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Dr. Ross Marks 40th Anniversary

On June 17, 1925, a young doctor of 22 boarded a train at Morris, Manitoba, for the village of Ninette. With his precious new diploma tucked away carefully in his bags, he looked forward eagerly to a bright future in the medical field. His first move, he had decided, would be a short medical residency at the Manitoba Sanatorium, working and studying under the renowned Dr. David Alexander Stewart.

Edward Lachlan Ross intended to stay at Ninette about six months. It is our great fortune that he changed his mind—and we rejoice with him this month as he marks 40 years of service with the Sanatorium Board.

Throughout his career Dr. Ross has been dedicated to the conquest of tuberculosis in this province and during his years of service much has been accomplished in pushing back tuberculosis as a major cause of death and disability. Under his medical direction, a massive program was begun to rout out this infectious disease from every community in the province. The first travelling clinics established by Dr. Stewart in the 1920's were followed by the first Indian surveys in the late 1930's, and in 1945 there began the mass chest x-raying of people of all ages everywhere.

Thousands of patients have come under Dr. Ross' care, and during his administration he witnessed the introduction of new treatment methods. Around 1935, for example, tuberculosis surgery found its rightful place in the sanatoria; and in 1948 the first of the new "wonder drugs" appeared, and many lives, which at one time would have been lost, were saved.

Dr. Ross was born at Morris, Manitoba, on July 5, 1902. His father, an 1898 graduate of the Manitoba Medical College, was a general practitioner in southern Manitoba for 40 years; his mother was also of pioneer stock, the daughter of Edward Davis, the first prairie farmer to ship wheat to Britain.

Young Edward received his early education at Morris and spent a short time at Wesley College before entering the University of Manitoba Medical School. He graduated with honors in 1925, serving his internship at St. Boniface hospital.

Dr. Ross was well acquainted with the sanatorium when he joined the medical staff in 1925, for he had already spent a brief period there as a medical student. The six months he planned to stay stretched on to many months and with the resignation of Dr. J. E. Pritchard in 1926,



E. L. ROSS, M.D.

he was appointed to the post of medical superintendent. With the new position came a house on the sanatorium grounds, so the gentle, soft-spoken doctor also used the opportunity to marry his childhood sweetheart Alice Ethel Wye, whose father and grandfather had homesteaded in the Morris district in the 1880's. Together they raised two children, Judith and Bruce.

For 12 years Dr. Ross worked closely with Dr. Stewart, absorbing his philosophy and contributing to the advancement of the sanatorium's work. On the death of Dr. Stewart in 1937 he received his appointment as medical superintendent of the Sanatorium Board, a position he held until 1946 when, due to the Board's expanding program it became necessary for Dr. Ross to shift his centre of activity to Winnipeg. He was then appointed Medical Director of the Sanatorium Board, a position involving the medical supervision of the Board's surveys and treatment programs.

Throughout the past 40 years Dr. Ross has written prolifically about tuberculosis and collected together his papers and addresses more than fill two large bound volumes. Some of these articles, such as "Heliotherapy in Tuberculosis", "Septic Infections of Lungs and Bronchi" and "Tuberculosis in Nurses" were prize winners and were reprinted for many years as classics in their field.

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Speakers Discuss Cheap Methods Of TB Control in Developing Areas

Using trained technicians and the highly effective weapons we now possess, a successful tuberculosis control program can be set up for as little as ten cents per capita in the developing countries of the world, Dr. Johannes Holm, executive director of the International Union Against Tuberculosis, told delegates to the 65th annual meeting of the Canadian Tuberculosis Association in Toronto June 8.

There are two highly effective and specific weapons against the tubercle bacillus, he said. "By the correct application of the BCG vaccine, for example, we can lower the chance for a successful transmission of tubercle bacilli to the most susceptible people in the community (the non-infected persons or non-reactors to tuberculin) to one-fifth.

"By correct chemotherapy of the sources of infection (the cases of pulmonary tuberculosis), we can render very close to 100 per cent of the cases non-infectious."

Community Centres

In many developing countries the World Health Organization is demonstrating how an effective program may be established as a part of the work of existing community health centres, the speaker stated. The health plan in India calls for a community health centre for each 50,000 to 100,000 people, and large parts of the country are already covered by health services.

