

Page 2

Museum Highlights

Page 3

Executive Director's Message

Page 4

Curatorial Corner

Page 5

Museum Events

Page 6

Education Edge

Page 7

Welcoming New & Saying Thanks

Page 8

Angel Programme



Museum of Health Care at Kingston
32 George Street, Ann Baillie Building
Kingston ON K7L 2V7

Winter Hours:

Tuesday to Friday, 10am to 4pm.

Summer Hours:

Tuesday to Sunday, 10am to 4pm

Health Care History in your Home! The launch of four online exhibits

By Dr. Jim Low, Executive Director and Gjeniffer Snider, Museum Manager

In visiting the Museum's website since December, you may have noticed a new addition. Now available for the scholarly and curious alike, we are pleased to offer medical history topics in your home, office or classroom through our new web feature, Online Exhibits!

Funded by the Ontario Trillium Foundation, these exhibits were created to be accessible and of interest to a diversely aged audience - sure to intrigue and inspire students, professionals, historians and researchers alike.

Joint Replacement - echoing the "Joint Ventures" exhibit in the Ann Baillie Building, this exhibit focuses on the history and science of orthopedics. Insight is provided into the long history of research required to develop the procedures that contribute greatly to the quality of life for so many today.

Death in a Glass - exploring the history and science of waterborne infections, this exhibit has educational implication on ways to better protect our water sources. It is also designed to complement one of our outreach programs available for schools.

Reading the Trade Cards - offers insight into the development of mass trade-card advertising for health and healthcare products, and shows how advertisements reflecting the values and attitudes of the late Victorian era can provide insight into medical product advertising today. This exhibit resonates with the "Potions, Pills & Prescriptions: Remedies in 1900" museum gallery exhibition.

Name That Artefact - a fun and engaging way to learn about healthcare history.



MHC Online Exhibits splash page graphics

This interactive online version of our popular feature in *The Bailliewick* newsletter provides insight into a few of the interesting artefacts in the Museum's collection.

The Museum continues to develop programs to inspire a diverse national audience, increase geographic delivery of programs, and expand youth programming. Our new online exhibits join the two Virtual Museum of Canada exhibits currently on our website: "The Power of Plants" and "Athena's Heirs". Our new additions create a virtual component of the Museum that we think increases the relevance of the website experience for the visitor.

Thanks go to Project Coordinator/Interpretative Planner, Kathryn Pankowski, commissioned to work with Museum Curator Paul Robertson and Education Coordinator Marjorie Bousfield on this project. Thanks also to iSTORM New Media who also worked on the development of these programs, including project design for content, and design and creation of the site.

Artefacts of stature migrate to an offsite location in Project Move

By Irina Skvortsova, Curatorial Assistant (Summer/Fall 2007)

On a typical visit to the Museum of Health Care one gets to glimpse only a small fraction of the artefacts in Museum's collection; the remaining thousands are tucked away in storage rooms and sprinkled around the rest of the building. A steady flow of medical artefacts and curiosities trickle into the Museum each year, shrinking the limited space there is left.

In hopes of creating the most advantageous use of existing space for storage and more public areas in the Museum, the curatorial staff embarked on a major PROJECT MOVE this past summer, the aim of which has been to transfer big, heavy, bulky artefacts to an offsite storage.

PROJECT MOVE went into high gear in July 2007. Artefacts of substantial size were selected, catalogued, photographed, cleaned and prepped for the move. On the list were items such as early twentieth century dental chairs, anaesthesia machines, electrotherapy apparatuses and our recent pride and joy, two iron lungs.

An offsite climate-controlled warehouse is the selected new home for large artefacts. The placement of shelves was strategically planned to optimise space usage and yet make the artefacts easily accessible to museum staff. Bays of shelves were installed, painted and numbered.

About a hundred items were transferred in two moves in August and in October. A professional moving company was hired and was under the guidance of the cura-



torial department to ensure the safety of each object as it left the building. The long awaited elevator came to life in September, in time to help with the second move. After some rearranging and readjusting at the warehouse, the artefacts finally fit snugly into their new respective spots.

