NEWS BULLETIN

The Sanatorium Board of Manitoba

VOL. 13, No. 2 | A VOLUNTARY NON-PROFIT CORPORATION | FEBRUARY-MARCH, 1972

Conferences Air Complex Aspects Of Arthritis

Why is the incidence of arthritis unusually high among the Haida Indians?

Why do some arthritis patients have dry mouths and eyes . . . or, on the other hand . . .

What have "bloodshot" eyes to do with early symptoms of arthritis . . . with the result that many referrals for the diagnosis and treatment of certain types of arthritis originate from the offices of eye specialists?

★ ★ ★

"Arthritis is a fascinating disease," claims Dr. F. D. Baragar, clinical director of the new University of Manitoba Rheumatic Disease Unit — and it is not unlikely that many of its most peculiar aspects will be discussed at the weekly Rheuma-

No Major Change In TB Incidence

According to a preliminary report, 294 active cases of tuberculosis were reported in Manitoba in 1971 — a slight decrease from the 304 cases uncovered in 1970.

New active cases among the white and Métis population, however, rose from 212 in 1970 to 219 in 1971 — while the incidence of new active disease in Treaty Indians dropped nearly 20 percent.

A total of 30 cases of reactivated tuberculosis was reported in 1971, as compared to 37 in 1970. Thirteen people died from tuberculosis — the lowest number of deaths ever recorded.

By the year's end, the number of current and former patients carried in the files of the Central Tuberculosis Registry had risen from 7,807 to 9,111. Of these 518 people were

February 4 at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

The hour-long conferences — held each Friday in the hospital auditorium at 11:30 hrs. — are an important part of the teaching program of the Rheumatic Disease Unit — and they are open to undergraduate and graduate medical students, interested physicians and paramedical students and professionals.

Recent advances in treatment, the principles behind treatment, and the intricate problems of diagnosing systematic diseases are presented in the form of case histories — after which specialists, residents, nurses and therapists involved in specific cases offer comments and join in lively discussions.

Subjects covered thus far have included polyarteritis nodosa, the rheumatoid foot, Reiter's disease, and acute polyarthritis (differential diagnosis).

Stop smoking...NOW

In the wake of the CBC's dynamic hour-long documentary — ONE WAY TO QUIT — televised across the nation on February 15 and March 29, the Canadian Tuberculosis and Respiratory Disease Association has stepped up its national anti-smoking campaigns, and sister organizations in the provinces are taking local action.

The film documentary, produced by Larry Gosnell, dramatized the harmful effects of smoking in such a frightening way (One Way To Quit . . . is to die . . . too soon) that thousands of viewers throughout the country looked at their cigarette packages with fear and disgust. Several radio talk shows and phone-in programs discussed the problem after the two showings of the film; the Ottawa Citizen carried a full page of photos and copy on well-known people who quit smoking after seeing the film; and another newspaper carried the names of people who publicly expressed their desire to break the habit.

To tie in with these developments, the Canadian Tuberculosis and Respiratory Disease Association has organized a massive letter campaign to get members of parliament *to act now* to pass the Cigarette Products Act which calls for a ban on advertising and promoting cigarette products on radio, television and in the print media, or by means of premiums or coupons.

(Continued on Page 2)

tuberculosis on December 31, 1971, and an additional 1,290 people were on preventive treatment (drug prophylaxis).

Surveys

Over 60,000 free examinations were administered by the Preventive Health Services of the Sanatorium Board in 1971. These included:

— nearly 16,000 tuberculin skin tests for university students in Winnipeg and Brandon, and for Grade 8 students and school employees in Winnipeg.

— 27,116 chest x-ray examinations to detect tuberculosis in high risk communities and industries.

— over 2,000 blood tests for diabetes in the Portage la Prairie area.

— 16,562 pulmonary function studies among adult residents in 14 Manitoba municipalities and among employees of a number of Winnipeg and Brandon industries.

Through arrangements with the provincial Department of Health and the Workmen's Compensation Board,

Continued on Page 4

CHRISTMAS SEAL CAMPAIGN A BIG SUCCESS

The 1971 Christmas Seal Campaign set an all-time record with contributions amounting to $207,662.40 by January 31, 1972 — a 3½ percent increase over funds raised in 1970.

The Sanatorium Board is grateful to the people of Manitoba for this generous support of our voluntary programs of prevention, education and research in tuberculosis and respiratory disease.