In a primary health centre in India diagnosis of cases of tuberculosis is made by microscopic examination of sputum performed by a trained technician. The patient does not go to hospital. He gets drugs according to standard procedure.

In addition the population has been covered by systematic BCG vaccination campaigns.

"We have highly effective weapons against the tubercle bacillus," Dr. Holm concluded. "We have the knowledge and experience to use them.

"In this situation, how can we allow three million people to die from tuberculosis every year and at least one per cent of the world's population to inhale tubercle bacilli every year?"

Madras Study

Dr. Raymond H. Andrews of Ramsgate Chest Clinic, England, told about a project in which the Indian authorities, W. H. O. and the British Medical Research Council co-operated to study the possibilities of mass domiciliary treatment in India.

In India and in many developing countries, he said, tuberculosis beds are so few in relation to the number of cases that the vast majority of patients have no chance of admission to sanatorium. Therefore, it is important to know "whether to expand limited resources on building new sanatoria—or on extending out-patient facilities."

The first study in Madras was an evaluation of the relative merits of sanatorium and domiciliary treatment. It compared the progress of two similar groups of about 100 patients who had been allocated at random, all to receive identical drug treatment with PAS

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THE EDITOR, SBM NEWS BULLETIN,
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Voluntary Agency Is Vital — But Must Face Closer Scrutiny, Says Director

Whatever steps are taken concerning the development of health services in our country, voluntary health agencies should continue to have an important place, said T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba.

Speaking at the annual meeting of the Canadian Public Health Association in Edmonton this month, Mr. Cunnings pointed out the many advantages in carrying out health programs through the medium of voluntary groups.

To name only a few, he said, voluntary services are more easily adaptable to changing local needs because they avoid some of the inflexibility necessarily inherent in government operations. They can vary the service to meet individual needs and make rapid decisions often needed in direct services to people.

Voluntary agencies can carry out programs in which widespread public interest and support are necessary. They frequently operate at lower cost, due to contributed services and the close and immediate supervision of an interested and effective board of directors. And they tend to combine pointed health education messages with their fund raising activities. (e.g. "Fight cancer with a check-up and a cheque"; "Tuberculosis can strike at any age. Have a tuberculin skin test or chest x-ray annually. Buy and Use Christmas Seals.")

Finally, Mr. Cunnings noted, voluntary health agencies make an important contribution in the area of planning health programs. Their representatives usually hold positions of responsibility and leadership in the community, and at the same time they are well informed about health programs through their agency activities.

"They bring to the planning councils the leavening influence of the average citizen, and perhaps of the patient or client who will ultimately be the recipient of service.

Expanding Role

"Those of us who believe in the importance of preserving voluntary effort are reassured by the fact that the Royal Commission on Health Services concluded that the future would require a continuing and even expanding role to be undertaken by voluntary health agencies", he said. "The Commission has recommended that such groups function as a partner or agent of government, probably with an increasing proportion of their operating funds coming from tax sources by way of government grant or purchase of services."

This, according to Mr. Cunnings, would permit the agency to spend less energy on fund raising, and concentrate more on improving and developing its services.

Must Meet Challenge

With a vital, though perhaps changed role to play in the future, the voluntary agencies should be prepared to meet the challenge and the opportunity which may be theirs.

They must be prepared for a more searching appraisal than in the past, bearing in mind that they are in a sense trustees carrying out a humanitarian endeavour on behalf of others. "The community at large and the government must have confidence that the millions of dollars spent by voluntary agencies are used wisely and well, for worthy purposes that can be clearly stated and understood."

"In their evaluation, such questions as these must be answered: How well are programs adjusted to meet changing circumstances? Do we need so many agencies with very specialized goals? Could some

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Retires After 44 Years of Service



Walter Warren, left, a member of the Manitoba Sanatorium staff for 44 years, poses with his wife Amy and Medical Superintendent Dr. A. L. Paine at a tea in his honor May 26.

Walter Warren, an old and valued employee who has given 44 years of service to the Sanatorium Board, was honored by his fellow workers at Manitoba Sanatorium on the occasion of his retirement May 31.

