News Bulletin of The Sanatorium Board of Manitoba

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A.C.T. AUXILIARY DONATES WHEELCHAIRS: A wheelchair and a special orthopaedic chair, recently presented to the patients at the Manitoba Rehabilitation Hospital by the Ladies' Auxiliary to the Associated Canadian Travellers, were shown to members at their annual meeting by Hospital Manager A. H. Atkins. Pictured with Mr. Atkins are Mrs. John Falk, left, new club president, and the out-going president Mrs. John Huyda.

Meals on Wheels Begins in April

"Meals on Wheels", a special program designed by the Home Welfare Association to ensure the adequate nutrition of a selected group of elderly or disabled persons, will be instituted in Winnipeg sometime next month.

According to Hospital Manager A. H. Atkins, a certain number of hot noonday meals and cold suppers will be prepared five days a week in the kitchens of the Manitoba Rehabilitation Hospital and they will be delivered in special containers to the homes of people who are unable to purchase or prepare their own food.

The plan is to provide appetizing, nutritionally well balanced meals to 10 of the most needy people in the beginning, and then over the following months to build up the service gradually to include up to 50 persons.

Members of the Home Welfare Association, service clubs and other volunteers recruited throughout the city will make the deliveries. The cost of the meals to the clients will be kept as low as possible and will vary, according to their ability to pay.

The project, recommended in a study conducted by the Community Welfare Planning Council in 1961, is expected to cost about $12,500 a year for a three-year trial period. Sixty per cent of the costs will be borne by the referral agencies, 30 per cent will be covered by grants and public donations, and 10 per cent will be borne by the recipients themselves.

Those participating in the program will be referrals from the city and provincial health and welfare departments, from hospitals and other health agencies such as the Victorian Order of Nurses.

The Manitoba Rehabilitation Hospital is very much interested in the plan, Mr. Atkins said. In some cases it may mean that patients would be discharged home earlier if the medical personnel were satisfied that the patients would receive proper nutrition.

Although this is the first time that the Meals on Wheels program has been attempted in Winnipeg, the idea is not new. A similar scheme was started with success in England just after the Second World War and over the years has been tried out in other countries.

In England, the Meals on Wheels program is subsidized by

(Continued on page 4)

Schools First to Get Tests In Central Winnipeg Survey

A tuberculosis survey of all residents and employees in a large area of Central Winnipeg began February 23 with the administration of free tuberculin skin tests to school children.

The survey, provided through the annual purchase of Christmas Seals, is being conducted by the Sanatorium Board of Manitoba in co-operation with the City of Winnipeg Health Department, in the district bounded by Sherbrook street, Notre Dame Avenue, the Red River and the Canadian Pacific Railway.

The tuberculin testing of all school children in the area (in both public and private schools) and the chest x-raying of those with a positive test marks the beginning of the campaign. This will be followed up by a chest x-ray of employees of all industrial and business firms in the area and, beginning on April 27, a month-long community x-ray survey carried out on a block-by-block basis.

Between May 3 and May 7, special tests for diabetes will also be given at the Sanatorium Board's Number One mobile unit. These tests, to be offered in co-operation with the Canadian Diabetic Association, are part of a special study to test public reaction and to discover hidden cases of diabetes. They are simple blood sugar level tests, in which one tiny drop of blood is removed from the patient's finger and sent back to the Winnipeg General Hospital Laboratory for analysis. Only diabetes suspects are contacted afterwards.

All types of publicity, including the door-to-door distribution of handbills and testing programs, will be used to urge the public to take part in this important health service. One day in advance of the testing in each area, some 15 public health nurses, under the direction of Miss Lillian MacKenzie of the City Health Department, will canvass each neighborhood to remind residents that the two mobile units will be in the area. The nurses will be accompanied by volunteers recruited by the Sanatorium Board.

It is hoped that this special survey, financed through the annual purchase of Christmas Seals, will be one of the most successful ever conducted in a densely populated urban section.

The district has a higher than average incidence of tuberculosis, according to the Board's Tuberculosis Consultant, Dr. E. L. Ross. During the past four years a total of 40 new active cases have been uncovered in the area, which is more than the number found in the outlying suburbs of Winnipeg.

NEW TB CASES

During the first two months of this year a total of 34 new active cases of tuberculosis and eight cases of reactivated disease were reported throughout Manitoba.

