

News Bulletin

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Sees Dangerous Threat In Local TB Outbreaks

Though the number of new active cases of tuberculosis found last year in Canada decreased by 419 from the 1962 figure, there were still 5,705 found in the country in 1963.

"This is proof that tuberculosis is not going to disappear without continuing pressure," Dr. C.W.L. Jeanes, executive secretary of the Canadian Tuberculosis Association, told delegates to the annual meeting of the association in Saint John, N.B., last month.

Patients who had to deal with a second or third bout of tuberculosis increased in

large numbers of persons, very often young persons, he said.

"A look into the records all too frequently turns up the fact that the infected person had an opportunity to have a free chest x-ray and failed to get one."

Dr. Jeanes also told the meeting that, unless a new first line drug appears, there is reason for anxiety about

A BRONZE PLAQUE in honor of the Associated Canadian Travellers of Winnipeg is viewed by A.C.T. club president John Huyda, left, and J. W. Speirs, chairman of the Sanatorium Board of Manitoba. The plaque was recently placed in the main lobby of the Manitoba Rehabilitation Hospital to acknowledge the club's support of the Board's work since 1945 and their generous contributions over the past few years to the equipment fund of the rehabilitation hospital. (Photo by Dave Portigal).

REHABILITATION TRAINING COURSE

Needed: A Better Deal for the Disabled

Winnipeg's program for the handicapped, say experts, is second to none on this continent. But even here — as elsewhere in Canada — much more can be done to make rehabilitation a wonderfully constructive and dynamic force in our society.

Making what may be the first important step toward achieving this goal, 22 experienced men and women, engaged in all aspects of rehabilitation work across Canada, went back to school last month for an intensive three-week training course in rehabilitation.

The course, offered June 1 to June 20 at the University of Manitoba School of Medicine and Rehabilitation, was the inspiration of local leaders in rehabilitation, and was sponsored by the Canadian Council for the Disabled, represented in this area by the Society for Crippled Children and Adults and the University of Manitoba.

The purpose of the course was to present an opportunity to gain a broad orientation in the rehabilitation field; to hear specialists in rehabilita-

tion on the latest theory and practice; and to discuss interests and problems with students and leaders in the rehabilitation field.

As a result of these lectures and discussions, students and teachers agreed that, although there has been an inspiring beginning in developing rehabilitation services in this country, a great deal remains to be done for the handicapped and much thinking must be changed.

Miss Mary Hamilton, social service director at the Manitoba Rehabilitation Hospital and a graduate of the course, summed up the areas requiring the most attention:

The public needs to develop a better attitude toward the disabled.

It is estimated that there are in Canada today

1,245,000 disabled people. Of these, more than 500,000 are seriously or totally disabled.

If given a chance, these people can be a great asset to the community. They need not be a liability; they do not seek charity or pity. But, just like all human beings, they have a basic need to become useful and self-respecting citizens.

Because of the cooperation between the various areas of rehabilitation, the attitude toward handicapped persons is slowly beginning to change in Manitoba. Yet the fact remains that handicapped persons are still very often regarded as a race apart, and because of this public attitude, some families look on disability as something to be ashamed of.

A full life does not have to include paid employment. Rehabilitation programs should not centre only on vocational training and assessment and job place-

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1962, he said. "The size of this figure is plain evidence of the importance of intensive follow-up work."

Local epidemics are probably going to be a brake on progress against tuberculosis for the next few years, Dr. Jeanes believes. There have been several rather sensational ones in the last three years — the most famous of which was the Eskimo Point outbreak involving 82 new cases, or 25 percent of the settlement's population.

Other TB epidemics in Canada in recent years have involved as many as two dozen people. Invariably they start with an individual who is extremely infectious and is in fairly close contact with

the emergence of a strain of TB infection which is resistant to the three most effective drugs now available.

"So far about three percent of new cases are found with bacilli resistant to the three first line drugs, but among those returning for treatment a second or third time the percentage of those resistant is from 12 to 15."

For these patients treatment is difficult, Dr. Jeanes said. It clearly demonstrates the necessity for all new tuberculosis patients to stay faithfully with drug treatment for as long as it is required.