Mr. Warren's first association with the sanatorium was on June 1, 1921, when he was employed as a teamster. In 1955 the team was replaced and he continued his employment as a truck driver until his retirement.

In 1925 Mr. Warren married Amy Stinton, also a sanatorium employee who joined the sanatorium staff one month earlier than he

in May, 1921. Mrs. Warren has again joined the staff and is still employed.

On May 26 sanatorium employees gathered in the Assembly Hall for a tea in Mr. Warren's honor. Dr. A. L. Paine, medical superintendent, spoke about his long and faithful service after which he presented him with a radio, a gift from his many friends who extend their best wishes for a long and happy retirement.

The Sanatorium Board itself wishes to join the others in expressing deepest appreciation to Mr. Warren and warmest good wishes for happiness and health.

CHEAP METHODS OF TB CONTROL

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and isoniazid (INH). One group stayed in hospital for a year—having good food, bed rest and nursing attention. The other group remained in their normal home environment, administering their own drugs, on a barely subsistence diet, and often returning to heavy work at an early stage. Their treatment was supervised at the clinic and at home visits.

All the patients came from the poorest section of the community.

At the start of treatment, Dr. Andrews said, all the patients had a positive sputum and the majority had extensive lung disease with cavitation.

At the end of a year, and in spite of the fact that the home group lacked all the considered advantages, there was little difference between the two groups—86 per cent of the home patients and 92 per cent of the sanatorium patients having attained bacteriological quiescence, he said.

After being followed for several years, those treated at home showed no evidence of an increased rate of relapse. And furthermore, of the small proportion of patients whose disease was not controlled by the initial standard therapy, over 60 per cent were treated with reserve drugs, still on a domiciliary basis.

Drug reactions were not a serious problem. Nor was there any

evidence that home treatment increased the risk of infection among family contacts.

But there was good evidence, Dr. Andrews said, that the main risk to the contacts of both groups was from exposure to the patients before diagnosis.

"Until quite recently," he concluded, "a long stay in sanatorium has been the basis for all treatment of pulmonary tuberculosis."

But, he asked, "If domiciliary treatment can be so effective and safe in the conditions of Madras, then surely it must be at least as satisfactory in the better conditions of our own countries."

4,500 New TB Cases

Approximately 4,500 new cases of tuberculosis were found across Canada in 1964, said Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association.

Addressing the association's annual meeting in Toronto this month, Dr. Jeanes said that many advanced cases of tuberculosis are still being found — particularly among the elderly and among transients and alcoholics.

Mass tuberculin and x-ray surveys should not be discontinued even if only one new case is found, he stated.



NURSES' ASSISTANTS GRADUATE — Another class of nurses' assistants received certificates at Manitoba Sanatorium May 21 following their successful completion of the Sanatorium Board's Nurses' Assistants Training Program. Pictured following the presentation are left to right: Miss J. Kachanoski, Miss A. Cartwright, Miss S. Cairns, Miss M. Bilinsky, Miss R. Lavinger, Miss L. Pawlikewich, Miss H. Stam and W. Broadhead, nursing instructor. (Photo by Bill Amos)

SMOKERS REQUIRE X-RAYS

Even man's gullet is adversely affected by cigarette smoke, according to evidence presented at the close of the annual meeting of the National Tuberculosis Association and the American Thoracic Society in Chicago June 2.

Dr. Oscar Auerbach, pathologist at the Veterans Administration Hospital in East Orange, N.J., reported on a recent study of esophagus. The study, first of its kind, is a continuation of an investigation of the effect of smoking on the tissue of various parts of the breathing tract.

The report was based on the examination of 10,413 tissue sections removed at autopsy from 1,268 men. Trained interviewers obtained information on the smoking habits of the patients from family members. This background information, however, was not known to the pathologist when he examined the sections.

Epithelial cells with atypical nuclei—that is, nuclei that were irregular in size and shape, were designated as pre-cancerous. When the presence of these cells was correlated with the smoking habits of the patient, the following was revealed:

Among 787 sections from non-smokers, no cells with atypical nuclei were found in 733 (93.1 per cent); a few were found in 52 sections (6.9 per cent), and two sections (0.3 per cent) had lesions in which 60 per cent or more of the cells had atypical nuclei.

