



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

VOLUME 6—No. 6

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG

JUNE, 1964

Free TB Tests For People of West Kildonan

The citizens of West Kildonan lined up for free tuberculin skin tests and chest x-rays during a tuberculosis survey conducted by the Sanatorium Board of Manitoba between May 19 and June 12.

The four-week survey, which was formally opened by Mayor C. N. Kushner at Green Oaks School, is one of 23 community surveys planned for the province this year. It is largely financed by contributions to the annual Christmas Seal Sale.

At the mid-way point on May 29, a total of 5,196 adults and school children had received the free, painless skin tests, and many others, who had been positive to the test in previous surveys, had been examined by chest x-rays alone.

According to Dr. E. L. Ross, medical director of the Sanatorium Board, the survey of West Kildonan is a particularly important one, since last year this city was one of five areas in the province with the highest incidence of tuberculosis. In 1963, he said, seven new active cases of tuberculosis were uncovered in West Kildonan.



Mrs. S. B. Black, of the Ladies Auxiliary to the Associated Canadian Travellers of Winnipeg, presents a cheque for \$450 to T. A. J. Cunnings, executive director of the Sanatorium Board. The presentation on May 13 marked the final payment on a pledge of \$1,050 to equip the Activities of Daily Living Unit at the Manitoba Rehabilitation Hospital.

The only other areas with a higher incidence last year were Thicket Portage, which reported 18 new cases, Selkirk, which had 10, and St. Boniface, which had 8. The community of Thompson also had seven new cases, Dr. Ross said.

In organizing the West Kildonan survey, the Sanatorium Board is indebted to a group of citizens who have worked hard to see that as many people as possible turn out for the examinations.

Heading the group was Alderman D. A. Yanofsky, who served as survey chairman. He was assisted by Mrs. M. Cunningham, secretary, and N. Elwick, publicity chairman. Mrs. B. Borsh and Dr. J. Eadie of the West Kildonan Health Unit, acted as advisors, and K. Seaford, health inspector, was responsible for organizing a survey of all foodhandlers in the city.

(Continued on page 4)

A.C.T. Auxiliary Completes Pledge to Equip Home Unit

The Ladies Auxiliary to the Associated Canadian Travellers, Winnipeg Club, reached an important milestone last month when the members completed a pledge to equip the Activities of Daily Living Unit at the Manitoba Rehabilitation Hospital.

The home unit comprises a kitchen, bedroom, bath and laundry in the hospital's Occupational Therapy Department. It is used to teach disabled patients how they may perform for themselves many of the routine duties of daily life.

The total cost of equipping the unit was \$1,050. The final cheque for \$450 was presented by Mrs. S. B. Black to T.A.J. Cunnings, executive director of the Sanatorium Board, at the club's monthly meeting at the rehabilitation hospital on May 13.

Before the presentation, Mrs. Black, a founding member of the Winnipeg Ladies' Auxiliary, gave a summary of the club's work since the club was organized in 1947.

Most of this work has centred on helping to expand the health services of the Sanatorium Board, including tuberculosis prevention and the rehabilitation of the disabled. Money to finance projects, she said, is raised primarily at the auxiliary's annual Spring Tea.

One of the club's greatest achievements in recent years was the furnishing of a two-bed ward in the Central Tuberculosis Clinic, Winnipeg. The cost of this project, completed in 1962, was \$1,206.60.

The club members also help each year with the preparations for the Christmas Seal Campaign, they often assist the Sanatorium Board's tuberculosis surveys, and they send five parcels each year to eight designated patients at Manitoba Sanatorium.

A book drive started in 1948 for patients at Ninette has since resulted in sending \$50 each year to the sanatorium library to purchase new books.

At the conclusion of the meeting Mrs. John Huyda, club president, promised the Sanatorium Board continuing support of its tuberculosis and rehabilitation services. Mr. Cunnings thanked the members for their outstanding contributions to the Board and to the people of Manitoba.



This kitchen is part of the Manitoba Rehabilitation Hospital's three-room home unit, which has been completely furnished by the Winnipeg A.C.T. Ladies Auxiliary. Shown inspecting the facilities are auxiliary members, left to right: Mrs. John Huyda, president, Mrs. Claude Leslie, Mrs. L. M. Davidson and Mrs. S. B. Black.

(Photos by David Portigal)

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



Physiotherapy

reach the peak of activity in the physiotherapy department, they spend the entire sixth and last level on vocational assessment and occupational therapy.

