



Ben Will Compete in Games

Ben Reimer — an outstanding weight-lifter and sportsman — is off to Jamaica on August 12 to compete in the British Commonwealth Paraplegic Games.

Ben, who as a result of a motorcycle accident has been confined to a wheelchair for the past eight years, took up weight-lifting about nine months ago while an out-patient at our Manitoba Rehabilitation Hospital. Today he is an expert; he can manage about 210 pounds from a bench press which, as far as his coach Cyril Berrington can determine, is better than the accomplishments of other Canadian weight-lifters 20 to 30 pounds heavier than he.

Ben, who is 26 years old and weighs 130 pounds, is the first para-

plegic from Western Canada to take part in the international games, which were started about 15 years ago as part of the rehabilitation program for war veterans at Stoke-Mandeville Hospital in England and have since grown into big world events.

He not only plans to enter the lightweight weight-lifting contest, but also the archery match (he has mastered this art in a matter of months) and the javelin throwing (he has picked this up during the past few weeks.)

His many friends at the rehabilitation hospital wish him well. Indeed, in their books, this pleasant, hard-working young man is already a champion.

Half the TB Cases Originate From the General Hospitals

Out of the 214 new active cases of tuberculosis reported in Manitoba during 1965, no less than 103 originated in some way or other from general hospitals.

This fact clearly underlines the very important role the general hospital plays in our tuberculosis control program and the need for a continued partnership in the anti-tuberculosis campaign through such services as the General Hospital Admission X-ray Program.

According to statistics made available to the Sanatorium Board by the Manitoba Hospital Commission (which now finances admission x-rays as a hospital service), 34,323 in-patients out of a total of 78,444 admitted to general hospitals during the last six months of 1965 received chest x-rays under the program.

Because the program has proved to be such a fruitful means of detecting tuberculosis among the general public, the Hospital Commission, the Department of Health and the Sanatorium Board would like to see as close to 100 percent of patients as possible receive chest x-rays on admission to general hospitals.

Protects Staff

Tuberculosis workers also point out that an admission x-ray program can be an effective method of protecting a hospital staff, by making sure that patients with infectious tuberculosis are screened and sent to sanatorium before they spread disease to the unsuspecting. In a review and appraisal of the program, Dr. E. L. Ross of the Sanatorium Board noted that in the late 1920's tuberculosis in nurses was a problem and at one time about 12

percent of the total female patients in the Manitoba Sanatorium were nurses or nurses-in-training from general or mental hospitals.

The source of their infection was general hospital patients with unsuspected tuberculosis.

It took a long time to get around to the routine x-raying of general hospital admissions, Dr. Ross said. But finally in 1948, through federal health grants, hospital admission x-ray programs were established in most parts of Canada. Early last year, following a reduction in these grants, the financing of the program in Manitoba was assumed by the Hospital Commission.

Still a Good Source

Back in the late 1940's, the admission x-ray project was most productive; out of every 800 admissions to general hospitals, one person was found to have active tuberculosis, Dr. Ross said. Today, as infection and disease has become less prevalent, the ratio has decreased to one in 2,000 to 3,000 admissions x-rayed.

Nevertheless, as the figures show, the admission x-ray program is still more productive than general community x-ray surveys, and it is felt that more cases could be turned up if general hospitals would screen as many patients as possible.

In 1965, for example, 12 of the 33 deaths from tuberculosis in this province occurred in general hospitals. Tuberculosis was not the admission diagnosis.

Urges Closer Alliance in TB Fight

Canadian physicians have been too confident and enthusiastic about the current treatment of tuberculosis, said Dr. Fernand Gregoire, assistant professor of medicine at the University of Montreal.

In an address to the 10th scientific session of the College of General Practice during a chartered cruise through the Caribbean, Dr. Gregoire told delegates that too many general practitioners have not been concerned enough with tuberculosis.

The general practitioner is the man to bring the tuberculosis patient into the clinic, he said. The family physician knows (or should know) the living conditions of his patients and who can be trusted in the family to make sure the patient gets satisfactory treatment and follow-up.

One of the serious hazards of modern treatment for TB is that the patient feels well and because he thinks the "miracle" drugs have cured him, he neglects to take them, sometimes for days and weeks. These patients are not getting adequate follow-up or proper medical advice, he said.

