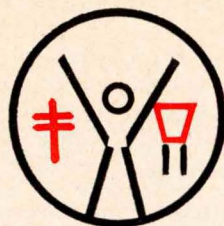


# NEWS BULLETIN

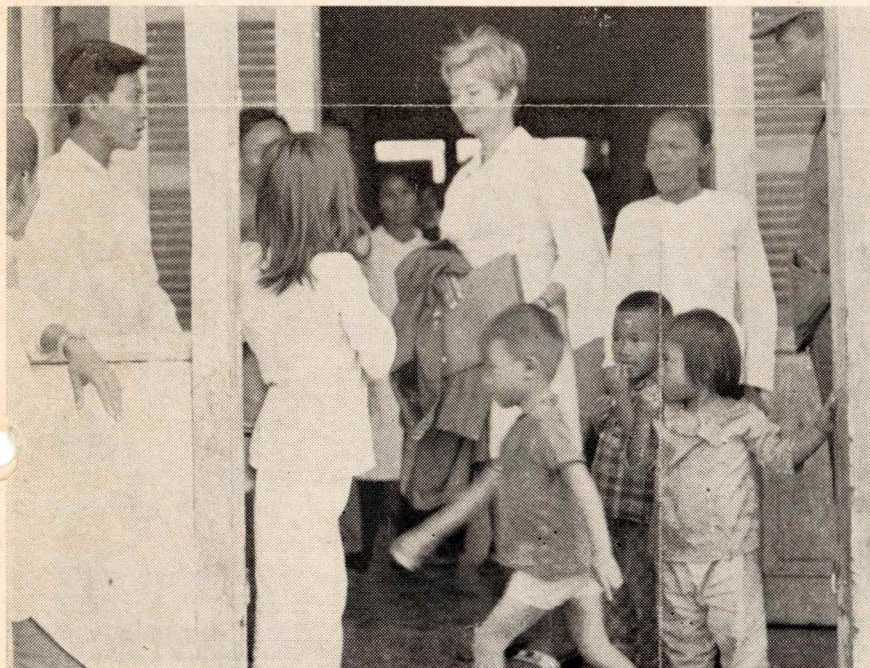


## The Sanatorium Board of Manitoba

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MARCH-APRIL, 1979



Mlle Claire Martin, Director of Nursing, and some of her patients at the Binh Sonh clinic in Quang Ngai province.

### Prevention of Illness Big Topic At CTRDA Annual Convention

The *Spirit of '70* will show itself in many ways when some 300 delegates gather for the combined annual meetings of the Canadian Tuberculosis and Respiratory Disease Association and the Canadian Thoracic Society at the Hotel Fort Garry, May 31 to June 3.

With the Sanatorium Board of Manitoba hosting the event, we'll not only be celebrating the 100th anniversary of our province, but also 70 years of progress in the nation-wide fight against preventable disease.

Tuberculosis — the leading cause of death when our national organization was formed in 1900 — will henceforth be considered in the light of bold new measures to bring it under complete control. Other chronic lung diseases — for which we had no time during the first six decades of our history — are now

clude *Special Diseases and Medical Education* (with Dr. John Gemmell, professor and chairman of the Department of Medicine, University of Manitoba, as speaker) *The University of Manitoba Northern Medical Unit* (an exercise in the provision of medical services to a remote area) and *Community Health Programs*.

At separate meetings on June 2 and 3, members of the Canadian Thoracic Society will take a cross-country look at recent research in respiratory diseases. Some 21 papers

IN VIETNAM and other parts of the world, tuberculosis is such a tremendous problem that sanatorium treatment is considered a luxury that the people can ill afford. Instead, health workers depend heavily on the widest possible use of cheap, anti-tuberculosis drugs and the administration of BCG vaccine.

Such is the case at the Canadian tuberculosis hospital in Quang Ngai province in Vietnam, where 300 visitors come for check-ups and drugs each day — and where one in every 14 of these has active tuber-

culosis as analysed by sputum.

Built three years ago by the Canadian International Development Agency, the hospital is undertaking a tremendous challenge as the only TB hospital outside Saigon in the whole of Vietnam. At present it is operated by Canadians and has the consultation services of the Canadian Tuberculosis and Respiratory Disease Association. But as the article on this project on page 3 points out, it is hoped that the Vietnamese can be trained to take over completely by 1972.

