



# News Bulletin

SANATORIUM

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**TB — AND SCHOOL CHILDREN** — In 1965 32 percent of the new active cases of tuberculosis in Manitoba was discovered in children and young people 19 years of age and under, and 23 percent were among children under 10 years of age. For children confined in hospital for comparatively lengthy periods the Sanatorium Board does its best to make sure that they miss as little schooling as possible, and as soon as they are medically able they return to their studies. Patients who have already left school or who have no particular job skills are encouraged to spend their time in hospital preparing for some trade. (See story on Page 2).

## Final Christmas Seal Returns

When the final returns of the 1965-66 Christmas Seal Campaign were counted early this month, Sanatorium Board members were pleased.

A total of \$181,482.59 was contributed to this year's Christmas Seal fund — the second largest amount ever received by the Sanatorium Board and a handsome seven percent increase over the 1964-65 returns.

All the money will be used to support the Sanatorium Board's tuberculosis preventive services for 1966. These services include free tuberculin and x-ray surveys, consultant clinics at Brandon and The Pas, the operation of statistical and follow-up services, research and health education.

(Research in tuberculosis and respiratory pathology is supported in the main by the Board's contribution to a national program, shared with the other provinces. It is carried out under the supervision of the Research Committee of the Canadian Tuberculosis Association, and some of the research is being done in Manitoba.)

The Sanatorium Board is grateful to the thousands of people in Manitoba who, mainly through two and three dollar donations, are enabling us to carry on this vital year-round, province-wide program of tuberculosis prevention.

We are grateful, too, to the Manitoba television and radio stations and to the newspapers which did much to publicize the campaign. The television and radio stations in particular gave us excellent exposure and the total dollar value of air time donated to our films and spot announcements ran, quite frankly, into thousands of dollars. This is truly an outstanding example of public service.

And finally, we would be remiss if we did not pay special tribute to Miss Mary Gray, our Supervisor of Christmas Seals, to her assistant Esther Lee, and to the several hundred volunteers who throughout the summer and fall prepared the Christmas Seal letters for mailing.

There was many a time when Mary and her assistants worked long into the night to help ensure the success of the campaign. We doff our hats to them all!

## March 4 Storm Good Test Of Hospital Emergency Plan

Winnipeggers are used to all kinds of winter weather; even when it's "49 below" it's a point of pride that business carries on as usual. The big storm of Friday, March 4, however, was a real test of courage and endurance. In what was described as the worst blizzard of the century, Nature

inflicted her wickedest. Winds up to 65 miles per hour lashed the city for nearly 24 hours, kicking up tremendous snow drifts which eventually blocked streets and brought a halt to all normal means of transportation.

Despite the frightful havoc, many people did set out for work. Some never got beyond their doors, which were blocked by the rapidly mounting snow; others bogged down in their own drive ways or a few blocks away from home.

But a large number — travelling on foot, by car or on the few operating buses — did eventually make it to work. And there many of them remained as the storm heightened and buses ceased to run.

The Sanatorium Board is very proud of the substantial number of employees who managed to turn up for work that Friday morning. T. A. J. Cunnings, executive director, was able to report that all the major departments at both the Manitoba Rehabilitation Hospital and the Central Tuberculosis Clinic were in operation.

At that time we had nearly 100 percent occupancy with respect to in-patients, he said. There were, of course, no out-patients arriving for treatment, which lightened the load considerably.

Mr. Cunnings, who himself became bogged down in the storm, maintained close contact with the hospital staff by telephone. Emergency arrangements were made to

have some 80 members of the staff spend Friday night at the hospital and under the supervision of Mrs. Doris Setter, nursing instructor, Miss Vera Peacock, M.R.H. day supervisor, and Mrs. P. Torgerson, CTC day supervisor, accommodation was found for them. The plinths and mats in the physiotherapy department and at the School of Medical Rehabilitation on the hospital's third floor were used as beds for most of the staff. A few others settled down on the doctor's examining tables and one of our C.T.C. staff even managed to cope on the x-ray table.

The nursing, maintenance and kitchen and cafeteria staff members deserve special praise. There were some 40 members of the nursing staff on duty at the C.T.C. and rehabilitation hospital; they slept and worked in shifts and managed to carry on until relief came Saturday afternoon. Some worked a straight 16-hour shift.

