



*You know I can't read! Where's the elderly party with the goodies?*



*Uhm-m-m. Thank you, sir! This is more like it . . .*



## TB Losing Ground in North

The greater part of our December News Bulletin is devoted to the fifth chapter of our Story of the Sanatorium Board, in which we relate the various events that led to the establishment of a comprehensive tuberculosis control program among Indians.

Considering the research that went into the article — the facts painstakingly gleaned from numerous old papers and annual reports — it was very annoying when, after completing the story, we listened to a television news reporter present a highly critical account of health conditions in the north and then — bless us — announce to the whole of Canada that at Shamattawa, Manitoba, "tuberculosis runs unchecked".

At about the same time we unhappily encountered an editorial in a northern weekly, questioning the wisdom of the Sanatorium Board in closing its tuberculosis unit at The Pas, with "still no concrete plan of action" for the north in the 14-month interval since the unit's closure.

"Or if there is such a plan the public is not aware of it," the editorial said. "This clinic was closed in September 1967 and since then TB control in northern Manitoba has come under the department of health. Northern Manitoba has always been considered an area with a high incidence of TB. It has never been satisfactorily explained why the clinic was closed and why chest x-rays are now read in Winnipeg at a time when the population of the north is expanding."

While we are the first to acknowledge that living conditions in many areas of the north are still shocking, and that we are as anxious as other concerned citizens to see the situation improve, we also feel that it is grossly unfair to attack a program without first investigating a few of the facts.

With respect to tuberculosis control, the fact is that, due in a large part to intensive, carefully planned programs of treatment and prevention, the tubercle bacillus is gradually losing its fertile hunting grounds. This is true, as most people know,

in the southern part of Canada. But it is also true of the north. And it is particularly true in northern Manitoba where the Sanatorium Board of Manitoba — which has full responsibility for TB control throughout the province — has co-operated for many years with the Medical Services Branch of the Department of National Health and Welfare in tuberculosis treatment and prevention.

There are several facets to the joint preventive program. One in which we are particularly involved is the annual x-ray survey of Indian reserves and residential schools and other northern settlements. The Sanatorium Board provides the technicians and x-ray equipment for this program, plus the doctors to read the films. For casefinding surveys of non-Indian populations, the Board also provides the funds, which are raised in the main by Christmas Seals.

This year a total of 13,982 residents in northern Manitoba were x-rayed by travelling clinics — 10,828 of whom were whites, and 3,154 were Treaty Indians. The survey included some 5,000 people in The Pas area, then stretched northward to Snow Lake, Nelson House, South Indian Lake and Brochet, and to settlements along the Hudson Bay Railway to Churchill, and over to York Factory.

Aside from the many stops along the Bay line, the x-ray crew visited in all over a score of places in northern Manitoba this year — including the Shamattawa reserve where 293 out of a total population of 393 were x-rayed. (Since babies and very small children are not normally x-rayed, this, we feel, is fairly good coverage.)

Shamattawa, in fact, has been surveyed by the Board's technicians every year since 1948, and in 1959 the population was examined twice.

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Merry Christmas, Everyone!



# Story of the Sanatorium Board

*The most striking impression we received was of the histories of deaths in infancy and childhood. A woman of 76 had borne nine children, of whom only two were living. A woman of 29 had four children, one now alive . . . A woman of 72 had five left out of 14 children. Of the nine lost, seven died in infancy and two, aged 14 and 15, of tuberculosis . . . A woman of 60 had only two children left (and these unwell) out of 11 . . . Seventeen mothers bore 149 children, of whom 92 had died.*

— From a report by the Manitoba Sanatorium medical staff, on a visit to Fort Alexander in June, 1930.

## PART FIVE

The story of tuberculosis control among Indians is not one we can be wholly proud of, for it was not until the late 1930's that any sincere attempt was made to alleviate their suffering. For many years no adequate facilities were provided for the treatment of tuberculous Indians. They were, after all, not citizens but wards of the federal government, and as such they could look only to Ottawa for medical aid. For a very long time not much was forthcoming.