Other special programs are carried out for hemiplegic and amputee patients. The amputee program, still in the organizational stage, is based on a new technique using the "instant" leg prosthesis. Amputee patients spend nearly the entire day in the physiotherapy department where, under the guidance of a physiotherapist, they are put through a program including general exercises to strengthen the muscles of the stump and to improve co-ordination and balance, and a course of skin toughening and general stump conditioning. They also learn how to use their prostheses for walking, climbing, sitting and standing, and finally, they are taught how to care for their artificial limbs and the stumps.

The gymnasium and the hydrotherapy department cater to all grades of activity. There is no stable program for the gym; rather it is tailored to meet the needs of the type of patients undergoing treatment at any given time. Icy weather, for example, will inevitably result in more patients with injured legs, so the winter gym schedule is likely to include two or three graded leg classes each day.

Aside from special pool sessions for arthritis patients and amputees, the hydrotherapy schedule includes a special pool for severely disabled persons requiring maximum care and attention. From this pool it is hoped that patients will graduate quickly to the routine orthopedic pool of graded exercises conducted by a physiotherapist. The final stage of pool exercise is handled by a gymnast who gives the patients a much heavier work-out.

The hospital's in-patients continue their treatment Saturday mornings, beginning the session with either one enormous gymnasium class of general exercises, or with a smaller special class for wheelchair patients. Following a coffee-break, they return to the gym for a fun-

Physiotherapy — the treatment of illness and injury by physical means — has been practised by many races since prehistoric times. As early as 3,000 B.C. the Chinese are reported to have employed remedial exercises as a form of treatment. Massage was used by our early ancestors as a means of inducing evil spirits to leave the body, and the Talmud of the Jews refers to the use of splints and bandages. On the hillsides of Greece today, we see the remains of temples of healing dedicated to the god Aesculapius. These temples were not just places of worship, but they also served as sanatoria where patients could regain their health through a delightful program based on sunlight, fresh air, good food, bathing, gymnastics and entertainment. During the fifth century before Christ Greek medicine reached its greatest heights under the influence of the physician Hippocrates. Amputations were practised at this time and attempts were made to fashion artificial limbs. The Romans were quick to adopt Greek medical practices, and the historian Plinius relates how the famous warrior, Marcus Sergius Silus, lost his right hand in a campaign against the Celts in North Italy in 218 B.C. In substitution for his loss, "he had a right hand of iron made, fixed it to his arm, and fought with it. As an invalid — accompanied only by a single batman — he later served in many wars."

Modern physiotherapy, however, is a relatively new treatment concept which had its origins in the last century with such discoveries as the high frequency current by D'Arsonval in 1887, the extended use of hydrotherapy as practised in some European spas, and the elaborate development of remedial gymnastics and massage by the Scandinavians. Today physiotherapy is an integral part of the treatment program for the rehabilitation of patients whose muscles and joints have become injured or weakened by accident or disease. In its polished up form it covers a wide range of physical treatment methods, including resistance and remedial exercises, hydrotherapy (which takes the form of pool therapy, whirlpool baths and contrast baths), the use of deep and superficial heat and electrical stimulation or sound waves. Here, for example, is how physiotherapy programs are carried out at two of our Sanatorium Board hospitals.

THE MANITOBA REHABILITATION HOSPITAL

At the Manitoba Rehabilitation Hospital in Winnipeg, between 200 and 300 in-patients and out-patients receive physiotherapy treatment each day under the guidance of 14 physiotherapists and three gymnasts. Particular emphasis is placed on activities in groups, although almost all of the patients also have a portion of their day allotted to individual treatment. The patients, who are nearly all adults, spend most of the working day right in the treatment departments.¹ They suffer from numerous disabling conditions — predominantly amputations, arthritis, cerebro-vascular accidents, certain neurological conditions and a wide range of orthopedic conditions.

As a large number of patients are involved in the daily routine treatments performed in the department, they are grouped in some cases in various categories and programs. For example, the patients on the sixth floor of the hospital are entirely arthritis patients. They join a program the day they come in, and this is dove-tailed through six stages of activity taking different periods of time each day. These stages progress from exercises in bed to pool therapy and exercises in the department. At Stage Four their program will include practice in the normal activities of daily life in the occupational therapy department's home unit. Finally, when the arthritis patients

1. There are three main treatment departments in the rehabilitation hospital: physiotherapy, occupational therapy and speech therapy.