Dr. Gregoire also took the universities to task for eliminating the lectures on tuberculosis with the result that a whole generation of physicians do not always recognize the disease.

"I have seen cases of pulmonary fibrosis where every possible diag-

nosis has been thought of, except tuberculosis. In these cases a lung biopsy showed it was the real cause of sickness."

TRAVELLING CLINICS

The Sanatorium Board has scheduled Consultant Clinics for the examination of tuberculosis contacts, former patients and other referrals in nine centres throughout the province over the next few months.

The first of these tuberculosis clinics, which have an accompanying doctor and x-ray technician, will be held at Churchill on June 28.

The other clinics are: Duck Bay on September 20; Camperville, September 21; St. Laurent, September 26; Steinbach, September 27; Sarto, September 28; Swan River, October 5; Portage la Prairie, October 12; and Dauphin, October 13. All the clinics will be held in the afternoon from 1 to 3:30 p.m.

In addition, year-round clinics for the same purpose are held at Assiniboine Hospital in Brandon each Tuesday afternoon, at Manitoba Sanatorium, Ninette, every Monday and Thursday morning, at the Northern Tuberculosis Unit at The Pas each Thursday, all day, and at the Central Tuberculosis Clinic, Winnipeg, Monday through Friday, all day.



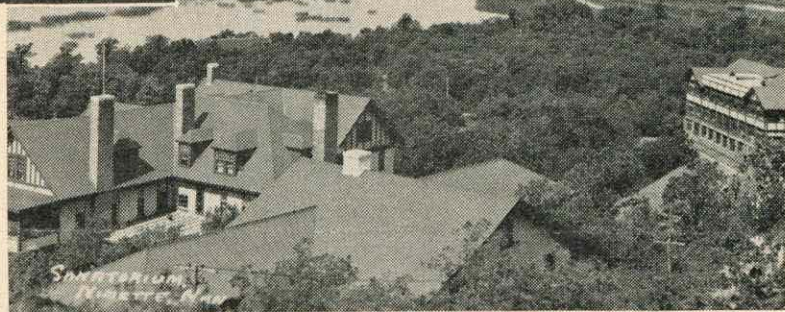
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"The greatest menace to any state is the evil combination of idle hands and empty heads. If the heads can be given ideas, pursuits, enthusiasms, hobbies, the hands will no longer be idle and low grade citizenship will be changed into high grade citizenship." Dr. David A. Alexander.

We went out to Ninette the other day. It was fine June weather; the thickly wooded lawns surrounding our sanatorium were resplendent with the new-green look of spring and the lilacs had just burst into fragrant bloom. "Charlsie", the sanatorium's chauffeur and unofficial head gardener, stood by the administration building debating whether or not it was "safe now" to put in bedding plants; bright sun roses and some salvia for the front beds, he planned.

Inside the sanatorium all was spit and polish for a visiting delegation of government men — representatives of the provincial Department of Education, Community Development Services and the federal Indian Affairs Branch, who had come to assess and discuss the potential of Manitoba Sanatorium as a rehabilitation centre for the socially and vocationally handicapped. Part of the sanatorium has already been converted to this use. Last December Number Two Pavilion was taken over by our Special Rehabilitation Services and renamed Pembina House. It now accommodates 24 young men for the "social orientation and work conditioning program". A few weeks ago Pembina House II, the former King Edward Pavilion, was thrown open to female students. This unit will eventually house 17.

After a tour of these and other buildings, the visitors enjoyed a fine lunch, then sat down to talk things over with the Sanatorium Board's executive director. The sanatorium staff settled back into the afternoon's work and we, at loose ends, decided to go for a walk through the grounds and along the narrow gravel road skirting Pelican Lake. On the lake, scores of Western Grebes basked in the sunlight, their long slender necks thrust delicately above the quiet water. They and the lake had been a part of each other for many years.

Perhaps it was a day like this, we thought, when another delegation from Winnipeg stood on this very hillside looking over the area as a possible site for a "Manitoba Sanatorium for Consumptives". It was the summer of 1907, and the recently formed Sanatorium Board, headed by such men as E. L. Drewry, E. F. Hutchings, Dr. E. W. Montgomery, Dr. Gordon Bell and Dr. R. M. Simpson, had arranged a railway excursion to Ninette to enable subscribers and potential subscribers to view the proposed sanatorium site. These men, who for the most part composed the provincial Board of Health, were Manitoba's first crusaders against tuberculosis and they envisioned for the people a large up-to-date sanatorium that would take care of the tuberculous in the early stages of disease.

