



News Bulletin

SANATORIUM

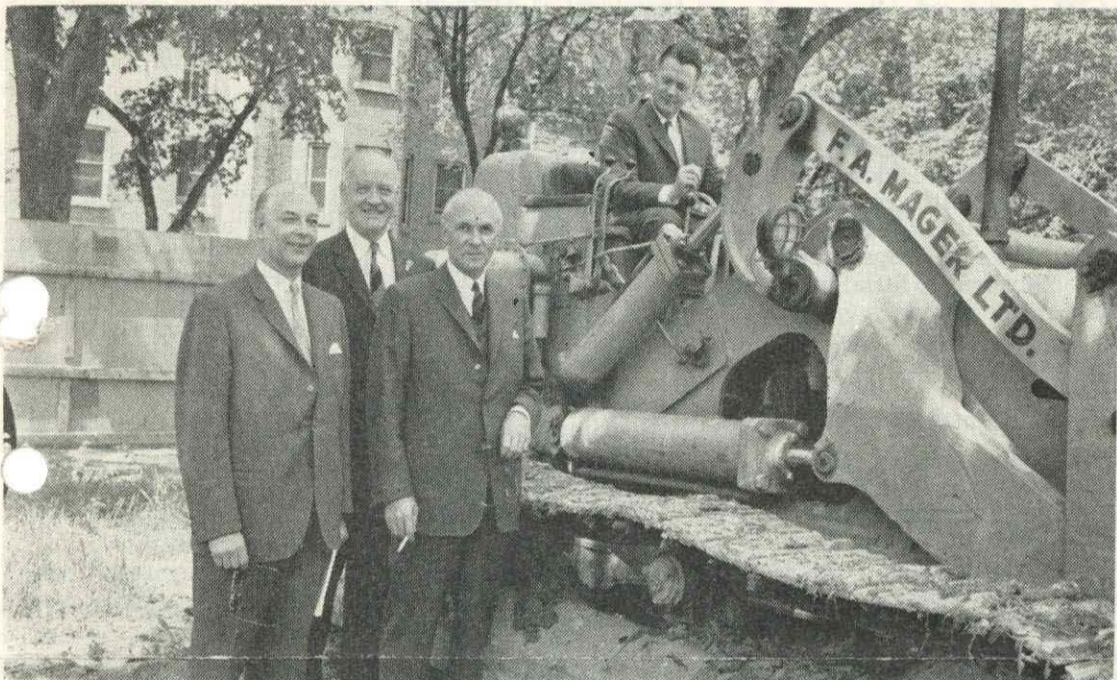
The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

JUNE, 1960



Dr. George Johnson, provincial minister of health and public welfare, mounted a bulldozer this month to turn the sod for the new Manitoba Rehabilitation Hospital. Pictured with the minister at the ceremony are left to right: T. A. J. Cummings, executive director of the Sanatorium Board of Manitoba, Dr. H. H. Saunderson, president of the University of Manitoba, and J. N. Connacher, vice-chairman of the Sanatorium Board. (Photo by David Portigal & Co.)

Health Minister Turns Sod For Rehabilitation Centre

Construction of the Manitoba Rehabilitation Hospital officially got under way June 6 when some 120 people gathered at the new site to witness a sod-turning ceremony. The honor of breaking the first ground fell to Manitoba's minister of Health and Public Welfare, Dr. George Johnson, who performed the act atop a massive bulldozer.

Among those present for the occasion were most of the staff members of the Sanatorium Board's head office and the Central Tuberculosis Clinic, members of the Associated Canadian Travelers, Winnipeg Club, and representatives of health and welfare organizations throughout the city.

The modern, six-storey rehabilitation hospital will rise on the old site of the Central Tuberculosis Clinic on Sherbrook street and Bannatyne avenue, and will take approximately two years to build. It will be operated by the Sanatorium Board for disabled persons in Manitoba who show promise of benefiting from physical and psychological medicine. It will also include Manitoba's first school of physical and occupational therapy.

