News Bulletin of The Sanatorium Board of Manitoba

VOLUME 2, ISSUE 7 | PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA | JULY, 1960

For Patients, Staff, and Friends of the Sanatorium Board

A half hour's chat with Sanatorium Board occupational therapy instructors at the Red River Exhibition last month showed that it wasn't just the display of handsome articles that attracted so many fair-goers to the Board's handicraft booth, but also the fascinating "behind-it-all" stories that Mrs. Vera Davidson of Assiniboine Hospital (left) and Miss Mitzi Newmark of Manitoba Sanatorium told about each little item their patients made. (Photo by David Portigal & Company.)

San Board, ACT Join Forces In Colourful Fair Programs

With the arrival of Manitoba's two big annual exhibitions this past month, the Associated Canadian Travellers of Winnipeg and Brandon joined forces with the Sanatorium Board's surveys department to stage two of the most colorful fair programs in their histories.

At the Red River Exhibition in Winnipeg, June 24 to July 2, the sale of tickets on a "Lucky Star Home" netted the Winnipeg Travellers the largest sum of money ever raised by that organization at one time. Most of the proceeds will go towards the club's $100,000 project to provide special equipment for the Sanatorium Board's new rehabilitation hospital, currently under construction in Winnipeg.

This is the second year that the Winnipeg Club has offered the Lucky Star Home as grand prize, and as in the previous year the luxurious six-room house, complete with lot, furnishings, a car and a fur coat, proved one of the biggest attractions at the Exhibition.

Thousands of fair-goers lined up two and three deep to view the interior of the house, and when they had passed through were urged by the A.C.T. Ladies' Auxiliary to have a chest X-ray at the surveys department's mobile Unit standing nearby.

The result: Nearly 2,000 chest examinations to add to the department's books.

Although the Associated Canadian Travellers of Brandon offered no fabulous raffles at the Brandon Fair, July 4 to 8, the club did an excellent job of bolstering anti-tuberculosis work. With two pretty majorettes performing intricate tricks in front of their booth, the club easily enticed 700 people into the X-ray van, and did a good selling job on the importance of TB surveys.

The Brandon A.C.T. also used fair-time to publicize the work of Assiniboine Hospital's physical and occupational therapy unit, for which the club is now raising funds, and the A.C.T. Women's Auxiliary entered a float in the closing day parade to illustrate their new library service for Assiniboine patients.

The Red River Exhibition this year also afforded the occupational therapy departments of all Sanatorium Board institutions and St. Boniface Sanatorium a good opportunity to display and sell their handicrafts.

With the help of the Winnipeg A.C.T. the departments set up a display booth in the arena building, and by the week's end managed to sell well over $550 worth of Eskimo soapstone sculpture, Indian beadwork and moccasins, colorful plastic ornaments and all manner of handmade articles.

This is the first time the institutions have exhibited at the Red River Exhibition and, according to Miss Mitzi Newmark and Mrs. Vera Davidson, occupational therapy instructors at Manitoba Sanatorium and Assiniboine Hospital respectively, the display proved to be the biggest boost yet to the work of tuberculosis patients.

Interested viewers asked many questions about the work and were particularly intrigued that this work, part of the Board's rehabilitation program, is also financed through the sale of Christmas Seals.

All in all, as fair time in Manitoba drew to a close this month both, the A.C.T. clubs and the Sanatorium Board felt well rewarded for their hard labors.

TB Deaths, New Cases Hit Record Low - CTA Director

An encouraging picture of the status of tuberculosis control in Canada was painted by Dr. G. J. Wherrett, executive director, at the 60th annual meeting of the Canadian Tuberculosis Association in Ottawa last month.

In an address to some 400 delegates who celebrated the association's 60th anniversary at the Chateau Laurier, June 27 to 30, Dr. Wherrett said that the Canadian TB deaths in 1959 for the first time totalled under 1,000 — 959, or a rate of 5.5 per 100,000.

Ontario had the lowest rate of 2.8 deaths per 100,000, he said. Several other provinces, including Manitoba with a death rate of 4.6 per 100,000, followed closely behind.

The number of new cases reported was 6,445, a reduction from 7,215 in 1958.

The number of reactivated cases requiring sanatorium treatment, however, were relatively greater in proportion to the new cases, being 3,374 as compared with 3,640 in 1958.

