



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

AUGUST, 1960

More TB Refugees Arrive in Manitoba

Another group of tuberculous refugees from camps in Austria and Germany arrived in Winnipeg August 2 to begin life anew in Manitoba.

The refugees, natives of Austria, Yugoslavia and Romania, are part of the third group of displaced persons brought to this country by the Canadian government as its contribution to World Refugee Year.

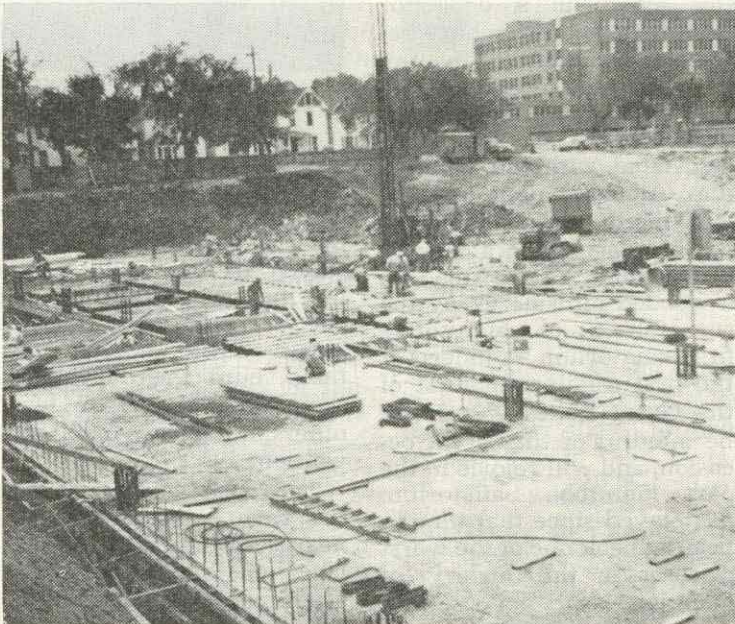
Seventy-seven persons in all were brought to Canada on this flight and, besides in Manitoba, will find new homes in Saskatchewan, Alberta and British Columbia.

The Manitoba group included George Celepov, 34, a clerk and laborer, and formerly a scholarship medical student at the University of Graz, Austria; Risto Pacic, 26, of Yugoslavia, a machine fitter; Mr. and Mrs. Julian Mykytyn, of the Ukraine, their four children, and Mr. Mykytyn's 85-year-old father, Wasyly Mykytyn. Mr. and Mrs. Mykytyn have lived in a refugee camp since 1944.

The reception at the airport was quiet. Coffee, milk and sandwiches were passed to all the passengers aboard the plane by two young airmen, then, after passing through immigration, the TB refugees to Manitoba were whisked by taxi to St. Boniface Sanatorium. This included all the group except the four Mykytyn children, who were taken to a new home provided for them by relatives in Winnipeg. Their ages range from 23 to 11.

This is the second group of refugees brought to Manitoba since January 1 of this year. Costs for their accommodation and maintenance, until the family can become self-supporting, is being borne by the federal government.

Of the 10 tuberculous refugees who came to Manitoba last January, only six needed treatment in sanatorium. Five have since been discharged and are now busily making new lives for themselves in Winnipeg.



HOSPITAL BUILDING UNDER WAY—Sanatorium Board staff members who haven't been down to Bannatyne avenue and Sherbrook street recently will have some difficulty recognizing the old site of the Central Tuberculosis Clinic. The clinic, which for many years served as the headquarters of the Sanatorium Board's anti-tuberculosis campaign, has now been replaced by a huge crater swarming with some 50 workmen who have just about completed the basement floor of the Board's new rehabilitation hospital. The six-storey hospital marks a major advance in the Board's program to improve medical services for the people of Manitoba. It is slated to open sometime in 1962. (Photo by Mrs. Pat McFarlane.)

Association Plans Improvement Of Nursing Education In Canada

Four recommendations, which could considerably change instruction in nursing schools across Canada, were passed unanimously by 1,100 Canadian nurses when they gathered in Halifax, June 19 to 24, for the 30th biennial meeting of the Canadian Nurses' Association.

