



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

APRIL, 1960



The old Central Tuberculosis Clinic on Winnipeg's Bannatyne avenue went down under the wrecking machinery of R. Litz and Sons this month to pave the way for the construction of The Manitoba Rehabilitation Hospital. Tenders for the Sanatorium Board's new, six-storey hospital will be called April 18, and construction will begin at the end of May. (Photo by David Portigal & Company.)

Demolition of TB Clinic Closes Chapter of The Board's History

Another chapter in the Sanatorium Board's 54 year struggle against tuberculosis came to a close this month with the demolition of the Central Tuberculosis Clinic on Bannatyne and Olivia street.

The aging, two-storey brick structure, which has served for 30 years as a clearing house for tuberculosis patients and problems, was razed to the ground by R. Litz and Company. In its place will rise the Board's 178-bed rehabilitation hospital, one of the new extra services planned by the Board for the people of Manitoba.

Although this by no means ends, or even reduces the Board's anti-tuberculosis work in Manitoba, the demolition of the clinic and the inclusion of new health services in the program do rather dramatically suggest the progress that advances the Board has made in pushing back tuberculosis in Manitoba. Let us review a few of these events.

When the Sanatorium Board began as a voluntary, anti-tuberculosis organization in 1906 tuberculosis was a tremendous health prob-

lem. The provincial death rate from this infectious disease was estimated to be about 300 per 100,000 population, and few families escaped the dreadful plague. In 1910 Manitoba Sanatorium was built at Ninette to provide some accommodation and treatment for TB patients and act as the headquarters of a preventive campaign.

By 1930 the TB death rate was reduced to about one fifth of what it had been 20 years before but, as the result of an intensive case finding program started by the Travelling TB Clinics in 1926, the number of TB patients waiting for treatment had greatly increased. More than 800 new cases were uncovered each year by these early clinics alone; yet the beds for tuberculosis care numbered little over 500.

To help alleviate the problem St. Boniface Sanatorium was opened in 1930, and the building at Olivia and Bannatyne, which had been constructed as a bakery in 1902, was purchased for the Board to accommodate a centralized agency for the diagnosis, ob-

servations and distribution of patients. The Central TB Clinic also acted as a teaching centre for medical students and nurses.

In 1946, as its responsibilities increased and became more widespread, the Board moved its field headquarters from Manitoba Sanatorium to the more central location of the CTC. A few years later a small brick unit was added to accommodate two more executive offices and three patient rooms, and to close in a portion of the old fashioned store display window which marked the building front.

Today, as a result of the Board's intensive case finding, improved methods of treatment and higher standards of living, tuberculosis is not nearly the health problem it was years ago. Gradually the death rate has been reduced to 4.6 per 100,000. New active cases number about 250 a year and, because of shorter treatment periods, more TB beds are being released for other services.

However, the fact that the Board, with its long years of experience in dealing with long term, chronic illness and in rehabilitation work, has been asked by the provincial

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New Cases Drop 22% Says Medical Director

A significant drop in the number of new active cases of tuberculosis discovered in Manitoba during 1959 is noted in the annual report of Dr. E. L. Ross, medical director of the Sanatorium Board of Manitoba.

The total number of new cases, 258, represents a 22% reduction over 1958, Dr. Ross reports. For 1958 the total number of new active cases was 331.

This is the first noteworthy reduction in new cases since 1955. In 1955 new cases dropped from about 437 in 1954 to 332. Until this past year the annual figures hovered around that number.

Deaths

A slight reduction in the number of deaths from tuberculosis is also reported. The rate of 4.6 per 100,000 population is the lowest ever recorded in Manitoba. The death rate for the previous year was 4.8 per 100,000.

"Still, it should be a matter of concern that 41 people lost their lives by this one disease," Dr. Ross says. "Most of them could have been saved if treatment had been started earlier."

Prevention

The drop in new cases for both whites (18%) and Indians (32.6%) may be attributed largely to the intensification of case finding in Manitoba during recent years, and the improvements in treatment.

