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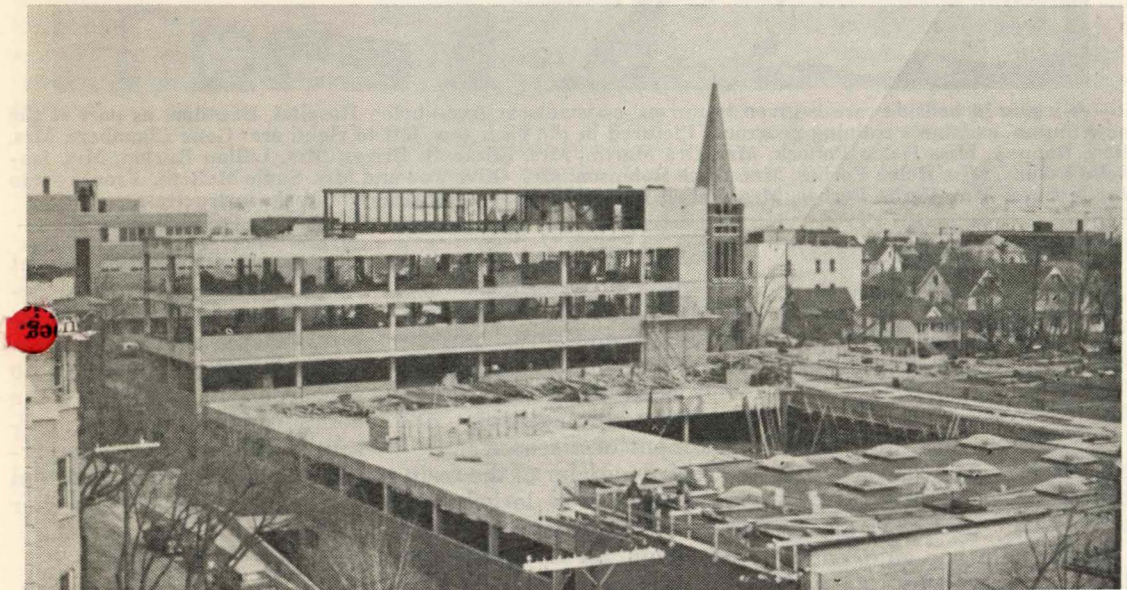

'NATP' Formally Established In Three SBM Institutions

A significant step toward improving nursing care to Sanatorium Board patients was made recently with the formal establishment of a 12-week training program for nurses' assistants. The new program is the first of its kind in Manitoba and will be offered to nurses' assistants at the Board's three major institutions.

Thirteen nurses' assistants and one nursing orderly have already registered for the course at Assiniboine Hospital, Brandon, and the first class was held on March 14. Manitoba Sanatorium will begin the program sometime during the next two weeks, and Clearwater Lake Hos-

4. Nurses' assistants can achieve higher skill in giving good nursing care if they receive the necessary training.

Admission

To be eligible for admission, applicants must be between the ages of 18 and 50, and have a minimum Grade VIII standing. Among other things, they must also have an interest in and liking for people, and be in good health.

—Photo by Per Holting

This photograph of the Manitoba Rehabilitation Hospital, taken from the roof of the Nurses' Residence on McDermot and Olivia streets, shows the progress on the construction site as of April 7. The brickwork on the west and south ends of the building (i.e. the gymnasium and the therapy area in the foreground) has been completed. Towering in the background are the four floors of the new TB wing; to the left are the ramps leading to the basement parking lot. (See story on the administrator's part in building a hospital, page 3.)

TB Decline Slow, Says Director
...ust Tighten up Control Program

...ite remarkable pro- ...n prevention, tubercu- ... still presents the most important communicable disease problem in Manitoba today.

This fact is revealed in the annual report of Dr. E. L. Ross, medical director of the Sanatorium Board, who cites that in 1960, 284 new active cases of tuberculosis were discovered among the Manitoba population.

This number shows no decrease from the year 1959, which saw a substantial drop (22%) in the number of new cases reported, Dr. Ross says. And it indicates that there is still a considerable amount of TB infection in the province.

