



WITH THE APPROACH OF FAIR WEATHER, the Sanatorium Board's mobile units will soon be on the road, beginning another year of anti-tuberculosis work in communities throughout the province. The Surveys Department has arranged a full program of tuberculin testing and chest x-raying for people of all ages—and beginning this June free blood tests for diabetes—financed by the Associated Canadian Travellers of Brandon—will also be offered to adults in Western Manitoba.

## Northern Unit Reports 29 TB Cases

The Sanatorium Board's Northern Tuberculosis Control Service at The Pas has now been in operation for one year, and in that time 29 active cases of tuberculosis have been uncovered.

The service was established in March, 1965, following the closing of our 150-bed Clearwater Lake Hospital, located just outside The Pas. Initially, Dr. S. L. Carey, former chief of medical services at Clearwater and now serving as our Northern Tuberculosis Control Officer, held tuberculosis clinics each week at his office in The Pas; then last November a proper Northern Tuberculosis Unit, containing x-ray and laboratory services, was opened at 338 Ross avenue.

Mrs. Teresa Hutton joined the staff as a combined x-ray and laboratory technician and secretary, and over the past months she has done an outstanding job. Alex Roh, the Sanatorium Board's supervising radiographer, took charge of converting the building into most satisfactory tuberculosis unit.

Dr. Carey and Mrs. Hutton have had a busy year. The 29 active cases of tuberculosis (two of which were reactivated cases) came from such scattered points as Churchill, Norway House, Repulse Bay, Rankin Inlet, Baker Lake, Chesterfield Inlet and Eskimo Point; as well as from The Pas itself, Flin Flon, Lynn Lake and x-ray surveys conducted from The Pas unit among neighboring small communities.

According to Dr. Carey, a total of 531 examinations were carried out at the unit, and these comprised mainly tuberculosis contacts, ex-patients, TB suspects and other referrals from doctors.

A total of 7,115 x-ray films were read: 4,606 were referred from doctors and other medical centres and 2,509 were made at the unit or on tuberculosis preventive surveys.

During this month and next, chest x-ray surveys will be conducted at Thicket Portage, Wabowden and Sherridon and at Eventide Nursing Home and St. Paul's Residence at The Pas. On June 23 an x-ray survey will be held at Gillam.

## Blood Tests Will Be Offered With TB Tests — A.C.T. To Pay

It's all set! Beginning June 1 the Sanatorium Board of Manitoba will provide free blood tests for diabetes in conjunction with our regular tests for tuberculosis to residents of Western Manitoba.

The simple blood tests will be given as a pilot project to persons 21 years of age or over on the day of tuberculin test reading and chest x-raying. They will involve only the painless extraction of a drop of blood from the individual's finger and the labelled samples will be sent back to the University of Manitoba Metabolic Laboratory for analysis. Diabetes suspects will be notified through their own family doctors.

The Associated Canadian Travellers, Brandon Club, will finance the diabetes tests and support will also be given by the Canadian Diabetic Association. The tuberculin skin tests and chest x-rays will, of course, be paid for in the main by Christmas Seal contributions.

The diabetes detection project has been fully approved by the Manitoba Medical Association and the provincial Department of Health. It is under the medical and technical direction of Dr. J. A.

Moorhouse, director of the University of Manitoba Metabolic Laboratory, and D. R. Grant of the university's Department of Physiology.

A committee to evaluate the success of the study has also been established under the chairmanship of Dr. John Gemmell, professor and head of the University of Manitoba Department of Medicine. Other committee members are Dr. John A. Hildes, associate professor of medicine and director of the university's Clinical Investigation Unit, Dr. Emmanuel Snell, provincial epidemiologist, and Dr. D. L. Kippen, internist and assistant professor of medicine.

### Municipalities To Be Tested

Residents of 26 municipalities in the western part of the province will receive both the tuberculosis and diabetes tests this summer. During the month of June the Sanatorium Board's testing teams will move into Langford (Neepawa), Lansdowne, Glenella, Rosedale, Harrison, Clanwilliam, Minto, Odanah and Minnedosa.

