputee Project at UCLA and the Rancho Los Amigos Hospital where they inspected the Moon Walker . . . an intricate electronic device originally designed to enable man to walk on the moon, but recently scrapped by the Nassau Space Program when scientists obtained new information about the consistency of the moon's surface.

So again engineers stepped in to see what could be salvaged for medicine. As engineering consultants to the Committee for Prosthetics Research and Development, Mr. Hobson and others were asked to assess the Moon Walker to see if it can be adapted to help severely disabled children get around. Towards the end of October, Doug crosses the Kattegat to Copenhagen and the 12th International Course in Prosthetics and Orthotics sponsored by the International Society for the Rehabilitation of the Disabled.

He should indeed be bursting with new knowledge when he returns to our shores on November 7.



DOUG HOBSON

A Dandy Ill Wind At Eskimo Point

IT WAS AN ILL WIND blowing

former from Manitoba, winning silver medals for the club and javelin throws and a bronze for the discus event.

Don Mitchell and Charlie Grover of Winnipeg won silver and bronze medals respectively in the archery contest at Montreal and Allan Nordal won a bronze for the 50yard dash.

The Manitoba basketball team, coached by Gil Baggley, also did very well at Montreal, winning a third place standing.

* * * The Manitoba teams worked very hard to get in shape for these first

EXPO SPEAKER

Prof. Robert N. Scott of the University of New Brunswick's department of electrical engineering, and currently on leave of absence to do a year of myo-electric research at the Sanatorium Board, went off to Expo on September 9 to participate in the Junior Science Lecture Series.

Prof. Scott lectured on the topic "Of Engineers and Medicine". He dealt mainly with bio-engineering and some recent engineering contributions to medicine.

Miss Irene Miller, right, and Garry Nault, Portage la Prairie, were our two top performers at the recent paraplegic games in Montreal, and both gave outstanding performances at the big Paraplegic Games (Pan-Am 67) in Winnnipeg last August.

Europe probably benefits PORDU more directly. It began September 14 when Doug joined PORDU's medical director, Dr. F. R. Tucker, for a firsthand look at prosthetics and orthotics research facilities in Great Britain. On September 29 the pair parted, Dr. Tucker proceeding to an international orthopedic conference in London, and Mr. Hobson to Lausanne, Switzerland, where he gave a lecture and demonstration on the Winnipeg pylon prostheses at an international conference and workshop.

The total of research facilities in

At the beginning of October our engineer boarded a train for Nancy, France, where rejoined by Dr. Tucker, he met Dr. Guy Fagal and toured his prosthetics and orthotics centre. From there, the two swung over to Germany: first to the University of Heidelberg to inspect carbon dioxide powered upper limb prostheses; then north to the artificial limb centres at Frankfurt, Duderstadt and Munster.

Both sides are taking notes, said Doug, who took with him a series of slides on PORDU's various projects. And other North American centres, as well as PORDU, are interested in firsthand information that comes out of the tours. For example, after his visit to Munster, Doug will board a ferry for Sweden and the towns of Upsaala and Goteberg, where, partly on behalf of the Veterans' Administration Prosthetics Centre in New York City, he will assess the Swedish system of prosthetics, particularly a device called the Swedish knee cage.

Point last August after a technician flew in from Edmonton to x-ray the population.

James Guild, of the Medical Services branch of the Department of National Health and Welfare, went into Eskimo Point to do a three-day survey of the population, but found himself storm-bound for two weeks. One by one the storm also blew in the hunters, fishermen and other stray members of the settlement . . . and one by one Mr. Guild x-rayed them.

When the technician finally was able to pack up his equipment he had chest x-rays of 419 men, women and children—almost, if not all, of the entire population of Eskimo Point, and 60 more than the record set on a previous survey.

The films were set on to the Central Tuberculosis Clinic in Winnipeg for developing and reading, and, according to Dr. D. L. Scott, only two people are being brought down to the clinic for further examination.

Eskimo Point, as many will recall, was the scene of a large tuberculosis outbreak several years ago and during the past year it has been the target of an intensive preventive campaign.

