



# News Bulletin

SANATORIUM

The  
BOARD

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For Patients, Staff, and Friends of the Sanatorium Board

MARCH, 1960

## A.C.T. Gives \$9,500 for Brandon Therapy Unit

### Seal Sale Nets \$179,670 For TB Programs

The 1959-60 sale of Christmas Seals has netted a total of \$179,670 for the fight against tuberculosis, Miss Mary Gray, Seal Sale director, announced this month.

This figure is \$1,300 less than the amount raised last year — but it is still one of the largest amounts of money ever collected by the Sanatorium Board.

Last year's total of \$181,048 was highest in the Board's history and showed a 10 percent increase over the previous year.

Commenting on the Seal Sale this year, Miss Gray said that one of the factors which worked against the campaign was last year's crop failure which prohibited farmers from contributing such as in past years.

But on the whole," she said, "the results from the Christmas Seal Sale have been very gratifying."

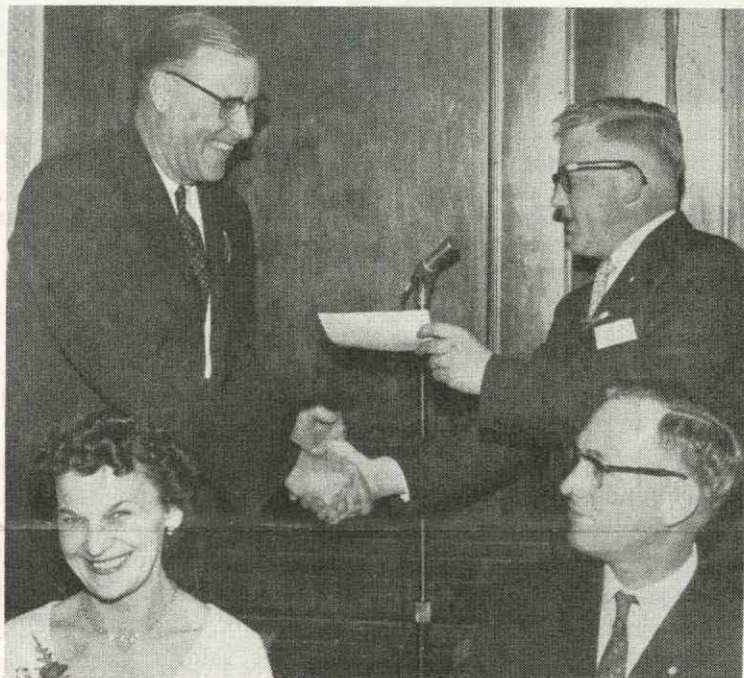
Miss Gray thanked the many people who supported the 1959 Campaign, and the volunteer workers who prepared the Christmas Seal packets.

Special thanks are also extended, she said, to the army and air force establishments at Gimli, Southport, Rivers, Churchill, Shilo and Winnipeg.

Many of these servicemen are non-residents, yet every year they contribute a substantial amount of money.

All the money raised through the sale of Christmas Seals is used to help pay for the Sanatorium Board's tuberculosis preventive program in which last year provided more than 155,000 free tuberculin skin tests and chest X-ray examinations for the residents of Manitoba.

Christmas Seals proceeds also aid the Board's rehabilitation and health education program.



R. H. G. Bonnycastle (left), Sanatorium Board executive member, accepts a cheque for \$9,500 from Associated Canadian Traveller Al Price at the Brandon A.C.T.'s annual Presidents Ball on March 4. The money will be used to help cover the construction cost of Assiniboine Hospital's new physical and occupational therapy unit. Seated in the foreground are Mrs. Al Baker and A.C.T. president Mr. Al Baker. (Photo Courtesy of The Brandon Daily Sun.)

### Moving of Quarters to St. James Begins "New Era" for San. Board

On a frosty morning late last month a fleet of yellow trucks slowly made its way down Winnipeg's narrow Bannatyne avenue and ground to a stop in front of a low, grey building. After a few shouted directions a group of ruddy-cheeked workmen entered the old, brick structure and hastily began to remove everything in sight.

