# NEWS BULLETIN

# The Sanatorium Board of Manitoba

VOL. 12, No. 3 | A VOLUNTARY NON-PROFIT CORPORATION | MAY, 1971


**DOCTOR SAYS:**

## Smoking Is Biggest Pollution Problem

While politicians put much stress on measures to control air pollution, they seem to overlook cigarette smoking as the greater hazard to health, a Winnipeg chest physician said.

In his annual report to the Sanatorium Board of Manitoba, Dr. R. M. Cherniack, medical director of the Board's Respiratory Disease Service, repeated his warning that the prevalence of bronchitis and emphysema is "surprisingly high" in Manitoba. The cause, he pointed out, cannot be attributed to industrial or public air pollution — simply because the problem is "virtually non-existent" in Manitoba.

The most important form of air pollution in this province is the kind people inflict on themselves when they inhale the harmful substances in tobacco smoke.

Lung function surveys — conducted in many Manitoba communities and industries as a joint project of the Sanatorium Board of Manitoba and the University of Manitoba — have disclosed a high incidence of chronic obstructive pulmonary disease in cigarette smokers, Dr. Cherniack said. Since 1968 the surveys have covered 55,000 people living in many different parts of the province, employed in many kinds of occupations, and ranging in age from 18 to 85.

Data have been analyzed in 34,617 of these individuals. Of these, approximately 10 percent have been notified of abnormal findings and advised to consult a physician.

The individuals studied included 15,134 non-smokers, 13,480 smokers and 4,003 ex-smokers.

Cough and phlegm rose with increasing age, and were present in five percent of the non-smokers and 20 percent of the smokers — the prevalence being higher at each age in smokers than in non-smokers of the same age.

Evidence of obstruction to airflow was present in seven percent of non-smokers, in 12 percent of ex-smokers and 13 percent of smokers — which suggests that damage to the airways remains even after the smoker quits.

*Lung function studies can detect respiratory problems at an early stage, before symptoms develop, and when progress of disease can be slowed up or prevented.*

"These findings indicate the importance of education regarding the role of cigarette smoking in respiratory disease," Dr. Cherniack said. "Despite the political stress on measures to control pollution, it does not seem to be recognized that tobacco smoke is the most important form of air pollution in Manitoba.

"It must be our role to educate the government and the public about the dangers of cigarette smoking — and particularly about the social and economic impact of chronic bronchitis."

Dr. Cherniack also pointed out that the Dominion-Provincial Public Health Research Grant, which has covered most of the cost of the lung function surveys, will not likely be available after 1971.

"From the point of view of the health of the community, it would indeed be a mistake to stop these studies," he advised. "If we are to make an impact on chronic respiratory disease, they must be not only continued but expanded considerably."

## Annual Reports Show Busy Year

Despite mounting pressure on treatment and teaching facilities and a cutback in federal assistance to preventive health programs, the Sanatorium Board of Manitoba was able to increase a number of services to the community in 1970.

Admissions for treatment in Sanatorium Board hospitals in Winnipeg and Ninette totalled 1,931 in 1970 — a six percent increase over the number admitted in 1969. Out-patient visits totalled 62,205 — a decrease from the 65,819 visits registered in 1969 but, perhaps interesting to note, a 25 percent increase over the figures of five years ago.

### Treatment

At the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, which runs at more than 90 percent occupancy for most of the year, the workload in the occupational therapy, physiotherapy and electroneuromyography department increased 11 percent, five percent and 18 percent respectively over the previous year. The Social Service Department handled a caseload of 3,373 patients in 1970, of which 1,360 were new patients. The Department of Communication Disorders provided 3,429 patient treatments — of which 766 were for various assessments (i.e. speech and language, hearing and hearing aid evaluation), and the remaining 2,663 were for speech therapy.

The programs of treatment at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre were modified during the year to include the establishment of a clinical psychology service, a new tuberculosis laboratory, and an allergy service, the further development of evening exercise classes for patients from the community with cardiac and respiratory disease, and (through arrangements with general hospitals) the early admission of spinal injury cases.

