



News Bulletin

SANATORIUM

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TB SURVEYS — Tuberculin and x-ray surveys of Selkirk, Transcona, St. Vital and the University of Manitoba are a major part of this year's tuberculosis preventive program. Among those who have received a free skin test from Licensed Practical Nurse Noreen Hall in St. Vital this month are General Survey Chairman Arthur Martin and standing behind him left to right, Mrs. John Lamblin, area chairman, and house-to-house canvassers Mrs. Peter Lamblin and Mrs. Peter Campbell. Earlier this fall 11,178 residents in Transcona received TB tests and 5,649 (or 76 percent of the population) lined up in Selkirk.

(Photo by David Portugal)

Board Sets Up Northern TB Unit

At the end of this month, the Sanatorium Board will expand its present tuberculosis control program in Northern Manitoba with the establishment of x-ray and minor laboratory services at The Pas.

This Northern Tuberculosis Unit, located on property leased by the Board at 338 Ross Avenue, will be supervised by Dr. Stuart L. Carey who has served as our Northern Tuberculosis Control Officer since the closing of Clearwater Lake Hospital last February. Dr. Carey was formerly chief of medical services at Clearwater (which was located just outside The Pas). At the new unit he will now be assisted by an x-ray and laboratory technician employed by the Board.

There is a great need to maintain adequate tuberculosis services in the north. In 1964 a total of 26 new active cases were uncovered in the northern part of the province, and during the year 179 persons were admitted to the tuberculosis wards at Clearwater Lake Hospital.

For economic reasons, the hospital was closed early this year and the patients transferred to our Manitoba Sanatorium at Ninette. But TB control services were continued with the appointment of Dr. Carey as Control Officer and the

continued operation of preventive surveys. The settlements along the Hudson Bay Railway Line to Churchill, for example, have always received special surveillance, and a complete survey of the line and of the Churchill area was organized by the Board this September.

In his annual report to the Board, Dr. Carey pointed out that the tuberculosis problem in the north is far from solved. "In Northern Manitoba tuberculosis still smoulders slowly like muskeg fires," he said. "If outbreaks are not tracked down and stamped out one by one, a major problem could arise. Constant, continued surveillance of known cases and the search for new cases and infection are necessary."

The Northern Tuberculosis Unit, which will be fully equipped by November 30, will be used for the examination of ex-patients, tuberculosis contacts and suspects referred by doctors in the north, by Indian Health Services and the provincial public health service.

It is also planned that special preventive surveys will be conducted from the unit — surveys, for example, of high incidence groups such as transients, jail inmates and nursing home patients.

LAUNCH '65 CAMPAIGN

TB — The Sleeping Dragon

November 16 marked the opening of the Sanatorium Board's 56th annual crusade against tuberculosis — and the 39th year that Christmas Seals have been sold across Canada to raise funds for local programs of tuberculosis prevention.

Here in Manitoba contributions from the 190,000 letters that went into the mails this month will be spent in four ways:

1. To finance community and industrial tuberculin and x-ray surveys and other special clinics aimed at preventing the spread of tuberculosis from the sick to the well and gradually bringing tuberculosis in this province under control. Each year over 200,000 Manitobans benefit directly from these free health services, which form the bulk of all our preventive work.

2. To pay for our rehabilitation programs designed to re-establish tuberculosis patients in the community. Rehabilitation is a very important arm of prevention, for it is a well known fact that the patient successfully re-established at home and at work is less likely to relapse.

1. To help pay for research projects to find some of the answers to the unsolved problems of tuberculosis, and other chest diseases and disorders. During the four years since the establishment of the nation-wide Canadian Tuberculosis Association Research and Fellowship Program, 17 projects have been supported — including two in

Winnipeg. Five new projects were approved for 1964-65.

4. To educate people about tuberculosis. If we are to make lasting progress against the disease, the people must know the facts about tuberculosis and the need for everyone to take part in our preventive programs.

Tuberculosis in this country has been likened to a sleeping dragon which, through public complacency or neglect, can awake at any time and cause great destruction. The 231 new active cases, the 12,000 inactive cases and the 28 deaths in Manitoba last year represent only part of the problem, says Dr. E. L. Ross.

A very great concern are the people who now harbor the tuberculosis germ in their bodies and who may later develop active disease.