Desks, cartons of books and X-ray plates, musty old files, brand new files, wastepaper baskets and even garbage cans were trundled out to the waiting vans. A memorial plaque to a great doctor and the pictures of nine auspicious-looking gentlemen were removed from their dusty places on the wall; a once well-groomed executive office was reduced to a heap of rubble and bare bricks. Finally, when everything was moved that could be moved the trucks pulled

away, leaving behind them a decaying shell which for 30 years had housed Winnipeg's Central Tuberculosis Clinic —and for 15 years, the headquarters of the Sanatorium Board of Manitoba.

#### New Era

In a way, the moving of the SBM head offices on February 26 to a temporary location in the city of St. James (and the moving of the Central Tuberculosis Clinic in January to the Winnipeg General Hospital) marked the end of a colorful chapter in the Board's history. After 49 years of confining its services to tuberculosis control in Manitoba, the Board announced late last year that it was ready to include other health services in its program.

In about two years time, the directors said, the Board will move again from its present address at 1654 Por-

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The Associated Canadian Travellers of Brandon made a second cash contribution this month to Assiniboine Hospital's physical and occupational therapy unit building fund.

The contribution, amounting to \$9,500, was presented in the form of a cheque to Sanatorium Board executive member R. H. G. Bonnycastle at the association's annual Presidents Ball at the Prince Edward Hotel on March 4. Al Price, chairman of A.C.T. projects for the Sanatorium Board, made the presentation.

This is the A.C.T.'s second contribution to the building fund during the past year, and brings the total of money donated to \$25,000. Altogether the club has pledged the amount over and above government grants to help cover the cost of constructing and equipping a new physical-occupational therapy unit.

In accepting the cheque Mr. Bonnycastle stressed the importance of voluntary effort in community projects and commended the A.C.T. for their exceptionally fine work in this field.

He said that all too often there is the tendency to sit back and let the government do everything. But enthusiastic voluntary assistance and interest, he pointed out, can never be replaced by the impersonal government approach.

Other speakers at the annual event were Dr. E. L. Ross, medical director of the

Sanatorium Board, who summarized the accomplishments in tuberculosis control since the A.C.T. first assisted in the program in 1945, and John Craig, president of radio station CKX.

Mr. Craig praised the A.C.T. Search for Talent broadcast, which has been carried free of charge by the station since the fall of 1946, and pledged the station's continuing support.

Other events at the dinner dance included the presentation of past president pins to Fred Downie of Winnipeg, 1959 president of the Brandon Club, and to Mrs. Jack Cook, past president of the A.C.T. Women's Auxiliary.

Mrs. Frank Turnbull, president of the Auxiliary, proposed the toast to the men; Alfred Conway replied.

Other Sanatorium Board representatives present for the occasion were Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium; Dr. A. H. Povah, Dr. G. Coghlin and H. Gibson from Assiniboine Hospital and T. A. J. Cummings, SBM executive director.

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# Profiles

C. C. CHRISTIANSON

One of the key figures in any hospital organization is the man who takes on the ticklish responsibility of handling the hospital's day to day business affairs. At Assiniboine Hospital in Brandon this complicated but rather exciting job falls under the jurisdiction of Carl C. Christianson, who has been embroiled in the Sanatorium Board's business affairs since its formative years.



Tall, quiet, cigar-smoking Carl Christianson manages the hospital's business with the same conscientious air of a man operating his own establishment. With a sharp eye always cast towards "what's good for the hospital" and "what's economically best", he

more than capably administers the operations of all the non-medical departments — the general services and accounting departments, the commissariat, maintenance, and so on.

Mr. Christianson was born in the Icelandic settlement of Baldur, Manitoba, and spent most of his boyhood in Saskatchewan. He returned to Baldur in 1920 and, after completing high school, entered the University of Saskatchewan School of Accounting.

He worked as a clerk for two grocery chain stores in Manitoba until 1934 when, stricken with tuberculosis, he entered Manitoba Sanatorium. On his recovery in 1936 he worked for the Christmas Seal Department and in 1940 joined the sanatorium's accounting department as an assistant accountant.