After long months of soliciting support in the various municipalities, the Board managed to collect \$25,000 for the sanatorium. The construction plans were drawn and in May, 1910, three buildings were opened with 60 beds and little else. Over the next decade as patients (most of them in the advanced stages of disease) continued to pour in, five more buildings went up on the hillside to provide accommodation for 300. Still there were waiting lists. In the annual report for 1926 we find this comment:

The waiting lists are the burden of our lives. On the waiting list today are: three or four women with advanced disease, small children and small houses; a single woman of 30 who decided to "keep going" to the end of the year and who finished the year but is losing her life; a woman presumably very ill who does not want to come, but whose family asks us to "come and take her"; some whose disease is in doubt who will come for diagnosis; a girl of 14 who has been hoping to get better at home for the past two years; an undernourished girl of 12 suspected of disease; a boy of 19 who has come for examination occasionally for 10 years, never followed advice, and refused treatment, but who bled a few days ago until he fainted; a man with hopeless bone disease . . . these are all on the list and many others as well.

As the sanatorium grew, its fame as a centre of health and culture and learning began to spread. People throughout the province referred

Manitoba Sanatorium:

to the little red-roofed community as "Our San" . . . and further abroad the words "Stewart of Manitoba" became well known.

Manitoba will not soon forget Dr. David Alexander Stewart, the tall, passionate, dark-haired man who took over the organization of the sanatorium in 1909 and after it was opened became its first medical superintendent. The descendant of Scottish pioneers, he was the eldest son of a Presbyterian minister who moved his family from Kent County in Ontario to Morden, Manitoba, in 1891. In 1896 young Stewart entered the Manitoba College intending to become a minister; but after spending three years in Arts and two more in theology, he switched to medicine. He put himself through college, working in his spare time as a reporter for the Winnipeg Free Press where he came under the influence of that venerable dean of Canadian newspapermen, John Wesley Dafoe. In the summer of 1901, still intending to become a minister, he took a mission at Frank, Alberta, a little mining town at the foot of Turtle Mountain in the Crows Nest district. One morning the whole top of the mountain crashed down on the settlement, killing 600. Stewart worked with the local doctor caring for the injured and the dying, and it was this experience, he later told friends, that led him into medicine.

After graduation in 1906, he spent two years as the first senior interne at the Winnipeg General Hospital; then after two more years as a medical assistant at a sanatorium in Connecticut, he returned to Manitoba to take up the tuberculosis crusade. It was his job to not only manage the sanatorium at Ninette and treat the patients, but to spread the gospel about tuberculosis control in all parts of the province.

A man of wide reading, gifted with eloquent speech, Dr. Stewart proved to be a great teacher and under his inspiration many doctors trained for tuberculosis work and went on to head other sanatoria and public health programs. In 1914 Manitoba Sanatorium was the first in the world to take medical students as assistants for an intensive three-week course. Around 50 came each year.

The constant stream of visitors to Manitoba Sanatorium included the Prime Minister of Canada, Mackenzie King, who came on a summer's day in 1933. Three years earlier the Tuberculosis Section of the British Medical Association came, and Dr. Stewart welcomed them with these words: "On behalf of the Manitoba Sanatorium, that living organism of chairman and board, superintendent and staff, patients and hillside, lake and sky . . . welcome!" Then he handed out booklets which he had written himself about the history and geography of Canada.



His pupils, of course, included his own staff and the patients; but gradually other people in Manitoba came under his influence, largely through the establishment of travelling tuberculosis clinics in 1926. Realizing that the only way to stay the ravages of tuberculosis was to hunt for patients before they became ill, Dr. Stewart wrote:

The biggest job in the anti-tuberculosis campaign is clearing up centres of infection, getting the sick people under treatment, and getting doctors, nurses, clinics and travelling clinics hot-foot on the trail of all who may be infected. A man infected and sickened last year is a tragedy that has happened and it can now be dealt with by the slow process of the cure. But a little family circle that is now, today, in contact with open disease and being infected, is an emergency. The worst may not yet have happened, but the swiftest measures of prevention must be rushed to the scene.