Among the men who were cigarette smokers at the time of death, 5,389 of the 6,752 sections, or 79.8 per cent, had some atypical nuclei cells; 1,196 (17.7 per cent) had lesions with at least 60 per cent of cells with atypical nuclei, and only 167 (2.5 per cent) had no cells with atypical nuclei.

Fewer cells with atypical nuclei were found in sections of former cigarette smokers than in those from current smokers. Sections from pipe and cigar smokers were intermediate between current cigarette smokers and ex-smokers. Only 3.2 per cent of the sections from ex-smokers and 3.3 per cent of those from pipe and cigar smokers had lesions with 60 per cent or more of the cells with atypical nuclei.

Over 16,000 Examined in X-ray Survey

A total of 16,780 persons were examined for tuberculosis in a survey conducted this spring in Central Winnipeg by the Sanatorium Board of Manitoba in co-operation with the City Health Department.

The survey—financed in a large part by contributions to the Christmas Seal Campaign—began with tuberculin testing in the schools on February 23. By March 4, some 2,500 school children had been tested.

The community program got under way on April 27, and surveys of businesses and industries began March 15. From these dates until the closing of the survey on May 28 free chest x-rays were offered at the Sanatorium Board's



CHARLESWOOD TB SURVEY — A total of 4,326 people, or about 70 percent of the population in Charleswood took advantage of the tuberculin and x-ray survey conducted by the Sanatorium Board of Manitoba between June 3 and 15. First to line up for a free skin test was Mayor John Hilgenga shown seated. Licensed Practical Nurse Miss Mavis Harding administers the test while Survey Chairman Cliff Brownridge (standing left) and Sanatorium Board Surveys Officer Jim Zayshley look on. Also actively involved in this Christmas Seal health service was Mrs. R. D. Johnson, survey secretary, who organized volunteers to conduct a house-to-house canvass to urge residents to participate. (Photo courtesy of Charleswood News).

Every Four Minutes Someone Dies Because of Smoking: NTA Speaker

Cigarette smoking is responsible for at least 125,000 premature deaths a year in the United States and possibly as many as 300,000 deaths, according to estimates believed valid by the U.S. Public Health Service.

Speaking to the recent 61st annual meeting of the National Tuberculosis Association in Chicago, Dr. Luther L. Terry, surgeon general of the P.H.S., told delegates that every four minutes someone in the United States dies because of his cigarette smoking.

"This is a real American tragedy, because most of these deaths could be prevented," he said.

Studies of mortality ratios of smokers and nonsmokers indicate that 240,000 men will die this year prematurely from diseases associated with cigarette smoking. About 138,000 of these deaths will be from diseases definitely associated with smoking, such as cancer of the lung, larynx, oral cavity, esophagus and bladder, as well as bronchitis, emphysema and coronary heart disease.

Another 102,000 excess or premature deaths will result from

diseases where the relationship to cigarette smoking, while not so obvious, is nevertheless indicated.

The total of 240,000 deaths applies to men only because in most cases the data for women are inadequate to make precise estimates. Where data are available for women mortality ratios for comparable levels of smoking appear to be similar to those for women, but somewhat lower. "A reasonable estimate of excess deaths among women, added to the total of 240,000 for men, would bring the overall total to 300,000," said Dr. Terry.

Nevertheless the surgeon general bases his "every-four-minutes" on the conservative estimate of 125,000 deaths annually.

He conceded that it is not easy to get people to accept the idea that smoking harms them personally. But he derided those groups who say that the evidence of the harmfulness of cigarettes is statistical "and you can't prove anything by statistics"; that cigarette smoking has not been proved a direct cause of heart disease, "therefore, more research is needed"; those who say "don't blame lung cancer on cigarettes—what about air pollution?" and that "medical opinion is divided on the relationship between smoking and health".

"As we all know," he said, in commenting on criticism of statistical evidence, "the statistical evidence involved in the Report (on Smoking and Health by the Advisory Committee to the Surgeon General) merely indicated that smoking is a likely suspect and led to further investigations—animal experiments, and clinical, autopsy and population studies.

"These converging lines of evidence resulted in the indictment of cigarettes as a serious health hazard."

