

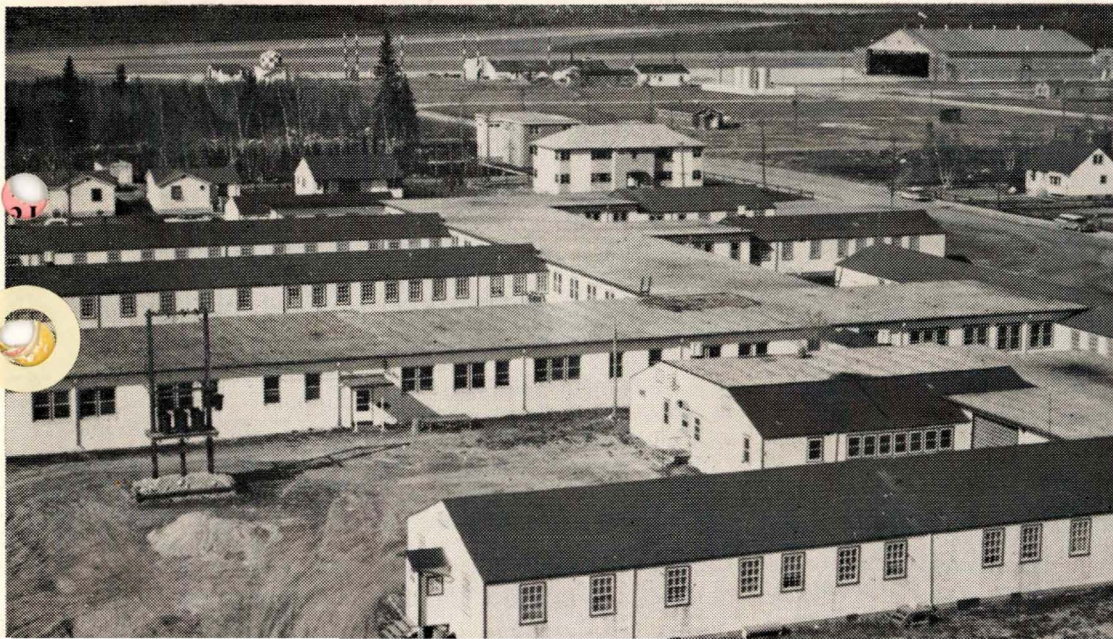
News Bulletin

SANATORIUM *The* BOARD OF MANITOBA

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FEBRUARY, 1965



Sanatorium Board Sets Up Rehabilitation Research Fund

A Manitoba Rehabilitation Hospital Research Fund, amounting initially to \$15,000, was formally established by the Sanatorium Board of Manitoba at an executive meeting of the Board.

The fund will be used to finance research of a clinical and basic nature in the field of physical medicine and rehabilitation. The research will be guided by a Directing and Advisory Technical Committee, composed of four doctors who have special

possible. Scientific advances in this century have made it possible for more people to live longer. Many survive with serious disabilities; a great many more are advanced in years.

Since medical science is responsible for the accumulation of these persons, we owe it to them — and to society as a whole — to help them back to as normal life as possible.

Excellent Facilities

The Manitoba Rehabil-

Clearwater Lake Hospital, situated 20 miles north east of The Pas, was built during World War II as an American military hospital. At the end of the war the Sanatorium Board took over operation of the barrack-like institution on behalf of the federal government and established it as an important diagnostic and treatment centre for tuberculosis patients from the north. (Photo by Erken Hentschel)

Clearwater Lake Hospital Closes

Another milestone in tuberculosis control in Manitoba was marked this month with the closing of Clearwater Lake Hos-

150-bed hospital, located 20 miles north-east of The Pas, Manitoba, was shut down on February 5 because of the continuing reduction in the need for tuberculosis treatment beds.

Its closing, according to J. W. Speirs, chairman of the Sanatorium Board, represents a major step forward in the fight against tuberculosis. It is a tribute not only to the effectiveness of modern drugs and treatment methods, but also to the intensive and efficient case-finding surveys which have been conducted throughout the province for many years.

Mr. Speirs announced that the decision to close the hospital and transfer the some patients there to Manitoba Sanatorium at Ninette — was made after detailed discussions with the federal Department of National Health and Welfare, the provincial Health Department and the Manitoba Hospital Commission.