The kitchen staff served meals as usual, and the cafeteria girls stayed up late Friday night serving coffee and sandwiches. In all, there were 10 people in the two departments

The hospital experienced no shortage of food, Mr. Cunnings reported. The kitchen staff bakes all the hospital's bread and there were reserves of powdered milk for the cooking.

Our emergency arrangements went into action smoothly, and we ex-

(Continued on page 4)



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# Schooling Is a Must for Young TB Patients

Recently we paid a visit to the small sunny classroom on the Central Tuberculosis Clinic fourth floor, where we found the personable teacher-counsellor, James R. Peters, giving instruction to three tykes dressed in pyjamas and dressing gowns.

"How are you doing?" we asked Grade Three student Paulette Marriott of Winnipeg.

"Oh, all right," she replied, and then brightly added, "My teacher at Ralph Brown School says I am ahead of my class in all subjects — except maybe spelling."

Grade four students Lorraine Hermery (who until she became ill with tuberculosis attended the Norquay School in Winnipeg) and Robert Lavallee of St. Laurent were also eager to mention that they were keeping up their studies well. The children spend about three hours each day in the little classroom and then are given an additional three hours of work after they return to their beds. By the time they are ready for discharge they will be able to rejoin their former classmates.

Mr. Peters, a former captain in the Canadian army, feels that pa-

tients who are well enough should spend as much time as they can upgrading their education or preparing for better jobs. At present he has close to a score of patients tackling school books at the C.T.C. Eight children are registered in grades ranging from three to 10; two 15-year-old Eskimo boys are taking special pre-vocational courses in Grades 5 and 6; one 28-year-old married man, who was formerly a body repairman, is taking a correspondence course in welding; and another, who worked as a kind of odd-job man before he became ill, is now busily writing his final examinations in the grade four level of plant engineering.

In recent years a very large percentage of the patients admitted to the Sanatorium Board's tuberculosis hospitals are Indians and Eskimos who have had little or no formal education. For the younger people, in particular, says Mr. Peters, our efforts are primarily directed toward teaching them the Three R's and some basic science.

The provincial Basic Training Course for Skill Development has tremendously benefited persons who have little education and no



Harold Trush, 15, of Dugald, is one of four patients taking Grade 10 at the Central Tuberculosis Clinic. As an option, he is learning to type.

job skills. For example, by taking this streamlined prevocational course, three young men at the CTC will qualify within the year for the industrial courses offered at the Manitoba Institute of Technology. One of these men will be ready for the course in about four months time.

Mr. Peters is proud of the ex-patients who have done well . . . those, for example, who have gone on to the M.I.T. to study such things as upholstery, plumbing, hairdressing and clerical work.

The instruction and counselling given to patients at both the C.T.C. and Manitoba Sanatorium are tuberculosis rehabilitation services financed in part by the annual sale of Christmas Seals. The Sanatorium Board of Manitoba in 1942 was the first tuberculosis institution in Canada to establish a successful rehabilitation program for patients; today this service is considered a vital part of tuberculosis treatment in every major sanatorium in the country, and over the years thousands have been helped back to suitable jobs and healthy, happy lives in the community.

## Must Examine Control Methods Says Secretary

Today in Canada we have reached the point where we can think in terms of the elimination of tuberculosis as a public health problem. However, this does not mean that we are very near elimination; the levelling off of tuberculosis mortality and morbidity, the sudden occurrence of epidemics among vulnerable populations and the problem of drug resistant patients remind us that there is still an uphill battle ahead.

During a brief visit to Winnipeg last month, Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, said that as more tuberculosis is treated outside the hospital, government agencies, such as the Dominion Council of Health, should work actively with voluntary associations in find-complete follow-up of TB patients.

We dare not slacken our preventive programs, Dr. Jeanes said. As the percentage of negative tuberculin reactors builds up, we have a dangerous situation where one undetected infectious case can create havoc among people whose natural defenses have had no experience with tuberculosis. Consider, for example, the Saskatchewan housewife who infected her five children, her husband and 18 other relatives and friends before her disease was detected; or the outbreak of tuberculosis in an Ontario school where one person infected 20 pupils and two teachers. Thirteen children had to be hospitalized.