In his address prior to the ceremony, Dr. Johnson said that the new rehabilitation hospital is probably the most progressive, single step forward in relieving general hospitals of an acute bed shortage, and in bringing to those who are suffering from

crippling diseases some great measure of rehabilitation.

Prior to the planning of the hospital, he said, a study of general conditions in other jurisdictions showed that five percent of the patient population accounted for approximately one-third of the hospital days. What was needed most immediately was an active rehabilitation program centred from a rehabilitation facility in close proximity to a general hospital and including a school of physical and occupational therapy.

"The construction of the hospital comes out of the thinking of our own experts," Dr. Johnson continued. "It is truly a Manitoba effort, and we have here an opportunity to develop a rehabilitation hospital second to none on the North American continent."

Dr. Johnson also paid tribute to the Sanatorium Board of Manitoba, who at

(Continued on page 2)

Record Crowds Turn Out For Brandon TB Survey

By ALEX ROH
Supervising Radiographer

Between May 2 and May 30 a most successful tuberculin skin test and chest X-ray survey was conducted by the Sanatorium Board in the city of Brandon.

A record 14,000 people, including pre-schoolers and school children, turned out for the skin tests. Included in this survey was a tuberculin survey of food handlers in the city plus chest X-ray examinations of the patients and staff members of the Brandon Hospital for Mental Diseases and of all nursing homes.

A successful survey of this type is only possible with all-out participation on the part of the citizens, and certainly in Brandon we did receive much enthusiastic co-operation. Under the chairmanship of Frank Turnbull, of the Associated Canadian Travelers, Brandon Club, and Mrs. Shirley Anderson, survey secretary, all women's and men's service clubs were en-

couraged to assist with the campaign.

All media of mass communication were also used. Perhaps the highlight of these was a television interview of J. J. Zayshley, surveys officer for the Sanatorium Board, who stressed the importance of the TB tests and outlined the survey program.

The Brandon Daily Sun ran daily schedule reminders and Radio Station CKX devoted considerable free time to spot announcements.

Each school in the city was visited by the surveys office and consent registration cards and explanatory pamphlets were left for each student to take home. In each instance the school principal was briefed on the step by step procedures to be followed and was shown how the Heaf skin test is given.

Before the survey the city was divided into a number of zones with a zone captain appointed for each. Volunteer workers canvassed all the homes in their allotted dis-

tricts and signed up families for tests. Each volunteer was also issued a special canvass kit containing the latest information on tuberculosis and survey procedure instructions.

The family registration cards were then forwarded to the survey secretary who entered the names on three master lists. At the end of each day's operation these lists were checked and those who failed to show up were reminded by phone to try to attend the survey at another time.

Because of the continued publicity and splendid co-operation of the service clubs, newspapers, radio and TV stations, the people of Brandon attended the survey in large crowds. On the last day of the testing over 1,200 people kept our survey team steadily working long into the evening, and on the day of the final reading a continuous line-up formed in the testing room.

Without doubt the tuberculin skin testing and chest X-ray survey held last month in Brandon was the most successful conducted by the Board since these combined surveys were introduced into our program in 1959.

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News Bulletin

SANATORIUM The OF MANITOBA
BOARD

Profiles

G. E. MAYNE

G. Everet Mayne, vice-president and general manager of the Canadian Pacific Railways, Prairie Region, has been an elected member of the Sanatorium Board of Manitoba since he first came to Winnipeg in 1955.

A pleasant, soft-spoken man, Mr. Mayne was born in Actinolite, Ontario, the son of farmer George Mayne, and was educated in the nearby town of Tweed. Even as a boy his chief interest lay in trains, and as soon as he finished high school, he became assistant agent for the CPR at Sulphide, Ontario. During his next 42 years with the railway he gradually worked his way up through the various departments—from telegraph operator to station agent, from train despatcher to chief despatcher, and from assistant superintendent at Toronto and various divisions in Eastern Canada to superintendent for Toronto, Schreiber and Montreal. After a stint as general superintendent for the CPR at Calgary and general manager in Toronto, he came to Winnipeg to assume his present, top position.