Our warmest thanks are also expressed to the hundreds of volunteers who assisted with the campaign preparations . . . to the post office who delivered the mail . . . to the 11 business students from the Technical-Vocational School who processed undelivered mail (and through this, helped the Seals Office to raise several thousand more dollars for preventive work) . . . and to the members of the Manitoba press, radio and television stations who generously publicized the purpose of Christmas Seals.

In all aspects, the campaign was one of the best ever.

Address all communications to:
THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg, Manitoba R3A 1M4
Second Class Mail Registration Number 0324.

Engineers "Sweeten Up" Winnipeg Prosthetics System

The Sanatorium Board's Prosthetics and Orthotics Research and Development Unit swung into 1972 with a ground plan to "sweeten up" the Winnipeg modular system of artificial legs.

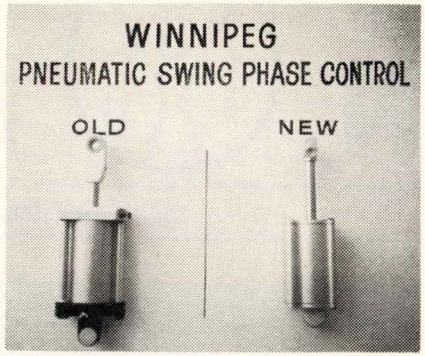
A major objective, says design engineer Reinhart Daher, is to elaborate and streamline the production of polyurethane cosmetic covers, so that a wider range of shapes will be immediately available for all age groups and levels of amputees. Once the engineering details are completed, he said, specifications for molds and techniques will be handed over to a Winnipeg industry, which will manufacture the covers in quantities and return them to the Board's Prosthetics Products Division for distribution to prosthetics clinics.

Another project, already under way, is to modify the Winnipeg SACH (Solid Ankle — Cushion Heel) Foot. The aim is to increase the quality and durability of the foot, first by replacing the present wooden keel with an aluminum one (to match the aluminum tubular components of the Winnipeg leg), and secondly, by strengthening the rest of the foot with an inner core of urethane and some other material. A number of experimental designs are currently being assessed by "walking" them under a constant 175 lb. load on a PORDU-designed Cycle Testing Machine.

Also in connection with the SACH foot project, research technicians have built a second machine to test and give a printed read-out of the quality of each foot produced . . . thus enabling our Prosthetics Products Division to supply prosthetists and clinicians with artificial feet that meet certain

since 1965 and introduced as permanent or temporary prostheses in other centres in North America and overseas — has been accepted as a significant development in the easy fitting and management of leg amputees. But in order to complete the system, SBM researchers feel that the range of some components must be expanded so that modular prosthetics become more versatile and applicable to all patients.

One of the unit's accomplishments in 1971 was the redesigning of the Pneumatic Swing-phase Control Unit for above-knee amputees. This control unit at the knee — which dampens pendulum action of the prosthetic shank component and regulates the rate of walking at a given setting — is now 1½ inches shorter than the previous 8 inch unit and 25 percent lighter. In terms of appearance, it permits the development of a smaller, more natural looking knee joint for above-knee amputees; and with respect to durability, the patient can expect five, 10 or even more years of use before the unit needs to



could count on at least several years of use before serious signs of wear show up . . . and that the individual who moves about less often would keep the control unit much longer.

Consultant Tours North

On a swing round five northern Manitoba communities in early March, Miss Joann MacMorran, newly appointed Nurse Consultant in Tuberculosis and Chronic Respiratory Disease, spent a busy week renewing old acquaintances, visiting patients and reviewing developments and problems in tuberculosis control with public health personnel.

Miss MacMorran — who works out of the D. A. Stewart Centre under the guidance of chest physicians — has taken over direct supervision of tuberculosis patients on home treatment and is vigorously attempting to

SBM Therapists Plan RD Course For Venezuelans

In mid-May SBM physiotherapists Pam Brown and Marilynn Tregaskis will fly to Caracas, Venezuela, to conduct two one-week courses on the rehabilitation of patients with chronic respiratory disease and the therapists' role in the management.

Their visit — sponsored by the Venezuelan Thoracic Society — complements a series of lectures presented by Dr. R. M. Cherniack, professor of medicine at the University of Manitoba, to chest physicians in Venezuela last December.