## Winnipeg A.C.T. Presents Cheque

The Sanatorium Board again expresses appreciation to the Associated Canadian Travellers of Winnipeg who this month made a further payment on a \$100,000 pledge to purchase special equipment for the Manitoba Rehabilitation Hospital.

At a luncheon meeting of club members, their wives, and Sanatorium Board representatives in the L.R.H. auditorium on April 4, A.C.T. President Don Blythe presented a cheque for \$2,386.70 to SBM Executive Director T. A. J. Cummings. The money—representing net proceeds from the club's *Lucky Star* Summer Cottage Project at the Red River Exhibition last year — brings total A.C.T. contributions to

the hospital Equipment Fund to just over \$75,000.

Following the presentation, Dr. F. D. Baragar gave an illustrated talk on arthritis, outlining the hospital's six-stage treatment program and research activities. Afterwards the Sanatorium Board hosts took their guests on a tour of the hospital.

Frank Boothroyd, chairman of the Sanatorium Board, and A.C.T. member George Ackerman chaired the meeting. This month Mr. Ackerman assumes the presidency of the Winnipeg Club, with the transfer of Mr. Blythe to a new post in Vancouver. During the meeting A.C.T. members presented him with a farewell gift.

voluntary effort and will occupy a prominent spot in the annual meeting program.

Dr. Stefan Grzybowski, associate professor of respiratory diseases, University of British Columbia, Dr. William R. Barclay, University of Illinois Department of Medicine, and Dr. Karel Styblo, director of the Tuberculosis Surveillance Research Unit of the International Union Against Tuberculosis, will be special speakers at the opening plenary session on June 1. Dr. Grzybowski will discuss the *Chemoprophylaxis of Tuberculosis*, while Drs. Barclay and Styblo will attempt to answer the question, *BCG Vaccination — Where Are We?*

At other plenary sessions Dave Courchene, president of the Manitoba Indian Brotherhood, will present his views on *Indians, Metis and Their Health*, and Dr. A. J. de Villiers, Department of National Health and Welfare, Ottawa, will talk about *Air Pollution — Where Do We Start in Canada?* Topics lined up for the final sessions in-

hensive session and eight universities represented.

Following a special luncheon on June 2, the Nurses' Section of the CTRDA will discuss respiratory disease nursing in all its aspects (see separate story) and at other general sessions, respiratory disease education, new techniques in the Christmas Seal Campaign, and the prevention of illness will be featured topics.

An interesting social program has also been arranged for all delegates. It includes an informal reception on Sunday, May 31, a buffet supper at the Manitoba Centennial Centre Hall followed by a performance at the planetarium on June 1, and the annual dinner and reception on June 3. For delegates wishing to have a further look at our province, a post-conference tour to the Whiteshell Provincial Park is offered. The 2½-day tour includes a visit to the Nuclear Research Establishment at Pinawa, a stop-over at Falcon Lake, and a boat trip on Lake of the Woods.

Address all communications to:

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800 Sherbrook Street, Winnipeg 2, Manitoba  
Second Class Mail Registration Number 0324.

## CPA Seeks to End Architectural Barriers

In Canada today there are approximately two million Canadians who, because of a physical handicap, are denied access to public buildings and places of business. Although they are entitled to the same privileges as other responsible, tax-paying citizens, they often don't get them. Their way is barred by a flight of stairs, a too high curb, a too narrow entrance, a revolving door.

For the past several years, the Central Western Division of the Canadian Paraplegic Association has spearheaded a campaign to put an end to these architectural barriers. In a recent action, they presented a brief to the Metropolitan Corporation of Greater Winnipeg, which outlines problems that face some 70,000 Winnipeg citizens, and recommends simple modifications of building standards, which would make life a good deal easier for them.

Following is a summary of some of the points contained in their submission.

### The Problem

According to CPA, a 1965 survey of Metropolitan Winnipeg showed that virtually all of the buildings and facilities most commonly used by the public have features that bar

the handicapped, and these include buildings that offer services for the handicapped. Of 82 churches surveyed, only 17 could be entered without help. Of 42 hotels surveyed, 30 were accessible at the entrance, but only 11 had rooms where the washroom was usable by wheelchair.

The survey found that the most common reasons for inaccessibility are steps, high curbs and steep and narrow sidewalks; doors that are too narrow, revolve or are hard to open; elevators that cannot be boarded because of their size and design, or because they do not descend to ground level; lack of space for wheelchairs in theatres, stadiums and other gathering places; too narrow aisles, too small toilet stalls and telephone booths, too high telephones, drinking fountains, vending machines and light switches; lack of parking space for the handicapped.