Formerly called Clearwater Lake Indian Hospital, the hospital was built during World War II as an American army field hospital. In 1945 the Sanatorium Board took over operation of the institution for the Department of National Health and Welfare.

In the years since, thousands of tuberculosis patients, mainly Indian and Eskimo,

TB REFERRAL CENTRE

A special tuberculosis referral centre for diagnosis and follow-up examinations will be maintained at The Pas for patients from the north.

The Sanatorium Board announced this month that arrangements have been made with Dr. S. L. Carey, formerly chief of medical services of Clearwater Lake Hospital, to hold a one-day tuberculosis clinic each week at his office in The Pas. At present the clinic is scheduled for each Thursday.

have been treated at Clearwater, and the hospital has served as a base for the tuberculosis preventive program in the north.

This preventive service will be continued as vigorously as ever, Mr. Speirs stressed. But it will now originate from the Central Tuberculosis Clinic in Winnipeg.

Clearwater Staff

Some 110 staff members have been affected by the closing of Clearwater. On February 1 several of the Board's executive members flew up to the hospital to announce the closing and meet with the staff.

Some of the staff have been absorbed into other Sanatorium Board hospitals; many were given assistance wherever possible to obtain positions in other hospitals. A few have been retained at the hospital for a few months, perhaps longer.

In each case, the Sanatorium Board was able to make generous arrangements for severance pay.

Others May Help

When announcing the establishment of the fund, the Sanatorium Board expressed the hope that private donors would aid in building up and developing the funds for research in this important area of medicine.

In its modern sense, the specialty of physical medicine is barely more than 20 years old, the Board points out. And although research is now being undertaken in many centres throughout the world, the level of knowledge in this area is considerably lower than that of medicine as a whole.

The Sanatorium Board feels there is an urgent need to close the gap as quickly as

to provide treatment programs for all types of disabilities, including arthritis, paraplegia, hemiplegia, strokes, neurological and orthopaedic conditions and amputations.

In the two and one-half years since the hospital was opened, over 4,000 Manitobans have received treatment either as in-patients or out-patients. Many have been helped to return to work, some have learned to walk after years of confinement to a wheelchair. A large proportion have gained independence in looking after themselves and are now contributing to the work of the home.

The concentration of patients with all kinds of dis-

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Salute to Clearwater

By Stuart L. Carey, M.D.

At eight o'clock Thursday morning, February 4, 1965, the last bus arrived at Clearwater Lake Hospital to transfer tuberculosis patients to Manitoba Sanatorium, Ninette. This saw the closure of an institution which has been operating for more than 20 years, combatting tuberculosis throughout Northern Manitoba and the Central Arctic.

Let us consider some of the people associated with the hospital in the early days. . . people like Dr. E. L. Ross, Dr. John Ridge and the late Dr. Duncan McRae, whose names are still associated with the Sanatorium Board, who will live on as pioneers in the field of tuberculosis control.

Other Sanatorium Board employees, many of whom later advanced in the organization, had their roots at Clearwater: Carl Christianson, Edward Dubinsky, Bente Hejlsted, Tom Reiley, Derinda Ellis, Marjorie Lovell and others too numerous to recall.

The hospital also served as a jumping off point for medical and nursing personnel who have since specialized in their individual fields. Many doctors have become certified in psychiatry, radiology, pathology, and internal medicine. There was always a wealth of clinical material which proved

