NEWS BULLETIN

The Sanatorium Board of Manitoba

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Central Clinic Now Called D. A. Stewart Centre

The Central Tuberculosis Clinic, which for 37 years has served as a key centre for the tuberculosis control program in Manitoba, has been given a new name and an expanded role in the health field.

Frank Boothroyd, chairman of the Sanatorium Board of Manitoba, announced at the annual meeting on April 26 that the 64-bed clinic at 668 Bannatyne avenue in Winnipeg, will henceforth be know as the D. A. STEWART CENTRE for the Study and Treatment of Respiratory Diseases.

"A movement to integrate tuberculosis control with the diagnosis, prevention and treatment of other respiratory diseases calls for a change in the clinic's name," Mr. Boothroyd said. "The Sanatorium Board could not think of a more fitting gesture than to memorialize the name of a man who left a deep mark on the history of this province and on the anti-tuberculosis campaign in Canada."

The re-naming of the clinic, he said, had received the warm endorsement of the Manitoba Medical Association, which noted that it gives

recognition to one of the outstanding early doctors of Manitoba and a former president of the M.M.A. The late Dr. Stewart's son, Dr. David B. Stewart, professor of obstetrics and gynaecology at the University of the West Indies at Kingston, Jamaica, also gave his full approval.

Under the administration of the Sanatorium Board and the medical directorship of Dr. Reuben M. Cherniack, the D. A. Stewart Centre will be an important area of the new Joint Respiratory Program, which has been established by the University of Manitoba Faculty of Medicine in co-operation with the Sanatorium Board and other acute general teaching hospitals in Winnipeg. The aim of the program, according to Dr. Cherniack, is the correlation of basic science and research with the diagnosis and treatment of respiratory diseases, and the provision of the highest level of patient care, teaching and research in the respiratory field.

Outstanding Physician

In its new role, the D. A. Stewart Centre will closely follow the principles and teachings of the late Dr. Stewart who, as the first medical superintendent of our Manitoba Sanatorium at Ninette, did so much to bring the problems of tuberculosis before the public and into the medical teaching sphere.

David Alexander Stewart, who died in 1937 at the age of 63, was a man of dynamic energy and many talents. He was both physician and teacher who preached that "care of the sick" meant more than care of the sick man, but also "care of the sick community" through the prevention of disease, better public health measures, research and "any expenditure of effort or money for the saving of life."

He was born of Scottish ancestry in Kent County, Ontario, in 1874 and at the age of 17 came west with his parents to Morden, Manitoba. He graduated from the Manitoba Medical College in 1906, became the first senior resident in medicine at the Winnipeg General Hospital, then did tuberculosis work in the Eastern United States. In 1908 he returned to Manitoba to take up leadership of the newly organized anti-tuberculosis crusade.

During the 27 years he lived at Ninette, Dr. Stewart established Manitoba Sanatorium as an influential centre of learning. He received many distinguished honors for his work, held high offices in various organizations, and wrote and lectured profusely . . . not only about tuberculosis, but also about the many literary and scientific subjects that interested him. He was keenly interested in adult education and for years sponsored a school at Ninette for patients and staff. His research into the history of the province twice led him into the presidency of the Manitoba Historical and Scientific Society, and through his efforts as a member of the Historic Sites Commission, the sites of some long forgotten trading

(Continued on Page 2)

Researchers Meet In Winnipeg

"So we borrowed from Berkeley the pneumatic swing-phase unit for the knee joint . . . we improved the U.S. design for the wedge-disc alignment system . . . we took ideas here and there, and invented things of our own . . . then we went ahead and developed the first *modular* system of prosthetics."

In this manner, for the benefit of clinicians attending a national meeting of rehabilitation engineers in Winnipeg this month, Technical Director James Foort recapitulated five years of research at the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit.

The modular pylon system of prosthetics is designed for all levels of lower extremity amputees, and is primarily directed toward cutting down delays in patients' rehabilitation programs. Consisting of prefabricated parts that fit together like tinker toys, the various components are easy to adjust or replace as patients progress through treatment. Together they form what are popularly known as "instant limbs"; eventually they become the patients' permanent prostheses. And, of particular significance, nearly the entire system is ready for clinical application and testing on a broad scale.