In the latter part of the 1920's a few conscience-stricken citizens began to call public attention to the injustice of the situation. One of the most vocal was the medical superintendent of the Manitoba Sanatorium who in 1929 had this to say in his annual report to the Sanatorium Board:

**While these (Indians) may not all be citizens of the province, they are residents of the province, and as such their health problems are of very real concern to the people of the whole province. We cannot get away from the law of the modern community that, for good or for ill, we are all members one of another. The blood of the Indians has mixed with ours throughout scores of the older settlements for two hundred years, and is still mixing. Our Indian populations, in which tuberculosis, healed or active, severe or slight, is almost universal, can and do unwittingly bring back to the white population the infections their ancestors received as unwittingly from ours.**

In 1934 Dr. D. A. Stewart repeated his stand to a meeting of the Union of Manitoba Municipalities and again, two years later, when he addressed delegates to the annual convention of the Canadian Tuberculosis Association, to whom he said:

**We are the guardians of the Indians; we, the people of Canada. In the language of the day, we have a mandate for their care. The world suffers increasing spasms of conscience about what is done by dominant peoples like ourselves with native races such as the Indians . . . In Canada we have likely done neither the worst nor the best possible, but I doubt if a League of Nations mandate committee would be entirely satisfied with what we have done or are doing for the health of our wards or the lessening of tuberculosis among them.**

At the same meeting the Canadian Tuberculosis Association prepared a resolution to the federal government stating what was known about the tuberculosis situation among Indians and recommending, among other things, full-time, permanent medical services for them, plus periodical tuberculosis surveys of reserves and Indian schools, using equipment either organized by the government or borrowed from provincial tuberculosis associations. The Indian is undoubtedly soaked with tuberculosis, Dr. Stewart pointed out in the brief. But just what the actual toll was, neither Stewart nor the CTA knew.

The Sanatorium Board was among the first agencies to undertake — on its own initiative and mainly at its own expense — a few scattered health surveys of Indian people. The first organized one was at the Fort Alexander Reserve in June, 1930. X-ray technologist Bill Doern went along on that week-long clinic and still has vivid recollections of it. The following is a synopsis of his account:

**We had to push a car through cow pastures to get there. We had taken the train up to Pine Falls and, after conducting a clinic there, we prepared to move on to the nearby Fort Alexander Reserve where we knew the Indians were gathering for the paying of Treaty. There were a number of us in the party, including Miss Elsie Wilson who had travelled ahead of us to get things organized, x-ray technicians Hubert Jones, Ernie Ackroyd and myself, and several doctors — among them Dr. Gibbs, who was attached to Indian Affairs at Selkirk, and Dr. Stewart, who was not only very much interested in the survey but was also rather anxious to delve into the history of the area. We hired a Ford Model T, loaded our equipment into it and, because there was nothing that even resembled a passable road into the area, we took to the fields, pushing the car most of the way. That evening we arrived, exhausted, at the Roman Catholic Mission, only to be greeted by a throng of prospective clients. Dr. Gibbs, who earlier had sent out runners to notify the Indians about the clinic, now had to tell them to go away and come back the next day . . . and this he eventually managed to do by explaining that the big black (x-ray) machine would not work after sunset. The idea seemed rather ingenious to us at the time, but not so the next morning when all our clients returned at sunrise. The Indians, it turned out, were curious about the x-ray machine, but when it came time to step up in front of it, they hung back, fearful of "the great white light that passed through you." Dr. Gibbs now sought to explain that they should take advantage of this service as each x-ray plate cost \$15.00; whereupon the enterprising Indians suggested that it might be more profitable for them to take the \$15.00 in lieu of the examination. It wasn't until we persuaded the chief to have an x-ray that the others finally submitted.**

The 251 Indians examined on that survey ranged in age from a baby of six months to a venerable man of 103. The old man, a Metis, was a big find for Dr. Stewart, Mr. Doern recalled. It so happened that he had been around during the last days of fur trade rivalry between the Nor'Westers and the Hudson's Bay Company, and he knew the site of an old trading post that had stood near the mouth of the Winnipeg River. Dr.