Infection, as a characteristic of tuberculosis, differs from the usual sense of the term as applied to other communicable diseases. Infection with tuberculosis does not mean active illness; in fact, it generally does not. But infection can become active illness at any time in one's life, and unless we keep a close watch over the some 20 percent of our population who are infected, tuberculosis could again become a great hazard right here in Manitoba.

There is still a big ahead for TB Christmas Seals . . . and there always will be so long as this disease remains so firmly entrenched among our people.



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Vaccine Becoming More Important In Board's TB Preventive Program

A very good physician once maintained that the finest medicine is practised in the prevention of disease. To vaccinate a child against smallpox or polio should give more satisfaction than the most brilliantly executed surgery, he said. For even though the doctor never knows for sure, there is always the thought that, in administering the vaccine, he has possibly saved the child from serious illness or deformity — even death.

This idea has likely occurred to members of our own Sanatorium Board staff who each fall have spent many long days up in the Dauphin Health Unit area administering anti-tuberculosis vaccine to some 1,500 high school students. The project, begun in 1963 as part of the Sanatorium Board's yearly vaccination program, and carried out with the close co-operation of the Dauphin Health Unit, is aimed at giving extra protection to the young people in this area where the risk of tuberculosis infection is higher than average.

Records show that, once infected, young people (especially girls) between the ages of 15 and 25 years are particularly vulnerable to tuberculosis (see chart on this page), and it is felt that this is the strategic time to increase their resistance. Accordingly, when this special vaccination project was begun, all tuberculin negative high school students in the Dauphin Health Unit area received BCG, and in the succeeding years each new group of grade nine students and other newcomers have been tuberculin tested and those shown to be negative reactors (i.e. not infected with tuberculosis) have been vaccinated.

BCG (bacillus Calmette-Guerin), a vaccine developed by two French scientists in 1923, is not as effective or as practical as the smallpox or polio vaccines, but it does confer a substantial measure of protection to persons who have never been infected with tubercu-

losis. How much? No one knows exactly, but it is estimated that there is at least a 75 per cent reduction in tuberculosis morbidity and mortality in those vaccinated.

The Dauphin project will give the Sanatorium Board a good opportunity to study some of the long-term effects of BCG. For example, not only will the doctors be able to determine the tuberculosis breakdown rate in the group in years to come, but they may be able to gather more valuable information about how long BCG confers protection. Present estimates range anywhere from five to 15 years.

In the meantime, it must give some satisfaction to know that in giving the vaccine to the students, we may be paving the way for a tuberculosis-free community — saving some unknown number of our citizens from long, serious illness.

Cover the Field

Here is a sick man. The first question is, has he got tuberculosis? That is diagnosis. The second is, what can be done for him? That is treatment. The third question is, can he be helped or cured? That is prognosis. Other questions are, where did he get it? Where did he scatter it? This is epidemiology. Then, what can we do to prevent infection, or avoid disease, or find it early and take care of it in the circle the sick man came out of? That is public health.

In such effort one prime essential is to cover the field. We must follow up every clue with examinations and re-examinations, keeping careful records of all known sources of infection, and all people possibly infected. There is one way only to find tuberculosis early, and that is to hunt for it among people who are not yet ill.

—from the writings of the late Dr. David A. Stewart first medical superintendent of Man-



NURSES' ASSISTANTS RECEIVE CERTIFICATES — Nurses' assistants who last month completed the Nurses' Assistants Training Program at Manitoba Sanatorium, Ninette, pose with their certificates following the graduation ceremony. They are, left to right, Miss L. Williamson, (valedictorian), Miss P. Brechka, Miss K. Park, Miss M. Hutton, Miss M. Coughlan, Miss K. Ziegler and their Nursing Instructor William Broadhead. Nick Kilburg, hospital manager, chaired the ceremony and Sanatorium Board Nursing Consultant Miss E. L. M. Thorpe was guest speaker. Miss Derinda Ellis, director of nursing at the sanatorium, presented the certificates.

(Photo by Bill Amos)

READER'S VIEWPOINT

New Emphasis on Aging

By Miss E. L. M. Thorpe, M.B.E.

Nursing Consultant, Sanatorium Board of Manitoba

The care of the aged is destined to become an increasingly important branch of nursing, for the aged themselves and our attitudes to aging are changing radically, dominated by the fact that the expectation of life will continue to expand to levels that now seem fantastic, and the proportion of senior people in our societies will progressively increase. The emphasis will be on research and preventive medicine and not, as today, on toileting, feeding, custodial care and psychological support of the lonely and dispirited.