In 1942 he shifted to an accountancy position at McDonald Aircraft, but returned to the Sanatorium Board three years later to take on the exciting job of establishing the Board's new northern sanatorium at Clearwater Lake. In 1950 he became business manager of that institution, and in May, 1958, became business manager at Assiniboine.

Married in 1950 to the former Jean Edith Turnbull, one-time matron of Clearwater Lake Hospital, Mr. Christianson lives in a cosy apartment on the hospital grounds. A devoted father, he has two sons: Bruce 8, and Brian, 5. He is a prodigious reader, has an excellent knowledge of a wide variety of subjects, particularly history, and loves nothing better than a hot, controversial discussion. He fishes occasionally and in the winter likes to curl.

But his main interest is, of course, his work and the improvement of that work. In June, 1959, after two years intensive study, he received his certificate in Hospital Organization and Management from the Canadian Hospital Association.

## DR. J. D. ADAMSON

Over the years there have been many valuable men who have devoted a good part of their lives to the war against tuberculosis in this province, but few of these can claim that they've spent nearly half a century at it. One such man is the noted chairman of the Sanatorium Board's Medical Advisory Committee, Dr. J. D. Adamson.

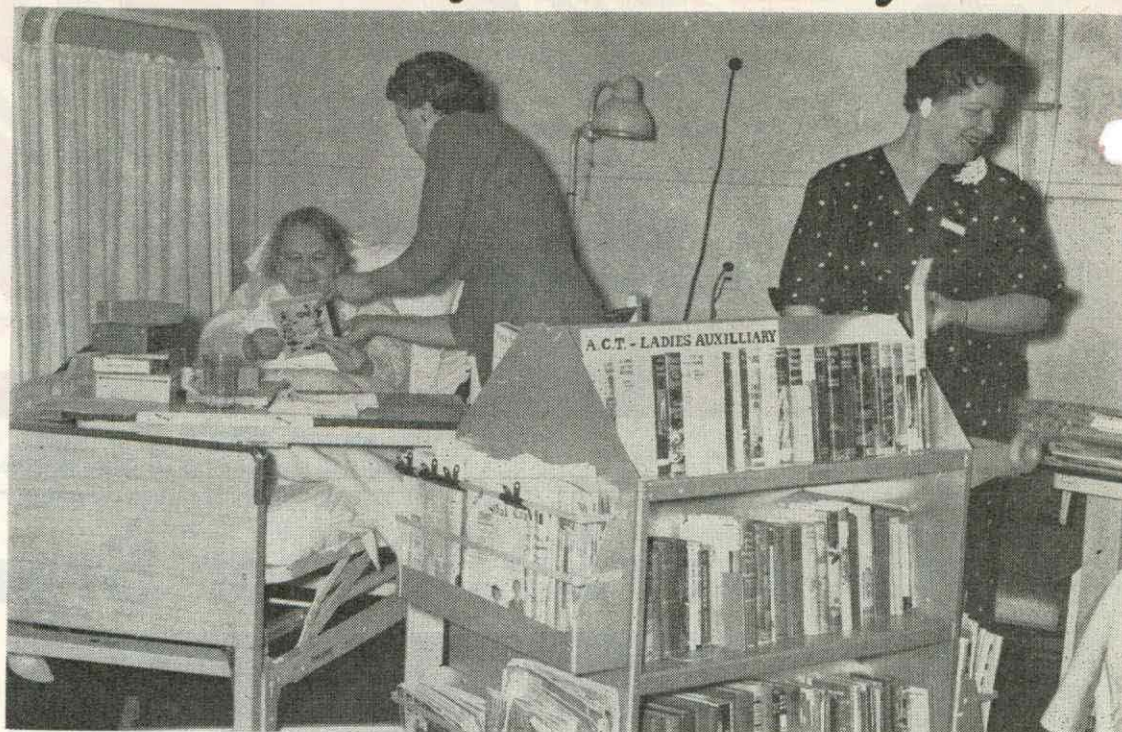


The first junior interne (or for that matter, any kind of interne) at Manitoba Sanatorium, Dr. Adamson has been associated with the Sanatorium Board since its early beginnings. He was a devoted student of the sanatorium's founder, the late Dr. D. A. Stewart ("My chief inspiration in medicine"), and went on to become the first medical superintendent of St. Boniface Sanatorium, a member of the Board's Medical Advisory Committee, and president of the Canadian Tuberculosis Association.