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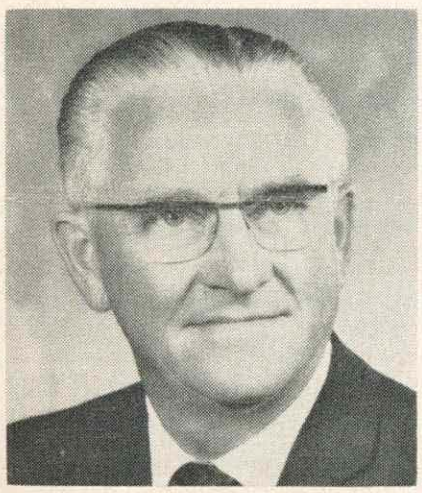
## SBM Board Members Named

Two new Winnipeg members were welcomed to the Sanatorium Board of Manitoba at the annual meeting of this voluntary organization at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on April 29.



HAROLD L. McKAY

They are G. W. Schwindt, general manager of Carling Manitoba Brewery Ltd., who will serve as an elected member, and Len Stevens, regional director of the United Steel Workers of America and president of the Manitoba Federation of Labour, who was appointed to the Board by the provincial Minister of Health and Social Development.

H. L. McKay of Winnipeg was re-elected for a second term as chairman of the Board, and S. Price Rattray, Winnipeg, was named vice-chairman. Other members of the executive are J. B. Craig of Brandon, Frank Boothroyd, R. S. Allison, W. M. Coghlin, J. F. Baldner and S. M. Davison, all of Winnipeg.

Other re-elected members of the Board are J. N. Cook, Brandon, (representing the Brandon Club of the Associated Canadian Travellers), E. Dow of Boissevain, F. O. Meighen Q.C., Brandon, and G. W. Fyfe (representing the Winnipeg Club of the Associated Canadian Travellers), Dr. T. W. Fyles, J. C. Gardiner, H. C. Maxwell, D. S. McGiverin, J. R. McInnes, E. B. Pitblado Q.C., and Dr. H. H. Saunderson, all of Winnipeg.

Other members appointed by the Minister of Health and Social Development are J. G. McFee, Dr. E. Snell and Dr. J. A. Macdonell.

Dr. Ross Mitchell, Dr. E. L. Ross, Dr. D. L. Scott, Dr. F. Hartley Smith, and J. W. Speirs of Winnipeg, and W. B. Chapman, The Pas, John Gardner, Dauphin, and S. A. Magnacca, Brandon, are all honorary life members of the Board.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## BULLETIN BRIEFS

# Winnipeg A.C.T. Donates $11,195

The Associated Canadian Travellers, Winnipeg Club, donated $11,195 to the rehabilitation services of the Sanatorium Board of Manitoba in 1970.

At a luncheon meeting of A.C.T. and Sanatorium Board representatives and their wives at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on May 1, club president Gordon Fyfe announced that the donation represents a further payment on a $100,000 pledge to purchase special treatment and diagnostic equipment for the Manitoba Rehabilitation Hospital.

In recent years, the Winnipeg A.C.T. has contributed around $83,000 to this project. In addition, several more thousands have been donated by the Ladies' Auxiliary to the Winnipeg A.C.T., through such fund-raising projects as the annual Spring Tea and Fair held at the M.R.H. - D.A.S.C. on April 30.

Some 60 people attended the A.C.T. luncheon meeting. A special guest was Dr. R. M. Cherniack, medical director of the Board's Tuberculosis and Respiratory Disease Service, who showed the D.A. Stewart Centre film on the management of patients with chronic lung disease.

# SBM Doctor To Join Health Expedition

Dr. E. S. Hershfield, associate medical director of our Tuberculosis and Respiratory Disease Service, plans to accompany a special medical expedition to the remote settlement of North Knife, Manitoba, sometime in July.

North Knife is situated about 120 miles southwest of Churchill, and for more than a year it has been the home of some 40 Indians, who struck out on their own from the Dene Village at Churchill.

With a portable x-ray machine as part of their equipment (Dr. Hershfield plans to operate it himself), a party of two physicians, a public health nurse, Indian Affairs agent and community worker will fly into the area to examine the health of the inhabitants.