Many social changes will evolve, medicare being only the beginning, and the increased voting strength of senior citizens will shift the present tendency to pamper youth. Pensions, already much increased, will increase still further, and the economic stresses and anxieties under which a large proportion of elderly people now live will be alleviated and this will enable us to differentiate between sickness, poverty and age. Older people will be able to eat well, keep themselves warm and fashionably clad, have funds for recreational purposes, live happier and healthier lives, and the injection of their spending power into a country's economy will be considerable.

Because of the contributions they will be able to make to family budgets, grandparents, parents and other relatives, so many of whom now lead lonely lives, will be welcomed back into the homes of younger people, with a consequent strengthening and restoration of the pattern of family living, a situation

from which the young should themselves gain much.

Education will be a continuing process. Vacation habits will change. Already airlines carry increasing numbers of older people, commuting between Europe and North America, visiting sons, new daughters-in-law and grandchildren. Others in their seventies and eighties are going back to have a look at countries they left many years ago. In the winter season, places such as the Canary Islands, attract more and more people from the U.S.A. who find it possible to live comfortably there on their social security payments because of the favourable rate of exchange.

When the physical signs and symptoms of aging can be prevented, what a different situation there will be! Organ transplants, implantation of teeth, cosmetic surgery are present day possibilities. The processes of aging in post-menopausal women can already be reversed, and conditions such as osteoporosis prevented by judicious use of ovarian hormones. Will men sit back, content to watch the aging processes halted in their wives, and not demand some similar treatment for themselves?

The possibilities now opening up seem boundless. If female hormones can prevent certain vascular changes developing in women of pre-menopausal age, how long will it be before we get around to giving prophylactic hormonal therapy in post-menopausal years on a larger scale and so cut down the incidence of strokes? And if it can be done for women, will it also not be done for men?

NEW ACTIVE CASES OF TUBERCULOSIS — 1964

* Rate per 100,000 Population by Age Groups

Age Group	Males	New Cases	Rate	Females	New Cases	Rate	Total	New Cases	Rate
0 — 9	109,100	9	8.2	104,200	11	10.6	213,300	20	9.4
10 — 19	91,900	20	21.8	87,900	15	17.07	179,800	35	19.5
20 — 29	60,900	14	22.8	58,600	14	23.9	119,500	28	23.5
30 — 39	59,300	15	25.3	58,200	8	13.7	117,500	23	19.7
40 — 49	57,400	11	19.1	58,400	4	6.8	115,800	15	13.0
50 — 59	46,500	12	25.8	45,200	4	8.8	91,700	16	17.5
60 — 69	31,000	12	38.8	30,800	1	3.2	61,800	13	21.0
70 & over	29,000	13	44.8	29,600	3	10.1	58,600	16	27.3

* Indians excluded but not Metis.

Provincial Rehabilitation Services Pay Off Takes New Post

It sometimes happens. A Winnipeg businessman calls up Walter Boyd and asks for help.

"I'm setting up a new shop," he may say. "I want five paraplegics to work on an assembly line."

Mr. Boyd, the director of Rehabilitation Services for the Province of Manitoba, tries to hide the chuckle in his voice. "But why in the world would you want disabled people?"

"Because they work hard," is the prompt reply. "They usually do very good work, they stay with us longer . . . and besides, where else can I get such good employment service for free?"

Telephone calls like these are indicative of a changing attitude toward disabled persons. Not long ago, according to Mr. Boyd, these people were assessed in terms of their disabilities, and any decision about their future was more or less based on what they could not do. Today, however, we are more inclined to look at the abilities of the disabled. "What can he do?" we ask, and then proceed from there.

There are indeed a great many things handicapped people can do, and it is to provide them with the means to achieve happy, useful lives that a comprehensive rehabilitation program has been established in Manitoba through the close co-operation of government and voluntary agencies.

Forming an important part of this network is the Sanatorium Board of Manitoba which, in addition to operating the Manitoba Rehabilitation Hospital for patients with all kinds of physical disabilities, also operates, in co-operation with the Department of Citizenship and Immigration, Indian Affairs Branch, and the Department of Health, special rehabilitation programs for tuberculosis patients and for "socially handicapped" persons, usually of Indian ancestry.