The recommendations, which grew out of a two-year study of some 25 Canadian schools of nursing, provide for the gradual improvement of many phases of the three-year program. They call for a study and re-examination of the whole field of nursing education; a program to assist nursing schools in upgrading their educational programs; and a program for evaluating nursing service in areas where students in nursing schools receive clinical experience.

For the more distant future, a fourth recommendation urges a system of accreditation for Canadian nursing schools. Under this system schools would apply to the CNA for an evaluation

and approval of their programs and subsequent accreditation.

The 133-page report containing the recommendations was presented to the convention by Miss Helen K. Mussallem, of Ottawa, who headed the pilot project. Its provisions for the continuous improvement of educational programs through study and evaluation will form the main work of the CNA for the next two years.

Historic Moment

According to Miss Bente Hejlsted, SBM director of nursing services who attended the convention, the unanimous passing of the recommendations was one of the most significant events in the association's history.

"To my knowledge Canada is the first country to initiate such a comprehensive study of nursing education," she said. "And what is most impressive is that it represents an attempt by Canadian

TB Association Seeks Aid For New Research Program

A two-year research program, to be conducted under the auspices of the Canadian Tuberculosis Association, was proposed last month by the CTA's executive council.

The program, if approved by provincial TB associations, will provide for much needed research in such areas of tuberculosis control as case finding, treatment and follow-up, as well as in the field of thoracic diseases in general.

Miss Hejlsted described her week at the convention as interesting, challenging and, at times, moving.

"There was a sense of purpose and working toward a common goal which permeated all parts of the convention," she said.

"All the delegates carried with them the blue and yellow book which contained the two-year report. Nurses gathered in smaller groups to discuss it and what should be done to overcome the difficulties in nursing education.

"In the hotel rooms at night the blue and yellow books were bedside reading, and more discussions went on with roommates until the early morning hours."

Other Highlights

Other parts of the CNA program included committee reports and sessions on rehabilitation and hospital insurance and its implications for nursing.

A highlight of the closing sessions was a special ceremony where, among others, two former Winnipeg Gen-

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tuberculosis control as case finding, treatment and follow-up, as well as in the field of thoracic diseases in general.

It is suggested that the program be financed by provincial tuberculosis associations who would set aside a certain percentage of their annual Christmas Seal funds for a two-year trial period. The suggested amount is one percent of the annual sales.

The CTA proposal comes as a result of an extensive survey of research needs in Canada conducted during the past year by a CTA committee headed by Dr. C. A. Wicks of Toronto.

The survey showed that although there is an important research program underway in Canada (financed by Federal Research Grants, Federal Tuberculosis Grants, provincial associations, etc.) there is still a demand for additional money to finance other important projects for which no funds are available.

If a CTA program is set up, the council announces, it will permit research projects to be conducted anywhere in Canada.

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Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,
1654 Portage Avenue, Winnipeg 12, Man.

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Stewart of Manitoba

As the celebration of Manitoba Sanatorium's golden anniversary draws near, it is only fitting that we present a brief sketch of its first superintendent who was known among medical men the world over as "Stewart of Manitoba". The following are excerpts from an address given by one of his oldest friends and a former member of the Sanatorium Board, Dr. Ross Mitchell. It was presented at the dedication and unveiling of the Dr. David A. Stewart Memorial at Manitoba Sanatorium, July 24, 1940.

David Alexander Stewart was the eldest son in a family that has been notable for its achievements. His mother's brother was the late Dr. James Farquharson, for many years Home Mission Superintendent in the Manitoba Northwest Territories for the Presbyterian Church, and a frequent visitor to the Stewart home. It was only natural that David should be destined for the Church, and in 1896 he entered Manitoba College where he spent three years in Arts and two years in Theology absorbing from the principal ideals of devotion to duty and zeal for the welfare of those entrusted to his care.

In the summer of 1901 the young theological student had a mission at Frank, Alberta, in the Crow's Nest District. The little mining town nestled under the shadow of Turtle Mountain. Early one morning the whole top of the mountain crashed down on the settlement, killing some 600 of its inhabitants. Stewart worked unremittingly assisting the resident doctor to care for the wounded and dying, and his admiration of the doctor and his work led him to change his vocation. In 1902 he entered Manitoba Medical College where he spent four years.

