



# News Bulletin

SANATORIUM

The  
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

OCTOBER, 1959

## Transcona Survey Most Successful This Year



With the opening of the Christmas Seal season only a month away, volunteer workers have been working hard during the past few weeks to get the Christmas Seal packets ready for mailing to some 180,000 residents in Manitoba. Among the volunteer groups who have been coming regularly to the Sanatorium Board to fold seals and stuff envelopes are these members of Calvary Temple Mission Circle; Left to right, Front Row: Mrs. E. Ward, Mrs. F. A. Wochner and Mrs. M. Juno. Back Row: Mrs. I. Brown, Miss Mary Gray, director of Christmas Seal Sales, Mrs. A. Stone, Mrs. N. E. Johnson, and Mrs. M. Hamilton. Also present were Mrs. L. M. Reid, Mrs. J. M. McDiarmid and Mrs. T. Gibson.

The best turn-out to community TB testing surveys may well be claimed this year by the town of Transcona.

A rash of newspaper and radio advertising and a house-to-house canvass have combined to make this 16 day survey the best organized and probably best attended of the year, reports J. J. Zayshley, surveys officer for the Sanatorium Board.

By October 8, close to 6,300 of the town's 9,000 residents had received the free tuberculin and X-ray tests, he said. Of these, 1,060 attended in one day — a record surpassed only in 1947 when 1,780 persons turned out in one day for an X-ray survey. This, too, happened in Transcona.

By the time the survey ends on October 13, it is expected that over 7,500 people or nearly 85 percent of the town's population will have been tested.

Volunteer work for this campaign has been particularly outstanding, Mr. Zayshley said. One of the leading workers was Douglas B. Scott who, as publicity chairman for the survey, arranged for daily spot announcements on radio and TV and for placards announcing the event to be placed in buses and public places.

The Transcona News devoted much space to an editorial and stories on the importance of the tests.

Mr. Zayshley said that credit, too, must be given to the 140 volunteer registrars who made personal calls to every home in Transcona to sign up families for the tests.

Others who participated in the survey were Eric J. Ball, who chaired the organizational meetings, and Mrs. M. J. G. McMullen, who as secretary did an outstanding job in getting the volunteers together and directing their work.

Orville Buhler, Gus Schmecko and Miss Pauline Rygiel, of the Sanatorium Board, administered the skin tests and William Mosonier was in charge of X-rays. Alex Roh supervised personnel and equipment.

The Sanatorium Board's testing teams will move next into Selkirk and West Kildonan on October 13 and October 22 respectively. Following this students at the University of Manitoba will be examined.

Industrial surveys are also being conducted by the Board. During the past few

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### Christmas Seals To Go On Sale November 13

The 1959 Christmas Seal Sale will be launched in Manitoba on Friday, November 13, three days before the national campaign opens.

Volunteer work for the provincial sales has already begun and since September 21, members of various Winnipeg organizations have been coming daily to the Christmas Seal office to fold the seals and stuff envelopes.

This year volunteer groups include: P.E.O. Sisterhood, Chapter D; Ladies Auxiliary of the Associated Canadian Travellers of Winnipeg; the Mission Circle of Calvary Temple Church; Professional Engineers' Wives; Fraternal Order of the Eagles, Aerie Group 17, St. Andrews' River Heights Church; and a group of women curlers convened by Mrs. W. A. Rowlands.

Approximately 180,000 packets will be sent out to homes all over the province, reports Miss Mary Gray, Seal Sale director. The seals

### Expect Tenders For Therapy Unit To Be Called This Month

Tenders for the construction of the physical and occupational therapy unit at Assiniboine Hospital in Brandon may be called sometime this month.

According to reports from the Sanatorium Board of Manitoba, plans for the new addition are practically complete and the architects, Smith, Carter and Associates are proceeding with the final details for construction.

will be different to those sent out in recent years. They will be twice as large and will have a religious theme.

The Sanatorium Board relies on Christmas Seals to raise funds for year-round work in tuberculosis prevention and to help in the rehabilitation of tuberculous patients.

Last year's seal sale was the most successful in the Board's history. Final total was \$181,048 — a 10 percent increase over the 1957 sales.

Construction of the unit will take approximately six months, the Sanatorium Board reports. When completed it will provide up-to-date physical-medical facilities for the treatment of long term patients in the hospital's extended treatment sections.