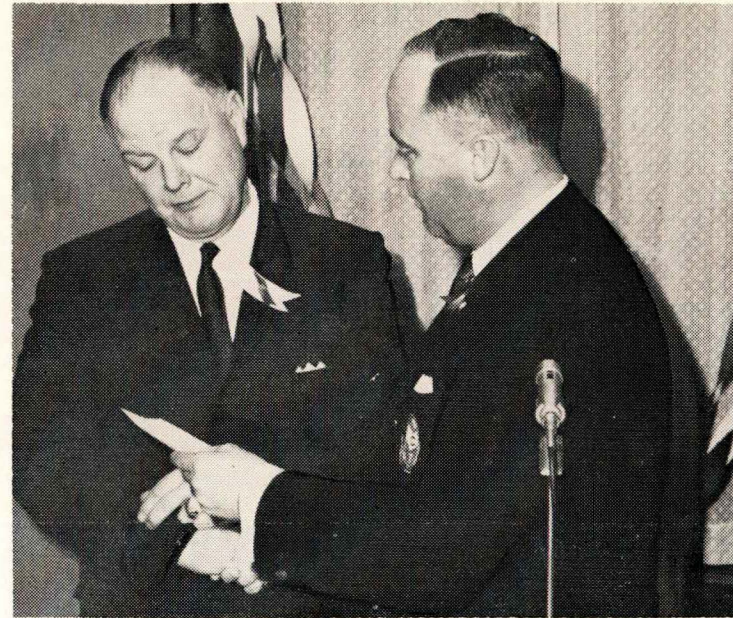
Distinguished Visitors

The year 1956 was an eventful year at Clearwater. On April 5, His Excellency, Governor-General Vincent Massey, and his entourage visited our hospital, and on August 6, the members of the Manitoba Legislature paid us a visit.

During the past 10 years, representatives of almost every government department have found time to tour the facilities at Clearwater. The hospital has also served as a centre for medical meetings north of the 53rd parallel for nearly 12 years. When one views the empty corridors and the empty wards today, one cannot help feeling extremely sad that such a fine facility must become a thing of the past.

Long-time Staff Members

In a hospital as old as this one, there are of course employees who have spent almost one-third of their life expectancy in our employment. We should mention George McKenzie and Beatty Jackson who have had 19 years of service with the Sanatorium



Frank Boothroyd, left, member of the Sanatorium Board of Manitoba executive committee, accepts a cheque for \$12,000 from Ernie Forsythe, past president of the Associated Canadian Travellers, Brandon. The presentation of the money, which will be used towards the club's pledge to purchase X-ray equipment at Assiniboine Hospital, was made at the annual President's Ball on February 6. (Photo courtesy of The Brandon Sun.)

Brandon A.C.T. Gives \$12,000 To Assiniboine

A cheque for \$12,000 was presented by the Associated Canadian Travellers of Brandon to the Sanatorium Board of Manitoba on February 5 when club members held their annual President's Dinner and Ball at the Prince Edward Hotel.

Frank Boothroyd, executive committee member of the Sanatorium Board, accepted the cheque from A. C. T. Past President Ernie Forsythe. He noted that the money would be used towards the club's new pledge to purchase x-ray equipment for the Assiniboine Hospital at Brandon.

Mr. Boothroyd thanked A.C.T. for their outstanding support of the Sanatorium Board and Assiniboine Hospital. The members, he said, have contributed about \$240,000 to the Board's work over the past 20 years. Last year they completed an \$85,000 pledge to help pay for the building and equip-

Nearly 146,000 Received Tests

A total of 145,997 Manitobans received free tuberculin skin tests and/or chest x-rays as part of the 1964 Christmas Seal program of tuberculosis prevention.

In his annual report to the Sanatorium Board of Manitoba, J. J. Zayshley, surveys

A total of 15,303 persons, or about 11 percent of those who returned for a tuberculin reading, reacted positively to the test. A total of 9,503 did not return for a reading.

In connection with these tuberculin surveys, 29,739 chest x-rays were provided to

those aspiring to the fields of specialization.

Over 5,000 Patients

Clearwater Lake Hospital, a hub of tuberculosis control for northern Manitoba, examined 7,247 patients and admitted at least 5,000 of them for treatment of almost every known tuberculous condition. The x-rays interpreted by the medical staff here ran into the hundreds of thousands. That is why when epidemics occurred at Brochet, Eskimo Point, Thicket Portage, and other isolated places, the medical staff were in a position to take immediate and remedial action.

Throughout the 12 years that I was Chief of Medical Services, the regular consultant visits of Dr. E. L. Ross, the Medical Director, proved to be invaluable in the operation of this vast control program. Through the combined efforts of the Sanatorium Board, the Federal Department of National Health and Welfare and the Province of Manitoba, the program was so successful that tuberculosis appeared to be reaching the stage of control.

This led to a decline in the number of tuberculosis admissions and in 1958 the medical and nursing staff undertook the additional burden of caring for extended treatment patients, and 1,280 of these benefited from physiotherapy and allied services.

and Leonard Ompherville who have been with us 13 years and 11 years respectively.