Although trains still occupy most of his interest and time, Mr. Mayne does manage to find a few moments for such recreational activities as fishing, golf and some gardening. He is married and has two children: Jack, a mill manager in Valencia, Venezuela, and Mrs. Gwendolyn James, of Trenton, Ont.

Besides his work with the Sanatorium Board, he is chairman of the Prairie Provinces Division of the Canadian Forestry Association, and is a member of the Winnipeg Rotary Club, the Masons, the Manitoba Club, the Canadian Club, the Fellowship Club, the St. Charles Country Club and the Ranchmen's Club in Calgary.

DR. A. C. SINCLAIR

Dr. Alex C. Sinclair has directed the medical department of St. Boniface Sanatorium since 1939, and has been associated with that important tuberculosis institution since it first was established in 1931. A kindly, diligent physician, whose compassion and devotion to his work has endeared him to the hearts of his patients and colleagues, he has watched with interest the great strides made against tuberculosis during the last few decades—indeed, as a thoracic surgeon has put his whole heart into the battle.

"The greatest satisfaction in my work," he says, "is to see tuberculosis patients nowadays get well. Thirty years ago, when there were so few weapons to fight with and the outlook for many patients was so doubtful, it was a most depressing fight."

But Dr. Sinclair got into what may be called the ground floor of a new era in tuberculosis treatment. Born in the County of Grey near Collingwood, Ontario, in December, 1902, he came west with his parents to Indian Head, Saskatchewan, at the age of six months. His father, Daniel Sinclair, worked in real estate in the vicinity for a few years, then moved his family to Weyburn where his children could attend grade school and collegiate. "My father," Dr. Sinclair recalls, "believed education to be more important than anything else."

After finishing Grade XI, Dr. Sinclair worked on his father's farm for a while and during the great post-war flu epidemic acted as chauffeur for two local doctors. As soon as he could, he enrolled at the Manitoba Medical College and graduated with a seniorship in surgery in 1930. He took his senior internship at St. Boniface Hospital, did some post-graduate work at Glen Lake Sanatorium, Minnesota, where he studied the newly developed thoracoplasty technique under Dr. T. J. Kinsella, then hung up his shingle at St. Boniface as a resident physician under Dr. J. D. Adamson.

Tuberculosis surgery was always Dr. Sinclair's main interest and in 1937 his thesis on thoracoplasty won him a prize from the Canadian Tuberculosis Association. In 1947 he received his certification as a thoracic surgeon.

Married in 1932 to the former Helen McNeil, of Hamilton, Dr. Sinclair has two daughters, Mrs. Kenneth (Cynthia) MacCharles of Winnipeg, and Jane, a skating instructor in Champagne, Illinois. A former basketball player for the



Economic Value of Aiding the Disabled Is Illustrated by Executive Director

"What is it worth to the community to provide a disabled man, woman or child with physical re-training, vocational training and eventual assistance in securing self-sustaining employment instead of the alternative of public assistance?"

"Is \$192 too much to change the entire outlook of a person's life to this degree?"

These were some of the questions asked by S. C. Sparling, executive director, when he addressed the ninth annual meeting of the Society for Crippled Children and Adults on May 31.

A total of 2,740 handicapped persons were aided by the Society last year, Mr. Sparling told his audience. The over-all cost of operating the Society was a little over a half million dollars. The average amount of money spent on each person assisted during the year was \$192.

Economic Facts

To illustrate what these expenditures mean in economic fact to the community, Mr. Sparling gave a rather dramatic analysis of the earnings of a small group of 170 so-called "unemployable" patients, whose assistance from the Society was culminated by employment this year.

He based his wage figures on a sampling of 35 of these 170 people who were permanently placed by the Society. The average salary of the 35 (which ranged from \$3,800 to \$1,200) was \$2,000, and, according to Mr. Sparling, is definitely typical of the total number of 170 who were placed in jobs.