But *how* to get new products tested and known nationally is a very big problem — not only for the Winnipeg engineers but also for other research groups. For example, in outlining their contributions, the units at Toronto, Montreal and the University of New Brunswick told about exciting pioneer work in the field of powered limbs. Although most of their inventions are not yet ready for practical application, these units, like Winnipeg, would like to get them tested more widely on patients so that, as one engineer put it, "we will know whether or not the darn things are any good . . . and where improvements should be made."

The ways and means of setting up a central development and testing authority, and of improving research in general, was the subject of rather hot discussion at a meeting of the engineers last January and again at the final session of the combined meeting this month. A short summary of how they feel, and what they recommend, appears on page 3.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,
800 Sherbrook Street, Winnipeg 2, Manitoba

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The Story of the Sanatorium Board of Manitoba

In the beginning the bull's eye of our target was the young man with just an occasional cough, or very slight fever, a little loss of weight, or a mere "color" of blood, or unaccustomed excitability with tiredness and irritability following . . . It was for this man we built sanatoria . . . By choice we were interested in people whose symptoms were just nicely noticeable, but not TOO noticeable.

— D. A. Stewart, M.D., LL.D.

PART TWO

When Manitoba Sanatorium was opened on May 10, 1910, it consisted of one main administration building and two scantily equipped wooden pavilions for 60 patients, situated on a quarter section of land overlooking Pelican Lake.[1] In 1911 the Gordon Cottage and King Edward Memorial Cottage were built for additional patients, and in 1912 the first section of the present infirmary was erected. Funds for the construction of the King Edward Cottage were raised by the Fort Garry Chapter of the I.O.D.E.; the Gordon Cottage was the gift of the Rev. C. W. Gordon of Winnipeg, Presbyterian minister who became a member of the Board of Trustees in 1908 and who, under the pen name of Ralph Connor, wrote the popular *Glengarry School Days* and the other *Glengarry* books.

Like other early tuberculosis hospitals, Manitoba Sanatorium was founded on the idea that prolonged rest, good food and fresh air, provided in the clean serenity of some remote countryside, could "cure" those who were still in the early stage of disease. The incurable would be given comfortable custodial care in some other separate institution; and the children, who showed reaction to the tuberculin test but not active disease, would be taught the ways of healthful living in open air schools, in hopes that they would miss adult disease. In this way, it was argued, the sources of infection would be removed from the community and the disease would die out of its own accord.

However, as doctors soon discovered, tuberculosis infection was almost universal, and the man who turned up at the sanatorium door was more often than not in an advanced stage of disease. As for the early "unknown" case, he stayed away — through fear, perhaps; or because he could not afford to pay; or because, having no symptoms, he did not know he was sick.

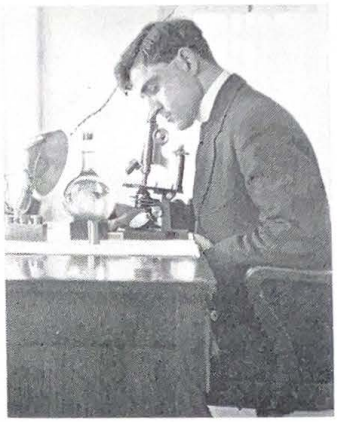
In 1910 a total of 97 patients were admitted to Ninette for treatment, and in 1911, 168 came. Of these, 41 percent had far advanced disease (but "with fair prospects for recovery") and 20 percent were very far advanced, with no prospect of improvement. Only 17 percent were classed as incipient. Many others with far advanced disease had to be turned away because, as Dr. Stewart pointed out, "the sanatorium had only 12 beds available for bed cases and these provided rather for temporary ailments of regular sanatorium patients than for definitely advanced cases."

So in 1912 an infirmary was constructed and the changeover to providing care for the seriously ill and sometimes the hopelessly ill was begun. Also in 1912 the King Edward Memorial Hospital was opened in Winnipeg for tuberculosis patients with advanced disease. But even with these additional facilities, the needs of the province could not be met. The admissions for any one year, Dr. Stewart noted, represented only one-tenth of those suffering acutely from tuberculosis in Manitoba.