Twenty-five percent of the new cases were people over ...ge of 50. Somewhat sur- ...ng is that 27 (or nine percent) of the new cases were under 10 years of age—this despite the fact that the infection rate for this age group is so low (1.54%).

A further breakdown of these figures shows:

1. Fewer new cases had reached a far-advanced stage when discovered — i.e. 18% in 1960 as compared with 25% in 1959.

2. Of the 147 municipalities and unorganized territories in Manitoba, 78 did not have a single new case. Forty-two others had only one each.

3. The TB death rate and new case rate is slightly higher in the city of Winnipeg than in the rest of the province. An average of 109 Winnipeg residents were admitted to sanatoria during the year.

Deaths

The death rate from tuberculosis in Manitoba continues to decline, having reached in 1960 a new low of 4.1 per 100,000 population. This reduction in mortality is much more impressive than the reduction in morbidity, Dr. Ross points out, and has been mainly responsible for allaying fear of this disease in the minds of the public.

Among the 38 who died from TB, only two were under the age of 30, and seven were under 40. Nearly one-third were 70 years of age or over. Twice as many males as females died.

It is also interesting to note that 10 of the TB deaths were in general hospitals, usually following illnesses of short term duration. They were not recognized as tuberculosis until an autopsy had been performed.

The decline in TB mortality and morbidity among the Indians and Eskimos is remarkable, according to Dr. Ross, and demonstrates what can be accomplished by organized, determined effort and co-operation between a voluntary agency and a governmental department.

Twenty years ago, 166 Manitoba Indians died of TB. Last year only six deaths were reported.

In 1940 this two percent of our population produced 45% of the TB deaths in the province. At the end of last year, only 189 Indians and Eskimos were on treatment for TB in our hospitals.

Treatment Days

For both Indians and whites the bed occupancy

(Continued on page 2)

follow shortly afterward.

Purpose

The need for a nurses' assistants' training program has long been felt by the Sanatorium Board nursing departments, according to Miss Bente Hejlsted, director of nursing services, who is responsible for setting up the course. There are four main reasons for its establishment:

1. Patients in Sanatorium Board institutions must receive nursing care of the highest possible quality.

2. Professional nurses in our hospitals need more assistance in caring for patients.

3. Nurses' assistants should be helped to function at the highest level of which they are capable, and should be encouraged in personal growth.

...quirement for employment on the Sanatorium Board's nurses' assistant staff, all nurses' assistants will be given the opportunity to take the course.

The Course

Before beginning the 12-week course, each new nurses' assistant receives a week's orientation. After successfully completing the training program she will receive further in-service education to ensure continuing improvement of nursing care to patients, and to encourage her to gain additional knowledge, skills and understanding.

The training program itself includes a minimum of 30 hours of classroom instruction. These come under the following headings:

(Continued on page 2)

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News Bulletin
The SANATORIUM BOARD OF MANITOBA