There have been 20 startling epidemics of tuberculosis in Canada in the last four years, Dr. Jeanes said. In 1962, for example, new active cases totalled 3,845, of which 248 or six percent were due to epidemics. In most of the cases, break-

downs occurred in persons 20 years of age and under, and in 42 percent of the cases, in children nine years and younger.

### Wider Use of BCG

An effective way of providing protection to vulnerable populations is the wider use of the anti-tuberculosis vaccine. TB authorities in some provinces are taking a new look at the BCG vaccine, with a view to administering it to young teenagers in areas where the incidence of tuberculosis is higher than average.

New York City, for example, has adopted BCG since 1964 as a means of checking a 14 percent increase in tuberculosis morbidity in young adults.

The Sanatorium Board of Manitoba has also extended its BCG program to include all high school students in the Dauphin Health Unit area. This year a further extension is proposed with the vaccination of school children in the predominantly Metis communities of Duck Bay and Camperville.

### Surveys Review

Tuberculin and x-ray surveys must be kept up, particularly among high risk groups and among children and people who come in constant contact with children.

To decide just exactly what groups we should concentrate on, the Canadian Tuberculosis Association last month set up a Mass Survey Review Committee. Dr. George Elliott, provincial health officer for British Columbia was named chairman. T. A. J. Cunnings, executive director of the Sanatorium Board, is one of the eight members.

### International Study

On the international level a great many studies have been made of the tremendous tuberculosis problems in the underdeveloped countries, but so far there has been no special effort to assess and co-ordinate tuberculosis programs in developed nations.

To this end the International Union Against Tuberculosis and the World Health Organization have established a Tuberculosis Surveillance Research Study to review the progress made and make recommendations for the future.

"There is a great diversity in the type and intensity of control measures," said Dr. Jeanes. "The concept of tuberculosis eradication is being used without sharp distinction between its political, epidemiological and biological connotations — and such technical confusion not only leads to a waste of public funds and personnel, but also prevents the most rapid means of eliminating tuberculosis.

Four countries are represented in the co-operative study: The Neth-

(Continued on page 3)

## Former Patient Excels In State Medical Exams

The Sanatorium Board was happy to learn last month that Dr. Maie Kaarsoo Herrick, a former tuberculosis patient at the Central Tuberculosis Clinic and Manitoba Sanatorium, placed second highest in the state medical examinations in Ohio.

Dr. Herrick, who is presently doing post-graduate work in the Cleveland area, was admitted to sanatorium a year after she arrived here from Estonia. With the help of the Sanatorium Board's Rehabilitation Services (under Miss Margaret Busch), Maie continued her studies at the Grade 9 and 10 levels in sanatorium.

Three years after her discharge, she was again admitted to sanatorium. By this time she had completed her first year in arts at the University of Manitoba and while on treatment she completed three second-year course. When she returned to university she won a scholarship in science and was admitted to the School of Medicine.

## TOBACCO:

## Not Much Better Than Rat Poison

James I of England was dead set against smoking.

In 1604, in a little book entitled *Counterblaste to Tobacco*, he declared that smoking was barbaric and unhealthy, that smokers were a threat to society and that those who spent money on tobacco were supporting the Spanish enemy. Tobacco smoking, he summed up, is "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fumes thereof nearest resembling the horrible stygian smoke of the pit that is bottomless."

Now centuries later we seem to have come full circle in condemning smoking as a bad, unhealthy habit — although doctors and health educators are somewhat less colorful in their warnings. Smoking, we are told, leaves a bad taste in the mouth, smells up our clothes, makes our breath foul, gives us a sluggish feeling, and discolors fingers and teeth.

Even more important, *smoking does damage one's health*. Medical scientists claim that it is a cause of at least two killer diseases: Chronic bronchitis and cancer of the lung and larynx.

Cigarette smoking is also linked with coronary heart disease, with emphysema and other respiratory diseases, and with cancer of the esophagus (and of the bladder in men).

