The Sanatorium Board of Manitoba News Bulletin

VOL. 7, NO. 7 PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG JULY-AUGUST, 1965

Sanatorium Board to Give Up Control of Assiniboine Hospital

At an early date (August 31 has been tentatively set) the Sanatorium Board of Manitoba plans to relinquish operation of the 198-bed Assiniboine Hospital in Brandon.

The announcement was made late last month by Chairman of the Board J. W. Speirs, following notice by the Manitoba Hospital Commission of plans to develop another extended treatment hospital to be situated adjacent to and operated by the Brandon General Hospital.

The new 150-bed centre will involve the renovation and expansion of the old Brandon General Hospital. In addition, the Commission plans to establish two extended treatment hospital units of 25 beds hoped that the facilities will be ready by 1970.

Role of Assiniboine

The Sanatorium Board is proud of the role Assiniboine Hospital has had over the years in providing health services to the people of western Manitoba. Formerly known as the Brandon Sanatorium, it was constructed as an army hospital in 1943. After the war the hospital came under the administration of the Department of Veterans' Affairs and was used for

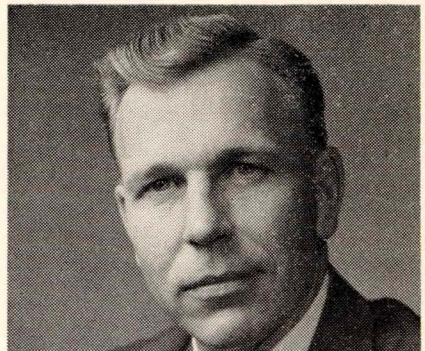
Expand Program to Help Indians

The Manitoba Government is taking certain measures to improve and co-ordinate rehabilitation services for the province's 55,000 Indians and Metis. The measures passed in the legislature last month, include the establishment of a special bureau in the Community Development Branch of the Department of Welfare, to serve as a central agency to assist people of Indian origin who, because of social, cultural and economic handicaps, are unable to take advantage of existing educational and employment opportunities.

The services will include information and counselling, guidance in training and job selection, relocation, job placement and follow-up.

Edward Locke, who for the past nine years has been Supervisor of

terfield. Primary emphasis will be placed on social orientation and adjustment.



west Manitoba. The location of the units has not yet been announced.

Negotiations between the Sanatorium Board, the Manitoba Hospital Commission and the Brandon General Hospital are now under way to settle the financial arrangements and to make suitable provision for Assiniboine Hospital's staff members. The transfer of the hospital's administration depends on these arrangements, Mr. Speirs said. The Sanatorium Board wants to be assured that the staff will be able to continue employment at the hospital under terms and conditions at least as favourable as those existing under the Board.

The Brandon General Hospital has announced that it will continue operation of Assiniboine for the next several years. The starting and completion dates of the new centre have not been set, but it is

army veterans.

In June of 1947 the hospital was taken over by the Department of National Health and Welfare to be operated by the Sanatorium Board of Manitoba for tuberculous Indians and Eskimos, and during the next decade over 2,600 patients were admitted for tuberculosis diagnosis and treatment.

In the 1950's, due to an intensive preventive program and improved treatment of tuberculosis, there was a dramatic reduction in the need for sanatorium beds. The Sanatorium Board then began to think about alternative uses of its hospital organization.

Conducted Study

In 1956 a special committee was set up by the provincial Minister

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Front entrance to the Assiniboine Hospital, Brandon, operated by the Sanatorium Board since 1947, first for tuberculosis patients and during the past seven years for extended treatment and rehabilitation patients in western Manitoba. (Photo by David Portigal).

the Sanatorium Board of Manitoba, was appointed August 1 to set up and supervise the bureau. He will be assisted by a staff of guidance officers and counsellors stationed in key centres of the province.

The bureau will work with and use the services and facilities of other government and private agencies in the province, Mr. Locke said. Candidates for rehabilitation, for example, will be referred to the central bureau for screening, then, if necessary, referred back to other existing agencies for such services as social orientation, training and job placement.