Profiles

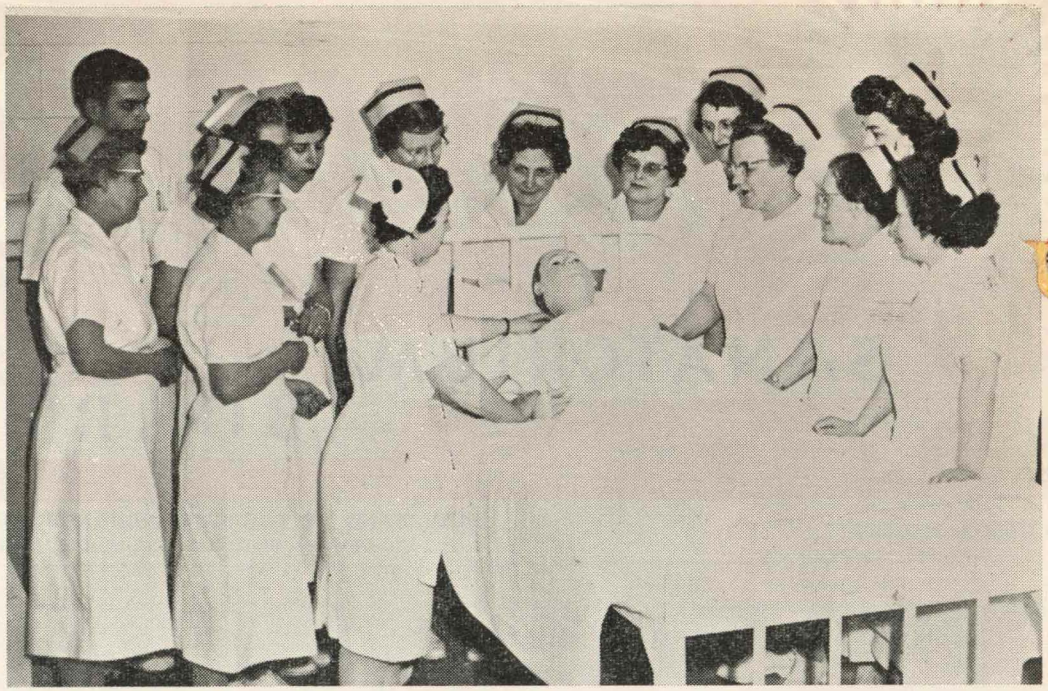
BENTE HEJLSTED

In setting up the new training program for nurses' assistants, tall, Danish-born Bente Hejlsted, director of nursing services, spent many months of research to come up with a course to her liking. The result of her hard work is an intensive, 12-week training program which, Miss Hejlsted modestly hopes, will provide improved nursing care for all Sanatorium Board patients. In a way, however, the program is also an embodiment of Miss Hejlsted's own cherished ideas on what all nurses should know — and be.

"Nurses' assistants should be helped to function at the highest possible level of which they are capable, and should be encouraged in personal growth," she states in her preamble. "They must know the 'why' as well as the 'how' in carrying out procedures. They must be helped to develop mature knowledge and understanding."

From reading the 10-page outline of the course, it is apparent that she sees each nurse (assistant or otherwise) as a teacher, helper and friend — as a privileged person who gives good basic nursing with patience, tenderness and understanding. For example, in evaluating the nurses' assistant's ability to give nursing care to the patients, she gives 10 points alone for her attitude towards them. For performance, she gives five.

Miss Hejlsted has been nursing for 14 years. The daughter of bank manager Eugen Hejlsted of Rungsted Kyst, Denmark, she grew up in Denmark during the turbulent Nazi occupation. She became interested in nursing as a young student in England after the war and, upon her return to Denmark, enrolled in the school of nursing at Copenhagen's Municipal Hospitals. Following graduation in 1951, she spent



A lesson in bedside care is given to nurses' assistants at Assiniboine Hospital, Brandon, as part of the new nurses' assistants training program. Pictured in the back row, left to right, are: Gene Chambers, Mrs. Rose Ramsay, Miss Helen Pollock, Mrs. Ora Martin, Mrs. Elizabeth Briggs, Mrs. Lillian Burton, Mrs. Isabelle Robins, Miss Helen Forbes, Mrs. Alice Robinson, Mrs. Olive Tod and Mrs. Sadie McBeth. Front row to the left are: Mrs. Verlie Forbes, Mrs. Isabell Howell and Mrs. Marjorie Klimczak, instructress.

NATP ESTABLISHED

(Continued from page 1)

1. To help the nurses' assistant develop the skills necessary for patient care and safety.

2. To help the nurses' assistant develop a co-operative attitude towards the patients and staff.

3. To help her gain knowledge of the "why" as well

Besides learning the various procedures, students will receive instruction in elementary anatomy, physiology, and microbiology, as well as in nutrition, etiology (causes of disease), and treatment of diseases.

The remainder of the training program is largely devoted to practical work on the wards. As far as possible, each nurses' assistant will be

tion ceremony will be held at each institution. With representatives of the various hospital departments looking on, each nurses' assistant who succeeds in passing the course will be formally presented with a handsome certificate, and a blue and red crest for the sleeve of her uniform.

position on the nursing staff at Manitoba Sanatorium. Later, after a year's post-graduate study at the University of Manitoba, she was appointed superintendent of nurses at Clearwater Lake Hospital, The Pas, a position she held until January, 1959, when she became the Sanatorium Board's first director of nursing services, with executive responsibility for this department.