The Canadian Arthritis and Rheumatism Society will also be provided with space for a much needed physiotherapy field office in the basement of the building, and will utilize the new treatment facilities for the benefit of arthritis patients in the Brandon area.

Estimated cost of the unit is \$160,000. Of this, nearly \$100,000 will be made available through hospital construction grants from the federal and provincial governments.

The balance is being raised by the Associated Canadian Travellers, Brandon Club, through radio broadcasts and other fund-raising activities.

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# Profiles

## S. PRICE RATTRAY

S. Price Rattray has been in the real estate and building business for 35 years now, so it is not surprising that as chairman of the Rehabilitation Hospital Committee, he looks forward to the construction of the Sanatorium Board's new treatment centre in Winnipeg.

"My job on the Board's rehabilitation hospital committee is, of course an exceedingly busy one these days," says tall, affable Mr. Rattray. "But construction is my business, I enjoy it, and I feel the new centre will fill a gap in the province's medical services."



Mr. Rattray was born in Westmount, Quebec, the oldest of a family of three boys and a girl. In 1905, while still a child, he moved to Winnipeg where he attended the old Carleton School and La Verendrye and Kelvin High Schools. After graduation he studied engineering at the University of Manitoba for two years, then began work with the T. Eaton Company. Two years later he decided to give up his clerking job and go to New York City to learn a little about the building management business.

In 1926 he married the former Dorothy Davis, daughter of T. H. Davis, a prominent Winnipeg lawyer, and a year later returned to Winnipeg where he joined his father, the late A. B. Rattray, in his real estate firm. He worked there until 1948 when he joined C. H. Enderton and Company, Ltd. Today he is president of that real estate firm.

Mr. and Mrs. Rattray live on Queenston Street in a big roomy home they have owned since 1930. They have three sons: Peter, who is married, has two children and is with his father in business; Michael, an architect; and Burnett (Butch), an engineering student at the University of Manitoba.

A former member of the university football, basketball and water polo teams, Mr. Rattray now devotes much of his spare time to squash and curling, fishing in spring and duck shooting in the fall. He also likes to garden and is particularly interested in winter bulbs.

Mr. Rattray has been a member of the Sanatorium Board for three years. He is also a member of the Winnipeg Winter Club, the Manitoba Club, the Carleton and Gyro Clubs. He is vice-president of the Lakeside Fresh Air Camp, president of the Downtown Parking Corporation, and a member of the Board of Regents, United College. His membership on the United College Board is also a rather busy one. As chairman of the Building Committee he has responsibility for the construction of a new wing there. But as Mr. Rattray says, "It's all in my line—and I like it."

## MRS. I. A. CRUIKSHANK

During her 23 years association with the Sanatorium Board of Manitoba, Mrs. Irene A. Cruikshank, superintendent of nurses at Assiniboine Hospital, has worked hard to improve the quality of nursing care within the Board's TB institutions. As a ward nurse and later operating room supervisor at Manitoba Sanatorium, Ninette, she was known as an exceptionally good professional nurse and able administrator. Later in 1947 when she was appointed Superintendent of Nurses of the Board's newly opened sanatorium at Brandon, her experience in tuberculosis nursing and her devotion to high nursing ideals proved invaluable in organizing and developing the nursing service within that hospital.



But for Mrs. Cruikshank her career in nursing has not always been an easy one — nor was it at first her chosen profession. Born in Griswold, Manitoba, and educated in Oak Lake, she decided after graduating from high school to become a teacher. Accordingly she spent a year at Brandon Normal School and taught for two years at a rural school in Beresford. Soon after she married Daniel Gordon Conley, only to be widowed in three years with a small daughter.

It was at this time that she decided to enter the School of Nursing at Brandon General Hospital, graduating in 1935. During the depression work of any kind was difficult to find, even for young graduate nurses, and Mrs. Cruikshank

# Declining Death Rate No Indication Tuberculosis Is On The Way Out

With the Christmas Seal season fast approaching it is a fairly safe bet that tuberculosis workers across Canada are already bustling about making preparations for better-than-ever campaigns. Before we get too engrossed in these busy goings-on it would perhaps be wise to take stock of the national tuberculosis picture . . . to see what the sale of Christmas Seals has accomplished for us in the past five years, and what yet remains to be done.

