

News Bulletin

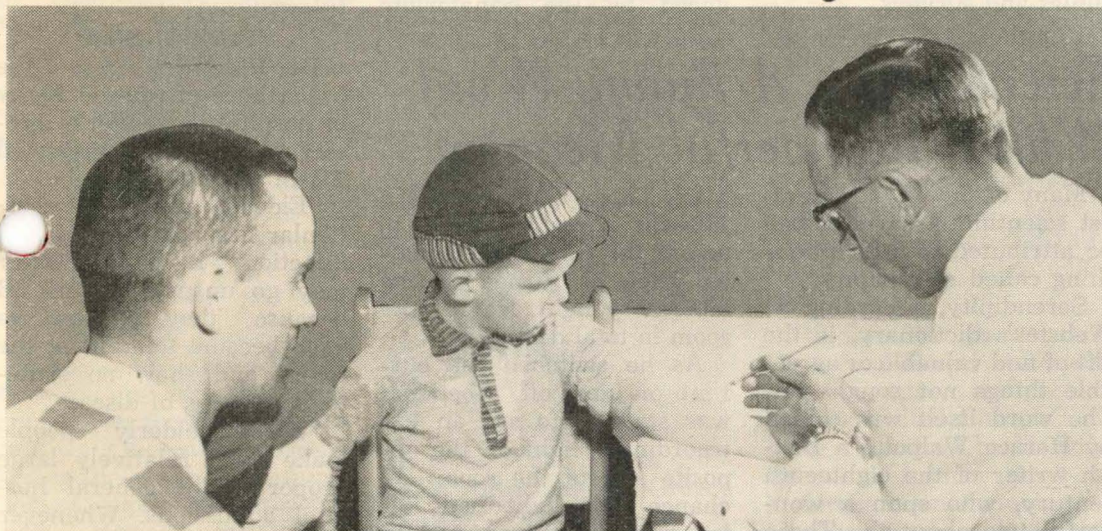
SANATORIUM *The* OF MANITOBA
BOARD

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For Patients, Staff, and Friends of the Sanatorium Board

VOLUME 1

MAY, 1959

First Mass TB Survey Under Way in Ft. Garry



A mass tuberculin test and chest X-ray survey, the first of its kind to be conducted by the Sanatorium Board of Manitoba, is now under way in Fort Garry.

By the end of April over 3,000 residents, including school children, had lined up for the free tests and it is expected that before the survey ends on May 28 5,000 families will have been examined.

Clearwater Staff Establishes New Joint Committee

A new Joint Conference Committee to provide better means of communication between hospital departments was established recently at Clearwater Lake Hospital.

The outstanding example of the campaign's success was the public survey held at Oakenwald School in the latter part of April. Of those who signed up for the tests in a house-to-house campaign, over 90 per cent registered at the testing site.

The success of the survey can be attributed to the 600 volunteer workers who



(Photo by Portigal and Ayers.)

This little Fort Garry boy looks on curiously, and perhaps with apprehension, as a Sanatorium Board laboratory technician prepares to administer the tuberculin skin test. If he is afraid, he needn't be — this skin test, known as the Heaf method, is simple and quite painless. So far, about 3,000 Fort Garry residents have been tested in the free mass skin test and X-ray survey. It will continue until May 28.

Recent Case Findings Indicate The Importance of TB Surveys

Recently a 16-year-old Transcona girl, just out of high school, applied for work at the Great West Life Insurance Company. She underwent the health examination required for all new employees. The doctor, suspicious of her physical condition, referred her to the Central Tuberculosis Clinic for a large chest X-ray.

Results of the film reading: active pulmonary tuberculosis. The girl was immediately admitted to hospital.

The case in point is not only a good example of the importance of pre-employment check-ups and of a doctor's alertness, but it also shows just what happens at the Sanatorium Board after such incidents occur.

Transcona Survey

The news was passed the Board's travelling clinic which immediately organized a tuberculin testing X-ray survey at Transcona Collegiate. Family associates of the girl were urged to have chest X-rays. Plans were made to move into Transcona next fall for a public survey.

TB Prevention

Periodic tuberculin testing and X-raying of all people, particularly segments of the population with a greater known prevalence of TB, is the most effective method of identifying and isolating sources of infection. Sometimes the location of these "higher incidence" groups happens by accident.

For example, a few weeks ago a part-time janitor at the Salvation Army Hostel was admitted to Winnipeg General Hospital and was given a routine admission X-ray. It was discovered that the man had far advanced tuberculosis.

Again the information was passed to the Sanatorium Board and a mobile X-ray unit was set up at the hostel

for ten days. As a result another man was found with gross pulmonary tuberculosis.

