The Sanatorium Board of Manitoba News Bulletin

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Survey in Brandon Opens All-Out Fight Against TB

The Sanatorium Board's 1963 community skin testing and x-ray program will open on April 22 with a full-scale survey of the City of Brandon, Dr. E. L. Ross, medical director of the Board, announces.

Brandon, which reported seven new active cases of tuberculosis in 1962, is one of 23 Manitoba districts or municipalities to receive these free surveys between April and early November. All have a higher than average incidence of tuberculosis infection and disease.

In order to get full participation, the tests will be offered to residents from April 22 to the end of May.

The Board's primary objective in the 1962 preventive program, says Dr. Ross, is to reduce as much as possible the 18 percent of the population who do not attend the surveys. Past records have

A.C.T. PRESENTS CHEQUE — J. N. Connacher, left, vice-chairman of the Sanatorium Board of Manitoba, accepts a cheque for $20,000 from M. R. Gunness, past president of the Associated Canadian Travellers, Brandon Club, at the club's annual Presidents' Dinner and Ball on February 8. The money is part of an $85,000 pledge to help pay for the cost of constructing the Physiotherapy and Occupational Therapy Unit at Assiniboine Hospital. (Photo courtesy of The Brandon Sun.)

A.C.T. Donates $20,000 to Assiniboine

A cheque for $20,000 — to be used towards an $85,000 pledge to help cover the cost of the Physiotherapy and Occupational Therapy Unit at Assiniboine Hospital — was donated to the Sanatorium Board of Manitoba this month by the Associated Canadian Travellers, Brandon Club.

The money was presented by Past A.C.T. President M. R. Gunness at the club's annual Presidents' Dinner and Ball held February 8 at the Prince Edward Hotel in Brandon.

The cheque is the club's fifth donation to the Unit Building Fund, and represents the largest individual contribution even given to the Sanatorium Board by the Associated Canadian Travellers.

Only $6,000 now remains before the $85,000 pledge is fulfilled.

Accepting the cheque on the Board's behalf, J. N. Connacher, vice-chairman of the Board and chairman of Assiniboine Hospital Committee, thanked the club for their outstanding assistance in expanding the Sanatorium Board's health services for the people of Western Manitoba.

He noted that as soon as the present pledge is fulfilled, the Brandon A.C.T. will undertake a new $35,000 pledge to purchase x-ray equipment for Assiniboine Hospital.

Mr. Connacher also extended the Sanatorium Board's thanks to the Ladies' Auxiliary to the Brandon A.C.T. for their splendid contributions to the hospital, and to Radio Station CKX in Brandon who for many years have supported the work of the A.C.T. by offering free radio time for the club's fund-raising "Search for Talent" contests.

Other speakers at the event were the Brandon Mayor S. E. Magnacca, Dr. E. L. Ross, medical director of the Sanatorium Board, and T.A.J. Cunnings, executive director of the Board.

Ernest Forsythe, new president of the A.C.T., was chairman.

TB in Manitoba

A total of 281 new active cases of tuberculosis were uncovered in Manitoba during 1962, Dr. E. L. Ross, medical director of the Sanatorium Board of Manitoba, announces.

This number represents an 8.3% increase over 1961 when 235 new active cases were reported.

During the past year, there were 54 re-activated cases of tuberculosis and 32 deaths. (These figures are about the same as those reported in 1961.)

A break-down of the statistics shows that new active cases among Indians in the province rose from 56 in 1961 to 85 in 1962, and in all other groups (excluding Eskimos) from 179 in 1961 to 196 in 1962.

financed largely by the annual Christmas Seal sale — are:

Municipalities — Blanchard, Brokenhead, Dauphin (town and municipality), Ethelbert, Gilbert Plains, Grandview, Hamiota, Lac du Bonnet, Miniota, Mossey River, Ochre River, St. Andrews, St. Clements, Saskatchewan, Shoal Lake, Springfield, Strathclair and Whitemouth.