A very important part of the research being financed by the Canadian Tuberculosis Association is aimed at find-

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Birds, Trees — and Histoplasmosis

The year was 1958. The place was the little community of Milan, Mich. The good townspeople were greatly worried for it seemed that a strange epidemic had broken out among their children.

During a tuberculosis survey of Milan that year, the school children had been given scratches on both arms: one for the tuberculosis test, the other for histoplasmosis. The infection rate from the latter turned out to be an astonishing 62 percent, contrasted with eight percent in adjoining towns.

Histoplasmosis, which resembles tuberculosis in many respects, is a lung infection caused by a fungus from the soil (*Histoplasma capsulatum*). Unrecognized until about 50 years ago, it has often been diagnosed and treated as tuberculosis. More frequently, in its mild form, it is mistaken for the summer 'flu. Many people never even know they have it.

The histoplasma fungus is tiny and light enough to float in the air when stirred up with dust. Unsuspecting victims breathe the spores into their lungs where, like seeds, they take root and spread — dividing themselves in two over and over again until in most cases the body's defences wall them off and render them harmless.

Similar outbreaks have been reported elsewhere. One epidemic in Missouri involved a group of Boy Scouts who had spent one day cleaning up an old city park inhabited by hordes of starlings. In another instance, a number of school children came down with what was eventually diagnosed as histoplasmosis. It took a long time to trace the source of the infection to a window of a schoolroom. Several weeks before the outbreak a load of coal had been dumped under the window. The coal, it is believed, came from a mine in which histoplasma had grown.

Most of the knowledge about histoplasmosis and other fungus diseases is very recent, although the organisms that cause them are among the oldest known pathogens. Fungi have been known to be the cause of disease since 1835 but, apart from the ringworm fungi, they were associated with rare and fatal diseases. Even up until 1945 there had been only 71 known cases of histoplasmosis in the United

body. This condition may cause various organs to enlarge, fever to rise, or it may cause anemia. In the rare, long-lasting cases, large injured areas may be found in the lungs and in the throat and nose. If cavities are formed in the lungs, there may be a great deal of spitting up — sometimes of blood.

In these more severe cases hospitalization is required and the patient is treated with a special drug and sometimes surgery.

Unlike tuberculosis, histoplasmosis is not contagious from person to person, and it is not affected by anti-tuberculosis drugs. It also differs from TB in that an infection provides a kind of immunity or protection from further disease.

But like tuberculosis, histoplasmosis is impossible to diagnose on the basis of symptoms alone. The tools used for diagnosis include both skin and blood tests. The x-ray will also show up the disease, but this method poses a drawback since the x-ray findings are almost indistinguishable from those of TB.

The problem of histoplasmosis is gaining increasing importance, particularly

Pre-employment X-rays Offered To Portage la Prairie Residents

A free pre-employment chest x-ray service is now being offered by the Sanatorium Board of Manitoba to all businesses and industries in the Portage la Prairie district.

The year-round service was recently established at the Portage la Prairie General Hospital in co-operation with the local health unit who have undertaken to promote this new health project.

All industries in the area are encouraged to have new employees x-rayed for chest disease, and one of the first firms to take advantage of the service was the Campbell Soup Company who requested that all of their employees be examined.

Pre-employment chest x-rays are an important part of

the Sanatorium Board's tuberculosis preventive program and are financed by the sale of Christmas Seals.

In Winnipeg, over 1,500 city firms now make use of the x-ray facilities provided at the National Employment Service building since November 1961.

During 1962 a total of 8,638 Winnipeg employees were examined and five new cases of tuberculosis were uncovered. Last year close to 6,000 people were screened, one new active case was found and 20 known old cases were examined.

Plans are now under way to provide this service to employers in Brandon when a 4 x 5 x-ray unit is installed at our Assiniboine Hospital.

