



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

NOVEMBER, 1959

Canadians Launch 52nd Christmas Seal Sale

Board Chooses Temporary Site In St. James

The Sanatorium Board announced plans this month to move its head offices from 668 Bannatyne avenue to a temporary site in the city of St. James. The move will take place sometime in January, and all departments, with the exception of the out-patient clinic and the TB wards, will be located in one building.

Temporary re-location of the Board's offices is necessary to permit preparation of the construction site of Winnipeg's four million dollar rehabilitation hospital. The hospital will be situated in the area now occupied by Central Tuberculosis Clinic. Wrecking of houses in the block has already been started by the Atlas Wrecking Company, R. Litz and Sons Company, Ltd., will complete the contract for razing the clinic early next year.

The Board's new offices will be located in a one-storey structure on the corner of Portage avenue and Madison street. Departments to be moved here will include the Central Tuberculosis Registry, the Christmas Seals and Surveys offices, X-ray services, and all executive offices.

Patients at the CTC and the out-patient clinic will be moved to Ward C-3 at Winnipeg General Hospital.

T. A. J. Cummings, executive director of the Board, said that construction of the six-storey rehabilitation hospital will begin next spring.

In addition to nursing care, the hospital will provide a comprehensive program of physical and occupational therapy, hydrotherapy, speech therapy and other services to people who show promise of benefitting from physical and rehabilitation medicine.



Mayor Stephen Juba of Winnipeg uses TB Christmas Seals liberally on all his holiday mail. Here he hands a few gaily decorated letters to postman Robert Dunbar of Norwood. The seals this year have a religious theme, depicting the scene of the Nativity, the Shepherds of the Field and the Three Wise Men. (Photo by Portigal & Ayers).

SBM Reports 74,000 Manitobans Examined in Community Surveys

When the Sanatorium Board embarked on its new program this year of incorporating tuberculin testing into community X-ray surveys officials hopefully predicted that 50,000 of these skin tests would be given to Manitoba residents during the year. A simple bit of arithmetic last week showed these men that they were not overly sanguine in their calculations.

By November 5 more than 74,000 tuberculin skin tests had been administered in some 28 community surveys. And before the program ends next month it is expected that 10,000 more will be added to this total.

Since so many people have had a part in the community TB testing programs, it is difficult to enumerate all the reasons why these free sur-

veys have been so successful. But generally the reasons are these:

- A well defined organization program. Before the survey begins, J. J. Zayshley, Board survey officer makes a number of trips to the community to plan the campaign. Long before the testing begins, he approaches the municipal councillors to get them to endorse the survey and appoint a steering committee made up of representatives from local organizations.

Later he meets separately with the five chairmen who make up the steering committee to outline their part of the work. Next comes the biggest meeting of the family registrars who must make a house-to-house canvass to sign up residents for the tests

(Continued on page 3)

During the next few days householders in Manitoba will be going to their mailboxes to find a familiar, long, white envelope tucked inside. For many it won't take a second look to guess that the letters are from the Sanatorium Board of Manitoba — and that they contain the colorful, 1959 Christmas Seals.

Christmas Seals are something of a tradition in Canada, as they are in other parts of the world. Their entry into the mails this week marks the 51st year that they have been sold in Canada to raise funds for the fight against tuberculosis. In other countries this unique, fund-raising scheme is a little older.

First Seal

The idea of a Christmas Seal Sale was the inspiration of a Danish postman, Einar Holboell who, back in the Christmas of 1903, devised a scheme of selling holiday stamps to raise funds for tuberculous children. He presented his idea to the king and the next year, with royal approval, the first Christmas Seals went on sale.

In the following years some 70 countries adopted Holboell's idea of a Christmas Seal Sale to raise funds for the fight against TB, and to spread information about how this disease can be conquered. In North America the first Seal Sale was undertaken in 1907 to raise money for a small sana-

torium. The following year two Canadian cities, Toronto and Hamilton, tried out the same idea to help their tuberculous patients.

Prevention

As time went on more and more communities held Christmas Seal Sales to get funds for tuberculosis treatment. But as governments began to take part in the campaign and to provide sanatoria, the emphasis gradually shifted to prevention. Finally, in 1927, it was agreed that all Canadian TB Associations would appeal to the public through the Seal Sale and that the funds collected would be used for prevention programs in the area where the money was given.