According to the Central Tuberculosis Registry, the new cases ranged from two to 86 years of age. They included Indians as well as whites.

Winnipeg Surveys

During the same months over 16,000 Winnipeg residents received free tuberculosis tests in Christmas Seal-financed surveys. They included 1,695 patients and staff in

(Continued on page 3)

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Story of a TB Outbreak

So often when we talk about tuberculosis we tend to overlook the deeper implications of the problem Our minds are usually preoccupied with statistics, tables and graphs showing the number of new cases in a given area over a given period of time, the number of deaths and the infection rates. Not always do we take into account the other side of the picture: The suffering and the disruption of family life, the high economic cost — and finally, the tremendous amount of follow-up work which must be undertaken by the doctors and nurses directly concerned with the problem.

Perhaps we can best illustrate our point by briefly relating the story about several families in a small Manitoba town. No one is certain who was the cause of the tuberculosis outbreak, but for our purposes we shall begin the story in December, 1964, when a 72-year-old man (whom we shall call Mr. B.) was admitted to the Central Tuberculosis Clinic with far advanced disease.

The appearance of a new case of tuberculosis is always a signal for a great deal of detective work. In this case the staffs of the Central Tuberculosis Clinic and the Central Tuberculosis Registry are still sifting through the tangled network of contacts. So far, some 90 people have been tested for tuberculosis; by the time our article goes to press the figure will likely be well over 100.

The results of all these examinations showed that no less than six persons, in addition to Mr. B., had active tuberculosis requiring treatment. Nine others had intense reactions to the tuberculin test and were put on prophylactic treatment at home. All but two of the patients were grandchildren, great-nieces or great-nephews of the old man. Of the remaining two, one was Mr. B's son; the other a neighbor child, age four.

From these findings it is apparent that not only the contacts of Mr. B. had to be examined, but also anyone and everyone who had constant association with the other active cases—the man who delivered milk to the homes of the patients each day, the proprietor of a nearby restaurant and his family, the employees in a machine shop which Mr. B. used to visit—and the friends and associates, for example, of Mr. B's 22-year-old grandson who also had far advanced disease and was noted for his prodigious visiting throughout the community and between family members.

Our little story, of course, does not end here. For not only must all seven patients undergo fairly lengthy (and expensive) sanatorium treatment, but those on treatment at home, plus all 100 or so contacts, must also be given intensive (and again expensive) follow-up scrutiny. Two special tuberculosis clinics will be held for these people this spring and fall. In addition, the Sanatorium Board's mobile Christmas Seal units will move into the area again this year to conduct a mass tuberculin and x-ray survey.

The sad part is that a community tuberculin and x-ray survey was held in this area only last year. Despite the good turn-out of other residents in the district, only a handful of Mr. B's relatives came for a free examination.

So perhaps there should be a moral to our story — and that is the great importance for everyone to make use of the tuberculosis preventive services we now have.

Elderly persons in particular should turn out for examinations, since about one-half of all tuberculosis patients are over 50 years of age. Yet too frequently older persons feel it is too much trouble to attend surveys, and thus they may unwittingly infect the children and grandchildren they are most anxious to protect.

Tuberculosis is still a serious communicable disease problem, striking people of all ages.

Futhermore, it will always be a serious problem so long as one case goes undetected and untreated.

Advises Screening of Children's Associates

"I need not urge the value of preventing a case of tuberculosis. The cost saved is not just in treatment for one person alone, but for the people who, in the future, may in turn be infected if a contact infected by today's case breaks down with active disease.

"We know that it is possible for a person today to develop tuberculosis due to an infection acquired in infancy from a grandparent, and for that person in turn to infect a grandchild who could break down with disease fifty years hence. This is why I am myself committed to the idea that we must apply the knowledge we have, at whatever cost, to try to keep children from being infected.

"What I am talking about is directing screening activities toward people who are associated with children — parents, grandparents, other family members, school teachers, employees of day care centres — anybody and everybody who has frequent contact with youngsters.

"Some of the potentially active cases can be reduced by prophylactic treatment. By sufficiently frequent checking of persons with high risk of tuberculosis, cases that do occur can be diagnosed early enough to prevent the further spread of infection.