Of the 170 people, 110 were placed in permanent jobs. With each of these earning an average salary of \$2,000 per year, they would together earn \$220,000 in one year, he said.

Supposing they received no salary increase, in 10 years time they would earn a total of \$2,220,000.

The remaining 60 patients placed on a part-time or temporary basis earned \$500 each per year, he said. Thus, their total earning in one year's time would amount to

\$30,000 — and in 10 year's time, to \$300,000.

Additional Earnings

To this group of 170 handicapped individuals who were placed in jobs, Mr. Sparling also added the earnings of an additional 20 physically able family members who were released for employment by an intensive self-care training program for a home-bound patient.

If each of these also earned the conservative wage of \$2,000 per year, he said, their total earnings in one year would be \$40,000, and in ten year's time, \$400,000.

Altogether the 190 people (handicapped persons plus family members released for jobs) would earn in one year a total of \$290,000. In 10 years their total earnings would be \$2,900,000.

Savings

In savings to the community Mr. Sparling pointed out that if these same 190 persons continued on as before they would draw conservatively each an average of \$50.00 per month in public assistance. In one year this would amount to \$114,000 out of the taxpayer's pocket book — and in 10 years, to \$1,140,000.

Another facet of this "savings picture" would be the direct revenue returned by the 110 permanently employed people in the form of income tax. Rated very conservatively, he said, this would be \$10,000 for one year, or \$100,000 for 10 years.

The Value

"Here you have a picture of what rehabilitation means to one small group of the large group of people who were served by the Society last year, without any con-

sideration of the humanitarian factors involved," Mr. Sparling said.

"In addition, consider the economic value of a mother restored to her family as a capable supervisor of the household. Consider, too, the economic value of the prevention of the serious adult rehabilitation problems through the means of our children's program.

"Truly, it does do much to impress us with the value of this program of conservation of manpower."

Sod Turning

(Continued from page 1)

the request of the provincial government, has undertaken to plan, organize and build the hospital.

Other speakers of the afternoon were Dr. F. G. Allison, president of the Manitoba Medical Association, Dr. H. H. Saunderson, president of the University of Manitoba, and Miss Anna Speer, vice-president of the Society for Crippled Children and Adults of Manitoba. J. N. Connacher, executive member of the Sanatorium Board, was chairman.

All the speakers hailed the rehabilitation hospital as a great improvement in medical services in Manitoba.

Said Dr. Allison: "It will be an inspiration to thousands of medical students and will have an incalculable effect on generations of people in this province."

Physics Appreciation

There was once a young lady called Bright,
Who travelled must faster than light.
She started one day
On her relative way,
And came back on the previous night.



A HAIRDRESSING SERVICE, set up recently at Assiniboine Hospital at the request of women patients, is proving to be a good morale builder for many patients, says Mrs. I. A. Cruikshank, superintendent of nurses at the hospital. Shown here getting "prettied up" are left to right Miss May Sinclair, Mrs. Esther Main and Mrs. Irene Crang of the Melody Beauty Salon in Brandon, who makes the weekly visits. (Photo by J. P. Prendiville.)

Profiles -- Continued

University of Manitoba and a baseball and hockey enthusiast in his youth, Dr. Sinclair now numbers hunting, golf, fishing and skating (a family interest) as his chief recreational interests. He is a member of the Winnipeg Winter Club, the Canadian and Manitoba Medical Associations, the Trudeau Society and the Canadian Tuberculosis Association.

Physical Medicine in Rehabilitation

From an address given by Dr. L. H. Truelove, chief of staff of the Manitoba Rehabilitation Hospital, to the Society for Crippled Children and Adults in Manitoba, May 31, 1960.

PART I

Physical medicine can be defined as the understanding and use of physical methods of treatment. It so happens that these methods of treatment are of particular use in diseases and accidents involving muscles, bones and joints and so the specialist in physical medicine is necessarily, although not exclusively, interested in conditions of what may be called the musculo-skeletal system.

If one includes the whole range of physical agents, the list is somewhat impressive and includes nearly all the physical elements one can think of — fire, water, earth, electricity, sound, light, cold and so on.