Case-finding and other preventive programs are also being stepped up throughout the whole District of Keewatin in one big effort to bring tuberculosis under control. A grand total of 3,658 chest x-rays have been taken in the area since March of this year—2,976 by the Medical Services technicians and 682 by nursing station staff. The plates were developed and read by the Sanatorium Board. SEPTEMBER-OCTOBER, 1967

SBM NEWS BULLETIN

Other Centres Will Test the Winnipeg Leg

The meeting took place so unobtrusively that few people at the Manitoba Rehabilitation Hospital knew that they had in their midst a distinguished group of research engineers and doctors from various parts of the continent.

Under the chairmanship of Howard R. Thranhardt of Atlanta, Georgia, some 12 experts—known as the Evaluation Subcommittee of the Committee on Prosthetics Research and Development—gathered at the Rehabilitation Hospital August 17 and 18 to review and discuss several new products from research laboratories in Canada and the United States.

The items ranged from sockets and other special components for artificial limbs to new types of braces, a pneumatic feeder arm and electric hands and elbows. But of special interest was the Winnipeg pylon prosthesis for below-knee amputees, which after study, the subcommittee judged ready for wider testing on patients in other medical centres.

Many Merits

Designed by the staff of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit, the Winnipeg leg solves a lot of problems that once plagued doctors, patients and prosthetists.

Organize Winter

One main advantage of the new limb, says PORDU's Technical Director Jim Foort, is the simplicity and speed of production. Designed in "tinker toy" fashion, the parts of the leg can be assembled, aligned and finished in two to four hours.

Thus, the amputee need no longer wait for weeks or months for a permanent prosthesis—nor does he need to begin gait training on a temporary prosthesis. Fitting is made at the time of surgery and the patient begins walking on his new limb soon after amputation.

Later as the patient progresses through the rehabilitation process and changes to the stump occur, the position of the leg segments can be quickly and easily adjusted—or entire parts speedily replaced—so that the leg "walks" naturally and comfortably.

When the patient completes his training program, he leaves hospital with the same limb neatly encased in another PORDU invention: a pleasing, seamless, polyurethane cosmetic cover.

Fit Most Amputees

Functionally, says Mr. Foort, the Winnipeg leg is excellent. It is cheaper to produce than other standard prostbeses. And because of its easy assembly, adjustability and choice of function, it is possible and practical to fit it to almost all amputees, regardless of age or physical condition.

About 80 people in Manitoba are now wearing the Winnipeg leg as permanent prostheses, and the majority of these people are elderly.

In fact, of all amputees referred to PORDU over the past several years, only about two percent have been turned down as unlikely candidates for artificial limbs, says Mr. Foort.



The Winnipeg Leg for below-knee amputees —the right one encased in our new cosmetic

Christmas Seal Preparations In Full Swing

With the opening of the annual Christmas Seal Campaign just around the corner, there is much bustling these days in our campaign headquarters. Volunteer workers spent the spring and summer months folding this year's Centennial Christmas Seals, and now there is a scurry to get 200,000 envelopes stuffed before they are mailed out to the people of Manitoba on November 14.

Several organizations and many individuals have turned up over the past month to help with these Christmas Seal preparations. Miss Mary Gray, our Christmas Seal supervisor, arranged three special blitz nights. On October 3, the men of the South Winnipeg Kiwanis, the members of their Ladies' Auxiliary plus the Professional Engineers' Wives of Winnipeg came in one big force to stuff envelopes.

The Ladies' Auxiliary to the Associated Canadian Travellers of Winnipeg joined forces with the Professional Engineers' Wives on the night of October 11, and on October 17, a big blitz night was arranged for over 100 business women from various Winnipeg firms and organizations (including the Sanatorium Board of Manitoba) When the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit was established in the fall of 1963, Technical Director James Foort voiced the hope that the unit would have an important role in the field of education.

The fact is, he said, there is a tremendous shortage of trained people in the prosthetics field. Amputations are increasing as the population ages and expands, and consequently the pressure for more professionals in prosthetics is mounting steadily.