Successful Scheme

Every Christmas since, Canadians in growing numbers have bought Christmas Seals to help stamp out tuberculosis. Time showed that what had once been considered a hopeless disease can be controlled if we but stay the course.

From a death rate of around 140 per 100,000 in 1908 we gradually emerged
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Address all communications to:

Authorized as second class mail, Post Office Dept., Ottawa
THE EDITOR, SMB NEWS BULLETIN,
668 Bannatyne Avenue, Winnipeg, Man.



Profiles

E. B. PITBLADO, Q.C.

Perhaps one of the staunchest upholders of the old adage that "variety's the very spice of life" is Edward Bruce Pitblado, Q.C., honorary solicitor for the Sanatorium Board of Manitoba. A lean, vigorous man, born of hardy, pioneering stock, Mr. Pitblado has had a varied career which has led him through the battlefields of Europe, the rough and tumble of the World Olympics, and the staid, intellectual atmosphere of the Manitoba law courts. As a hockey player, group captain, and barrister-at-law, he has excelled in all three.



Mr. Pitblado was born in Winnipeg, son of the distinguished lawyer, Isaac Pitblado, Q.C. He attended Kelvin High School and Manitoba College and in 1915 graduated as a lieutenant from the Royal School of Artillery in Kingston. During World War I he served with the Canadian Field Artillery in England and France and later with the Royal Flying Corps as an artillery observer. Wounded in 1917, he returned to Winnipeg and entered the University of Manitoba, graduating in 1920 with a B.A. degree and a Rhodes Scholarship to Oxford. Six years later he received his LL.B. and joined Pitblado, Hoskin and Company. Except for a five-year stint as instructor, administrator and legal advisor for the RCAF during World War II, he has remained in that firm, becoming Queen's Counsel in January, 1951.

Throughout his life, Mr. Pitblado has maintained a keen interest in sports and as a student took an active part in inter-faculty football, soccer and hockey. Hockey, however, was his main interest and while attending Oxford he played for the British Olympic team. Earlier, as a patient at Deer Lodge Hospital, he played with the "Fragments from France," a tough soldiers team who managed to capture the intermediate league championship.

For the next 20 years or so, Mr. Pitblado continued to take an active interest in hockey. For a number of years he played on the Grain Exchange team and later became a coach for the University of Manitoba. His interests today, however, lie mostly in curling, shooting, cabinet making and stamp collecting. Only rarely does he attend a hockey game — the game, he says, has roughened up too much, and the skating and stick handling become less expert.

Mr. Pitblado has been honorary solicitor and elected member of the Sanatorium Board since 1956. He is a director of Loblaw Groceries, Manitoba Ltd., and secretary of Ducks Unlimited. For three years he was a member of the University of Manitoba Board of Governors, and for eight years a member of the University Council. Other activities include membership in the Canadian Cancer Society, Manitoba Division; the Canadian and Manitoba Bar Associations; Inns of Court, London, England; Winnipeg Board of Trade; and the Industrial Development Board of Manitoba. He is married, has one son, James, and a daughter, Janice who married noted hockey player Don Raleigh.

MISS MARY L. GRAY

During the past six weeks the Sanatorium Board executive offices have been a hive of activity as volunteer workers and staff members worked hard to get the Christmas Seal letters and publicity ready for the November 13 deadline. But now that the last envelope is stuffed and sealed and the last mail-bag loaded for delivery, the volunteers will call it quits for another year and the office staff will gratefully return to more routine duties. That is, all of them except the one person who supervises these busy efforts—Miss Mary Lawson Gray, Seal Sale Director.

For Miss Gray, Christmas Seal work is conducted on a year-round basis. The entry of the seal letters into the November mail is just the beginning of a long, busy season of recording and comparing returns, preparing mail reminders, and at the end, tallying up the final seal sale figure. In the spring, with the help of one assistant, Miss Esther Lee, she prepares IBM cards for coding and punching; in summer she checks mailing lists for the whole province;

(Continued on page 3)

Patients Display Handicrafts, Art

Sanatorium Board exhibits of arts and crafts drew many comments of praise last month when the Manitoba Pool Elevators held their annual Rural Folk Festival. The festival of art, craft and music was held October 27 at the Royal Alexandra Hotel in Winnipeg.

Many patients from Manitoba Sanatorium, Ninette, and Assiniboine Hospital, Brandon, contributed articles to the show. These included woodwork, paintings, a mural and soapstone carvings, leatherwork, beadwork and numerous other crafts.