These are not major problems in terms of architectural planning and design, the brief points out, but they successfully prohibit many people from doing such simple things as purchasing a stamp, visiting a library, or exercising the right to vote.

Sometimes, only a minor change would alter the situation. For ex-

ample, 70 percent of our Winnipeg hotels could provide suitable accommodation for people in wheelchairs if their washroom doors were two inches wider.

### Who and How Many?

Although the people most seriously affected by architectural barriers are those confined to wheelchairs, the problem also concerns the individual on braces or crutches, the arthritic, the man with a heart or chest condition, the senior citizen who is unable to exert the amount of energy required.

The problem, in all, concerns an ever increasing number of people who, because of advances in medical science, survive the diseases and accidents that at one time killed. The National Research Council, in developing the standards and specifications which would make buildings accessible, estimates that *one in every seven Canadians* would be directly affected to some extent.

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The Paraplegic Association is gaining increasing support for its cause from other health and welfare agencies, and from churches, parent-teacher associations and the medical profession. According to one architectural firm, the cost of incorporating the recommended facil-

## Mr. Ulm Retires



MAXIMILIAN ULM

On Friday, February 27, Maximilian Ulm came up to the Executive Office to collect the last batch of the day's mail. Ordinarily Mr. Ulm's brief appearance would end in a courtly exchange of good wishes for the weekend; but this time, as he scooped up the little bundle of letters, he bowed and smiled and bid us farewell.

For the Sanatorium Board it was a rather dismal day when this gracious gentleman retired from our mailing and printing service; but for Mr. Ulm, who is used to beginning things anew, retirement at

## HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals, business firms and organizations who have recently made donations to our various health services. According to the wishes of the donors, some of the money has provided special equipment for patients, some has been used to assist our province-wide programs to prevent ill health, and some is helping to pay for research into the means of preventing or treating disabling disease or injury.

|   |           |
|---|-----------|
| Mrs. Annette Caplan, Winnipeg .....   | \$ 100.00 |
| Mrs. H. G. Shuttleworth, Winnipeg (a further donation) .....                  | 100.00    |
| Mr. S. N. Cohen, Winnipeg .....   | 100.00    |
| Saan Stores Ltd. ....   | 200.00    |
| Dombrico Employees' Charity Fund, Dominion<br>Bridge Company .....            | 75.00     |
| Welfare Appeals Association, City of Winnipeg<br>Engineering Department ..... | 100.00    |
| Employees' Charitable Fund, Greb Industries Ltd. ....                         | 75.00     |
| Associated Canadian Travellers, Winnipeg Club .....                           | 2,386.70  |

Other contributions have been received in honor of Mr. and Mrs. Max Caplan of Winnipeg, and in memory of the late O. J. Robillard, the late Dr. Alfred Savage, the late W. W. Childe, the late Frederick J. Prout, the late W. G. Steventon, the late Osborne B. Parkinson, the late Mr. and Mrs. M. A. Angelle and the late Ronald D. Parker. The donors include:

WINNIPEG: Mrs. A. Barron, Mrs. H. Cadle, Mr. J. A. Carson, Mr. and Mrs. R. Claydon, Mrs. L. Dissan, Mrs. A. Dukelow, Mrs. Dorothy Graham, Mrs. J. D. Guild, Mr. and Mrs. D. Halliday, Misses May and Gladys Hopkins, Dr. and Mrs. H. Kahanovitch, Mr. and Mrs. R. Kennedy, Mr. R. S. Loughheed, employees of Manitoba Furniture Company, Mr. A. R. Maxwell, Mr. and Mrs. G. MacPherson, Mr. and Mrs. M. E. McMillan, Mr. and Mrs. Ray Monteith, Dr. J. D. Mundie, Mr. D. W. Neelands, Mr. and Mrs. B. O'Brien, Mr. E. W. Pope, Mr. and Mrs. Charles Rosner, Mrs. Gail Rusen, Mr. and Mrs. B. C. Scrivener, Mr. and Mrs. Max Simovitch, Mr. C. R. Smith, Streets and Traffic Benevolent Fund (Metropolitan Corporation of Greater Winnipeg), Mr. and Mrs. Frank Thoresby, Mr. H. G. Tolton, Mr. A. K. Twaddle, Mr. and Mrs. C. Wreggitt.