"Early discovery means prompt treatment and saving others from infection," Dr. Ross points out. "The anti-tuberculosis drugs soon make the patient non-infectious and deaden the tubercle bacillus' power of reproduction."

Last year was the first full year that tuberculin testing was incorporated in community TB surveys. The main reason for the switch from X-rays is that the tuberculin test is an accurate and less expensive method of detection.

Also, because the finding of active tuberculosis has diminished to one case in 6,000 X-rayed, the Board is now concentrating on areas with a higher prevalence of disease.

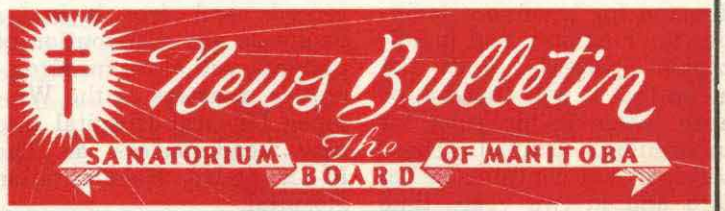
During 1959 a total of 79,045 people received chest examinations, about half the number who were X-rayed in 1958. Out of the 63,184 non-Indians X-rayed by surveys, only 15 were found with active disease. This is one in 4,200.

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Profiles

DR. A. L. PAINE

Throughout its 50-year history Manitoba Sanatorium has been the TB patient's ideal of a home away from home. Much more than an impersonal hospital, indeed much more than one's ordinary conception of a tuberculosis institution, this lovely sanatorium, nestling in the wooded hills of Southern



Manitoba, has been a cosy retreat where patients and staff alike have enjoyed a rare, intimate atmosphere of fellowship and conviviality.

The man who is responsible for the "unique spirit" of Manitoba Sanatorium today is the medical superintendent, Dr. A. L. Paine. A tall, scholarly man with greying hair and a youthful twinkle in his eyes, Dr. Paine runs the sanatorium

like a benevolent father, taking a deep personal interest in the patients and staff and acting at all times as their good friend and counsellor. It is little wonder then that he has won their deepest respect and devotion.

Dr. Paine is a native Westerner. The son of veterinary surgeon Dr. Harold Paine, he was born in Oxbow, Sask., and educated at Rosetown. Even as a boy Dr. Paine determined to become a doctor, and as soon as he finished high school he entered the University of Saskatchewan, graduating with his B.A. in 1922. He lacked the necessary funds for the long medical course but not the ambition to get there. He enrolled in Normal School under a Masonic Fellowship, then taught in a Mennonite community near Aberdeen, Sask. In two years time he had enough money for his medical course. He proceeded to the University of Manitoba and in 1929 emerged with his medical degree and a burning desire to become a surgeon. So he packed his bags and headed for Philadelphia, became a resident physician at Pennsylvania Hospital's Department of Mental and Nervous Diseases, then turned to post-graduate work in surgery at the University of Pennsylvania. He had only been there six months, however, when he broke down with tuberculosis. He returned to Canada, entered Manitoba Sanatorium at Ninette, and 16 months later joined the sanatorium's medical staff.

Dr. Paine started his medical career at Manitoba Sanatorium in 1933 as medical assistant to the famous teacher-physician, the late Dr. D. A. Stewart. In 1936 he joined the Board's Travelling Clinics and for the next few years made a valuable contribution to TB case finding in Manitoba. In 1941 he took over all the surgery at the sanatorium, and in 1947 was appointed medical superintendent.

It is probably as a surgeon that Dr. Paine is best known. Surgery is his life: he has performed innumerable thoracic operations in the past two decades; indeed, is the most experienced thoracic surgeon in the TB treatment field in Manitoba. He received his accreditation as a thoracic surgeon in 1947.

Dr. Paine was married in 1930 to the former Theodis Marteinsson, a registered nurse from Winnipeg. He has two daughters: Mrs. Edward (Alice) Drader, of Dunrea, and 16-year-old Martha at home. An outstanding athlete during his university days (among other things played defence for the University of Manitoba and Saskatchewan hockey teams and was on the track and swimming teams) he now devotes his spare time to duck shooting, golf and printing multi-colored Christmas cards from linoleum blocks.