So, in addition to their tremendous research work, PORDU's staff have always found time for various teaching programs. Over the past four years numerous lectures and workshops have been conducted for both medical and para-medical personnel, and special courses have been organized for candidates from other medical centres in Canada, to either bring them up to date in prosthetics or give them extensive training.

The next training course will be held at the Manitoba Rehabilitation Hospital between October 16 and November 10. The course, which will deal with lower limb prostheses, has accepted seven candidates: two physiotherapists, a remedial gymnast, two prosthetists, one orthotist and a young graduate engineer. The engineer (Rees Sweitzer of Saskatoon) and the remedial gymnast (Alex Calder of Edmonton) will stay on, for six months.

Altogether, some 25 men and women have been accepted by the unit for further prosthetic training.

Big Health Survey in Fort Garry

The most comprehensive community health survey ever undertaken in Canada got under way in the Fort Garry municipality on October 2. The month-long survey combines free tests for tuberculosis and diabetes, plus a special research project to gain more information about diabetes and coronary disease.

The program is being conducted by the staff of the Sanatorium Board of Manitoba in collaboration with a University of Manitoba research group and the Canadian Diabetic Association. George Butcher of Fort Garry is general survey chairman.

The Board's Christmas Seal mobile units moved into Fort Garry to begin tuberculin testing on October 2; the first fingertip blood tests for diabetes were offered to adults on October 5 when they began returning for their tuberculin test results and for free chest x-rays.

The diabetes tests are under the medical direction of Dr. J. A. Moorhouse of the University of Manitoba Metabolic Laboratory and are part of a special study to determine whether such mass screening programs can effectively and economically detect significant treatable disease in the population. The Metabolic Laboratory is analysing the tiny blood samples and the follow-up of positive findings is being done initially by the local health unit and later by the patients' own physicians. As residents turn out for the blood tests, they are also bringing with them the confidential questionnaires that our volunteers distributed when they canvassed homes prior to the survey. These questionnaires are part of a Canada-wide research project and pertain to the history of diabetes and heart disease in families.

Hundreds of Fort Garry residents have volunteered to help conduct this survey. John S. Mitchell has taken charge of the publicity campaign and the area chairman appointed to organize the volunteers and prepare the testing sites include Ralph Lloyd, Mrs. F. Brown, Mrs. J. Kicak, George Butterworth, Jim Davage, the Rev. Andrew Lam, Mrs. A. Schwartz, Robert Watson and Merrill Wright. each year with these tremendous campaign preparations. Aside from those already mentioned, the organizations that send volunteers faithfully include the Calvary Temple Mission Circle, B'nai B'rith, P.E.O. Sisterhood (Chapter D), the women's groups of the Victoria and Granite Curling Clubs, the Inner Wheel of Winnipeg and St. Boniface, and the West Winnipeg Rotary-Anns.

The senior citizens of the Fred Douglas Lodge in Winnipeg also helped with the work this year, spending two full afternoons folding the seals in readiness for stuffing. Our thanks to Ross Preston, superintendent of the Lodge, and to Mrs. Edith McWilliams, of the South Winnipeg Kiwanis Ladies' Auxiliary, who arranged these sessions.

And, of course, a very big thank you to all of the people who somehow found the time in their busy lives to contribute to our annual campaign against tuberculosis and other respiratory diseases.

Come To The Fair!

The Volunteer Services of the Manitoba Rehabilitation Hospital cordially invite everyone to attend their big annual . . .

CHRISTMAS CANDLE FAIR

Thursday, November 16

Manitoba Rehabilitation Hospital Auditorium

Includes CANDLES . . . GIFTS . . . HANDICRAFTS

The proceeds will be used towards the Volunteer Services' special project of helping to equip the new audiology services at the Manitoba Rehabilitation Hospital.

SBM NEWS BULLETIN

In Our TB Clinic – Thou Shalt Not Smoke

Cigarette smokers who have a chronic cough undoubtedly have bronchitis. And people who continue to smoke and ignore the cough should be prepared for worse trouble.