Stewart pounced on him immediately, and together they set off in a canoe to examine the site, which was on the right bank of the river, just below Fort Alexander. Dr. Stewart excitedly identified the cellars they found there and soon after, through his efforts, the site was marked and commemorated. It was, we believe, the remnants of Fort Maurepas which had been originally established at the mouth of the Red River for La Verendrye in 1734, then moved six years later to the Winnipeg River.



Dr. D. A. Stewart (left), first medical superintendent of the Manitoba Sanatorium, is pictured here with the priest of the Oblate Mission at the Fort Alexander Indian Reserve, a senior resident of the reserve (his age was noted as 103), and Dr. Gibbs of the Indian Affairs Branch at Selkirk, at the Sanatorium Board's first organized Indian clinic in June, 1930.  
(Photo taken by Bill Doern)

The succeeding years were marked by a few other forays into Indian territory. Between 1930 and 1935, a total of 1,880 registered Indians were examined and x-rayed by the Board's travelling clinics — 409 on reserves and the others in Indian residential schools. Of those surveyed on the reserves, nearly one-quarter were found to have tuberculosis. The children in the schools fared better but, as Dr. Stewart pointed out, they paid a heavy toll in their young adult years when thrown back to the unsheltered life in the reserve. "In the reserve," he said, "tuberculosis is found not to be a general infection only but a general disease. There is scarcely a person at any period from early childhood to old age who does not show in his tissues the signs of a real tuberculosis battleground."

Dr. Stewart did not live to see the organization of large-scale routine surveys of Indian reservations. He died after a lengthy illness on February 16, 1937, and immediately afterwards his work at Ninette was taken up by his faithful assistant of the past ten years, Dr. Edward Lachlan Ross. That same year, probably as a result of the CTA resolution to the federal government in 1936, the Indian Affairs branch (which was then attached to the Department of Mines and Resources) appointed Sanatorium Board chairman John McEachern to head a Canada-wide advisory committee to deal with tuberculosis in Indians. The Board was also authorized to conduct a survey of reserves and residential schools in Manitoba to determine more accurately the incidence of infection and disease. A total of six reserves and seven residential schools were visited by the travelling clinics that summer and according to a published report by Dr. Ross and Dr. A. L. Paine, nearly 10 percent of the 2,672 persons x-rayed and examined were found to have tuberculosis, one-quarter of whom were in urgent need of hospitalization. Seventy-three percent showed positive reactions to the tuberculin skin test.

These early ventures led to a series of meetings between representatives from Ottawa and the Sanatorium Board, to discuss the means of establishing an adequate and progressive control program among Indians. There were at this time a few people who had genuine concern for the plight of our native peoples, but the one who comes first to mind is Dr. Percy Moore who, after spending several years as medical superintendent of the Fisher River Agency in Manitoba, joined the Indian Affairs branch in Ottawa in 1938 as assistant medical superintendent of medical services, and eight years later was appointed director of the Medical Services branch of the new Department of National Health and Welfare.

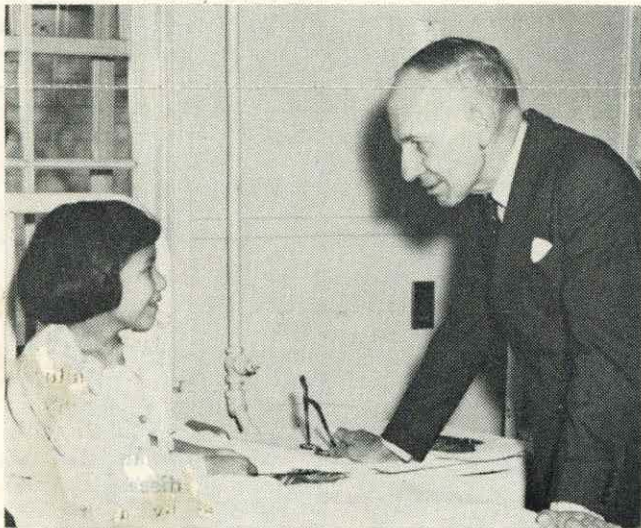
Despite inadequate funds and numerous head-on collisions with die-hard officialdom, Dr. Moore fought for and obtained many good health schemes for the Indian and Eskimo. The TB problem was, of course, one of his chief concerns and in his efforts to evolve a constructive control program he found willing and able allies in a number of influential businessmen who in succession served as chairmen of the Sanatorium Board. They were John McEachern, a banker, who served on the Board for 24 years, was chairman from 1923 until his death in 1942, and claimed during all that time that the work of the Sanatorium was his first love and would be his last; CPR Vice-president C. E. Stockdill who, while he was chairman for only one year, was nevertheless quietly dedicated to the job and during his term helped pave the way for free tuberculosis treatment for all patients in the province; and finally, the redoubtable Major George W. Northwood, a prominent Winnipeg architect who as chairman