DR. E. L. ROSS

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As medical superintendent and later as medical director of the Board, Dr. Ross took part in negotiations to expand the tuberculosis program in Manitoba. In 1937 Major John McEachern, chairman of the Board, Dr. Ross and other Board representatives met with Dr. Percy Moore of the Indian Affairs Branch to lay the groundwork for a unique partnership in which the Sanatorium Board would collaborate with the federal government in conducting tuberculosis surveys of Indian Reserves and Indian Residential Schools. As a result of the enormous findings in the following years, hospitals for Indian and Eskimo patients were opened at Dynevor in 1939, Clearwater Lake in 1945 and at Brandon in 1947.

During the 1940's the tuberculosis preventive program was further intensified, the object being to provide free chest x-rays to everyone in the province over five-year periods. Finally, in 1959, mass tuberculin testing was incorporated into the survey program.

Dr. Ross, who holds a certificate as a specialist in Internal Medicine (Tuberculosis), has taken an active part in many organizations. He served as president of the Canadian Tuberculosis Association in 1955-56, and is a past president of the Manitoba Medical Association, the Brandon and District Medical Association, and the Border Medical Society. He has enthusiastically participated in the affairs of the Canadian and American Thoracic Societies, the National Tuberculosis Association and the International Union Against Tuberculosis, and for many years he was the sole Canadian to take part in the Pembine Therapy Conferences in which some three score specialists in tuberculosis and other chest diseases gather annually at Pembine, Wisconsin, to discuss special treatment problems.

Dr. Ross can indeed look back on his many years of service with great satisfaction. The high hopes he had on that sunny day in June when he first boarded the train for Ninette have been more than fulfilled. He has seen tuberculosis lose its distinction as a chief killer and become a disease on the verge of control.

His wide reputation for sound clinical judgment and his warm humanitarian interest in the patients, have won him the love and respect of countless people. We all join in congratulating him on this important anniversary and wish him many more years of happiness and success.

Be Sure — Be X-Rayed

Men over the age of 40 who are heavy smokers should have a chest x-ray every three months, says Dr. C. C. McLean, medical director of surveys for the Vancouver Department of Health.

Lung cancer, he warns, can develop in three months under these conditions. If found in the early stages the disease can often be checked, and this makes it imperative that heavy-smoking males over 40 be x-rayed often.

AROUND OUR INSTITUTIONS

Sanatorium Staff Honors Mrs. Moggey

Miss Flossie Moggey, who has chalked up 26 years of devoted service at Manitoba Sanatorium, retired from her post in the laundry on May 24.

At a meeting of employees in the sanatorium dining hall, Hospital Manager Nick Kilburg paid tribute to Miss Moggey and Jack Rodwell, laundry manager, presented her with a gift.

Miss Moggey first took employment at Ninette in 1934, terminating in 1943. She came back on staff in January, 1948.

We all extend to her our best wishes for the future.

New Staff

The Sanatorium Board extends a hearty welcome to all who have joined our staff during the past month.

Some of the recent additions include three new physiotherapists at the Manitoba Rehabilitation Hospital: *Miss Mavis Powell*, a 1962 graduate of the Cardiff Royal Infirmary School of Physiotherapy in Wales; *Mrs. J. P. (Jean) Ray*, who received her diploma from McGill University and was formerly employed at the Children's Hospital of Winnipeg; and *Miss Gillian Margaret Ward*, a 1960 graduate of United Birmingham Hospitals School of Physiotherapy, England.

Eugene Ted Stefiuk is the new pharmacist at the Manitoba Rehabilitation Hospital. He is a 1965 graduate in pharmacy from the

University of Manitoba and will be a welcome assistant to Theodore Sims, chief pharmacist for the Sanatorium Board.

Among the new staff members at Assiniboine Hospital, Brandon, are *Mrs. Roberta Jean Puhach*, laboratory technician who took both laboratory and x-ray training with the Manitoba Government, *Miss Patricia Norrine Shobrooke*, registered medical record librarian, and *Miss Bette Diane Carels*, secretary to Hospital Manager Carl Christenson.

The Indian Rehabilitation Unit at Assiniboine has also added a new staff member: *Ernest Janzen*, who has a teaching certificate.