Thus it is not the intention to set up a new service, Mr. Locke pointed out — but to centralize and co-ordinate programs and resources already available.

The Sanatorium Board will continue to provide special rehabilitation services for Indians and Metis under the direction of the newly appointed Supervisor Roger But-

EDWARD LOCKE

Since 1958 the Board has operated a unit for this purpose at Assiniboine Hospital in Brandon. The unit, which accommodates 16 rehabilitants at a time, provides at present an intensive three-month program designed to teach Indian men and women to live and work in a modern urban society.

However, the Sanatorium Board is now considering plans to expand and develop this special service using facilities at the Manitoba Sanatorium, Ninette.

Sanatorium Board Program

The Sanatorium Board's Indian Rehabilitation program, organized by Mr. Locke over the past nine years, is a pioneering effort in the re-establishment and training of

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Rehabilitation Offers Brighter Future for Stroke Patients

Mrs. A., a housewife, aged 50, rises early each morning, about an hour before her husband because she needs extra time to dress and get breakfast.

With the help of a rope attached to the foot of her bed, she is able to pull herself up to a sitting position, then transfer into a wheelchair which she uses to get to the bathroom to perform her morning toilet.

Returning to the bedroom she puts on her clothes, then a leg brace, and finally with the aid of a cane she goes to the kitchen to prepare breakfast. Using such aids as a one-handed egg beater and can opener, a spiked board on which a loaf of bread is impaled, Mrs. A. is able to prepare a meal using mainly her right hand. She uses her left hand a little to steady things, but because of a stroke which some months before paralysed the left side of her body, it has become greatly weakened.

At the rehabilitation hospital to which she was admitted soon after her stroke, Mrs. A. went through a program of treatment and therapeutic exercises to strengthen and regain some use of her affected limbs. She was greatly distressed and depressed to find herself so suddenly helpless. But bit by bit, with the help of the doctors, nurses and therapists, with the understanding and encouragement of her husband and family, and through her own will power and effort, she improved. She learned that although she could never be completely cured, she could achieve a

the oxygen-giving blood supply is cut off to an area of the brain, the nerve cells in that area cease to function. The result is that the parts of the body controlled by these nerve cells cannot function either and the patient may suffer, for example, an inability to walk, difficulty in speaking, a loss of memory.

The effects of a stroke may be slight or severe, temporary or permanent. It all depends on which brain cells have been damaged, how widespread is the damage and how effectively the body can repair its system of supplying blood to the brain, or how rapidly other areas of the brain can take over the work of the damaged cells.

What It Means to the Patient

The thing to remember about strokes is that by striking through the brain, the whole person is affected. Indeed, it must be appreciated that a sudden onset in particular will be a profound shock to the patient.

Furthermore, paralysis is only one effect. A stroke may also mean great confusion and perplexity. There may be personality changes and impairment of intellect and judgment. Speech and memory can be affected and there may be an inability to focus attention on any one thing for any length of time. Very often there is diminished

Understanding Aphasia

Sometimes the speech centres of the brain are affected and there may be difficulty in using language or sometimes understanding language. It is important to stress that, although a patient may have great difficulty expressing himself, very often his ability to think and to understand are not so impaired. An idea may be perfectly clear in the patient's mind, but to get it across to another person or to write it down, may be frustrating and difficult.

Douglas Ritchie, an English author who was seriously affected by a stroke, put these thoughts into a book: *Stroke — A Diary of Recovery*.

"There was a headline in a newspaper," he wrote, *Treason Trial in South Africa*. I understood this. I kept on repeating the words in my brain. But the moment I lowered the words to my mouth and to my tongue, they would not come.

"It was like starting a motor car. The engine ticked over and speeded up, but the moment one sought to put the car into gear, something went wrong with the clutch, the gear crashed out with an ugly sound and the engine stopped."

The patient with a speech problem needs to hear speech and those around him should talk to him often, slowly and quietly and on an adult level. Never talk down

Self-Help Devices

There are a number of inexpensive and practical fittings and devices that help immeasurably to lead an independent life. There are easy-to-operate gadgets to aid eating, dressing, cooking, writing and all the other activities of normal daily living, and the doctor and occupational therapist will be glad to discuss them with the patient and family.