Treatment Beds

There has been a further reduction in the number of TB beds required for treatment, Dr. Wherrett reported. This is due to a reduction in the length of treatment and to a decrease in the numbers admitted.

The number under treatment at December 31, 1959, was 9,262, compared with 10,830 on the same date in 1958.

The number of sanatorium beds converted to other uses or closed entirely is greater than any previous year. From one-third to one-half of the bed complement is not required at the present time for tuberculosis.

Job Well Done

In presenting these statistics, Dr. Wherrett said that tuberculosis workers can look back with "prideful satisfaction" at the association's accomplishments during the past 60 years.

Since the first Canadian anti-tuberculosis organization was formed by the Earl of Minto in 1900, the partnership which has grown up between voluntary effort on the one hand and official agencies on the other has developed services which have brought about "undreamed of changes in the tuberculosis picture."

"The same unity of purpose can result (if we will press on to our goal) in the elimination of tuberculosis in the next generation," he said.

But, he pointed out, tuberculosis is far from being beaten and there are certain features which should cause some concern.

One of these is a feeling of complacency that has come about because of the rapid

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Authorized as second class mail, Post Office Dept., Ottawa

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Profiles

EDWARD DUBINSKY

Friendly, energetic Edward Dubinsky has been involved in Sanatorium Board business affairs for 13 years and has been administrative assistant for this organization for nearly eight years. An indefatigable dynamo who eats, breathes and lives hospital administration, Eddie today commands one of the busiest positions at the Board which, in these rapidly expanding times, involves personnel management and public relations work, purchasing new equipment and all the multitude of other duties required for the smooth operation of the Board's institutions.

The only son of lumberman Michael Dubinsky, Eddie was born and educated at The Pas, Manitoba. After completing Grade XII in 1942, he came to Winnipeg to take a year's course in business and accounting at Success Commercial College. Soon after, however, when undergoing a medical examination for the RCAF, he discovered he had tuberculosis and was obliged to enter the sanatorium at Ninette. "It was probably the best think that ever happened to me," Eddie now happily recalls—for, like so many other employees whose bouts with TB later led them to accept positions with the Board, he decided soon after his release from hospital to make a career in the Sanatorium Board business department. Accordingly, in 1947 he joined the accounting department of the newly opened Clearwater Lake Hospital and, under the experienced eye of business manager Carl Christianson, worked his way up from assistant accountant to accountant. In 1952 he was transferred to Winnipeg to take on the new position of administrative assistant.

A second bout with TB kept Eddie away from his desk for one year, but since his recovery he hasn't missed a single day away from his work. In 1956, after two years of hard study, he graduated with flying colors from the Canadian Hospital Association's extension course in hospital organization and management.

Eddie was married five years ago to the former Peggy Gillender of Winnipeg, and is the proud father of a handsome 1½-year-old son, Thomas Michael. A former fishing, hunting and hockey enthusiast (once coached a junior hockey team at The Pas), he only manages to find time nowadays for a little golf and curling. He is an avid football fan, (would someday like to get involved in a football club) and during his days in the North chalked up a reputation as a pretty good violin and bass fiddle player.

About the only other thing Eddie has time for in his busy schedule is his rather extensive work with the Greater Winnipeg Regional Hospital Council. He is vice-president of that organization.

DR. F. H. SMITH

One of the chief contributors to the planning and development of the Manitoba Rehabilitation Hospital is the personable Dr. F. Hartley Smith, chairman of the hospital's advisory planning committee. A pioneer in rehabilitation work in Canada, Dr. Smith has dedicated himself to the development of a rehabilitation hospital which he hopes will serve as a model for all other centres of this type in the country.

"In this hospital," he says, "we're combining information gained both from World War II causualties and the treatment of special groups, such as Workmen's Compensation Board patients. We are adjusting and modifying these methods for use in a strictly civilian organization where the patients will retain their own doctor, but where treatment will be guided by a full-time rehabilitation specialist."

Chairman Smith comes to his position with a considerable backlog of experience in rehabilitation medicine. Born in St. Thomas, Ontario, he moved with his parents to Saskatchewan while still a young boy. He was educated at Regina and Oak Lake, Man., and came to Winnipeg in 1919 where he enrolled at the University of Manitoba, first in an arts course, and later in the School of Medicine. Graduating in 1929, he interned at St. Boniface Hospital, then did a year's research work with Dr. J. D. Adamson under a grant from the Banting Research Foundation. After a year's postgraduate work in London and Edinburgh (he is a specialist in internal medicine) he set up private practice in Winnipeg.