The program for amputees is a recent development at the Manitoba Rehabilitation Hospital in Winnipeg. It is based on a new technique which uses the "instant" leg prosthesis.

filled program of remedial games and wheelchair games designed for all levels of functional ability.

The physiotherapist maintains contact with the rest of the rehabilitation team on the daily ward rounds. At these meetings of therapists, doctors, nurses, dietitians and social workers, the team members report upon the patients' progress and problems, and they recommend any program changes. These rounds see a different type of patient each day.

Home visits and follow-up services are maintained by such outside agencies as the Canadian Arthritis and Rheumatism Society, the Victorian Order of Nurses, the Canadian Paraplegic Society and public health nurses in outlying districts. Representatives of these groups attend ward rounds in the rehabilitation hospital and see patients in action in the various treatment departments, and if follow-up service is requested by the physician, the therapists and the doctor in the hospital write reports summarizing the patient's condition on discharge and the expected level to be maintained and encouraged at home.

Outside agencies also provide the rehabilitation hospital with an excellent service of visiting a patient's home and family prior to his discharge. Often, as a result, it has been possible to decide whether in fact the patient would be able to return home, or whether alternative care would be advisable. Frequently, a patient's treatment program is altered to prepare him better for the situation with which he will have to live after discharge. Alterations have also been made in the home, such as the installation of grab rails, the elimination of steps, and increasing the width of doorways for easy access by wheelchair.

An Ancient Art Becomes an Important Medical Specialty

From the point of view of these home visits, the follow-up program has been valuable in assisting disabled patients to achieve greater independence. The gap between hospital and home has frequently been narrowed . . . and, in many cases, successfully bridged.

ASSINIBOINE HOSPITAL

The physiotherapy department at our 198-bed Assiniboine Hospital in Brandon provides a program of treatment which in many respects differs from that of the Manitoba Rehabilitation Hospital. The facilities, though up-to-date and complete, are smaller; the caseload is lighter (although heavier on a therapist-patient ratio); and most of the patients are of an older age group suffering from respiratory, rheumatoid, orthopedic and other chronic conditions.

The physiotherapy department, along with the occupational therapy unit, occupies a modern, one-storey wing at the northwest corner of the hospital and, outside of Winnipeg, it is one of the largest in the province. Altogether, the therapy unit has at present a staff of three qualified physiotherapists, an occupational therapist and several assistants. The equipment includes a hydrotherapy pool, two whirlpool baths, wax baths, shortwave diathermy and muscle stimulator machines, infra-red and ultra-violet lamps, resistance equipment, pulleys and slings for exercising, hot pack facilities and an ice machine. The occupational therapy section provides a fully equipped kitchen and bath, and there are light and heavy workshops for such activities as light carpentry, leatherwork, weaving, basketry, rug-making, mosaics and games.

At the end of April, 37 out-patients and 82 in-patients were receiving physiotherapy at Assiniboine, and 13 out-patients and 34 in-patients attended the unit for occupational therapy. The physiotherapist works very closely with the occupational therapist in planning and carrying out the treatment programs. As soon as a patient is admitted to the hospital he is seen by both therapists (and sometimes a speech therapist), and with the assistance of the medical and nursing staff, a full program is arranged.

Ward rounds are conducted every Monday morning, at which time the senior physician, the head nurse and the therapists discuss the patients' progress and outline program changes. Each Thursday, specialists in rehabilitation medicine from the Manitoba Rehabilitation Hospital travel to Assiniboine to conduct clinics for both in-patients and out-patients.

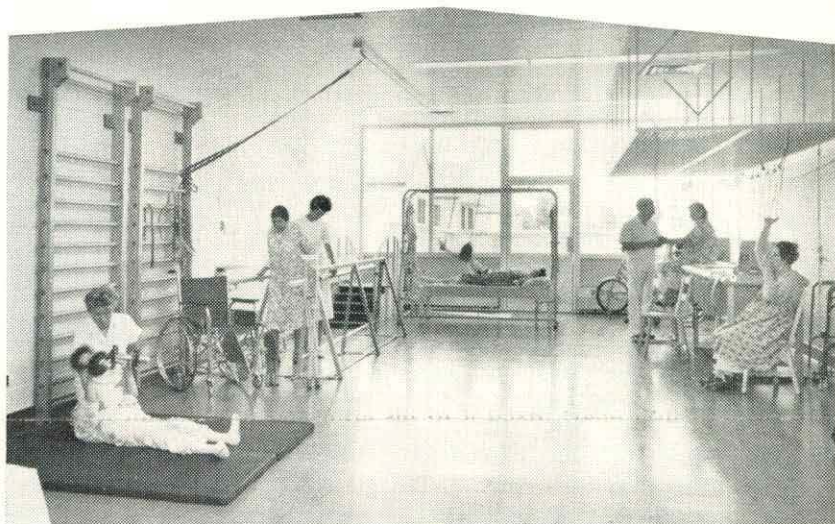
As at the rehabilitation hospital in Winnipeg, most of Assiniboine's patients are treated right in the departments — but because of their ages (about 60 percent are over 60 years of age), the patients do not put in a full, rigorous day of treatment. An example of how treatment is carried out at Assiniboine Hospital on an individual basis is presented briefly in the story of Mr. X, a 66-year-old man who was admitted to hospital early last September suffering from a left hemiplegia.