The travelling clinics turned up many more patients — more than Ninette could handle, and so in the 1930's sister institutions sprang up in Winnipeg. The cost of treatment also became less of a burden to the patient. Early in the campaign Dr. Stewart persuaded the Manitoba municipalities to become partners in his crusade and accept an annual levy for support of the sanatorium's work. He won them over with these simple words:

Almost everything we do is partly for man's good and partly for the state's safety. In so far, then, as the man is treated to make the state safe, the state should help with the burden of payment.

For the Sick Man, the Cure . . . and Something for the Mind

Dr. Stewart was a worldwide authority on tuberculosis. He was also a prolific, if somewhat flamboyant, writer; an historian, a naturalist, an ardent campaigner (along with his wife Ida) for world peace and a fairly good painter. He packed his days with activity and expected those around him to do the same. "The greatest menace to any state is the evil combination of idle hands and empty heads," he said. As soon as the day's work was done, he would suggest to his staff that they start something else. For his medical assistants and students he drew up a list of some 50 different scientific studies they could pursue at the sanatorium in their spare time. Even visitors didn't escape. Dr. Ross Mitchell, a member of the Sanatorium Board and a close friend of Dr. Stewart for 40 years, commented about these visits:

He had the quaint idea that medical visitors to the sanatorium were endowed with the same energy he possessed. Many a doctor had visited the sanatorium thinking to spend a restful day or two after completing some special business. I have never known one who achieved this, not because Stewart was a poor host . . . quite the reverse . . . but he imagined that everyone wished to work as he did, so he would find some particular problem for the visitor. In some strange way and apparently inevitably the visitor would become for the time fired with Stewart's enthusiasm and would do his best with the problem, only to find his dream of leisure hopelessly shattered.

Dr. Stewart himself turned out many papers and pamphlets on tuberculosis and gave lectures to patients, staff, students and various societies and organizations, both medical and non-medical. In 1923 he was one of a party of Canadian doctors who toured the British Isles and parts of Europe and attended an International Tuberculosis Congress in Rome. This tour did much to weld leaders in tuberculosis work into a fellowship, and Dr. Stewart, who acted as a leading man in the party, wrote the official report. From then on, Manitoba Sanatorium was host to medical visitors and dignitaries both from at home and abroad. In 1928 the Governor-General of Canada and his lady came, and a few years later, the Prime Minister. In 1930, 50 members of the Tuberculosis Section of the British Medical Association travelled halfway across the continent for a special weekend meeting at Ninette.

But Dr. Stewart's interests went far beyond tuberculosis. He served for a time as president of the Manitoba Medical Association and was for three years chairman of the Committee on Ethics of the Canadian Medical Association. "That sounds simple," said Dr. Mitchell, "but for him it meant a completely new Code of Ethics enriched with numerous quotations, publishing two articles in the Canadian Medical Association Journal, and conducting a voluminous correspondence not only with other members of the committee across Canada, but with friends in Great Britain and the United States whose opinions he valued. He worked on this Code of Ethics literally on his deathbed."

Dr. Stewart also served as president of the Manitoba Historical Society. He was keenly interested in history, particularly in the early history of the province, and he and his son David, who also chose to become a doctor, spent many delightful hours digging around old Indian burial grounds for arrowheads, bits of pottery and primitive tools. Nature fascinated him; the rocks, the woods and the wildlife in the woods claimed his eager attention and at the sanatorium he started up a little museum for the best of his finds. In later years he took up painting, mainly water colors, to express his love for the beauty around him.