The Resistance of Man

One difficulty in large-scale campaigns against tuberculosis using the modern drugs is the appearance of tubercle bacilli that are "resistant" to their action. But, as pointed out in a recent brochure of the

from his doctor. Both in the sanatorium and at home, the patient is far from being always co-operative. Despite the serious nature of his illness, there all too often comes a time when he revolts against the tiresome routine

require certain conditions in which to flourish. They like warmth, moisture and some darkness, although it has also been found that freezing weather has no injurious effect on them. It is known that they grow best in soil which has been enriched with the droppings of certain domesticated fowl, wild birds and bats.

Pinpointing the source of histoplasmosis often poses a considerable problem. In Milan, for example, it took an epidemiologist two years to figure out the cause of the epidemic among the children. He found that most of the children became infected soon after they began to attend a junior high school which was surrounded by a tree-shaded parking lot and playground. Investigation showed that in the bare soil under the trees there were tremendous quantities of the histoplasma fungus. The children, scuffling through the lot, kicked up the spores, inhaled them, and developed infections. The contaminated dust was also sucked in by the school's ventilating system.

In this case, the soil was particularly fertile for the fungus because in late summer and early fall the trees were a favorite roosting place for starlings, and their droppings, which covered the ground, had the right components for histoplasma to flourish.

Now it is known that histoplasmosis is not as uniformly serious as once believed, and there are very few fatalities. In 1955 it was estimated that more than 30,000,000 people in the United States were infected with it. At that time it was also thought that some 500,000 new infections with this fungus occur each year, that 8,000 persons with such infections are admitted to sanatorium each year, and that more than 300 deaths from histoplasmosis occur in the United States annually.

Histoplasmosis is also found in Canada — particularly in Ontario, with sporadic cases appearing in other provinces. In the United States it was once considered a rural Midwestern disease, but it has recently been discovered in small towns and even cities in other parts of the country.

Most people who come in contact with a heavy barrage of histoplasma spores get the disease. The clinical picture runs from mild or no apparent illness to severe disease, sometimes ending in death. Between the two there may be a 'flu-like illness with fever and chills, tiredness, and sometimes a cough or chest pains. In such cases, most of the patients recover of their own accord.

In the more serious type of disease, the spores spread from the lungs throughout the

the treatment and control of tuberculosis. Because it so closely resembles TB, sanatorium doctors must of necessity be familiar with the disease and its differential diagnosis. In the past it has been found that histoplasma patients have been admitted by mistake to sanatorium because their disease passed itself off so convincingly as tuberculosis. The true nature of their illness was not discovered until the patients failed to respond to treatment.

Although much has been learned about histoplasmosis and other fungus diseases, there are still many gaps in the scientist's information. It is interesting to note that the Canadian Tuberculosis Association is currently financing research in this field.

TB Epidemics are Warning

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ing a fourth first line drug — another anti-microbial as potent as streptomycin, which was the first break-through in drug treatment of tuberculosis.

This project is being carried out by Dr. E. C. S. Chan at the University of New Brunswick.

Dr. G. J. Wherrett, director of research, said that CTA research funds, which amount to \$69,790 yearly, are also making possible such studies as the one on histoplasmosis conducted by Dr. M. A. Hic-

Tuberculosis, "We hear a great deal about the resistance of the bacillus. But not enough is said about another form of resistance: that coming from ignorance, apathy and lack of interest — in a phrase, the resistance of man."

Immunization, diagnosis and treatment offered on a community-wide scale are nothing but empty gestures if the public is not willing to make full use of these services. There is need for active and continuing cooperation of both the individual and the community.

Doctor and patient have often different points of view. The doctor wants to "follow up" his patient, while the patient tries to keep away

key at the Royal Edward Chest Hospital in Montreal. This disease, caused by a fungus, not a germ, is easily confused with tuberculosis.

Eight other studies are based on investigation of surgical procedures, minimizing and correcting damage done by lung injury, and improving lung function in children who, because of congenital handicap, tuberculosis, bronchitis, pneumonia or asthma, need a great deal of help.

of drugs. The patient wants to believe that there is no need for further treatment, to think that he is already cured; whereas the truth is that the course of disease is merely interrupted.