The war years and the adoption in 1913 of a municipal levy[2] to help pay for those who could not afford treatment brought even greater numbers of patients into sanatorium. In 1916 work was begun on an addition to the infirmary and in 1917, through an agreement between the Sanatorium Board, the provincial government and the Military Hospitals Commission, two pavilions were built for the care of soldiers with tuberculosis.

The next three years saw the construction of still another pavilion, further additions to the infirmary and administration building, renovations to the two original buildings (which had never been considered as permanent structures), plus the building of several residences for staff and a nurses' home.

By the early 1920's Manitoba Sanatorium had grown into a little community of about a dozen buildings, with capacity for more than 250 patients. The battle against tuberculosis was not to be any short-term affair, but had settled into a long, bitter attack, which would require years of educational work among the public and the medical profession and, finally, continuous sallies into the community to find the infected and those with active disease. Wrote Dr. Stewart: "We are dealing with a disease not only of Smith, Jones and Brown, but also of Smithville, Jonestown and Brownburg. It is a seamy side of the complicated fabric we call our civilization." And while "cure for the sick man — compassion first — may make the stronger appeal, cure for the infected community — safety first — pays the bigger dividends."



Manitoba Sanatorium was the first institution to take young physicians and senior medical students for training in tuberculosis work. The first of these was Charles Arthur Baragar[3], who as an undergraduate in 1913 went to Ninette for six months as a medical assistant, then returned after graduation in May 1914 to become assistant medical superintendent. But he had also volunteered for active service, and in February, 1915, Dr. Stewart dolefully noted the loss of this "exceptionally capable man" to the 27th Battalion.

Teaching among the medical profession actually began in 1913-1914 when students of the graduating class came out voluntarily for two weeks, two at a time. Then young graduates came, and by 1919 more than 130 young men had stayed and learned and worked at the sanatorium for an average term of seven weeks. Later, toward the end of the 1920's, the sanatorium began to take its crusade outside the sanatorium walls, through the organization of travelling medical clinics. And thus from small beginnings, the anti-tuberculosis campaign gradually grew — becoming what Dr. Stewart termed "a great spearhead for the ideas and measures of general public health."

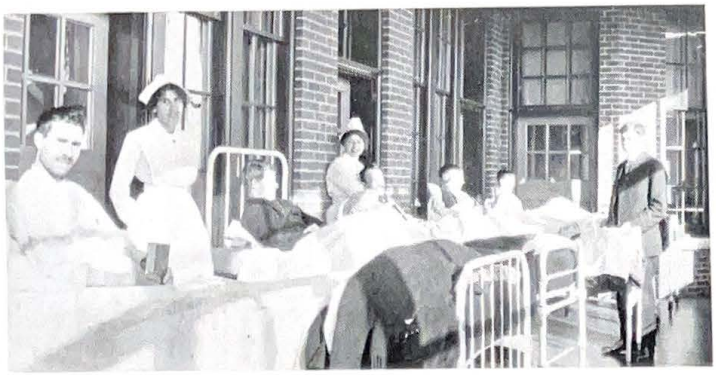
1. The original sanatorium property comprised just 40 acres donated by the municipality of Strathcona. In 1909 the remainder of the quarter was purchased and donated by Sir Augustus Nanton, Winnipeg financier and one of the early members of the Board.

2. From the beginning the main difficulty in the operations of the sanatorium was one of financing. During the first few years the onus of payment was heavy upon the individual and the municipality was looked to only when the patient had reached his limit. The Union of Manitoba Municipalities, which had been brought into partnership in the tuberculosis crusade in 1909, proposed in 1913 the better plan of a levy to be paid by each municipality (outside the four cities in Manitoba) on an equalized assessment basis. This was intended to take care of all patients who could not pay for their treatment, and a set amount was contributed by each municipality regardless of whether or not they had patients in sanatorium.

3. Late uncle of M.R.H. physician Fletcher D. Baragar. He later became prominent in psychiatric work in Manitoba and Alberta.

VOLUNTEERS DONATE $1,000

The Sanatorium Board records with appreciation a further gift last month of $1,000 from the Volunteer Services of the Manitoba Rehabilitation Hospital. The money — raised primarily through the hospital gift shop and Christmas Fair — will be used to help pay for equipment for the Audiology Service. Since 1962, through the valuable work of our volunteers, $8,600 has been donated to the hospital for special equipment.