Employees with five or more years of service include G. K. McLean, Evelyn Constant, R. Wade, Peter Walko, Lloyd Craig, Erken Hentschel, Ahab Partridge and Zoltan Jozsa.

I would particularly like to mention that Mrs. Lucy Hoksbergen, my secretary, was with us for a period of eight years in loyal and devoted duty.

A Job Well Done

We admit that we have done a good job, a thorough job. But even yet there must be no relaxation in our efforts to control tuberculosis in the highly vulnerable areas of the north.

Many new cases are still found. On the afternoon of February 3, for example, as preparations were being made to transfer the patients to Ninette, a man from Pukatawagan walked into our outpatient department, acutely ill. An x-ray revealed far advanced tuberculosis.

During the past two months, 12 active cases were admitted to Clearwater from different points in northern Manitoba. Clearly, any relaxation could lead to future epidemics with devastating results.

It is most fitting that today, February 5, we received a

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people were tuberculin tested in community, industrial and other special surveys.

A total of 66,481 residents in 24 Manitoba municipalities (including two cities) lined up for the skin tests in mass community surveys, he said. In addition, 37,555 received free checks through tuberculin surveys conducted in industries, high schools, the Manitoba Teachers' College, the University of Manitoba and affiliated colleges and the provincial legislative buildings.

Christmas Seal TB Surveys for 1965

The following is a list of municipalities, local government districts and special areas which will be surveyed this year by the Sanatorium Board's tuberculin and X-ray teams.

Scheduled for January and February were surveys of all Winnipeg school teachers, Winnipeg high school students and Winnipeg nursing homes. Between March and the end of May the entire area (including industries) of the Central Winnipeg district bounded by Notre Dame avenue, Sherbrook street, the Red River and the C.P.R. will be covered by the Board's mobile X-ray units. All the school children in this district will be tuberculin tested.

chest x-ray surveys of industries, nursing homes, mental hospitals, provincial fairs and the Stoney Mountain Penitentiary, 12,222 people were examined.

To plan and arrange all this work, Mr. Zayshley said, the surveys officer held 122 general meetings and 146 educational film showings.

The free tests were provided at 236 different locations.

In the summer the teams will move into Charleswood, the Red River Exhibition, the municipalities of St. Laurent, Franklin, Rockwood, South Cypress, Argyle and Victoria, and the Local Government Districts of Fisher, Piney, Stuartburn, Mountain North, Mountain South and Alonsa. (Residents of Mountain North and South will be x-rayed only.)

In late summer and fall tuberculin and x-ray surveys will be provided to employees of the Canadian Pacific Railway in the Winnipeg area, to the town of Selkirk and the cities of Transcona and St. Vital and to students and faculty at the University of Manitoba and affiliated colleges.

therapy and Occupational Therapy Unit.

Also on hand for the cheque presentation were T. A. J. Cunnings, executive director of the Board, T. A. Moore, dominion president of the A.C.T. and an elected member of the Sanatorium Board, and John Craig, president of CKX Radio and TV in Brandon and also a member of the Sanatorium B

A special highlight of the evening was the presentation of the Rose Bowl trophy to Donna Pierce of Elgin, winner of the A.C.T.'s 1964 "Search for Talent" contest. For many years these contests have been one of the club's most important fund-raising projects.

OMISSION

Mrs. Katherine Resch was one of 10 registered nurses who graduated December 11 from the former course in rehabilitation nursing offered at the Manitoba Rehabilitation Hospital.

The editor inadvertently omitted Mrs. Resch's name from the list of graduates published in the January News Bulletin.

TB Surveys Led to Opening of Clearwater

The closing of Clearwater Lake Hospital marks the end of another chapter in the fight against tuberculosis in Manitoba and the Central Arctic. In the following article, Dr. E. L. Ross, as medical director of the Sanatorium Board has guided a campaign against tuberculosis in Manitoba since 1937, relates the circumstances which led to the opening of Clearwater and other federally-owned hospitals, and the progress made during the 30 years in combatting tuberculosis among the Indian and Eskimo people.