Handrails placed along the side of stairways, the bed, bath tub and toilet will help the patient to get about. Small tables, scatter rugs and other objects that are hazardous to a person who is unsteady should be removed. The family should also be warned about the dangers of slippery floors.

Rehabilitation has much to offer the stroke patient today, but the success of the program depends on the attitude of the people involved. In a special booklet on strokes the American Heart Association has these suggestions for the family:

1. If possible, divide duties so that the full burden of care does not fall on one person.
2. Help the patient take responsibility for doing his exercises regularly.
3. Allow the patient to take on responsibility for self-care and other activities gradually. It calls for fine judgment to encourage independence and still not frustrate the patient with over-difficult tasks; to stimulate progress and still not

carry on a full and rewarding life.

And after her discharge from hospital Mrs. A. did just that. By using simple aids and inexpensive adaptations in the home, she continued a homemaker's duties. She rested at mid-morning and mid-afternoon because the doctor had warned her against overfatigue. She also took a few minutes each day to exercise her left arm and shoulder on a pulley which her husband had set up for her in a door frame. Continuing exercises at home is vital to the hemiplegic, the doctor had said. Only regular and active use of the limbs will promote and maintain recovery.

* * *

Mrs. A. is one of thousands of Canadians affected by strokes each year. In bygone years such victims usually had little to look forward to, for it was generally felt that nothing much could be done for the patient except to make him as comfortable as possible. Today, however, stroke patients have a much brighter future, for it has been learned that much can be done by medical science, the family and the patient himself to alleviate disability and regain mobility.

In this article we shall attempt to explain briefly how some knowledge of strokes and the part the patient, his family and friends play in recovery can lead to effective rehabilitation.

How Strokes Occur

Not uncommonly the onset of a stroke is sudden, due to sudden damage and blockage of an artery supplying blood to the brain. When

control over the emotions. A patient may be more irritable than he was before his stroke; he may have a greater tendency to laugh or cry.

Prompt Treatment

Ideally, rehabilitation should begin as soon as possible because it will help defeat a feeling of hopelessness and it will prevent those muscles unaffected or only partially affected by the stroke from deteriorating from disuse. The doctor and nurse, the physiotherapist and the occupational therapist all have a vital role to play in teaching the patient to walk again, to exercise the affected limbs and coordinate movement. Assessment of the patient's capabilities and training in the activities of daily living are particularly important in the final stages of the treatment program.

Co-operation is Necessary

Rehabilitation of the stroke patient is a long job and often discouraging. Recovery depends most of all on the patient's own efforts. If he is able to accept and adjust to his disability, the outlook brightens.

The family can be helpful by encouraging the patient, showing confidence in his improvement and allowing him to do as much for himself as he can. He should never feel neglected, nor, on the other hand, should he receive too much sympathy. The art of living with a disability must be learned by both the patient and the family. And it should be noted that the family has much to gain by the patient's domestic independence.

shout at him in the mistaken idea that because he cannot speak well he cannot hear. Try to understand what he is saying, encourage him to speak and to write.

4. Praise any successful effort that he makes. Don't be discouraged by his failures.

(Continued on page 3)

YOUR HELP IS NEEDED

RESEARCH is a vital function of modern medicine, and at the Manitoba Rehabilitation Hospital a Research Fund has been established to provide money necessary to finance investigation into basic problems related to the major disabling conditions.

To consider and pass on all proposals for research projects to be undertaken under the Manitoba Rehabilitation Hospital Research Fund, an Advisory Committee has been established consisting of the following:

L. H. Truelove, M.A., B.M., B.Ch., M.R.C.P., D. Phys. Med., Chief of Medical Services, Manitoba Rehabilitation Hospital.
M. C. Blanchaer, B.A., M.D., C.M., Professor of Biochemistry, University of Manitoba, and Head of the Department of Biochemistry, U. of M. Medical College.
M. G. Saunders, M.Sc., M.B., Ch.B., Assoc. Professor of Physiology, University of Manitoba, and Head of the Department of Clinical Physiology, Manitoba Rehabilitation Hospital.
A. H. Shephard, B.A., Ph.D., Professor of Psychology, and Head of the Department of Psychology, University of Manitoba.