The May courses will be held for physiotherapists, nurses and other health science people from Caracas and outlying parts of the country, says Miss Brown, who serves as senior physiotherapist on the respiratory disease service of the D. A. Stewart Centre.

The sessions will include lectures and demonstrations on inhalation therapy, breathing control and exercise programs to improve the patient's breathing ability, fitness and general well-being.

As an additional teaching aid, Miss Brown and Mrs. Tregaskis will also use a videotape presenting the philosophy and means of rehabilitating respiratory disease patients to their maximum capacity. The tape and ac-

The motive for all this activity is to produce artificial legs that will duplicate as much as possible the function and appearance of a normal limb. The Winnipeg modular system — which has been used clinically at the Manitoba Rehabilitation Hospital

Machine testing — under heavier pressure than would be exerted by the average amputee — has shown only slight signs of wear in the unit after six million cycles of "walking", research technician Jack Heath states. This means that the active patient

New Co-ordinator of Inservice Education

Miss Jacqueline Robertson, a native Winnipegger with considerable experience in teaching and nursing supervision, assumed the position of director of inservice education at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on February 21.

Miss Robertson is a 1956 graduate of the St. Boniface General Hospital School of Nursing, and she holds a BScN degree from the Lakehead University at Thunder Bay and a certificate in teaching and supervision from the University of Manitoba School of Nursing.

In the past Miss Robertson has held a number of senior posts, including assistant director of nursing at the St. Boniface General Hospital, director of inservice education at the Grace General and St. Boniface General Hospitals, and surgical supervisor at the Royal Alexandra Hospital in Edmonton and University Hospital, Saskatoon.

At present she is also a member of the Nursing Advisory Committee of the Manitoba Division of the Canadian Red Cross, a member of the Nursing Service Committee of the Canadian Nurses' Association, chairman of the Nursing Service Committee of the Manitoba Association of Registered Nurses and a member of the MARN Board of Directors.

In her new position at the MRH-DASC, Miss Robertson will organize, plan and direct formal and informal instruction in rehabilitation and respiratory disease nursing for registered

MISS J. ROBERTSON

nurses and licensed practical nurses. She will also take charge of the orientation of new nursing staff as well as general nursing instruction programs.

The Sanatorium Board warmly welcomes her to our staff.

Sanatorium Board's TB Control Program and health workers in the field.

At Flin Flon, Thompson, The Pas and Wabowden, she spent four days reviewing the tuberculosis caseload in each area, discussing current developments at the D. A. Stewart Centre with respect to new treatments and computerized records, and listening to the problems that crop up in the field nurses' day-to-day responsibilities.

During a three-day stopover in Churchill, Miss MacMorran also took time to help administer tuberculin skin tests in an x-ray and tuberculin survey conducted jointly by the Sanatorium Board's Surveys Department and provincial health workers.

The tuberculosis caseload in Churchill and Wabowden is much heavier than in other northern communities, she concluded. Thus — despite the fact that in all areas the responsibilities of the public health nurse in tuberculosis control have been integrated with other nursing programs (i.e. adult health, maternal - child health, and school health) — tuberculosis surveillance and management continues to be one of the nursing priorities in these two communities.

For this reason, Miss MacMorran spent a considerable amount of time visiting the homes of hospitalized patients, talking with former patients, and helping to resolve the problems of patients on home treatment.

translated into Spanish) will also include explanations of the roles of the social worker, the psychologist, visiting nurse and family in planning total rehabilitation. And it will particularly emphasize the contributions of occupational therapy (demonstrated by SBM occupational therapist Mrs. Barbara Siemens) with respect to labor saving techniques and devices, the coordination of breathing with work, and exercise activities that complement physiotherapy.

The videotape was made at the television unit of the Instructional Media Centre of the University of Manitoba and at the D. A. Stewart Centre. Miss Louise Burrows, medical TV coordinator, directed the production.

SMOKING

Continued from Page 1

The Act also makes it mandatory to print tar nicotine levels on each package — the levels not to exceed those recommended by the Minister of Health; and all packages must carry the messages, "Warning: danger to health increases with amount smoked," and "Avoid inhaling". Failure to meet the requirements would mean heavy fines, jail terms or both.

The CTRDA (along with the Canadian Cancer Society and Heart Foundation) is exerting pressure on parliament to proceed swiftly with the Act. They fear that the prospect of a federal election in the near future, a heavy legislative calendar and counter moves by tobacco and advertising interests may cause this proposed "get tough" legislation to be buried for a long time.