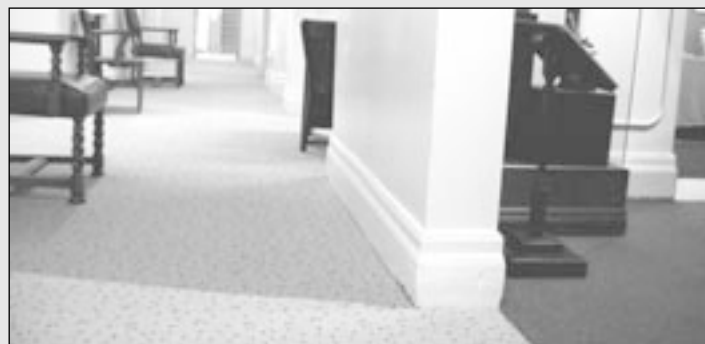
There were many highlights in the whole process, however, one that stands out was the 'unearthing' of the Ann Baillie's original entrance doors to the 1927 addition that was demolished in the early 1990s, found in the depths of Kingston General Hospital. The peak-arched windows in the overdoor together with the grandiose door size are quite unique and stand as a relic of the old Ann Baillie Building. It was also with some trepidation and excitement that we moved the two iron lungs offsite. Recently rescued

from the penthouse of the Kingston General Hospital Angada Wing, one with machine dating from 1937 was built at the Toronto Sick Kids hospital, while the other was a 1950s Drinker-Collins model. Both machines were used at Kingston General Hospital.

With the PROJECT MOVE now being in its final, wrap up stages, the Museum already has more breathing space. Storage rooms have been cleared considerably, making them ready to accommodate more items, and the first floor public space has gained more room for new upcoming education programs and exhibits. We are looking forward to the expansion of our first floor public area and previously donated items can now be catalogued as they have a new storage space to call home.

The Museum Cuts a Rug!

In case you haven't visited lately you should know that the Museum's main floor and John Dodds Conference Room have received a flooring make-over! With carpeting donated from Kingston General Hospital, the facelift has brought about a refreshed look to our visitor areas. We all look forward to continuing to refurbish the Ann Baillie building in the coming years, and expanding our services as space becomes available.



Another Step Forward

By Dr. James Low, Executive Director

In 2005, Phase 1 of the restoration and renovation of the Ann Baillie Building was a vision. Today that vision is a reality. 2006 saw the completion of the restoration of the foundations, the construction of the stairwell and elevator tower of the east side of the building and the restoration and renovation of level 0 to create environmentally controlled storerooms to assure the preservation of health care artifacts for future generations. The installation of the Thyssen Krupp elevator in the elevator tower was completed in the summer of 2007.



be accessed, with a few improvements yet to be made. The elevator is also a valuable addition in the operation of the Museum, as staff can now move artefacts and equipment easily and safely between the storerooms on level 0 to the public areas on level 1 and curatorial areas on level 2.

The opening of the elevator was formally held on October 5. As installation was made possible by a grant from the Cul-

tural Spaces program of the Department of Canadian Heritage and the generosity of donors including the Leroy and Lillian Page Foundation and the Anna and Edward C. Churchill Foundation, representatives were in attendance. The ribbon cutting to initiate elevator service was performed by Dorothy Neil on behalf of Don Neil our first Board Chair and June Buckingham in recognition of Ken Buckingham of the Churchill Foundation. Speakers at the reception included Alan Grant on behalf of the Museum, Tom Wightman on behalf of the Churchill Foundation and David Page on behalf of Page Foundation. The significance of this

The installation of the elevator provides access to the Museum for the physically challenged and improves the functionality of the building as a museum. Access for the physically challenged is important for all cultural resources but particularly relevant in a Museum of Health Care. These visitors can now enter the Museum through the tower door and reach all three floors by elevator. Several visitors in motorized wheelchairs have demonstrated that all public and administrative areas can



Tom Wightman and David Page (left to right)

development was also highlighted by the attendance of Barry Kaplan, Accessibility Project Coordinator for the City of Kingston, and Mike Murphy, Executive Director of the Independent Living Centre Kingston who spoke to the importance of providing access to the disabled.



Guests Brenda Lewis (in front) and Ryan Taylor (in black)

Our Annual Holiday Celebration!

We expanded our holiday volunteer and staff appreciation event to include those donors who made particularly important investments in the Museum this year (and we dressed up for the occasion, outfitting in festive garland, ornaments, and a curious Christmas tree filled with artefact decorations and an enema syringe in place of a star!). Honored were two long standing members of the Museum team, Soodabeh Salehi and Carol White (read more about their achievements on page 7). Thanks to everyone for their fundamental contributions in 2007!