For several months work has been going forward on the first project undertaken through an appropriation from this fund, and already there are indications that valuable new light will be thrown on important aspects of treatment. Several other projects are being held, pending availability of the necessary research funds.

A contribution or bequest to the Manitoba Rehabilitation Hospital Research Fund offers an opportunity to provide tangible support to the search for greater understanding of the means of preventing and treating the severe disablement caused by injury or disease.

Contributions or enquiries should be directed to the Executive Director at the Manitoba Rehabilitation Hospital.

Provincial TB Associations Honor Seal Sale Supervisor Hazel Hart

"Someone has said that the Christmas Seal is a part-time worker whose influence is felt the year 'round. It is no less remarkable that this campaign was organized and developed on this continent by untrained people, and it has undoubtedly affected the life of everyone of us here today. I am proud and happy that I have had a part in the development of its potentialities and I leave the field with a feeling of gratitude that my life has been in such a worthwhile cause and with so many public-spirited peopl."

Thus Miss Hazel Hart, Christmas Seal Supervisor for the Canadian Tuberculosis Association, concluded her farewell address to delegates at the association's 65th annual meeting in Toronto last June. Some 300 representatives from provincial branches across Canada gathered to honour her and to wish her a happy retirement.

A former tuberculosis patient, Miss Hart has given 26 years of dedicated service to the anti-tuberculosis campaign in Canada. She first became acquainted with the movement in the 1920's when, as a school teacher in Saskatchewan, she fell ill with tuberculosis and spent some nine years "on the cure" at Fort Qu'Appelle Sanatorium During her last five years at the jobs included preparing health education material and writing for the CTA Bulletin. She held the position until 1941 when she was invited to join the New York State Committee on Tuberculosis and Public Health as a field adviser. Four years later she returned to Ottawa as supervisor of the Christmas Seal Campaign.

In her address at the annual meeting, Miss Hart recalled the somewhat "hopeless" attitude of other years and compared it with the "hopeful" one of the 1960's.

In 1935, she said, Canada's tuberculosis death rate, although one of the lowest in the world, was 60.3 per 100,000 population. The Christmas Seal Campaign had been conducted nationally for eight years by 60 local committees. That year they raised $156,251 and were "highly acclaimed for their prowess".

Today the death rate has been cut to one-fifteenth. There are twice as many local Christmas Seal committees and Christmas Seal returns have increased more than 1600 per cent to $2,784,036.

The Christmas Seal Campaign has been one of the most successful fund-raising methods ever devised and the little Christmas Seal itself has probably done as much

Miss Bowman Retires

Miss Gertrude Bowman retires after 30 years as secretary in the Tuberculosis Preventive Surveys Department. (Photo by David Portigal).

For 30 years Gertrude Bowman was an important figure in the Sanatorium Board's tuberculosis preventive program. During her long employment she was the capable assistant to some half dozen survey organizers, recording and relaying information about preventive activities and distributing the x-ray and tuberculin schedules for each year's work. She witnessed, indeed was a part of, the gradual expansion of the anti-tuberculosis campaign, and during the early days of community surveys she herself went out into the field to help marshal the work.

Miss Bowman has always been a loyal and respected employee, warm-hearted, hard-working, with

1940's, when the Sanatorium Board began the program of x-raying everyone in Manitoba, she often went out into the various communities to help recruit volunteer workers and organize the testing program.

In 1946, when the direction and operation of the tuberculosis surveys was centralized in Winnipeg, Miss Bowman left Ninette to continue her work with the program.

as editor of the Saskatchewan Anti-Tuberculosis League magazine, "The Valley Echo".