Inspired by View through a Window

These days Canadians from Newfoundland to Vancouver Island are opening their mail to find Christmas Seals with the well known double-barred cross in one corner and a cheery motif of winter scenes.

Guy Desmarchais of Montreal is the designer of these 1965 Christmas Seals. Looking out frosted windows with icicles hanging from the roof, especially at Christmas time, the idea for the window snow scenes came to him.

It was in much the same way that a Danish postal clerk first hit on the idea of the Christmas Seal back in December of 1903. While sorting bundles of festive holiday mail in a small postal station outside Copenhagen, he paused in his work to look out the window and in the street outside he saw two ragged urchins struggling through a winter storm, their thin little bodies pinched and blue with the cold.

He looked again at the Christ-greetings in his hands, and suddenly the thought struck him that perhaps during this season of so much goodwill people would not mind putting an extra stamp on their mail if they

Other organizations responsible for carrying out the "rehabilitation process" on behalf of certain disability categories are the Canadian National Institute for the Blind, the Workmen's Compensation Board and the Society for Crippled Children and Adults of Manitoba.

With the exception of the Workmen's Compensation Board, which is responsible for industrial accidents, one would normally find these rehabilitation services provided directly through a government department, says Mr. Boyd. "But in Manitoba we have found that the delegation of this responsibility to well established voluntary agencies is a decided asset. It has permitted greater flexibility in program development and has also involved the participation of many leading citizens in the community."

The provincial Rehabilitation Services, established in 1954 under the Department of Health, has two major functions. The first is to co-ordinate at the administrative level the services provided by all government and voluntary agencies to physically and mentally handicapped children and adults, to make sure there is no duplication of services, to develop close working relationships between the groups and finally, to assess and plan for any additional needed services. In this regard, federal and provincial funds are made available on a planned basis through Rehabilitation Services to the designated rehabilitation agencies.

Second, in the area of mental health, the Department of Health Rehabilitation Services is directly

responsible for the vocational rehabilitation of the mentally handicapped, and a staff of counsellors work closely with the mental hospitals, private psychiatrists and community agencies.

An outstanding recent accomplishment has been the establishment of Skills Unlimited, first at Selkirk and later in Winnipeg, to assess and train mentally handicapped persons for competitive or sheltered employment. In the past year, through these new facilities, 54 persons are now gainfully employed in the community, including one 58-year-old man who spent 28 years in the Selkirk Hospital for Mental Diseases, and is now working full-time and is self-supporting.

Similarly, Rehabilitation Services is actively helping mentally retarded adults to obtain special training and suitable employment. For example, a 24-year-old man was transferred to this program after five years in the Manitoba school for mentally retarded persons, and within four years he was employed as an assistant waiter in a men's club. He earns the minimum wage for this trade, lives in a boarding house, gets along well with his fellow boarders and pays all his own bills, including the rent.

Last year a total of 3,500 children and adults — including the physically and mentally handicapped and alcoholics — were assisted by the provincial rehabilitation program to obtain services ranging from a single counselling session to comprehensive medical treatment, provision of prosthetic or orthotic appliances, vocational training, job placement and follow-up.

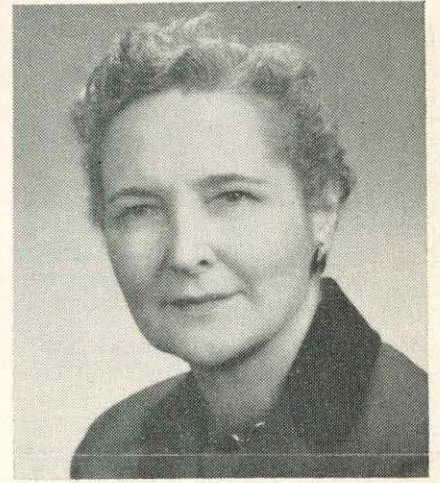
An analysis of 300 adult cases placed into competitive employment during 1964 indicates that money spent on vocational rehabilitation of the handicapped is a profitable economic investment.

Having obtained help through various rehabilitation programs, this group showed an estimated annual earning of \$600,000. From their earnings they paid approximately \$35,000 in income tax. And although the cost of services provided to this group totaled \$120,000, the provincial and welfare savings each year is estimated at \$75,000.