Patients and staff benefited from his tremendous energy — an energy which seemed incredible in the light of his frail physical history. He was a kindly but strong-willed patriarch who expected only



In the days before drugs and surgery, rest was considered most important to the patients' well-being. In warm weather and in cold, they often slept and ate on the screened balconies, their beds arranged in such a way that they had a good view of Pelican Lake stretching away into the distance.

the best from his big family. He could not tolerate slackers, he disliked card playing, would not abide smoking or drinking — and so, as could be expected, he was regarded at once with reverence and fear. "Whenever we saw that black lock of hair especially low on his forehead, we knew it was best to stay out of his way," recalls Dr. E. L. Ross who



On July 24, 1940, Board members, staff, former patients and friends from all walks of life gathered in the sanatorium garden for the dedication and unveiling of a memorial to Dr. Stewart. The memorial is a natural red granite boulder, over seven feet high and weighing about 15 tons, which during the winter before had been transported from the highlands of eastern Manitoba. On its side was placed a bronze plaque bearing Dr. Stewart's profile and this inscription: "In memory of David Alexander Stewart, B.A., M.D., F.R.C.P., LL.D., 1874-1937, First Superintendent of this Sanatorium, 1910 - 1937, Physician, Teacher, Historian, Naturalist, Artist . . . One who loved his fellow men."

went on to become medical director of the Board. But through his enthusiasm he sparked others. Out of the sanatorium each year came a vast literary output. Many of the papers, addresses and pamphlets bore Dr. Stewart's name, but others were prize-winning essays written by his medical assistants. Copious notes were kept on the birds and animals around Ninette; carefully tabulated reports on the year's weather graced each annual report. Dr. A. L. Paine, now medical superintendent at Ninette, proudly claims that it was Dr. Stewart who got him interested in making the woodcuts for the lovely Christmas cards we receive in our mail each year.

To the patients Dr. Stewart was physician, friend and counsellor. He took pains to have a special guide printed for them, in which inevitably he wound up with a little sermon on schooling:

The main purpose of months or years spent in sanatorium is that health shall be restored. But with all this leisure, for all but the very ill, there should be some secondary purposes also. A workless man becomes a worthless man. If nothing but a healthy body comes out of a year in bed, the man is a slacker. No secondary purpose is anything like so suitable for the sanatorium patient in or out of bed as study. Make your stay here doubly useful; get as a product the cure, and as a bi-product some gain in education.

And so he made the sanatorium a school from top to bottom. Some patients went on with their ordinary school grades, others took up technical and business courses by correspondence, still others, university subjects. One patient studied photography and went on to open up his own photographic firm. Another learned about x-rays, became the finest x-ray technician in the province. A third, seeing the need for a more organized study and vocational program which could be offered free to patients, established in 1942 the first successful comprehensive rehabilitation services for tuberculosis patients in Canada. Today this man heads our Sanatorium Board.

Dr. Stewart would have approved of converting our Ninette sanatorium into a rehabilitation community for young people from the reserves and wilderness areas of the province, young people who need help — socially, vocationally and spiritually — to live usefully and comfortably in modern society. During his lifetime Dr. Stewart saw deaths from tuberculosis cut to one-fifth of what they had been, and under his inspiration his successors carried on an ardent campaign against the disease. Today Manitoba has one of the lowest death rates in the world, epidemics are becoming more rare, the number of new cases is slowly being whittled down. In a short while, it is felt, all patients with tuberculosis could be treated at the clinic in Winnipeg.

Manitoba Sanatorium could go on to a new and challenging role in the life of the province; and what better service than to continue as a place of education and inspiration for others in need? The idea would please Dr. Stewart and the far-sighted men who stood on the Ninette hillside long ago. Indeed, in his last address to the Union of Manitoba municipalities, just before his death in 1937, Dr. Stewart said:

The longer I live, the more plainly I see that everything has a relation to every other thing. We need broader views, not narrower, in all our relations. It is a fine thing to see our day's work as part and phase of the universe.

Sports Groups Present Season's Awards

Well over 100 Sanatorium Board staff, their relatives and friends gathered at the Westminster Motor Hotel on May 27th for the Spring Frolic dinner and dance. The annual affair, chaired by recreation club president Mrs. Cynthia Sabine, also marked the season's wind-up for staff curlers

and bowlers, and following dinner trophies and prizes were presented to various individuals and groups.

The winner of the large Club Championship Curling Trophy and of small individual trophies, donated by Modern Building Cleaning Service of Canada Ltd., was the rink skipped by J. J. Zayshley and including Mrs. Doris Setter, Doug Findlay and Miss Marilyn Spargo.

Winners of the special bonspiel prizes were Mr. Zayshley (skip), Miss Janet Smith, Doug Findlay and Rudy Trnka.

* * *

The Five-Pin Mixed Bowling League, which includes a number of staff members of the Society for Crippled Children and Adults as well as Sanatorium Board employees, presented many prizes this year.