Mr. X's treatment began on the wards with daily passive exercises. Two weeks later he started treatment in the therapy unit, his program consisting at first of one-half hour in the physiotherapy department where he was put on a standing table to improve his balance; and about one hour in the occupational therapy section where he pedalled the bicycle-type Oliver Rehabilitation Machine to improve his sitting

balance and the co-ordination and strength of his left leg. Around the same time he began weaving to improve the range of movement and the strength of his left arm and shoulder.

By late October Mr. X could stand alone for short periods and under the supervision of the occupational therapist he began learning how to dress himself. In the physiotherapy department, he came off the standing table and started re-training in ambulation by walking between parallel bars. He was afterwards graduated to resistance exercises and finally in early December, to exercises in the hydrotherapy pool. By mid-January Mr. X could walk with the aid of one cane. He was discharged home, but continued treatment as an out-patient, largely to improve the use of his left arm and hand.

Mr. X, who has now returned to half-time work in his home, is typical of hemiplegic patients who have had the advantage of the rehabilitation program at Assiniboine Hospital. Many other patients at this hospital benefit from programs for other conditions. The therapy unit, for example, conducts an aggressive, six-week arthritis program and a follow-up program for Brandon amputees.



Patients undergoing treatment in the Physiotherapy Department at Assiniboine.

Both the physiotherapist and the occupational therapist also spend a good part of their day on the hospital wards. For the occupational therapist, a very important part of her ward duties includes instructing handicapped patients in the easiest methods to dress and feed themselves. For the physiotherapist, ward work will consist primarily of supervising bed exercises. The physiotherapy department is also responsible for breathing exercises and oxygen therapy for patients suffering from chronic chest conditions. These treatments are administered on the wards with the help of two aides, and during the year 394 in-patients received 22,045 intermittent positive pressure breathing treatments.

After his discharge from hospital, a patient's follow-up care in the home may be continued by community agencies — if they are available. In most cases the bridge between hospital and home or institution is safely and successfully negotiated. But for the occasional patient who leaves the hospital in good health, follow-up care is not always available. Sometimes patients are sent home after achieving remarkable progress in hospital only to lose much of what they have gained. This sometimes happens in remote districts where there is no home visiting service to help the patient's readjustment problems.

Consider, for example, Mr. Y, a paraplegic who after a very hard struggle learned how to walk and become fairly independent. He went home to his isolated farm where the ground was too rough for walking. He had nowhere to go, no one to encourage him to move about, and gradually he sat around more and more. Eventually he lost everything he had striven so long to gain.

So it would seem that the doctors, nurses and therapists must sometimes also face the possibility that good treatment results will not always last. In particular, physiotherapists point out, there is a crying need for home service facilities for all patients in need of them.

Through intensive programs of treatment, the rehabilitation hospital can bring the disabled patient up to his level of maximum functional ability. But what happens to him after his discharge from hospital depends almost entirely on the patient's own efforts and co-operation, and on the help and support of the community to ensure that ground gained is never lost.



Arthritis patients learn that underwater exercises are relaxing and mobilizing.

Profiles

GORDON W. FYFE

Last month Gordon W. Fyfe of Winnipeg attended his first meeting of the Sanatorium Board of Manitoba. Mr. Fyfe was one of five new members elected to the Board at the annual meeting last spring, and he will serve on the Board as the representative of the Associated Canadian Travellers, Winnipeg Club.

Over the years the Associated Canadian Travellers in Manitoba have given outstanding support to the work of the Sanatorium Board, and during the past 18 years members of the Winnipeg and Brandon clubs have raised nearly half a million dollars for the Board's tuberculosis and rehabilitation programs. One of the most energetic and enthusiastic workers in the Winnipeg Club, Mr. Fyfe has been a chief man behind numerous of these fund-raising projects, and for his outstanding service he was elected "Man of the Year" for 1963 at the club's annual meeting in March.