The Sanatorium Board—in addition to its plans to disseminate as much information it can on cigarette smoking — has also joined with the CTRDA in urging everyone to write to his member of parliament asking for action on the Cigarette Products Act . . . *now*.

Ankylosing Spondylitis Program Aims To Prevent Disability

Okay. Turn over on your side, facing me. Bring your top leg up . . . WAY UP! Hold it tight. And lower.

And again. Top leg up . . .

Eight patients, ranging from a youth of around 20 to men and women in middle life, enthusiastically performed the exercise, then swung into a more strenuous routine. During the previous hour they had carried out similar exercises in the soothing warmth of the hydrotherapy pool. Now they lay on thin foam rubber mats in the Manitoba Rehabilitation Hospital gym, kicking, pulling and stretching as if their lives depended on it.

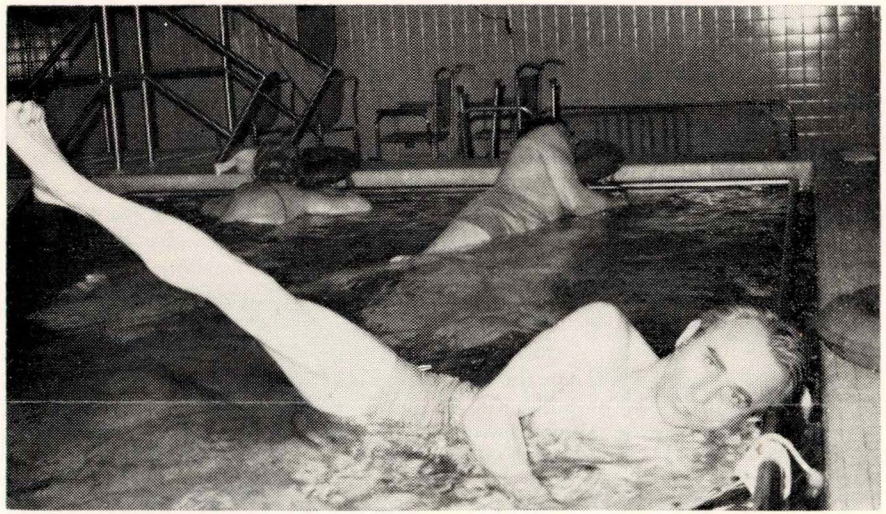
Actually, the future of these ankylosing spondylitis patients hinges to a great extent on regular daily exercises. Along with another group of out-patients who attend assessment and treatment classes at the hospital twice each month, they are trying to keep the joints of their spines mobile in order to prevent progressive deformity, and to improve their posture and range of movement.

Ankylosing *(abnormal immobility and consolidation of a joint)* Spondylitis *(inflammation of the vertebrae)* is a fairly uncommon form of rheumatism,[1] which over the years may gradually bend and stiffen the spinal column. The cause and the cure are not known . . . but continuous exercise is thought to help.

A. S. is more common in men, especially in young men . . . (of the 25 patients now being treated at the hospital, only five are women) . . . and it usually begins surreptitiously with pain and stiffness in the lower part of the spine, or sometimes in the joints of the hip or leg. Gradually, the disease tends to spread upwards from the lumbar to the dorsal part of the back, and then to the neck. The joints between the ribs and spine may be affected, too; thus restricting rib movements and chest expansion and making it painful for the patient to breathe.

The A.S. Program — essentially a follow-up clinical survey of patients on home exercises — aims to prevent progression of structural deformity in patients with early disease. The maintenance of efficient lung function is an equally important goal when rib movement is restricted — thus, in addition to daily home exercises and twice monthly hydrotherapy and mat classes at the Manitoba Rehabilitation Hospital, treatment includes instruction in diaphragm breathing.

The patients are assessed with respect to range of movement, posture and lung function on admission to



"They're enthusiastic and lots of fun to work with," says Chief Physiotherapist Joan Edwards of the some 25 out-patients who participate in the Manitoba Rehabilitation Hospital's follow-up program for early ankylosing spondylitis. The treatment — aimed at preventing structural deformity and maintaining efficient pulmonary function — comprises routine hydrotherapy and mat exercises, diaphragm breathing and instruction in a daily home exercise schedule.