Districts — L.G.D. Armstrong, L.G.D. Alexander, Crawford Park Consul and the Town of Selkirk.

The survey in Brandon is the first large "repeat survey" to be conducted by the Sanatorium Board since tuberculin skin tests were incorporated in the comunity tuberculosis preventive program in 1958.

group who harbor the hidden nests of infection.

By increasing the length of each survey, he says, the Sanatorium Board will have a better opportunity to do an intensive follow-up of all those who have not been examined.

All the doctors in each area will also be notified of the survey, and will be asked to encourage their patients to participate in the free tests.

Hundreds of volunteers from each community will assist the testing teams by acting as house-to-house canvassers, and as registrars at the testing sites. Assisting in the Brandon survey are a number of local service clubs under the chairmanship of George Smallwood, of the Associated Canadian Travellers.

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The News Bulletin
SANATORIUM BOARD OF MANITOBA

Grade IX Students and Contacts in Dauphin May Receive B.C.G. Vaccine, says Director

Tentative plans for a B.C.G. vaccination program in the Dauphin area are being made by the Sanatorium Board of Manitoba in co-operation with the Dauphin Health unit and the district doctors.

The vaccine, which gives a useful measure of protection against tuberculosis, would be offered sometime this year to all Grade 9 students in the Dauphin Health Unit area and to all tuberculosis contacts who are negative to the tuberculin skin test.

These proposed vaccinations are part of an over-all plan by the Sanatorium Board to extend tuberculosis-free areas in the province by providing a comprehensive tuberculosis preventive program in those areas in Manitoba which have a higher than average incidence of infection and disease, according to Dr. E. L. Ross, medical director of the Sanatorium Board.

During 1962, he said, there were 71 municipalities in which no new active case of tuberculosis was found.

In the Dauphin area, on the other hand, 11 new active cases were uncovered in 1962, as well as six reactivated cases.

It is expected that the vaccination program will be offered sometime after this survey.

No Guarantee

B.C.G. does not offer lifetime protection against tuberculosis — and, unlike the vaccine against smallpox, B.C.G. does not give absolute immunity.

But it is the only substance which has as yet been known to produce a measure of immunity or increased resistance to tuberculosis.

B.C.G. — which stands for Bacillus - Calmette - Guerin — was first produced in 1921 at the Pasteur Institute in Paris. It is named after its inventors: Dr. Albert Calmette, a biologist who died in 1933, and Dr. Camille Guerin, a veterinarian who died in Paris about two years ago.

The vaccine is made from a strain of living tubercle bacilli of the bovine type, which is so weakened that it will not

success on a mass scale in those countries with a high incidence of tuberculosis.

In Manitoba and most of the other Canadian provinces — where tuberculosis is not such a tremendous problem — it has been used on a limited scale among those groups who are negative to the tuberculosis skin test, but who are likely to be exposed to a considerable degree of tuberculosis infection.

These groups include medical and nursing students, hospital personnel and people who have been in close contact with active disease.

For a number of years it has also been administered on the Indian Reservations by the Department of National Health and Welfare.

It is unlikely that B.C.G. will ever be undertaken on a mass scale in Manitoba, says Dr. Ross. Its greatest disadvantage is the conversion to positive tuberculin status. This would make it virtually impossible to use the tuberculin skin test in case-finding surveys to find out who has been infected

Tuberculosis Is Different

In ancient times a Roman scholar named Varro suggested that disease might be caused by organisms too small to be seen. These tiny organisms, he said, might pass from person to person causing them to become ill.

As it turned out Varro was a man far ahead of his time for it wasn't until 19 centuries later that Louis Pasteur proved that tiny organisms do indeed cause plagues. A few years later Dr. Robert Koch ended the controversy of whether or not tuberculosis was caused by a germ, and since then medical science has given us the following facts about this disease.

Tuberculosis is primarily an *airborne infectious disease,* caused by a minute, rod-shaped germ and characterized by the formation of tubercles in the body tissues. It chiefly affects the lung, but can affect any or all parts of the body.