OTHER PLACES: Mrs. F. J. Bayliss, Parksville, B.C.; Mr. and Mrs. R. J. Brechin, Carman, Man.; Mr. and Mrs. M. Chodak, Dr. and Mrs. Noel Hershfield, Mr. and Mrs. Sam Raisen and Mr. and Mrs. Bernie Switzer, Calgary, Alta.; Mr. E. Cushing, Westmount, P.Q.; Mr. and Mrs. P. Cyr, Mr. and Mrs. M. Groves, Pine Falls, Man.; Mr. and Mrs. A. C. Montgomery, Selkirk, Man.; Mr. F. F. Parkinson, Edmonton, Alta.; Mr. and Mrs. Harold Watkins, Vancouver, B.C.; Mr. H. W. Winkler, Morden, Man.

## World-Wide Symbol



From now on handicapped people travelling at home or abroad should have no trouble identifying buildings and transportation facilities that are accessible to them. They will know whether they can be easily entered or not simply by looking for a wheelchair symbol at the entrance.

Designed by a Danish student, the symbol — presenting a silhouetted image of a person in a wheelchair — was selected for world-wide use at the 1969 World Congress of the International Society for the Rehabilitation of the Disabled.

Rehabilitation leaders from 65 countries welcomed adoption of the simple, aesthetic insignia. Not only is it easily identified by the handicapped, regardless of what country they are in, but it also creates public awareness of the architectural barriers which make buildings inaccessible to a large percentage of people.

prospects. Immediate plans for himself and wife Margaret, he told us, include a summer holiday in England and parts of Europe. After that the couple look forward to a cosy life in their little home on Dudley avenue.

Born at a place called Sauritsch, in a section of Austria that in 1918 became part of the new kingdom of Yugoslavia, Mr. Ulm was for many years a prosperous landowner who specialized in the production of wines and some particularly fine brandies. With the Communist take-over in 1945, however, he and his wife fled into Austria, leaving most of their possessions behind. Eventually they made their way to England, thence (10 years later) to Canada where Mr. Ulm took a job as a farm manager in Quebec. Three years later, on a visit to Winnipeg, he answered a Sanatorium Board ad and was awarded the post of recreation hall steward at Clearwater Lake Hospital, The Pas. He joined the staff at Clearwater in July, 1960 and when the hospital was closed five years later, he was transferred to Winnipeg.

During his 10 years of service with the Sanatorium Board, Mr. Ulm's gentle humor, patient ways and impeccable manners won him the friendship and respect of all his fellow employees — a fact that was clearly evident when, at a tea in his honor on February 27, some 100 people from every hospital department crowded into the staff lounge to shake his hand and express the hope that the next years will be the happiest yet.

## Canadians Fight Another Kind of War in VietNam

In the battle-scarred back country of South VietNam, a small Canadian hospital wages a special war of its own. Its mission: to reduce the staggering tuberculosis problem in a population of 750,000. Its weapons: modern case-finding equipment and an arsenal of potent drugs and BCG vaccine.

Situated in Quang Ngai province, some 350 miles north of Saigon, the hospital provides the only tuberculosis control program outside Saigon. It was built in 1967 by the Canadian International Development Agency, and its 40-member staff (led by Canadians) has the special support and advice of the Canadian Tuberculosis and Respiratory Disease Association, with CTRDA Executive Secretary, Dr. C. W. L. Jeanes, serving as medical consultant.