In 1935 Miss Hart moved to Ottawa to assume her new appointment as assistant secretary of the Canadian Tuberculosis Association. Her main job was to help Christmas Seal committees across Canada prepare for the 10th national campaign; her secondary tuberculosis control must always be a people's battle," she said.

Miss Hart has had a big part in the development of the Christmas Seal in Canada and it is largely to her credit and the provincial officers who have worked with her that close to $46 million has been raised for the fight against tuberculosis since the national campaign began in 1927.

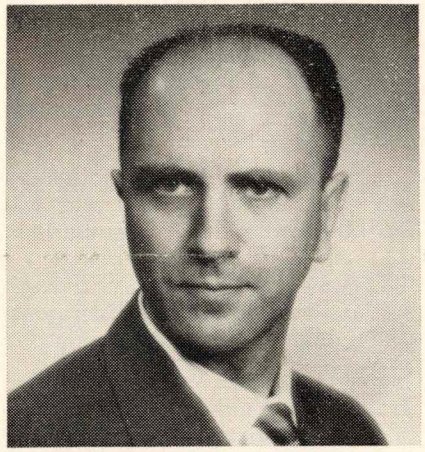
Hospital Manager Takes New Post

With great regret the Sanatorium Board announces the resignation of Arthur H. Atkins, who for the past four years has served as hospital manager of the Manitoba Rehabilitation Hospital.

Mr. Atkins is leaving Winnipeg this month to take a new post as administrator of the Selkirk General Hospital.

Appointed to the Board staff in January 1961, Mr. Atkins has wide experience in the field of hospital management. Before coming to Winnipeg he was employed for 10 years as the administrator of Queen Elizabeth Hospital in London, England, and before that was administrative assistant at Barnstead Hospital in Surrey.

He was born and educated in Plymouth, England, and during the Second World War served with the Royal Air Force, first as a pilot, then captain of heavy bombers and finally as sector operations officer. He received his initial training in Canada and it was in Winnipeg during the war that he met his wife, the former Lorraine



ARTHUR H. ATKINS

Stickney. The couple now has two sons, Clifford 17 and Alan 10.

Mr. Atkins has given outstanding service to the Sanatorium Board and to the Manitoba Rehabilitation Hospital and during his administration great progress was made in establishing the hospital as one of the finest anywhere. We shall miss him greatly, and we extend to him and his family our warmest wishes for the future.

it was with great reluctance that her many friends at the Sanatorium Board bade her farewell when she retired on June 30. At a dinner June 29, at which she shared honours with Dr. E. L. Ross (who was marking 40 years with the Board) some 60 persons gathered to pay tribute to her, to present her with gifts and wish her well.

Miss Bowman joined the Sanatorium Board staff on May 10, 1935. Descended from hardy pioneer stock, she was born at Plum Coulee, Manitoba, the daughter of Noah Bowman of Pennsylvania Dutch extraction, who in 1888 came west from Kitchener, Ontario, and set himself up in the grain business.

At the age of five, Gertrude came to Winnipeg to be educated at the St. Mary's Academy and later at Havergal Ladies' College. After receiving her high school diploma she entered Success Business College, then worked for the next 15 years or so for a number of businesses, including the National Council of the YMCA, Winnipeg investment dealer Oldfield, Kirby and Gardner, and a firm in Portland, Oregon. When she came to Ninette in 1935 she joined the sanatorium's travelling clinic department, the first of the Board's TB preventive services, which had then been in operation for 10 years.

Miss Bowman kept the records and did much of the paper work for the travelling clinics, which each year covered all parts of the province providing some 5,000 examinations of the tuberculosis contacts and suspects. During the early worked with Surveys Organizer Jim Zayshley.

Miss Bowman has many interests, among them a love for travel, and during the next months she plans to visit other members of her family. She has a sister in California, and brothers in Calgary and Winnipeg.

We all wish her a long and happy retirement. The Surveys Department will hardly be the same without her, and we hope she will come back to visit us often.