Human resistance to the discipline of taking potent drugs regularly for a long period means that the tubercle bacillus is subjected to only a half-hearted attack and this gives it time to mobilize a drug-resistant population. Once this has happened there is no reprieve: the bacillus that has been "immunized" through the patient's negligence produces other bacilli just as impervious to the effect of the drugs to which it is resistant. Doctors have the greatest difficulty in dealing with these "super-bacilli", which respond only to a few costly drugs that may be dangerous and therefore must be administered under close hospital supervision.

The consequences of faulting from treatment are extremely serious: not only does the patient get worse, but he may succeed in spreading drug-resistant bacilli to healthy individuals who, in turn, become untreatable by normal methods.

AROUND OUR INSTITUTIONS

Nurses' Assistants Receive Certificates

The Sanatorium Board proudly congratulates the 22 nurses' assistants and nursing orderlies who during the past month have graduated from our Nurses' Assistants Training Program. Looking crisp and immaculate in their blue and white uniforms the graduates proudly stepped up to receive their certificates in three separate ceremonies held at Clearwater Lake Hospital, The Pass, Assiniboine Hospital, Brandon, and the Manitoba Rehabilitation Hospital in Winnipeg.

Arrangements of early summer flowers, grown in the hospital compound, formed a very pretty setting for the ceremony at Clearwater Lake Hospital on June 19. Chief of Medical Services Dr. S. L. Grey was chairman and the special speakers were Hilary Davies, hospital manager, and Miss E. L. M. Thorpe, M.B.E., Sanatorium Board nursing consultant. Both speakers congratulated the successful graduates and their instructors, and explained how important it is to keep nursing and hospital standards at a constant, high level.

ditional certificates to the graduating orderlies.

Overseas Nurses

The Sanatorium Board is very happy to welcome to our staff this month five new nurses from overseas. They are *Miss Kitty Lam* of Hong Kong, who has been appointed general staff nurse at Clearwater Lake Hospital, and *Miss Robin Georgina Butler*, *Miss Ann Christine Larkin-Sharpe*, *Miss Evelyn Mary Dorahy* and *Miss Lynnette Millwood* who have come from Australia to serve on our trained nursing staff at Manitoba Sanatorium.

Miss Lam, who has an excellent background in nursing and midwifery, will be a great asset to our nursing department at Clearwater Lake Hospital. Prior to her departure from the Far East she had been the sole proprietor for a number of years of the Kit Ying Maternity Home in Kowloon.

At one time she was chairman of the Hong Kong Nurses' and Midwives Association and for a number of years she was the associa-

Our congratulations to *Miss Winnifred Smith*, of our Manitoba Sanatorium nursing staff, who successfully completed the Licensed Practical Nursing examinations . . . and to *Dugald Rankin*, Ninette, who entered a contest and won an all-expense-paid tour to the New York World Fair.

We're also keen to learn *Stanley Lernowich's* secret for good health. Mr. Lernowich, who is head cook at Assiniboine Hospital, has established a remarkable record since he joined the hospital staff in January, 1947. Never once, in 17 years, has he been absent from work due to illness. Our very special congratulations, Mr. Lernowich!

Among our other personnel we note that *Miss M. R. Pemberton-Smith*, nursing instructor at the Manitoba Rehabilitation Hospital, left for Minneapolis this month to attend a three-week course at the Kenny Rehabilitation Institute . . . and that *Rudy Trnka*, who does a masterly job in our Sanatorium Board mailing room and printing shop, is taking his family on a three-week excursion to



Nurses' assistants and nursing orderlies who successfully completed the Sanatorium Board's Nurses' Assistants Training Program at Clearwater Lake Hospital are pictured following the graduation ceremony on June 19. Eight Nursing staff members received certificates and badges: Miss Martha Commodore, Mrs. Delores Gans, Miss Ann Norman, Miss Gertrude Spelay, Miss Viola Holhauser, Miss Jeannette Gamache, George Lowey and Gerald Bear.



at Assiniboine Hospital took place on June 9. Chairman for the occasion was Dr. R. C. Lambert, senior physician.

Out from Winnipeg for the ceremony were R. F. Marks, Sanatorium Board controller, who was guest speaker, and Miss Thorpe. Following their speeches of congratulation, Mrs. I. A. Cruikshank, Director of Nursing at Assiniboine, gave a resume of the setting-up of the training program and the number of persons successfully completing the course since its inception some three years ago.