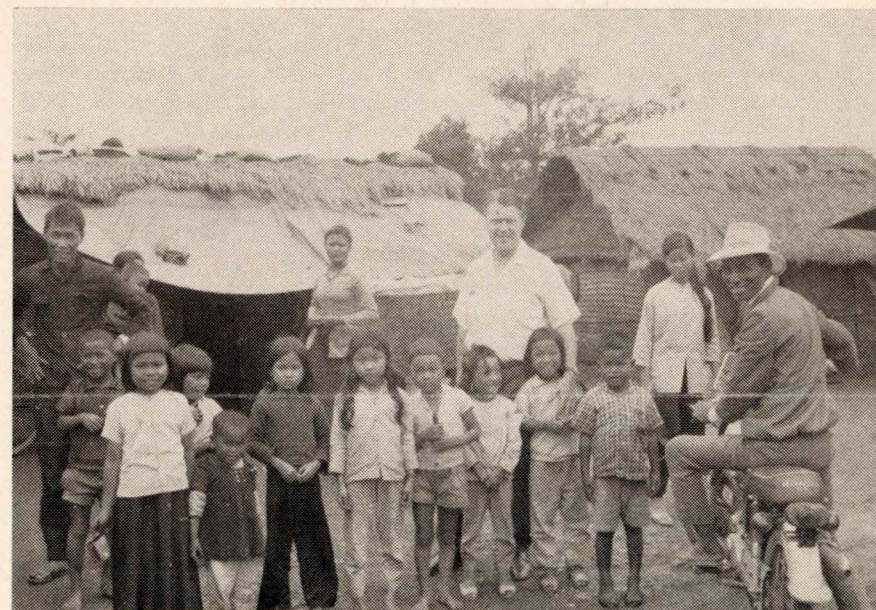
The Quang Ngai project serves as an outstanding example of what can be done to stem the tuberculosis control problem even in war-torn, underdeveloped countries; and it is the CIDA's hope that the program will eventually spread to other

provinces, which are still without control facilities.

According to Dr. Jeanes, who has recently returned from a visit to South-east Asia, tuberculosis in VietNam ranks only next to war casualties as the country's greatest health problem. "About one in every 14 people who walk into the (Canadian) clinic have active TB which can be diagnosed simply by sputum tests," he said. "When you consider that there are about 300 visitors to the clinic each day, you can count on about 20 new cases each day."

While the hospital provides 80 beds for extremely ill patients, most of the effort in Quang Ngai is concentrated on a broader control program to serve the people as a whole. Six sub-clinics are now being developed to carry case finding and treatment further afield, BCG vaccination programs are carried out among newborns and school children, and educational programs operate at full tilt. Most active cases receive at least one year of out-patient chemotherapy. At present, 7,000 are on the treatment roster.

The Quang Ngai project is currently under the medical direction of Dr. Michel Jutras of Montreal, who is assisted by four other Canadians (two registered nurses, an x-ray technician and administrator).



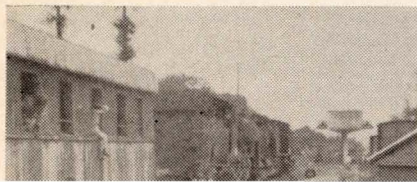
*On a recent visit to VietNam, Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis and Respiratory Disease Association, poses with a group of mountain children in a village some 10 miles from Quang Ngai.*

tributed to the Mutual Assistance Program of the International Union Against Tuberculosis; and through this program Canada has helped to finance TB control projects in such other areas as Malaysia, Ceylon and the Ivory Coast.

On a global scale, tuberculosis remains a major crippler and killer,

claiming an estimated three million lives yearly.

It is a world-wide problem which must be solved on a world-wide basis, says Dr. Jeanes, who at the forthcoming annual meeting of the CTRDA in Winnipeg will discuss Canada's role in this international effort.





*Vietnamese children outside their home, an abandoned train.*

the Vietnamese will take over the entire operation . . . and toward this end, 35 Vietnamese junior staff have already been trained to do all the routine work of the clinic.

The support given to this project is one of several ways that the Canadian Tuberculosis and Respiratory Disease Association is helping in the world-wide fight against tuberculosis. A percentage of Christmas Seal funds raised by each province is con-

## Admission X-rays Are Important

For more than 20 years in Manitoba, the routine chest x-ray examination of admissions to general hospitals has been one of our most fruitful means of picking up unsuspected tuberculosis and other forms of chest disease.

It is therefore gratifying to note that during the past several years the cover provided by this program has been steadily improving.

According to the Manitoba Hospital Commission, which now finances this service, 73.43 percent of the patients (15 years of age or over) admitted to general hospitals last year had routine chest x-rays. This is nearly a two percent increase over the number screened in 1968, and a decided improvement over the situation five years ago when less than half of the admissions to general hospitals in Manitoba received this service.

The General Hospital Admission X-ray Program is a joint effort of

the Manitoba Hospital Commission, the Manitoba Hospital Association, and the Sanatorium Board of Manitoba. From 1948 to 1965, the program was provided by the Sanatorium Board under a federal health grant, and today the Board still assists with the program by reading films for hospitals who do not have the service of a radiologist. Last year 14,021 admission films were reviewed at our D. A. Stewart Centre and from these, four active cases of tuberculosis were discovered.