Two more years were spent in the Winnipeg General Hospital where he became the first resident in medicine. The clinical experience gained here, the maturity and breadth of his mind, and above all his ability to meet people, to understand their points of view fitted him in the minds of his teachers as the ideal head of the new institution (Manitoba Sanatorium) then being planned. Some months in New York City and an assistantship in a Connecticut Sanatorium gave him further knowledge of tuberculosis.

First though, money was needed for the building and the young doctor travelled through Manitoba lecturing, making contacts, crowding 24 hours work into 18. The result was a breakdown from the very disease he was seeking to cure in others. This time he saw Saranac Lake Sanatorium as a patient, but the experience was not wasted for he gained friendship of men like Trudeau, Baldwin and Lawrason Brown. In November, 1910, he was back at work, this time as actual superintendent of Manitoba Sanatorium.

Funds for maintenance and equipment were scarce. It was often necessary to improvise, but he had the faith which moved mountains and an almost demoniac energy which he contrived to instill in others. Thus, he turned a patient into one of the finest X-ray technicians I have known, and younger, medical men trained in his methods went out to fill positions as superintendents of sanatoria and tuberculosis directors elsewhere. Voice and pen were seldom silent and it was not long before he was recognized as an authority on tuberculosis.

It may be thought that being superintendent of such an institution was a man-sized job, but this view does not take into account Stewart's driving force. In addition to other activities, he found time to be president of the Manitoba Medical Association and to be chairman for three years of the Committee on Ethics of the Canadian Medical Association. That sounds simple, but for him it meant a completely new Code of Ethics enriched with numerous quotations, publishing two articles in the CMA Journal, and conducting a voluminous correspondence not only with other members of the Committee across Canada, but with friends in Great Britain and the United States. Moreover, he found time for an amazing literary output.

Now the human machine has its limitation, and in 1929 Stewart experienced the first symptoms of the disease which caused him untold suffering and led eventually to his death eight years later. But even his illness did not keep him from working.

Death claimed his faithful wife who had left the safe haven of the Sanatorium to be at her husband's side, and a few weeks later, on February 16, 1937, he too died.

One may ask what was his medical legacy to this province. He brought hope, comfort and often healing to thousands of patients who passed through the sanatorium in 27 years; he trained hundreds of medical students and doctors in physical diagnosis and fitted many for positions of trust and responsibility as tuberculosis leaders; he saw the general tuberculosis death rate in Manitoba cut to one-fifth of what it had been in 1910; and of still greater importance, he helped reduce the menace of tuberculosis to the present and future health of children to one-tenth, and all this because of his passion for suffering humanity. Like Abou Ben Adhem, David Stewart could have said to the angel: "Write me as one who loved his fellow men."

Manitoba Sanatorium Marks 50 Years Of Achievement in Tuberculosis Control

On September 11 Manitoba Sanatorium will celebrate with a grand reunion the 50th anniversary of its founding. Hundreds of people will flock to Ninette to mark the event. They will come from all walks of life: leaders in tuberculosis work throughout the Province and the West, people well known in public life, former staff members and, perhaps most important of all, many of the 12,000 patients who at some time or another have passed through the sanatorium's door for treatment and later have returned to a normal, healthy life in the community.

This is an exciting year for everyone who has ever been associated with the sanatorium. Although none of them will likely remember that day long ago when a handful of dedicated people stood on a wooded hillside to lay the cornerstone of Manitoba's first sanatorium — indeed of the first sanatorium west of the Great Lakes — all will be mindful of that great occasion, and will rejoice in the part Manitoba Sanatorium has played since that time in beating back one of the worst diseases in the history of mankind.

The Founding

Manitoba Sanatorium actually had its beginning in 1908 when a small group of Winnipeg businessmen and doctors, headed by Dr. R. M. Simpson of the Provincial Board of Health and including such notables as Dr. Gordon Bell, E. W. Montgomery, S. W. McInnis, John Inglis, E. L. Drewry and Mayor Ashdown, decided to launch an anti-tuberculosis crusade in Manitoba. Together they formed the voluntary organization known as the Sanatorium Board of Manitoba and set as their first goal the building and operation of a tuberculosis sanatorium.