The sixth group to graduate from the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital received their certificates and badges on June 30. Baskets of blue and white 'mums decorated the hospital auditorium for the special occasion.

Edward Dubinsky, Sanatorium Board executive assistant, chaired the proceedings and Executive Director T. A. J. Cunnings was guest speaker. Others taking part in the ceremony were Miss Thorpe, Miss M. R. Pemberton-Smith, nursing instructor, Mrs. D. Setter, clinical instructor, and Karl Birkenbeil, public relations director for the Manitoba Association of Certified Orderlies, who presented ad-

ditional representatives on the Hong Kong Midwives Board, which controls the training, registration and professional conduct of registered midwives in the territory.

Miss Lam also had training as a Health Visitor in the United Kingdom and she has done special work in tuberculosis in the public health field.

The four nurses from Australia are also welcome additions to our general nursing staff at Ninette. Miss Butler, Miss Larkin-Sharpe and Miss Dorahy all received four years of general training at a large metropolitan hospital in Sydney and completed a year's course in midwifery at Mater Mothers Hospital in Brisbane, Queensland.

Miss Millwood, who also has a registered midwives' certificate from Mater Mothers Hospital, did her general training in Brisbane.

Personnel Notes

The Sanatorium Board expresses warmest wishes for happiness to the former Miss Yvonne Morriseau of the laundry staff at Manitoba Sanatorium, who was recently married to Kenneth Williamson of Neeling, and to the former Miss Maxine Martin, secretary in our Winnipeg executive office, who became the bride of Robert Lazaruk of Winnipeg.

that Rudy and his wife have been back to England since the war, and all of us hope they have a wonderful time.

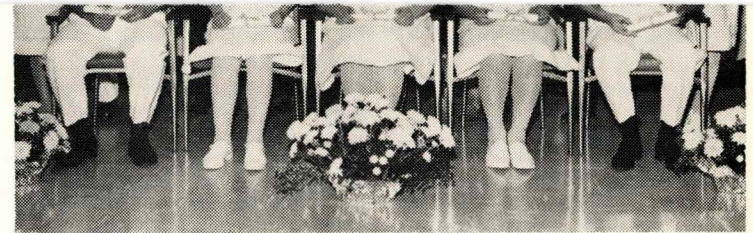
Finally, getting back to our Food Service Department, we note that Miss Jean Alexander, assistant director of dietary services, was a head table guest at a banquet in honor of the charter members of the Canadian Home Economics Association, held July 8 at the Royal Alexandra Hotel in Winnipeg.

Elect Dr. Found CTA President

Dr. Eric M. Found, who last year was named "Islander of the Year" by the people of Prince Edward Island, will serve as the new president of the Canadian Tuberculosis Association.

Dr. H. E. Burke, Montreal, retiring CTA president, presented the president's insignia to Dr. Found, medical superintendent of the Provincial Sanatorium at Charlottetown, at the association's 64th annual meeting in Saint John, N.B., last month.

At the meeting it was also announced that Dr. Found has been awarded the CTA exchange scholarship with the British Chest and Heart Association. He will be visiting Great Britain in September and October of this year.



The sixth group to graduate from the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital on June 30 are pictured with their instructors and Sanatorium Board executive staff. Left to right are: Back row, Mrs. D. Setter, clinical instructor; Karl Birkenbeil, of the Manitoba Association of Certified Orderlies; A. H. Atkins, hospital manager; E. Dubinsky, S.B.M. executive assistant; graduate Alan Wood; Miss E. L. M. Thorpe, nursing consultant; T. A. J. Cunnings, executive director of the Board; Miss M. R. Pemberton-Smith, nursing instructor. Front row: George McLean, Mrs. Isabella Moquin, Mrs. Vally Loewen, Miss Jenny Syganice, Andre Chabot.