The Board and other agencies concerned with the program continue to recommend the widest possible use of admission x-rays. Not only are they an important means of screening a large segment of the population not easily reached by other preventive services, but they also help protect hospital employees from tuberculosis infection, and they are useful in turning up other unsuspected chest conditions.

Nurses who plan to attend the 70th annual meeting of the Canadian Tuberculosis and Respiratory Disease Association will undoubtedly welcome the various sessions that deal with their special interests.

For example, at the plenary meeting at the Hotel Fort Garry on June 1, federal, provincial and city public health nurses will team up with a group of doctors to discuss problems encountered in providing health services to the community, paying particular attention to TB drug supervision. And at a separate meeting of the CTRDA Nurses' Section on June 2, an entire afternoon will be devoted to respiratory disease nursing.

The program for the Nurses' Section is designed to show the extent to which the nurse's role permeates all sections of the community, says the chairman, Miss E. L. M. Thorpe. Topics to be covered are the components of basic nursing care (including ventilation and

physiological and emotional factors), epidemiology of TB (with some new statistics on other chronic respiratory disease), variations and modifications of nursing care, mental health and respiratory disease, and care of the patient at home.

The speakers: Miss Thorpe, nursing consultant for the Sanatorium Board; Miss Janet Smith, public health nursing consultant in tuberculosis, Manitoba Department of Health and Social Services; Miss Dianna Krawchuk, evening supervisor at the D. A. Stewart Centre, Winnipeg; Miss Mona McLeod, assistant professor, University of Manitoba School of Nursing; and Miss Edith Svanhill, Nursing Coordinator, Winnipeg General Hospital Home Care Program.

Guest speaker at the nurses' luncheon at the Hotel Fort Garry on June 2 is Dr. Aileen Garland, Winnipeg historian.

### POCKET BOOKS

(in good condition)

### MAGAZINES

(recent issues)

Before you throw them out, think of the PATIENTS' LIBRARY at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre.

The VOLUNTEER SERVICE is in need of both magazines and books . . . and will welcome your contributions.

### WE'RE FULLY ACCREDITED

The Manitoba Rehabilitation Hospital — D. A. Stewart Centre again received full accreditation, following a survey last December by a representative of the Canadian Council on Hospital Accreditation.

The award of an accreditation certificate means that our hospital complex is one of 22 health institutions in Manitoba which meets the standards of good patient care set by this national organization.

## BULLETIN BOARD

**PROSTHETICS TRAINING**—As part of the on-going effort to upgrade prosthetics services in Canada, the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit recently held another *Summary Course in Lower Extremity Prosthetics*.

Six students from Winnipeg and three other centres took the intensive course, February 16 to March 13. They were: Lloyd Whitehead, prosthetics technician with the SBM Prosthetics Products Division; Doug Calder, physiotherapist at the Manitoba Rehabilitation Hospital; Zeke Young, remedial gymnast at the University of Alberta Hospital in Edmonton; Louis Mazerolle, prosthetics mechanic attached to Vocational Rehabilitation Services in Thunder Bay; W. F. Burt and Howard Cox, certified prosthetists at Toronto's Sunnybrook Hospital.

Although over the past seven years PORDU has been involved in various education programs for doctors, therapists, nurses and engineering students, the training of needed prosthetists has been its main interest.

According to James Foort, PORDU's technical director, there is a tide toward the establishment of formal schools for prosthetists. The best approach, he feels, would be to use existing physical medicine facil-

Joseph's General Hospital, Thunder Bay; Mrs. Millicent A. Cook, Mrs. Eileen Love and Mrs. A. Rudd, South Saskatchewan Hospital Centre, Wascana Division, Regina; Mrs. Dorothy Barker, Care Services, Winnipeg; Mrs. A. Jean Laco and Mrs. Marguerite Rourke, Assiniboine Hospital, Brandon; Mrs. Anna Woods, D. A. Stewart Centre, Winnipeg; and Miss Marian Land, Miss Solar Law, Miss Jennifer McCombs, Miss Charita Pama and Mrs. Therese Young, Manitoba Rehabilitation Hospital.

The course — directed by nursing instructor Mrs. Doris Setter — is offered twice yearly by the Sanatorium Board. Beginning with an explanation of the basic principles and philosophy of rehabilitation, it includes intensive instruction in the nursing care of people with all types of physical disabilities and demonstrations of treatment programs in the various hospital departments.