The Championship Trophy and individual trophies, again donated by Modern Building Cleaning Service, were presented by Tom Pickering to the league champions: Brian Fortnam, captain, Ray Fortnam, S. Porayko, J. Fisher and P. Saunders.

Other individual trophies and awards were presented by T. A. J. Cunnings, executive director of the Board, and Mrs. Lorraine Angerbauer to the following:

Consolation Winners: Tom Pickering, Captain, Frank Carpenter, Mrs. Angerbauer, Mrs. H. MacMillan and L. G. Angerbauer.

High Records: Miss Sylvia O'Reilly, Mrs. Mike Kowal, A. Porayko, Brian Fortnam, Mrs. Blanche Jopling, Joe Solypa, Dr. H. I. C. Dubo, Keith Feuillatre, Mrs. Gail Holden and H. Parnell.

Lowest Game Scored: Mrs. Shirley Solypa.

* * *

On an earlier occasion the Manitoba Medical Centre Recreation Club 10-Pin Mixed Bowling League held a wind-up party at the Grain Exchange Curling Club.

The Championship Trophy, donated by T. A. J. Cunnings, was presented on Mr. Cunnings' behalf by Edward Dubinsky to the team captained by Miss Madeline Keryluk.

Twelve members of the Sanatorium Board staff bowl with this league. An outstanding member,

Dr. I. H. K. Stevens, announced his retirement from the league and presented the club with a silver cup which will be awarded each season to the bowler with the most improved averages.

Winners of B Division were Mrs. Mary Spencer, captain, Mrs. Dorothy Chapman, Marvin Thorgeirson and Keith Feuillatre.

Winners of the high records included Lorraine Angerbauer and Jim Spencer.

* * *

The Mixed Bowling League at our Manitoba Sanatorium, Ninette, have also announced their 1966 trophy winners. The trophies were presented when members gathered for a bingo night.

The Sanatorium Board trophy was won this year by the team captained by Mrs. L. Richardson. Bowling with her were Mrs. H. Neufeld, O. Lennstrom and Don McKenzie. Runners-up were Tony Hoepfner, Mrs. E. Hoepfner, Mr. and Mrs. Peter Melnychuk.

Other winners were: Ladies' High Average, Miss Marion Hine; Men's High Average, Morris McPhail; Ladies' High Single Game, Mrs. Richardson; Men's High Single Game, Art McKenzie; Ladies' High Two Games, Jean Rusnak; Men's High Two Games, Gordon McWilliams.

REHABILITATION UNIT NOTES

By the Students

Lately, Pembina House at Ninette has developed into something of a tourist attraction. During this past month we have been host to the Chief and Councillors from the Swan Lake Reserve, to a bevy of doctors' wives (their husbands were attending a conference here), all levels of government, and finally on June 7 to the Premier of Manitoba, Duff Roblin, who came to the unit and chatted with the students.

On May 27, the Pembina House students joined the students of the Rehabilitation Unit at Brandon for a tour of Winnipeg. The morning was spent at the Manitoba Institute of Technology where we learned about the various courses we can take. The afternoon was spent looking over the Legislative Buildings, touring a paper products factory and visiting the zoo at Assiniboine Park. It was a long day, but packed with interesting and valuable information.

On May 16 five Pembina House students decided to collect the three dollars offered by our group to the first person who could spend 10 minutes in the chilly waters of Pelican Lake. Stan Turner and Alfred Beauchamp came chattering out of the water after 15 minutes, leaving behind Dave Moose, Harry Pranteau and - oh yes, Josie Francis. By this time the rules had been changed so that the prize would go to the person who stayed in longest . . . and it seemed that the only thing keeping the boys in the water was their male pride. They swore they'd freeze to death before they let Josie beat them. Finally after 20 minutes, the three agreed to come out together. They emerged, stiff, in various shades of grey and blue and split the prize. Some people will do anything for money!

A number of new faces have enlivened the Pembina House scene. We are glad to welcome Victoria Stevens, Linda Pottinger, Alfred Sanberry, Dan Bighead, Sandra Tait, Genevieve Johnson, Dolphous Audy and Doris Kent. We would also like to welcome Miss Betty Lorimer who has joined the teaching staff.