STROKE PATIENTS

(Continued from page 2)

5. Have him participate in as many family activities and as much family planning as he can.

6. Help him to keep in contact with the world he has known.

7. Check with the doctor regularly. Get in touch with him if things are not going as you think they should.

18 TB EPIDEMICS

Dr. John W. Davies, medical consultant in the epidemiology division of the Department of National Health and Welfare, reported 18 localized epidemics of tuberculosis in Canada since 1960.

The epidemics occurred in homes, schools, villages, an army camp and a peewee hockey team. There were 248 new active cases of TB endangering 7,000 persons who were in contact with them. Source of infection included parents, school teachers, a cook, a hired man and a den mother.

INDIAN PROGRAM

(Continued from page 1)

non-whites. Gradually it has been developed for persons with disabilities other than tuberculosis and for those considered to be "socially handicapped". It includes in-hospital teaching services for tuberculous Indians and Metis, the Social Orientation and Assessment Unit at Brandon, vocational counselling and family counselling, assistance in vocational training, job placement and follow-up.

Long Association

Born at Birch River, Manitoba, Mr. Locke grew up with Indians as neighbours and has acquired a deep understanding of their problems.

He completed high school in Winnipeg and during World War II served as a wireless airgunner with the RCAF. Following his discharge in 1945 he farmed for seven years in the Birch River area, then became a field investigator for the Provincial Department of Health and Welfare. In November 1956, he joined the Sanatorium Board.

Mr. Locke has long felt that the country as a whole has much to gain by helping the Indian to find a satisfactory, productive place in society.

"We must have confidence in the Indian and in his ability to adapt to our culture," he said. "It will, of course, be a long time yet before all his problems are solved

THE NINTH CLASS to complete the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital received their certificates following a graduation ceremony in the hospital auditorium on June 25. Pictured in the front row, left to right, are: Mrs. Maria Dobo, Mrs. Olga Stauvers, Miss Diane McGregor and Mrs. D. J. Setter, clinical instructor. Back row: Anthony McSween, Agostinho de Chaves Bairos (valedictorian), Wasilie Medwediuk, Carlvon Ignatius Serrette, Lazar Weismann and Jorge F. O. Pegado. (Photo by David Portigal).

ASSINIBOINE HOSPITAL

(Continued from page 1)

of Health (comprised in the main of representatives of the Manitoba Medical Association) to study the problem of long-term hospital care in Manitoba. The resulting recommendation was that special facilities should be established, using the services of the Sanatorium Board, to provide extended treatment and rehabilitative care for

Hospital enthusiastically entered a new field of treatment.

Subsequently, the federal government transferred title to the buildings and equipment to the Sanatorium Board and the City of Brandon, which owned the land on which the hospital stood, similarly transferred title so that the Board had full ownership of the property

Bulletin Board

James Foort, technical director of the Biomechanics Laboratory at the Manitoba Rehabilitation Hospital, recently attended a workshop on socket design sponsored at San Francisco by the University of California.

Between August 16 and 27, Mr. Foort will also conduct a two-week course on lower extremity fitting techniques for a select group of Toronto prosthetists at the Ontario Crippled Children's Centre in Toronto.

* * *

Dr. M. G. Saunders, head of the Department of Clinical Physiology at the Manitoba Rehabilitation Hospital, will take part in the Sixth International Congress on Electroencephalography and Neurophysiology to be held in Vienna September 5 to 10.

* * *

Barry Scott, second cook, and George Howell, assistant cook at the Manitoba Rehabilitation Hospital, recently completed a two-week concentrated course at the Culinary Institute at New Haven, Connecticutt. The Institute is one of the most famous schools for professional chefs on the continent.

* * *

The Sanatorium Board expresses deepest appreciation to Miss F. Wachnow of Winnipeg

velopment of a provincial program is a big step toward providing adequate help in the way of education, training and employment.

SPECIAL INTERNE

Warm welcome to Dr. Herbert Lee, interne at St. Boniface Hospital, who has elected to spend three weeks of medical study at the Central Tuberculosis Clinic. Dr. Lee, of Hong Kong, is a graduate of the University of Manitoba.

zation for 30 days or more. These facilities would augment the services given in this field for a number of years by the Winnipeg Municipal Hospitals.