In 1937, with the authorization of the Department of Indian Affairs, the Sanatorium Board of Manitoba undertook a tuberculosis survey of Indian Reserves and Indian Residential Schools in Manitoba, the results of which were published by Dr. A. L. Paine and myself in the Canadian Medical Journal in 1939.

The primary purpose of the survey was to ascertain accurately the incidence of tuberculosis infection and disease among Treaty Indians. Upon this point there has been endless speculation but no statistical knowledge to temper the impression that the Indian was overwhelmingly scourged by this disease.

Identification of those suffering from tuberculosis was a further aim of the survey, and it was also hoped that the data compiled would serve as a foundation for a future program of prevention

in Canada devoted exclusively to the treatment of tuberculosis in Indians. It was opened in 1939, and I quote from the annual report of the Chairman of the Sanatorium Board for that year:

"During the year one of the landmarks in the fight against tuberculosis in Manitoba among Indians was the purchase by the Dominion Government, Indian Affairs Branch, of the Dynevour Hospital on the banks of the Red River near Selkirk, which was owned and operated for the past forty-three years by the Board of the Anglican Diocese of Rupert's Land . . . The buildings have been remodelled and refurbished and the hospital will be administered by the Sanatorium Board of Manitoba for the treatment of tuberculosis among the Indians of Manitoba . . . The Department of Indian Affairs has instituted a constructive programme to combat tuberculosis among Indians. If this programme is increased from year to year we can look forward to the control of tuberculosis among this susceptible people, and at the same time to the removal of a menace to the ad-

now there are only 278 people on treatment, 111 of whom are Indian and 43, Eskimo.

As a result of the vigorous attack on tuberculosis, it became possible to close Dynevour Hospital in 1957 and transfer the patients to Brandon Sanatorium (subsequently named Assiniboine Hospital). By 1960, with continued reduction of the need for treatment beds, further consolidation was possible and the Indian and Eskimo patients at Assiniboine were absorbed into Manitoba Sanatorium at Ninette. Assiniboine was then converted into an extended treatment hospital for patients with long-term, non-tuberculous illnesses.

By 1961 it was found that the 250 beds at St. Boniface Sanatorium were no longer needed for tuberculosis. This left only Manitoba Sanatorium, the Central Tuberculosis Clinic in Winnipeg and Clearwater Lake Hospital.

The downward trend continued, and if it had not been for a large epidemic of tuberculosis at Eskimo Point in January, 1963 (requiring over 80 admissions) and the transfer in 1961 of 60 Eskimo patients from Mountain Sana-

Dr. Percy E. Moore Retires As Health Services Director

Dr. Percy E. Moore, a man well known for his bold, constructive programs to improve the health of Indians and Eskimos across Canada, stepped down from his post last month as director of medical services for the Department of National Health and Welfare.

At the Sanatorium Board the news was received with regret, for it marked the end of a long and close relationship with Dr. Moore in the conduct of tuberculosis treatment and control measures throughout the province and parts of the Arctic. The arrangement, which has been in effect in Manitoba for more than 20 years, has been unique, the Sanatorium Board sharing responsibility with the federal government for case finding and other preventive and treatment services.

Dr. Moore, who was born at Oxford Mills, Ontario, first became associated with the Sanatorium Board in 1929 when as a young medical student at the University of Manitoba he spent a few months of internship at Mani-

Moore was posted to Ottawa as assistant superintendent of medical services of the Indian Affairs Branch, which at that time was under the Department of Mines and Resources. In 1940 he became acting superintendent and six years later, after the department was transferred to the newly organized Department of National Health and Welfare, he became director of the health services.

Though dogged at first by inadequate funds and later by acute shortages of personnel, Dr. Moore resolutely pioneered many new schemes to bring better health service to northern Canadians. A first major step was the establishment of a chain of nursing stations across the North. A second has been the introduction of special programs to improve native nutrition.

Dr. Moore also instigated many other innovations in northern health services, but by the members of the Sanatorium Board and of the parent and sister institutions across the country, he will chiefly be remembered for

were examined, 1,856 on reserves and 816 in residential schools. Of this number, 251 or 9.39 percent had tuberculosis and 62 or 2.3 percent had tuberculosis urgently in need of sanatorium treatment.