When he began the program, he had very little neck movement. Today he is remarkably more mobile, stands straighter and holds a full-time job.

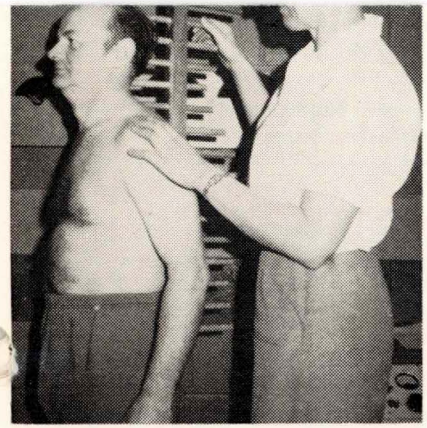
The daily exercises, he admits, represent a lot of hard work that may have to be continued for the rest of his life.

But in terms of comfort and physical freedom, it's worth the sweat, he says.

PICA Test Aids Treatment of Aphasia

In late January speech pathologist

Although this test is probably just



This "A.S. Pole" — comprising two dozen pegs set apart at two-inch intervals and measuring seven inches in length — was designed by the physiotherapy department to measure the deviation from the normal curvature of the spine from head to sacrum. "Hopefully," Miss Edwards smiles, "it will help us to determine the A.S. patient's progress and evaluate effects of treatment.

months. No formal statistical study of their progress has been done since the survey began nine years ago, but according to Chief Physiotherapist Miss Joan Edwards, who conducts one of the classes, patients who have religiously stuck with the program have responded well.

In none has the condition progressed, she claims. Either the patients have maintained their first level of function, or they have shown considerable improvement in mobility and posture and general well-being.

One middle-aged man who has been a faithful participant for five years is enthusiastic about his progress.

---

1. It is estimated that about two percent of the general population have rheumatoid arthritis. Of these, approximately .4 percent have ankylosing spondylitis. In other words, says Dr. Baragar, A.S. is about one-twentieth as common as R.A.

JOSEPH SHYPOSKI

With regret the Sanatorium Board records the death of Joseph Shyposki, a long time employee of the Manitoba Sanatorium, former patient and old friend.

Mr. Shyposki, who died at Ninette on January 27 after a lengthy illness, was a patient at the sanatorium from 1923 until 1929, and in the years following he was re-admitted for further treatment on several occasions. In January 1949 he began part-time work with the maintenance department at Manitoba Sanatorium and after a community club was opened on the grounds in 1950, he held the position of caretaker until his retirement in 1969. He was also the sanatorium's barber for a number of years and movie projectionist.

Mr. Shyposki was born at Shoal Lake, Manitoba, and he is survived by his wife Anne, mother Anna (of Wynnyard, Sask.), five daughters, 12 grandchildren, two sisters and a brother. Following Requiem High Mass at St. Felix Parish in Dunrea and burial at Ninette, Mr. Shyposki's family and old-time friends gathered at the sanatorium Community Club where he spent many of his last years.

day workshop in Albuquerque, enthused about a relatively new scientific scoring test to aid in the rehabilitation of people with aphasia.

For years we have been more or less "groping in the dark" with therapy that we felt would help patients who (through brain damage) have lost their ability to use language, Mr. Foster said.

"Now with the Porch Index of Communicative Ability, I'm confident that we have a reliable tool that gives us a comprehensive profile of the aphasic patient's communicative abilities."

Through a multi-dimension scoring system (comprising 16 categories of performance) the PICA test looks at the receptive (understanding and reading) and expressive (speaking, writing, gesturing) behavior of the asphasic patient with respect to accuracy, completeness, promptness, responsiveness and efficiency.

Through these measures, Mr. Foster continued, "we will not only be able to pinpoint where the patient will have his communicative difficulties, but we will also be in a good position to plan therapy to help him overcome his problems and, particularly in the thrombotic type of stroke, to predict how much communication the patient will be utilizing in, say, six months after the onset of stroke".

Mr. Foster, who has used the PICA test at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre for the past year, attended the workshop to learn more about its administration and the interpretation of results.

sensitive measuring devices for aphasia, it offers more promise than other tests developed thus far, he feels. For example, it may resolve once and for all the argument put forward by some professionals that the aphasic person, who has the potential, will regain ability to communicate without intensive speech therapy.