Although no prizes were offered and no standards of work set, the annual festival is considered an important means of drawing attention to and improving rural arts and crafts.

Each entry is carefully appraised and letters of criticism sent to the contributor.

The fact that Sanatorium Board patients take great pride in their work was evidenced in the various comments of judges and viewers.

Representing the Board at the festival was Miss Mitzi Newmark, head of the occupational therapy department at Manitoba Sanatorium.

SEAL SALE

(Continued from page 1)

to a death rate of only 6 per 100,000 in 1958. We have pressed our case finding so hard that with the passing of each year fewer people even encounter the TB germ.

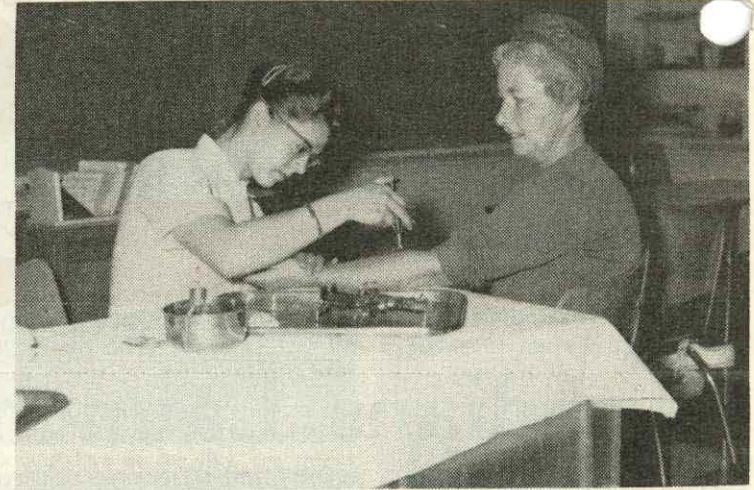
The trouble is that the successes of the past have tempted many people to believe that tuberculosis is dying out. Tuberculosis is not dying out — despite all our improvements tuberculosis is still the number one killer of all infectious diseases and more than 7,000 new cases are reported in Canada each year.

The Job Ahead

Obviously the work of these Christmas Seals is far from complete — something to remember when we get those letters from the Sanatorium Board this week. The time has come for us to re-affirm our belief in the importance of these seals as the most effective means ever devised to raise money for TB prevention — and as a wonderful Christmas tradition deeply embedded in the hearts of the Canadian people.

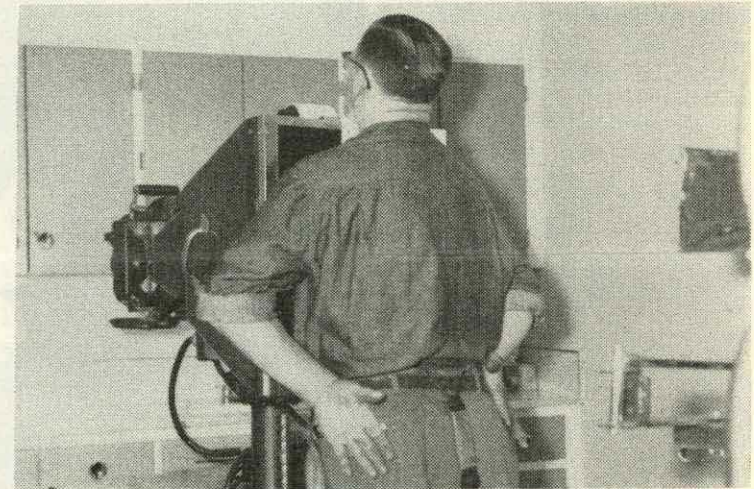
Christmas Seals Pay For . . .