"Therefore, we must have more than a one-time kind of screening. We will need to provide periodic services for all children's associates who are found to be at high risk, over as long a period of time as their special association with children continues."

—Dr. Edward T. Bloomquist,
U.S. Public Health Service.

Final Christmas Seal Returns In — Our Thanks to Those Who Helped

Our warmest thanks are extended to the many thousands of people in Manitoba who supported the 1964-65 Christmas Seal campaign.

The Sanatorium Board is pleased to announce that the sum of $170,191.85 has been realized from the Seal Sale which officially ended February 26. All of the money will be used to pay for tuberculosis preventive services, including province-wide tuberculin and x-ray surveys, rehabilitation programs for tuberculosis patients, research and education programs.

Our deepest appreciation is also expressed to the 250 volunteers who gave 1,204 hours of their time to help with the preparations for the campaign. Among those who helped fold the seals and stuff the envelopes for mailing were members of the Professional Engineers' Wives of Winnipeg, the Ladies' Auxiliary to the Associated Canadian Travellers (Winnipeg Club), the Inner Wheel of Winnipeg and of St. Boniface, the West Winnipeg Rotary-Anns, the B'nai B'rith, P.E.O. Sisterhood (Chapter D), Calvary Temple Mission Circle, several women's curling groups and many business women in Winnipeg, and finally, but by no means least, staff members of the Sanatorium Board and the Central Tuberculosis Registry.

We are grateful, too, for the outstanding support of the press and radio and television stations in Manitoba, who gave much free space and time to publicize the campaign. For many years they have performed an outstanding service by keeping people informed about the tuberculosis situation and the need for continuing the community case finding surveys that Christmas Seals provide.

In recent years many people are tempted to think that tuberculosis no longer presents a public health problem and this co-operation of the press, radio and TV has become more essential than ever.

Among Our Personnel

The Sanatorium Board reluctantly says farewell this month to *Miss Vide Eunice Appleby,* former director of nursing at our Clearwater Lake Hospital, The Pas. Following the closing of Clearwater early in February, Miss Appleby accepted a position with the nursing department at the Dauphin General Hospital, thus terminating five years of devoted service to the Sanatorium Board.

Born in Cardiff, Wales, Miss Appleby came to Canada in the spring of 1960. She joined the general nursing staff at Manitoba Sanatorium, Ninette, and one year later was posted to Clearwater Lake Hospital to take charge of the nursing services.

Under her able administration, a high standard of nursing care was maintained at Clearwater and the Sanatorium Board is very grateful for her years of outstanding service. We wish her much happiness and success in her future endeavors.

* * *

Our warmest good wishes are also extended to *Mrs. Theresa Faso* who this month resigns from her post as head nurse on the second floor of the Central Tuberculosis Clinic.

A graduate of St. Paul's Hospital School of Nursing in Saskatoon, Mrs. Faso took a post-graduate course in tuberculosis nursing at Saskatoon Sanatorium. Before joining the Sanatorium Board in December, 1957, she held a number of nursing posts, one at St. Boniface Sanatorium for more than four years.

During her seven years at the Central Tuberculosis Clinic, Mrs. Faso has been a very capable and loyal nurse and both her fellow staff members and the many patients who have come under her care will miss her very much.

* * *

Recent additions to the staff at the Manitoba Rehabilitation Hospital include *Mrs. Vasiliki Georgopoulos* and *Miss Iris Jeng,* general staff nurses. Mrs. Georgopoulos, who comes from Greece, was formerly on the staff at the Winnipeg General Hospital, and Miss Jeng (from Taiwan) previously worked at the St. Boniface General Hospital.

Miss Brenda L. Howat, a graduate of United College, has joined the social service department at the Manitoba Rehabilitation Hospital. Other new staff members include *Miss Heather Leckie,* medical secretary and *Miss Yvonne Marie St. Onge, Miss Claire Doris Garand* and *Miss Diane Barnabe,* licensed practical nurses.

A warm welcome is also extended to *Mrs. Melissa Kusela,* who joined the laboratory staff at Assiniboia Hospital. She took her laboratory training under the provincial government and is a graduate of the Brandon Hospital for Mental Diseases.