He has also found time to write many papers on TB treatment and problems and on thoracic surgery, and is presently writing a paper on salvage surgery for the Canadian Tuberculosis Association.

He is a member of the CTA and the Trudeau Society, and last year was elected president of the College of Physicians and Surgeons of Manitoba.

DEMOLITION OF CLINIC

(Continued from page 1)
government to help meet the demand for treatment facilities for long stay and handicapped patients, does not mean that it will abandon or even lessen its program for tuberculosis control. These services will continue as before and in two years time

the Central Tuberculosis Clinic, with its examination rooms, X-ray equipment, records and few beds for diagnosis and distribution of patients, will move from temporary quarters at the Winnipeg General Hospital into new headquarters at The Manitoba Rehabilitation Hospital.

It Took Over Seven Centuries To Kill This Medieval Practice

One of the most interesting medical practices in medieval times was the healing of scrofula by the Royal Touch. Scrofula, which is tuberculosis of the neck glands, is relatively rare today. But in olden times many people suffered from it, and they called it the "King's Evil" because they earnestly believed that they had to be but touched by royal hands and they would be cured.

It is said that the practice of the "Royal Touch" began in France in 496 A.D. when King Clovis, greatly upset by the illness of a page, was told by an angel: "To cure thy favorite page touch his neck with thy royal and holy hands saying 'I touch thee; God heals thee.'" According to the legend the touch of Clovis did cure the page, and from that time on the kings of France were supposed to be endowed with this divine healing power.

Louis IX of France was a great believer in the Royal Touch and, with great ceremony, used to dispense it regularly. Henry IV, who is said to have touched as many as 1,500 a day, performed the rite regularly at Easter and Pentecost, at Christmas and on All Saints' Day. If the Royal Touch did not cure it was then said that the King was not legitimate — for it was firmly believed that "God granted to true sovereigns the gift of curing everybody."

The Royal Touch was started in England by Edward the Confessor who ruled from 1042 to 1066. The cere-

mony was similar to the one in France but instead of carrying it out on holy days only the old British kings performed the rite whenever they felt like it.

On the appointed day the King of England sat on his throne, surrounded by his chaplains. One of the chaplains would read the Gospel of St. Mark, stressing the passage, "They shall lay hands on the sick and they shall recover." Afterwards a second chaplain repeated the Lord's Prayer and the people came forward and knelt before the King. The King placed his hands on each one's head, saying, "I touch thee and God heals thee." Then he would hang a gold coin around the patient's neck.

Even the most learned people believed in the King's Touch. Samuel Johnson was touched by Queen Anne in 1712. Richard Wiseman, surgeon to Charles II, in writing a paper on the disease, bewailed the weakness of surgeon's ability when compared with the King's, "who cureth more in any one year, than all our Chirurgeons of London have done in an age."

William IV, who reigned from 1765 to 1837, was the last English king to practice the king's touch. He called it a "silly superstition" and he only "touched" once after much pleading. Instead of using the regular formula he said after touching the patient, "God give you better health and more sense."

With that the Royal Touch which had been practiced by

Respect Your Heart

The heart and the circulation of the blood play a most important role in maintaining the health of our body.

A hollow, muscular organ, the heart itself is no bigger than the size of one's fist. Yet it possesses a great deal of strength, providing not only for our regular bodily demands but also a reserve power to meet unexpected needs.

It works at a much slower pace when we are at rest. When a great demand is made up it, it works at a much harder rate, for when an organ is called upon to do more work it must be supplied with more oxygen and the heart must pump more blood to it.

It is well then to treat this delicate mechanism with respect, and not squander the reserve powers of our heart so that it will become worn out. Here are a few rules keeping it in good condition:

1. Build good blood by eating foods rich in iron and vitamins.
2. Eat slowly, and eat only when hungry. Do not over-eat and do not eat when emotionally upset.
3. See that you get plenty of sleep and rest.
4. Stimulate circulation by exercise, but do not exercise to the point of fatigue.
5. Protect yourself as much as you can against disease.
6. Learn to relax and accept problems without undue worry or anxiety.

the English Kings for more than seven centuries, passed into the realm of old wives' tales.