Residents of the municipalities of North Cypress, Elton, Archie, Wallace (including the towns of Elkhorn, Hargrave and Virden) will line up for the tests in July, and scheduled for surveys in August are Pipestone, Sifton, Woodworth, Daly, Whitehead, Greenwood, Oakland and Albert.

Cameron, Whitewater, Riverside, Strathcona and Turtle Mountain municipalities will be visited by our mobile unit in September, and finally, in September, October and the early part of November the free tests for tuberculosis and diabetes will be given to students and faculty at the Brandon College and to residents of the city of Brandon.

### WE NEED YOUR HELP!

**Research is a vital function of modern medicine, and at the Manitoba Rehabilitation Hospital a Research Fund has been established to finance important investigation into basic problems related to major disabilities.**

**A contribution or bequest to the Research Fund offers an opportunity to provide tangible support to the search for greater understanding of the means of preventing and treating disabling illness and injuries. Contributions or inquiries should be directed to the Executive Director, Manitoba Rehabilitation Hospital.**



Address all communications to:  
THE EDITOR, SBM NEWS BULLETIN,  
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## C.T.A. To Honor Dr. Ross

For distinguished service in the field of tuberculosis prevention and control, Dr. E. L. Ross, tuberculosis consultant to the Sanatorium Board of Manitoba, will be awarded honorary life membership in the Canadian Tuberculosis Association at the annual meeting of the CTA in Saskatoon this June.

Dr. Ross has served the Sanatorium Board for nearly 41 years and throughout his career he has dedicated himself wholeheartedly to the fight against tuberculosis in this province. Few people know more about tuberculosis and its particular problems than this kind and gentle physician, and his papers and his lectures, some of which are prize winners, fill three bound volumes.

A graduate of the University of Manitoba Medical School, Dr. Ross joined the Sanatorium Board on June 17, 1925, as a resident physician at the Ninette sanatorium. He became medical superintendent of the Sanatorium Board in 1937, a position he held until 1946 when, due to the Board's expanding program it became necessary for him to shift his centre of activity to Winnipeg. It was at that time that he became the Board's Medical Director, a position involving the medical supervision of our preventive and treatment programs.

Among other things, Dr. Ross also served as president of the Canadian Tuberculosis Association

(from 1956 to 1957), has been an active member of both the Canadian and American Thoracic Associations, and an enthusiastic participator (as well as the sole



EDWARD L. ROSS, M.D.

Canadian to take part) in the Pembine Therapy Conference in which tuberculosis and chest specialists gather annually in Wisconsin to discuss special treatment problems.

The Sanatorium Board is proud of the many contributions Dr. Ross has made over the years towards the advancement of our work, and we are especially proud and happy about this latest honor bestowed on him.

## Board Provided Free TB Tests To 137,495 Residents in 1965

A total of 137,495 Manitoba residents had tuberculin skin tests or chest x-rays . . . or both . . . at tuberculosis preventive surveys conducted by the Sanatorium Board in 1965.

This figure includes 119,724 whites and 17,319 Indians and over 400 Eskimos. The services, mainly financed by Christmas Seal funds, included not only community TB surveys but also other special surveys of high school and college students and teachers, National Employment Insurance applicants, patients in nursing homes and industrial employees.

Altogether in 1965 close to 600 industries and businesses were surveyed by the Sanatorium Board.

The residents of 16 municipalities and local government districts were tuberculin tested and x-rayed, and in addition chest x-ray surveys only were conducted in the local government districts of Mountain and Alonza, in the Central Winnipeg area, at Churchill and along the 500 mile Hudson Bay Railway Line.

The municipality of St. Laurent was surveyed twice last year following the discovery of seven new cases of tuberculosis, most of them children.

### Fort Garry TB Survey

This year the first big community tuberculin and x-ray survey will be conducted in Fort Garry from May 2 to May 31.

The main purpose of this survey, according to J. J. Zayshley, Sanatorium Board surveys officer, is to gauge the progress in tuberculosis control in that community.

Last year one new active case of tuberculosis was reported in Fort Garry, and over the past four years seven new active cases have been uncovered.

In 1959, 20 percent of the Fort Garry population tuberculin tested was shown to be infected with tuberculosis. Since the percentage of infection is the best index of tuberculosis control, it is hoped that this next survey will show a much lower rate.