Nevertheless, just as seventeenth century Britons lightheartedly ignored doomsday warnings that tobacco is "not much better than rat poison", so millions of people today continue to light up and pleasurably puff away. In 1962, it was estimated that Canadians smoked some 40 billion cigarettes — giving the government a tax revenue (from cigarettes and tobacco) of well over \$383 million. Cigarette smoking, it seems, is a mainstay of our economy. We are hooked.

How then can one encourage people to give up smoking? Apparently it is not enough just to tell them that cigarette smokers have a higher total death rate than non-smokers; that smoking interferes with the normal body cleansing system, allowing harmful substances to remain in the respiratory tract. . . .

So tuberculosis associations are trying a different tactic: Satire.

Recall, for example, the fateful day in 1492 when Christopher Columbus — by the Grace of God, adventurer — accidentally bumped into America. Columbus was in search of gold when he set foot on San Salvador, but as it turned out he and his men discovered something which was to have a much more profound effect on the world.

"These two Christians met many people on the road," it was later written. "Men always with fire-brands in their hands, and certain

herbs to take their smokes, which are some dry herbs put in a certain leaf . . . after the fashion of a musket. These are lit at one end, and at the other they chew or suck and take in with their breath the smoke. The Indians seemed to be inhaling the smoke with great enjoyment. They insisted that as long as they smoked, they did not get tired."

A new film substitutes Martians for Columbus and his crew, and the Indians become the inhabitants of Earth. Like Columbus and his men the people of Mars are utterly astonished and alarmed to see these peculiar people of Earth walking around with firesticks in their hands, issuing great clouds of smoke from their mouths and nostrils. And wonder of all wonders, they also carry around containers of some liquid, apparently to put out the fire that consumes them.

The color film, 20 minutes in length, will soon be available to the people of Manitoba through the Christmas-Seal financed health education services of the Sanatorium Board of Manitoba. It is particularly recommended for teenagers.

## Rehabilitants Elect Students' Council

The men and women at the Brandon Rehabilitation Unit held a special meeting on March 1 to elect a student council. George Munroe of Camperville was named the first president.

Other officers are: Vice-president, Franklin Arthurson of Winnipeg; secretary, Clementine Sinclair of Koostatak; entertainment committee, Evelyn Sinclair of Pukatawagan, Charlie Campbell of Winnipeg, Ernest Murdock of Koostatak, and Horace Biggetty of Brochet.

Eight other students have graduated from the newly established Driver Training Program. Clementine Sinclair was the first girl to receive her driver's license. Others who are now licensed are Walter Spence, Ralph Thomas, Harry Clearsky, Lawrence Hudson, Jack Mason, Horace Biggetty and Isaiah Dick.

During the month the students toured a dairy industry, the vocational and agricultural schools and the Brandon Sun Newspaper building. For the girls the month's social highlight was an invitation from the Hi-Y to attend a Valentine's party.

## DR. JEANES

(Continued from page 2)

erlands, which can claim the best tuberculosis situation in the world; Canada and Norway, running a close second to The Netherlands; and Czechoslovakia, which at the end of the last world war had a tremendous tuberculosis problem but, by the widespread use of BCG vaccine was able to bring its control standards up tremendously.

Dr. Karel Styblo, director of the Tuberculosis Research Institute in Prague, is chairman of the study group, and Hans Waaler, director of statistics for the Norway Ministry of Health in Oslo, is the statistician. The three Canadian experts serving on the committee are Dr. S. Grysowski, associate professor of medicine at the University of British Columbia, Dr. C. H. Dorval, director of the Tuberculosis Registry, Quebec, and Dr. Jeanes.

The Canadian Tuberculosis Association has contributed \$10,000 per year (for a period not exceeding five years) to help carry out the study, Dr. Jeanes said.

## Quadriplegia and Self-Help Devices

For paralysed patients who have limited movement in the upper part of their bodies, medical science is continually turning up new ways to give them some measure of independence. In the accompanying pictures, 21-year-old Carol Marchyshyn (a quadriplegic who can only move her

head and shrug her shoulders) demonstrates how a specially fitted table and wheelchair are helping her.

The battery powered wheelchair was modified by the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit so that Carol can operate it by moving a control rod with her chin. The control rod is connected to a standard switch extended to fit over her lap and supported on an arm that swings out of the way when not in use.