In addition to these cases, many hundreds of disabled persons are being rehabilitated to sheltered employment in the community, to sheltered workshops, home-bound employment or self-care. Handicapped children are able to take maximum advantage of educational services; in this way it is hoped that they will not be a rehabilitation problem when they reach adulthood, but instead will be ready to take a useful place in their communities.

At present, 400 persons are taking vocational training under Program Six, the Canadian Technical and Vocational Training Assistance Act, to equip them for employment compatible with their capabilities.

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MISS MARGARET BUSCH

Miss Margaret C. Busch, who formerly supervised the Sanatorium Board's rehabilitation program for tuberculosis patients, began her new duties on November 1 as assistant to the Director of Rehabilitation Services for the Province of Manitoba.

All of us at the Sanatorium Board wish Miss Busch much happiness in her new post. We feel she will be a valuable asset to the provincial government, for during her 17 years of devoted service to the Board she gained a wide knowledge of nearly all facets of rehabilitation work and did much to broaden our program for tuberculosis patients, particularly the teaching services.

Through her patient counsel and help, hundreds of men and women found a rewarding niche for themselves in all manner of jobs. A young girl was assisted to study medicine, a refugee became an expert hairdresser, an unskilled boy learned watch repair — and scores of others, young and old, were encouraged to continue their schooling, train for new jobs, improve old skills, or just make good use of the time they spent in bed.

"There's a latent ability of some sort in most people," she would say. "One just has to find it."

Miss Busch perhaps has a better understanding of the needs and problems of the disabled, because she herself is a former tuberculosis patient who has spent many years in and out of sanatorium.

She was born and raised in Shellmouth, Manitoba, the second oldest of a family of four. After completing high school, she took the teacher training course at Winnipeg Normal School, then began her career teaching primary grades in Shellmouth and later at a country school in Saskatchewan. In 1939 she was appointed principal of Shellmouth High School and three years later, of the high school at Great Falls.

In 1947, following a bout with tuberculosis, Miss Busch went out to our Manitoba Sanatorium as an institutional teacher for the Department of Education. Then, in 1956 she came back to Winnipeg to take

(Continued on page 4)



GUY DESMARCHAIS

knew the money would help such ones as these unfortunate children.

He submitted the idea to his fellow workers and then to the king of Denmark, and the next year Einar Holboell's Christmas stamps went on sale in post offices across the country. In the years following many other countries adopted the idea, and today between 50 and 60 nations use their own distinctive Christmas Seals as the method of raising funds for the world-wide fight against tuberculosis.

Volunteers Receive Special Recognition

Over the years the Sanatorium Board has undertaken a number of diversified health services for the people of Manitoba, ranging from the province-wide prevention and treatment of tuberculosis to the care of all types of long-term patients and the rehabilitation of the disabled. At peak operation, this has required a full-time staff of over 800 individuals, professional and non-professional.

Yet, with all our facilities and staff, the Board could not function properly without the voluntary support of literally thousands of people throughout the province. For each community tuberculin and x-ray survey, for example, we rely on anywhere from 100 to 500 men and women to canvass each home, make appointments and serve as registrars at the testing sites.

Our annual Christmas Seal Campaign would never get off the ground if we did not have the services of 250 volunteer workers who give about 1,200 hours of their time to prepare the Christmas Seal letters for the November mails.

Elsewhere, local service groups and individual citizens donate a great deal of money and time to provide extra services and entertainment for the patients in each of our hospitals.

Thus it was to honor one of these groups that a special dinner was arranged at the Manitoba Rehabilitation Hospital on November 3. The guests were the members of the hospital's Volunteer Department who each day perform many services for disabled patients, including the operation of a gift shop, an information desk and a patients' library, the provision of extra help on the wards and in the administrative offices, and the arrangement of patient entertainments.

For the women who gave more than 300 hours to the hospital, special recognition pins, featuring the hospital initials and the shepherd's staff of service, were presented by Sanatorium Board Executive Director, T. A. J. Cummings.



Mrs. W. E. Barnard, Director of Volunteer Services, presents a special recognition pin to Mrs. Helen Jefferson who gave 1,564 hours of her time to do volunteer work at the Manitoba Rehabilitation Hospital.

Mrs. H. Jefferson was specially honored. She seems to have made a full-time career out of volunteer work, having given 1,564 hours of her time in all departments of the hospital (including the Christmas Seals Office).