Mr. Fyfe has been a member of the A.C.T. in both Saskatchewan and Manitoba since 1946, and he has served as vice-president of the Winnipeg Club for the past seven years. A commercial traveller for Walter Woods Ltd., he was born in Glasgow, Scotland, and emigrated with his family to Saskatoon as a young boy. After finishing school he served for 12 years with an interior decorating firm, then joined Walter Woods Ltd. in Saskatoon in 1946. He was transferred to Winnipeg in 1949.

Mr. Fyfe, who is married and the father of three, is an ardent fisherman and hunter and has honorary life membership in the Winnipeg Fish and Game Association. But, despite his fondness for the outdoors, he devotes the better part of his spare time to A.C.T. projects. When he first arrived in Winnipeg he helped organize the club's "Search for Talent" broadcasts. Started by the Manitoba A.C.T. in 1945, these special shows were broadcast by CJOB and CKX radio stations every Saturday night from different communities in the province. They featured both talent and popularity contests and, by selling tickets on the latter, the A.C.T. managed to raise thousands of dollars for the Sanatorium Board's campaign against tuberculosis.

With the growing popularity of television, the Search for Talent shows were discontinued seven years ago by the Winnipeg Club and Mr. Fyfe and other members concentrated their energies on an annual Lucky Star Home project at the Red River Exhibition. In recent years proceeds from the sale of tickets on these Lucky Star Homes have been used towards the club's \$100,000 pledge to purchase special equipment for the Manitoba Rehabilitation Hospital.

Mr. Fyfe, who served as chairman of the 1961 Lucky Star Home project, urges everyone to purchase a ticket on this year's house. The winner of the National Canadian Housing Design award, it is a luxuriously furnished, one-storey, three-bedroom house, which comes complete with a lot in Heritage Park.

Everyone who has a ticket not only has a chance to win the house, but he also has the satisfaction of knowing that he is contributing to a very important health service, says Mr. Fyfe.

And should one lose out on the grand prize, there are still other big prizes for "Lucky Star" ticket holders.

Tuberculosis Surveys

(Continued from page 1)

Great credit is also due to the Home and School Associations who arranged for receptionists at the testing sites and addressed appointment cards to the residents.

Other Surveys

Following the wind-up of activities in West Kildonan, the Sanatorium Board's testing teams moved on this month to the communities of Old Kildonan, West St. Paul, Birtle, Silver Creek and Rossburn.

Last month industrial tuberculin and x-ray surveys were conducted in a number

of Winnipeg industries, including Carling Breweries, Burns & Co. Ltd., Sherwin-Williams, Building Products, Ltd., and the Canadian Wheat Board.

A total of 1,800 employees of the Metropolitan Corporation of Winnipeg lined up for the free skin tests and x-rays in the early part of May, and on May 20, 550 inmates and 150 officers at the Manitoba Penitentiary received the tests.

In mid-June a complete survey was conducted by the Board at the Brandon Hospital for Mental Diseases.

Around Our Institutions

Accompanied by their wives, some 40 doctors from all parts of the province attended a symposium on Pulmonary Fungal Infections, sponsored by the Manitoba Thoracic Society June 6 at Manitoba Sanatorium, Ninette.

The excellent program, chaired by Dr. R. M. Cherniack, included an opening address by Dr. A.L. Paine, medical superintendent of Manitoba Sanatorium and president of the Manitoba Thoracic Society, and six papers on Histoplasmosis, Actinomycosis, Aspergillosis, cosis and Radiological Diagnosis of Pulmonary Fungal Lesions.

The speakers were Dr. William Karlinsky, Dr. C. B. Schoemperlen, and Dr. D. P. Snidal of the Department of Medicine, University of Manitoba; Dr. James McGooley, Department of Surgery, Dr. I.R. Pyle, Department of Radiology, and Dr. L.L. Whytehead, Department of Surgery, University of Manitoba.

During the afternoon, the doctors wives were entertained by Mrs. Paine and Miss Derinda Ellis, director of nursing, and following dinner in the main dining hall, the guests enjoyed a social evening, which included vocal solos by Mrs. Paul Mari, accompanied by Dr. Paine on the violin.