THE INDIAN AND ESKIMO REHABILITATION UNIT at Assiniboine Hospital, Brandon, celebrated its second anniversary April 2 with a buffet dinner and dance in the hospital dining hall. Among those who attended the reunion, organized by the rehabilitants themselves, were some 57 graduates of the unit and the earlier Winnipeg boarding houses. Speakers were Dr. A. H. Povah, medical superintendent of the hospital, and Dr. G. Coghlin, assistant superintendent. The reunion, deemed most successful, may become a yearly event. Pictured left to right are: Mrs. P. Watt, assistant supervisor of the unit; Charlotte Mason, Brandon; Henry Spence, Winnipeg; Keith York, hospital accountant; and Ameshiah McKay, Winnipeg. (Photo by J. P. Prendiville.)

Surveys Department Prepares For Another Busy Year

CTA Announces Program Plans For '60 Meet

Part of the program schedule for the 60th annual meeting of the Canadian Tuberculosis Association was announced recently by the CTA Management Committee.

Highlights of the convention, to be held in Ottawa June 26 to 30, will be a special session at Rideau Hall on June 28 to commemorate the association's jubilee year.

At the regular sessions at the Chateau Laurier guest speakers from outside Canada will include Dr. Audrey Keeping, physician to Paddington and Kensington Chest Clinics, London, England, who is this year's overseas scholar from the Chest and Heart Association; Dr. William B. Tucker, Director, Pulmonary Disease Service, Veterans Administration; and Dr. Michael Furculow, Kansas City Field Station of the U.S. Public Health Service.

Among the Canadians who will be giving special papers at the medical sessions will be Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, who will present a paper on salvage surgery.

Program plans are under way for the provincial secretaries, rehabilitation officers' and board members' sections. The nurses have already announced that this year public health aspects of TB nursing will be stressed.

Other special features of the meeting will be a trip for delegates' wives to Parliament Buildings, the National Art Gallery, the Design Centre, the Archives and Bytown Museum. A trip through the Gatineau Hills, with a stop-over for supper at Champlain Outlook, is planned for all delegates.

ANCIENT SYMBOL

The emblem "Rx", used by physicians today, was originally a symbol of ancient Egypt, and supposedly preceded medical prescriptions. It was representative of Horus, the god of health.

The story goes that Horus engaged in a fight with Set, the ugly demon of evil, and in the battle lost an eye which was miraculously restored. The Egyptians used the eye as a design for a charm which, according to history, was second only to the scarab or sacred beetle as a national symbol.

Originally an elaborate design the eye passed through various stages until it became conventionalized as something resembling a capital R. It was used on all objects associated with danger such as ships, chariots — and prescriptions.

By ERNEST ZEMIANSKI, R.T.

(In charge of Travelling and Indian Clinics)

With the approach of warm, sunny weather the Sanatorium Board's huge, white trucks will roll down the highways of Manitoba, stopping at the different towns and villages to X-ray and tuberculin test the public.

This begins a busy season for the Board's survey department. A total of 31 communities in Manitoba will be surveyed by our TB testing teams before the year is out.



Besides these there will be, among other things, our industrial surveys of Winnipeg and vicinity, surveys of city and rural high schools, of nursing homes and Indian reservations, and such special "free-for-all" types of surveys as those slated for the Red River Exhibition and the Brandon Fair this summer, and the Polo Park Shopping Centre at the end of this month.

Travelling Clinics

The Travelling Tuberculosis Clinics are scheduled to begin on April 11 and will continue until October. These clinics will provide a more concentrated service than the ordinary community surveys. Usually a doctor will be in attendance and examinations will be limited to TB suspects referred by local doctors, to those who have had known contact with TB, and to follow-up review of ex-patients.