At that time tuberculosis was a tremendous health problem in Manitoba. The provincial death rate from TB was vaguely estimated to be about 200 per 100,000 population and one in eight deaths occurring in persons over one year of age was attributed to this infectious disease. Indeed, it is probably quite safe to say that just about every family in Manitoba at that time had experienced some personal or family loss due to disability or death from TB.



A view of Manitoba Sanatorium from the hills.

(Photo by Bente Hejlsted.)

Manitoba Sanatorium, like all the other early sanatoria, was founded on the idea that the ravages of TB might be stayed if one could gather together patients with the earlier and more curable forms of the disease, treat them, cure them and send them out again to teach others in the ways of TB prevention.

This idea was carried by the early campaigners into nearly all the towns and villages of the province, and after many months of preaching, pleading and planning, enough funds for the sanatorium were raised.

In 1909 a site for the new sanatorium was chosen outside Ninette, on a hillside overlooking picturesque Pelican Lake, and in August of that year, with a few neighbors and campers looking on, the cornerstone of the first building was laid. A year later, on May 20, 1910, Manitoba Sanatorium, with 60 beds and barely enough equipment and money to keep going, opened its doors to the first patient.

Although the primary purpose of the sanatorium was to treat only those persons in the early stages of pulmonary disease, it soon became evident that this was not to be the case. The only known tuberculous people were usually those in the late and very late stages and it was these poor, desperate people who clamored most to come in.

By 1919 the number of sanatorium beds had jumped to 285, and still there were not enough to go around. New buildings had already been added to the first three small ones — first, Gordon

Cottage, donated by C. W. Gordon (author Ralph Inor) of Winnipeg; then the King Edward Memorial Cottage, presented by the Earl Garry IODE. In 1915 and 1916 an infirmary was added for the very sick and in 1917, as a result of the great influx of tuberculous soldiers, two military pavilions were built.

Still more pavilions were constructed in the next few years, until by 1935 the sanatorium boasted no less than 8 buildings, the nucleus of our present set-up today.

Treatment and Progress

In the early days treatment consisted mainly of good food, fresh air, rest . . . and more rest. These were the only weapons physicians had to fight TB, and yet it is amazing how many patients managed to recover.

By 1922 the death rate had been reduced to 69 per 100,000 population and tuberculosis as a leading cause of death had dropped from seventh place.

During the thirties, surgery came to the forefront and many patients who would have otherwise died were now saved by new techniques of collapsing the lung.

The travelling clinics, begun by the sanatorium in 1926, also played an important role in reducing the tuberculosis toll. Their mission was to seek out tuberculosis in all the towns and communities of the province, to find tuberculosis early while it was still curable, and, most important, to hunt out the sources of infection that were causing all the trouble.

The program demanded more beds, plenty of beds — more than Manitoba Sanatorium could ever provide. And so, in the years following, several sister institutions sprang up — in St. Vital, Winnipeg, Brandon and The Pas. But it was Manitoba Sanatorium that still served as the chief inspiration in tuberculosis work, and even after the head offices were

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Planning To Attend the Ninette Reunion?

If you haven't already done so, please notify the Ninette Reunion Committee, 1654 Portage Avenue, Winnipeg 12, that you plan to be there.

Reservations for bus transportation to Ninette must be filed with the committee before August 26. Buses will leave from the Dominion Store Parking Lot at Corydon and Osborne at 9 a.m. D.S.T. Fare for Adults is \$4.00. For Children \$2.50.

This 'n' That

By Pat Holting

Last month I had the pleasure of accompanying Ted Locke, Sanatorium Board Indian Rehabilitation Officer, to the Winnipeg General Hospital where we watched two of his "boys" graduate from the Orderly Training Course. It was a beautiful day, and being in exceptionally high spirits we decided, after the brief ceremony, to "stretch out" the affair by going to a nearby restaurant for coffee and sandwiches.