Man has always been quick to try out each new scientific observation, no matter where it comes from, in an attempt to alleviate his own suffering. The development of physical medicine is an interesting example of this. The ancient Greeks, with their interest in physical development, were well aware of the value of massage and Homer described the rubbing of knees returning from the wars.

The Romans found medical advantages in drinking the mineral waters of Bath and established there a system of treatment which can be regarded as the origin of hydrotherapy. The discovery of electricity in the time of the first Queen Elizabeth was soon followed by the observation that inert muscles could be made to contract with the aid of this agent, and in more modern times the discovery of radar was followed by the use of these very short waves in microwave treatments.

It is a surprising thing that so many physical agents can be of use in the treatment of illness and it is interesting to try to find some common effects of all the treatments.

There are three main principles underlying the effectiveness of most of these remedies. These principles are firstly that heat very often relieves pain, secondly that a muscle will become larger and stronger when it is made to work, and finally that stimulation of the surface of the body in certain areas will relieve pain which is in fact arising from different areas — the principle of counter-irritation.

A further rather surprising fact is that the reasons behind these basic principles are very little understood.

We don't know why a person with arthritis can be made more comfortable by coating his hands with warm wax, or why a weight lifter exercises his muscles in one way rather another—or why indeed exercising them at all

makes them stronger.

Nevertheless, if we look at our treatments in the light of these principles some sort of pattern emerges and a rational approach to treatment becomes possible. We recognize that the difference between treatment with, for example, a short-wave diathermy machine and an electric pad — or even sitting before an open fire — may be mainly one of technique rather than principle.

Having established the principles of treatment, what have we to offer? All of medicine should be designed for the treatment of a person and not a disease. This is equally true of physical medicine. However, there is some distinction between two branches of physical medicine. First there are those treatments designed for the alleviation of a specific condition. Secondly, there are those activities which are directed towards the rehabilitation of a person as a whole with the object of returning him to as full a life as possible.

In the first category, there are certain obvious examples — the treatment of acne with ultra violet light, of warts with diathermy or of inflammation with local heat. In chronic illness we have a particular interest in the field of the rheumatic diseases in which specialized techniques of rest, exercise, heat, and counter-irritation have definite value. The treatment of patients in this field of rheumatic disease also involves the second category of physical medicine, in which the basic aim is the development of fitness both of the person as a whole and of muscles which have been specifically affected by illness.

But it is perhaps in the field of static disorders that physical medicine has most to offer. Experience during the second world war was largely responsible for the establishment of the rehabilitation unit that we see being built today. It was found that the best and quickest way of restoring function to a bunch of injured men was to put them in a special medical centre where the emphasis was on fitness and rapid recovery, and where the exercises were largely under the guidance of physical training instructors.

The static disabilities are conditions where some incident has left the patient with a disability which, left to itself, would improve slowly or not at all. Injuries of one sort or another are the commonest of these disabilities, but strokes with residual muscular weakness, diseases of the nervous system and the after-effects of poliomyelitis must also be included.

The treatment of the after-effects of a stroke is an example of the multiplicity of problems which may confront the therapist. First, there is the nature of the paralysis. This may be flaccid where the limb hangs limp with perhaps a flicker of voluntary movement. The flicker is important — if neglected it is of little value to the patient, but it means that some effective nerves are still present and the muscles supplied by these nerves must be built up by exercise to take over the functions of muscles where the nerve supply is irrevocably destroyed.

A more usual form of paralysis in this condition is known as spastic paralysis. The muscles here are in a state of tension and may be the source of painful spasms. Again exercise of these muscles is needed, but this is often best performed in warm water which in some unknown way helps to relieve the spasms.

Finally, the paralysis of some muscles and the compensatory development of others result in movement which is incoordinated.

Exercises are needed so that the body can learn once again the pattern of movements rather than the mere exercise of specific muscles.

TO BE CONTINUED

Ninette Team Ends Season

The members of the Manitoba Sanatorium Community Club Bowling League closed their season last month with a social evening and the presentation of prizes.