Tuberculin Tests



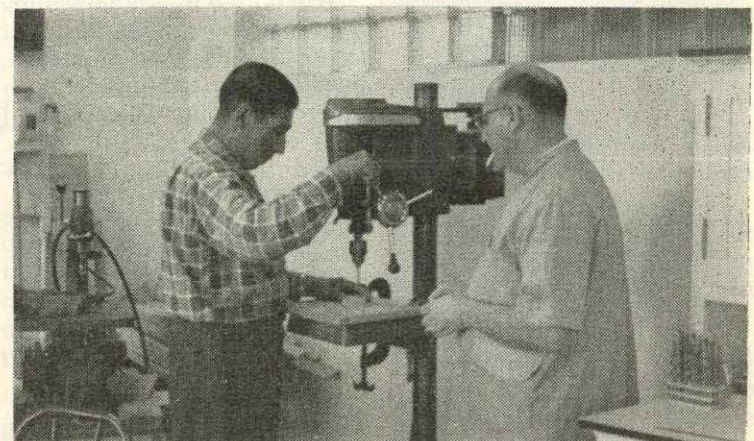
Surveys to find cases early are part of the TB preventive program which Christmas Seals help finance. This year the Sanatorium Board has combined tuberculin skin testing with chest X-rays in school and community surveys. The skin test is cheaper than the X-ray and is proving its effectiveness as a preliminary screening measure. It shows whether or not people are infected with the TB germ and for those who show negative results rules out the need for a chest X-ray.

X-Ray Examinations



The chest X-ray is still the most important means of diagnosing pulmonary tuberculosis. An X-ray picture of the chest can find TB long before a person feels sick. When TB is found early and treated early patients almost always recover. Last year in Manitoba 234,436 people benefitted from free X-ray and skin testing surveys. Before TB can be controlled, everyone in the province will have to be tested regularly.

Rehabilitation



The Sanatorium Board carries out an extensive program of counseling, up-grading and occupational and vocational training to patients prepare for and find the type of employment most suited to their skills. It is an accepted fact that those who have a job that suits their capabilities are less likely to relapse than those ill fitted for their work. Rehabilitation, therefore, is just another arm of the preventive work for which Christmas Seals help to pay.

Buy and Use Christmas Seals

Physical Therapy Defined

By Dr. A. H. Povah
Medical Superintendent, Assiniboine Hospital

Physiotherapy is physical medicine — that is, it is the treating of patients by physical methods such as heat, massage and exercise.

This type of therapy obtained a great impetus during the last war when it was necessary to rehabilitate injured soldiers as quickly and as completely as possible to return them to active duty. In 1947 there were only 20 facilities in the United States that provided these rehabilitation services. Today, because of a growing appreciation of the part physical medicine plays in the treatment of both short and long term patients, nearly every large hospital in Canada and the United States has physiotherapy and occupational therapy departments.

The objectives of physical therapy are to aid the physician in the care of his patient — to combat the disabling effects of prolonged physical and mental illness, to minimize residual physical disability, to help return the individual to optimum living within his capacities, to hasten convalescence and reduce time in hospital, and to contribute to the comfort and well being of the patient. In all, it is a process of assisting the patient with a physical handicap to realize his full potentialities — physical, mental, social and economic.

The physiotherapist is specially trained in a school of physiotherapy, attached to a University Teaching Hospital. He works under the direction of a medical physician and as a team with the neuro-surgeon, the pediatrician, urologist, orthopedic surgeon, general surgeon, internist and other specialists.

His equipment will include parallel bars, gymnasium mats, hydrotherapy facilities, wax baths, hot pack and electrical stimulation apparatus, ultra violet lamps, weights, and such walking aids as crutches, canes, rails and steps.

In carrying out his work the physiotherapist will use short wave diathermy for heating deep tissues and infra red lamps for heating superficial tissues. Wax baths are used for the treatment of stiff hands and fingers, and electrical equipment for stimulating muscles. Weights and resistance exercises will improve muscle tone; massage improves circulation as well as muscle tone, counteracts stiffness and breaks down adhesions.

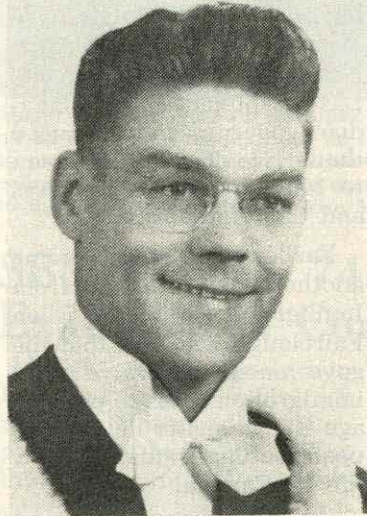
There are many patients in the country crippled by arthritis or paralysed by strokes who are lying in bed at home or propped up in

wheel chairs and are burdens on their families who must feed and clothe them. Many of these patients by re-education of muscles, speech therapy, occupational therapy, training in eating and knowledge of their incapacity can be made self-dependent.

Self-reliance means a tremendous lift to the patient psychologically. By re-training them with others similarly afflicted the patient regains hope and confidence and a competitive spirit to overcome his incapacity.