"BUY YOUR TICKETS TO THE A.C.T. LUCKY STAR HOME — AND HELP FIGHT TB!" was the call that rang out continuously at the Red River Exhibition in Winnipeg last month. And, as the picture shows, fair-goers responded with enthusiasm. After touring the sumptuous, six-room house, many people did register at the A.C.T.. Ladies' Auxiliary booth (right foreground) for an X-ray examination at the Sanatorium Board van (right rear.) (Photo by David Portigal & Company.)

PROFILES

World War II gave Dr. Smith a variety of experiences: in turn he commanded a motor ambulance convoy, a field ambulance, the medical wards of Debert Military Hospital in Nova Scotia, and finally was introduced to rehabilitation medicine when in 1943 a rehabilitation hospital was organized at Huntington, Quebec, under his command. This was the first separate institution devoted to rehabilitation in Canada. The initial purpose of the hospital was to shorten the convalescence period of soldiers in training, but as Dr. Smith and his staff accumulated more knowledge about this new medical field, they gradually began to take on the big job of rehabilitating war casualties.

At the end of the war, Dr. Smith left his post at Huntington to become consultant in rehabilitation for the Department of Veterans' Affairs in Ottawa, and as such he planned the first rehabilitation centres in Vancouver and Ottawa. In 1946 he returned to Winnipeg to take on his present position as associate medical director of Great-West Life Assurance Company.

Married to the former Anne Nelson of Lilyfield, Man., Dr. Smith has four children: Mrs. Dick (Carol) Macomb and TCA hostess Frances, of Winnipeg; Brian and Margaret, still at school. Gardening is a favorite pastime, and during the spring and summer months he divides his time between his home in Winnipeg and his 80-acre (tree) farm near Vivian.

Besides his work with the Sanatorium Board and the rehabilitation hospital, Dr. Smith has done a great deal of work with other organizations in Winnipeg, among them the militia with which he has served in various capacities for many years. He has also been active in the Cancer Society, the Board of Trade and the Knowles' School for Boys, is a past president of the Winnipeg Medical Society and is a member of the board of directors of the Society for Crippled Children and Adults of Manitoba.

TB DEATHS

(Continued from Page 1)

progress of the past ten years.

Another important fact is that, as the treatment period shortens, the number of patients discharged to continue treatment at home increases.

It is from this group, he said, that our readmissions come, and there is reason to believe that in some instances reactivation is due to too early discharge or to the tendency to discontinue drug therapy too early.

Intensify Efforts

To beat tuberculosis calls for an intensification of our efforts, particularly in case-finding and follow-up, he said.

One of the first tasks is to see that adequate follow-up is provided for all discharged patients, and that clinics, dispensaries and other public health facilities be fully maintained, even increased, to handle the growing number of discharged patients.

Case-Finding

The tuberculin test as a case-finding procedure came into increased use in 1959, Dr. Wherrett reported. There has been a marked increase in tuberculin testing in all provinces and a slight decrease in the number of X-ray films taken by the elimination of negative reactors.

The other important modification in the community survey procedure was the attempt to focus attention on certain groups and geographical areas having a higher incidence of dis than others.

New Officers

At the annual sessions Dr. P. E. Moore, Director of Indian Health Services for the Department of National Health and Welfare, was elected president of the CTA. Dr. C. A. Wicks, medical superintendent of Toronto Hospital for Tuberculosis, was named president-elect.

J W.. Speirs, chairman of the Sanatorium Board, was named a vice-president, and T. A. J. Cunnings, SBM executive director, and Dr. A. L. Paine, of Manitoba Sanatorium, were named members of the executive council.

A special feature of the anniversary celebration was a session at Rideau Hall, called by His Excellency, George P. Vanier, Governor-General of Canada.

LAUGH INSIDE

It you would have more fun
from life
And lift yourself above it's
strife
Then help your sense of
humor grow
And inwardly you'll feel
aglow

It seems that when we grow
in years
Our sense of humor disappears
It is not gone but dormant
lies
Upon ourselves its fate relies

If you can learn to laugh with
ease
When you're the subject of
the tease
Your sense of humor's growing some
And you will find life not so
glum

For humor is not merely
jokes
Or laughing heartily with
folks
But more a willingness by
you
To see yourself as others do

—Terry, The Pendulum

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 of Manitoba, May 31, 1960.