Tuberculosis differs from most other infectious diseases in certain important aspects. First, *there is no set incubation period.* Tuberculosis can develop in 10 days, 10 weeks or 10 years after the germ has entered the body. The body's

ern drugs must be continued for at least a year or mo[illegible] even after the patient le[illegible] hospital. Sometimes patients are left with a permanent disability.

Even when the cavities are healed, the body's victory is not necessarily complete. *There is no lasting immunity.*

All patients face the hazard of relapse. *Reactivation* can come from a new invasion of bacilli or from bacilli remaining from the original attack. In the cases of most tuberculosis patients who have recovered from the disease, some bacilli usually remain in the scar tissue which formed to close the cavity. If the body's forces again become weakened, disease may start anew.

For the reasons cited it is obvious that tuberculosis disease difficult to control. It is a serious and long-time problem of the individual and a public health problem. It is a most disruptive disease because of the economic, social and emotional problems it can cause in the life of the individual and his family.

Consequently, tuberculosis is far more of a community prob-

because from that age for the next 15 to 20 years the danger from breaking down with tuberculosis is greater, Dr. Ross said.

TB Survey

In addition to the B.C.G. program in Dauphin this year, the Sanatorium Board will also conduct a tuberculin and x-ray survey of all residents in the town and municipality between May 28 and June 14. This will be the third intensive survey of this type to be held in the area since 1960.

IT'S NOT TOO LATE — HELP FIGHT TB

ANSWER YOUR CHRISTMAS SEAL LETTER

berculosis germs if they invade the body.

Uses of B.C.G.

Over the years B.C.G. has been used with considerable

TB Tests for Winnipeg Schools

A tuberculin skin testing survey of the students at ten Winnipeg high schools is being conducted by the Sanatorium Board of Manitoba between February 5 and March 15.

The free tests, and chest x-rays to positive reactors, are being offered at Elmwood High, David Thompson, St. John's Technical School, Sisler High, Daniel McIntyre, Technical - Vocational School, Kelvin, Churchill and Grant Park High Schools.

Also included in the Sanatorium Board's tuberculosis preventive program early this year is a complete tuberculin and x-ray survey of the 1,822 members of the teaching staff at some 90 Winnipeg schools. These tests are being held from February 12 to March 14.

A similar survey of the students at the Manitoba Teachers' College was conducted from January 28 to 31.

Industrial Surveys

The tuberculin and x-ray program for Winnipeg industries and businesses got under way on January 23rd with a survey of 175 employees at the Sherwin - Williams Company. On January 25 a total of 260 employees of the Income Tax Division and Confederation Life Association lined up for the free skin tests.

The industrial surveys in the city will continue throughout the year. Among those scheduled so far is a tuberculin and x-ray survey of all food handlers in East and West Kildonan.

THE MIND CONTINUES TO FUNCTION while the body is resting, in spite of all efforts to keep quiet. If it is directed towards constructive thinking, a fuller, more happier life will result. The more information and intelligence a person has, the more invaluabel an individual he becomes. There is no reason why the thoughtful patient should not gain from his enforced rest.

— Health Rays

require close following.

What is needed, he said, is a new vaccine which will produce a tuberculin reaction that can be distinguished from the naturally positive reaction.

bacilli but, because of their persistent multiplication, the best it can do is entrap the unkilled germs in microscopic formations of cells called tubercles. If the strength of the body's forces is sufficient and is maintained, active disease does not develop.

However, these resistant forces may at any time be weakened — by inadequate nutrition, fatigue, etc. — to the point where the bacilli break down the tubercles, multiply and spread and, if the body cannot handle the situation, cause disease. (A new invasion of germs may have the same effect.)

With the development of disease, another peculiarity of tuberculosis becomes apparent. *When active disease develops there are no symptoms at first.* Instead there is a symptomless period which lasts for weeks or months. The disease progresses and bacilli may be expelled through the mouth and spread to others. This situation can be detected only through tuberculin tests, x-rays and laboratory tests.