With us were Richard Vandenburg, male nurse in charge of orderlies at the Hospital; Bill Moose, who had received his orderly's certificate three months earlier and had joined his chums for the big occasion, and, of course, the two newest graduates, Simon Hastings, of Gods Lake, and Abraham McDonald, of Nelson House.

As we sat over our coffee, we listened delightedly as the boys talked about the future. Their faces were flushed with excitement and to them the future did at that moment look rosy bright.

"I'm going to look for a job in Winnipeg," said Abe enthusiastically, "and as soon as September comes I'd like to go to night school."

"I'd like to go to night school, too," said Bill, casually offering everyone a cigarette, "but I'd also like to travel. I've never seen the Rockies . . . or California."

Sitting there in his neatly pressed suit, white shirt and tie, it was hard to believe that this smiling, confident youth who was so anxious to see and do everything was the same, raw boy who, according to Ted Locke, had come out of the North only a year ago.

Simon Hastings remained silent during this chit-chat. In his pocket lay a one-way ticket back to the North and it wasn't hard to guess that his thoughts were with his wife and two small daughters whom he had not seen in six months.

At 33 he had made a big sacrifice in leaving his family to enter the Brandon Rehabilitation Unit and later the Orderly Training Course, but,

as Mr. Locke pointed out, it was his only chance to learn a new vocation.

"When I get home," he said finally, "I'll go to the nursing station at Norway House. Perhaps Dr. Neyhus can use me."

"You do that," agreed Ted. "You'll probably be the first Indian to walk into a northern station with papers such as yours. You'll be a fine example to your people."

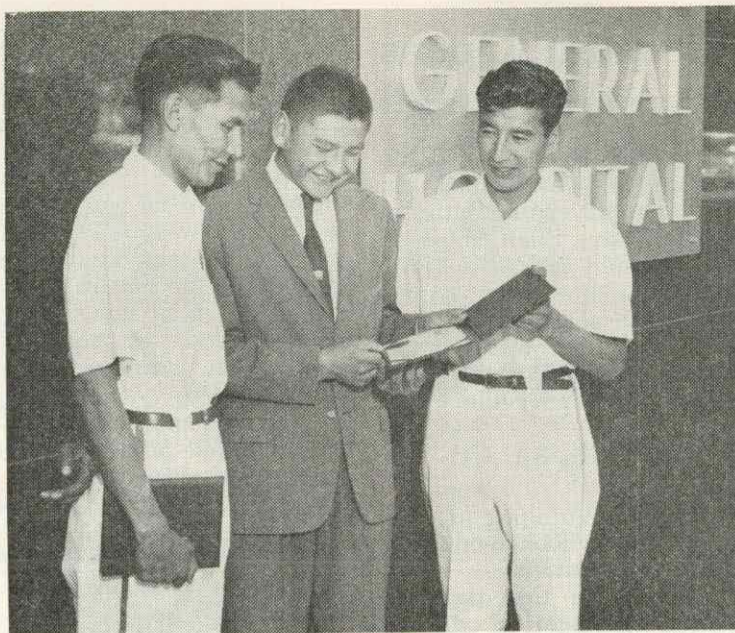
To most people, I suppose, the graduation of these orderlies sounds like dull routine stuff — but looking at the boys, it was pretty hard not to rejoice in their success. Apart from overcoming the physical handicaps left by their bouts with TB, they had crossed the barriers of language, culture and prejudice to achieve these goals. A pretty tough hurdle for anyone!

Simon and Abe are the fifth and sixth Indian rehabilitants to graduate from the course since it was established over a year ago. Because of their relatively low academic levels the classroom work did not come easy to them. But in practical work they excelled. Only one out of seven rehabilitants has failed to complete the course, a pretty good record when one considers that out of one class alone seven out of seventeen whites were dropped.

Ted Locke was pretty proud of the boys, but his words at this time were not entirely optimistic.

"Work hard . . . and you've got it made," he said. "Stick with your jobs, pile up lots of experience, go to school."

"These slips of paper are not your passports to easy living. You've got to prove



LATEST INDIAN REHABILITANTS to graduate from the Orderly Training Course at Winnipeg General Hospital are Simon Hastings of Gods Lake, (left) and Abe McDonald of Nelson House, right. The two boys, both former TB patients and graduates of the Indian Rehabilitation Unit at Assiniboine Hospital, Brandon, are shown proudly displaying their new certificates to a friend Bill Moose, another SBM rehabilitant who graduated from the course three months ago and is now employed by the General Hospital. (Photo by David Portigal & Company.)

yourselves yet."