Aside from this "extra work", Dr. Adamson has been, among other things, professor of medicine at the University of Manitoba, a medical director of St. Boniface Hospital, Winnipeg General Hospital and Deer Lodge Hospital, and a medical consultant to the Canadian Army and later to the provincial government. Even now in his 71st year, this spirited "doctor's doctor" is going strong. Besides his advisory work with the Board he has a full-time job as medical consultant for the Manitoba Hospital Services Plan — and only a few weeks ago gave up his extensive work with the DVA.

Dr. Adamson was born near Morden, Manitoba, the seventh son of farmer-turned-banker A. J. Adamson. He received his Arts degree from St. John's College in 1910 and graduated from the University of Manitoba Medical School in

# A.C.T. Auxiliary Starts Library Service



Fiction, mystery, biography or historical romance? Mrs. Harriet Kimber, a patient, happily selects her choice from some 400 books which make up the new library service at Assiniboine Hospital, Brandon. The library, which also includes subscriptions to 18 local newspapers and nine magazines, was formed recently by the Women's Auxiliary of the Associated Canadian Travellers. Shown here distributing the books from a cart supplied by the Sanatorium Board are Mrs. F. C. Turnbull (centre) who heads the A.C.T. Library Committee and her assistant, Mrs. W. A. Paton.

1914. After spending five years as a captain with the British Field Ambulance and the Canadian Medical Corps overseas, and a couple of years as assistant medical superintendent of Manitoba Sanatorium, he returned to London and Edinburgh in 1922 to do post-graduate work. He received his membership in the Royal College of Physicians (Edin.) in 1928 and his fellowship in the Royal College of Physicians (Can.) in 1929.

In 1920 he was appointed to the University of Manitoba teaching staff at Winnipeg General Hospital, and from 1924 to 1939 was chief of the medical staff (in charge of teaching) at St. Boniface Hospital. When St. Boniface Sanatorium was built in 1930 he also became medical superintendent of that institution. Appointed professor of medicine at the university in 1939 in charge of the Department of Medicine at the General Hospital he left his post during World War II to serve as medical consultant (Colonel) to the Canadian Army in Ottawa. Following the war he resumed his teaching (resigned in 1955), became a consultant in medicine for the provincial government and in 1958 was appointed to his present position with MHSP.

An affable, slightly built man, Dr. Adamson lives comfortably in an apartment on Winnipeg avenue where he likes to work with pastels, write medical articles (has more than 100 to his credit), and collect driftwood. He has two daughters: Mrs. Elizabeth McIntyre of Ed-

A library service for the patients at Assiniboine Hospital was started recently by the Women's Auxiliary of the Associated Canadian Travellers, Brandon.

The establishment of the library, which is directed towards providing an extra interest for both long-term and tuberculous patients at the hospital, will be a start towards the formation of a hospital auxiliary, Mrs. I. A. Cruikshank, superintendent of nurses, said.

The A.C.T. Auxiliary worked with the Brandon Public Library in selecting and tabulating some 400 books of all types, 18 local newspapers and nine magazine subscriptions.

Six club members go to the hospital each Wednesday afternoon to distribute the books and visit patients.

The auxiliary's decision to set up the library is the result of an announcement by the Associated Canadian Travellers last year that the Brandon Club would broaden its tuberculosis program to include projects for the Sanatorium Board's new extended treatment patients at Assiniboine Hospital.

mon and Mrs. Julia Diana Atkinson of New Jersey, and six grandchildren.