The fact that actual destruction of the lung tissue is common in tuberculosis also sets it apart from most infectious diseases. This not only makes treatment complex but demands a long period of treatment. Treatment with the mod-

eases.

NEW TB FILM

A new film on tuberculosis entitled, "The Quiet Betrayal", is now available in the Health Education Service Library of the Provincial Department of Health.

This film was written [illegible] produced in Canada, is in color and runs 14½ minutes.

J. Frank Willis is the commentator in the English version and Arch McDonell, a Toronto actor and former TB patient, is the chief actor.

The story line concerns a man of about 40 who, typical of hundreds who find their way into sanatorium, is not worried about his health. He feels tired but attaches no particular importance to it. Finally his worried wife manages to persuade him to see the doctor.

Watching what happens to him and his family, the audience sees clinics and the sanatorium, and learns about the how and wherefore of [illegible] nostic procedures, the pit[illegible] of negligence and the dangers not only to the patient but to others.

It is an excellent film which we recommend highly to schools, hospitals and other interested groups.

Speech Therapy Has Vital Role in Rehabilitation

Robert R. is a friendly personable man.

Chances are if you say hello to him, he will grin and cheerily return the greeting.

But ask him an unexpected question immediately afterwards — like, "Where is your hat?" — and he may become confused and give an unexpected answer.

"I'm fine, thank you."

Although many people would think so, there is nothing wrong with Mr. R's mind. The fact is that he had a stroke last Christmas and, in addition to minimal right paralysis, now has difficulty in speaking to other people and in recognizing what they say to him.

His condition is known as "receptive dysphasia", which is a partial loss of speech.

Forms of Disorder

Mr. R. — a hardworking, self-educated salesman, age 45, and head of a family of five — is one of about 30 patients who are receiving special treatment in the Speech and Hearing Therapy Department of the Manitoba Rehabilitation Hospital in Winnipeg.

Speech and hearing therapy is a most important part of the hospital's total rehabilitation program, its aim being to help those patients who have

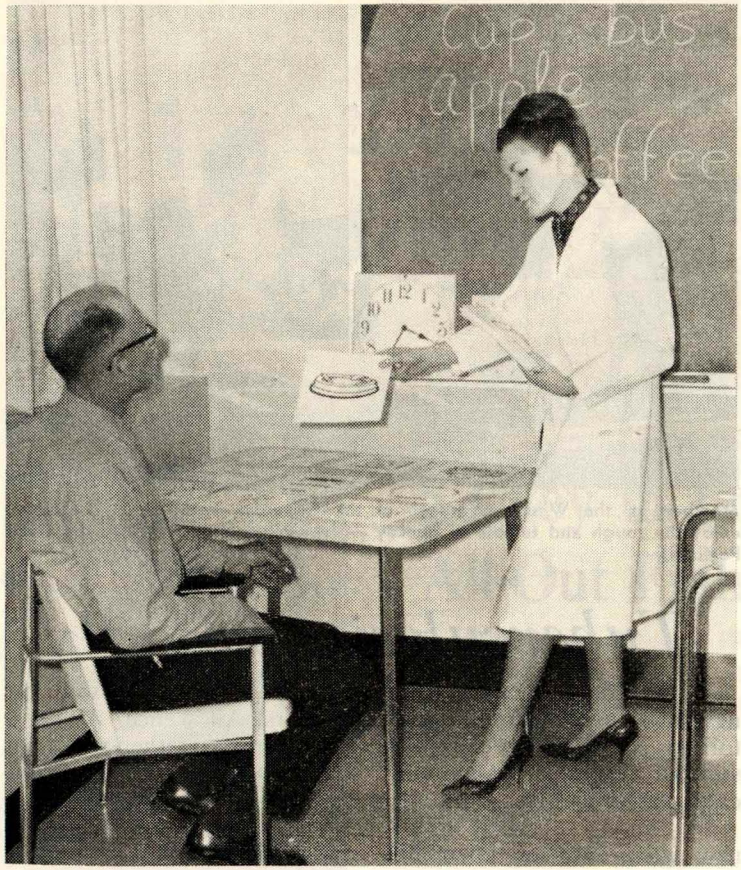
articulate sounds or form words clearly because the muscles of the lips, tongue and larnyx are no longer functioning adequately.