A graduation for nurses' assistants and orderlies who completed the training program at Assiniboine Hospital was held June 9. Shown after the ceremony are: Front row, left to right: Mrs. Ellen Morrice, Mrs. E. M. Buckley, Mrs. I. A. A. Luck and Miss Ellen Ackroyd. Back row: Mrs. I. A. Cruikshank, director of nursing, Mrs. B. A. Gullett, Mrs. Christina Dawson, Miss E. L. M. Thorpe, Sanatorium Board nursing consultant, Frank Watt, Mrs. Bernice Way and Mrs. M. Klimczak, nursing instructor.

There's Nothing Like Archery For Outdoor Fun and Exercise

Archery — once referred to as a pastime indulged in by college girls and old folks — is rapidly becoming a favorite outdoor sport of all age groups. Thousands of people find it a wonderful game of skill. It's a lot of fun and not very expensive. And it's great exercise for developing the arms, shoulders and chest and for improving one's posture.

In fact, so beneficial is the exercise that the Occupational Therapy Department at the Manitoba Rehabilitation Hospital have recently included archery in the treatment program for patients with paraplegia.

Each Thursday afternoon a merry group of would-be Robin Hoods grab their bows and quivers and set out for the "shooting range" at the Winnipeg Archery Club. The archery club has generously donated their facilities to the patients and Ted Bangart, a

club member, gives two or three hours of his time each week to provide instruction.

Transportation to and from the club grounds in Fort Garry has been kindly arranged by the Associated Canadian Travellers of Winnipeg, under the direction of the club's secretary-treasurer Claude Leslie.

The patients, who comprise both men and women in-patients, love archery as a form of treatment and are rapidly acquiring skill in the art.

But most important, they have found a fun-filled way to develop the upper body co-ordination and strength which the paraplegic needs to attain maximum independence. Moreover, since propelling wheelchairs over rough ground is no easy job, it is felt that by the time patients have mastered the trick, they can get almost anywhere — on wheels.

Rehabilitation Training Course

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ment. Rehabilitation aims primarily to restore the individual to a place of

accessible to and usable by the physically handicapped. This is a very important pro-



ASSOCIATED CANADIAN TRAVELLERS, BRANDON CLUB, entered this float in the Ninth Travellers' Parade, June 29, to call attention to the club's work in support of the Sanatorium Board. The two-mile long parade, biggest and splashiest in Brandon's history, opened the 1964 Provincial Exhibition of Manitoba and was organized by both the Associated Canadian Travellers and the United Commercial Travellers, with Ernie Forsythe as parade chairman and Bill Paton as marshal.

Congress Delegates Tour Hospital

The annual Congress of the Canadian Physiotherapy Association convened in Winnipeg for the first time June 10 to 14 at the Fort Garry Hotel.

Reporting on the sessions, Miss Joan Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital

The tour was planned to coincide with the Congress program, Miss Edwards said. The hospital's program for amputees was explained by Dr. R.R.P. Hayter, assistant chief of medical services, and the rheumatoid arthritis program was demonstrated in the hydrotherapy section and gym classes.

Bulletin Board

The Sanatorium Board is very grateful to Winnipeg Unit No. 1 of the Ladies' Auxiliary of the Army, Navy and Air Force Veterans in Canada, who donated a wheelchair to the Manitoba Rehabilitation Hospital.

The cheque to cover the cost of the chair was presented by auxiliary president Mrs. M. R. Donnelly on Monday evening, June 29, following a tour of the rehabilitation hospital by club members. A. H. Atkinson, hospital manager, accepted the cheque on behalf of the hospital and the Sanatorium Board, and announced that a special plaque acknowledging the gift from the auxiliary will be attached to the wheelchair.

* * *

Sanatorium Board staff members who took part in the annual meeting of the Canadian Tuberculosis Association in Saint John N.B., June 22 to 26, were T. A. J. Cummings,

community — to a life that is creative and satisfying, but not necessarily one that includes work for pay.

More pioneering work is needed to develop the creative talents of the handicapped. More thought should be given to what the handicapped person wants to do and is capable of doing.

It would be more desirable to set up sheltered workshops according to the needs and resources of the community — and not always according to the type of disability, as for example, separate workshops for the blind, mentally retarded, paraplegics and so forth.