As director of nursing services, Miss Hejlsted works tirelessly to improve the standard of nursing care for the patients. Besides making almost monthly visits to each institution, she prepares innumerable records and reports, maintains a voluminous correspondence with Canadian, British and other overseas nurses, attends many informal conferences with other members of the staff, reads prodigiously, spends a lot of time on what she calls "problem-solving", and somehow in between it all, manages to attend national and provincial nursing conventions. One of her biggest jobs since she took over her position has been to help plan the nursing service areas of the Manitoba Rehabilitation Hospital.

The greatest virtue of her administration is her willingness (indeed, her insistence) that all members of her nursing staff work together on each new project. When drawing up NATP, for example, registered nurses in each institution, worked with the director in revising the procedure books and outlining the lectures.

Miss Hejlsted has a keen interest in the professional aspects of nursing and during the past year or so has served as a member of the Board of Directors of the Manitoba Association of Registered Nurses, as a member of its Nursing Service Committee and as chairman of the Employment Relations Committee. She is also a member of the United Nations Association of Canada and finds time to act as a counsellor for the Rotary Club's Model United Nations Assembly held each year in Winnipeg.

Her other main interests are travel (favorite country is Italy), photography (mostly color), and classical music and art (sculpture as well as painting). She reads as much as she can of a wide assortment of world literature, likes to cook and, true to her Danish background, loves to celebrate all sorts of "special events" at the drop of a hat.

Her one great ambition is to return to her post-graduate studies at the university and then, perhaps, to nurse in other parts of the world.

procedures.

4. To help her in her individual development toward mature knowledge and understanding.

DECLINE IN TB SLOW

(Continued from page 1)

and treatment days have continued to decrease, the latter by 23.3% in 1960. On December 31, 1959, 614 tuberculous patients were in hospital. On the same date in 1960 the number had dropped to 484.

One-third of the patients admitted to hospital were readmissions, and 34% of these had far advanced disease. Not all of them, however, were actual relapses.

The Job Ahead

In summing up the TB situation in Manitoba, Dr. Ross urged an even bolder preventive program during the next few years. "Progress against tuberculosis has been remarkable, especially during the last 15 years," he said. "But we still have with us a hard core of residual infection which will require some years to eradicate.

"An all-out effort to bring tuberculosis under control was never more timely — indeed, there is an urgency because the advantages of today may not last for long.

"The momentum of a decade of progress must be more than merely sustained."

during the training program period. During this time the head nurse will evaluate her work every four weeks.

Evaluation

To pass the course, each student must attain at least 60 marks. The evaluation is based on: Classroom attendance, 5% (if the nurses' assistant misses more than three hours of instruction, she must repeat the program); examination, 25%; classroom supervision, 35% (personal neatness, attitude and interest, performance, etc.); ward supervision, 35%.

It will be noted that 70% of the evaluation is based on practical work. The purpose of this, says Miss Hejlsted, is to ensure that nurses' assistants can give good nursing care to patients.

Teaching Staff

The classroom instruction is given by the superintendent of nurses, the day supervisor and/or nursing instructor, the medical staff and the directors of nursing and dietary services.

Procedure and evaluation cards are kept for each student. During the training program, four half-hour periods will be set aside to enable the nurses' assistant to discuss their problems with the teachers.

Graduation

At the conclusion of the training program, a gradua-

Approximately $17,000 income tax is paid annually by 112 Indians and Eskimos who have received assistance through the Sanatorium Board's rehabilitation program since 1957, according to Edward Locke, supervisor of Indian Rehabilitation Services.

In his annual report Mr. Locke said that the average schooling of these young men and women on acceptance to the program was not above Grade 5. Their previous work experience for the most part had been confined to seasonal, short-term, unskilled labor.