Laryngectomy: Although the ability to form words is still present, the mechanism for making words has been lost with the removal of the larynx.

To these disorders we add such other problems of communication as: Cleft palate and lip, stutterers, clutterers (people who speak too rapidly), dysphonic conditions (where the voice production has been impaired), the hard of hearing, and articulation and pronunciation disorders (e.g., persons, such as doctors or teachers who learn to improve their pronunciation under the guidance of a therapist because poor speech hinders their ability to carry out their profession.)

Therapist's Role

The first role of the speech therapist is to assess the type and extent of the patient's speech problem and to interpret the attempts he makes to communicate. This informa-



A patient matches pictures and words under the direction of Speech Therapist Miss M. Christina Rickards. (Photo by Tony Gibson)

ately begins a daily program to help make the patient's speech as near normal as pos-

ous and complicated to explain here. Very often she is assisted in her work by such simple

esophagus and releasing it in such a way as to produce a deep, throaty sound. He will then be shown how to control that sound both in duration and volume to produce speech.

The Staff

At present the department staff consists of one full-time speech therapist and three part-time therapists. (A second full-time therapist will be added in March with the arrival of Miss Marie Jeanne Damen from Holland.)

Miss M. Christina Rickards is head of the department. A graduate of the Edinburgh School of Speech Therapy, who holds her licentiateship from the College of Speech Therapists in London, Miss Rickards arrived in Canada in 1956 and has since held positions with the Cerebral Palsy Centre in Hamilton and the Children's Hospital of Winnipeg.

Assisting Miss Rickards are Mrs. Marijke Vogel, a graduate of the School of Speech Therapy in Amsterdam; Mrs. Margaret MacDonald, who holds a master's degree in speech therapy from Kent State University in Ohio; and Miss Jane Welpy, who joined

speech. These persons are very often the victims of strokes, injuries, neurological disorders and the like. As a result of these illnesses they suffer speech disorders, including:

Aphasia: Total loss of the ability to speak or understand speech, largely as the result of a stroke or some injury.

Dysphasia: As mentioned, [illegible]ial loss of the ability to [illegible]ak or understand speech.

Dysarthria: The inability to

ture speech attempts and set definite treatment goals.

Her next job is to stimulate the patient's desire to improve his speech. Patients who have difficulties in communication are quite naturally deeply distressed by their inability to speak properly and, rather than appear ridiculous or stupid to others, will very often decline to speak at all.

Once interest is established, the speech therapist immedi-

improvement of resonance, rhythm or quality of speech, more intelligible articulation or the increased ability to express ideas with words or to understand language.

To accomplish her objective the therapist will use every sensory avenue to recall to the patient the familiar and the habitual.

In the case of Mr. R., for example, the channels to symbolization are re-opened by such means as seeing objects that are familiar to him, seeing the written words representing these objects, copying these words and tracing them with his fingertips, and matching these words with simple, clear-cut pictures of the objects.

Often he is helped to relearn words by what the speech therapist calls "the automatic series pattern."

For example, it is often easier for Mr. R. to recall the names of the various parts of the body if they are associated with some other word or object. The spoken words "brush" or "comb", for instance, easily bring back to his mind the word "hair". Similarly, letters of the alphabet are remembered when recited in the set pattern learnt in childhood. The difficulty arises when the letters are picked at random.

The interesting techniques the therapist uses for overcoming speech problems of persons like Mr. R. are far too numer-

example, tongue placement) or a tape recorder (to assist the patient in self-correction of speaking errors).

Music also helps the patient in a number of ways. In some cases it is used in group work with stutterers to help them develop a sense of rhythm and to perceive fine rhythm patterns.

Or, by means of the piano or pitch pipe, music may be used to establish a certain pitch for the voice and to develop range.