# of Manitoba

from 1943 to 1949 rammmed through a series of new policies to broaden and strengthen almost every facet of the Board's program. Major Northwood saw his duty clearly: the community must be served in the best and fullest way possible — and since, in his opinion, the Indian was an integral part of the community, his rights must be championed. Out of the efforts of these men, and of the sanatorium doctors and such others as T. A. J. (Jack) Cunnings (who joined the Board staff in 1942 to organize the first comprehensive rehabilitation program for tuberculosis patients), there evolved a unique and fruitful partnership in which the Sanatorium Board undertook the operation of several federally owned hospitals for Indians (and Eskimos) and co-operated with the government medical services in extensive case-finding, treatment, rehabilitative work, and other measures to improve the lot of the native and increase his resistance to disease.

In one of his numerous articles on TB control in Manitoba, Dr. Ross recalled that Dynevor Indian Hospital near Selkirk was one of the first — if not the first — hospitals in Canada devoted entirely to the treatment of tuberculosis in Indians. Located on a large tract of land on the west bank of the Red River, three miles north of Selkirk, Dynevor was originally the home of Archdeacon Cowley, an Anglican missionary among Indians during the middle and latter part of the nineteenth century. After 1890 it was enlarged and operated by the Anglican Diocese of Rupert's Land as a hospital for Indians, and in 1939 it was purchased by Indian Affairs and handed over to the Sanatorium Board to run as a TB hospital. The hospital provided 50 treatment beds — and in his annual report for that year the chairman of the Board rejoiced that "with this new program instituted by the Department of Indian Affairs, we can look forward to the control of tuberculosis among this susceptible people."

The case-finding surveys, which were steadily stepped up from that year on, turned up more and more people in urgent need of hospitalization. "You will note," said Dr. Ross in his 1942 annual report, "that Indians (who comprise about two percent of the province's population) account for one third of the total tuberculosis deaths." In 1944, tuberculosis deaths among Indians actually outnumbered deaths in non-Indians.



The late Vincent Massey, our first Canadian Governor-General, is shown chatting with a young patient at the former Brandon Indian Sanatorium. His Excellency toured the Board's hospitals at Brandon and Clearwater Lake in April, 1956.

The obvious need was for many more hospital beds, particularly in the north where clinics were turning up scores of new cases as they edged closer to the Arctic. Jack Cunnings who, in addition to his Winnipeg post as director of rehabilitation, was gradually brought into the day-to-day affairs of the Board and eventually wound up as secretary-treasurer and executive director, recalled the events of 1945 which led to the opening of a second treatment institution for Indians at Clearwater Lake:

In the spring of 1945, just after the end of hostilities in Europe, the Canadian government began negotiations with the American government to take over, for a lump sum, the various hospitals that had been built and operated in Canada by the U.S. Armed Forces. At about the same time, Ottawa wrote to the Sanatorium Board inviting us to take over the administration of one of these facilities, which had been built at a U.S. Army base near The Pas. The Board, surprised by this offer, replied that it would "look into it", then hurriedly formed a committee (composed of Major Northwood, Vice-chairman A. K. Godfrey, W. R. Devenish, Dr. Ross and myself) and headed north to look at the bonanza. No words could adequately describe what we saw there. The hospital, designed to accommodate about 50 patients, was composed of single storey, frame, barrack-like buildings, casually joined together by covered walkways. It sat in the middle of the wilderness . . . and except for three power houses, it was completely barren of equipment. It had never been used by the army; it was virtually an empty shell. How in the world, we wondered, could we ever get it properly equipped and in this forlorn place find enough people to staff it? Major Northwood, however, was not one to be thwarted by a million problems. A hospital, he said, was needed for the people of the north; therefore, the Board must accept the government's offer. So in June he began negotiations with Ottawa and in August he sent me up there to make the arrangements for its opening.