George H. Butcher of Fort Garry has accepted the post of general survey chairman and in that capacity will direct the over-all volunteer work of canvassing homes, arranging publicity and obtaining testing sites. The members of the Fort Garry Kiwanis have kindly volunteered to arrange for receptionists to help our testing teams.

### Indian Surveys

The Sanatorium Board's tuberculosis preventive program among Manitoba's Indians (carried out in co-operation with Indian Health Services) also gets under way this month. In Southern Manitoba 24 reservations will be x-rayed between April 18 and June 10, while in Northern Manitoba the mobile unit will visit 13 reserves.

## Sanatorium Board Plans Expansion Of Speech and Hearing Department

The Sanatorium Board of Manitoba is pleased to announce the establishment of a variety of audiological services at our Manitoba Rehabilitation Hospital in Winnipeg.

The new services represent a significant expansion of the hospital's Speech and Hearing Therapy Department, which is under the direction of Chief Speech Therapist Miss Marie Damen, and the program has the full support of the Eye, Ear, Nose and Throat Section of the Manitoba Medical Association.

Among other things the Sanatorium Board plans to provide special programs of rehabilitation for certain patients who have hear-

ing problems that are not amenable to medical or surgical procedures. The service, for example, will include help in the selection, use and evaluation of hearing aids as well as extensive counselling to the patient to help him understand his hearing problem.

Instruction in the maintenance of hearing aids will also be provided, and it is planned that clinical testing be included in the program to permit designation of hearing aid qualities which will give the patient maximum compensation for his hearing loss. The patient will then be provided with a list of reputable hearing aid dealers who can give him the recommended type of hearing aid.

### ANNUAL REPORTS

## Patients Need More Than Drugs

For the majority of tuberculosis patients today, an improved way of life through an expanded program of rehabilitation is probably the best safeguard against reactivation of disease, says Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette.

In his annual report to the Sanatorium Board, Dr. Paine points out that social and vocational rehabilitation is now the greatest challenge in sanatorium treatment.

Due to its chronicity and tendency to relapse, tuberculosis has always posed a special problem in rehabilitation for those especially with little means, he says.

"There was a time when the disease had no respect for classes of people and many of high estate or already marked for genius suffered from its ravages.

"But with few exceptions, tuberculosis in our province today strikes at those with poor living conditions, low standards of education and little opportunity for advancement."

Advances in chemotherapy and surgery have far out-distanced our rehabilitation programs, and it is only recently that significant progress has been made in re-shaping a program of social education, academic up-grading and integration to meet the needs of today's patients, Dr. Paine says. It begins soon after the patient's admission to sanatorium and, when the patient is medically fit for transfer, is carried forward and expanded at the Sanatorium Board's rehabilitation units at Brandon and Ninette.

It is significant, concludes Dr. Paine, that almost all young people reject a return to their former communities where there is no future for them, and are eager instead for social re-orientation and vocational training.

And even though it is true that older patients cannot be re-trained, they have also benefited from the individual attention given to their personal problems and home situations, both of which can very often be improved.

Indeed, the very fact that many are willing to co-operate in raising their home standards has encouraged the doctors to permit home chemotherapy for selected groups after adequate hospital stay.

### Patient Population

Looking at the statistics in Dr. Paine's annual report, we note that at the end of 1965, there were 155 tuberculosis patients at Ninette, compared to 173 at the end of 1964. Eighty-five percent were of native extraction (53 percent were Treaty Indians, 13 percent were Eskimos and 19 percent, Metis).

A breakdown of age groups is rather startling. *Forty-three percent of the patients were 15 years of age or younger*, 38 percent were between the ages of 16 and 59, and 19 percent were 60 years of age or over.

### Central TB Clinic

The Central Tuberculosis Clinic in Winnipeg has a key role in anti-tuberculosis work. According to Chief of Medical Services Dr. D. L. Scott, the clinic's 65 treatment beds were for the most part fully occupied during 1965.

The clinic also serves as the headquarters for the tuberculosis preventive program, which includes consultant (travelling) clinics, tuberculin and x-ray surveys and the reading of hospital admission x-ray films.

There were 405 admissions to the wards last year and 405 discharges.

In the out-patient department examinations totalled 4,697. There were 159 new discoveries of tuberculosis.