* * *

Of particular interest to our staff at Manitoba Sanatorium, Ninette, was the wedding on February 20 of the former *Astrid Paulsen,* licensed practical nurse in the sanatorium operating room, and *Terence W. O'Brien,* general staff nurse. The ceremony took place at the bride's hometown of Redvers, Saskatchewan, and many of the sanatorium staff braved a severe blizzard to be present at this very special event. Mr. and Mrs. O'Brien have served on the nursing staff at Manitoba Sanatorium since 1956, and the Sanatorium Board expresses to them both warmest wishes for their happiness.

ANNUAL REPORTS

Trend to Shorter Hospital Stay

There are many people in this world who spend a lot of time dreaming about "the good old days". Tuberculosis patients should never be among them.

In his report to the annual meeting of the Manitoba Sanatorium and Preventive Services Committees in Winnipeg March 9, Dr. D. L. Scott, chief of medical services of the Central Tuberculosis Clinic, briefly compared the tuberculosis situation as it existed over a quarter of a century ago and as it is today.

There was a certain hoplessness about tuberculosis. An insidious disease, wily and furtive, it often did not show itself until it was too late.

In 1931, said Dr. Scott, the tuberculosis death rate in Manitoba was 61.3 per 100,000 population, and the majority of new cases were in an advanced stage before we saw them.

In the interval, with the many advances in treatment and prevention, the death rate has been whittled down to 2.9 per 100,000 population. And although we are still finding new cases of tuberculosis, not as many are in the advanced stage of disease.

New methods of surgery, treatment with drugs and earlier diagnosis through intensive case-finding have reduced the period of treatment in sanatorium, making it possible for many patients to continue chemotherapy at home and at work. In 1964 a total of 628 out-patients received some form of drug therapy through the Central Tuberculosis Clinic.

A total of 10,077 visits were made to the Clinic during the year, and of this number 1,315 were new examinations, 3,261 were follow-up reviews and 5,501 were visits for streptomycin treatments.

Admissions to the 65-bed unit totaled 315: 166 were put on treatment for respiratory tuberculosis; 33 for tuberculosis of non-respiratory origin.

At the Central Tuberculosis Clinic last year there were 138 new discoveries of tuberculosis.

The incidence of disease in older people is still high, Dr. Scott noted. There were 52 cases of all forms of tuberculosis in persons over the age of 40. "It is obvious that our preventive services should concentrate on the older age groups as they no doubt are among the chief spreaders of infection."

Sanatorium Treatment Is Still Necessary

Although tuberculosis treatment doesn't take as long today as it did years ago, it still takes many months. And for the best results, says Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, treatment should begin in hospital.

In his annual report, Dr. Paine points out that the sanatorium must still provide rest (including strict bed care) in the early toxic stages of the disease. Confinement during the infective period, the alleviation of symptoms, and surgery are an essential part of the santorium's role.

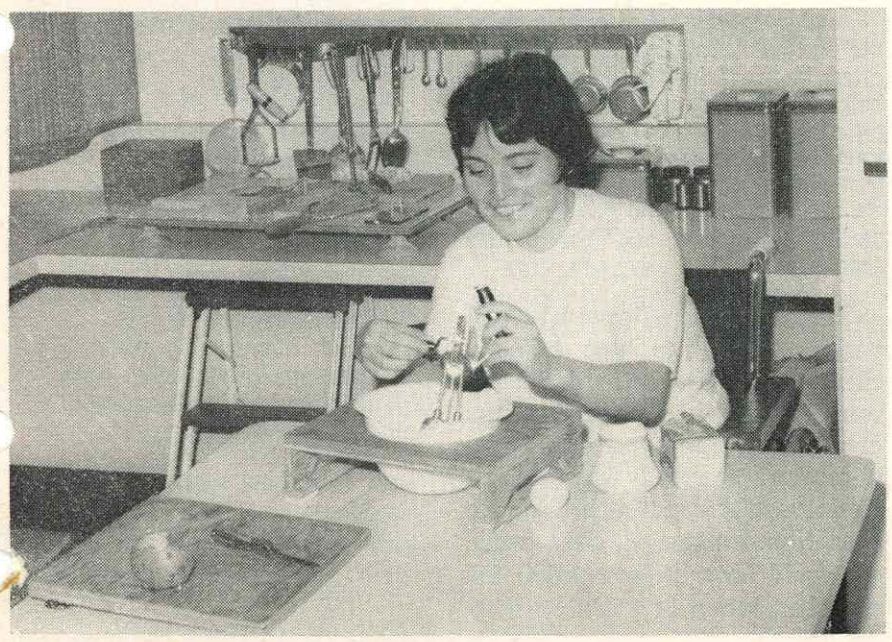
The sanatorium also serves as a centre for teaching patients the rules for healthful living, for helping patients adjust to chemotherapy and for impressing upon them the importance of taking drugs for a long enough period of time.