Through the Sanatorium Board's Indian rehabilitation department, they have now been helped to up-grade their education, learn new skills and find full-time employment compatible with their physical capacities.

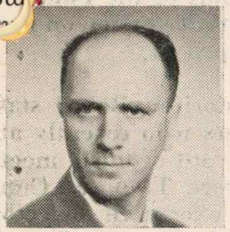
What's important is that in five years these rehabilitants will have repaid in income tax alone the average cost of $1,000 each for the help they have received.

A total of 33 men and women were placed in full-time employment through this program last year. Eighty-nine more received academic, social or vocational training.

The Building of a New Hospital - - The Part of the Administrator

By A.H. ATKINS
Hospital Manager, Manitoba Rehabilitation Hospital

What are the problems which arise when the contractor takes over the building site and work begins on a new hospital? What part does the administrator play in their solution? Because I believe that a little background information on this subject may prove of general interest, and because I can do so with safety, in the knowledge that I joined the Sanatorium Board when all the hard work on our current project had been accomplished, I propose in this article to draw upon my experience in another scheme with which I was associated.



A. H. Atkins

Problems presuppose an ideal, and before considering the effects of the problems on the administration, it would be well to clear one's mind on the ideal. This would be for a building for which a functionally perfect plan had been prepared; which would be erected entirely according to that plan, within the estimated cost and the time allowed for it.

The problems with which we are faced are those which frustrate the achievement of the ideal. They are problems of the imperfect plans, and of the people who wish to improve them with a consequent alteration to the time and cost factors.

Who are these persons? Sometimes they will be part of the construction team — the architect, the structural engineer or mechanical ser-

preciation. In this process he should know at any stage of the building scheme how close the cost-to-date is to the estimated figure, and he should have detailed approval for all variations, with their cost.

In my view, one man and not a committee — or worse, several committees — will best act as co-ordinator and client to the architect. Further, the administrator is the person best suited to the task, for not only will it be his responsibility to devise a procedure which will provide adequate control of the building scheme, but also to see

for a variation which has not been authorized.

The second requirement is to make sure that the architect's authority to issue variation orders is precisely defined. I should mention at this stage that only the architect should have authority to issue notices of change, and that only the client (that is, the Board through the administrator), should have the authority to instruct him to do so.

The latter will normally be well aware of such proposed changes from the outset, but only when the ultimate cost of a variation is known can a decision be made. Small variations, which arise in the progress of work and are due to discrepancies in plans, etc., will probably be passed without detailed consideration. Other proposals involving policy and expense will need careful assessment.

At this stage the administrator can often do much by reasoned criticism to make the originator of the proposal think again about the ultimate value of his suggestion. In the same way he can do a great deal at a much earlier stage to see that only variations which appear essential receive considera-

staff. Inevitably the department whose plans are being finalized will be anxious to make sure that they provide for every contingency.

However, it is dangerous to tailor a building or its fittings too closely to current ideas or personal idiosyncrasies. The building will last a long time; ideas current today may be outdated five years hence. The administrator must balance unknown future requirements against present demands, using "informed guesswork" as best he can. The simplest answer is often the best course.

It might be felt that this article indicates a procedure which allows variations rather than prevents them. But if it is allowed that a hospital is one of the most complicated buildings in existence, it must follow that mistakes will have occurred in planning, and will have to be put right. Given this premise it follows that a procedure that allows and controls changes is essential. At the same time, it is certain that a hospital, for which planning begins from two to four years before it receives its first patient, will be to some extent out of date before it opens. This emphasizes the need to

bounds. Quantities and varieties of furniture must be worked out, and this information will eventually form the comprehensive schedules of furniture and equipment needed in the entire building.

This task is often complicated by the need to transfer a proportion of the requirements from existing wards and departments. In carrying out this work, reference will be made to existing ward inventories. Then, from meetings between the administrative and nursing staffs, a detailed schedule of requirements for the new wards and departments can be built. Similar procedures will be followed with the medical staff — for instance, for surgical instruments — until finally it is possible to estimate the cost of all requirements. Then comparison can be made with the original provisional estimates.