Thus, through physiotherapy and occupational therapy a patient previously totally dependent on his family is able to move about, feed himself, and do useful and interesting handicrafts which create an active mind and body. A seventy-year-old patient does not need the fine muscular movement of a watchmaker. But if he can care for himself he is a happy individual.

Pharmacist



The Sanatorium Board of Manitoba will welcome a new member to its staff, December 1, when Clarence Godfrey Bonney, of Winnipeg, assumes the newly created position of Director of Pharmacy Services.

For the past two and a half years Mr. Bonney has been chief pharmacist at Deer Lodge Hospital. He has been associated with that hospital since 1952.

He was born and educated in Brunkild, Manitoba, and during World War II served in Europe with the Fourth Division, Royal Canadian Artillery. Following discharge he entered the Uni-

PROFILES

(Continued from page 2) and with the arrival of another fall, she gets her volunteers together again.

A tall, slim woman with boundless energy and smiling ways, Miss Gray directs her office with a speed and efficiency that would impress any office expert. And where in some TB organizations this year-round work is done by a number of people, Mary and her helper carefully schedule the program and tackle it alone.

Miss Gray's perseverance to a set schedule and her ability to get things done when they should be done perhaps dates back to her girlhood. Born in St. James, Manitoba, she is the oldest of a family of five. She attended Britannia School and St. James Collegiate and had her heart set on becoming a teacher until the depression came along and ended her ambition. Undaunted, she changed her plans and after graduation from high school went out to work and took typing and shorthand in her spare hours. In 1940, after a year's bout with TB at Manitoba Sanatorium, she joined the McFayden Seed Company as production supervisor. Miss Gray remained in this job until 1952 when she joined the Sanatorium Board.

Miss Gray and her mother, Mrs. James Gray, live in a white frame cottage in St. James. She is interested in gardening and handicrafts, likes to read and play bridge. Two nights a week she teaches speed writing at Angus Business College.

But her main interest is Christmas Seals. As she puts it: "I feel lucky I have a job I am so interested in. Here I have work which benefits everyone in Manitoba. It's wonderful to have a part in it."

veristy of Manitoba School of Pharmacy, under DVA, graduating with a B.Sc. in 1952.

A former soccer player (University Pharmacy team) and member of the Canadian Legion baseball team. Mr. Bonney today numbers golfing (casual), duck hunting (bagged 19 this fall), and photography (right now interested in movies) as his favorite hobbies.

He and his wife, Margaret, live at 422 Rutland street in St. James. They have two sons: Bruce, 7, and Christopher, 4.

Professional affiliations include: Professional Institute of Public Service of Canada, and the Manitoba and Canadian Pharmaceutical Associations.

Workers Feted



An annual highlight of Christmas Seal volunteer work is the sumptuous turkey buffet dinner provided by the kitchen staff of the Central Tuberculosis Clinic to the some 45 Winnipeg business women who, once a year, come to the Christmas Seal office straight from work to stuff envelopes. Pictured here admiring the good food are left to right: Mrs. William Goudie, Mrs. Bernice Chambers, and Mrs. Frank Zenchuk, all employees of the Patriotic Salvage Corps. Mrs. Ethel Hirst, food supervisor and housekeeper at the CTC, presides over the table. In the background is Mrs. Margit Dienes.

SURVEYS

(Continued from page 1) and arrange appointment dates. As well as outlining their duties, Mr. Zayshley shows a film on TB.

Finally, just before the survey starts, a last meeting is called with the committee chairmen to make sure all preliminary work is completed.

• *Enthusiasm of the volunteers.* The willingness of the volunteer workers to call at every home, make innumerable phone calls to confirm or re-arrange appointments and generally see to it that everyone in the community knows about the survey, has been particularly outstanding. Exceptional, too, is the work done by the publicity chairmen in advertising the campaign on radio, TV and in the newspapers.

• *The willingness of testing teams to work late into the evening to make sure every person who attends the survey is tested has contributed greatly to the success of surveys.*

• *Public interest.* Most important of all are the people who come out for the tests. To date, the public has shown a great deal of interest in the TB skin test — this despite the fact that it is a much slower method of testing than the chest X-ray. Two trips are required to determine reaction, yet so far around 95 percent of the people have returned for readings.