Many of us may have been carried away by recent newspaper articles on empty sanatorium beds, declining death rates and the imminent discovery of a new TB vaccine. The fact is that the news isn't as cheerful as it seems — we have yet some distance to go before we even reach that day of TB control.

### New Cases

Although the reduced death rate must be considered as a sign of progress, it is unrealistic to take it as a sign that TB is on the way out. Statistics released last June by the Canadian Tuberculosis Association show that while the number of deaths has fallen nearly one third in the past five years, the number of new cases has declined only slightly more than one tenth.

felt fortunate to obtain a position at the Brandon Hospital for Mental Disease at a salary of \$32 a month. "It wasn't much for raising and educating a child," Mrs. Chruikshank recalls, "but I managed to pay board for my child and in case of a 'rainy day' I was also able to save \$5 a month."

In December, 1936, she went to Manitoba Sanatorium as a relief nurse for three weeks. The three weeks, however, stretched out to 11 years, five years as a ward nurse, six in the operating room. In the spring of 1947 she married James Cruikshank and started working at the DVA Hospital in Brandon. When the hospital was taken over by the Sanatorium Board a few months later and converted into a sanatorium for Indian and Eskimo patients, Mrs. Cruikshank had worked her way up to assistant matron. In November, 1951, she became superintendent of nurses.

During this time Mrs. Cruikshank worked hard to establish routines and teach her staff the techniques of TB nursing. She rebuilt the dispensary, scrubbed and cleaned newly opened wards and made up apparatus for pneumothorax treatments. She also lectured (and still does, to the practical nurse

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From those 2,000, 10 cases were unearthed.

Older persons, who today account for the largest proportion of new TB cases, are also delinquent in community testing. Some have an inherent fear of tuberculosis and will never admit they could be its victims. Others feel it takes too much effort to turn out for the tests.

In order to uncover these TB cases among older people hospital admission X-rays should be stepped up. Current figures show that this is the greatest single source of discovery of TB among persons 40 years of age and over.

### Standard for Control

When can we safely assume that TB has been brought under control? The World Health Organization has set a good standard. When one percent of our school leavers or less are positive to the tuberculin test, WHO says, tuberculosis has been controlled. To date, no country including Canada or any of its 10 provinces, has achieved this happy state.

In many areas in Canada high school and college students show a reaction rate of less than 10 per cent. In some regions it is under five per cent. If the good control measures financed through the sale of Christmas Seals are kept up, it is possible this percentage will decrease in years to come and extend to our 30 and 40 year old groups, perhaps eventually to all age groups.

More than 7,000 new cases of TB are reported yearly in Canada, and last year close to 12,000 tuberculous persons occupied the so-called empty beds.

So far most advances in tuberculosis prevention and treatment have only saved people from death or long periods of treatment; they have not provided any sure means of preventing people from contracting the disease.

The best preventive measure is still early detection through mass skin testing and X-ray surveys, and if we are to find the thousands of cases still at large in the community, these free surveys must continue unabated.

### Health Education

Health education must also be stepped up for it has been shown over and over again that the incidence of TB is highest in that part of the population which does not take advantage of case-finding surveys.

A TB newsletter cited the example of a university in the United States that had recently conducted a mass survey, at first on a voluntary basis. Out of the 10,000 students, 8,000 attended and four cases of TB were found. A perturbed Board of Governors decided to make it compulsory for the remaining 2,000 to attend.



Four members of the Professional Engineers' Wives Association of Winnipeg recently toured Manitoba Sanatorium, Ninette, and sent gifts to several of the 29 patients to whom the club sends gifts at Christmas and cards at Easter and on birthdays. The association, which also does Christmas Seal volunteer work, sends gifts to as many patients at St. Boniface Sanatorium. Association members are pictured here with members of the sanatorium staff: (Left to right) Miss Gladys Wheatley, secretary to the medical superintendent; Mrs. A. L. Paine, who later entertained the group at her home; Mrs. W. L. Bunting, of the Engineers' Wives; Miss D. Ellis, superintendent of nurses; Mrs. H. C. Gawley, Mrs. H. R. Hopper, Mrs. W. L. Wardrop, association members; Dr. Paine, medical superintendent.

# A Summer's Experiences

By Sigrid Funk

ED. NOTE: Sigrid Funk was born near Danzig in the Polish Corridor. When she was three years old she and her family became refugees and fled to Germany. In 1951 her family emigrated to Canada and settled in Winnipeg. An exceptional student, Sigrid was awarded two scholarships and a bursary on graduating from Gordon Bell High School last June. During the summer she worked as a nurse's assistant at Manitoba Sanatorium and last month entered the University of Manitoba in the Faculty of Science. The following is an account of her summer's experiences.