Status

Throughout this article I have used the word "administrator" to mean the most senior administrative officer of the hospital authority. In a large building project he must provide initiative and drive, as well as co-ordination and control, and the pro-

will be the owner, that composite body which has worked upon the plan — the administrator, the medical staff, the nursing staff, other professional and technical staff, and even Board or committee members. They all act from the best of motives: to improve appearance and efficiency, to incorporate the latest developments, and to correct errors.

Briefly, the errors may be classified under two main headings:

1. Those which result in "second thoughts", and usually arise from failure at the planning stage to forsee the implications of, or to work out fully, the effect of decisions made (or not made).

2. Those arising from genuine error, or from failure on the part of the architect or client to clearly record decisions made, or sometimes from a major change in circumstances since the plan was prepared.

It is the task of the administrator to see that there is a procedure which will minimize change of mind at the building stage, yet control genuine variations to the contract. It is his responsibility to see that this procedure works smoothly, that all problems are brought into the open, that there is a full appreciation of changes in cost and time factors, and that a considered decision has been reached in this ap-

is followed.

His scheme must be constructive, not destructive, and must ultimately be of benefit to the professional advisors and contractors, to the staff and, later, to the patients.

To achieve this end is far from easy, for it frequently involves saying "no" to the colleagues who want a new development for their department. But the fewer variations there are, the easier is the task of the architect, the contractor and other advisors.

It may be necessary to observe to those who press for changes that there are targets of cost and time involved; that it is not necessarily true that alterations at building time are always less expensive than the same alterations carried out later. Not only must the cost of materials and labor be borne in mind, but also the contractors' profits, professional fees and the costly dislocation of the contractor's carefully planned program.

Variation Procedure

What sort of procedure can be used to effect the type of control I have mentioned? The first requirement is to see that provision is made for effective enforcement of such arrangements as exist for the authorization of variations. "Effective" means that no charge can be made

authority that a scheme is a waste of time to consider will save hours of fruitless work by people who can least afford the time.

The decision to approve, or not approve, a reasonable alteration involving considerable expenditure will, however, be made at higher level. For this purpose there will probably be a building sub-committee consisting of a few Board members, each specially selected for his experience in the field, and to whom full authority for the project has been delegated by the Board. This sub-committee will be attended by senior staff members and professional advisors.

As building proceeds, site conferences involving the administrator and building team are essential. Yet closer liaison between the parties at a higher level will be necessary, and will be achieved by periodic conferences, to ensure that at no stage is the hospital holding up the progress of the work by lack of information or decision.

I have been emphasizing the relationship between the administrator and the erection consultants. Another problem which may be faced is when the one-eighth general drawings have to be converted into the half-inch detailed working drawings, which necessarily are of great concern to the medical, nursing and other interested

meet current problems.

Furniture and Fittings

The provision of furniture and fittings is another problem with which the administrator is faced while the hospital is being built. Those which are built-in are, of course, included in the contract, and it is the administrator's job to ensure that the fittings envisaged by the architect will meet the hospital's requirements while staying within the cost allowed. This requirement applies equally to items not included in the contract.

In this field a close liaison between the administrator, the architect and the people who will use the fittings is the only possible solution. It is sometimes only apparent just what a problem fittings can be when another problem is faced: color schemes. The provinces of color schemes and interior furnishings may be treated as one, and one person made responsible for the choice of color throughout the building. Whoever undertakes the task will point out that only by careful study of the size, shape, construction and finish of built-in fixtures and fittings can the task be satisfactorily accomplished.

As each item is cleared with the staff who will use it, a running total of costs will be maintained to make certain that they are within

time.

If the procedure outlined is to function successfully I believe that the administrator himself must be the person who is most closely identified in everyone's mind with the new building. This does not mean that he will not delegate a great deal of detail of the work. But it must be to the administrator that the architect and other members of the building team turn for direction.

The status of the officer who represents the client at all meetings and discussions is very important. He must have authority and be respected. Upon this depends whether the procedure outlined either works or merely has lip service paid to it. The correct solution would seem to be to provide senior assistance to leave the administrator more time to devote to the building scheme.