Wins 4-H Ribbon

Worthy of special mention this month are the cooking achievements of Loretta Neufeld, 13-year-old daughter of Mrs. J. (Helen) Neufeld, head cook at Manitoba Sanatorium. Loretta won the red ribbon top award for her year's work in the 4-H Club (Unit C) Foods and as a special bonus will be given a week's holiday at a summer camp.

She was also eligible to enter a cake in the Boissevain Rally and to enter the salad contest at the Brandon Exhibition this month.

Both Mrs. Neufeld and Food Supervisor Mrs. Lois Richardson have made a fine contribution to 4-H work in the Ninette area. Mrs. Richardson was asked to score the Unit B Foods and supervise the judging of Unit C Foods at the Boissevain rally.

Ten-Pin Bowlers Meet

The Ten-Pin Bowling League of the Manitoba Medical Centre recreation Club held a wind-up dinner and dance May 7 at the Grain Exchange.

The year's trophy, donated and presented by Sanatorium Board Executive Director T. A. J. Cunnings, was awarded to the T-Birds, captained by Ron Benson of the Winnipeg General Hospital.

This is the first season for ten-pin bowling and it is expected that even greater numbers will sign up for the second season at the Northgate Alleys next fall. Some five staff members from the Manitoba Rehabilitation Hospital took part in the games during the past year, including Dr. I. H. K. Stevens, who was awarded a special trophy for the most consistent bowler.

VOLUNTARY AGENCY

(Continued from page 2)

of them be combined to advantage? Should there be a better definition of their relationship to government health services? Are they willing to work out co-operative and co-ordinated relationships with other agencies? Are their management practices sound?"

The next decade will bring many changes, he concluded. "Let us hope at the end of that time we will not have reason to look back and confess that 'we have left undone those things which we ought to have done; And we have done those things which we ought not to have done; And there is no health in us.'"

Bulletin Board

Edward Dubinsky, Sanatorium Board executive assistant, was named president-elect of the Upper Mid-West Hospital Conference at the 18th annual meeting in Minneapolis last month.

The Upper Mid-West Hospital Conference is an association representing hospitals from Manitoba, Minnesota, North and South Dakota, Iowa and Montana. Mr. Dubinsky has been a member of the conference Board of Trustees for the past three years and is now entering his fourth term.

He will be installed as president at the annual conference in May, 1966, succeeding Emil Wieland, administrator of the Jamestown, North Dakota, Hospital.

* * *

Special guests at the Sanatorium Board executive offices during the past month included Dr. J. Ryder, medical superintendent of Baker Memorial Sanatorium, Calgary, and Ralph Ricketts, executive-secretary of the Nova Scotia Tuberculosis Association.

* * *

Miss Nan. Tupper Chapman, Sanatorium Board director of food services, and Ben Mayo, chief cook at the Manitoba Rehabilitation Hospital, attended a two-day seminar last month on Food Service Management and Cost Control, conducted by food consultant Paul Fairbrook and sponsored by the Canadian Restaurant Association.