Someone recently said that fear and ignorance are our worst enemies. This summer has been a rewarding experience in that it has supplied me with more knowledge about tuberculosis, hospitals, and mankind; and has dispelled my fears regarding this disease.

The classes for nurses' assistants helped me to achieve this end. We learned about the disease, tuberculosis, its history and the treatments. We were taught the importance of isolation technique on the part of both the nurse and the patient. We practised simple nursing procedures which were not only of value here at the hospital, but will enable us to take care of a sick person at home.

This summer I made my first contact with ill people in a hospital. I had to keep reminding myself that these people were physically under par and that long confinement had probably changed their line of thinking too. Working with them I could practise what the Bible teaches — the love of one's fellow man. I have to admit that it was hard at times and yet I feel that I have progressed and have gained a greater understanding of mankind.

Not only did I know next to nothing about the disease, but I also was very much prejudiced as far as Indians and Eskimos were concerned. They were foreign to me and I subconsciously fear all that new and strange. It did not take me long, however, to discover that they were a friendly and patient people. In fact, now I prefer working with them because a small kindness done to them is much more appreciated by

## The Pause . . . That Refreshes

Everybody needs a good night's sleep to stay healthy. If you find you have poor timing and muscular control, impaired hearing, strained vision, a reduced sense of touch, temperature and pressure, and increasing irritability, discouragement, and depression, you may be heating yourself of sleep.

To find out how much sleep is right for you, try to get up without an alarm clock for a while. If you can do it regularly and if you aren't dozing off during the day, you can be sure you are going to bed at the right time.

them than by the White patients. Working with different races and religions has taught me to be more tolerant and has wiped away my prejudice.

Tolerance was not only required for my work with the patients, but also in the relationship with my fellow workers. At first I had only to take orders and carry them out, but as time went on more responsibility was placed upon my shoulders. It made me feel that I was a part of this great concern. It will help me in the future to do my share wherever I will be employed.

As you see, my rewards are many. I hope that not only I have gained, but also that I have left something behind me.

In the poem "Ulysses", Tennyson writes:

"Yet all experience is an arch  
wherethrough  
Gleams the untravell'd world  
whose margin fades  
Forever and forever when I move"  
and  
"I am part of all that I have met."

This summer has certainly left its mark on me and all that I have met will help me to tackle the future.

# Anne Ellerington Dies In Winnipeg

Miss Anne Irene Ellerington, a former staff member and patient at Manitoba Sanatorium, Ninette, died Friday morning, October 9, at the Central Tuberculosis Clinic after a lengthy illness.

Miss Ellerington, 51, was born in Miniota, Manitoba, and was first admitted to Manitoba Sanatorium in 1931.

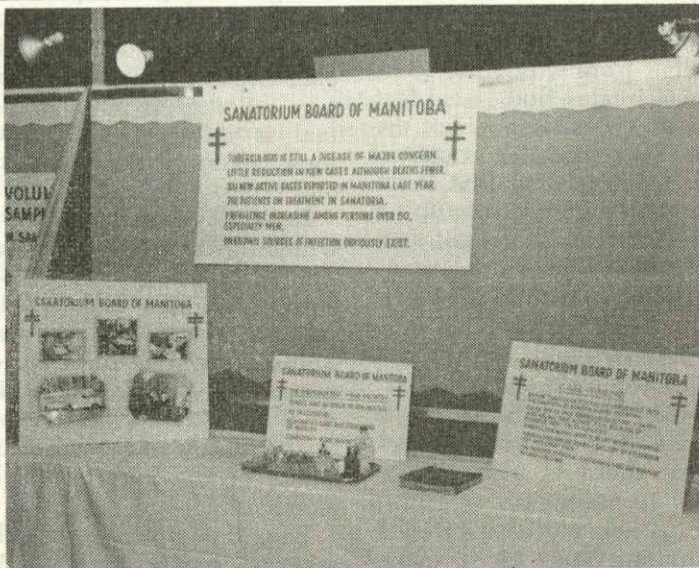
Between 1947 and October, 1956, she had charge of the sanatorium switchboard and was well known to other staff members for her pleasing manner and vivacity.