Manitoba Sanatorium began with a rule limiting the patient's stay to six months. Treatment was based on rest, limited exercise, good food and lots of fresh air; and during the early years more than half of the patients also received tuberculin which, it was hoped, would help increase their resistance to disease.

D. A. Stewart Centre

(Continued From Page 2)

posts were established and commemorated.

His greatest effort, however, was put into the fight against tuberculosis and in this he made an international name for himself, being known far and wide as simply "Stewart of Manitoba". Among other things, he hosted international meetings on tuberculosis, set up Manitoba Sanatorium as the first sanatorium to train medical students in tuberculosis work, and organized the first travelling medical clinics, which became the forerunner of today's province-wide preventive programs.

Central Tuberculosis Clinic

Dr. Stewart was also behind the move to establish in Winnipeg a centralized agency to serve as a centre for the diagnosis, observation and distribution of tuberculosis patients, for the study and teaching of tuberculosis, and for gathering information and statistics about TB.

In 1930 a two-storey brick building, which had been constructed as a bakery in 1902, was purchased by the Sanatorium Board and named the Central Tuberculosis Clinic. It opened on October 3rd, with Dr. Donald L. Scott as physician in charge.

In 1946, as its responsibilities widened, the Board moved its administrative and preventive headquarters from Ninette to the Central Clinic. It has remained as a centre for anti-tuberculosis work since then; the only big change being that the original structure was razed in 1960 to make room for the present four-storey structure.

Engineers Seek Means to Improve Research Activities

Five years ago special research units were set up in several rehabilitation centres to improve artificial limbs and braces in Canada. Each year since then the good effects of this move are becoming increasingly apparent as engineers, supported by national health grants, apply their know-how in the interests of the disabled.

But lately a certain uneasiness has developed among these research groups. "Although we are making valuable progress in certain areas," they say, "we see only too clearly all that remains to be done."

The crux of the problem is that the number of engineers involved in the program is far too small to cover the whole field of rehabilitation engineering. Under the present scheme, most of them have been engaged to research better types of artificial limbs and braces. Yet, increasingly they are being slowed down by other demands on their time.

What is needed, they feel, is an expanded program that would channel new engineers and technicians into such other vital areas as education and development work.

Also necessary is a "re-grouping of forces" so that the best possible use is made of existing facilities and personnel.

Winnipeg Meeting

In an attempt to solve some of these problems, 73 engineers and doctors connected with rehabilitation work across Canada, met in Winnipeg from May 1 to 3. The meeting, hosted by the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit, was in itself a big step forward — for it was the first time such a large group of engineers and clinicians had come together to discuss their difficulties.

Largely for the benefit of the medical men, the first two days of the meeting were devoted to a presentation of all the major inventions turned out in the past five years by the four research units at the University of New Brunswick, the Rehabilitation Institute of Montreal, the Toronto Crippled Children's Centre, and the PORDU group in Winnipeg.

On the third day, both professions got down to the business of discussing ways and means of co-ordinating and stepping up research. The first steps, they agreed, would be:

1. Creation of a *national development unit*, which would help engineers to get their designs through the development stages so that they could quickly become available to patients.

2. Formation of a *national association of prosthetics and orthotics clinicians*, whose purpose would be to work closely with researchers in the clinical testing of new items and techniques, and to channel information to other physicians in the field. (This was accomplished right at the meeting. Dr. M. Mongeau, of the Montreal Rehabilitation Institute, was named committee chairman, and plans were made to hold a meeting of clinic directors in conjunction with the next annual meeting of engineers in Montreal.)

Among themselves, the research engineers also decided that immediate consideration be given to:

1. Closer co-operation between research units so that optimal use is made of available technical skills.

2. Organization of broader, more effective training programs, which would be less demanding on the engineers now in the field.

3. Development of some system to accumulate and distribute information about new developments, so that researchers "will no longer have to track over the same ground others have covered before."

"We are now standing on the threshold of many exciting developments in rehabilitation engineering," one of the delegates declared. "If all these plans can be worked out successfully, we can confidently predict that Canada will have a system of prosthetics and orthotics second to none."

Development Unit

From the beginning each research unit has had to find its own means of getting inventions to the stage where they are suitable for use on patients. It has been a costly, time-consuming business — and particularly frustrating because, as the engineers pointed out, it is one thing to develop a new device, but quite another to get it tested and known nationally.