But you could tell by the look on their shining, eager faces that they probably would.

Smoking

Cigarette smoking, it seems, has become a pretty hazardous business . . . as witness the provocative statements made by Dr. Oscar Auerbach, research pathologist from East Orange, N.J., at the CPHA annual meeting in Halifax last month.

"I have no hesitation in saying that cigarette smoking is the greatest single factor in producing lung cancer," said the doctor, who backed up his talk with a set of convincing, colored slides. "I have not seen a single case of lung cancer where there is no smoking."

Apparently Dr. Auerbach and his associates have done some pretty exhaustive research on smoking and lung cancer at the Veterans' Administration Hospital in East Orange. According to him, his team during the past five

years has progressed farther into the direct connection between smoking and cancer than any other medical groups.

Their investigations show a gradual change in the cell structure of the lining of the bronchial tubes, and the change, says Dr. Auerbach, is proportional to increased smoking.

These are among his findings.

1. There is an increase in the number of cells lining the bronchial tubes.
2. The cells flatten and begin to look like cells from other parts of the body.
3. They continue to increase in number, become abnormal in size and shape, and start to turn into cancer cells.
4. Surface cancer cells appear.
5. The cancer cells penetrate deeper.

"When I hear of a lung cancer death now," said Auerbach, "I never ask if the person smoked. Just how much."

Great Engineers

In following the stories about the water shortage in Winnipeg recently I was intrigued by the fact that the people of Winnipeg used up as much as 55 million gallons of water a day — and what's more that the city water-works could at least provide that much.

However, the other day I ran across a little item in one of the medical journals that sort of dampened my enthusiasm for the engineering wonders of modern civilization. It seems we are not nearly so smart as we would like to believe . . . for in public health and sanitation the ancient Romans have us all beaten.

For instance, by 96 A.D. the Romans had 10 aqueducts into their city which were capable of supplying the people with 200 million gallons of pure water a day.

One half of this went to the public baths, leaving 50 gallons of water per head for the two million inhabitants.

These aqueducts were also built to last and even today four of them, which have been repaired, are sufficient to provide the people of Rome with the purest water you will find anywhere.

THE GERM

A mighty creature is the germ
Though smaller than the pachyderm
His customary dwelling place
Is deep within the human race.
I cannot help but wonder at
The oddness of his habitat.
His childish pride he often pleases
By giving people strange diseases.
Do you, my poppet, feel infirm?
You probably contain a germ.
—Ogden Nash.



THE ASSOCIATED CANADIAN TRAVELLERS, Brandon Club, staged an impressive program at the Brandon Fair last month to publicize their work with the Sanatorium Board's anti-tuberculosis campaign and the new physical and occupational therapy unit at Assiniboine Hospital. Special features of their program included an attractively



decorated float (left) on the closing day parade, and two pretty majorettes—Judy Hughes (left, right photo) and Karen Hansen—who did an outstanding job at the fair grounds in attracting people into the SBM mobile van for X-ray examinations.

Clearwater Lake Hospital Opens New Northwood Recreation Hall

A long-awaited day arrived at Clearwater Lake Hospital, The Pas, last month with the opening of the new Northwood Recreation Hall.

The smart, one-storey building, named in honor of the late Major G. W. Northwood, former chairman of the Sanatorium Board of Manitoba, went into operation on July 28, and will officially be opened next month.

The hall has been a major project of the hospital for the past year, and fills a great need for improving staff recreation facilities. Its special features include a lounge, a library and a spacious entertainment area, all of which have been attractively furnished in Danish modern, a billiard room, a canteen and a club steward by the name of Maximillian Ulm.

ASSOCIATION PLANS

(Continued from page 1)

eral Hospital graduates received honorary membership in the CNA. They were Miss Elizabeth Russell, a pioneer in public health nursing in Manitoba, and Dr. Isabel Maitland Stewart, professor emeritus of Teachers College, Columbia University. Miss Stewart is the sister of the late Dr. D. A. Stewart first superintendent of Manitoba Sanatorium, Ninette.