Marks 55 Years

In 1964, Manitoba Sanatorium celebrated its 55th year as the major tuberculosis treatment institution in the province.

The year was marked by a decline in the number of treatment days, from 86,958 in 1963 to 79,505 in 1964, and in the average patient population, which dropped from 238 to 218.

Fifty-six per cent of the patients were Treaty Indian or Eskimo, 23 per cent were Metis and 21 per cent, white.



During the year 1964, a total of 2,322 people were admitted to the Manitoba Rehabilitation Hospital — either as in-patients or out-patients — for intensive programs of treatment. The patients were admitted with all types of disabilities — including orthopaedic and neurological conditions, arthritis, amputations, hemiplegia, paraplegia and quadriplegia. But the goal for each was the same: To restore as much function as possible, and thus enable the individual to live and work to the utmost of his capacity.

The core of tuberculosis prevention is early diagnosis, and the twin tools of diagnosis are the tuberculin skin test and the chest x-ray. Last year 230,841 Manitobans received free tuberculosis examinations in Christmas Seal-financed tuberculin and x-ray surveys, through travelling and stationary clinics and hospital admission x-ray programs.

Males continued to outnumber females two to one. Thirty per cent of the patients were under the age of 16, while 19 per cent were aged 60 or over.

Admissions to the sanatorium totaled 222. There were 272 patients discharged, 229 being tuberculosis patients. The average length of hospital stay was 301 days in 1964, compared to 332 days in 1963.

Reports Speedy Turnover of Beds

An improvement in the turnover of beds and in the average daily occupancy at the Manitoba Rehabilitation Hospital was reported by Hospital Manager A. H. Atkins in his annual report for the year 1964.

At a meeting of the Manitoba Rehabilitation Hospital Administration Committee on March 5, Mr. Atkins noted that 1,080 in-patients were admitted to the 158-bed hospital section during 1964, as compared to 990 admissions in 1963.

Patient days totaled 51,834, the average length of stay was 48 days, and the average bed occupancy was 89.4 per cent.

Of the in-patients admitted for treatment, 440 were transferred from other hospitals and 640 were admitted directly from home at the request of their attending physicians.

The admissions of out-patients for treatment totaled 1,242 in 1964, compared to 994 in 1963. The average number of out patients treated per day was 96.

New patients treated by the various departments were as follows: Physiotherapy, 2,074; Occupational Therapy, 1,526; Speech Therapy, 218; Social Service, 966.

NEW BOARD MEMBERS

Three prominent men from the Brandon district were recently appointed to the Sanatorium Board of Manitoba.

The new members, who will serve on the Assiniboine Hospital Administration Committee, are Mayor S. A. Magnacca of Brandon, Mayor Ed. Dow of Boissevain and Roy K. Armstrong of Brandon, a past district governor of the Rotary Club and a man well known in community affairs.

At the annual meeting of the Assiniboine Hospital Administration Committee held in Brandon on March 8 Thomas A. Moore was named committee chairman. A member of the Sanatorium Board since 1960, Mr. Moore is Dominion president of the Associated Canadian Travellers and a past president of the Brandon A.C.T. which since 1945 has supported the work of the Sanatorium Board and the services at our Assiniboine Hospital.

Serving with these men on the Assiniboine committee are John Craig and F. O. Meighen Q.C. of Brandon, Dr. J. E. Hudson of Hamiota, John Gardner of Dauphin and the executive committee of the Sanatorium Board: J. W. Speirs, J. N. Connacher, Frank Boothroyd, R. H. G. Bonnycastle, R. L. Bailey and S. Price Rattray, all of Winnipeg.

NEW TB CASES

(Continued from page 1)

nursing homes througout the city (who received chest x-rays only) and 14,368 teachers and high school students.

Chest x-ray surveys were also conducted at the Salvation Army Hostel, the north branch of the Young Men's Christian Association and the Indian and Metis Friendship Centre.