Reception goes (left to right) Marjorie Bousfield, Alan Grant, Mary White, Tamara Nelson, Claire Kelly and Gjen Snider



A Medical Wonder: Dr. Bell the Veterinarian, Educator, and Entrepreneur

By Paul Robertson, Curator

Kingston was once home to a leading Canadian manufacturer of animal pharmaceuticals. The Dr. Bell Wonder Medicine Company may be unknown to most Kingstonians now, but reports are that there are still old cowboys in Western Canada who swear by its products.

The company's founder, Dr. George Wesley Bell, was born in 1858 of Scottish-Irish parents just west of Kingston in Westbrook. He studied at the Ontario Veterinary College (then in Toronto) and after graduation in 1880, moved to the United States where he worked as a veterinarian.

After returning to Kingston in 1893, Dr. Bell opened a private veterinary practice at 129 Brock Street. According to company trade literature, while Dr. Bell was living in America he researched and formulated his animal-care patent medicines based on his work compounding botanical extracts. In Kingston, Dr. Bell perfected and standardised his line of "Veterinary Medical Wonder" drugs and set up a production facility at 110 Clarence Street under the name of the Dr. Bell Wonder Medicine Company. The company claimed its Wonder drug to be a universal remedy for many common diseases afflicting livestock and pets; claims typi-

cal of most patent drug makers of the era. Dr. Bell's firm marketed a range of products as well as publishing information on animal care and first aid.

Agricultural practices in Ontario changed in the latter part of the nineteenth century as more farmers moved from grain farming into livestock production. This evolution increased pressure for better animal health care, but before the 1890s the only veterinary colleges in the region were in Toronto and Montreal. In 1895 Dr. Bell was appointed the head of a newly established veterinary school associated with Queen's University in Kingston. This facility offered students both diploma and degree programmes. Dr. Bell became professor of diseases and treatment and taught veterinary anatomy and surgery. He also provided the school the use of his own infirmary and pharmacy facilities. Despite this, Dr. Bell's association with the Kingston veterinary school turned out to be short lived and he was asked to leave in 1897. His relationship with the school's Board was uneasy and it seems clear the entrepreneurial spirit of a patent drug maker was in conflict with the conservative leanings of his academic colleagues. By 1899, the college itself had closed: the victim of underfunding, low enrolments, and internal strife.



Pamphlet, Dr. Bell Wonder Medicine Company, circa 1937 (MHC 996.001.876)

Dr. Bell's own endeavours prospered, however. When he died in 1927, family members continued to manage the business. By the 1930s the Dr. Bell Wonder Medicine Company had expanded its operations to Winnipeg and Alexandria Bay, New York. In 1962 the firm was reported to be the "oldest exclusive veterinary products firm in Canada" and was distributed internationally. We believe the company closed sometime in the 1960s, although interest in the firm has not waned. Trish Mason, editor of *Canadian Cowboy Country Magazine* writes, "at least once a year I receive a query from someone hoping to purchase this old remedy."

The Museum is home to a veterinary collection of over fifty items including many Dr. Bell Wonder Medicine Company artefacts and trade ephemera collected by the late Kingston General Hospital cardiologist, Dr. Miguel Chiong.



Name That Artefact

On a daily basis the Museum's curatorial team explores boxes of interesting old equipment. Once the gleam of fine-aged brass and ivory tubes caught the light, the artefact shown here seemed to warrant more than a quick peek.

QUESTION:

What is your best guess as to the function of this instrument?

- a. bicycle tire pump
- b. early anesthesia pump
- c. clyster
- d. stomach pump
- e. fertilizer sprayer

See the answer on page 7.



CLUE: Here is an image of the item with an attachment.

The pregnant line between Artefact and Art – The Meanings of Moulage: Medical education, art form and the Artist

By Gjeniffer Snider, Museum Manager

Every year the Museum of Health Care at Kingston hosts one scholar during the summer months. Named for celebrated local historian, Dr. Margaret Angus - author of several publications and herself a generous contributor to the heritage community - this annual fellowship engages a researcher in a six month process of examining the history of health care as expressed by a component of the Museum collection. Each fall, since the residency began in 1997, the culmination of research and writing takes the form of a manuscript presented by the Fellow in a formal public presentation to an audience of physicians, professors, curators, scholars, students and interested publics.

To a packed audience at the museum on October 18th, 2007 Fellow Andrea Terry presented her paper discussing findings on the production techniques, uses for, and history behind wax anatomy and pathology models, otherwise known as Moulage.