PART II

In order to see how a physical medicine department works let me invent an example for you and we will follow it through the department. Let us invent George, a miner, age 45, who has broken his ankle. The injury has healed, his plaster cast has been removed, and it is important for George and his family that he return to work as soon as possible. It is also important that the function of his ankle should be as normal as possible if he is to continue at work without future trouble.

George's ankle after removal of the plaster will be stiff and there will have been some wasting of the muscles and a tendency to swelling of the ankle, which will be painful to walk on.

If no further treatment is undertaken the ankle will become gradually less stiff, but will remain weak. During the early period George will develop a limp to try to spare his ankle.

This will become a habit of walking and may even ultimately result in more remote effects involving pains in the hip and lower spine from the poor posture produced. The net result may be that although the broken ankle has set perfectly, the final result from George's point of view is very poor.

You must remember that that is a purely hypothetical case. But let us suppose that the doctor, who has been looking after George, has particular reasons for fearing some such complications and wishes to prescribe a course of graduated exercises, partly to get back the movement in his ankle and partly to build up the power of his muscles once more.

These exercises may be restricted by pain and are at first performed most comfortably in warm water, perhaps in a whirpool bath, and the speed at which the swelling goes down may be helped with the aid of massage.

Soon George is able to walk, but the movement of the ankle is still restricted and it is still weak. Gradually he spends more and more of his time with the remedial gymnast.

It is in this group of so-called static disabilities[1] that the work of the remedial gymnast is of particular value. He is a man whose basic training is that of a gymnast. In other words he is a specialist in the training of strength and endurance of muscles and their co-ordination. He has special training in the medical field and with his assistance as a part of the rehabilitation team functional recovery can often be speeded considerably.

George enters a class of men with similar disabilities. This is a class sufficiently small for individual attention to be given, but nevertheless the emphasis is on class exercises and games especially designed for the particular disability.

It is, of course, not possible for a man to spend all day conscientiously exercising one ankle, and so at this stage he enters the occupational therapy department where he may be put to work at a lathe and in the interest of what he is making with his hands he forgets the useful work his foot is doing in working the treadle of the lathe.

During all this time a close watch is kept on his progress until he has got to the point when he is no longer improving. Then the occupational therapist, with her specialized knowledge of skills and trades is able to assess whether he will be fit to return to work in the mine.

She will probably try him out in the various functions he will have to perform during his day's work, and he will then be fit to go straight back to his job.

This type of program has frequently been shown to cut down the time for recovery. The earlier it is begun in any patient, the better.

For example, a recent investigation into recovery of calf muscle power following fractures of the shafts of the tibia and fibula (bones) showed that treatment in a rehabilitation hospital within three weeks of removal of the plaster resulted in about 90% recovery *within six weeks*, whereas in those whose admission to the hospital was delayed up to 10 weeks after removal of the plaster only about 70% of recovery was achieved. *And this in a period of eight weeks.*

Wherever a controlled investigation has been made of the effects of a planned rehabilitation regime, figures of this order have been produced, the effectiveness of the treatment being related to the question of early admission.

Apart from the treatment of the disabilities I have mentioned, there are various other conditions where physical fitness of a non-specific nature can be promoted to the advantage of the patient. For example, patients with chronic chest disease or with specific types of heart disease can be helped by the increased physical efficiency that may follow a course of physical rehabilitation.

Finally, I should like to say a word about the occupational therapy department. Occupational therapy, as its name suggests, is on the physical plane, the use of movements required in certain types of work to retrain muscles and develop co-ordinated movement where this has been impaired. This is done under careful supervision and with the same physiological basis behind the movements as the exercises of the remedial gymnast. An example of this was seen in the case of our unfortunate miner, George.

Exercise of this type may be graduated. For instance, a man recovering from a shoulder injury may begin by putting objects onto a high shelf. He graduates from this to working a loom, specially designed to need certain types of shoulder movement.

Finally we find him swinging an axe or working a two-handed saw. After some days of this he points out to us that he is doing as much physical work as he would need to do as a laborer at home . . . and what's more he's not getting paid for it! We are happy to agree with him, and his rehabilitation from the physical point of view is complete.

On the psychological plane occupational therapy has as much to offer. The value of creative mental activity has long been recognized as a weapon to be used in our efforts to make people well and in the treatment of patients suffering from long-term diseases this may be a very important factor.