Another interesting finding — particularly in retrospect — was that 73 percent had a positive tuberculin test. Among children the reaction rates were even more striking: In the one to four age group, 28 percent were positive; from five to nine years the percentage doubled; and from 10 to 14 years, 77 percent reacted positively. **By the age of 20, 95 percent were positive.**

From these figures alone it was apparent that we could expect a fairly high rate of tuberculosis breakdown for some years to come in such a heavily infected population.

Opening of Dynevor

The foregoing study gives some indication of the tuberculosis problem in the mid-twenties, at which time the Department of Indian Health Services joined forces with the Sanatorium Board in starting a program of case-finding and treatment and in initiating various measures to improve health services for native Canadians and to increase their resistance to disease.

The 55-bed Dynevor Indian Hospital was one of the first (if not the first) hospital

More Beds Needed

It was soon evident that far more treatment beds were needed for Indians — particularly in the north — and in September of 1945 the first patient was admitted to the Clearwater Lake Indian Hospital near The Pas.

As a result of increasingly intensive case-finding in the Arctic as well as in Manitoba, further beds were required and in 1947 the Sanatorium Board of Manitoba entered into an arrangement with the newly formed Department of National Health and Welfare to take over the Veterans' Hospital in Brandon for use as a tuberculosis hospital. It was known as Brandon Sanatorium. Its bed capacity of 235 was soon filled.

Reduced TB Rates

In the year 1948 there were still 125 Indian deaths from tuberculosis, a rate of 806 per 100,000 population compared with 20 per 100,000 among whites. New active cases of tuberculosis were at about their height during this time and in 1948 it is recorded that there were 535 new cases uncovered among Indians during that one year alone.

In 1953 a total of 1,246 patients were on treatment for tuberculosis: 499 were Indian and the remaining 747 were white. Since then the number has steadily decreased until

have been closed earlier. Now, however, with the present reduction of tuberculosis patients at both Clearwater and Manitoba Sanatorium, it has become necessary and possible to transfer the remaining patients in the north to Ninette.

Clearwater's Contribution

In its 20 years of operation Clearwater Lake Hospital has made a tremendous contribution to tuberculosis control among northern Canadians. Over 5,000 patients have been admitted to the hospital, and due to its excellent diagnostic services, clinics, surveys and other preventive programs, there is no comparison between the morbidity and mortality of tuberculosis in Northern Manitoba as it existed in 1945 when the hospital was opened, and now.

The closing of Clearwater simply means that those requiring tuberculosis treatment will be treated at Ninette. It does not mean any reduction in the northern preventive program — in fact, these activities will be continued as intensively as ever. In 1964, 30 percent of the new active cases of tuberculosis in the province originated from north of the 53rd parallel, an area containing only about five percent of the province's

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sanatorium's renowned medical superintendent, the late Dr. D. A. Stewart, he developed an abiding interest in the tuberculosis problem — particularly in the plight of the Indians — and soon after his graduation from medical school he became a part-time physician (and later medical superintendent) at Fisher River Agency.

In 1938, after obtaining a Diploma in Public Health at the University of Toronto, Dr.

One of the earliest ventures was a series of meetings with representatives of the Sanatorium Board in the late thirties and early forties, which eventually led to a fruitful partnership in which the Board operated a number of federally owned treatment institutions for Indians and Eskimos and co-operated with the Dominion Government in extensive case-finding, follow-up services and rehabilitation work.



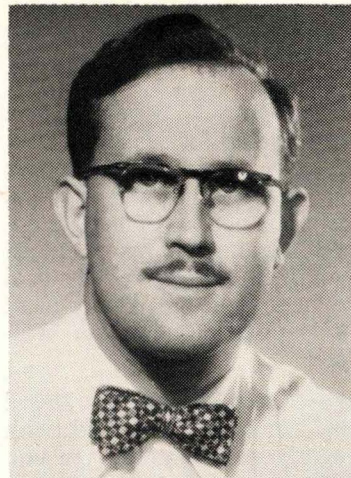
Dr. Percy E. Moore, who has announced his retirement as director of medical services for the Department of National Health and Welfare, is pictured at his desk in Ottawa. Throughout his career, Dr. Moore was a good friend of the Sanatorium Board and was behind many new measures to reduce the incidence of tuberculosis in the North. He was a past president of the Canadian Tuberculosis Association.