A Queen's University PhD. Candidate in the Department of Art, Terry's presentation of her paper "The Malleability of Wax and Meaning: Marjorie Winslow and Twentieth-Century Moulage Production in Canada" explored the history of these medical teaching aids by way of two distinct approaches to the subject of their significance. First, Terry took the narrative vantage point, describing the history of Moulage production in Kingston and the role of Kingston artist Marjorie Wins-

low. Then, with the drive to understand moulage as a medical art form that, through production and use in medical research and teaching, blurs the line between the cultural appreciation of art and the functional application of art form, Terry positioned the Winslow moulages as an example of a functioning product of the broader-based field of visual culture¹.

One particular highlight of Terry's presentation involved the astonishing information of the uncovering and relocation process for the Winslow moulages to their final place as part of the collection now held at the museum; escaping the rubbish bin many times, and surviving the bowels of KGH to now sit safely on display in the museum's climate controlled collection storage rooms. Pointing out how the history of these works can be understood by considering how their cultural value has been reevaluated many times since their making, Terry was able to portray the account of the moulages: the climate of their creation, the skill of production, the artist, the patron, and the rise and fall and rise again of their significance within the medical community, as a charged and fluid evolution. Our view of history, as Terry demonstrated, is never static as meaning continues to be reassessed in new light and an ever refreshed array of context. A bright



Lecture visitors view our Moulage display

and meditative consideration as we continue to seek and understand our world.

Our thanks to Andrea Terry for a job well done! Her manuscript and the ten other published papers by past fellows are available as research resources in the Museum. Note: The museum has posted notice of the 2008 Fellowship application deadline of February 15th, 2008. Information is available by contacting the museum at 613-548-2419 or by visiting our website at www.museumofhealthcare.ca.

¹ As shown in Margaret Dikovitskaya, *Visual Culture: The Study of the Visual after the Cultural Turn* (MIT Press, 2005), p. 1, visual culture regards images and visual objects as central to the representation of meaning in the world. An interdisciplinary field, visual studies arose after the disciplines of art history, anthropology, film studies, linguistics, and comparative literature met poststructuralist theory and cultural studies.

\$6 BUCKS, BUY-A-NET, SAVE A LIFE

A presentation by Debra Lefebvre, Founder, BUY-A-NET
February 21, 7pm, Museum of Health Care

A Kingston-based, Canadian-driven, citizen-funded initiative, BUY-A-NET is a movement with a mission to prevent and treat malaria in Africa "one village at a time". Malaria is a life-threatening parasitic disease transmitted by female mosquitoes which spread a one-cell parasite called plasmodium. Malaria causes more than 300 million acute illnesses and at least one million deaths annually. Despite this, it is a totally preventable disease. BUY-A-NET organizes fundraisers to educate, with the intention of collecting small donations to fund the purchase and distribution of bed nets and anti-malaria medicines (nets are currently available for about US\$5.40 USD each). We hope you can join us and learn more about what is being done in Canada to impact global health care conditions and human dignity for all.



Debra Lefebvre with a BUY-A-NET supporter

source: www.buyanet.ca

By Marjorie Bousfield, Education Coordinator



After another summer of Friday afternoon fun at the museum with Hands-on-Heritage summer day-campers, this fall has been full of visits mainly to Intermediate classrooms, to deliver all five programs aimed these older elementary students.

After a pilot program last spring, this fall we welcomed grade 3-8 teachers in

the Rideau and St. Lawrence regions of the Upper Canada District School Board and look forward to regularly visiting their classrooms.

Kingston-area schools and the local health unit are working together for healthier students by increasing activity levels through Community Physical Activity Passes for all grade 5 students to area activity centres. Our program *Healthy, Active Living* is aimed at these very students and is a perfect complement to this initiative. We are glad of the opportunity to reinforce this message.

As usual, our Education Officer has welcomed opportunities to take medical-history education beyond the classroom, whether giving actual or PowerPoint KGH Walking Tours, participating in KAM (Kingston Association of Museums and Galleries) activities such as the Hands-on-

Heritage summer day camps and the MacLachlan Woodworking Museum's Pumpkinfest, or giving presentations to adult groups, such as Queen's Free Lecture Series and the Wolfe Island Historical Society.

Already we are anticipating a full and exciting winter and spring, with March Break programs in the museum, Special Awards from the museum at both the Science and Heritage Fairs, and fun classroom program deliveries to and museum visits by enthusiastic and interested students, before our next sessions of Hands-on-Heritage Summer Day Camps in July 2008.