Miss Ellerington will be sorely missed by the Sanatorium Board staff, and our sympathy is extended to her mother, Mrs. Chris Ellerington, and brothers, Chris and Charles, of Miniota, and her sister, Ruth, of Birtle.

**TRANSCONA SURVEY**  
(Continued from page 1)  
weeks 432 employees at Manitoba Hydro Steam Plant and 325 or 95 percent of the employees of Standard Aero Company received free chest X-rays.

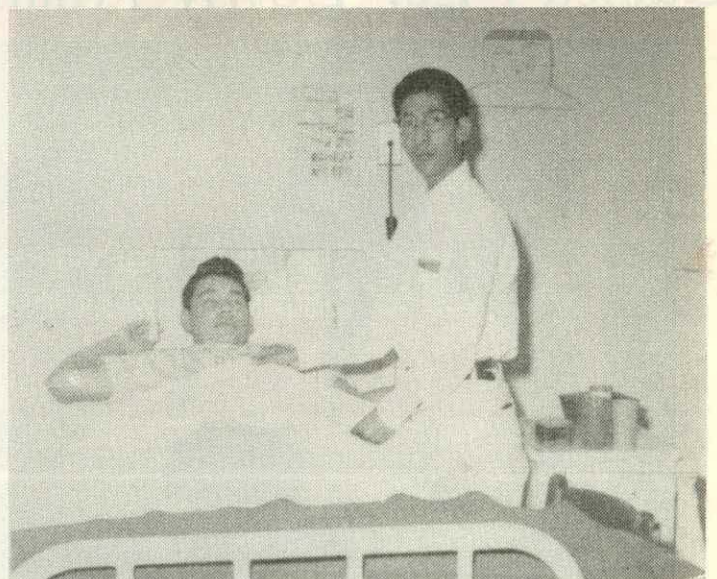
**PROFILES**  
(Continued from page 2)  
students who came to the hospital for a six weeks affiliation course in infectious diseases.

Above all, Mrs. Cruikshank has taught her nurses the importance of sympathetic bedside nursing. "In building up a hospital the welfare of the patient must be the common concern," she says. "A good nurse will radiate comfort. She will pretend in her own mind that she is the patient, then do her nursing as she herself would like to be treated."



The importance of tuberculin testing and X-ray surveys in TB preventive work was shown in this Sanatorium Board exhibit at the annual meeting of the Manitoba Medical Association, October 5 to 8, at the Royal Alexandra Hotel in Winnipeg. Henry Daneleyko, registered technician with the Central Tuberculosis Clinic, and Miss Fredricka Guttormson, also a laboratory technician of the CTC, were on hand during the convention to demonstrate the tuberculin skin test and answer questions on surveys. Sanatorium Board representatives at the meeting were Dr. E. L. Ross, medical director, Dr. D. L. Scott, Dr. A. L. Paine, Dr. G. Coghlin, Dr. S. L. Carey and Dr. P. P. Mari. (Photo by Portigal & Ayers.)

# Rehabilitation Success



Bill Muswagon becomes Certified Orderly

Wednesday, September 23, was a proud day for the Indian Rehabilitation Department of the Sanatorium Board — and a prouder one still for ex-patient Bill Muswagon, of Norway House.

Bill, who had just completed a rigorous three months training program, received his diploma as a certified orderly from Winnipeg General Hospital. He was among the first 50 young men to be graduated from the newly established course.

For the Rehabilitation Department, Bill's graduation meant another member of the Indian Rehabilitation Unit successfully established in urban society. For Bill, it marked the end of a long, personal struggle that started some 13 years ago.

Bill was born at Norway House on July 12, 1934. On March 14, 1947, at the age of 12, he was admitted to Brandon Sanatorium with pulmonary tuberculosis in the primary stage. The disease was arrested within a relatively short time and the young boy was soon allowed to return home to the reserve.

However, fortune was not to stay with Bill for long. In 1953 he suffered a relapse and was admitted to Clearwater Lake Sanatorium. Discharged in 1954, he was admitted again in December 1956, and a short time later transferred to Brandon.

Like so many boys and girls from the Manitoba northland Bill had little education when he first entered sanatorium. But once admitted the teachers lost no time in helping him to upgrade his standing from Grade 3 to Grade 7.