A special social event was a boat cruise for delegates through Halifax harbor, provided by the Royal Canadian Navy.

TB ASSOCIATION

(Continued from page 1)

Projects, however, will first be screened by a special research committee which will include members of the CTA and a representative from the National Research Council.

Six projects from six provinces are already being considered by the national association for the new program.

A Staff Recreation Club Committee was formed last month to govern activities at the hall. Mrs. Ellen Antonsen is chairman and Miss Marie Scheveck has been named secretary-treasurer. Other members are Miss Susan Craig, Miss M. Quinn, and Leonard Umpherville.

MANITOBA SAN

(Continued from page 2)

moved to Winnipeg in 1947, it was fondly looked on as the parent institution.

Indeed, by that time the sanatorium enjoyed wide renown on the North American continent for its pioneering efforts in tuberculosis control. It was, for example, the first sanatorium to take medical students as assistants for training in tuberculosis work, and all over the west today we have practising physicians who first learned about tuberculosis under its medical superintendents.

Objectives for Tomorrow

Twenty-five years ago, on Manitoba Sanatorium's Silver Anniversary, the jubilant celebrants predicted that at the golden anniversary we might well celebrate the almost complete eradication of tuberculosis in the province.

They felt this way because at that time Manitoba had gone farther than the average province or state in reducing the TB death rate — and in 25 years had succeeded in whittling it down to one-fifth of what it had been.

While we have not yet achieved this point, we are, every year, growing a little closer to it. Between 1935 and 1945 the annual rate of TB deaths in Manitoba dropped from 60.5 per 100,000 population to 42.8 per 100,000, and from 1945 to 1955, from 42.8 to 8.5. Today the death rate is the lowest it has ever been — a record 4.6 per 100,000 — and new active cases, which once numbered in the thousands, now number only 250 a year.

So, looking back over the years, we do have much to celebrate on this, the golden anniversary of Manitoba Sanatorium. And perhaps we in turn may be allowed to make a prophecy of our own. Perhaps by the time the sanatorium's 75th anniversary rolls around, we shall indeed have achieved that vision held by a small group of men so many years ago — the complete eradication of tuberculosis from Manitoba.

English As She Is Spoke

We'll begin with box, the plural is boxes,
But the plural of ox should be oxen, no oxes,
One fowl is a goose, but two we call geese,
Yet the plural of mouse is never called meese.
You may find a lone mouse, or a whole nest of mice,
But the plural of house is houses, not hie.
If the plural of man is always called men,
Should the plural of pan be ever called pen?
The cow in the plural may be cows or else kine,
But a bow, if repeated, is never called bine.
If I speak of a foot, and you show me two feet,
And I give you a boot, would a pair be a beet?
If one is a tooth, and a set are called teeth,
Shouldn't the plural of booth, be known as some beeth.
If the singular is this, and the plural are these,
Should the plural of kiss be written keese?
We speak of a brother, and also of brethren,
But though we say Mother, we never say Methren.
The masculine pronouns are he, his, and him,
But think of the feminine, with she, shis, and shim.
Be student or expert, we all must agree,
This English language is funny as can be.

—Anonymous

Can TB Live In the Open?

TB germs, like human beings, prefer ideal living conditions. Away from the body they manage to stay alive for a long time, surviving hardships in the form of drying, freezing, even moderate heat. But away from the body they multiply.

It is when they are comfortably settled within our tissues, supplied with warmth, moisture, food, and a dark shelter, that they thrive and reproduce.

So, while they may lurk on clothing, eating utensils and the like, or in dust, it is not too difficult to clean up these hiding places by using the proper methods.

Sunlight kills the bacilli in a few hours, boiling in a few minutes, burning at once, and there are still other methods of sterilization.

The hard place to rid of germs is the broadcasting station deep within the patient. A major part of your job is to prevent others from catching TB that might be spread by carelessness.