Others who received recognition were Mrs. E. Bland, Mrs. D. Cox, Mrs. William Craigon, Mrs. H. T. Decatur, Mrs. A. Horrick, Mrs. John Huyda, Mrs. C. R. Jeffery, Mrs. J. Kinnear, Mrs. J. Miske, Mrs. J. Schmidt, Mrs. Doris Shaw,

Mrs. A. R. Snyder and Mrs. J. E. D. Tate.

A. H. Atkins, former M.R.H. hospital manager, and Mrs. Atkins were special guests at the dinner. Mrs. Atkins, who despite a very busy schedule managed to give 252 hours to our volunteer services, was also presented with a recognition pin.

The evening's guest speaker was Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital.

REHABILITATION PAYS OFF

(Continued from page 3)

There are, of course, some physically and mentally handicapped people who cannot be employed because of the severity of their disabilities. However, says Mr. Boyd, there are many who can be assisted and the opportunity is available for them to take advantage of existing services.

If any handicapped person is ever in doubt about where to get help, he should call the Department of Health Rehabilitation Services at WH 6-7616.

TAKES NEW POST

(Continued from page 3)

charge of the Sanatorium Board's tuberculosis rehabilitation program.

The hectic demands of the job, plus the fact that she gave so much of herself to help others, led inevitably to another breakdown in her health early last year. Now that she has recovered, we fervently wish her years of good health.

You can find her any day of the working week, in her little office on third floor of the Norquay Building . . . once again busily involved in the problems of the disabled.



To help with preparations for this year's Christmas Seal Campaign, 125 Winnipeg business women (including Sanatorium Board staff members) gathered for a special "blitz night" October 19 in the auditorium of the rehabilitation hospital. Some 20 teen-age girls also helped out as well as a few male members of our pharmacy, portering and mailing room staff. (Photo by David Portugal)

Bulletin Board

The annual Symposium on Orthopedic Disabilities and Rehabilitation will be held December 3 and 4 at the Manitoba Rehabilitation Hospital. The guest lecturers this year are Dr. R. F. Jacox of the University of Rochester, Dr. Austin B. Chinn of the U.S. Public Health Service in Washington, D.C., Dr. V. T. Inman of the University of California Medical Centre, William J. Sharrard of Sheffield University in England and Douglas L. Saville, University of Edinburgh.

* * *

On November 5, eight registered nurses were presented with certificates after completing an intensive three-week course in rehabilitation nursing at the Manitoba Rehabilitation Hospital.

The graduates are Miss Vide Appleby, Mrs. Beth Boyer, Miss Jeannine Dumont, Miss Carol Forrest, Mrs. Marion McArthur and Mrs. Doreen Strople, all of the M.R.H. nursing staff, Mrs. Myrtle McCabe of Assiniboine Hospital, Brandon, and Miss Dianne Coufts of Dauphin General Hospital.

Ten other graduate nurses registered for the next rehabilitation nursing course which began on November 15. Out-of-town registrants are Miss V. Olippant of the Saskatoon Sanatorium, Miss D. E. Burechailo of University Hospital, Saskatoon, Miss E. Sinclair from the Orthopaedic and Arthritic Hospital in Toronto and Mrs. B. Cypruk of Assiniboine Hospital. M.R.H. nurses who have enrolled are Miss C. Scherloski, Miss S. Ronceray, Miss D. Ohlinger, Mrs. G. McLean, Mrs. V. Georgopoulos and Miss D. Krawchuk.

* * *

A distinguished visitor to the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit last month was Hector W. Kay, assistant executive director of the Committee on Prosthetic Research and Development, National Academy of Sciences, in Washington, D.C. During his two-day visit, Mr. Kay attended our children's amputee clinic.

* * *

Among the recent additions to the staff at the Manitoba Rehabilitation Hospital are Dr. Lee-Man Wong and Miss Pamela M. Brown, physiotherapist. Miss Brown received her physiotherapy diploma from Pretoria University, South Africa. Dr. Wong, who comes from Hong Kong, took his medical training in Taiwan.

Miss C. S. Sumangala, of New Delhi, India, has joined the nursing staff at Manitoba Sanatorium. Robert Baxter, who recently came to Canada from England, is the new physiotherapist at Assiniboine Hospital, Brandon.