Clearwater Lake Sanatorium, near The Pas, was opened by the Sanatorium Board in September, 1945, for the treatment of tuberculosis patients from the north.

The story of how the barren barracks at Clearwater were, within a few weeks, transformed into an operating hospital is nothing short of a miracle. Major Northwood had said it must be done, and somehow the Sanatorium Board staff did it. Carl Christianson, an ex-patient who is now manager of the Assiniboine Hospital in Brandon, was called from McDonald Aircraft to help set up the accounting system and to oversee the purchasing of equipment and recruitment of staff; Dr. Duncan McRae, physician at Ninette, went up to take over the post of medical chief until Dr. J. M. Ridge obtained his release from the RCAMC; and a nurse was borrowed from Indian Affairs to serve as a temporary superintendent of nursing. The three power houses were consolidated — which was a rather tricky job as these supplied the power to a nearby air base and the service had to be maintained — other staff was found, beds were put up and the pharmacy and surgery stocked. The first patient was admitted to the wards on September 26. By the following spring 80 people were receiving treatment there and in succeeding years the accommodation was increased to 150 and then to 190. Clearwater Lake Hospital never did look like much, but for 20 years it held a bright spot in the sun. During the first years, as only the most desperate cases were brought in, it seemed that each day was marked by a dreary funeral procession out the back door, reminisced one former employee. But after a while this situation changed and there came a happy time when each spring break-up signalled the coming of the aircraft to carry scores of recovered patients home. From 1945 until its closure in February 1965, the hospital examined over 7,000 patients from the north and admitted at least 5,000 of them for treatment of almost every known tuberculosis condition.

Clearwater Lake Hospital served as the Sanatorium Board's main diagnostic and treatment centre for the north, and as a base for northern preventive surveys, but it was hardly big enough to handle large numbers of tuberculous Indians and Eskimos. In 1947 the Board received another note from Ottawa, this time asking it to take over the administration of a 200-bed Veterans Hospital in Brandon.

Like Clearwater, the Brandon military hospital was a group of plain wooden barracks, but unlike Clearwater its conversion into an Indian sanatorium did not present so many problems. Constructed by the Canadian government in 1943 as a temporary place for the treatment of sick and wounded soldiers from the war campaign in the Far East, it was taken over by the Department of Veterans Affairs in early 1947 to receive about 100 Polish Army veterans. The veterans were part of a contingent of displaced persons (all of whom had been diagnosed as tuberculous) who were accepted by Canada when, after the war, it became obvious that they could not return to their homeland. Thirty of them were still occupying beds at the Brandon hospital in June of 1947 when it was purchased by Department of National Health and Welfare and turned over as it was to the Sanatorium Board. Many of the government employees stayed on under the new administration and assisted immeasurably in setting up the new program.

From June, 1947, until its conversion into an extended treatment hospital in 1959, Brandon Sanatorium served as a major tuberculosis treatment centre for Indians and Eskimos, accommodating during peak periods some 300 patients from all parts of Manitoba, Northwest Ontario and the Central Arctic. It was here, too, in 1958 that the Sanatorium Board established a special rehabilitation unit to prepare men and women from remote areas for life and work in the city. This program continues today at Pembina House, Ninette, but in recent years it has been considerably modified to include all socially and vocationally handicapped people desiring assistance — and less attention is paid now as to whether they are Indian, white or in-between.

Tuberculosis in native peoples is still a big problem, and will likely remain so as long as poverty and ignorance dominates their life. Nevertheless, because of yearly case-finding and aggressive treatment and preventive measures, the TB situation has improved immeasurably over the past 25 years. In 1943 this disease was the cause of 207 deaths among the Indians of Manitoba. Last year two died.