Among the Sanatorium Board members who received awards were: Adolph Sader, Mrs. Sader and Ken Houston, who won the SBM championship trophy; Marion Hine, winner of the ladies' high average award; and Mrs. William Bradford, who received the highest score for two games, ladies'.

Nick Kilburg, business manager of Manitoba Sanatorium presented the prizes to the winners assisted by Wilson Amos, chairman of the bowling club committee.



EXECUTIVE MEMBERS of the Sanatorium Board of Manitoba are pictured chatting with Miss Anne Morley, lab. assistant, during a Board tour to Clearwater Lake Hospital at The Pas. Left to right are: Frank Boothroyd, chairman of the administration and finance committee; J. N. Connacher, vice-chairman of the Board; S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee; and R. H. G. Bonnycastle, chairman of Clearwater Lake Hospital Committee.

Ninette San. To Mark 50th Year - Reunion of Ex-patients, Staff

Another milestone in the treatment of tuberculosis in Manitoba will be marked early this fall when Manitoba Sanatorium celebrates the 50th anniversary of its founding.

The golden year celebrations will be held at Ninette on Sunday, September 11, in conjunction with a gala reunion of ex-patients, present and past staff members and friends of the Sanatorium Board of Manitoba.

At a meeting of ex-patients and staff members in Winnipeg recently a committee was formed to plan the program for the event and to arrange other details.

William Doern of Winnipeg was named chairman. Other committee members are: Joseph Erlichman, Steve Sparling, William Bickell, Miss Evelyn McGarrol, Miss Dorcas Anderson, Miss Floris Olsen, Edward Dubinsky, Ralph Spicer, George Bridle, Miss Margaret Busch, Miss Olive Torrance, Miss Winnifred Ruane, Wally T. Shibata and Claude Ball, all of Winnipeg; Miss Gladys Wheatley, Ninette; Hugh Gibson, Roy Catley and Roy Brown, of Brandon; and Wilfred Allison, Portage la Prairie.

A letter will be sent to as many ex-patients and staff members for whom addresses are known.

Origin of "Sanatorium"

The words *sanitarium* and *sanatorium* have a difference in meaning and, like so many other words, an interesting history. *Sanitarium* is much the older word, for it was used long before the twentieth century to apply to health resorts, many of which became famous for their combination of comfortable and even luxurious quarters, with good food and the use of water from mineral springs.

The campaign against tuberculosis had its beginning late in the nineteenth century, and, apart from employing mineral waters, these new health resorts closely resembled the mineral spring hotels and sanitariums with which people were already familiar, for they were usually located in the country and depended chiefly upon the fresh air and a plentiful supply of nourishing food.

In fact, fresh air and extra food were considered essentials, and apart from an af-

ter-dinner rest hour and early to bed, the exercise was little restricted; and so, when in Canada the first anti-tuberculosis association was formed in 1895 and the first institution was built on Muskoka Lake, it was given the name of The Cottage Sanitarium. This was followed by the Gravenhurst Free Sanitarium.

But following the organization of the National Anti-Tuberculosis Association in 1904, it was felt that a distinction should be made between this type of health resort and the new hospital for the treatment of tuberculosis. So they decided to use a new word which, instead of being derived from the Latin noun, *sanitas*, meaning health, would emphasize the need for scientific healing. Accordingly, they took the Latin verb root, *sano*, meaning to heal, and adopted the new word *sanatorium*.

—Mountain Air

For Nurses, and Everyone . . .

Four C's To Live By

The following is part of an address given by T. A. J. Cummings, executive director of the Sanatorium Board, to the graduating class at Victoria General Hospital School of Nursing, May 18, 1960.

The whole philosophy of nursing can be summed up in one word, service — sympathetic, skilled service to the patient, professional service to the community in the field of health, dedicated service to humanity.

It is a high calling — a vocation that is set apart from other work, one that I think in some respects can be regarded as a privilege. But it is a privilege that must be earned through strength of character, a sense of purpose, a capacity for learning, and a generous leavening of sympathy and the desire to help people in distress.