A survey of Indian reservations in Southern Manitoba will be held for seven weeks during May and June. At the same time a similar survey of northern reserves will be conducted out of Clearwater Lake Hospital, The Pas.

Industrial Surveys

Due to the active organization of Alex Roh, supervising radiographer for surveys and clinics, the industrial survey in Winnipeg and vicinity had a good early start this year.

Between January 29 and April 8 a total of 5,951 employees lined up for chest X-rays. Industrial sites visited include Christie Brown & Co., Canada Building, Burns & Co., National Drugs, Manitoba Bridge and Engineering Works, East Kildonan Food Handlers, Canadian Westinghouse, Northern Electric and Peerless Garments.

The high school surveys, which started on February 15, covered 11 schools in the city of Winnipeg in less than two weeks. A total of 5,356 students received skin tests. Reaction figures showed 3.94 percent of the student population infected.

Northern Survey

A community survey in Northern Manitoba showed outstanding results. On March 12 a Sanatorium Board survey team moved into Lynn Lake, Flin Flon and The Pas districts, and by April 2 had tested more than 16,839 individuals.

The northern survey ended on April 13 and at the

end of the month the team will move on to Brandon and Dauphin.

With the busy schedule ahead of us we are looking forward to a real successful year. Last year the number of Southern Manitoba residents who received chest X-rays were: Travelling Clinics, 1,392; Indian Health Services, 7,416; 70 mm (community) surveys 46,611.

NEW CASES

(Continued from page 1)

Out of 14,983 Indians X-rayed only three had new active disease.

The total number tuberculin tested by surveys was 81,749. Of 61,371 tuberculin tested in 24 municipalities, the overall average of positive tests was 21.4%.

A breakdown of the positive reactors shows that up to the age of 10, only a fraction of one percent are positive; from 15 to 19 the percentage rises to 6.25; from 20 to 24, 14.6. At the age of 50, 50% can expect a positive reaction, and from 65 to 69, about 68%.

Increase Work

Although the 1959 reduction in new cases is gratifying, Dr. Ross says, too much reliance should not be placed on any one year. The interval between infection and manifest disease may be months or even years.

On the contrary, this reduction should be a stimulation to even more intensive effort. Any relaxation of the preventive program or complacency could cause an upsurge of active cases.

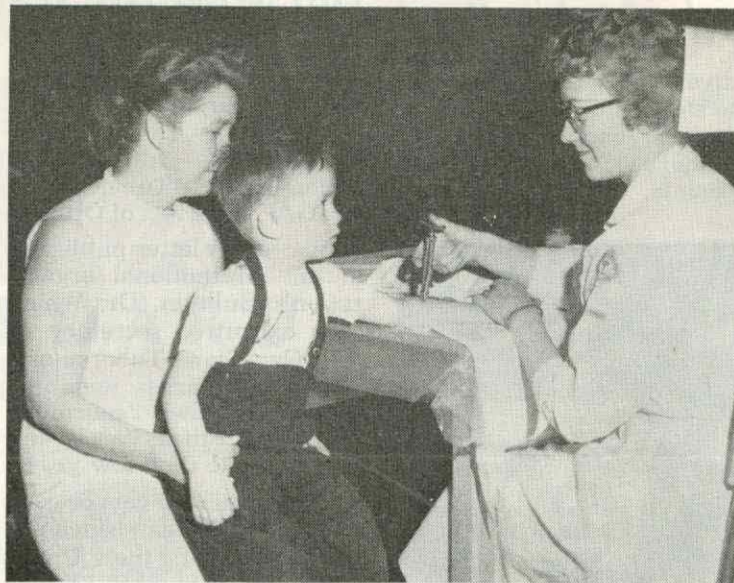
Other Highlights

Other highlights of Dr. Ross' annual report include:

- In spite of treatment advances 29% of the active cases of TB reported were relapses.

- Treatment days for tuberculosis continue to decrease, and are down 18.8% in 1959.

- The number of tuberculous patients on treatment in sanatoria on December 31, 1959, was 645, compared with 740 in 1958 and 940 in 1957.