## Brandon Travellers Donate \$5,000

The Associated Canadian Travellers, Brandon Club, handed over another \$5,000 cheque to the Sanatorium Board of Manitoba at the annual President's Ball December 6 at the Prince Edward Hotel in Brandon.

The cheque — presented to Sanatorium Board Executive Director T. A. J. Cunnings by Past President Wray Reed, who returned for the event from his new home in Regina — represents the final payment on a \$17,000 pledge to finance the diabetes blood tests given to Western Manitoba residents in 1966.

Mr. Cunnings commended the Brandon Travellers for their splendid support of the Board's various health services. Over the past 23 years, he said, this club alone has donated about one-quarter of a million dollars towards the prevention of disease and disability.

A good part of the funds are raised each year through A.C.T. Search for Talent contests, broadcast to listeners throughout western Manitoba by CKX Radio Station in Brandon. About 20 contestants take part in each of these shows and from the group the audience selects three talent winners plus a popularity winner. The popularity contest brings in the money, for the winner is chosen solely on the number of dollars the audience pledges in his or her favor.

The winners of the Search for Talent shows go on to compete in a final Rose Bowl competition. This year,

for the first time, CKX Television station, under the management of Stewart Craig, presented these finals. Some 200 people were involved in the show which, said Mr. Cunnings, was a tremendous feat of organization on the part of the television station, and a most generous contribution.

At the President's Ball this month, the Goodlands Glee Club, under the direction of Mrs. Joan Adams, was presented with the Rose Bowl trophy. And the town of Deloraine, represented by Bill Macpherson and Dr. J. G. Bonar, was honored as the site of the top money-making talent show.

Leo Clement, new A.C.T. president, chaired the evening's program which, in addition to the cheque presentation and Search for Talent awards, included the awarding of life memberships to W. P. Hutton, an A.C.T. member since 1933 and one of the original 50 A.C.T. members in Canada, and R. W. Cowie, a charter member of the Brandon organization in 1938.

Attending the ball with Mr. Cunnings were Mrs. Cunnings, Assistant Executive Director Ed Dubinski and Mrs. Dubinski, Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, and Mrs. Paine, John Craig of Brandon, member of the Sanatorium Board Executive Committee, and Mrs. Craig, Brandon Mayor S. A. Magnacca, also a member of the Board, and Mrs. Magnacca.

## Two Retire from Ninette Staff

On two occasions the staff of the Manitoba Sanatorium at Ninette gathered to honor two fellow employees who have recently retired.

Louis Daigle of Dunrea, who joined the maintenance staff at Ninette on May 26, 1956, and remained with that department until his retirement this fall, was presented with a gift of money at a farewell get-together in the staff dining room.

And Ivan Phillips, who has been assistant storeman at the sanatorium since July, 1950, was honored at a special tea in the assembly hall.

Mr. Phillips' association with Manitoba Sanatorium dates back to the time when the institution was first built in 1909 and 1910. According to Hospital Manager Nick Kilburg, he lived at one time on land adjoining the sanatorium property, and during the construction period he worked for the contractors in various capacities. His father provided milk to the institution during these early years, and later he himself became one of the sanatorium's milk suppliers.

The assembled staff wished both Mr. and Mrs. Phillips a long and happy retirement at their home in Ninette. In appreciation, they presented them with a transistor hi-fi radio.



Mr. and Mrs. Phillips

Sanatorium Board staff members in Winnipeg also gathered recently to honor Mrs. Helen Hobson, who has resigned her post as secretary in the Department of Communication Disorders, Manitoba Rehabilitation Hospital, to take a position with the YWCA.

Mrs. Hobson has been a valued member of our staff since the opening of the hospital in 1962 and during the beginning years she worked in the Occupational Therapy Department. At the tea in her honor in the hospital staff lounge December 6 she was presented with a gift; J. B. Person, director of the Department of Communication Disorders, made the presentation.

## TB Control

(Continued from Page 1)

In the past five years two new active cases of tuberculosis were uncovered there (both in 1966) and two re-activated cases (one in 1966, the other this year).

The good results of this partnership between a voluntary organization and government medical services are seen each year in a fairly steady decline in tuberculosis mortality and morbidity and in the number of TB treatment days (which were reduced by about 13,000 in the province in the past year alone).