Farewell to Dr. Carey

It is with sadness and regret that we report the retirement of Dr. Stuart L. Carey, chief of medical services of Clearwater Lake Hospital. When the hospital closed early this month, Dr. Carey severed direct connections with the Sanatorium Board, although it is anticipated that he will still have a key role in our northern tuberculosis control program.

Dr. Carey, who has been a member of the Sanatorium Board staff for 19 years, was appointed head of Clearwater's medical services in 1952. Under his very able leadership the hospital grew in importance as both a diagnostic and treatment centre and as a base for the tuberculosis preventive programs in the north. Energetic, personable and highly devoted to duty, he took an active part in case-finding and follow-up services and did an outstanding job in promoting interest in tuberculosis control among northern physicians and the population in general. Recently he also completed a term as president of the North of '53 Medical Society.

Dr. Carey was born in Regina and at an early age went to England with his



S. L. CAREY, M.D., M.R.C.S.,
L.R.C.P.

year working in sanatoria in England. (He was also a patient on two occasions.)

In 1945 Dr. Carey returned to Canada where he took a position as an observer of the Vancouver Tuberculosis Unit. In April, 1946, he joined the medical staff at Manitoba Sanatorium and a year later was posted to our hospital at Brandon. In the summer of 1949 he took charge of the travelling clinic program at the Central Tuberculosis Clinic, a position he held until his transfer to Clearwater.

The Sanatorium Board, the

Hospital Volunteers Donate \$1,400 to Furnish Ward

Our sincere thanks to the Volunteer Service of the Manitoba Rehabilitation Hospital who on February 10 presented a cheque for \$1,400 to the hospital equipment fund.

The money, according to Director of Volunteers Mrs. W. E. Barnard, will be used to furnish a four-bed ward. It was raised through such special projects as the annual Candle Fair and Gift Court in November and through such year-round services as the hospital gift shop, beauty salon and barber shop.

In her annual report to the hospital manager, Mrs. Barnard noted that volunteer workers gave a total of 9,390 hours of their time to the work of the rehabilitation hospital. In addition to

operating the gift shop, the volunteers took charge of the patients' library and the inquiry desk in the main lobby, conducted tours of the hospital and performed special tasks for the nursing, occupational therapy and social service departments, the business office and the stores department.

Some of the volunteers do not represent any outside service organizations. A substantial number are high school students who work at the hospital in their free time. Others are affiliated with such groups as the Pi Beta Phi Sorority, the Ladies' Auxiliary to the Associated Canadian Travellers, St. Boniface Inner Wheel, West Winnipeg Rotary-Ann's, B'nai B'rith, curling clubs and the Humpty Dumpty Club.

M.R.H. RESEARCH FUND

(Continued from page 1)

abling problems, the research facilities of the Manitoba Rehabilitation Hospital, and the proximity of the hospital to other medical facilities and specialists in the Manitoba Medical Centre, offer an excellent opportunity to advance and clarify the rehabilitation process.

Technical Committee

The Directing and Advisory Technical Committee will be responsible for establishing regulations and for supervising and reviewing projects.

Present members are: Dr. Truelove; Dr. M. C. Blanche; and former head of

Bulletin Board

The Sanatorium Board extends very warm congratulations to Dr. Earl Samuel Hershfield, who was one of 14 Manitobans admitted as Fellows of the Royal College of Physicians and Surgeons at a convocation in Toronto on January 21. A graduate of the University of Manitoba School of Medicine, Dr. Hershfield is a part-time physician at our Central Tuberculosis Clinic.

* * *

We are pleased to welcome Miss Kathi Pacheco, Miss Annamma Abraham and Miss M. P. Aleykuty to our general nursing staff at Manitoba Sanatorium. Ninette. All three are graduates in Canada from New India, where they had served as general staff nurses at Safdarjang Hospital.

Other recent additions to the general nursing staff at Ninette are Miss Kitty Lam, Miss P. Hymavathi and Miss K. V. Annamma, all formerly of Clearwater Lake Hospital, The Pas.

London and took his medical training at the University of London and Middlesex Hospital. Following his graduation in 1943, he did general hospital work and spent a

and the many patients who came under his care will remember Dr. Carey gratefully . . . and all wish him success and happiness in his future endeavours.