Among the many organizations with which he has been associated are: Manitoba Division, Canadian Arthritis and Rheumatism Society (past president); Winnipeg Medical Society (past president); Canadian Medical Association (honorary life member); and the Manitoba Branch, Canadian Mental Health Association (past president).

Now that the men are busily engaged in raising funds for a physical and occupational therapy unit at the hospital, the wives are enthusiastic about providing some service that would boost patients' morale, Mrs. Cruikshank said.

A patients' library seemed to be the most outstanding need.

Mrs. F. C. Turnbull, chairman of the A.C.T. Library Committee. She is assisted by Mrs. W. A. Paton, Mrs. T. H. Fawcett and Mrs. J. W. Shaw. Mrs. Shaw is also in charge of visiting.

## Pi Phi Fraternity To Form Auxiliary

Plans for the formation of an auxiliary force for the Manitoba Rehabilitation Hospital are announced by the Pi Beta Phi Fraternity of Winnipeg.

The motion to start hospital auxiliary work was passed at the February meeting of the organization.

One of the first projects, the club announced, will be the establishment of a library for the hospital patients.

Miss Janet McDougall has been appointed head of the library committee. She will be assisted by Mrs. Edward Locke, Miss Joan Kelly, Miss Shirley Bradshaw and Mrs. J. E. D. Tate, president.

# Closer Cooperation, Understanding Is Needed To Help Indian Find His Place Says Speaker

At the opening session of the celebrated annual conference on Indians and Metis in Winnipeg last month, a tall, curly Mohaw quietly rose to address the 500 Indian and white delegates.

"We Indians have lost that thing we held so many years, our pride of race, our racial heritage," he said. "Only when we get our spiritual values back — and the people who took them away help us to regain them — can we solve our problems and work out our destiny with other Canadians."

The speaker was Dr. Gilbert C. Monture of Ottawa, a reservation-born Indian who has gained international fame in the mining economics field. In his opening address to the conference, held at the Manitoba government's Broadway building, February 24 to 27, he pleaded for more understanding between Indians and non-Indians and set the tone for the conference theme, "Team work in solving community problems."

To the Indian and Metis delegates he said: "Be free men, not mendicants. Be proud of your ancestry and live up to its highest traditions."

"It may be a hard road but we are not alone. There has been a great awakening of the public conscience and there are many people who want to help."

Turning to white delegates he urged, "Seek to understand our philosophy. We want to co-operate. That's the basis of our society."

In the speeches and discussions that followed during the next three days the delegates seemed to respond to Dr. Monture's plea for fellowship and co-operation.

Treaty Indians rose to speak for non-Treaty Indians, Indian chieftains were the first to speak, and white delegates, acknowledging that they needed as much education as their red-skinned brothers, listened attentively.

### Problems

Later, when the conference broke up into 14 discussion groups, the delegates turned their eyes on the Indians' specific problems and sought to find some solution.

The biggest problems seemed to centre on three things: Work, education and housing.

With the growth in Indian population and the steady depletion of hunting and fishing resources on the reserves, delegates talked over the ways to improve the Indian's economic situation.

Among the things Indian spokesmen asked for were new roads and bridges to open up new country, provide access to large timber tracts and fishing streams and good, sandy beaches which could become tourist resorts. They also asked that road contractors hire local Indian labour instead of bringing men in.

Among the things requested to improve Indian education were more high schools on the reservations, vocational trade training for Metis,

and more bursaries for non-Treaty children.

With respect to housing delegates pointed out that much more money must be provided by the government if reservation housing is to be brought up to standard.

### Resolutions

The general feeling of the conference was that the Indian and Metis could start right at home to settle their problems — and on Saturday, Feb. 27 the delegates passed some 33 resolutions, many of which centred on this idea.

Among these were:

1. Establishment of a co-operative producing, processing and marketing organization.
2. Establishment of community planning committees, made up of both treaty and non-treaty people, to take inventories of available, local natural resources, carry out a survey of available labor, locate jobs, etc.
3. The setting up of consumer co-operatives as a means of eliminating exploitation of Indian and Metis people in such areas as fishing, trapping and handicrafts.
4. Request to the Department of Education to re-examine the need for vocational and pre-vocational training for Indians and Metis.
5. A request to the government for increased funds for housing construction.