I have selected four words for this occasion which I like to think of as "words to live by." Key words and phrases do much to guide and encourage us, and out of the many that might be considered, I have chosen CHARACTER, CHALLENGE, CONFIDENCE and CHARITY. Four C's, if you like, that will influence your nursing career.

Character

The first word is Character, because this is of vital importance to young people entering upon their life's work. It is by character that they will be judged by their friends, their employers and by society.

The person of sturdy character has a good sense of proportion. He has learned the ideals and facts of life and discovered principles that enable him to discriminate between the good and the shoddy. He is broadminded and tolerant, prepared to examine the evidence and honestly apply principles with maturity of judgment.

He has wisdom as well as knowledge, wisdom being the power of judging rightly and following the soundest course of action, based on knowledge and experience and understanding.

The nurse has special need for principles and standards, which act as a sort of psychological gyroscope for setting a course through the strains and stresses she faces daily.

She meets the constant demand of the sick patient, usually reasonable, but sometimes the overt symptom of a deeper maladjustment that the nurse must recognize. There is her responsibility to her supervisors for meeting the regulations and standards of the hospital. There are the varied requests of the doctors whose directions must be followed precisely.

Essentially the nurse works through the very nature of her calling in what Dr. Selye would term a "stress situation." To keep

her sense of values, and to develop her own life satisfactorily, she must establish a kind of inward harmony, the habit of self-respect, application and integrity. All these are attributes of the mature mind.

Challenge

The second key word is Challenge, the challenge of your profession. Any task that is worthwhile should arouse us to do the best that lies in us. But when the comfort or even life of a human being is at stake, one should rise to the very highest possible level of performance.

In these times nursing is going through a period of great change. Standards of hospital care continue to rise. There is under way a re-examination of the role of the nurse in attending to the needs of the patient.

With the mushroom growth of medical knowledge in the past 20 years there has been a related demand that the nurse develop a corresponding breadth in her skills and techniques. The professional nurse may find on her shoulders the burden of general administration, of purchasing, of dealing with hospital boards, at the same time perhaps being asked to assist with surgery, take responsibility for complicated technical procedures and somehow see that the patients get the day to day personal care they need.

Even where these extraneous duties do not exist, more and more the professional nurse is becoming a group leader, taking the broader responsibility for seeing that the patient's needs are met, with Licensed Practical Nurses and Nurses' Assistants carrying out more and more the direct nursing care.

As hospital services grow and become more diversified and specialized it is essential that forward-looking, highly skilled nurses be developed, trained especially in the art of leadership, who possess a sound basic knowledge of nursing techniques and procedures, and who will make a valued contribution to the planning and development of new concepts in health services.

I urge you then to give

serious consideration, after a reasonable period of experience, to entering the course of Nursing Education and Administration, or Public Health Nursing, offered at the University of Manitoba.

Confidence

The third key word is Confidence — a faith in one's self and in one's powers which indeed is a necessary attribute to good nursing. This confidence (which, of course, must be carefully distinguished from conceit) reveals itself in the nurse's very manner of entering the sick room. By that mystical process known as empathy, and by touch and a word, she conveys a faith and strength to the patient that may do as much to turn the course of illness as the material potions or procedures.

This communication between the nurse and the patient, as she applies her skills with deft assurance, is an exercise of one of the basic arts of nursing. Communication involves listening as well as speaking. It involves observation as well as gestures or manner. Borne of confidence, the nurse imparts strength and hope through her communication with the patient, and thus compounds the value of therapeutic measures.

Charity

The last key word I would mention is Charity — not in the sense of alms giving, but in the sense of compassion, love, kindness and good will. We often refer to the age of specialization. Even in nursing it has become necessary, so that in addition to the primary essential service in the general hospital we find specialization in public health, psychiatry, surgery, geriatrics, rehabilitation and so on. The skills that are required must be well learned and well applied. Yet, if the nurse is not to be merely a skilled technician, the old prescription of tender loving care still has a place of primary importance that must intertwine and permeate all her duties.