Finally, music—in the form of group singing—plays an important part in establishing social contacts for severely dysphasic patients.

Recent Addition

The Speech and Hearing Therapy Program is one of the latest additions to our hospital's treatment services, and in the coming months it is hoped that the department will be expanded considerably to provide wider service.

Plans for the future, for example, include audiometric equipment for evaluating hearing levels of the partially deaf, types of hearing losses and hearing aids.

The speech therapists also hope to start a program for the patient who has had a laryngectomy. A particularly fascinating aspect of speech therapy, this program will aim to teach the patient esophageal speech by taking air into the

in November, after completing her education in Britain.

The Need is Great

Although our hospital is extremely proud of the speech and hearing therapy program, we must admit that the department has had considerable difficulty in developing its services to the extent that it would like. This is almost entirely due to a tremendous shortage of speech therapists in this country.

Indeed, according to Miss Rickards, there are only about 18 speech therapists in Manitoba — and not all of them work full-time! Nearly every agency employing speech therapists is critically understaffed.

In stating these facts Miss Rickards makes a plea for more interest in speech therapy as a career for young men and women.

There are many advantages to a career in this field, she says—including a wide choice of working environment (hospitals, schools, clinics and private practice), constant variety in work and good opportunities for advancement.

Of course the requirements are stiff — two years postgraduate work after obtaining a B.A. or B.S.

But the satisfactions in speech rehabilitation can be tremendous, Miss Rickards says.

WHAT OTHERS CAN DO TO HELP

To most of us the ability to speak well and clearly has become so closely associated with our concept of intelligence and personality that, when a person does suffer a speech disorder, he lives in fear of being misunderstood or ridiculed. Sometimes he begins to doubt his own sanity.

The hospital staff and the family can help these patients considerably by adopting these attitudes and rules:

1. Do not evaluate a person with a speech problem on the basis of his speech alone. Assume he is of normal intelligence and treat him accordingly.
2. Do not raise your voice as if the patient were deaf.
3. Extend every effort to understand what he says, but don't pretend to have understood what he has said if you haven't.
4. Do not talk about him as if he were not present.
5. Do not presume that he does not understand [illegible]hat is said in front of him.
6. Don't avoid conversation with him.
7. Do not correct him unless asked to do so.
8. But *do* talk to him frequently, clearly, perhaps with more pauses between phrases than you otherwise would. Friends and relatives should spend frequent short periods listening to his attempts to talk. They should also talk gently and naturally together in front of him on familiar topics.

No Skates, No Ice — But It's Hockey!

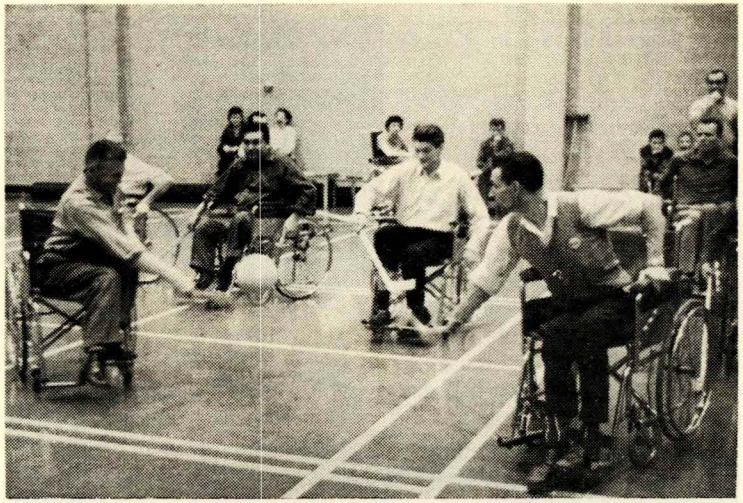
The two men grinned wickedly at each other, the curved sticks in their hands poised for action. Then the puck—oops, we mean the ball—was dropped and the game was on.