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**END OF AN ERA** — In a letter to ex-patients and friends earlier this year, Dr. A. L. Paine noted the closing of the surgical chest service at the Manitoba Sanatorium, Ninette.

The pendulum has swung away from surgery for pulmonary tuberculosis, he said. The administration



**NINETTE GRADUATION** — Clutching their new diplomas, the latest class to complete the three-month Nurses Assistants Training Program at the Manitoba Sanatorium poses proudly with the Director of Nursing, William Broadhead. Graduation ceremonies were held on Thursday, April 7. The new graduates are, from left to right: (Standing) Miss Ruth Smith and Miss Betty Zucawich; (Seated) Miss Edith Wiebe and Miss Dianne Budd.

—Photo by Bill Amos

**WORK INCREASES** — In his annual report to the Sanatorium Board, Associate Medical Director Dr. E. S. Hershfield notes an increase in both in-patient and out-patient services at the D. A. Stewart Centre.

The Centre chalked up a total of 12,951 out-patient visits in 1969, as

**ENGINEERS, DOCTORS MEET** — Members of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit will meet with other Canadian rehabilitation engineers, clinic chiefs and prosthetists and orthotists at the University of New Brunswick on May 22. This is the first time that

and courses in schools of medical rehabilitation, medicine and engineering, as well as in technical schools.

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**REHABILITATION NURSING** — Fourteen graduate nurses from Ontario, Saskatchewan and Manitoba enrolled in the 14th course in *Rehabilitation Nursing for Registered Nurses* at the Manitoba Rehabilitation Hospital, April 6 to 24.

The registrants are: Miss Helen Baker, Brantford (Ontario) General Hospital; Robert P. Schick, St.

of drugs has become almost the sole means of treating tuberculosis, and the few operations that are being done are now performed in large medical centres.

Nevertheless, Ninette over the years acquired a wide reputation as a centre of tuberculosis surgery and Dr. Paine, as an eminent chest surgeon. From the time of the opening of the service in 1936 until its termination last summer, hundreds of operations were done and hundreds of lives saved. From 1941 nearly 900 lung resections were performed — all of them by Dr. Paine.



(Group Number Nineteen)

**WINNIPEG GRADUATION** — One of the largest classes to complete the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital are pictured following the graduation ceremony on February 20th. They are, left to right: (Standing) David Bateman, Andrew Bruce, Patrick Unrau, Harold Carter, Eric A. Pippert (winner of the Manitoba Association of Certified Orderlies prize), Robert Neault and Indraj Persad; (Seated) Miss Eerlinda Gavino (Valedictorian), Mrs. Doris Setter, nursing instructor, and Miss Heather Day.

—Photo by David Portigal

the actual number of out-patients increased from 7,460 to 8,009.

With respect to in-patients, the number of treatment days was down slightly in 1969, but the number of admissions increased from 455 to 500, and discharges from 446 to 508.

During the year a new service was instituted, consolidating the BCG vaccination program with out-patient tuberculin (Mantoux) testing. Nearly 5,000 Mantoux tests were administered and, as a consequence, over 1,000 patients received BCG.

The medical staff continued to take an active part in teaching, both at the D. A. Stewart Centre and in other areas of the University of Manitoba. Formal chest conferences were also held at the Centre each week (with an average attendance of 50 doctors, nurses and students), and informal chest rounds have been held each Friday.

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**CONGRATULATIONS TO DR. LOUIS CHERNIACK**, who was admitted this month as a Fellow of the Royal College of Physicians in London. Dr. Cherniack is an associate medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, as well as associate professor of medicine at the University of Manitoba. Widely known for his work in the respiratory disease field, he is the author of numerous medical articles and, in collaboration with his brother Dr. Reuben M. Cherniack, he wrote a popular book entitled, *Respiration in Health and Disease*.

Association has been represented at this annual session — the purpose of which is to review current research and other work in the limb and brace-making field, and to plan for future projects.

## ARCHITECTURAL BARRIERS

(Continued from Page 2)

ities in new buildings would not be significant, nor would they interrupt or reduce the aesthetic or functional plan.

In fact, the simple specifications for entrances, parking lots, ramps and stairs, toilets, telephones, cafeterias and a host of other things would in no way detract from the use of buildings and facilities by people who are not handicapped — and they would go a very long way to help others achieve the independence and rights they desire.