"SHUCKS, MOM, IT'S NOTHING!" This probably was the opinion of the Flin Flon pre-schooler pictured here after he received the simple tuberculin skin test in a recent community survey. The boy was among 9,405 Flin Flon Residents who received the painless test. The reassuring Practical Nurse shown administering the tuberculin is Miss Shirley Shanks, a member of the Sanatorium Board testing team. (Photo by J. P. Prendiville.)

TB Still Takes Toll of Youth High School Survey Important

Most of us today are accustomed to thinking of tuberculosis as a disease that preys more and more on the older population. While it is true that our greatest reservoir of infection is in the "40 and over" age group, tuberculosis still manages to take an alarming toll of younger people—and even the seemingly robust of these can break down with disease once infected with the germs.

The tuberculin testing programs in our high schools are a most important part of the province-wide search for tuberculosis. Moreover, they are not solely intended to find TB in the schools, but they are also considered one of our most effective guides to the discovery of active disease among the adult contacts of "positive reactor" children.

Take, for example, the case of the 17-year-old all-round athlete and student of one of our Winnipeg high schools. One would hardly suspect that such a vigorous young man could ever be the victim of tuberculosis.

Yet, picked up as a positive reactor on a recent high school survey, the boy showed on follow-up X-ray examination to have moderately advanced pulmonary tuberculosis. A further check-up of his family showed that his mother also had moderately advanced TB.

There is tragedy in this case which clearly illustrates the importance of checking the possible sources of infection, and the need for parents of positive reactor children to take part in follow-up examinations.

This lad had been tuberculin tested a year ago but on X-ray examination showed no signs of tuberculosis. Had his mother been checked at that time the boy quite possibly could have been saved from breaking down with active disease.

Intensive case finding among school children and adult contacts is also started with the discovery of TB among students through family physicians.

Not long ago a 16-year-old boy paid a visit to his family doctor for an armed services examination. The doctor took a routine chest X-ray and discovered a lesion in the boy's lung.

The Sanatorium Board was notified of this new discovery and immediately a survey of the school and the boy's contacts was organized, and arrangements made for a close follow-up of all positive reactors for at least a year.

In this case, immediate follow-up examinations of the victim's family showed two more members to have positive reactions — one of these had active TB.

A further check-up of contacts outside the family revealed the source of infection.

Discovering the sources of infection is the biggest task confronting the anti-tuberculosis organizations today. Only with full participation on the part of parents and teachers as well as school children can the groundwork be laid for a tuberculosis-free community—for, if the infection of young people can be stopped, authorities say, tuberculosis can be eliminated relatively soon.

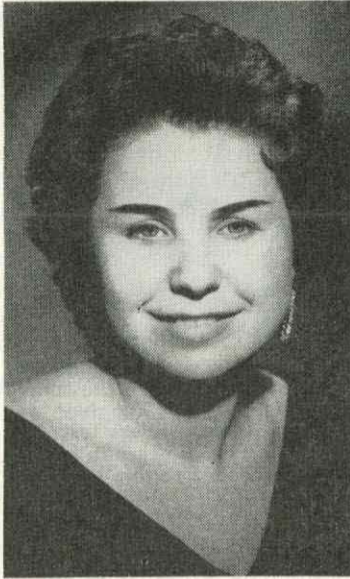
SBM Physician's Wife Wins Top Vocal Award At Festival

As the Manitoba Music Festival drew to a close last month a pretty, dark-eyed soprano stepped on to the stage of Winnipeg's crowded Civic Auditorium and delighted the audience with her singing of Handel's "O, Had I Jubal's Lyre" and "Suicido" from La Gioconda.

The soprano: Mrs. Nona Mari, talented wife of Sanatorium Board physician Dr. Paul Mari and mother of three boys: Paul 9, Richard 7, and Robert 2. Her performance, which was described by a critic as "one of the musical treats of the evening," won her the festival's coveted Rose Bowl award, and the admiration of all Sanatorium Board employees.

This could be a most, most important voice said festival adjudicator Roy Hickman.