Skittering madly around the room, ten players bumped and jostled each other as they vied for the elusive ball. At each end of the floor, two other men watched intently, anxious to stave off that "power play" goal which excited onlookers clamored for. One of these stalwarts preferred to defend his net with a nice, comfortably-sized crutch.

The game, of course, is hockey—but, as readers probably have guessed, a rather unconventional form of hockey. Instead of a puck a volleyball is used—instead of ice, a polished gymnasium floor — and instead of 12 players on skates, 12 players in wheelchairs.

The players are among some 25 members of the Winnipeg branch of the Canadian Paraplegic Association who come to the Manitoba Rehabilitation Hospital each Monday evening for an evening of games and fun. Wheelchair hockey is high on the list of the favored activities.

Invented by the club mem-



Members of the Winnipeg Branch of the Canadian Paraplegic Association enjoy the rough and tumble of hockey — wheelchair style! (Photo by Dave Portigal)

Tuberculosis Is Costly

Despite fewer deaths, fewer new cases and a shorter sanatorium stay, tuberculosis is still our most costly communicable disease.

In Canada — where 6,000 new active cases of tuberculosis are reported each year — this disease costs the nation $40 million annually. For the some 400 patients now undergoing treatment for tuberculosis in our Manitoba sanatoria, the treatment cost for each patient runs to nearly

once again the family went on Mothers' Allowance. About a year later the father was able to return home, but the assistance cheques continued for some time afterwards until he was well enough to return to work.

Even discounting the great suffering which diseases like tuberculosis bring to the family, it is much cheaper to step up our tuberculosis preventive program than to allow this infectious disease to drag out as

CTA Announce Program For Rome Meeting

The 17th Conference of the International Union Against Tuberculosis will be held in Rome, September 24 and 25.

The program in general will be similar to that of the 16th Conference held in Toronto last September. There will be a series of panel discussions on ten medical subjects selected by the program committee, and there will be four additional sessions of special interest to non-medical personnel. Each session will be one-half day in length.

Three of the non-medical sessions have been selected: Problems in the organization and development of voluntary associations; Use of volunteers in programs of official and voluntary associations; Improvement of Out-Patient Care.

Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, Ottawa, will chair the panel on "The Use of Volunteers . . ." Other members serving on the panel will be delegates from Holland, Ivory Coast, United States, India and Norway.

Commenting on this session during a recent visit to Winni-

Bulletin Board

The Sanatorium B[illegible] extends warmest congr[illegible]lations to Dr. Fletcher D. Baragar who was made a fellow of the Royal College of Physicians and Surgeons of Canada at the convocation held in Edmonton on January 17.

Dr. Baragar, who is a part-time clinician at our Manitoba Rehabilitation Hospital, is medical director of the Manitoba Branch of the Canadian Arthritis and Rheumatism Society.

* * *

Dr. Hartley Smith, chairman of the Sanatorium Board Medical Advisory Committee, and Dr. L. H. Truelove, chief of staff of the Manitoba Rehabilitation Hospital, flew to L[illegible]don, England, on Jan[illegible] 26, where they spent the next 10 days interviewing prospective medical and para-medical staff for the rehabilitation hospital and our Assiniboine Hospital in Brandon.

* * *

Mrs. Mary Swaffield, evening supervisor at the Manitoba Rehabilita-

Williamson, this game conforms in some respects to conventional Canadian hockey. It is played in three 20-minute periods. and there are six members on each team. But there are only a few penalties —mostly for high sticking and holding — and, unless it gets stuck under the benches lining the hall, the ball is always in play.

Like ice hockey, wheelchair hockey is also a rough and tumble game. Indeed, as one of the players explained, the penalties for "high sticking" had to be enforced because too many players were getting bruised knuckles and noses.

For those who prefer less boisterous sports, the club offers other games, including volleyball, table tennis and darts. Plans are also underway to organize basketball as a weekly feature, and to develop games for quadriplegics, like table-top curling or shuffleboard.

Among those who are assisting with the weekly sports program are the members of the Manitoba Rehabilitation Hospital Physiotherapy Department and several physical education instructors in Winnipeg.