### Results

Just how effective these resolutions are in stirring government action on the In-

dian problems was pointed out during the session by Archbishop F. Pocock, president of the Welfare Council of Winnipeg which sponsors the conference.

Seven of last years conference resolutions had been acted on by the government, he said. These included \$5,000 for scholarships for Indian and Metis students; money for the transportation of delegates to the conference, and a section of the conference for women delegates.

Dr. Pocock also said that annual conferences on Indian and Metis affairs should grow into permanent institutions which could act as an advisory board to the government and other interested groups.

## New Film

A five-minute color film on the tuberculin skin test was made recently by the Sanatorium Board.

Titled, "The Mark of Distinction," the film tells in a pleasing and concise way, the importance of mass tuberculin testing in TB control programs.

It will be shown at the organizational meetings for community surveys, and will run continuously on a small screen during the surveys.

The film was written and produced by Francis J. S. Holmes. Among the Sanatorium personnel taking part are Dr. E. L. Ross, medical director, Dr. D. L. Scott, assistant medical director, and J. J. Zayshley, surveys officer.

Diamonds are chunks of coal that stuck to their jobs.

### MOVING

(Continued from page 1) tage avenue into the spanking new offices of Manitoba's first rehabilitation hospital.

The Manitoba Rehabilitation Hospital will go up on the old site of the Central TB Clinic, and it will be built and operated by the Sanatorium Board for the Province. At the same time the Board will continue its tuberculosis control program and its more recent hospital services for extended treatment patients.

While all this was being planned for the future, the SBM staff busily went about setting up old offices in the Portage avenue quarters which had been freshly painted and partitioned for the move. As the workmen brought the furnishings in, employees polished desks, and scrubbed out files. A new place was found for the pictures of the Board's former chairmen and for the memorial plaque to the late Dr. D. A. Stewart, founder of Manitoba's first sanatorium and of the Sanatorium Board.

By five o'clock everything was ship-shape and a beaming director made a round of the new Christmas Seals office, the Central Tuberculosis Registry and the other executive offices which had been carefully marked off in one great room. He also visited the spacious back rooms of the one-floor building which had been gleefully claimed by the tuberculosis survey and mailing room staff.

"Everybody happy?" he asked "Everybody's happy," the employees chorused.

And indeed they were. For all agreed that for temporary quarters, and a bright, new future to look forward to, they certainly were doing all right.



(Photos by David Portigal & Company)

CHEERY, COMFORTABLE — INDEED, QUITE MODERN was the verdict given by members of the Sanatorium Board's head office when they moved into new, temporary quarters at 1654 Portage avenue on February 26. Pictured left are the offices of some

of the senior staff (left wall), the Christmas Seal Department (background) and the Central TB Registry and the office of the Medical Director (foreground). Pictured right are the spacious quarters of the Surveys and Travelling Clinic Department.

# The 'Miraculous' Drugs That Fight Tuberculosis

Tuberculosis is an ancient disease, almost as old as man himself, and through the ages countless scientists and would-be scientists have tried to find a cure for it.

Some tried cod liver oil, goat's (or mare's) milk, herbs, lichens and Iceland moss. Others tried digitalis, iodine, hydrocyanic acid — even human and animal excretions and a few precious metals such as gold. And often when these failed they resorted to such measures as blood-letting, applying leeches and wearing flannel next to the skin.

Needless to say the age-old germs, with their enigmatic waxy-coated membranes, survived all these attempted aimed at their destruction — and the usual story was that, whenever malignant tuberculosis invaded the human body, the patients died. Even until the 1940's there were still no drugs that would directly attack the cause of the disease, and physicians had to rely on such long-term measures as would increase the patient's resistance . . . rest and relaxation, diet and fresh air, and collapse of the lung by various surgical measures.