At the end of the year, 71 patients were reporting to the clinic for streptomycin treatments and 317 patients were on other drugs at home.

## What Do You Know About Smoking?

How much do you know about the effects of cigarette smoking? Find out the facts by taking this brief true or false quiz:

1. The chances of getting lung cancer from smoking are the same no matter how much you smoke.
2. Filtered cigarettes protect you from inhaling cancer producing substances.
3. Lung cancer is the only medical problem associated with smoking.
4. Smoking is safe as long as you don't inhale.

### ANSWERS:

1. *False.* There is a direct ratio between how much you smoke and your chances of getting lung cancer. For example, people who smoke half a pack of cigarettes a day are eight times more susceptible than non-smokers; while those smoking two packs a day are 20 times more susceptible.

2. *False.* While filters trap some of the cancer producing products, enough of them get through to do deadly damage.

3. *False.* Smoking is also known to cause chronic and sometimes dangerous respiratory diseases — inflamed, irritated nasal passages and chronic bronchitis. In addition, the nicotine has a tendency to open up, or dilate, the small vessels of the face. This action can produce flushing which aggravates common teen skin problems such as acne.

One of the most dangerous diseases traced to smoking is emphysema, a disabling and often a fatal disease that currently affects millions of people of all ages on this continent. Emphysema is a loss of elasticity of the small air sacs in the lungs. The patient can no longer exhale as much as he used to, so that too much "used air" remains in the lungs.

*Result:* The lungs have to work up to three times harder and still don't supply enough vital oxygen. The patient feels sluggish and irritable. Added to his miseries are almost constant, but futile, attempts to cough up mucus.

4. *True, but only up to a point.* Even if smoke is held in the mouth and then blown out, dangerous tars remain in the mouth. Some of these tars can get back to the air passages and still cause trouble.

### EXPENSIVE WAY TO DIE

Experts say that 90 percent of lung cancer could be stamped out if people would just be sensible and give up smoking.

One British doctor adds that lung cancer caused by smoking is an expensive way to die. He estimates that it costs about \$7,500 to buy the quantity of cigarettes which could cause a lung cancer.

## Author of U.S. Report On Smoking Learned Facts the Hard Way

Dr. Louis F. Fieser, 66-year-old Harvard chemist who helped prepare the United States Surgeon General's Report on Smoking and Health in 1964, has informed other members of the committee that he has learned the facts about smoking the hard way.

Dr. Fieser recalled to them that he had continued to smoke heavily while he worked on the report, "invoking all the usual excuses."

In November of last year, it was disclosed that he had cancer of the lung. He was also told that he had emphysema and heart disease.

"My case seems to me more convincing than any statistic," Dr. Fieser told colleagues. He added that he stopped smoking immediately on detection of the tumor and now is recovering after surgery.

Dr. Fieser said there is no doubt about the origin of the disorders — 45 years of heavy smoking.

## TB Workers Plan Full Programme For Annual Meeting in Saskatoon

The 66th annual meeting of the Canadian Tuberculosis Association and the 8th annual meeting of the Canadian Thoracic Society will be held in Saskatoon from June 26 to June 30.

A full and interesting program on tuberculosis and respiratory diseases has been lined up for both groups. Among the guest speakers at the general sessions of the CTA is Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, who will give a talk on the rehabilitation of Indian and Metis patients.

E. J. O'Brien, executive secretary of the Ontario Tuberculosis Association will address the group on a Southeastern Asia Travelling Seminar and Dr. G. J. Wherrett of Ottawa, former executive secretary of the CTA, will speak on Tuberculosis in the Eastern Arctic to the Thoracic Society. The CTS has arranged a very full scientific program which touches on some of the most pressing problems in the diagnosis and treatment of respiratory diseases.

Special sessions will also be held for nurses, health educators and Christmas Seal workers. A

lecture on Smoking and Allied Diseases will conclude the meeting.

### RESEARCH GRANTS

The Research Committee of the Canadian Tuberculosis Association recently approved grants and special fellowships for research in tuberculosis and other respiratory diseases in the amount of \$85,000.

Among the fellowships renewed was that of Brian Kirk of the University of Manitoba School of Medicine who for the past two years has undertaken special research at the Respiratory Unit at the Winnipeg General Hospital.