MARCH 24, 1882

Discovery of the Koch Bacillus

March 24 is a day that should be remembered by all tuberculosis workers because it was on that day in 1882 that a 39-year-old German scientist proved to a group of physicians that tuberculosis was caused by a specific germ.

Robert Koch's announcement that tuberculosis was not a hereditary, but a communicable, disease astounded the medical world and opened the way for the world-wide crusade against the ancient scourge.

At the time of Koch's discovery tuberculosis was the most widespread disease in the western world. During the 1800's it reached epidemic proportions in Europe and North America as people crowded into the first industrial cities; towards the middle of the century the death rate climbed to as high as 500 per 100,000 population in some places.

Indiscriminate Killer

Many famous people succumbed to tuberculosis: John Keats early in the century, Honore de Balzac in France, Dostoievski in Russia, Nicolo Paganini, Frederic Chopin and the whole Bronte family.

For some it was fashionable to have the "consumptive look" — the emaciated frame, flushed, feverish cheeks and delicate, transparent skin. Byron declared that he would like to be carried off by a consumption so that all the ladies would say how interesting he looked while dying. Alexander Dumas stated in his memoirs that "Everyone was consumptive — especially the poets. It was good form to spit blood from sheer emotion."

But for the great masses of ordinary working men, tuberculosis was a dreadful affliction caused, it was often said, by exposure to excessive hardship. There was no pill, no potion, no cure. The people died by the thousands at home in their beds, surrounded by their families who could easily pick up the contagion.

Even the attitude of the physicians was generally one of fatalism. Because the real cause of tuberculosis was unknown, treatment was based on a variety of notions, many of them absurd. One doctor said that tuberculosis was a result of rebreathing one's own air; another said a lack of phosphorous caused the disease. A great many believed that tuberculosis was hereditary.

Many of the remedies were weird; practically all of them were useless. "To say that this disease was never cured would certainly appear rash," observed one Englishman. "There have been some instances in which recovery has been perfected by nature.

"But they are so few that they can scarcely inspire hope."

271 Attempts

It took Robert Koch 271 attempts before he succeeded in indentifying the agent of tuberculosis.

He began to be interested in bacteria as a country doctor in Silesia, and it was during the time spent in the provinces that his brilliant researches on the anthrax bacillus brought him to the notice of his contemporaries, the scientists Cohn and Cohnheim.

"Koch will again astonish us with his discoveries," one of them predicted. And both his sponsors used their influence to secure him a post with the Imperial Health Office in Berlin. Koch brought with him the microscope his wife had given him for his 28th birthday.

Day after day he sought the favorable medium for the culture of microbes, and perfected the techniques for studying them.

He showed the same persistence in his attempts to isolate the bacillus of tuberculosis. He spent most of his time shut up in the laboratory at Berlin's Charity Hospital. The door was closed to everybody except his co-workers and his wife. His only other companions were the guinea pigs, rabbits and mice needed for his experiments.

March 24, 1882

Koch finally succeeded in isolating the bacillus, a microorganism that was not only difficult to cultivate, but hard to see. It was particularly difficult to stain, since the coloring matter had to be left to act for a period of 12 to 24 hours. He therefore borrowed a technique from the dyers, that of using alkali with the dye. Added to methylene blue, the alkali acted as a mordant enabling the dye to penetrate the bacillus.

At last the great day came. On March 24, 1882, in a crowded room at the headquarters of the Berlin Phthisiological Society, the young man with the pointed beard addressed some 80 fellow scientists. Robert Koch explained his discovery in a matter-of-fact way, as if he were presenting some routine paper.

He told them all about the culture technique, the bacillus, and the characteristics of the lesions. Microscopes stood waiting on the desk in front of him. One by one the audience came up, peered into them, and saw for themselves the slender rods between three and four thousandths of a millimeter in length.

There was a dead silence. Not a single voice was raised in opposition to Koch's findings. From that moment everyone knew that the origin and propagation of tuberculosis were no longer a mystery. Tuberculosis was a communicable disease — and someday somehow it could be beaten.

MEALS ON WHEELS

(Continued from page 1)

the government, and it distributes hot and cold meals to pensioners and handicapped persons at a nominal cost.

It also is undertaken by voluntary workers who carry the meals directly to the people's homes in specially designed vans.