Other paraplegics who wish to take part in the Monday night games should contact the association or the physiotherapy department at the Manitoba Rehabilitation Hospital

And this does not take into account the incapacitating character of tuberculosis, the broken homes, loss of productivity and income, or the dependence on the welfare cheque — all of which are inevitable with long - term, chronic diseases.

To illustrate this point we cite the case of Mr. B., who is typical of the 30 Canadians who every day across the country learn that they have tuberculosis and must go to sanatorium for a long time.

Mr. B. had a good job with a transportation company and provided well for his wife and three small children. But for a number of years he had unknowingly been in close contact with an active case of tuberculosis and, after a while, he also developed active disease and was forced to enter sanatorium.

With the resulting loss of his income, his family was placed on Mothers' Allowance assistance.

Shortly after the father's admission to sanatorium, the youngest child developed tuberculosis meningitis and was also admitted. A few months later the mother also had to enter sanatorium — at which time the remaining children were placed in foster homes, the Department of Welfare paying the cost.

The mother was discharged home as soon as possible to take care of the children and

health problem.

Tuberculin and x-ray surveys — financed by the yearly sale of Christmas Seals — prevent the spread of tuberculosis and find the disease early, before the patient is so sick that a long stay in sanatorium is necessary.

But even a preventive program cannot be effective unless everyone in every age group makes the effort to take part in these free tests.

STAFF HOLDS DANCE

A dance for the Sanatorium Board's Winnipeg staff members, their relatives and friends was held February 1 in the auditorium of the Manitoba Rehabilitation Hospital.

A total of 187 persons attended the event and enjoyed the orchestra, a fine supper and games of bingo.

The proceeds from this dance, together with the proceeds from two previous dances, were intended for the purchase of a record player for the staff lounge.

This purchase has now become possible with the gift of $20 from the Manitoba Rehabilitation Hospital Recreation and Social Club, together with a very generous donation from B. A. Robinson of Winnipeg.

The new stereo - combination will soon be seen and enjoyed by all in the staff lounge. Now all the hospital needs are some gifts of records!

make a much greater impact on a community than an official governmental agency, since many of the citizens of that community will be actively involved in the program.

That is why both the Canadian and National Tuberculosis Associations have been so successful over the years, he said. They have been able to do things more quickly than the government, and are always willing to try new ideas, he said.

The government spends about $40 million each year on tuberculosis treatment and control, Dr. Jeanes added. With the addition of $2½ millions they raise each year, the voluntary TB association in Canada do a tremendous amount of good work, he said.

CAREERS IN SPEECH THERAPY

The Provincial Department of Health announces that bursary assistance is now available to enable suitable candidates in the Province of Manitoba to obtain training in speech therapy at an approved school. The candidates must have their first degree and be prepared to work at the graduate level.

For further information contact the Children's Hospital of Winnipeg or the Child Guidance Clinic of Greater Winnipeg.

habilitation nursing at the Rehabilitation Institute in Detroit. The course began on February 4.

* * *

Gordon Stinson, chief engineer at Manitoba Sanatorium, flew to The Pas early this month to consult about engineering prob[illegible]s at Clearwater Lake H[illegible]tal.

* * *

To the nursing staff at Manitoba Sanatorium we welcome this month three new licensed practical nurses: Miss Elsie Wozniuk, Miss Anne Patterson and Miss Hilda Finnson.

* * *

Recent additions to our staff at the Manitoba Rehabilitation Hospital include: Miss Marilyn Gail Ostberg, general staff nurse, who prior to her new appointment worked at the Calgary General and Brandon General Hospitals; and Miss Rita Brooks and Mrs. Mary Pflueger, staff occupational therapists. Both Miss Brooks and M[illegible] Pflueger were among first class to graduate the University of Ma[illegible]ba's School of Medical Rehabilitation.

Mrs. Pflueger, who was formerly a school teacher, also studied Arts at Luther College, Regina, and Ohio State University.