Heading the expedition is Dr. J. A. Hildes, director of the Northern Medical Unit, a recently organized University of Manitoba operation that provides health services to the Churchill area and the Keewatin District of the Northwest Territories.

# Dr. D. A. Kernahan Elected President

Dr. D. A. Kernahan wil serve as the first president of the newly combined Medical Staff of the Manitoba Rehabilitation Hospital-D. A. Stewart Centre.

Elections were held at the first annual meeting of the combined group at the hospital on April 19.

Other members of the executive are: Dr. C. B. Schoemperlen, vice president; Dr. H. I. C. Dubo, secretary-treasurer; Dr. R. H. McFarlane, past president; Dr. E. S. Hershfield, chairman of the Credentials Committee; Dr. D. M. Riddell, chairman of the Admission and Discharge Committee; Dr. J. F. R. Bowie, chairman of the Medical Standards Committee; and Dr. Carl Zylak, chairman of the Medical Records Committee.

The Manitoba Rehabilitation Hospital and the D. A. Stewart Centre for the Study and Treatment of Respiratory Diseases were combined into a single unit during 1970, with respect to budgeting, administration and medical organization.

# Students Offered Work Experience

Largely through the good offices of our Social Service Department and senior cafeteria staff members Mrs. Phyllis McCabe and Mrs. Isabel Stewart, the Manitoba Rehabilitation Hospital - D. A. Stewart Centre has provided practical work experience during the past 11 months for 11 adolescent girls from the Marymound Residential Treatment Centre in West Kildonan.

The MRH - DASC is one of 16 Winnipeg establishments to assist the school's Work Experience Program. Under the mothering supervision of Mrs. McCabe and Mrs. Stewart, six girls gave good service in the hospital cafeteria and kitchen during the summer of 1970; and an additional five girls have been given similar work since the beginning of the year.

In the institution's annual report, Marymound is defined as a treatment centre designed to "serve those girls in the Manitoba community . . . who are 'acting out' their unhappiness in the most extreme and intense ways". The Work Experience Program, the report explained, was set up in early 1970 to help those girls who would benefit more from practical work than from strictly academic work.

While the school's directors admit that many of the "work experiences" were unrealistic as compared to a real job, most of the 28 girls who participated in the program between March 1970 and March 1971 applied themselves well to the program. Often it gave the girls the confidence they needed to face a real job, the school noted. Sometimes it made them realize that they had underestimated their abilities.

At the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, participation in this program turned out to be a learning experience for everyone involved.

At first the girls were withdrawn . . . sometimes a little difficult, said Mrs. McCabe. "But once we understood that they had problems, we made an extra effort to help and the girls did just fine.

"After all," she added, in her down to earth Irish fashion, "if you treat each other as a person, it helps . . . nine times out of 10."

# Screening Program Under Way

"How about that!" exclaimed Sanatorium Board Surveys Officer Jim Zayshley. "The mayor of Morris and his whole town council will themselves knock on doors to tell people about our lung function survey.

"And at Carman, more than 50 canvassers turned up at the organizationa meeting and cleaned me out of supplies!"

The enthusiastic response from volunteer workers in Morris and Dufferin municipalities this month augurs well (we hope) for the success of this year's campaign against chronic lung disease — in which adult residents of 14 municipalities will be assessed and questioned with respect to breathing ability. The surveys — provided jointly by the Sanatorium Board and the University of Manitoba — form the major part of this year's community preventive health program. Chest x-ray surveys, Mr. Zayshley pointed out, will be held mainly in the tuberculosis trouble spots and on Manitoba's Indian reserves.

Dufferin and Morris are the first two municipalities to be visited by the pulmonary function testing team this year. In Dufferin, where the survey opened at Carman on May 18, Miss Margaret Burnett, town councillor, was an outstanding survey chairman. She was assisted by Mrs. Bert Heaman and Mrs. Allan Paterson as co-chairmen, and some three score canvassers (or receptionists), who represented women's service groups and other community organizations.

Mayor D. E. Burke of Morris assumed the post of survey chairman for his municipality. He and his councillors organized and participated in the house-to-house canvass prior to the survey opening on May 25. Also assisting with the volunteer work were members of numerous church and service groups, who served as canvassers or receptionists at the survey sites — or, as the case was at Sperling, arranged a special supper for the technicians on the evening of May 25, "because they put in a long day".