That the Sanatorium Board will succeed in examining 10,000 more Manitobans before the year is out is undoubtedly true. It seems that as the year progresses turn-outs are becoming better and better. At the Transcona survey last month 6,644 out of 9,000 resident were tested. At West Kildonan, where a survey ended on

November 12, 7,700 out of a total population of 15,000 had received the simple skin tests by November 5.

Registry Reports 200 New Cases

A total of 200 new active cases of tuberculosis have been reported in Manitoba between January 1 and September 1 of this year.

According to statistics from the Central Tuberculosis Registry, this new case rate is lower than that for the same period in 1958. By September 31 last year new active cases totalled 271.

However, the number of deaths from TB are about the same as last year, the CTR reports. By September 31, 1959, a total of 29 persons had died of TB in Manitoba, 22, of whom were Whites. On September 31, 1958, the year's death toll had reached 26.

When You Lose . . . You Profit

There is only one sure way to reduce — eat less. The basis of a reducing diet is the cutting down of caloric intake without allowing the diet to become deficient in essential food elements.

A quick way to calculate your calorie needs is to take your desirable weight and multiply by 15 calories per lb. For example, your desirable weight is 160 lbs., 160x15=2400 calories. If you want to lose 1½ to 2 lbs. per week, subtract 600 to 800 calories a day. This means your diet would be 1600 to 1800 calories. When you reach your desired weight increase calorie intake to 2400 and your weight should be maintained.

Losing weight is up to you. Just remember that when you lose, you profit — in longer life expectancy, improved health and appearance.

—MHD Newsletter

World Refugees: An International Responsibility

There is an old saying that wars create more problems than they solve. This is true of the victors as well as of the losers. Not only must the victors suffer waste, destruction and economic burdens but they must also assume the heavy responsibility of reorganizing and reconstructing the world. Included in this responsibility today is the resettlement and rehabilitation of the millions of refugees who, in the chaos of war, are forced to leave their homes and their countries and seek asylum elsewhere.

It is almost 15 years now since the lords of the Axis regimes signed unconditional surrenders, and during that time much has been done towards the reconstruction of war-ravaged countries. Germany, or at least half of it, has again risen a strong, industrial country. Japan, which suffered unbelievable ruin from the atomic bomb, has also emerged a keen competitor in the business world. Indeed, in most parts of Europe and many parts of the East there is little to remind us of a great war — little, that is, except in the hundreds of camps still strewn across Europe, Asia and the Middle East. Here, in rude, crowded dwellings (or no dwellings at all) sit thousands upon thousands of uprooted people, some of them remnants of World War II, some the results of later political upheavals in other parts of the world. In all there are about 20 millions of them — each hopefully waiting for repatriation, resettlement or assimilation.

UN Agencies

In the past, when a man fled from his country, no one was responsible for him. In the last 40 years, however, refugees have gradually come to be recognized as an international responsibility. Today there are two main agencies which deal with refugee problems: the Office of the UN High Commissioner for Refugees in Geneva, which, with the help of non-governmental agencies and of inter-governmental and governmental bodies working for refugees, watches over the interest of one and a half million refugees throughout the world; and the United Nations Relief and Works Agency in Beirut which looks after Arab refugees in the Middle East.

There are countless refugees who do not come under the UN mandate. These are the millions of displaced persons in India and Pakistan, South Korea, South Vietnam, Hong Kong and other countries. Some are looked after by voluntary agencies, some by the gov-

ernments of countries to which they have fled. A good many are not looked after at all.

World Refugee Year

Much has been done to assist many refugees to return to a normal life. But the enormity of the problem, the millions of dollars required to provide some sort of help, make the job impossible for a few people to handle. If there is to be any solution to the settlement of refugees the responsibility must be laid at the doorstep of every citizen of every nation.

On June 1 of this year a World Refugee Year was proclaimed, the primary targets of which are, firstly, to help refugees of European origin in China find new lands, and secondly to settle all the refugees who have been living in camps in Europe for ten years or more. In addition, emergency relief is planned for refugees in Morocco and Tunisia, and for Chinese refugees in Hong Kong.

Europe

In Europe there are about 135,000 refugees in need of help. Many thousands of them are displaced persons left over from World War II. The health and morale of these people have been undermined by their long period of isolation from normal, community life and the squalor of their surroundings.

Thousands of children born in these camps have never known any other life. Lack of funds prevented projects being started earlier that would have solved their problems. Because of this delay the return to normal life now presents psychological as well as material problems.