Keep up-to-date with all these activities by regularly checking our web site (www.museumofhealthcare.ca) or by calling us at 613-548-2419.

Health in Holiday Goodies?

By Marjorie Bousfield, Education Coordinator

As you reach for yet another chocolate, you may find comfort in the fact that the health benefits of chocolate have been extolled for hundreds, perhaps thousands of years. When the delicious new American food-stuff reached Europe, it was used to treat a myriad of health problems, from dysentery to asthma, scurvy to syphilis, complexions to conceptions!

Through science, we have confirmed the high-energy value of this food, as well as its diuretic, vasodilatory, and myocardio-stimulatory effects. Theobromine, meaning "food of the gods", is the compound (chemically closely related to caffeine) in chocolate that causes these effects, as well as affecting levels of serotonin, thus producing feelings of pleasure. However, you can have too much of a good thing. As with caffeine, too much chocolate can lead to disturbed sleep, anxiety, and reduced sex drive!

By the way, since your dog cannot metabolize theobromine quickly, even small amounts can act as a poison. Theobromine, like caffeine, is a plant alkaloid, *i.e.*,



a chemical poison a plant produces to ward off herbivores.

And what about the usual spices that make seasonal treats so tasty?

Ginger: Tummy feeling queasy after all those goodies? Ginger really does have anti-emetic properties! However, it also thins the blood, so don't overdo it, especially if you already take blood thinners.

Cloves: Is your sweet tooth giving you a toothache? The eugenol in cloves acts as a local anaesthetic. Chew a whole clove or rub ground cloves on your gum around the aching tooth. Cloves won't cure the problem, but they certainly dull the pain!

Cinnamon: Eating lots of sugary treats? Make sure some of them are full of cinnamon, too. Recent studies suggest that cinnamon actually reduces blood-sugar levels in type 2 diabetics.

In completely different studies, cinnamon killed *E. coli* O157:H7, the virulent form of this bacterium, which was responsible for the waterborne health problems

at Walkerton, ON. So, the ancient concept of using such spices as preservatives seems to have scientific merit.

Nutmeg: Feeling loopy after lots of nutmeg-spiced rummy eggnog? It may not only be the rum! Nutmeg contains an hallucinogen, although to consume enough for that to take hold, you'd likely feel the effects of the rum first!

Cardamom: Simply enjoy the flavour!

Too bad we can't grow these tasty, healthy elements of our cooking as we can herbs!

Although there is considerable debate, in general spices are edible products from plants with woody stems, while herbs are not. Of course, exceptions immediately come to mind, for example wormwood & southernwood on the herb side (both are woody *Artemisia* species, though not edible), and cayenne on the spice side (a perennial *Capsicum*).

Don't worry about the category, just enjoy the aromas and flavours!

Welcoming New & Saying Thanks



New Staff Member

As Museum Manager Kirsi Rossborough embraces motherhood and her little bundle of joy, the Museum welcomes Gjennifer Snider as Kirsi's maternity-leave replacement. Gjennifer comes to the Museum with an exciting background in Kingston's cultural scene as the former Director of Modern Fuel Artist-Run Centre. Gjennifer has recently worked with the Cultural Planning initiative of the City of Kingston, is an artist and founder of The Artel, and a former member of the Kingston Arts Council Advocacy Committee. She is trained in cultural management, has experience in graphic design, exhibition design and curation, and is particularly interested in cultural policy development and community-based art.



Long-standing Program Committee member

After close to five years as a member of the Program Committee, Carol White has taken her leave. Dedicated to innovative school curriculum Carol offered much wisdom and creativity, in particular to the Education Program in the development of healthcare-oriented presentations for classrooms. While we are sad to see her go, we are grateful for the time and contributions she offered to the Museum. We thank Carol for her dedication and wish her the very best.

Summer / Fall Staff

We said good-bye and thanks this past September to our summer employees Danielle Pacey, Terrance Liu and Vincent Perez after an exciting season of tours, artefact relocation and visitor



services. Staying with us through the summer and until this past December, we were thrilled to have Curatorial Assistant Irina Skvortsova working with us on facilitating further stages of collection accessioning and relocation. An artist and animator, Irina brought versatility and professionalism to the position, as well as a fondness for artefacts (as seen here, posing with part of her favorite artefact, a Victorian-era dental chair). Thanks to our summer employees and to Irina for her diligence and commitment to the Museum!