Our thanks are expressed to Miss Burnett, Mayor Burke and all of their splendid assistants. May the rest o this year's operations be as well re ceived! (See schedule below.)

## SURVEY SCHEDULE – 1971

| | | | |
|---|---|---|---|
| MAY | 7 — 12 | Manitoba Penitentiary | X-ray & Pulmonary Function Survey |
| | 18 — 21 | R. M. Dufferin and incorporated town | Pulmonary Function Survey |
| | 25 — 28 | R. M. Morris and incorporated town | Pulmonary Function Survey |
| JUNE | 5 — 9 | Eaton's, Winnipeg | Pulmonary Function Survey |
| | 17 — 18 | Shell Oil Refinery, St. Boniface | Pulmonary Function Survey |
| | 23 — 30 | Manisphere, Winnipeg | Chest X-rays (Mobile Unit) |
| JULY | 5 — 9 | Brandon Exhibition | Chest X-rays (Mobile Unit) |
| | 12 — 23 | R. M. Hanover | Pulmonary Function Survey |
| | 26 — 27 | R.M. La Broquerie | Pulmonary Function Survey |
| | 28 — 29 | R.M. Ste. Anne | Pulmonary Function Survey |
| AUGUST | 3 — 5 | R.M. Miniota | Pulmonary Function Survey |
| | 6 — 11 | H.M. Hamiota | Pulmonary Function Survey |
| | 12 — 13 | R.M. Blanchard | Pulmonary Function Survey |
| | 16 — 18 | R.M. South Cypress | Pulmonary Function Survey |
| | 19 — 20 | R.M. Argyle | Pulmonary Function Survey |
| | 23 — 24 | R.M. Strathcona | Pulmonary Function Survey |
| SEPTEMBER | 10 — 22 | R.M. Portage la Prairie and city | Chest X-ray and Pulmonary Function Survey |
| | 27 — 29 | Lynn Lake industries | Silicosis Survey |
| | 30 — Oct. 1 | Lynn Lake community | Chest X-ray and Pulmonary Function Survey |
| OCTOBER | 18 — 29 | R.M. Thompson | Chest X-ray and Pulmonary Function Survey |
| | | Indian Day and Residential Schools (South Manitoba) | Chest X-ray Survey |
| | | Brandon University | Tuberculin & X-ray Surveys |
| | | University of Manitoba and affiliated colleges | |
| | | University of Winnipeg | |
| NOVEMBER | 1 — 10 | Thompson industries | Silicosis Survey |
| | 15 — | Frontier Collegiate, Cranberry Portage | Chest X-ray Survey |
| | 16 — | Guy Hill Residential School, The Pas | Chest X-ray Survey |
| | 17 — | Keewatin Community College, The Pas | Chest X-ray Survey |

# May Expand Pembina House Rehabilitation Service

Subject to a special study, the Sanatorium Board of Manitoba expects that its special rehabilitation service at Pembina House, Ninette, will be expanded during the next year to provide daily accommodation for 100 clients instead of the present 57.