When one acknowledges the value of this treatment in those with only physical disability one must appreciate its further value in those with mental disabilities. The effect of modelling a piece of clay to his own design on someone with an anxiety state may be quite profound and the products he makes are sometimes a useful indication of his progress.

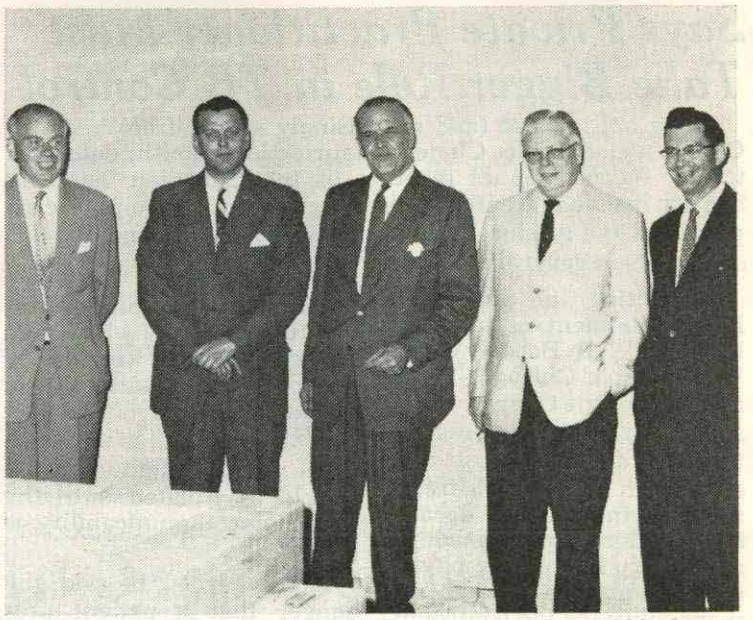
A final function of the occupational therapy department is the assessment of people from the point of view of what they can do when they get home. In this way the occupational therapist is able to advise a man on the type of work he is capable of doing and what is more to show him that he is capable of doing it. She is also able to tell us what we need to provide in the way of assistance. Does he need a special gadget to turn the taps in his home? Can he cope with boarding a bus to go to work? Does he need any particular modification of his car?

She can be particularly helpful in the guidance of children by assessing their capabilities, both physical and mental, and advising on the best type of training for them.

In discussing these treatments it is apparent to me, as I hope it is to you, that the treatments we have to offer are the combined efforts of the physiotherapist, occupational therapist and remedial gymnast, and that teamwork is the real essential to success in the treatment of the individual patient.

It is only with the aid of this teamwork integrated with the work of the rehabilitation services as a whole that we shall achieve the best results.

1. 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.



TOURS HOSPITAL—Accompanied by several members of his department, the Hon. George Johnson, M.D., provincial minister of health and public welfare, paid a visit to Assiniboine Hospital's new physiotherapy and occupational therapy unit last month, prior to his opening of the new wing at the Fairview Home for Senior Citizens in Brandon. Left to right are: K. O. McKenzie, deputy minister; Dr. Johnson; Dr. H. Malcolmsen, director of alternative care; Dr. D. G. Coghlin and Dr. A. H. Povah, of Assiniboine Hospital. (Photo by John P. Prendiville.)

Weather Forecaster

Lightning in the West or Northwest usually is in a storm that will reach you. Storms to the South or East go past.

Birds perch more before storms because low-pressure air is less dense, making it harder to fly.

Gunners know that fowl tend to fly higher in good weather than bad. Low pressure affects their ears.

High clouds won't rain on you, no matter how threatening they look. It's lowering clouds that drop rain.

Rising smoke foretellls fair weather. Lowering pressure, preceding rain, drives smoke downward.

Smells are stronger before rain. Odors held captive by high air pressure escape as barometer drops.

—SoCaSan Piper

"Informality" Will Rule At Ninette Reunion

The Sanatorium Board head offices are "abuzz" these days with plans for the Second Ninette Sanatorium Reunion on September 11.

More than 1,500 ex-patients and former staff members have so far been invited to attend the affair, which will mark the 50th anniversary of the founding of the sanatorium — and already replies are pouring in.

"Informality" apparently will be the order of the day when "Ninette Graduates" get together. Except for a half-hour program of welcoming speeches and such, the whole afternoon (the reunion is scheduled for 12 noon to 6 p.m.) will be left free for renewing acquaintances and talking over old times.

Roy Brown and his 30-piece orchestra from Brandon will also be present during the afternoon.