—Valley Echo

Canada's birth rate, which jumped up during the early years of the last war, shows no signs of abating. The flow of immigrants has been more changeable but largely because of governmental action. It is as good a guess as any that the population will continue to rise at a compound rate of 2½% per annum, which would mean that there will be between 22 and 23 million Canadians in 1970 as compared with 18 million in 1960.

—CPIR Journal

The battle against tuberculosis is not a doctor's affair; it belongs to the entire public.

—Sir William Osler

Bulletin Board

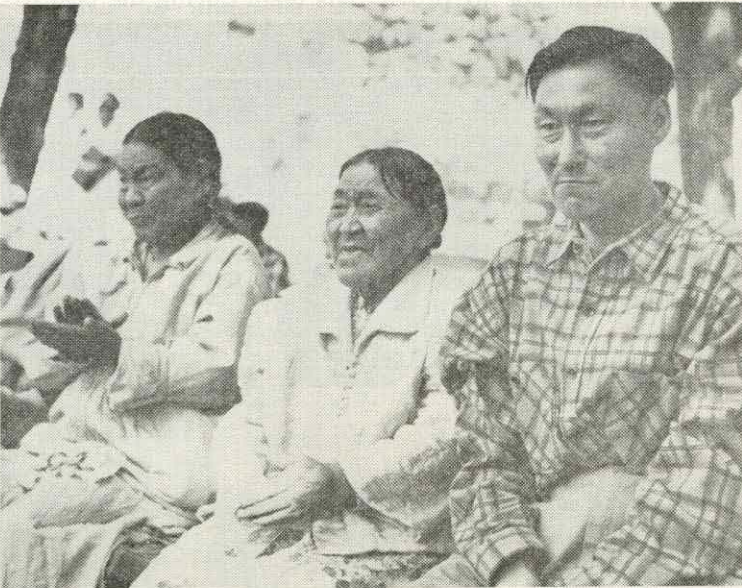
Three members of Sudbury and Algoma Sanatorium were recent guests of the Sanatorium Board. Dr. C. J. Doherty, medical superintendent, Howard West, chairman of the sanatorium board, and Mrs. R. McMillan, superintendent of nurses, visited SBM head offices on July 27 to study the Indian Rehabilitation Program with a view to establishing something of a similar nature in Sudbury. The following day they accompanied Indian Rehabilitation Officer Edward Locke to Assiniboine Hospital in Brandon to study the Indian Rehabilitation Unit there.

Continuing their study of provincial hospital needs, three members of the Manitoba Hospital Survey Board flew to The Pas July 25 to study services and personnel of Clearwater Lake Hospital. Accompanying G. W. Holland, J. A. McNab and Dr. J. D. Adamson on the inspection tour were T. A. J. Cummings, executive director of the Sanatorium Board, and Miss Bente Hejlsted, director of nursing services.

The 1960 Christmas Seals arrived at the Sanatorium Board's head offices last month on one of the hottest days of the year. The colorful seals, which this year have a family theme, will be sent out to Manitoba residents in November to raise funds for tuberculosis prevention.

Dr. Malcolm Scott, Corby, Northants, England, was recently appointed staff physician at Clearwater Lake Hospital. Dr. Scott, who is presently medical officer in the medical department of a large steel works, will arrive in Manitoba to assume his new position sometime next month. A bachelor, he is a 1956 graduate from London University, is a licentiate of the Royal College of Physicians and is a member of the Royal College of Surgeons. He also has his diploma in Industrial Health.

Other recent additions to the Sanatorium Board staff include Miss Leah Baynes, general duty nurse at Clearwater Lake Hospital, and Gabor Dezsos, Acs, X-ray assistant in the SBM surveys department. Miss Baynes arrived last month from Antigua, B.W. I., and Mr. Acs comes from Budapest, Hungary.



A PROGRAM OF SONGS, skits and dances highlighted the annual patients' picnic at Manitoba Sanatorium on July 19. Among the many patients and staff members who took part in the program were Isabel Cook (left) and Marcella Kipling who sang a duet to the accompanie-

ment of Marcella's guitar. Shyly showing their appreciation (right photo) are three Eskimo patients—Siuteruk, Saa and Pauloosie. The gala affair wound up in the evening with a colorful fireworks display. (Photos by John P. Prendiville.)