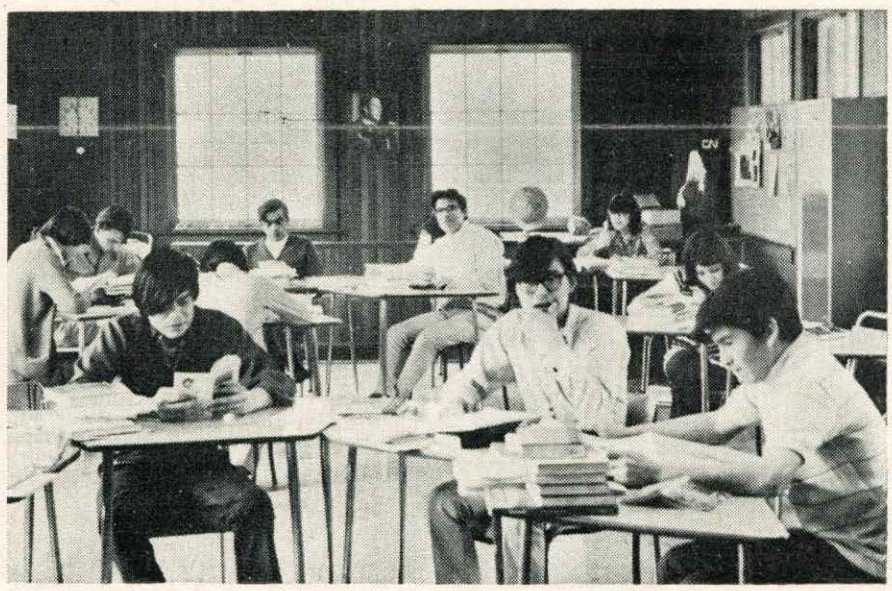
Pembina House, Sanatorium Board members were told at the annual meeting on April 29, has continued to meet with a large measure of success in assisting disadvantaged citizens to prepare for vocational training and work. It began in the mid-1950's as a special rehabilitation service for tuberculosis patients of Indian ancestry, but has since grown into a social and pre-vocational program for people of all races, referred through the rehabilitation services division of the provincial Department of Health and Social Development.

Last year 131 men and 64 women were admitted to program, which primarily involves a two-week assessment period and three or more months of social, vocational and personal counselling, self-evaluation and instruction in basic subjects, T. A. J. Cunnings, executive director of the Sanatorium Board, said.

Eighty-five percent of this group were between 16 and 20 years of age, 85 percent had no, or less than a year's, work experience, one half had been involved with the police, and nearly all had achieved no higher than a Grade 8 education.

Yet, in spite of these obstacles, the failure rate within the program was only about 16 percent in 1970, Mr. Cunnings said. Most of the students were placed in jobs or job training, or they continued in the program or, as in the case of 24 students, were referred to other agencies for specialized treatment.

There is a great need for this type of service for disadvantaged Manitobans, he concluded. And in view of the success at Pembina House to date, the Board has recommended its expansion.



*Classroom instruction at Pembina House includes not only English, mathematics and science, but also such special subjects as budgeting and applying for a job.*

# CTRDA Research Grants Announced

The Canadian Tuberculosis and Respiratory Disease Association has awarded a total of $114,600 in research and scholarship grants for 1971-72.

The program provides five scholarships for graduate students who are ready to undertake teaching and investigative studies in the respiratory disease field. It is also supporting 11 research projects related to such problems as the mechanics of breathing, asthma, tuberculin reactions, and the effects of certain anti-tuberculosis drugs.

Two grants have been renewed in Manitoba. A scholarship, amounting to $9,000, has again been awarded to Dr. H. K. Dhingra of the University of Manitoba, and Dr. Bryan Kirk, assistant professor in the U. of M. Department of Medicine, will receive a further grant of $5,000 for his investigations into "Gas Exchange in Septic Shock" — a project that hopefully will reveal the mechanism of the development of severe lung insufficiency in patients who are in a state of septic shock.

The CTRDA Research and Scholarship Program is supported by provincial tuberculosis and respiratory disease associations, through a percentage of contributions to their Christmas Seal funds.

One of the new scholarships this year (awarded to Dr. D. W. Chamberlain of the University of Toronto) was established in memory of the late Hazel A. Hart who for 30 years served as director of the national Christmas Seal Campaign.

# Hearing Loss Affects One Million

More than one million Canadians are affected by hearing loss.

Many thousands of Canadians have speech defects — a good number of them connected with disturbances in hearing.

Approximately 1,000 more Canadians will develop hearing problems this year through disease, accidents or normal aging.

These facts are being publicized this month by the Canadian Hearing Society and the Canadian Speech and Hearing Association (and its provincial affiliates) to focus attention on the need for greater understanding of hearing and speech defects.

Speaking at the opening of Speech and Hearing Month on May 1, Errol Davis, consulting audiologist to CHS, said that it is impossible to determine the exact number of Canadians suffering from speech and hearing problems, simply because many are not fully aware of their difficulties or of diagnostic and rehabilitative services available to them. "They have not sought professional help for themselves or their children because of a lack of knowledge of the signs of defective hearing or speech . . . or because they think nothing can be done for them."