A coordinated approach to the problems of the disabled, through the combined action of federal and provincial governments and private organizations is much more effective than just the efforts of numerous, small pressure groups.

There should be more medical research for the handicapped. The public seems unwilling to spend much money on such projects. In the United States it is estimated that \$5.00 per capita is spent on medical research of this type. In Canada the figure is said to be five cents per capita, and one of these pennies comes from the United States.

Buildings, particularly public buildings, should be

of our public buildings are considered inaccessible to the handicapped.

Imposing flights of stairways, narrow doorways, escalators and the like deny to people with limited mobility the right to vote, work, worship and acquire a higher education.

These are the thoughtless barriers which, in the words of one handicapped man, "make us backdoor citizens."

Handicapped citizens are entitled to the type of accommodation which will ensure maximum independence.

"In most cases, we would probably find the disabled person's choice differs little from that of anyone else," said Tony Mann, director of the Manitoba Paraplegic Association.

"He needs accommodation which will afford a measure of family life and community life, and leave open a way for some productivity so that he, too, can contribute something towards society. He needs accommodation which will give him some privacy and reasonable comfort and which will be economically feasible on his budget.

"And if he can have a little more, after he has conformed to the standards set by society, he would like a bit of room for pride in self-expression and individuality so that he is not lost in the crowd."

Congress committee, noted that some 175 physiotherapists from across the country attended the meeting which included lectures and demonstrations on such topics as proprioceptive neuromuscular facilitation, a program for the limb deficient child, and treatment programs for the elderly, for frost bite and for patients with heart disease, cystic fibrosis and rheumatoid arthritis.

A highlight of the Congress was a visit June 12 to the Manitoba Rehabilitation Hospital where delegates sat down to an excellent lunch prepared by the food service staff under the direction of Miss Nan Tupper Chapman. Dr. Hartley Smith welcomed the guests on behalf of the Sanatorium Board and gave a brief history of the rehabilitation hospital.

The volunteer service then acted as guides for a tour of the hospital, during which members of the staff demonstrated the work of three departments: Physiotherapy, Occupational Therapy and the Prosthetics and Orthotics Research and Development Unit. One ward of the hospital was also toured by the group to show both ward planning and the tie-in between that ward and the treatment departments.

The remainder of the tour was designed to show a typical afternoon in the physiotherapy department. It included a P.N.F. mat class, P.N.F. pulley class, a routine hand class, and foot, ankle, leg and Delorme classes in the gymnasium.

Without exception the tour was a high point of the Congress, Miss Edwards said. And the hospital volunteers and staff members deserve praise for the time and trouble they took to present the programs.

Another outstanding part of the Congress, she said, was a panel discussion on the Development of a Group Program for the Treatment of Rheumatoid Arthritis. Dr. F. D. Baragar, internal medicine consultant to the rehabilitation hospital, explained the principles of treating rheumatoid arthritis, and Mrs. Pat Morey of the Physiotherapy Department, outlined the development of the hospital's arthritis program — which appears to be unique in Canada.

James Foort, technical director of the Prosthetics and Orthotics Research and Development Unit, and Mrs. Joy Huston, chief occupational therapist, spoke on a Program for the Limb Deficient Child.

L. Fane, medical superintendent of Manitoba Sanatorium, Miss E. L. M. Thorpe, nursing consultant, and R. L. Bailey, an elected member of the Board's executive committee. Miss Thorpe presented a paper on the tuberculosis control program in Manitoba to the nurses' sessions; Dr. P. was chairman of resolutions committee; and Mr. Bailey was a member of the nominating committee.

* * *

With sorrow the Sanatorium Board records the death on June 20 of Mrs. Christine Grahn, former nurses' assistant at our Manitoba Sanatorium. Mrs. Grahn was the wife of Karl Grahn, carpenter at Ninette. She first joined our nursing staff in January, 1957, at Clearwater Lake Hospital and was transferred to Ninette in January 1963.

* * *

Our warmest wishes for many years of happiness and good health are extended to Reginald Lock who after more than 20 years of faithful service has retired from his post as head of the laundry department at Clearwater Lake Hospital. Mr. Lock joined the hospital staff on January 1, 1942.