Accordingly in the fall of 1958, at the request of the Minister of Health and with the concurrence of the federal government, tuberculosis patients at Brandon Sanatorium were transferred to the Board's other institutions and the staff of the re-named Assiniboine

Thousands Treated

Some 5,000 patients from all parts of the province have since received extended treatment and rehabilitative care at Assiniboine. Most of the patients have been elderly with multiple, serious illnesses requiring intensive nursing and therapeutic care.

A thoroughly modern physiotherapy unit was constructed at the hospital in 1960. The unit was designed to fit into a new, spacious, 200 - bed, one - storey hospital for which the Sanatorium Board had drawn plans two years ago with a view to beginning construction of the first unit of the replacement building this fall.

The cost of the physiotherapy and occupational therapy unit was $220,000 — and over one-third of this amount was contributed by the Associated Canadian Travellers of Brandon through their year-round fund-raising programs.

In May of this year the Brandon Travellers unanimously pledged to raise the owners' share of capital costs on the re-development of the Assiniboine Hospital on its present site.

However, the Manitoba Hospital Commission has ruled that long-term treatment facilities will be integrated with acute treatment general hospitals. The Sanatorium Board is therefore arranging for transfer of the Assiniboine Hospital as expeditiously as possible in order to carry the Commission's policy into effect.

(a child-size dental chair and a dental x-ray machine) to the Manitoba Sanatorium. The equipment was from the estate of Miss Wachnow's brother, Dr. M. Wachnow.

* * *

Dr. Hugh D. McDonald, representing the Canadian Council on Hospital Accreditation, paid a visit last month to the Manitoba Sanatorium, Ninette, and Assiniboine Hospital, Brandon, to conduct an accreditation survey. The two hospitals were previously fully accredited by the council in December, 1962.

* * *

Hearty congratulations to Edward Dubinsky, Sanatorium Board executive assistant, who captured the trophy for low gross score at the Manitoba Medical Centre Recreation Club's annual golf tournament in June.

* * *

Recent additions to the Manitoba Rehabilitation Hospital staff include Mrs. Lillian Bjornson and Mrs. Edith Marie Atkinson, general staff nurses, Mrs. Frances M. Galbraith, licensed practical nurse, and Miss Stella Clayton, Winnipeg, who succeeds Mrs. Cecile Paluck as secretary to the chief of medical services.

A warm welcome is also extended to Mrs. Shipley E. Linkaitis and Mrs. Marguerite Henrikson, general staff nurses at the Central Tuberculosis Clinic.

Estimate Eight Percent Decline In U.S. Tuberculosis Case Rate

According to provisional data gathered in 1964, the tuberculosis case rate in the United States declined 8 per cent and the death rate declined 10 per cent between 1963 and 1964.

Newly reported cases of active tuberculosis in 1964 were estimated to be 50,243 — a rate of 26.3 per 100,000 population. A total of 8,360 people died — a rate of 4.4 per 100,000 population.

A 1963 Task Force report to the Surgeon General of the Public Health Service estimated the number of persons directly affected by tuberculosis as 610,000. Of these 46,000 were active cases in hospitals, 64,000 were unhospitalized active cases, 250,000 were inactive cases whose disease was active less than five years ago, and 250,000 were contacts of newly reported cases.

In 1963, the new active case rate among men was double that for women. Non-whites had case rates more than three and one-half times as high as that for whites. Almost half of all new active cases occurred among white men.

About 2,100 persons whose death certificates listed tuberculosis as a primary or contributory cause of death had never been reported as cases of tuberculosis.

Cities with 500,000 or more population accounted for 30 per cent of the newly reported active cases of tuberculosis and 29 per cent of the tuberculosis deaths.

Between 30 and 40 million Americans are tuberculin reactors.

The Task Force report estimated the cost of tuberculosis treatment and needed control services at more than $400,000,000 annually. This total excludes other costs such as compensation which in the Veterans Administration alone totalled $120,000,000 in 1962.