Carol is able to move her wheelchair forward and back, to the left and to the right. It has a range of about six miles and the batteries have a built-in charger to plug in overnight.

butted by International Business Machines, which is also operated by the indispensable mouthstick.

On an adjustable bracket at Carol's right is a carefully positioned telephone. To answer an incoming call she needs only to flick a switch with her mouthstick and lean her head against the earphone.

To help Carol dial a number the Manitoba Telephone System reduced the tension on the dial spring and she again uses a mouthstick fitted with a ball end to keep it from slipping out of the dial.

Carol, who was in her final year at the University of Saskatchewan when she was involved in a car accident resulting in quadriplegia, was recently discharged from the Manitoba Rehabilitation Hospital to live with her parents in St. Vital. She plans to continue her studies towards a B.A. degree and is currently taking a second year French course by correspondence.



Story and pictures through the courtesy of the Manitoba branch of the Canadian Paraplegic Association.

# Survey of SBM Teaching Programs

We were surprised to learn the other day that Sanatorium Board personnel are currently involved in more than a score of different teaching programs. Miss E. L. M. Thorpe, nursing consultant for the Board, listed these various teaching programs, and after reading her long memo we were im-

pressed by the efforts made by our staff to promulgate knowledge about both tuberculosis control and rehabilitation of the disabled not only among our own staff but also among the medical and nursing professions outside our own sphere and the public in general.

## Medical Students

With respect to tuberculosis treatment, diagnosis and prevention, there is a continuing teaching program at the Central Tuberculosis Clinic for University of Manitoba medical students. Dr. E. S. Hershfield gives weekly lectures to second year medical students, while Dr. P. Mari holds weekly sessions for fourth year students.

Dr. D. L. Scott, chief of medical services at the C.T.C., lectures to student nurses in diploma courses at the Winnipeg General Hospital, Grace and Victoria General Hospitals, and throughout the year all our

tuberculosis physicians give talks and demonstrations to internes and residents and to various medical groups and clinics.

## TB Nursing

There is field experience in tuberculosis for public health nursing students at the University of Manitoba and experience and observation of tuberculosis patients for students of Victoria General Hospital in Winnipeg. Miss Janet Smith, supervisor of the Central Tuberculosis Registry and public health nursing consultant to the Sanatorium Board, teaches public health nursing students at the university and the nurses at the Brandon General and Mental Hospitals.

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, lectures to student nurses at the Brandon General and Mental Hospitals as well as at the Winnipeg General. Miss D. Ellis, director of

nursing at Ninette, William Broadhead, nursing instructor, and Mrs. Paine and Terry O'Brien are also teaching Brandon nurses and nursing students, and, of course, are actively involved in providing an in-service Nurses' Assistants Training Program.

More informally a vast amount of teaching is done year-round among the general public by Jim Zayshley, our tuberculosis surveys officer, and others involved in tuberculosis health education.

## Rehabilitation

At the Manitoba Rehabilitation Hospital there is again a program of field experience for public health nursing students at the University of Manitoba; clinical experience for nursing students in the university degree program; and observation tours for student nurses at four major hospitals.

A post-graduate course in rehabilitation nursing is offered to registered nurses both inside and outside the hospital, the program involving all department heads and many senior staff members and medical consultants.

Miss Thorpe, Miss E. G. Coull, director of nursing, Mrs. D. Setter, nursing instructor, and supervisors Miss V. Peacock and Mrs. E. Swafeld all take part in in-service training programs for licensed practical nurses, nursing orderlies and nurses' assistants.

On occasion even the kitchen and cafeteria staff and the hospital porters go to school.

## Medical Students

Dr. L. H. Truelove, chief of medical services, and Dr. Fletcher Baragar give lectures on rehabilitation medicine to fourth year medical students, to resident physicians at the rehabilitation hospital and to internes at St. Boniface Hospital.

In addition, there are orientation programs for all categories of new nursing personnel, and fire and disaster programs in which all of the main departments take part.

The teaching program begun about two years ago by the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit has steadily been increasing in size and scope. James Foort, technical director of the Biomechanics Laboratory, estimates that 30 percent of his time is spent on a program of education, which includes training prosthetists for other medical centres in Western Canada, and short courses for other professional people involved in rehabilitation.