The CTA Research Fund is provided by provincial tuberculosis associations from the annual sale of Christmas Seals. Dr. C. G. Shaver of St. Catharines is chairman of the Research Committee. Other members include Dr. R. M. Cherniack of Winnipeg, Dr. R. Kerr, president of the Royal College of Physicians and Surgeons of Canada, and Dr. Malcolm Brown, chairman of the Medical Research Council of Canada.

## Volunteers Give \$1,500 To Aid Hearing Services

Our Volunteer Services at the Manitoba Rehabilitation Hospital recently presented a cheque for \$1,500 to the hospital equipment fund. According to Director of Volunteers Mrs. W. E. Barnard, this now makes a total of \$4,500 donated by the volunteers since they began their work in 1962.

The department's first donation was used to furnish a four-bed ward in the rehabilitation hospital. This last cheque—together with \$1,400 donated in 1965—will be used to help cover the cost of special equipment (such as a soundproof booth) for the hospital's expanding Department of Communicative Disorders (Speech and Hearing Therapy.)

The furnishing of this department, says Mrs. Barnard, may be a continuing project of the volunteers.

Year 'round, our volunteers perform many valuable services for our patients and staff. Among other things they operate a gift shop, inquiry desk and patients' library, a barber shop and a beauty salon. They also cheerfully take on special tasks for the hospital's various departments.

One group—the Aviva Chapter of the B'nai B'rith—arrange twice-monthly entertainments (such as variety concerts and giant bingos) for the patients; while the Volunteer Service as a whole provide movies every other Friday night.

Altogether in 1965, our volunteers gave 9,753 hours of their time to the hospital. For all this, the Sanatorium Board expresses deepest appreciation to these wonderful women who include members of the

Pi Beta Phi alumnae, the Ladies' Auxiliary to the Associated Canadian Travellers (Winnipeg Club), the St. Boniface Inner Wheel, the B'nai B'rith (Senior Group), the Aviva Chapter of the B'nai B'rith, the Humpty Dumpty Club and a curling group under Mrs. Doris Shaw, as well as high school students and volunteers who are not affiliated with any organization.

### CHRISTMAS SEAL GROUP

A total of 277 volunteers gave 1,801 hours of their time to prepare for the 1965 Christmas Seal Campaign against tuberculosis, according to Christmas Seals Supervisor Miss Mary Gray.

The Sanatorium Board expresses deepest appreciation to these many women (and teenagers) who as early as last June began folding the Christmas Seals in preparation for the envelope stuffing sessions in September and October.

The volunteers included members of the Victoria and Granite curling clubs, the P.E.O. Sisterhood (Chapter D), St. Boniface Inner Wheel, B'nai B'rith, Calvary Temple Mission Circle, Winnipeg Inner Wheel, West Winnipeg Rotary-Anns, the Professional Engineers' Wives and the Ladies' Auxiliary to the Associated Canadian Travellers of Winnipeg.

The junior volunteers at the Manitoba Rehabilitation Hospital contributed a lot of their time to the campaign preparations during the summer vacation, and members of our own staff, particularly the switchboard operators and the commissionaires, also pitched in.



Among our most active volunteers at the Manitoba Rehabilitation Hospital are these Winnipeg teen-agers who in 1965 contributed 2,753 hours of their time performing many valuable services for patients and staff—and an additional 450 hours helping with the Christmas Seal Campaign preparations. Pictured here, front row, left to right, are: Donna Smigelsky, Valerie Hughes, Lorrie Gray, Carolyn Miles and Elaine Hortie. Back row: Margaret Bass, Jackie Gray, Carol Troughton, Heather Martin, Arlene Inkster, Pat Rhoades, Nancy Bird, Sharon Simpson, Robtra Dare, Ruth Ooto and Bonnie Sloan. (Photo by Dave Portugal)

# SBM Staff Was Ready for a Big Flood

Last month the big news was the March 4 blizzard. This month as we go to press all the talk is about the rising waters of the Red and Assiniboine rivers. Whether we have a flood in Winnipeg or not will certainly be known by the time the April issue of the News Bulletin comes out . . .

but whatever the outcome we would like to inform our readers of the Sanatorium Board's extensive preparations for a flood.