## The New Era

Today we have several, powerful drugs which, although they are not perfect, are effective in halting the germs' deadly growth. These are the "wonder drugs" — the so-called miraculous drugs from the soil and the laboratory which in 15 short years have revolutionized the treatment of tuberculosis and for the first time in thousands of years have sent a new surge of hope through the ranks of its victims.

This first break-through in the search to find a TB drug came with the discovery of penicillin in 1928. Although the substance also proved ineffective against tuberculosis its discovery opened up a whole new era of chemotherapy—the splendid era of antibiotics.

## Drugs from the Soil

The story of antibiotics began with the realization that in the soil beneath our feet and in the air around us is a vast population of invisible microbes. There are billions upon billions of them: take a pinch of garden dirt and you will hold from one hundred thousand to several millions of them in your hand. These will include molds and yeasts, bacilli, bacteria and perhaps some viruses. Some of these, such as tetanus and anthrax bacilli, are disease producing; some are harmless, and a few are actually beneficial, such as the nitrogen-fixing bacteria found on the roots of legumes.

What interested scientists the most is what these mic-

robes in the soil do to each other. Studying their activities scientists discovered that, just as certain plants and animals prey on each other above ground, so do these little organisms in the soil. Certain germs, they learned, will not grow in the soil because of the presence of other parasitic germs. These germs produce a deadly chemical of their own, capable of completely destroying their neighbors.

So the scientists began to isolate these chemical weapons called anti-biotics (against life) to see if they would carry on the same sort of warfare against disease in man. Penicillin was the first substance to be isolated; streptomycin, discovered by Dr. Selman Waksman, was the next.

## Streptomycin

When streptomycin was discovered in 1944 physicians the world over enthusiastically hailed it as a drug without equal. It proved to be really active against tubercle bacilli and yet was well tolerated by the patient if taken in the proper dosage. At last, physicians said, we have an extremely powerful drug which will kill the germs of tuberculosis once and for all and erase this deadly disease from the face of the earth.

But the germs of tuberculosis are the toughest of all germs — and just as they had outwitted man in centuries past, they again slipped through this attempt to destroy them. A few of the TB germs became resistant to streptomycin and continued to flourish and multiply. Eventually these resistant strains became the dominant group in the colony and the disease progressed just as if the patient were receiving no drugs at all.

Scientists were not particularly surprised at this turn of events. This had also happened in the case of penicillin, and just as streptomycin was developed to overcome penicillin resistant germs, researchers began to look around for another new drug that would attack the streptomycin resistant strain.

## PAS

In 1948 a second drug, known as para-aminosalicylic acid or PAS, was introduced into TB drug therapy. This drug, it was discovered was relatively ineffective against TB when used alone, but had the remarkable prop-

erty of preventing, or at least delaying, the germs from becoming resistant to streptomycin when they were prescribed together.

This combination could be used for as long as a year before a resistant strain developed — and it gave patients an opportunity to regain strength to fight off the disease.

## INH

Four years after the discovery of PAS came a third momentous announcement. Research groups at two New Jersey pharmaceutical companies and a third in New Brunswick had hit upon a new compound that was supposedly far superior to any other TB drug yet discovered.

Tested first at Sea View Hospital in New York it was found not only to have a high efficacy but was also easy to administer (orally) and caused few toxic reactions.

When the little, white pills began to appear on medicine trays across the country medical files became filled with glowing reports of their wonderful effects. Very sick patients who were going downhill in spite of streptomycin and PAS and various forms of surgery began to feel themselves getting better and better.

Newspapers splashed the story on front pages and people began to talk of using these miraculous INH pills as a preventive measure. Give them to all the children in areas where infection rates are high, they said, and perhaps they will be able to withstand infection.

The plan seemed attractive, and in some areas was tried. But, because in some instances doctors have claimed that the administration of INH on a mass scale has not visible affected the conversion rate, the plan has not yet been generally accepted.

In the sanatoria talk of INH as the drug to end all drugs also dwindled off. While still the best of all three TB drugs INH proved to have the same unfortunate drawback as streptomycin: tubercle bacilli became resistant to it.