Said a newspaper critic: "She has an assurance about her singing which puts one immediately at rest. (She) doubtless possesses one of the finest voices the festival has yet brought to light."



NONA MARI

Worked Hard

For Mrs. Mari the winning of the festival's top vocal award climaxed long years of hard training.

Born in Shanghai of Latvian-Russian descent, Mrs. Mari used to sing a bit in Shanghai, but did not begin to study in earnest until she came to Canada with her Russian-born husband in 1951.

When Dr. Mari, who joined the medical staff of the Sanatorium Board that same year, was transferred from Clearwater Lake Hospital to Manitoba Sanatorium, Mrs. Mari used to drive 200 miles each week for singing lessons under Nina Dempsey.

She also found time to give the children of staff members ballet lessons, and to help organize sanatorium concerts.

During the past year she has given three radio recitals and appeared with the CBC orchestra and Sir Ernest McMillan on Talent Festival. She is also soloist at the Unitarian Church every Sunday.

Talented Family

Talent in the Mari household is not just limited to Mrs. Mari. Husband Paul, who escaped from Russia to China with his family in 1931, took art lessons as a boy. While studying medicine in Hong Kong and Shanghai his painting was a dormant hobby, but once he came to Canada he also began to study in earnest. Since then his beautiful oil paintings have won him two awards of merit and a first prize for contemporary art from the Physicians Art Salon sponsored by Frank Horner.

He plays the piano, and has acquired a hi-fi set for his impressive record collection.

The older Mari boys also seem to be musically inclined and are presently taking piano lessons from their mother... and liking it.

All the Mari family are proud of their mother's recent success, and Mrs. Mari admits that without their enthusiastic support she would never have been able to compete in the festival.

To Sing Again

Sanatorium Board employees can hear Mrs. Mari sing again on Monday, April 25th when she appears on Jack Shapira's new network television series, "Sit Back with Jack."

North Of 53

"North of 53" Medical Society held their spring meeting April 2 in the conference room of Clearwater Lake Hospital.

Highlight of the event, which was attended by 18 doctors, were three medical papers presented by Winnipeg doctors: Dr. M. J. Lehmann, who spoke on "Injuries to the Chest"; Dr. Reid Taylor, who spoke on "Injuries to the Urinary Tract"; and Dr. Jack Bowman who presented a paper on pediatrics.

Also present at the meeting was Dr. J. D. Adamson, medical consultant to MHSP, Miss M. Lovell, superintendent of nurses at Clearwater Lake Hospital and Miss Margaret Quinn, day supervisor.

Following the business session members toured the general hospital section. Dinner in the hospital dining hall and a social evening at the home of the medical superintendent, Dr. S. L. Carrey, followed.

Battle Against TB Is In Our Favor But Must Not Relax Says President

A call to push on vigorously towards the world-wide control of tuberculosis is issued by the newly elected president of the International Union Against Tuberculosis, Dr. G. J. Wherrett of Ottawa.

In a recent letter published in the international organization's Bulletin, Dr. Wherrett, executive secretary of the Canadian Tuberculosis Association, urges members to accept the "enormous challenge" that faces the Union in the next few years.

"There has never been a time in the 40 years since the foundation of the Union when the effort was so likely to be rewarded by success," he says. "The scientific discoveries and advances in public health in recent years have turned the battle against tuberculosis."

At the same time, the noted Manitoba-born doctor warns members against any assumption that victory is already theirs.

According to the World Health Organization, there are still 1/2 to 1% of adult persons in the world suffering from infectious tuberculosis. "This is a threat that demands from us not only vigilance but continue attack," he says.

Work With WHO

To accomplish the aims of world-wide control, Dr. Wherrett urges the Union to co-operate closely with the World Health Organization.

"I have no doubt that there will be some who think that the creation of WHO relieves the Union of some of its work," he says. "But the opposite is the case. WHO is supported by 88 governments, which gives it authority and resources unique in the history of health.