And so I give you these key words: Character, Challenge, Confidence and Charity. I close with the words of St. Francis which, after 750 years, still offer a pattern for our life and work.

"Lord, make me an instrument of thy peace.

Where there is hatred, let me sow love;

Where there is injury, pardon;

Where there is doubt, faith;

Where there is despair, hope;
Where there is darkness, light;
Where there is sadness, joy.

Grant that I may not so much
seek to be consoled as to
console;
Not so much to be understood as
to understand;
Not so much to be loved as to love.

For it is in giving that we receive,
It is in pardoning that we are
pardoned,
And it is in dying that we are
born to eternal life."

The Eskimos Care What About You?

A top World Refugee Year official recently said that Canadians on the whole do not care about people less fortunate than themselves.

The Eskimos apparently are an exception.

Not long ago the Eskimos at the Department of Northern Affairs rehabilitation centre at Frobisher Bay crowded into a tiny theatre to donate fine examples of their carving and handiwork for a blue ribbon auction in Toronto. The proceeds were to go to World Refugee Year.

"People are in need of food, shelter, and warmth," said Joannassee, the Eskimo spokesman. "In the past we have lived that way ourselves. We want to help."

With that each Eskimo paraded before Peter Casson, special Canadian representative for the U.N. High Commissioner for Refugees, to present their most valuable gifts. One of the carvings presented was a foot high model of an Eskimo returning from a hunt, which experts said could bring up to \$5,000 at the auction.

In accepting the gifts, Mr. Casson said that he hoped the Eskimos' generosity would have an effect on the rest of Canada, since "millions of Canadian purses still have to be opened."

"Canadians aren't doing very well in World Refugee Year," he said. "Canada, with a population of 16 million, is doing about one-fifteenth as much as Norway, which has only 3½ million people.

"Canadians would do more," he continued, "if they had to suffer as people who are living in an in-between world are suffering."

World Refugee Year closes at the end of this month. In Manitoba the drive to collect \$140,000 to close a refugee camp in Europe lags far behind the goal. But it is still not too late for Manitobans to show more interest in this humanitarian cause.

Bulletin Board

Mrs. Vera Davidson, occupational therapist at Assiniboine Hospital, Brandon, gave a talk on Eskimo soapstone sculpture and on occupational therapy in general when she was a guest on CBWT-TV's Mary Liz Show on June 9.

Dr. Leslie H. Truelove, chief of staff of the Manitoba Rehabilitation Hospital, also made his debut on television this month when he was a guest June 10 on the local TV program, Spotlight.

Dr. Truelove gave other talks on physical medicine this month to the Society for Crippled Children and Adults of Manitoba (see page 3) and to the nursing staff at Assiniboine Hospital. During the extension course on hospital organization and management held at the University of Manitoba June 9 and 10, he lectured on the aims of rehabilitation medicine and briefly outlined how it can be fitted into the hospital program.

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, was guest speaker at the graduation ceremony at Brandon General Hospital School of Nursing last month.

On June 7 the women staff members of the Sanatorium Board's head offices and the Central Tuberculosis Clinic gathered at 1654 Portage avenue to honor Anne (Besselt) Gaschermann (Payroll Dept.) who was married May 21 to Kurt Gaschermann of Winnipeg. Multicolored tulips formed a festive setting for the luncheon and Anne, who was warmly wished many long years of happiness, was presented with a pair of tall, handsome table lamps.

Another happy social event took place on June 3 when Mrs. Pat MacFarlane, SBM secretary, entertained the members of the Sanatorium Board's bridge club at a sumptuous dinner at Southwood Golf and Country Club. The ladies, who were winding up another season of bidding and trumping, adjourned later to the new home of Miss Janet Smith, supervisor of the Central Tuberculosis Registry.

Heartiest congratulations to Dr. and Mrs. John Simon, of Ninette, on the birth of an 8 lb. son, Robert John, on May 14.