## Therapy Today

Today the three principal anti-tuberculosis drugs are usually used in combinations: INH plus PAS; streptomycin plus INH; and streptomycin plus PAS. In very severe cases all three are used.

In addition to the "Big Three" there are several other lesser drugs which in recent years have been add-

ed to the regimen. Chief of these are viomycin, cycloserine and pyrazinamide.

But while successful in stopping the multiplication of tubercle bacilli, our present drugs may not reach into the tubercles themselves and destroy the germs. Their chief attributes are that by suppressing the growth of the germs, they give the body a chance to marshal its forces against the disease.

Perhaps in the second half of the century a better drug will be found — one that will kill the germs, even prevent TB. But until that happy day our main hope must lie in finding cases early before the germs get a chance to destroy precious body tissues. Only that way is it fairly easy to check disease with these new chemical germ fighters.

## Business Manager Hurt in Accident

Sanatorium Board staff members wish a speedy recovery to R. B. McIvor, business manager at Clearwater Lake Hospital who was involved in an unfortunate accident early March 8 some 50 miles south of The Pas.

Mr. McIvor, who was on his way back to Clearwater from a regional meeting of the Associated Hospitals of Manitoba at Dauphin, ran into the rear of an earth-moving machine, being towed by another earth-moving machine.

He suffered extensive injuries — both internally and externally.

He was accompanied by Eric Wadelius, business manager of St. Anthony's Hospital, The Pas, and Mrs. K. Duke, also a staff member of St. Anthony's Hospital.

Mr. Wadelius was also badly hurt and both he and Mr. McIvor are being treated at St. Anthony's Hospital.

## HEADACHES

Our most common complaint is a headache. This is not an ailment in itself with its own cause, but a warning signal of trouble somewhere in the body.

Most headaches may be traced to infection, fatigue, allergy, injury or emotion. By far the greater number of headaches are caused by unsuccessful living whether physical, mental or temperamental.

Casual headaches may come and go, subject only to a pain-relieving pill, but when one is the victim of recurring headaches he should tell his doctor.

—Royal Bank Monthly Letter.

## Bulletin Board

The Sanatorium Board extends its congratulations to the Indian Eskimo children at Assiniboine Hospital who, under the direction of Ted Daigle, principal of the teaching staff, presented a concert for the TV program, Junior Magazine. The short sketch was shown on film on February 27. Costumes were designed by Mrs. E. J. Denbow and background scenery was painted by some of the school boys.

Heartiest congratulations, too, to Mrs. Emily Powderhorn, patient at Clearwater Lake Hospital, who recently won a prize for mocassins entered in a handicraft contest sponsored by the Women's Committee of the Winnipeg Art Gallery. The money was accompanied by a request for the submission of more crafts of this type for sale at the Annual Art Fair.

Nona Mari, wife of Sanatorium Board physician Dr. P. P. Mari, won the Oratorio solo — Sacred Female voices — Grade A competition at the Manitoba Musical Festival last week. Mrs. Mari, a soprano, placed second in the Grade A solo class, and will go on to compete for the Rose Bowl on March 18.

The Sanatorium Board will now hold its board meetings in the board rooms of Crescent Creamery, Sherburn street. These rooms have been made available through the courtesy of St. Anthony's Hospital chairman J. W. Speirs.

A recent addition to the SBM medical staff is Dr. L. H. Riddell, of Winnipeg, who was posted this month to Clearwater Lake Hospital, The Pas.

The Sanatorium Board also welcomes Miss Betty Dianne Wong, of Mating, new occupational therapist at Clearwater Lake Hospital. Miss Wong has studied therapy at occupational therapy at McGill and is a science graduate of Mount Allison University.

New members of the nursing staff are: Mrs. Muriel Geldart, general staff nurse, CTC; Mrs. E. Bull and Mrs. B. Mummery, general staff nurses, Assiniboine; Miss Gloria May Calder, LPN at Clearwater; Miss Shirley Shanks and Miss Miriam Pohl, LPN's with the Surveys Department.