A central authority to carry out this function for all research units would be the practical solution, the meeting decided. And as a first step in this direction, Toronto Sunnybrook Hospital (with some support from a $22,000 grant from Ottawa) offered to take one new item from each of the four Canadian units and see to their testing on a clinical basis.[1] It is a very small beginning, but it is hoped that eventually the hospital will be able to make or procure many of the other inventions on the waiting list, test them thoroughly on a national basis, then funnel the results back to the designers who could make any needed improvements.

Working with the Doctor

Because it is the doctor who ultimately brings new developments to the patients, the engineers welcomed the formation of a parallel association of clinicians. "Not only will this ensure that newly designed components and techniques are brought quickly into service, but it will also give us the grass roots advice we need," they said.

Grass roots advice is particularly needed in the field of orthotics, which has been lagging behind prosthetics research. Here present engineers hope that additional engineers will be brought into the program; their job being to work with the doctor right at the treatment level, designing and selecting components for braces, which would meet the special needs of each patient.

Co-ordinated Research

Everyone agreed that co-operation between the units is vital in order to avoid duplication and get the most out of available skills. Several units have undertaken combined projects to some degree: the New Brunswick group, for example, has been working with Toronto Crippled Children's Centre in developing myo-electrically controlled artificial arms; Winnipeg, which has developed considerable skill in using new industrial materials for cosmetic covers, has agreed to dress up a new child-sized prosthesis which is being developed at Toronto.

There have also been co-operative efforts between Winnipeg and New Brunswick: New Brunswick has helped Winnipeg to develop an electronic device for aligning its new modular (tinkertoy) system of lower limb prostheses; and during this past year the Sanatorium Board Unit has worked with New Brunswick's electrical engineers in the development of a myo-electric system which they plan to implant in above-elbow amputees to control artificial arms.

Further co-operation would lead to even speedier progress in all facets of research, it was felt. And this co-operation should be widened to tap the engineering skills of industry.[2]

Training Programs

Various centres have set up training courses in prosthetics and orthotics. The Montreal Institute has an organized program; the University of Alberta established a week-long course, assembling students and lecturers from across the country; Toronto and Winnipeg give special training each year to a few selected students for varying lengths of time.

However, researchers feel that in the long run these training programs will fall short. Physical medicine centres are beginning to sprout up in other cities, and each will require an adequately staffed prosthetics and orthotics service.

A more ambitious program will eventually be needed. And hopefully an expanded effort will develop somewhat in advance of coming needs . . . which will upgrade people already in the field and bring on the new specialists and technicians our country will require.

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1. PORDU's submission will be the Winnipeg modular knee-shank unit for above-knee amputees.

2. All the units have collaborated with industry to some extent; notably, Montreal, which has worked with Northern Electric in the designing of electrically powered artificial arms.

ELECTED BOARD MEMBERS

D. S. McGIVERIN

KEITH CAMPBELL

The Sanatorium Board extends a warm welcome to Keith Campbell and Donald Scott McGiverin who at the annual meeting last month became the newest members of our elected body.

Mr. Campbell, who is vice-president of the Canadian Pacific Railway, Prairie Region, came to Winnipeg last September. A 1938 Arts graduate of the University of Toronto, he joined the CPR in 1940 and worked his way up through various positions in eastern Canada. In 1963 he became manager of Labour Relations in the Department of Personnel, Montreal. From 1965 to 1966 he was assistant vice-president of personnel in Montreal, stepping up to the post of vice-president, Rail Staff, in May 1966.

In his present position he handles the CPR's operations from the Lakehead to Alberta.

Mr. McGivern, a director of the T. Eaton Company Ltd. and general manager of the Western Division, joined the company in 1946.

Born in Calgary, he received his early education in Toronto, then proceeded to the University of Manitoba, graduating in 1945 with a Bachelor of Commerce degree and a gold medal. Awarded a Walter P. Zeller scholarship in retailing, he did post-graduate work at Ohio State University in Business Administration in 1946.

In following years he held a number of managerial posts with Eaton's in Toronto, becoming a director of the company in 1961. In 1965 he was appointed Company Manager — Merchandising, and two years ago he assumed responsibilities as manager of the Western Division.