In October, 1958, Bill once more ready for discharge, was accepted into the Bran-

don Rehabilitation and Social Orientation Unit. During his stay there he considered the number of occupations open to him and finally decided on hospital work. Bill had already some experience as a ward aid in the Brandon hospital and found the work to his liking.

Accordingly, on January 21 of this year the Rehabilitation Department arranged for his enrollment in the orderly training course at Winnipeg General Hospital.

The course was not easy. It consisted of 30 hours of classroom work in the first seven weeks, followed by five weeks of practical work on the wards. Bill wrote two examinations and at the very end of his training underwent special evaluation.

With his permanent certificate in its handsome leather folder at last tucked in his pocket, Bill has big plans for the future. Home now for a much needed rest and a visit with friends and relatives whom he has not seen in eight years, he will return to Winnipeg this January to take a position either at the Winnipeg General Hospital or, as many hope, at the Central Tuberculosis Clinic. Whatever his choice, the Sanatorium Board takes pride in his achievement and wishes him a long and successful career.

## EXPECT TENDERS

(Continued from page 1)

One of the interesting A.C.T. projects will be the operation of a service station on the corner of 13th Street and Princess Avenue in Brandon on October 17. The Anglo Canadian Oil Company has offered the club the profits from the day's operation as its contribution towards the new unit.

# Guinea Pigs: Lowly Animals With A Noble Purpose



Guinea pigs are not "petable" animals, but tend to be wild and nervous, says J. M. Scott, head laboratory technician at Manitoba Sanatorium. About 32 guinea pigs are kept for testing purposes in roomycages and open pens in one of the sanatorium attics, and are well cared for by Svenberg Thordarson. They are easily raised, grow quickly and measure about seven inches long at maturity. The females have on the average of two litters a year, with two or three young in litter. The coloring may be brown, black, white, or variations of these.

Nearly every type of animal, domesticated or capable of some degree of domestication, has been used for inoculation purposes in tuberculosis work. Rabbits, apes, mice, monkeys, horses, cows, sheep, cats, goats, pigeons, crows and even worms have been used at one time or another, and practically all will succumb to tuberculosis if the proper dosage and type of bacillus is given.

But long experimentation has shown that the lowly little animal commonly known as the guinea pig is by far the best choice. Of all animals he is most highly susceptible to both human and bovine tubercle bacilli, and death will follow even a small injection in six to 15 weeks.

The guinea pig is not a pig at all, nor did he originate as some would assume in Guinea. Rather, he comes to us from the tropical forests of South America and belongs to a rodent species called the cavy.

## Many Benefits

Even in the jungle the life of this small, tailless creature is cheap. Aside from his highly rated edible value, he forms an important part of Amazonian magic and medicine. Made into tallow or a poultice he is supposed to have particularly efficacious medicinal benefits. When stuffed into the bed of a sick person he makes a sort of living hot-water battle and, if one happens to like guinea pigs, a rather frisky playmate. And in the shadowy world of jungle magic his little bleeding body is used as a sacrifice in certain consecratory and oath-taking rituals.

## Experiments

Although the guinea pig fares little better in our own society, he has without doubt sacrificed his life nobly for the advancement of medical science. In tuberculosis work he was first used, along with other animals, to prove the contagion of TB, and perhaps in this respect he had his

finest hour in the year 1865 when a French army surgeon, Jean-Antoine Villemin, demonstrated for the first time that tuberculosis is caused by some specific organism and is inoculable from man or cow to rabbit or guinea pig.

Villemin's discovery climaxed a long chain of experimentation with animals to prove or disprove the contagion theory. As early as 1789 scientists had tried inoculating pus from scrofula (glandular TB) into children and animals, and in 1830 a scientist known as Lepelletier inoculated himself with similar material. Fortunately for him and the children who preceded him none of these experiments produced disease.

Villemin's discovery was met only by a passing nod from some scientists and rebuttal by the die-hard skeptics, but by 1882 all had to acknowledge his valuable contribution. In that year Robert Koch isolated the tubercle bacillus and announced that by injecting pure cultures of these bacilli into guinea pigs he could produce tuberculosis at will.

## Important Test

Once the identity of the TB germ was known and the contagion theory proved, guinea pigs were used as a test to help make a diagnosis of TB. In our modern sanatorium laboratories they are used for testing purposes whenever the laboratory finds an acid-fast bacillus that has some of the characteristics of the tubercle bacillus but varies widely in its ability to produce disease.