Quoting the harmful effects of smoking and the rising incidence of chronic bronchitis, emphysema and other chest conditions in our puffing population, the doctors at the Central Tuberculosis Clinic have bluntly told patients that they are no longer permitted to smoke in their rooms . . . and that smoking elsewhere in the clinic is definitely discouraged.

Our newly organized Tuberculosis and Respiratory Disease Service is not the first to ban smoking in a chest clinic. For some years smoking has been forbidden to all at the chest unit of Canterbury Hospital in England . . . and here the word "all" includes doctors, nurses, ambulance drivers and visitors as well as the patients.

The first commandment for a patient with a chronic respiratory disease is "Thou Shalt Not Smoke", said the chest unit's director, Dr. Owen Clarke.

And it's just good sense for other people to give up the habit before they develop respiratory trouble.

Our Long-time Employees In April, and again in July, we expressed congratulations to our Executive Director T. A. J. Cunnings and Executive Assistant Edward Dubinski who were celebrating, respectively, 25 and 20 years of service with the Sana-

We owe a lot to these men, and indeed to many other people who have stayed with our organization a long time; who have seen it through the good times and the bad, and have helped its programs to change and grow. So, after congratulating him, we asked Mr. Dubinski about all the employees who have also been with the Sanatorium Board for 20 years or more, and obligingly he appeared one day with a rather impressive list.

HATS OFF TO -

torium Board.

It seems that Dr. E. L. Ross, who recently retired after 42 years on our medical staff, holds one of the records for longest service. But not far behind him is Senior X-ray Technician Wally Anderson, who joined the Board's travelling clinics during what Wally happily recalls as "those good old pioneering days". And only a few head-lengths behind Wally are Miss Evelyn McGarrol and Dr. D. L. Scott who came to our staff 37 years ago to help open up the Central Tuberculosis Clinic in Winnipeg.

Out at Manitoba Sanatorium, N. "Stick" Kilburg, hospital manager, and Bill Amos, senior x-ray technician, have chalked up 35 years Miss Ann Rachwich, head laundry maid, 23 years; G. E. Ward, purchasing clerk, and J. Young, utility man, who have 22 and 20 years respectively.

Here in Winnipeg Miss Caroline Doern, x-ray technician at our unit in the National Employment Service building, has been with us for 25 years. X-ray technicians Alec Roh, who helps carry out much of our preventive work, has 22 years of service, and Miss Rikka Guttormsson has been working as a laboratory technician in the C.T.C. since October, 1947.

The one person who perhaps chalked up the longest service was Robert Lumsden who arrived at the Manitoba Sanatorium by cutter on a cold winter's night in 1912. Bob had agreed to take charge of painting the newly opened buildings at Ninette and, except for a stint with the Royal Flying Corps in World War I, he stayed on with our organization until his retirement in the summer of 1959.

Others we readily remember are Claude Pettitt, who in 1961 retired from his post as head carpenter at Ninatta after peoply 40 years of

Bulletin Board

At the end of August the staff of the Manitoba Rehabilitation Hospital sadly said good-bye to Dr. Eliska Bosley who since July, 1963, has been our very capable and popular chief resident in physical medicine and rehabilitation. Dr. Bosley has taken a position as chief of medical services at the rehabilitation centre in Lausanne, Switzerland.

Our best wishes also go with Rod McKenzie who on October 1 resigned his position as counsellor for Special Rehabilitation Services to become rehabilitation adviser to the Saskatchewan Department of Welfare at Regina.

* * *

Dr. Siu Wah Lee is the new chief resident at the Manitoba Rehabilitation Hospital. A graduate in medicine from Lingnan University in Canton, Dr. Lee left China in 1949, was in general practice in Hong Kong for 10 years, served two years as a ship's surgeon and later as a house doctor in England. For the past several years he was senior resident in the Department of **Physical Medicine and Rehabili**tation at the Research and Educational Hospitals, University of Illinois.