Around town Mr. McGivern has been actively involved in many civic and recreational organizations: among other things, he is a member of the Board of Governors of the Winnipeg Art Gallery and a member of the Board of Trustees of the United Way, for which he is chairman of the Major Corporations Division of the 1967-68 Campaign.

X-ray Team Visits Northern Manitoba

One of the more fascinating jobs of the Sanatorium Board's Surveys Department is the periodic screening of people who live in the scattered settlements along the Hudson Bay Railway.

For the past eight or more years, these surveys have been conducted from a CNR baggage coach. The company has donated full use of the coach to the Board and has obligingly hauled it by way freight up along the whole 509-mile route from The Pas to Churchill.

The most recent survey of the Bay Line was conducted in March by x-ray technicians Bill Brown and David Thompson, with the assistance of the public health nurses of the Northern Health Services. It took two full weeks to complete and about 1,400 people were x-rayed at some 20 stops along the way.

The baggage coach served as both living and working quarters for the technicians. At the larger centres, which were surveyed on the trip north, the CNR deposited coach, technicians and x-ray paraphernalia on a siding. When the examinations were completed, the coach was picked up by the next freight train that happened along the line.

Coming back from Churchill, the boys concentrated on more thinly populated areas and on these occasions the train waited while people had their x-rays. For those who lived a few miles distant, the CNR sent out a little "jigger" to bring them in.

The technicians scored a first on this final trip when they conducted what we could call the smallest, shortest and "most moving" survey in the Board's history. At a place called Ponton, a lonely figure appeared out of the bush as the train approached. The engineer braked down, the man jumped aboard, had his chest x-ray, waved cheerio and jumped off. The train picked up speed and chugged on to the next stop.

In April the technicians moved (by truck) into other northern communities, and by the middle of the month they had the plates of some 9,000 people. The largest survey was held at The Pas where 4,259 people lined up for the free examinations.

A CNR employee (left) helps technicians Bill Brown (lower right) and Dave Thompson load equipment onto train at Thicket Portage. —*Photo by Ted Tadda, The Pas.*

12 Nurses Graduate From M.R.H. Course

Twelve registered nurses completed the tenth Post-graduate Course in Rehabilitation Nursing offered at the Manitoba Rehabilitation Hospital, April 22 to May 10.

The newest graduates of this three-week intensive course (under the direction of Nursing Instructor Mrs. Doris Setter) are: *Mrs. Marguerite Hinds*, team leader, St. Joseph's Hospital, Port Arthur; *Mrs. Ruth McEachern*, matron, Park Manor Personal Care Home, Transcona; *Miss Matilda Wohlgemuth*, head nurse, Bethesda Hospital, Steinbach; *Mrs. Barbara Nickell*, Victorian Order of Nurses, Calgary; *Mrs. Carole Graburn*, assistant nursing supervisor, Waskana Hospital, Sask.; *Mrs. B. A. Lindsay*, head nurse, Morden District Hospital; *Mrs. Evelyn Rourke*, assistant director of nursing, Provincial Geriatric Centre at Melfort, Sask.; *Miss Bernadene Liebrecht*, Swan River Valley Hospital; *Mrs. Pearl Cooper*, Provincial Geriatric Centre at Swift Current; *William Broadhead*, nursing instructor, Manitoba Sanatorium; *Mrs. Lillian Bjornsson* and *Miss Olive Stewart*, Manitoba Rehabilitation Hospital.

A total of 104 nurses have completed this course since it was established in October, 1963.

Frank Boothroyd Re-elected Chairman

Frank Boothroyd was re-elected chairman of the Sanatorium Board of Manitoba, and R. L. Bailey was named vice-chairman, at the annual meeting of the Board on April 26.

Keith Campbell and D. S. McGiverin (both of Winnipeg) were welcomed as new members to the Board. Others (re-elected) are J. F. Baldner, R. H. G. Bonnycastle, Dr. T. W. Fyles, G. W. Fyfe, H. L McKay, S. Price Rattray, H. T. Spohn, E. P. Stephenson, E. B. Pitblado, Q.C., all of Winnipeg; W. B. Chapman, The Pas; Ed Dow, Boissevain; J. B. Craig, S. A. Magnacca, W. A. Paton, F. O. Meighen, Q.C., Brandon; and R. J. Robinson, Dauphin.