Not all ex-patients and staff members have received letters telling them about the reunion, since some addresses have been lost over the years. But, emphasizes William Doern, chairman of the reunion committee, anyone who has ever been "remotely connected" with the sanatorium is invited to attend — whether they receive a letter or not.

Those planning to attend the reunion are also urged to bring a basket lunch (for two meals), since facilities for light lunches at the sanatorium are limited.

They are also asked to take the special chartered buses (fare is $4.00 adults, $2.50 for children) scheduled to leave for the san at 9 a.m., since parking facilities are also limited.

Says Private Practitioner Must Take Bigger Role in TB Control

In a hot, airless (and surprisingly smoke-free) room at Ottawa's sumptuous Chateau Laurier last month, delegates to the second annual meeting of the Canadian Thoracic Society listened attentively as an eminent Chicago physician predicted the gradual decline of the TB sanatorium and TB specialists in general.

Presenting a paper on home treatment of tuberculosis, Dr. W. R. Barclay of the University of Chicago — and formerly of the Charles Camsell Hospital in Edmonton — told the delegates that vast changes in tuberculosis treatment during the last decade have, in his opinion, made it mandatory for private physicians to assume greater responsibility for the control of the disease.

"In the future," he predicted, "treatment of tuberculosis will be undertaken by physicians who specialize in thoracic diseases and the phthisiologist will disappear. Eventually hospitalization for tuberculosis will be undertaken in units of, or closely attached to general hospitals, and the TB sanatorium will only be a memory."

The reason for these changes, Dr. Barclay pointed out, is the trend towards short hospitalization of TB patients and continuing treatment at home.

At present chemotherapy is administered for a longer period after hospitalization than it is during hospitalization, he said. For this reason there should be much greater individualization of treatment and some departure from standard treatment regimens.

There should also be a broadening of the indications for chemotherapy — and it is in this field that the private physician can play a very important role.

"I believe that anti-tuberculosis chemotherapy should be given to all tuberculin positive pre-school age children, to all known recent tuberculin converters, to tuberculin positive individuals who must receive long and continuous courses of corticosteroids (a cortisone drug) or who are suffering from chronic debilitating illness such as malignancies, and finally to those with far advanced tuberculosis who had their disease arrested prior to the use of isoniazid (INH) therapy."

Dr. Barclay pointed out that all these groups are most apt to be recognized by the private physician and they can be treated with isoniazid alone, without a period of hospitalization.

Patients with minimal pulmonary tuberculosis and no tubercle bacilli isolated may also be suitable for the initiation of this ambulatory therapy.

"But there are other types of tuberculosis," he said, "which are best treated by initial hospitalization. We cannot lose sight of the fact that tuberculosis is an infectious disease and patients should be isolated until the phase of communicability is passed."

In this regard, he said, the danger that a patient presents is as much related to his social environment as to his "bacteriological status." An older person with few social contacts can be discharged from hospital with an occasional positive sputum; but a mother of young children must be repeatedly negative on gastric culture.

Also, treatment in hospital affords the best opportunity to educate patients in all aspects of TB treatment.

"If there is a major failure in our present therapeutic approach it is a lack of communication between physician and patient," he said. "In recent years we have overstressed drug regimens and neglected patient education."

Finally, the anti-TB drugs are not without toxity and unpleasant side effects. An initial period of hospitalization provides for careful evaluation of the status of TB infection and its response to the drugs being used.

As the incidence of tuberculosis declines, case finding will become more difficult and expensive, the doctor concluded. The mass survey will no longer be a practical approach and our efforts will have to be directed to a special high risk group and will have to depend more and more on the case finding efforts of the private practitioner.

For some groups, for example all high school entrants, a tuberculin test may be necessary. For others, such as those beginning their old age pension, a chest X-ray may be required. All hospital admissions should be tuberculin tested and the results made part of the permanent record, he said.

If the specialty of phthisiology disappears all physicians will need a sounder training in the principles of case finding, follow up and public health reporting.

"In essence, tuberculosis will become a disease of interest and fascination for physicians, instead of a nuisance to be pushed into the sanatorium."

Solves Mealtime Problem

Rena Hart (left) inspects her new menu scrapbook

Ever since the Sanatorium Board brought out the new Selective Menus for patients at its three major institutions, one of the biggest problems has been to explain them to Indian and Eskimo patients.