The ideal has been outlined, some of the problems which arise to prevent its achievement have been suggested, as well as some possible ways of meeting the problems. One over-riding requirement would be of inestimable value to the administrator in seeking his Board's ideal — no change in medical knowledge, technique or equipment during the building period! But then even he would not want that to come to pass.

This 'n' That

Pert Mitzi Newmark, craft instructress at Manitoba Sanatorium, recently returned to Ninette greatly excited over the outcome of her handicraft showing at the Manitoba Educational Association's Convention in Winnipeg.

"It was an unqualified success," she gleefully announced. "We were swamped with visitors. It was one of the best exhibits we've ever had!"

The 10-foot display counter, artistically set up by Alex Roh of the Surveys Department, showed a handsome array of Eskimo soapstone carvings, Indian beadwork, leather work and numerous other articles made by TB patients at the sanatorium.

A few photographs at the base of the counter told the story of the Sanatorium Board's rehabilitation services. To the right, a separate placard and display, made by a former patient, Ross Wood, pointed out the importance of TB surveys. And to the left, an eye-catching series of pictures showed Eskimo sculptors at work. The photos were taken by Free Press Photographer Bill Rose and featured the sanatorium's most adept chis-

Miss Mitzi Newmark, craft instructress at Manitoba Sanatorium, Ninette, proudly displays patients' handicrafts at the Manitoba Educational Association's convention in Winnipeg, April 4 to 6. The exhibit, according to Miss Newmark, was one of the most successful in the sanatorium's history.

(Photo by J. J. Zayshley)

responding to our TB Christmas Seal Letter.

"Perhaps you mislaid the envelope.

"Perhaps you thought it too late.

"Perhaps you just plain forgot!

"No matter what . . . we still hope that you will contribute to our 1960 Christmas Seal Campaign."

What the department did not expect, however, was

dents from Manitoba, Saskatchewan, Alberta and several northern States, who took part in the Model United Nations Assembly at Grant Park High School on April 7 and 8.

MUNA, as it is commonly known, is a youth project organized some five years ago by the Winnipeg Rotary Club. By attempting once a year to reproduce the U.N., the club hopes to instill in

but we felt a little disappointed that we missed the morning's debate.

We were particularly miffed that we hadn't been there to see the whole Soviet Bloc stomp out of the hall when Nationalist China rose to speak.

But, on the whole, it was a rather thrilling experience to see so many young boys and girls wrapped up in world

Bulletin Board

The Sanatorium Board of Manitoba will hold its annual meeting in the [illegible] per rooms of the Pa[illegible] Restaurant at noon on [illegible] day, April 21.

* * *

Sanatorium Board staff members who recently attended out-of-town meetings were T. A. J. Cunnings, executive director of the Sanatorium Board, who attended a meeting of provincial TB secretaries in Ottawa, March 17 and 18, and Miss Nan Tupper Chapman, director of dietary services, who was in Toronto last month for the Canadian Restaurant Association Convention.

* * *

Among the recent visitors to Winnipeg was Professor Thomas Anderson, distinguished professor of infectious diseases, [illegible] versity of Glasgow, [illegible] was guest speaker at a meeting of the Winnipeg Medical Society on March 23. Professor Anderson's visit to Winnipeg was part of the annual lectureship series offered by the Canadian Tuberculosis Association as a means of acquain-

sie, Georgie, Kirkliak and Koochasuk, all of the Canadian North.

The handiwork (and pictures) attracted numerous teachers to the booth, and by the end of the convention, Mitzi had sold over half of her items to the enthusiastic crowd.

The favorites — the soapstone carvings, the beadwork, moccasins and mukluks — were gobbled up almost immediately.

"We've no intention of establishing an industry out of our occupational therapy department," said Miss Newmark, happily stuffing the green bills into her purse. "But it's a good source of pocket money for our patients, and it keeps them well supplied with materials for their work."

"It's also a wonderful boost for their morale," she said. "I've got 160 orders for more articles . . . and a promise from some teachers to come and see our occupational therapy department for themselves."

* * *

That's Life!