Just how much the aphasic person does benefit from speech therapy will likely be answered by the inventor of the PICA test: Dr. Bruce Porch, chief of the Speech Pathology and Audiology Services at the Veterans' Administration Hospital in Albuquerque.

According to Mr. Foster, Dr. Porch has received a U.S. government grant to conduct — through the V.A. system — a longitudinal study of aphasia. A total population of 5,000 people will be used — and the value of the PICA test in assessment and treatment analyzed.

University of Manitoba

RHEUMATIC DISEASE UNIT

Theme of the annual meeting

CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

(Manitoba Division)

Thurs., April 13 at 8 p.m.

Auditorium
Manitoba Rehabilitation Hospital

The public is cordially invited

MORE ABOUT SMOKING

Tips For Those Who Want To Quit

The following suggestions from the National Tuberculosis and Respiratory Disease Association (with a few asides from SBM staff members) may be helpful to people who are determined to give up their addiction to cigarettes.

1. Reaffirm your decision not to smoke. Think of yourself as a non-smoker. Stop for the next hour or for short intervals so that success is more easily attained.

Remember: the acute episode of craving lasts no longer than five to 10 minutes. Turn your attention immediately to something else. Above all, DON'T FEEL SORRY FOR YOURSELF.

2. Chew sugarless gum, dietetic candy, drink water or fruit juice when you have the desire to smoke.

3. Practise relaxing. Try isometric exercises, stretching, yawning, deep knee bends, touching your shoulders, shrugging your shoulders . . . chasing your secretary.

4. Drink plenty of water. (The authors don't suggest why — but perhaps it helps to keep weight down and your mouth occupied.)

5. A cigarette is frequently used as a 'pace-breaker', a reward after an extended period of work or concentration. Search for another pace-breaker — get up and walk around, drink water or a soft drink, (start a "lively discussion" . . . take a cold shower).

Realize that this is how your lungs smell when you smoke.)

14. Look at cigarettes from an aesthetic point of view. Ask yourself if you have yellow or brown stains on your fingers, nails and teeth and a stale, halitosis-like smell on your breath. What effect are they having on your lungs, blood circulation, your social life, your business and personal contacts, work production, your most intimate relationships?

15. Don't feel guilty about backsliding. If one approach doesn't work, laugh at yourself, try another . . . and keep trying. Some smokers — but not all — have withdrawal symptoms. It is unpleasant but remember:

NO ONE EVER DIED FROM WITHDRAWAL SYMPTOMS.

(For further information on cigarette smoking and how to quit, write the Christmas Seal Health Education Service of the Sanatorium Board of Manitoba, 800 Sherbrook Street, Winnipeg, Manitoba R3A 1M4)

SMOKING . . .

It's Your Choice

An excellent new film — aimed primarily for students in upper elementary and junior high schools (but rather powerful for adults, too) — is now available on request from the

WHAT THE DOCTORS SAY ABOUT SMOKING

Most of us who see patients will save more lives by the practice of preventive medicine among cigarette smokers than we will in other aspects of our own medical practice.

— Robert H. Brown, M.D., Professor of Medicine (Pulmonary Disease), Ohio State University College of Medicine.

Above all, let's not forget that smoking cessation has been scientifically documented as one of the most effective forms of preventing chronic respiratory disease. For both doctor and patient, the payoff in becoming an ex-smoker is clearly worth a maximum expenditure of effort. As one successful ex-smoker phrased it: 'The juice is worth the squeeze'.

— Donald T. Frederickson, M.D., Project Director, Inter-society Commission for Heart Disease, N.Y.C.

It is quite rare to see a person with lung cancer who has not been a heavy smoker. It is so rare that it is a great point of excitement to find such a case . . .

— R. A. Mustard, M.D., Professor of Surgery, University of Toronto.

The story of the health hazard created by cigarette smoking represents an unrivalled tale of illness, disability and death. The potential benefits to be derived from the cessation of smoking is at a level of importance in preventive medicine with pasteurization of milk, the purification and chlorination of water, and immunization . . .

— Canadian Medical Association in a brief to the Standing Committee on Health, Welfare and Social Affairs on Tobacco and Cigarette Smoking (1969).