The service attempts to include special diets along with the regular ones, according to the recipient's needs.

Reactors Should Get Yearly X-ray

It is disappointing to note that some of the tuberculosis surveys conducted by the Sanatorium Board in 1964 fell short of being an "all-out success" because so many people who had reacted positively to the tuberculin test in previous surveys did not turn out again for a free chest x-ray.

Since tuberculin testing was introduced into the community survey program in 1958, it has been the Sanatorium Board's policy to have the testing teams cover the whole province every four or five years. Each time the Board gives special attention to the positive reactors.

Each reactor is advised that the small red bump that appears at the site of the tuberculin injection does not mean that he has tuberculosis. Rather it means that he has been in contact with someone suffering from TB and has become infected.

It is then pointed out that since one out of every 20 persons with positive reactions may at some-time develop actual tuberculosis, it is very important that each reactor have a chest x-ray every year, if possible, for the rest of their lives.

Last year, when the Board's mobile units again rolled into the communities, sometimes less than one-half of the previous reactors turned out for a chest examination . . . despite the fact that special notices had been sent to their homes.

It is true, of course, that some had received chest x-rays elsewhere. Others had moved away or had died.

But it is also true that a large number of the reactors had not had an annual check-up, where still living in the area, and did not take the time to attend the surveys.

A chest x-ray takes only a minute or two . . . and that minute has often been of inestimable value in helping health workers to find tuberculosis in the early stages, long before the patient begins to feel sick and before infection can be spread to others. It has meant earlier treatment and an earlier recovery.

The Sanatorium Board urges all positive reactors to have a yearly chest x-ray. There need be no concern about the harmful effects of radiation. The average individual receives more radiation from his luminous dial wristwatch than he does from an annual chest x-ray. He could have at least 1,000 full size chest x-rays in a lifetime without danger.

A yearly chest x-ray, in fact, is one of the smartest moves anyone can make to protect himself, his family and his friends.

Bulletin Board

An in-service education program for licensed practical nurses was begun at the Manitoba Rehabilitation Hospital on February 15. The program involves 15 practical nurses who will each receive a minimum of 37 hours of instruction in the art of rehabilitation nursing.

The lectures and practice sessions are held for one hour daily at the hospital. Mrs. M. R. Trainor, nursing instructor, is in charge of the program. Special lecturers include Miss E. L. M. Thorpe, Sanatorium Board nursing consultant, Miss V. R. Peacock, M.R.H. day supervisor, Miss Jean Alexander, S.B.M. assistant director of dietary services, Miss Marie Damen, speech therapist, James Foort, technical director of the Biomechanics Laboratory, and Dr. R. R. P. Hayer, physical medicine consultant.

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Dr. L. H. Truelove, chief of medical services at the Manitoba Rehabilitation Hospital, accompanied by Dr. Fletcher D. Barager, internal medicine consultant, and Dr. E. Bosley, chief resident, flew to Toronto to attend the Third Canadian Conference on Research in the Rheumatic Diseases. Theme of the two-day conference (February 25 to 27) was "Rheumatoid Arthritis", and during the sessions, Dr. Truelove presented a paper on the six-stage treatment program for rheumatoid arthritis patients at the Manitoba Rehabilitation Hospital.

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Among those attending the two-day executive secretaries meeting of tuberculosis organizations across Canada in Ottawa early this month was T. A. J. Cunnings, executive director of the Sanatorium Board.

James Foort, technical director of the Biomechanics Laboratory at the Manitoba Rehabilitation Hospital, flew to Durham, North Carolina, on March 2 to attend a regional meeting of the American Orthotics and Prosthetics Association at Duke University.

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Of special interest at the Manitoba Rehabilitation Hospital was the meeting in the hospital auditorium, on February 20 of the American College of Surgeons.

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After taking part in a brief nursing study at the University of Manitoba last month, Mrs. Vera M. Myers, day supervisor and nursing instructor at Assiniboine Hospital in Brandon, remained in Winnipeg for two weeks of orientation and experience in rehabilitation nursing at the Manitoba Rehabilitation Hospital. It is hoped that Assiniboine Hospital will soon have its own rehabilitation nursing course for graduate nurses, with the faculty drawn in part from the Manitoba Rehabilitation Hospital.