Our Christmas Seal Department thought they had something exceptionally brief (and clever) this year with this follow-up letter for contributions to the TB crusade:

"We Missed You!" the little missive brightly began. "We have great hopes of your would find their way back to the office — each with little retorts penned in by the contributor.

The most delightful of these was sent in by a rural householder who wrote:

"At long last here is a small contribution.

"Didn't mislay the envelope.

"Didn't think it was too late.

"Didn't forget.

"Didn't have the money until the cows started to milk."

* * *

Meanwhile, at the U.N.

One sunny afternoon a couple of weeks ago, the tall, lean delegate for the newly created Togolese Republic stood up to address the General Assembly:

"An embargo, by its very nature, is a hindrance and a roadblock to world peace," he said — in his best, dignified tone. "If the United Nations were to put an embargo on Cuba's products, her economy would collapse. No longer would she be capable of supporting herself. The closing down of her sugar factories would put thousands out of work . . . .

"We feel that an embargo is not the answer, and we urge members of the Assembly to defeat the resolution."

The delegate, who had the unlikely name of McFarlane, was one of 188 Grade 12 stu- these bright, young students an understanding and acceptance of the responsibility of each citizen for the success of the world organization.

We made a quick trip over to Grant Park School one lunch hour to watch some of the proceedings at MUNA, and while we were there we chanced to meet the counsellor for Jordan, munching on a bit of chocolate.

"You should have been here this morning," she hailed us. "It was wonderful!"

"In what way?" we politely inquired.

"Well," she said, taking a good, healthy bite, "we were discussing whether or not Dag Hammarskjold should be replaced by a three-man secretariat. And the ability of the students to enter into the thinking of the country they represented was truly marvellous to see.

"It was especially interesting to see how the smaller nations backed up the secretary-general."

"Was Jordan for or against our man Hammarskjold?" we asked.

"Oh, Jordon, being a smaller country, was all for keeping him on," she said. "Like the other small nations we felt that the purpose and function of the secretary-general would be defeated if he were replaced by a triumvirate."

We stayed around for a while to listen to some of the speeches in the bloc meetings, school we couldn't help but think of the parting words of the counsellor for Jordan.

"I only wish," she said, "that adults knew half as much about the U.N. as these near-children."

* * *

TB and Bright People

When Robert Koch discovered the tubercle bacillus, he estimated that this tiny, rod-like germ had been the cause of death of one-seventh of the people who had lived up until that time. Among the millions of people who succumbed to the disease were many brilliant people—like Jane Austen, Frederic Chopin, Ralph Waldo Emerson, John Keats, the Bronte sisters and their brother, Branwell, and Canada's own Lord Durham.

Nowadays, as the disease continues to decline, a lot of people never even encounter the TB germ. While most of us think this is a pretty good thing, one British scientist seems to be rather disillusioned by the whole situation.

This man has made a hobby of studying the medical histories of geniuses, and he says that nine out of 10 have been the victim of severe illness.

And, since TB has been particularly prevalent among them, he predicts that the control of the disease contributes to the decline in the number of geniuses!

with the latest developments in the field of tuberculosis and related respiratory diseases.

* * *

Several patients at Manitoba Sanatorium were among the prize winners at the art competition held at the Indian and Metis Conference in Winnipeg. They were Mrs. L. Bushie and Mrs. A. Owens, who won first and second prizes respectively for Indian beadwork; and Mr. Georgie and Mr. Donat Kirkliak who copped the first and second prize respectively for their soapstone sculpture. Mrs. T. Merasty won honorable mention.

* * *

Among the recent additions to the Sanatorium Board staff were: Miss Margaret Healy and Melvin Dickinson, general staff nurses at Manitoba Sanatorium; and Mrs. Malcolm T. McGregor, general staff nurse, Assiniboine Hospital.

Robert George Wilson has been appointed junior accountancy clerk and Miss Marian Keilback, IBM key punch operator, at the Sanatorium Board head offices. New members of the Central Tuberculosis Registry staff are Miss Rosalyn Chaykowski and Miss Lola Davis, clerk stenographers.