Our Work Study digital photo expert

Attending Queen's University as a Ph.D candidate in art education and cultural studies from the Faculty of Education, Soodabeh Salehi has spent five years working at the Museum photographing and editing images for our ever expanding collection.



If there was a book on photographing our collection, Soodabeh would have written it. An extremely talented and efficient member of our team, Soodabeh's efforts have allowed the database to grow in positive directions with high quality visual documentation. A former professor of graphic design at the University of Arts in Tehran, Iran, Soodabeh is soon to defend her thesis at Queen's and as such, complete her time at the Museum. She will be missed and remembered. Thanks to Soodabeh for your hours upon hours of excellent work.

Name that Artefact! Answer

If you chose c. and d., you are correct.

This unique piece of medical equipment was used in the alimentary canal (digestive system) is a lever stomach pump and enema apparatus (also known as a clyster) manufactured by British medical-instrument maker, W & H Hutchinson. A hand-action flute-key lever activates the equipment for pumping water into the stomach through a flexible hose. Then, by reversing the action for aspiration through the flexible primary hard rubber tube, the contents are removed through a secondary tube. The instrument's beautifully made attachments fit into a velvet-lined mahogany box and include two sizes of ivory tips, hand-turned rosewood mouth screw (to hold the mouth open for the tube and reduce lockjaw) and three sizes of tubes. The pump may also be used as an injector: a special rectal tube is supplied to treat cases of severe constipation of the bowels.

The pump's original owner was from Port Hope, Ontario and the date inscribed on the box is 1861. This type of gastric instrument (all things pertaining to the stomach) with a flute-key lever was manufactured until the early 1900s when electrically powered styles were developed.



Museum of Health Care - Angel Programme Takes Flight

By Paul Robertson

Little Zuzu Bailey pointed it out in Frank Capra's classic Christmas film, *It's A Wonderful Life* when she said: "... every time a bell rings, an angel gets his wings."

Almost everyone wants a guardian angel, and the Museum of Health Care is no exception.

Some of our dreams for this Museum are above and beyond our regular annual budget. Without the help of our generous supporters, dreams don't become reality.

Be an angel and make a tax-deductible gift to help cover the expenses of these and other projects:

- **Acquiring a special artefact** (W. Watson & Sons microscope used by Dr. John Penistan, coroner in the Steven Truscott murder trial, 1959)

- **Restoring a special artefact** (a rare iron lung respirator produced in the workshops of Hospital for Sick Children, Toronto during the 1937 polio epidemic)
- **Upgrading and restoring the Museum's historic structure and exhibition galleries** (floor restoration, museum quality window coverings, museum lighting)
- **Purchasing props and costumes to support the Museum's Outreach Education programmes.**

- **Upgrading the Museum's aging computer system.**
- **Improving shelving and storage for the Museum's archives.**

Please contact the Museum at 613-548-2419 for more information or to make a contribution.

Thank you Angels!

The Museum of Health Care is a registered non-profit organization. Contributions receive a charitable tax receipt.



List of Donors

The Board and Staff of the Museum thank the following for their generous donations of time and resources to the Museum's activities from January to December 2007.

Building Fund

The following donors made possible the installation of the elevator in the Ann Baillie Building:

Major Donors

Anna & Edward C. Churchill Foundation
Department of Canadian Heritage
Cultural Spaces Program
Lillian and Leroy Page Foundation

Donors

Alice Brown
Mary Dunn

Museum Endowment Fund

The Museum acknowledges with gratitude the following contributors to the Museum Endowment Fund:

Lawrence Clein
Thomas and Joan Goodall (in memory of Don Neil)
KGH Nursing Alumnae
James Low (in memory of Ken Buckingham)
Estate of Helen Ruth Mahood (in memory of Ann Baillie)
Don Wilson

Program Sponsors

The Museum Education Program and the Collection Development Program are made possible by the generous support of the following sponsors in 2007:

Brown's Fine Food Services
Anna & Edward C. Churchill Foundation
Mrs. Ruth Connell
Faculty of Health Sciences, Queen's University
Society of Obstetricians and Gynaecologists of Canada

Project Grants

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Marilyn Boston
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KGH Nurses Alumnae
Kingston General Hospital
Service Canada
The Ontario Trillium Foundation

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Artefact Donors

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Ms. Sandra Melchiorre

and all of our new and renewing **Members, Sustaining Patrons, Donors and Volunteers.**

We are grateful to all who have helped the Museum. If we have omitted someone, please let us know, and we will be sure to add his or her name to the list in the next *Bailliewick* issue.