Other recent additions to the Rehabilitation Hospital staff in-

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way to stop people from smoking is to give a doctor's order to quit buying cigarettes.

Over the years it has been his observation that while a man might find it almost impossible to cut down his cigarette consumption without a great deal of tension and distress, he finds it relatively easy to obey a doctor's order never to buy a cigarette again.

"If you don't buy one," he said, "you can't go on smoking. Other people are just not that generous." medical superintendent, joined our staff 34 years ago.

Miss Gladys McGarrol has been chief statistician for the Central Tuberculosis Registry for 31 years; Miss Anne Law, R.N., and Ernie Ackroyd, R.T., of the Central Tuberculosis Clinic, each have 30 years of service.

Others with 20 or more years of service on the Staff at Ninette are F. J. Rodwell, head laundryman, and R. A. Dalley, maintenance engineer, with 27 years; J. C. Mason, stores-keeper, 25 years;

SANTA'S WORKSHOP? One gets that impression on a visit these days to the carpentry section of the Occupational Therapy Department at the Manitoba Rehabilitation Hospital. These rocking horses are products of the assembly line work which patients do as part of their treatment and assessment program. In the final stages, O.T. Technician Fred Sontag does the finishing paint work on the rocking horses—some of which will undoubtedly turn up at the Candle and Gift Fair, to be held at the hospital on November 16 by the Volunteer Services. (Photo by Dave Portigal).

also had nearly four decades of service as a secretary at Manitoba Sanatorium before her retirement last fall; and Miss Gertrude Bowman who retired in the summer of 1965 after 30 years as secretary in the TB Surveys Department.

And finally, not forgotten out at Assiniboine Hospital in Brandon are such people as Mrs. I. A. Cruikshank, director of nursing, Carl Christianson, hospital manager, and Senior Laboratory Technician Miss Laura Delamater who all had, or almost had, 30 years of service with the Sanatorium Board before the administration of Assiniboine was taken over by the Brandon General Hospital, in January, 1966.

Congratulations . . . and a big thank you . . . to you all!

1967 PREVENTIVE SERVICES

Between January 1 and August 31 of this year, 27,955 people were tuberculin tested in tuberculosis surveys of Manitoba communities and industries. Another 16,420 people received free chest x-rays.

Included in this year's preventive program were Christmas Seal financed surveys of residents of Westbourne, Hanover, Ste Anne, Ste Clements and Selkirk municipalities during the summer months; tuberculin and x-ray surveys (also paid for in a large part by Christmas Seals) of industries and high schools; chest x-ray surveys of nursing homes, and x-ray surveys of Manitoba Indian reserves. resident in physical medicine; physiotherapists Mrs. Sharon Watt, Miss Beverley Prober and Miss Lynne Stewart, all new graduates of the School of Medical Rehabilitation here; and Miss Barbara Martel, clerk-typist in the Department of Communication Disorders.

Mrs. Margaret Lewis, R.N. has been appointed to conduct the B.C.G. vaccination program of the Sanatorium Board, carried on as part of the Board's tuberculosis preventive program. Mrs. Sheila Allan has joined the C.T.C. general nursing staff.

The Clinic also has its own full-time physiotherapist. She is Mrs. Mary Wirt, who joined the M.R.H. Physiotherapy Department in the spring of 1965.

* * *

There seem to be many beaming faces around here lately. Some of them belong to new brides: Mrs. William J. Birtles **O.T.** (formerly Heather Liddell). Mrs. Delbert Wood P.T. (nee Gillian Ward), Mrs. Alexander Brown P.T. (nee Coral Boyd), Mrs. Paul Landygo, medical records librarian (formerly Florence Twerdochlib), and Mrs. Brian L. Brooks (nee Martha Paine), daughter of Dr. and Mrs. A. L. Paine of Ninette, and a former member of our Special **Rehabilitation Services.**

Our best wishes and blessings to them all . . . and especially to our Executive Director T. A. J. Cunnings and his bride, the former Bente Hejlsted of Winnipeg.