Both the Society and the Speech and Hearing Association put particular stress on the early diagnosis and treatment of children with hearing problems.

"Johnny doesn't listen to you; often ignores your requests. Do you assume he is apathetic or belligerent?

"Perhaps he can't hear you properly," they suggest.

"Sally is slow in learning to speak. It's normal for a child to mispronounce some words and occasionally hesitate. But if Sally has poor speech and language development, don't say she'll grow out of it.

"She may have a speech problem caused by a hearing difficulty."

It is a disturbing fact, these professional organizations note, that approximately five percent of all grade school-age children have mild to severe hearing disabilities . . . and a good many of them are not receiving proper attention.

With respect to all age groups, the Manitoba Speech and Hearing Association estimates that there are 50,000 people in our province who have hearing impairments of varying degrees of severity. For approximately one-half of them the problem is serious enough to warrant the attention of an ear specialist, members say. A smaller percentage could benefit from the assessment and rehabilitative services of the clinical audiologist.

There is greater hope than ever before for those with hearing or speech impairments, the association claims. Proper fitting and training in the use of hearing aids would mean a richer life for thousands who — because of poor fitting or lack of knowledge — shun these devices.

Even for those who cannot benefit from a hearing aid, instruction in speech (lip) reading could enable them to communicate adequately with others.

Speech clinicians offer help for a

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# ANNUAL REPORTS

(Continued from Page 1)

Research into basic problems related to the treatment or prevention of disabling injury or disease involved all of the hospital's major treatment departments. Investigations included a shoulder survey comparing two types of exercise techniques for certain shoulder lesions, clinical assessments of the drug L-dopa on patients with Parkinson's disease, sensory perception abnormality in patients with diabetes mellitus, and a psycho-social study of early polyarthritis patients.

### Prevention

With respect to preventive health services, silicosis surveys were added to the Sanatorium Board's operations in September, 1970, through arrangements with the provincial Department of Health and the Workmen's Compensation Board. Since then about 5,500 examinations (comprising lung function tests and full-size chest x-rays) have been carried out among mining and foundry workers in Manitoba.

But in programs to detect tuberculosis and other chest disease in the community, examinations on survey dropped from 76,747 in 1969 to 62,279 in 1970. This service was reduced partly because of the low yield of tuberculosis cases in *general surveys*, and also because of a further 35 percent reduction of Tuberculosis Control Grants from the federal government.

This reduction of government assistance has made it increasingly difficult to step up control programs in areas where tuberculosis is a problem. The major part of the Board's preventive activities is now financed by voluntary contributions to the Christmas Seal Campaign, and in 1972 — unless assistance is provided from the provincial government — the entire operation in this area will be borne by this fund, when federal grants are phased out.

# NEW BOOKS IN LIBRARY

CARDIAC AND RESPIRATORY RESUSCITATION — Gruno Haid and Georg Hossli.

COMPREHENSIVE TEXTBOOK OF PSYCHIATRY — Ed. by A. M. Freedman, M.D., and H.I. Kaplan, M.D.

CONCEPTS OF SLEEP — Published by Hoffman — La Roche, Ltd.

EQUIPMENT FOR THE DISABLED (VOL. 1 - 4) — Published by National Fund for Research into Poliomyelitis and Other Crippling Diseases.

FUNDAMENTALS OF ORTHOPAEDICS J. J. Gartland, M.D.

THE HOSPITAL ADMINISTRATOR — Charles U. Letourneau.

LARODOPA ROCHE: — A Significant Advance in the Management of Parkinson's Syndrome — Published by Hoffman — LaRoche Ltd.

ORTHOPAEDIC NURSING — C. B. Larson and Marjorie Gould.

PRACTICAL MANAGEMENT OF SPINAL INJURIES — Reginald Elson.

SPINAL CORD INJURIES — Edited by Daniel Ruge, M.D.

## HOSPITAL DAY

# Hospital Care Costs Go Up... and Up

In observance of Canada Hospital Day on May 12, the Canadian Hospital Association released rather startling facts and figures on the price we pay for good hospital care.