In early April our Executive Director T. A. J. Cunnings appointed Miss Ethel Thorpe, nursing consultant to the Sanatorium Board, to take charge of flood emergency preparations. At this time the Flood Emergency Committee of the Manitoba Hospital Commission had asked the Sanatorium Board to designate our Manitoba Sanatorium at Ninette as a receiving hospital for 130 geriatric patients from St. Boniface Sanatorium in St. Vital, and to set aside our Manitoba Rehabilitation Hospital in Winnipeg as both a receiving and evacuation centre.

The Sanatorium Board was asked to be flexible in its planning and to envisage the possibility of evacuation if the situation in Winnipeg became one of real disaster, said Miss Thorpe. The Committee also requested that the Board keep in mind that it might have to cut down the number of routine admissions to our hospitals and expedite discharges in order to make beds available for patients who might have to be evacuated from other hospitals in flood areas.

Finally, the Board was asked to estimate the number of beds and litters that could be accommodated at the Manitoba Rehabilitation Hospital in the event of a real catastrophe, and, according to Miss Thorpe, if all available space were used in such areas as the gymnasium, auditorium and physiotherapy treatment rooms, the rehabilitation hospital could provide accommodation for 135 patients over and above normal capacity.

A great deal of thought and planning was given to the servicing and feeding of additional patients and all of the Sanatorium Board's department heads entered into the discussions wholeheartedly, said Miss Thorpe.

Our personnel at Manitoba Sanatorium gave particularly outstanding co-operation. They were asked to make plans to open up the sanatorium's pavilions for convalescing tuberculosis patients, leaving the main treatment building free as a reception centre for patients from the St. Boniface Sanatorium.

Well, as we said, at press time we are still waiting to see what Nature will do. But in the words of Miss Thorpe, the Sanatorium Board staff is standing by "ready and willing to cope with anything that might be asked of them."

## We'll Tell You, Doctor

Two German doctors seem to think it's a good thing that the lay public are now much better informed about medical matters, thanks to numerous popular magazine and newspaper articles and radio and television programs.

Doctors Siegfried Scheffler and Helmut Klepzig claim that patients today know quite a lot about medical matters and that one out of three people are now able to make a correct diagnosis of their ailment before they even consult a doctor!

They base their findings on a special survey conducted among 200 patients and this survey showed (and quite reasonably so) that the better the patient's education, the higher his "diagnostic score" is likely to be. Those who left school at the age of 16 were correct 38 percent of the time, while those who finished high school scored a high 62 percent. Thus, the better the education, the better the person becomes in grasping information fed to him by law sources.

The Berlin doctors conclude that all of this is a very good thing and that medical news coverage by the lay press and broadcasting stations should be encouraged. Many patients, they feel, make use of their knowledge by getting to a doctor early when they suspect something is wrong.

## You and That Cigarette

While scanning medical journals and newspapers for bits of information about smoking and health, we found some interesting gems which we would like to share with our readers.

According to one psychologist, smoking can be used as a guide to personality. Heavy smokers, it seems, are extroverts, nervous, independent and have a preference for the humanities. Non-smokers are conservative, religious and lean towards the sciences.

Smoking students, he also claims, do less well in school than those who abstain!

Another article tells us about a survey conducted among 62,000 physicians. Ten years ago, says this article, 69 percent of these doctors were hooked by the tobacco habit. Today less than 20 percent of them still smoke.

"If doctors can stop smoking in their fast moving and ever-demanding life, so can the lay public," the article continues.

Lots of people have their own ideas about how to give up smoking and some authors have even made small fortunes writing books and articles about it. But the most fascinating formula we have seen appeared in a recent issue of the Financial Post, which quoted this advice given by a Philadelphia doctor.

First, says this good doctor, try deep rhythmic breathing. It is a substitute for that feeling of relief which all smokers get with "the heavenly deep pull into the lungs."

Second, rush outside at least three times a day or whenever that feeling for a smoke gets intense. Once there, inhale deeply so that the rib cage pulls out, and exhale while coughing three times. (Don't

pay any attention to the approaching policeman.)