At one time the finding of an acid-fast bacillus in a patient's sputum was generally accepted as prima-facie evidence of tuberculosis. But since the advent of chemotherapy, this does not necessarily hold true. During the last 10 years sanatorium laboratories seem to be finding more of these "atypical" types. At Manitoba Sanatorium, for example, three or four turn up every year.

## Procedure

When using the guinea pigs for tuberculosis testing, the laboratory technician inoculates a small amount of growing tubercle bacilli culture into the pig's groin. These cultures may be obtained from the patient's sputum, gastric material from the stomach, urine or pleura fluid—or the original materials themselves may be inoculated.

If the injection sets up widespread disease in the animal from which the technician can find acid-fast bacilli in stained slides, he considers that the organism was a tubercle bacillus. If, on the other hand, it sets up no reaction or only a slight one, it is assumed that the organism was not a tubercle bacillus.

Guinea pigs are always used when a patient is suspected of having tuberculosis of the kidneys. This is because there is more likelihood of finding an acid-fast, non-pathogenic organism contaminating the urine than any other body substance.

For illustration let us say that Mr. X had a urine specimen in which there was much pus. A smear of this specimen was stained and found to contain acid-fast bacilli — i.e. the tell-tale fuchsin stain was not re-

moved by alcohol or acid.

Without further tests, the laboratory technician could not be sure that these acid-fast bacilli were really tubercle bacilli. The first step then is to grow these bacilli on a prepared culture medium. In about four weeks typical colonies appeared that looked like those of TB . . . and again stained smears showed acid-fast bacilli.

As final proof, a part of the culture was inoculated into the guinea pig. After about six weeks the guinea pig was found dead. An autopsy revealed widespread disease, and the acid-fast bacilli found in the liver, spleen, lungs and glands were presumed to be tubercle bacilli.

## No Chances

When used for testing purposes, a guinea pig's chances for survival are nil, even though the pig may produce negative results to the tests. As the laboratory technician explains, one cannot be sure whether or not the animal is infected. Therefore, they cannot be used a second time.

Routinely the laboratory will only do cultures — i.e. grow bacilli on a prepared culture medium and by the staining method look for the presence of the rod-shaped germs. Only when diagnosis is still in doubt must the final decision rest on the reaction of the guinea pig to inoculation.

Thus the guinea pig is still regarded as the most sensitive laboratory test for determining tuberculosis. As some authorities say, you can grow a tubercle bacillus in a test tube but you can't tell if it will produce infection unless it is injected into a living animal. In this respect, the little, misnamed creature amply fulfills his destiny.

## Bulletin Board

The Health Division of the Welfare Council of Greater Winnipeg are sponsoring a series of nine talks on public health and rehabilitation at the YWCA September 14 to February 8. Among the guest speakers are Miss M. C. Busch, director of rehabilitation services for the Sanatorium Board, who will give an address on November 23, and Edward Locke, Indian Rehabilitation Officer who will give a talk on December 7.

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Mrs. Erla Joan Wankling, Brandon, was appointed last month dietitian at Assiniboine Hospital.

Other appointments to the Sanatorium Board staff include Mrs. Florence Vera Maher, secretary to the medical superintendent, Assiniboine Hospital, and Mrs. Ellen Antonsen, first cook at Clearwater Lake Hospital.

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Miss Bente Hejlsted, director of nursing services for the Sanatorium Board, was recently elected to the Board of Directors of the Manitoba Association for Registered Nurses. Miss Hejlsted also became a member of the Nursing Service Committee of the MARN.

\* \* \*

Of interest was the marriage last August of Jack Scott, son of J. M. Scott, Senior Medical Technologist at Manitoba Sanatorium, and Mrs. Scott, to Doris Sachkowsky, daughter of John Sachkowsky, Foxford, Sask. The bride is also a staff member of Manitoba Sanatorium. She and her husband will live in Fort Worth, Texas.

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The Sanatorium Board reluctantly bade farewell to Mrs. Lorna Zacharias who resigned from her position as clerk-stenographer at the Central Tuberculosis Clinic on October 8 to take a job in the X-ray department at Misericordia Hospital.

\* \* \*

Edward Dubinsky, administrative assistant of the Sanatorium Board, was elected vice-president of the Greater Winnipeg Regional Hospital Council on October 8. During the past year Mr. Dubinsky has been secretary of the Council.