Among those who attended the symposium were Dr. E. L. Ross, medical director of the Sanatorium Board, and members of the medical staffs of the Central Tuberculosis Clinic and Ninette sanatorium.

North of 53 Society Meets at The Pas

"North of 53" Medical Society held its bi-annual spring meeting May 29 and 30 at St. Anthony's Hospital in The Pas. The districts represented were The Pas, Flin Flon, Clearwater Lake and Thompson.

Dr. S. L. Carey, chief of medical services at Clearwater Lake Hospital and president of the society, introduced the speakers: Dr. E. K. Vann, Dr. H. L. Davies and Dr. D. Brodovsky. Other special guests were Dr. N. C. McIntyre, vice-president of the Manitoba Medical Association, R. Sprague, assistant executive director of the Manitoba Medical Association, and Dr. E. L. Ross, executive director of the Sanatorium Board.

In the election of officers Dr. H.K. Standing of Thomp-

son succeeded Dr. Carey as president of the society and Dr. D. Reime, also of Thompson, was named secretary.

Sanatorium Bowlers Awarded Trophies

The Bowling Club at Manitoba Sanatorium wound up another successful season with the presentation of trophies on May 11.

The winner of the sanatorium trophy this year was the team captained by M. McPhail of Belmont. The E. Harrison Team, also of Belmont, was runner-up. (All the members of these teams, we are told, are associate members of the sanatorium Bowling Club, with the exception of Ken Houston, of the sanatorium laundry department, a member of the trophy-winning team.

Other award winners were: Men's High Average, E. Harrison of Belmont; Women's High Average, Mrs. K. Gullett of Ninette; Women's High Double Game, Mrs. Y. Clisby, Ninette; Men's High Double Game, Kalman Jambor, Manitoba Sanatorium; Women's Single Game High, Mrs. Russell Stinton, Ninette; Men's Single Game High, Roy Harrison, Belmont.

The News Bulletin is also pleased to report the winners of the annual curling bonspiel held in March at The Pas, in which members of our Clearwater Lake Hospital staff took part.

The bonspiel consisted of three events this year, the third one being open only to residents of Clearwater Lake.

R. Chalmers skipped the winning rink of the Clearwater event. The main event was won for the second year in a row by the F. Houghton rink of The Pas, and the second event was won by another rink from The Pas, skipped by O. Needham.

Altogether 24 rinks took part in the bonspiel.

Personnel Notes

New additions to the Sanatorium Board staff this month include Mrs. Hermione Beatrys Van der Kouwe and Miss Beatrice Gail Holland, physiotherapist and general staff nurse respectively at the Manitoba Rehabilitation Hospital. Miss Van der Kouwe is a graduate of the Physiotherapy College at the University of Rhodes in Pretoria, South Africa, and Miss Holland, who comes from Teulon, Manitoba, is a 1963 graduate of the Winnipeg General Hospital School of Nursing.

Bulletin Board

Members of the physiotherapy staffs at our Anishnabino and Manitoba Rehabilitation Hospitals, were among 150 delegates to attend the annual Congress of the Canadian Physiotherapy Association at the Fort Garry Hotel, June 10 to 14.

Among our staff members who took part in the sessions were Dr. F. D. Baragar and Mrs. Patricia Morey who participated in a panel on the Development of a Group Program for Rheumatoid Arthritis; James Foort and Mrs. Joy Huston, who spoke on a Program for the Limb Deficient Child; and Dr. Truelove, who chaired the opening sessions.

Miss Joan Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital, was chairman for a lunch hosted by the Sanatorium Board on June 12. Dr. Hartley Smith welcomed the guests on behalf of the Board, and following the lunch, delegates toured the rehabilitation hospital.

The Sanatorium Board wishes to express appreciation to the Ukrainian Catholic Women's League of Winnipeg, who on May 5 shared their Easter celebrations with our patients at Ninette. The women visited all of the sanatorium's patients, distributing Easter candy to each one. A special treat was a chocolate Easter egg for each of the 73 children.

Manitoba Sanatorium also took great pleasure in welcoming last month Mrs. A. G. Troningsdal of the Foothills Hospital, Calgary, who made a tour of inspection for the Manitoba Association of Registered Nurses.

Miss Jean Alexander, assistant director of dietary services for the Sanatorium Board, represented Manitoba (in place of Manitoba's official delegate) at the annual convention of the Canadian Dietetic Association in Halifax June 17 to 19. Miss Alexander also took part in a Civil Defense Feeding Course at Arnprior, Ontario, June 8 to 12.