According to the association, the total bill for all of Canada's 1,381 hospitals amounted to nearly two and a half billion dollars in 1969 — compared to $983 million in 1964.

A half million more patients were hospitalized last year as compared with 10 years ago. (More than three million were cared for by hospitals.)

Hospital construction costs have risen nearly 400 percent during the same period. Ten years ago it cost $10 - $12,000 to put one bed into treatment service. Today the figure has jumped to $30 - $35,000. (As a contrast, in 1930 construction costs were $1,800 per bed.)

Compared to 1900, the daily cost per patient has risen 500 percent. The average cost per patient day in 1900 was $1.00; in 1945 it rose to $5.82, and now the figure has reached $40 and $50. (And this covers day to day operating expenses — not building and equipment costs.)

Two-thirds of a hospital's total costs are in payroll — while business and industry devote only one-third of their budget to salaries. (Hospitals, the association explains, are a labor intensive industry, employing nearly five percent of our national working force, and these costs amount to 70 cents out of every dollar spent at the daily rate. This is in contrast, for example, to the petroleum industry which spends less than 10 cents out of every dollar on labour.)

There are more than two employees to care for each patient. (Hospitals, it must be remembered, are a round-the-clock industry, on the job 24 hours a day, every day of the year.) One in three employees is highly skilled and trained (while in the auto industry the average is one in six).

Since the advent of federal-provincial hospital insurance over a decade ago, there has been a steady acceleration in the community hospital's role, from primarily nursing care to a community health centre, with increasing outpatient and other health services, the CHA points out.

In addition to patient care, hospitals are also deeply engaged in research, preventive medicine and education — all essential for the high quality services that Canadians demand.

Cutting back on services would result in an immediate cut in costs, but this would be unacceptable for both the community and the hospital.

What is needed, says the association, is a total effort to develop new ways of delivering and financing health care, and an increased understanding by the community of the factors contributing to increases in health care costs.

# TB — A MAJOR WORLD HEALTH PROBLEM

Despite the fact that tuberculosis has become a cheap disease to treat in the underdeveloped countries*, deaths and illness rates remain very high.

For example, studies conducted by the World Health Organization of the populations of various African countries indicate that one adult in 200 has pulmonary tuberculosis and is expectorating tubercle bacilli.

A 1965 survey of some 28 million people in Korea revealed 189,000 infectious cases, and it is estimated that 60 percent of the children of Ceylon harbor the TB germ.

Around the world, according to WHO, an estimated 10 to 20 million people suffer from active tuberculosis, and these in turn will infect some 50 to 100 million other people during the next year. The risk of this infection developing into active disease at some point in the person's life is in the order of five to 10 percent.

In Manitoba and other Canadian provinces, a portion of Christmas Seal funds is used for the world-wide attack on tuberculosis — and through the Canadian Tuberculosis and Respiratory Disease Association, Canadians experienced in tuberculosis control methods have visited underdeveloped nations to help set up case-finding and treatment programs.

Though our national contribution to the Mutual Assistance Program of the International Union Against Tuberculosis amounts to only $41,000 annually, Canada leads all other countries in assisting tuberculosis programs in the "have not" areas of the world.

*The cost of ridding an underdeveloped country of tuberculosis has been estimated at 10 cents per person per year for the first five years, and 5 cents per person per year for the following five years. This calculation includes the cost of purchasing the necessary medicine and equipment and paying the essential staff.

## TB IN CANADA

According to a preliminary report from the Dominion Bureau of Statistics, a total of 4,517 active cases of tuberculosis were reported in Canada last year.

Of these cases, 3,917 were new active cases, and 600 were cases of reactivated tuberculosis.

All of the provinces reported a decrease in the tuberculosis incidence from 1969 — except Manitoba and Prince Edward Island.


# Bowling League Awards Trophies

After a gruelling roll-off schedule, the Manitoba Sanatorium Bowling League honored the winners and consoled the losers at a wind-up party on May 10.

Bowling Committee Chairman Alok Hallem reports that 17 teams have participated in the competitions, which began at the end of October. Many of the bowlers were staff members of the Manitoba Sanatorium; others came from the towns of Ninette, Wawanesa, Belmont and Baldur.