Within the past five years, we note, the number of new active cases of tuberculosis reported among residents in The Pas area and northward has been cut in two — from 70 new active cases in 1963 to 35 this year. Eight of this year's cases were registered Indians; the rest were white or Metis.

With respect to the Sanatorium Board's control program out of The Pas, it is true that we no longer operate our own tuberculosis unit there. At the time of its closing the Board made arrangements with St. Anthony's General Hospital to take chest films of tuberculosis contacts and suspects referred by physicians and by the Northern Health Unit. These films are flown immediately to Winnipeg for interpretation and reports are sent back promptly via a TWX communication service. The TWX system makes possible an efficient, high standard of service to the north, for not only is there a 24-hour x-ray reading service between The Pas and Winnipeg, but speedy consultation and advice about patients can also be provided by the Board's chest physicians.

At the present time, the Sanatorium Board is also co-operating with provincial health services at The Pas in a tuberculin skin testing survey of school children. The survey is part of a pilot project (which we hope will extend to all parts of the province) to get at the tuberculosis problem through the young.

According to Dr. Reuben Chernick, medical director of the S.B.M. Tuberculosis and Respiratory Disease Service, it has been observed that children entering school have a very low tuberculin positive rate, but when they leave school it is much higher.

Therefore, the purpose of this program — which is being administered by public health nurses, with material supplied by the Sanatorium Board — is to identify children who have become infected with tuberculosis and provide them with prophylactic drug treatment to prevent the development of active disease in later life. Also, through investigation of the positive reactor's contacts, the health team should be able to locate, isolate and treat the source of infection.

We don't mind being questioned about the wisdom of any of our programs. That's how progress is often made. But it does seem reasonable that when doubt does arise, the responsible authority should be queried.

Please note, fellows, that the Sanatorium Board of Manitoba is still very much in the TB business.

## BULLETIN BOARD

The Sanatorium Board congratulates Dr. J. F. R. Bowie and Dr. Z. S. A. Ezzedrin, staff physicians at the Manitoba Rehabilitation Hospital, who recently received their certification in physical medicine and rehabilitation.

A very special event at the Manitoba Rehabilitation Hospital Dec. 5 was an address to Manitoba Medical Centre staff by Dr. R. B. McClure, new Moderator of the United Church of Canada. Dr. McClure spoke about life in China and India following a luncheon, arranged by the M.M.C. Chaplain's Department.

We are grateful to the many individuals and groups who are helping to brighten the holiday season in our hospitals. The biggest events in Winnipeg were a party for D. A. Stewart Centre patients on Dec. 20 and a Christmas variety show arranged by the staff for M.R.H. patients on Dec. 18. For the latter, the Aviva Chapter, B'nai B'rith provided refreshments, and once again a good friend of the hospital donated a gift for each patient.

Beta Beta Chapter, Phi Rho Zeta, is responsible for the bags of treats, toys and other gifts distributed to our Winnipeg patients Christmas Day . . . Gifts for children in the Stewart Centre were distributed by the Ladies Auxiliary to the Associated Canadian Travellers, and for M.R.H. patients by the Salvation Army . . . Christmas stockings, fat with goodies, were again presented to the little ones in the Stewart Centre by Mr. and Mrs. Bill Morgan.

The newly formed Manitoba Amputees (Civil) Association held a gala party at the M.R.H. on Dec. 13 . . . the Quota Club entertained arthritis patients in Winnipeg at the hospital Dec. 10 . . . also around Dec. 10 a busload of our patients went out to Polo Park where Simpsons-Sears had thrown open their store to enable handicapped people to do their shopping.

Instead of exchanging gifts this year, M.R.H. nurses on the fourth and fifth floors donated toys to the Christmas Cheer Board . . . and the Physiotherapy Department provided gifts and food to two needy Winnipeg families.

Out at Manitoba Sanatorium, the staff has decorated the assembly hall and dining room with bows of cedar and tinsel. Their big Christmas party and concert for patients is scheduled for Dec. 18th, and on the afternoon of Dec. 23 staff and patients will gather 'round the tree for the traditional festival of carols.