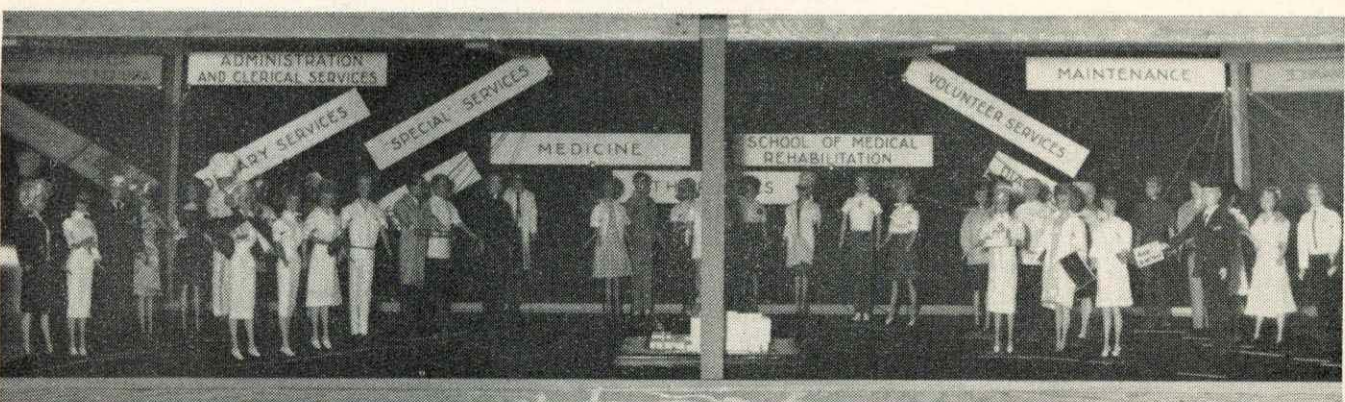
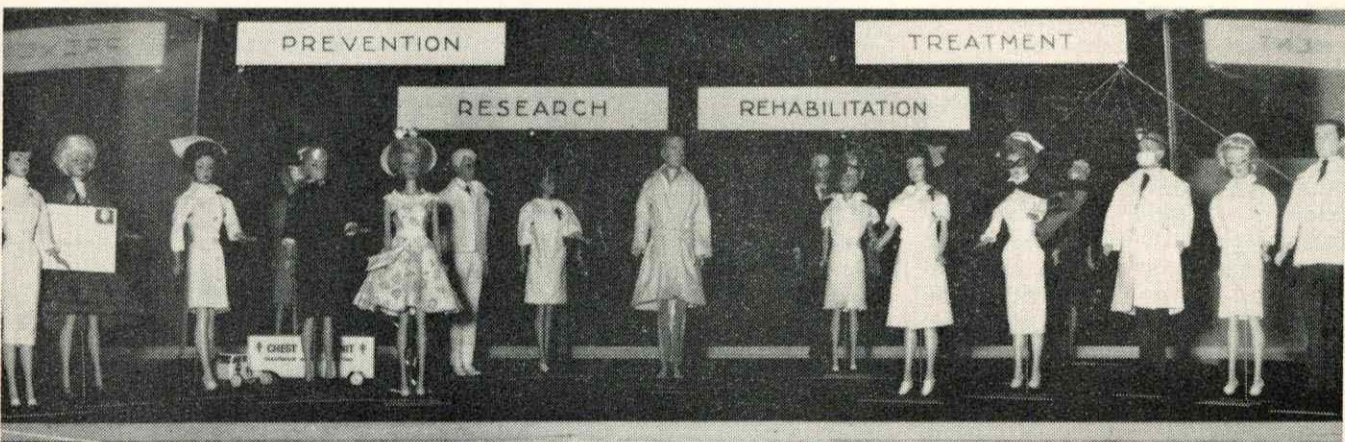
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James J. Zayshley, Sanatorium Board Surveys Officer, took part recently in the Institute of Mass Survey Organizers held at the King Edward-Sheraton Hotel in Toronto. Mr. Zayshley presented a paper on the hospital admission x-ray program in Manitoba.

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A special event at the Manitoba Rehabilitation Hospital this month was the Training Course in Rehabilitation, a three-week course offered at the Manitoba School of Medical Rehabilitation by the Canadian Council for the Disabled in co-operation with the University of Manitoba.

Among the delegates from across Canada taking part in the program was Roger Butterfield, rehabilitation officer in the Sanatorium Board's Special Rehabilitation Services. A number of the Manitoba Rehabilitation Hospital staff members presented lectures: Dr. L. H. Truelove, chief of medical services, James Foort of the Prosthetic and Orthotic Research and Development Unit, Dr. F. D. Baragar and Dr. F. R. Tucker.



PEOPLE — THE HEART OF THE HOSPITAL — To illustrate this theme for National Hospital Week last month staff members at the Manitoba Rehabilitation Hospital and the Central Tuberculosis Clinic prepared two displays of dolls, representing the various people contributing to the Sanatorium Board's hospital and health programs. Staff from the various departments did the sewing and Mrs. M. R. Trainor, M.R.H. nursing instructor, and Mrs. W. E. Barnard, director of voluntary services, supervised the project. The upper picture depicts the people involved in the tuberculosis preventive and treatment program; the picture at bottom represents the various members of the rehabilitation team who pool their knowledge and skills to return the sick and disabled to as full and useful a life as possible.

(Photos by Jim Zayshley)