In 1958 a special camp clearance program was started, the aim of which is rapid evacuation of the camps, and the re-establishment of individuals and families in new communities. Projects for the "older" camp population include job-placement, vocational training, small loans and credit schemes, and, most important, housing.

The main solution for the other 8,000 refugees in camps is overseas resettlement or re-establishment



Comfort, security, the right to work and live as we like are things that most Canadians take for granted. But in many countries there are millions of people who know nothing of these "luxuries." These are the world's refugees who, in rude, crowded camps, live from day to day in constant hope of resettlement or assimilation. During World Refugee Year Canadians are asked to lend a helping hand to displaced person either by donations of money or by offering sponsorship to refugee families.

within Europe. This is particularly true for new arrivals in Austria, Germany, Greece and Italy. It is imperative that their problems be solved quickly before conditions of camp life so affect their health and morale that a new problem of camp dwellers is created.

Other Areas

To recount in detail the projects for other displaced persons throughout the world would take too long. There is, for example, a second operation under way in the Far East which involves the resettlement of European refugees on the Chinese mainland. Plans are to give the aged and the ill life-long care and medical treatment, mainly in Europe. For the able-bodied, opportunities must be found in other parts of the world.

Relief must also be given to the millions of Arab and Chinese refugees whose standards of living are immeasurably worse than that of European refugees.

In Hong Kong there are hundreds of thousands of human beings who have fled Red China, leaving behind them friends and possessions. Some of these people live in "houses" made of old boards, rusty iron, bits of used linoleum, flattened tin cans and the sides and ends of cartons. Others live in the streets, in doorways and in vacant lots.

Humanitarian Concern

Although the declaration of a World Refugee Year was not done with a view to solving the problems of all displaced persons, it is hoped that enough interest can be stirred up in people and nations to alleviate the plight of two and a half mil-

ions. Citizens everywhere are asked to contribute to a central fund to help complete projects now under way, and governments are asked to relax their immigration laws as much as possible and take these refugees in. The governments are not only urged to open their doors to the able-bodied and young, but to accept also the "hard core" of displaced persons — the people and families who have been left behind before because of some disabling illness.

Among the countries who have started World Refugee Year program are Australia, New Zealand and Canada. Last September the Canadian government announced that it would open its doors to 100 tuberculous refugees and their families.

Earlier this month came another announcement from Immigration Minister Ellen Fairclough who said that the government will waive usual immigration rules to encourage Canadians to help European refugees find a new life in Canada.

In other words what Immigration Minister Fairclough would like Canadians to do, perhaps, is to put our obligations to others ahead of our own, personal ambitions.

Albert Schweitzer, the great humanitarian doctor and Nobel peace prize winner, once said that until we extend our circle of happiness to include every living creature we cannot enjoy world peace. In Canada, where we have so much to share, should we not extend our circle of happiness to this less fortunate group of our fellow world citizens?

Bulletin Board

T. A. J. Cummings, executive director of the Sanatorium Board, left for Ottawa, November 8, to attend a two-day meeting of the management committee of the Canadian Tuberculosis Association.

Dr. Gordon Coghlin, assistant superintendent of Assiniboine Hospital, Brandon, will spend three days in Minneapolis this month to take a short course in physical medicine sponsored by the University of Minnesota, Faculty of Medicine.

Staff members and patients at Manitoba Sanatorium held a special farewell party, November 6, for Robert Lumsden who is retiring from his position as head painter.

New resident physician at Manitoba Sanatorium is Dr. John Simon. He was transferred from Clearwater Lake Hospital to Ninette last month. He has been succeeded at Clearwater Hospital by Dr. P. Seifer, The Pas.

Dr. P. P. Mari has returned to the Central Tuberculosis Clinic after spending some time at Clearwater Lake Hospital.

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium was recently elected president of the College of Physicians and Surgeons Manitoba.

Business managers of the four Sanatorium Board institutions, and R. F. Marks, SBM comptroller, met in Brandon, October 22 and 23, to discuss business and management problems.

Miss Gerry Newton, secretary-stenographer at the CTC, was entertained by staff members, November 8, at a cup-and-saucer shower. Hostess was Mrs. Pat McFarlane. Gerry is engaged to be married, November 21, to Jim Lock, of the CTC X-ray Department.

R. B. McIvor, business manager of Clearwater Lake Hospital was elected representative of the Northwest Region on the board of the Associated Hospitals of Manitoba at the regional meeting in Dauphin, October 26.