Board members named by the provincial Minister of Health are John Gardner, Dauphin, and Dr. John A. MacDonell, J. G. McFee and Dr. E. Snell, Winnipeg.

Surveys For 20 Municipalities

As part of this year's Christmas Seal program to combat tuberculosis and other respiratory diseases, the Sanatorium Board's mobile units will move into 20 Manitoba municipalities or districts this summer and fall to offer free chest x-rays to all adult residents.

In 13 of the municipalities, blood glucose tests for diabetes will be provided along with the chest examinations.

The diabetes tests — which have received the full approval of both the Manitoba Medical Association and the Canadian Diabetic Association — will be administered by the Sanatorium Board. The Metabolic Laboratory of the University of Manitoba, under the direction of Dr. John Moorhouse and Dr. Barry Kaufman, will analyse the samples; and health units and private physicians will take charge of the follow-up of positive findings.

Municipalities which will receive the combined x-ray and diabetes surveys are: Montcolm, Rhineland and Stanley in July; Pembina and Louise in August; Roblin, Morton, Lorne, South Norfolk and Grey in September; Tache, LGD Pinawa and Transcona in October.

Districts to be chest x-ray surveyed only are LGD Fisher in July; LGD Grahamdale, RM Coldwell and St. Laurent in August; and RM Lakeview, LGD Alonsa and RM Lawrence in September.

28,000 Get Free Tests

Close to 28,000 people in Manitoba received free tuberculin tests or chest x-rays in community or industrial surveys conducted by the Sanatorium Board during the first four months of this year.

The surveys, which are supported largely by Christmas Seal funds, have included high school students, teacher and school board employees in 104 schools in 11 municipalities; about a dozen Winnipeg industries, including the T. Eaton Company where 3,385 employees were x-rayed and 3,081 were tested for diabetes; food handlers in East and West Kildonan; and residents in various parts of northern Manitoba.

One of the big upcoming surveys is the screening of employees and welfare recipients at Winnipeg's Civic Centre, May 15 to 24.

BULLETIN BOARD

Dr. E. L. Ross, former medical director of the Sanatorium Board and a member of our medical staff for 42 years until his retirement last July, was made an Honorary Life Member of the Board on April 26.

* * *

Edward Dubinski, who this month [illegible] up to the post of assistant executive director of the Sanatorium Board, attended the anual meeting of the Upper Midwest Hospital Conference in Minneapolis, May 6 to 10. Mr. Dubinski is a past president of the Conference.

* * *

Dr. R. H. McFarlane succeeds Dr. Peter Porritt as president of the Medical Staff of the Manitoba Rehabilitation Hospital. Other members elected at an annual meeting last month, are: Dr. R. R. P. Hayter, vice-president; Dr. R. K. Hay, chairman of the Admission and Discharge Committee; Dr. J. B. Frain, chairman of the Credentials Committee: Dr. B. J. S. Grogono, secretary; Dr. D. A. Kernahan, chairman of the Medical Standards Committee.

* * *

Among those who have toured the Manitoba Rehabilitation Hospital recently were representatives of the Vancouver General Hospital and the Rehabilitation Insitute of Kansas City. Both organizations have plans to extend physical medicine facilities in their respective cities and had one-day consultations with the Executive Director of the Sanatorium Board and members of the senior staff with respect to rehabilitation and extended treatment.

Mrs. Vivian Shepherd and Dr. E. J. Novak, executive director and medical director respectively of the Kansas City Rehabilitation Institute paid us a visit on May 3. On May 8 we welcomed M. M. Walker, director, Planning and Building Projects, Vancouver General Hospital, E. R. Carpenter, director, Plant Maintenance and Operation, and architects D. Erb and L. A. Humphrey.

* * *

Recent additions to the Manitoba Rehabilitation Hospital staff include Reinhart Daher, research (mechanical) engineer in the Prosthetics and Orthotics Research and Development Unit; Miss Linda-Lou Gillespie, Miss Rachel Susan Hoskyns and Miss Carol Anne Fee, occupational therapists; Mrs. Sylvia Joyce Tumak, general staff nurse; and Miss Rhona Watt, student-assistant in the Department of Communication Disorders.