Third, keep a Terry towel around, dampen it with cold or tepid water and rub down briskly. This may look a little funny to the rest of the office staff, says the Post, but according to the doctor, it counteracts "chronic vasoconstriction".

After a while, replace the towel rubdowns with alternating hot and cold showers. (Just how you are going to manage this at work is your problem.)

And a few more tips: The first day drink six to eight glasses of water to wash away chemically altered nicotine. Then eat fruit and drink fruit juices to help overcome the drop in blood sugar . . . which is part of withdrawal.

Will it work, asks the Post. "With all that breathing, rubbing, drinking, eating, showering and coughing, who's going to have time for a smoke?"

## For Your Own Sake Swallow the Pills

On any day of the year there are an estimated 15,000 tuberculosis patients in Canada taking drugs on an out-patient basis, according to Anne Grant, health education consultant for the Canadian Tuberculosis Association.

If patients are given a three-month supply of pills on discharge from sanatorium, she says, they probably walk out with 1,800 PAS (para-aminosalicylic acid) tablets in one bottle and 500 INH (isoniazid) in another.

All of this leads up to urgent advice to tuberculosis patients who are being discharged home on drug therapy to stick with the doctor's instructions to take their pills regularly and report back for check-ups when they are told.

We admit that it is far harder to remember to take all these drugs at home than it is under supervised sanatorium care. BUT YOUR HEALTH . . . AND YES EVEN YOUR LIFE . . . DEPEND ON IT.

Though you may feel perfectly well after discharge, don't ever be misled by a false sense of security. Stick with the drugs until the doctor says you can stop them! Otherwise, the chances are great that you will land right back in sanatorium, sicker than you were before . . . and this time, you may have developed resistance to the powerful major drugs. This means that you will have to settle for a much longer, harder period of treatment on less effective drugs.

Miss Grant tells about one effective way former patients have used to help them remember their drugs. Count out each day's supply and put it in a box or bottle. If all the pills are gone at the end of the day, you can congratulate yourself on not forgetting. If some are left . . . well, you had better do something about it . . . for your own sake, and for the safety of your family and friends.

# REHABILITATION UNIT NOTES

By the Students

On St. Patrick's Day three boys from Pembina House at Ninette (Gabe Elk, Solomon Linklater and Zack Beardy) entered and won a Smoosh race at Killarney. For the uninformed, a smooosh race is a very special competition in which teams of three people tie their feet to two, ten-foot boards. Then they have a race! Our team won, as we knew we would, and they were rewarded with a potful of Irish stew and some silver dollars.

For the past two months the carpenters and painters have been busy renovating our building. Instead of large dormitories we now have smaller attractive rooms, each accommodating two people . . . Sometime this month we are also looking forward to seeing the first girls arrive at their new rehabilitation unit at Ninette.

Several of the students from Pembina House have gone on to take the provincial Basic Training Course for Skill Development . . . Art Cutlip, Zack Beardy, Wilson Hall and Bob Harper have entered the course in Winnipeg . . . Bill Balfour, Jonas Chartier and Solomon Linklater are registered in the course at Brandon.

We've developed a few traditions at Pembina House. Before each student leaves we baptise him, fully clothed, in a tub of cold water. We almost had a problem when the four boys leaving for Winnipeg decided to organize a resistance. Foolish boys . . . they are probably still trying to get the water out of their ears!

Finally, our congratulations to our Supervisor Lynn Kuzenko and Mrs. Kuzenko on the birth of their first child, a daughter, named Leslie.

## Brandon Unit

March examinations have come and gone for several of the students at the Brandon Rehabilitation Unit . . . and many left for home to enjoy the Easter holidays. During the month we toured the Brandon Public Library and an oil refinery . . . and we also received our birth certificates.

Our Rehabilitation Council and the Indian and Metis Friendship Centre have amalgamated to form a Rehabilitation Centre Council. The social highlight of the month was a St. Patrick's Day dance.

We also attended a dance hosted by the students at Pembina House, Ninette. The proceeds, we understand, will be used to pay off a loan for sports equipment.

Our congratulations and best wishes for success are extended to Frank McKay and Walter Sanderson who have completed plumbing courses. Walter is already employed in Portage la Prairie and Frank will be taking a job in Brandon.

(Submitted by  
Clementine Sinclair)