OPENING OF CLEARWATER

(Continued from Page 3)

population. This emphasizes the need to continue aggressive case-finding, which the Board will do with the close co-operation of the Department of National Health and Welfare and the Northern Health Services of the provincial Department of Health.

The absence of Clearwater Lake Hospital will leave a void in the north — at least for a little while. Having been closely associated with its development and operation, I find myself somewhat saddened about its closing. . .

DR. P. E. MOORE RETIRES

(Continued from Page 3)

Just how effective this alliance has been can be readily seen when one compares the tuberculosis rates among Indians and Eskimos. During the early surveys on Indian reservations, health workers found as many as 12 percent on a reserve requiring tuberculosis treatment. And at one time it was estimated that 10 percent of the Eskimo population were in sanatorium. Nowadays survey crews are finding about one percent

and this feeling is bound to touch even more deeply the staff who have been there a long time and the patients who have been given comfort and restored health.

However, our sense of loss is more than compensated for when we realize the basic significance of the hospital's closure: That the problems and needs of 20 years ago no longer exist — that the shutdown of Clearwater represents a significant victory over an ancient enemy and is indeed a reason for rejoicing.

with active TB — which is a tremendous improvement, even though it is still much higher than the percentage found among non-Indians.

Dr. Moore has reason to be proud of the accomplishments of his 35-year career.

We are happy to have had the privilege of knowing and working with Dr. Moore and we extend to him now our very warmest wishes for many years of happiness and health.

Truelove, chief of medical services, research could be carried out at the following levels:

Clinical: Doctors need to know more about the natural development of the diseases being treated and the effects of the treatments now used. A start has already been made, with an analysis of 200 patients with rheumatoid arthritis and a report on the results of the treatment program for patients who have had strokes. But a great deal more could and should be done.

Physiotherapy and Occupational Therapy: Much work is needed on the efficacy of treatments we are now using in relation to the results in specific patients. Such a study would indicate further development of those techniques which show the most promise.

Prosthetics and Orthotics: Although considerable advances have been made in this field during the past few years, there are many problems relating to mechanical devices which require urgent study.

Basic: In this area, there is much doctors need to know about, for example, the function of nerves and muscles. The hospital has good laboratory equipment for investigations of this nature but at present lacks the people to carry out research.

the Department of Biochemistry, University of Manitoba School of Medicine; Dr. M. G. Saunders, associate professor of physiology at the University of Manitoba and head of the Department of Clinical Physiology at the Manitoba Rehabilitation Hospital; and Dr. A. H. Shephard, professor and head of the Department of Psychology, University of Manitoba.

SALUTE TO CLEARWATER

(Continued from Page 2)

telegram from A. M. Millican, regional superintendent of the Department of Northern Affairs, and it is with great pleasure that we quote this message from a department which, along with Indian Health Services, has given us excellent cooperation through the years.

"On behalf of this department and the numerous Eskimos who have been hospitalized under your care, I extend to you and all your staff many thanks for the kindness, co-operation and assistance you have extended to us for many years. Thanks for a job well done."

Mr. Hilary Davies, myself and, I am sure, the other administrators of this very fine institution, would like to take this last opportunity to extend our sincere thanks to all those who, as Mr. Millican points out, have completed a job "well done"!

transferred from Clearwater this month were Miss Grace Phillips and Miss Mary Varghese, who have taken positions at Assiniboine Hospital in Brandon, and Mrs. Elizabeth Johnston, formerly night supervisor at Clearwater and now a member of the nursing staff at the Manitoba Rehabilitation Hospital.

Mrs. Olga Chalmer, the Clearwater Lake nursing staff has left Sanatorium Board employment to take a post with the public health nursing service, The Pas. Our warmest wishes for success and happiness go with her.

* * *

Our congratulations to Miss E. L. M. Thorpe, Sanatorium Board nursing consultant, and Dr. I. H. K. Stevens, physician at the Manitoba Rehabilitation Hospital, who have contributed articles on hemiplegia to two Canadian professional magazines. Dr. Stevens' article, "The Management of Cerebral Vascular Disease with Hemiplegia" appeared in the January 1965, issue of the Manitoba Medical Review. Thorpe's article on the nursing care of hemiplegia patients will be published in the forthcoming issue of the Canadian Journal of Occupational Therapy.