For example, some 50 physiotherapists from Winnipeg and other parts of the province attended a short course on lower extremity prostheses at the rehabilitation hospital on February 18 and 19. The lectures and demonstrations ranged from pre-prosthetic care to the fitting of different types of artificial legs and training patients in their use.

## Bulletin Board

The Sanatorium Board heartily congratulates Douglas Hobson and Ian Cochrane of the Prosthetics and Orthotics Research and Development Unit, on placing first in the written examinations following a five-week course in upper extremity prostheses at Chicago's Northwestern University.

We are very proud of the achievements of our PORTU staff. Late last year Dave Whitton also gave us much satisfaction when he placed first in a similar course on below-knee prostheses. A bright bunch, these boys . . .

\* \* \*

A number of other staff members have taken time to attend special courses and lectures during the past month. Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital, and Dr. J. T. Mills, spent several days of study last month at the Denver (Colorado) Orthopaedic and Fracture Clinic . . . and members of the kitchen and cafeteria staff heard a lecture this month by Nursing Consultant Miss E. L. M. Thorpe on the special role of diets in the rehabilitation of the disabled.

Miss Thorpe gave a similar talk last month to the Canadian Dietetic Association in Winnipeg.

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A number of Sanatorium Board executives and doctors turned out to pour coffee and tea when the Ladies' Auxiliary to the Associated Canadian Travellers, Winnipeg branch, held their annual coffee party at the Hudson's Bay Fashion Theatre on Friday, March 11. The proceeds will be used to assist tuberculosis patients at Manitoba Sanatorium, Ninette, and for projects of the Ladies' Auxiliary at the Manitoba Rehabilitation Hospital.

\* \* \*

Eight members of the Sanatorium Board staff in Winnipeg drove to Ninette last month to compete in a special, one-day curling bonspiel arranged by the men at our Manitoba Sanatorium. Four games were played in all, after which the competitors were entertained at the home of Hospital Manager, Stick Kilburg. The outcome of the events was not officially announced . . . but through the grapevine it was learned that the Winnipeg teams drove home with smiles on their faces.

\* \* \*

The new registered nurses at the Manitoba Rehabilitation Hospital are Mrs. S hirley Brown of Winnipeg, Mrs. Pao-Yu Chen, formerly of Taiwan, and Mrs. Fourough Saghafi, who was born in Iran and trained in England. Recent additions at the Central TB Clinic are Mrs. Arlene Sutherland, R.N., and Mrs. Margaret Berrington, L.P.N. and wife of M.R.H. remedial gymnast Cyril Berrington.

## STORM A GOOD TEST

(Continued from page 1)

perienced no special problems that could not be dealt with, he said. Medical services were well covered, and medical and surgical supplies, pharmacy stocks and food stocks were adequate; necessary arrangements were made to retain maintenance personnel and others who might be required in case of a power breakdown or other major difficulties. (The hospital has an emergency standby electric plant which cuts in automatically with a loss of normal power.)

The hospital switchboard was manned throughout the entire period, thanks to Mrs. Dorothy McDermott and Mrs. Lorraine Angerbauer, and their relief help. Mrs. William Barnard and Miss Gail Holden.

To provide evening entertainment for the patients and staff, Ted

Sims, director of pharmacy services, arranged to get a film from the CBC. Ted and others helped bring patients down from the wards to see the film; invitations were also extended to the staff members at the Winnipeg General and Children's Hospitals to join the audience in the auditorium.

On the whole, concluded Mr. Cunnings, we feel that the storm experience was a test of our emergency arrangements and our ability to meet an unexpected situation.

"Due to the loyalty and perseverance of our staff who made extraordinary efforts, we managed very well. In fact, in our opinion, we could have managed for a period of up to about one week without getting into major difficulty."



OUTSIDE THE BLIZZARD RAGED, INSIDE TRAPPED EMPLOYEES of the Sanatorium Board decide to make the best of a bad situation and carry on as usual. As usual, of course, means afternoon coffee breaks and here a group cheerfully pose in the hospital cafeteria. (Photo contributed by Ted Sims).