My own feeling is that work with young people is perhaps the single most important phase of cigarette control activities . . . Surveys indicate that about 50 percent of those who consider themselves regular smokers have tried to quit at least once. A teenager or young adult who is not yet fully dependent on cigarette smoking may not realize that many confirmed smokers know the dangers of the habit and are trying desperately to stop. It is easy to quit after the first few unpleasant trials. But once an individual becomes a confirmed smoker, it is extremely difficult to rid oneself of a dependency which becomes interlocked with everything else that a person does during his waking hours. In time, the mannerisms and gestures that one develops in performing the mechanical aspects of cigarette smoking . . . becomes a very intimate expression of the individual's personality. Without this artificial means of expression, or until some effective substitute has taken its place, the confirmed smoker often feels incomplete or even crippled without his crutch.

— Luther L. Terry, M.D., Professor of medicine and community medi-

your cigarettes behind when you take a coffee break. That *breaks* a cigarette smoking pattern.)

6. Repeat your resolution not to smoke.

7. Do deep breathing. This can be done either sitting or standing. It has a good therapeutic effect. Give it a try.

First, let yourself relax, go limp. Then inhale *slowly and deeply*. When you've taken as much air into your lungs as you can comfortably hold, STOP, PAUSE FOR A MOMENT AND THEN BREATHE OUT SLOWLY until all of the air is expelled. At the very end of this "breathing out" cycle, give an extra little push to remove the last bit of air. Repeat the cycle five or six times. (This should not be hard rapid breathing. Rather it should be slow, relaxed, deep breathing.)

8. Avoid idle time. Keep your mind and hands occupied. Knit, work small puzzles, carry a small cigarette holder which you can handle and even place in the mouth.

9. Gargle with a good mouthwash.

10. (Repeat your resolution not to smoke.)

11. (If you hold on to a package of cigarettes, write in big bold letters on the outside: Do I really need this?)

12. Drink alcoholic beverages slowly. You will tend to drink faster as long as you are not smoking. Make a conscious effort to enjoy each sip, rather than wishing you had a cigarette.

13. Hide all ashtrays and cigarettes — out of sight, out of mind. (If you come across a full ashtray, lean over and breathe in the odor.

vice of the Sanatorium Board.

The film is 16 mm color, runs for about 15 minutes and is designed to help young people make a decision about smoking cigarettes.

The film points out that polluted air is becoming or has become a serious problem, yet many people complain about it while deliberately inhaling contaminated air into their lungs as they smoke.

Animation shows how cigarette smoke damages both the cilia and the mucus in the lungs and prevents removal of inhaled contaminants. This can cause serious damage to the lungs and other parts of the respiratory system. For example, the tremendously crippling aspects of emphysema are shown in a patient and contrasted with activities that young people enjoy and the emphysema patient cannot.

Cancer of the lungs and larynx are also brought into the picture . . . and of vital importance to the young viewer is a laboratory experiment which reveals how the heart of a young person starts to beat faster immediately after lighting and puffing on a cigarette. It is clearly shown that the effects of smoking do not wait until adulthood. They start with the VERY FIRST PUFF.

TUBERCULOSIS

(Continued from Page 1)

the Sanatorium Board again provided x-ray and lung function examinations of employees in certain designated industries (mainly mines and foundries). Over 6,000 employees were examined in this silicosis program during the year.

. . Anyone who has the so-called cigarette cough should know that he has bronchitis.

— R. M. Cherniack, M.D., Professor of Medicine, University of Manitoba.

. . these two diseases, chronic bronchitis and emphysema, do not as a rule kill people quickly. They incapacitate people for years.

— D. V. Bates, M.D., chairman of the Department of Physiology, McGill University.

. . the charisma of sophistication, charm and confidence once associated with those who smoke cigarettes is now shattered for all time. The real-life, long-term smoker, tormented by a hacking cough, reduced stamina, and the ominous threat of reduced life expectancy, in no way resembles the illusory success stories pictured by the tobacco industry.

— Luther L. Terry, M.D., op. cit.

AT THE MANITOBA SANATORIUM, Ninette, on February 16, Director of Nursing William Broadhead presented certificates and badges to the 30th class to graduate from the six-week Nurses' Assistants Training Program. Our congratulations to the new graduates who standing next to Mr. Broadhead, left to right, are: Mrs. Evelyn Wanless, Mrs. Neta Gordon and Miss Valerie Didychuk; and seated, left to right, Miss Judith Kliever, Miss Wilma Yeo and Miss Jeanne Coppens. *(Photo by Bill Amos)*