* * * *

For the Brandon rehabilitation students the big highlight of the past month was a "swinging dance" at the Friendship Centre on May 28. The featured band was the Indian Troubadors who hail from Fort Alexander. It is rumoured that they will be back June 17 for our Farewell Dance.

In addition to the tour of Winnipeg, we toured the town of Rapid City, which also happens to be the home of our supervisor Harold Weitman.

Finally, our congratulations are warmly extended to Franklin Arthurson, Charlie Campbell, Felix Antoine, Hubert Arrow, Francis Harris, Ernest Murdock and Horace Bigetty, who graduated from the Prevocational Centre at Bradon.

Mr. McLean Retires

The Sanatorium Board bade farewell to another valued friend this month. Donald McLean, who for a good number of years served as the commissionaire at Clearwater Lake Hospital and later at the Manitoba Rehabilitation Hospital, retired on May 31. He and his wife Gladys, who later this month will resign from the general nursing staff at the Central Tuberculosis Clinic, plan to build a home at Barwick, Ontario. The 33 acres they have acquired, says Mr. McLean, will suit them comfortably; there, they and their pets Tess, a five-year-old Golden Labrador, and Timmy, a young West Highland Terrier, and Tobias, the cat, will enjoy the freedom of the outdoors. They will fish, they will have a garden . . . and to Sanatorium Board staff, who must remain hunched behind mountains of paper work, it sounds great indeed.

Mr. McLean has been with the Sanatorium Board since 1958 and in our opinion was one of the finest watchmen we've had. He was born in Perthshire, Scotland, and at the age of nine emigrated with his family to homestead in the Duck Mountain area of Manitoba. After his schooling (he went to a log school) he did highway and railway construction in Saskatchewan; then with the outbreak of World War II he joined the Royal Canadian Engineers, serving as a sergeant in the European campaigns. He was wounded at Antwerp in September, 1944.

Following the war, Mr. McLean farmed near Swan River for 13

years, then joined the Commissionaires and was posted to Clearwater. It was here that he met and married the former Gladys Voke, the very capable night nursing supervisor who was born and trained as a nurse in England, came out to Canada and joined our staff at Clearwater in November, 1957.

The Sanatorium Board staff, the patients who came to know them well, all wish Mr. and Mrs. McLean many years of happiness and good health in their new home.

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Tribute to Mr. Speirs

J. W. Speirs, who in late April retired from his post as chairman of the Sanatorium Board of Manitoba, was paid special tribute by the members of the Manitoba Hospital Commission. At a meeting of the Commission on June 1, the following resolution was passed:

"That the Commission records its sincere admiration and respect for Mr. James W. Speirs who recently retired as Chairman of the Sanatorium Board of Manitoba after serving the people of Manitoba for 23 years as a member of the Board, and that the Commission records its appreciation for receiving the benefit of Mr. Speirs' graciousness and wisdom in the consideration of matters of mutual concern to the Sanatorium Board of Manitoba and the Manitoba Hospital Commission."

Society Meets at Ninette

Approximately 50 Manitoba chest physicians, accompanied by their wives, gathered at Manitoba Sanatorium on Wednesday, May 25, for a one-day session on "Surgical Lesions of the Lung".

The very successful and full program was arranged by Dr. D. P. Snidal, director of the Department of Continuing Medical Education, University of Manitoba.

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, gave a lecture on surgery in pulmonary tuberculosis. Other speakers included Dr. L. L. Whytehead, lecturer in surgery, Dr. J. Barwinsky, demonstrator in surgery, Dr. J. S. McGoey, lecturer in surgery, Dr. J. C. Graham, demonstrator in surgery, Dr. J. M. Cases, resident in thoracic surgery, and Dr. M. Harmonic, lecturer in pathology, University of Manitoba.

Congratulations to . . .

Mrs. Edith Stevenson of the Manitoba Rehabilitation Hospital nursing staff, who successfully completed a year's course in nursing administration at the University of Manitoba, to Marvin Thorgeirson, senior laboratory technologist at the M.R.H., who obtained his certificate as an Advanced Registered Technologist (Serology) from the Canadian Society of Laboratory Technologists, and to Mrs. Joy Huston, chief occupational therapist, who was re-elected president of the Occupational Therapy Association in Winnipeg.