The choice of poached or fried eggs for breakfast might be elementary to most patients, but for those who speak little or no English, the curious "hieroglyphics" on the neatly printed menu cards were a constant source of frustration and confusion.

The whole problem, however, was solved last month when Rena Hart, a young, popular patient at Clearwater Lake Hospital, devised three menu scrapbooks which beautifully illustrate all the different foods these menus offer, and describe each illustration in Cree and Eskimo, as well as in English.

The attractive menu manuals are possibly the first of their kind in Canada, says Miss Nan T. Chapman, director of dietary services for the Sanatorium Board.

Miss Chapman and the staff at Clearwater Lake Hospital are immensely proud of Rena but, according to them, are not the least bit surprised that she was able to produce the three scrapbooks. She has always been a much loved and appreciated patient, they say, and is exceedingly clever with her hands.

Twenty-one-year-old Rena, who has 12 brothers and sisters, was first admitted to Clearwater Lake Hospital from Nelson House in 1947 Transferred a few years later to Manitoba Sanatorium at Ninette, she was discharged from hospital in 1955.

She went to work at a nursing station at Nelson House and was a great help to the two nurses in charge there. She would stay at the station and keep house for one nurse, while the other was away making calls.

Rena was re-admitted to Clearwater last August, and during her convalescence (she has minimal TB now) has enthusiastically joined in with the teaching of the young children .She herself is receiving academic instruction at the Grade VI level.

"She is a real leader of her people and an inspiration to them," Miss Chapman says fondly of Rena.

"Certainly her artistic scrapbooks are a boon to the patients who have no trouble now picking out the foods of their choice at mealtimes — and at the same time they are learning to identify them in their English names."

The only problem, she says, is to make the food look as attractive as the lavish illustrations. "But that's okay. It's a good challenge now for us."

SLOW DOWN
... AND LIVE!

High speed and tired drivers are blamed for most summer highway accidents. Learning to slow down and take it easy is the beginning of wisdom at the wheel. The following code is suggested for safe driving:

1. Slow down at the first glimpse of children playing in the street.

2. Slow down at intersections, traffic circles, railway and cattle crossings.

3. Slow down before entering city and town limits or any other crowded area.

4. Slow down for coffee-breaks every 100 miles.

5. Slow down after dark and under bad weather or road conditions.

6. Slow down to give the other fellow a chance, even if he is only a pedestrian.

7. Slow down for greater comfort and less strain. You will enjoy your trip more and you will survive it!

—Canadian Highway Safety Conference.

Bulletin Board

Sanatorium Board members who attended the CTA convention in Ottawa last month were T. A. J. Cunnings, executive director; Dr. E. L. Ross, medical director; Dr. A. L. Paine, Manitoba Sanatorium; Miss M. C. Busch, director of rehabilitation; and Miss Bente Hejlsted, director of nursing services.

* * *

A recent visitor to the Sanatorium Board head offices was Miss Ethel Smith, executive consultant and secretary of the Canadian Association of Occupational Therapy, Toronto. Miss Smith talked over Winnipeg's new School of Physiotherapy and Occupational Therapy with Dr. L. H. Truelove, rehabilitation hospital chief of staff.

* * *

Women staff members held a farewell party and shower June 20 for Audrey Peden, clerk-typist in the Central TB Registry, at the home of Misses Gladys and Evelyn McGarrol. Audrey, who has been a member of the department for 12 years, is engaged to be married on July 20 and will make her home in Edmonton. The Board's warmest wishes for her happiness go with her.

* * *

Congratulations are also in order for Peter Simeon, acting senior on the Board's summertime TB surveys. Peter, a native of Germany, won the E. M. Bryden Memorial Scholarship for highest standing in First Year Engineering at the University of Manitoba.

* * *

New members of the SBM staff are Miss Vide Eunice Appleby of Devon, England, general duty nurse at Manitoba Sanatorium; Miss Shirley G. Bruno of Brandon, general duty nurse at Assiniboine Hospital; and Joseph E. Durwael, accountant at Clearwater Lake Hospital.

* * *

Miss Mary Gray, Christmas Seal director, also welcomed a new addition to her department. An IBM installation was delivered to the SBM head offices on July 11 and is expected to speed up considerably the processing of Christmas Seal cards and envelopes.

Mrs. Adeline Popadynetz of Winnipeg will operate the sorter and tabulator. Mrs. Sharon Lynne Taylor is the keypunch operator.