Eight teams entered the roll-offs, with the finalists rolling 10 games in three to four nights. Six of the eight teams wound up with a tied score after league play, and in order to determine the play-off positions, the ties were broken by adding up each team's total pinfall during league play.

Sanatorium Board Trophy winners this year were Murray and Gladys Maxwell of Manitoba Sanatorium, and John and Irene Burgess of Wawanesa. The consolation winners (who received silver spoons with a bowling motif) were Ken and Yvonne Williamson of Belmont, and Stan and Pat Valenta of Ninette.

Other trophy and award winners were: Marion Hine, Manitoba Sanatorium, Ladies' High Average (203); Ray Fiddler, Belmont, Men's High Average (205); Florence Hardy, Belmont, Ladies' High Single (283); Murray Maxwell, Men's High Single (343); Gladys Maxwell, Ladies' High Double (423); Morley Myers, Belmont, Men's High Double (515).

Hospital Manager N. "Stick" Kilburg presented the trophies and other prizes. Regarding Mr. Kilburg's own bowling record, Mr. Hallem reports that, after winning his first trophy ever last year, Stick ended this past season as a runner-up in both high single and high double.

Mr. Hallem adds that Miss Hine also had a good year. She actually captured all three categories in the ladies' individual awards (and, in fact, tied the Men's High Double at 515); but because of a league ruling, she was permitted only one award.

## HEARING LOSS

Continued from Page 3

wide variety of speech disorders. Mary who stutters, Alan who has had his larynx removed, Sam who suffers aphasia as a result of a stroke — all can benefit from individual attention and group therapy.

"Early diagnosis and rehabilitation is the real name of the game during Speech and Hearing Month," professionals advise. Help is as close as your family physician, your ear specialist and such organizations as child guidance clinics, the Society for Crippled Children and Adults, hospital speech and hearing departments . . . and, of course, the Department of Communication Disorders at the Manitoba Rehabilitation Hospital.

# BULLETIN BOARD

**Hearty congratulations to S. Price Rattray, vice chairman of the Sanatorium Board of Manitoba, who is one of four prominent Manitobans to receive an honorary doctor of laws degree at the convocation of the University of Winnipeg on May 30. Mr. Rattray has been a member of our Board for about 14 years and, among many other things, he has served as a member of the Board of Regents of both United College and the University of Winnipeg, and as chairman of the former United College Building Committee. He has been in the real estate and building business in Winnipeg for over 45 years; now serves as chairman of Metropolitan Winnipeg's Board of Revision.**

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**Congratulations and warm wishes are also extended to Miss Jean Colburn, chief occupational therapist at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, who was awarded a Bachelor of Occupational Therapy degree at the 93rd Convocation of the University of Manitoba this month.**

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**T. A. J. Cunnings, executive director of the Sanatorium Board, paid a visit to San Diego, Oakland and San Francisco during the week of May 3 to serve as a consultant to a planning and development group involved in the organization of a new, comprehensive rehabilitation hospital in the San Diego area.**

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**Sixteen registered nurses (two from Ontario) completed the 16th Postgraduate Course in Rehabilitation Nursing offered at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, April 19 to May 7. Participants in the intensive, three-week course — designed to teach nurses the philosophy and skills involved in the functional restoration of the physically disabled — were: Mrs. Myrtle Tenhaaf, inservice coordinator, Royal Ottawa Hospital; Mrs. K. McKercher, St. Joseph's General Hospital, Thunder Bay; Mrs. Geraldine Melnyk, Holy Family Nursing Home, Winnipeg; Mrs. Shirley Ramsay, Care Services, Winnipeg; Mrs. Gertrude Chernoff, head nurse, Extended Care Unit, Swan River Valley Hospital; Miss Nancy Wilkinson and Miss Katharina Froese, Concordia Hospital, Winnipeg; Miss Caroline Wroblewski, St. Boniface Hospital; Miss Erika Simons, Manitoba Sanatorium, Ninette; Mrs. Eileen Chaudhary, Miss Norma Bidinost, Mrs. Janet Hutchinson, Mrs. Kanella Nathanail, Miss Janice Janzen, Mrs. Dorothy Green and Mrs. Patricia Eadie, of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.**