"Programs will be undertaken on a scale which a few years ago would have been impossible. This means that, in addition to the scientific responsibilities the Union has assumed in the past, we must be prepared to rally and recruit public support for all that WHO does in the field of tuberculosis."

Information

The dissemination of accurate scientific information throughout the world and the expansion of the Union's fellowship program are also important ways of accomplishing the Union's tasks.

Referring to the fellowship program Dr. Wherrett points out that there is a "regrettable discrepancy between the number of fellowships available and the candidates who would benefit from them."

Conferences

The Union's biennial conferences are major educational projects.

"Since they serve as a shop window through which the general public may learn what is going on in the campaign against tuberculosis, it is important that we keep the program for our meetings under constant review," the doctor urges.

The three objectives are:

1. Effective presentation of scientific facts.

2. Provision of a forum where important work, particularly new ventures, can be discussed.

3. Opportunity for considering and assessing problems in tuberculosis control which arise out of social, economic or cultural conditions.

In closing his letter Dr. Wherrett compared the Union members to soldiers in an army who see the tide of battle against strong antagonists beginning to turn their way.

"They are gaining, but any relaxation of effort or smug assumption that the day is theirs, would open up opportunities for explosive attack.

"It is unthinkable that we should lose," he concluded. "I call on you as members of the Union to exert every effort that we may take full advantage of the tide which is running our way."

Times Change - - Thank Goodness!

An Ottawa beautician owns an 87 year old office memo which provides an amusing backward glance at the primitive labor-management relations of 1872.

"Office employees each day will fill lamps, clean chimneys and trim wicks. Wash windows once a week.

"Each clerk will bring in a bucket of water and a scuttle of coal for the day's business.

"Men employees will be given an evening off each week for courting purposes, or two evenings a week if they go to church regularly.

"After 13 hours of labour in the office, the employee should spend the remaining time reading good books.

"Every employee who smokes Spanish cigars, uses liquor in any form, or frequents pool and public halls or gets shaved in a barber shop, will give good reason to suspect his worth, intentions, integrity and honesty.

"The employee who has performed his labours faithfully and without fault for five years will be given an increase of five cents per day in pay, provided profits from business permit."

—Monday Mail

Bulletin Board

Dr. L. H. Truelove of Edinburgh, Scotland, will arrive in Winnipeg on April 23 to take up his new position as chief of staff of The Manitoba Rehabilitation Hospital. Dr. Truelove will be accompanied by his wife Rosamund and his three sons, Paul 11, Simon 9, and Patrick 4.

T. A. J. Cunnings, executive director of the Sanatorium Board, and Dr. E. L. Ross, medical director, were in Ottawa March 21 to 24 to attend a National Tuberculosis Conference. The purpose of the meeting was to review with the Dominion Bureau of Statistics and the Department of National Health and Welfare statistical procedures and policies with respect to tuberculosis.

Heartiest congratulations to Dr. and Mrs. S. L. Carey of Clearwater Lake Hospital who welcomed a fourth son to their family on March 22. Patrick Leonard, brother to Paul and to twins Michael and Murray, weighed in at 8 lbs. 7 1/2 oz.

Congratulations are also in order for two patients at Manitoba Sanatorium, Ninette. P. Kirkwa won first prize for his sculpture of a seal, and Mrs. Sarah Moar, second prize in the handicraft division for a beaded belt in a recent contest sponsored by the Indian and Metis Friendship Centre.

Miss W. Bromley, head teacher, and her pupils at Clearwater Lake Hospital are making a menu scrapbook for Indian and Eskimo patients who do not understand English. Their colorful creative effort will be completed by putting in the names of various foods in Eskimo and Cree as well as in English.

Miss Margaret M. Quinn of New York City, and formerly of Tasmania, Australia, was appointed day supervisor at Clearwater Lake Hospital last month. Miss Quinn was an exchange graduate nurse working at St. Luke's Hospital in New York.

Other recent additions to the nursing staff include: Miss Celine Babin and Miss Elisabeth Gilot, both of Port Alfred, Quebec, appointed general staff nurses at Clearwater Lake Hospital.