The Board also made long-range plans to hold surveys at the hostel at least once a year.

TB Incidence

The survey at the Salvation Army Hostel indicates that tuberculosis has become a more serious problem for older people, especially men. A recent skin test survey of 579 workers at the Manitoba Rolling Mills in Selkirk also illustrates this trend.

Of the 571 films read, 336 of these men showed a positive reaction to the tuberculin test. That is, they had become infected with the TB germ.

Plans to Expand

The Sanatorium Board will continue in 1959 to expand its program of tuberculin testing and chest X-ray surveys in Manitoba communities, in all provincial schools, and in such places as social welfare departments and city county jails.

for the first time on April 30, will be governed entirely by hospital staff members. Meeting on the last Thursday of every month, employees will have the opportunity to hold joint discussions on all staff problems and hospital affairs.

Membership will include heads of each major department, two members from nursing and engineering, and a representative from each of the smaller departments.

At the first meeting, Ted Rudachuk was elected chairman of the committee and Mrs. Lucy Hoksbergen, secretary. R. A. McIvor, business manager, and Dr. S. L. Carey, medical superintendent.

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for the past several weeks have made a concentrated drive to obtain all-out participation.

Before the survey started, family registrars made personal calls to every home in Fort Garry.

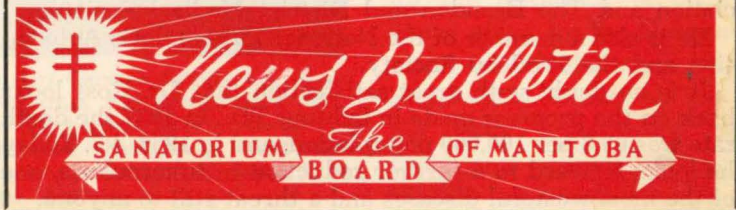
During the campaign others worked long hours mailing out appointment cards and making innumerable phone calls. And each day 15 of these volunteers under the direction of Mrs. J. Jackson, acted as receptionists at the testing sites.

J. J. Zayschley, surveys officer for the Sanatorium Board and director of the campaign, expressed appreciation of the many hours the volunteers have devoted

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Profiles

Beginning a series of brief biographical sketches of the men and women who together execute and develop the various services of the Sanatorium Board of Manitoba.

CHAIRMAN

Over the years the success of the Sanatorium Board in meeting the health needs of a growing population have been due largely to a group of private citizens who have given willingly of their time and ability to serve on its executive committee. No one has contributed more in this way than James W. Speirs, chairman of the Board.



Mr. Speirs, organizer and head of Modern Dairies Ltd., has served on the Sanatorium Board since 1942. He has been chairman of the Administration and Finance Committee, was appointed vice-chairman of the Board in 1955, and became chairman in 1958.

Born in Glasgow, Scotland, Mr. Speirs came to Manitoba while still a child. He grew up with the dairy industry for his father, too, was a dairy owner, and during his boyhood Mr. Speirs worked long hours in the small dairy.

After completing school, Mr. Speirs went to work for Crescent Creameries and over the next 20 years worked his way up to assistant manager. In 1931 he organized Modern Dairies Ltd., now the largest and most diversified privately-owned milk distribution company in Western Canada.

A congenial man with a warm handclasp and delightful wit, Mr. Speirs has always shown exceptional willingness to take part in civic affairs. Hospital work has always been a favorite interest and besides his work on the Sanatorium Board he has served on the Advisory Board of St. Boniface Hospital. He was chairman of the Board in 1956.

He is also vice-president of the Industrial Development Board of Greater Winnipeg, an executive member of the Canadian Manufacturers' Association, a governor of the Motor Country Club and a member of the Manitoba Club, Saskatchewan Club, and the Elks Club.

Hospital Admission X-Rays Considered Essential Part of Anti-Tuberculosis Program

X-raying of general hospital admissions provides good opportunity to discover chest diseases in people not reached by general or industrial surveys.

In a series of reports, medical personnel of the Sanatorium Board stress the importance of this X-ray program as a case-finding service.

Dr. D. L. Scott, medical superintendent of the Central Tuberculosis Clinic, points out that admissions to general hospitals constitute about 15 per cent of the yearly population.

The majority of these, he says, are in an older age group and it has always been a problem to get these people to attend travelling chest clinics and surveys.

High Incidence

The routine chest X-ray of patients admitted to general hospitals was begun in 1949 because this considerable segment of the population was known to have a higher TB incidence, he says.

Seventy general hospitals in Manitoba now take part in this service, which is financed by the Sanatorium

Board under a National Health Grant.

As with other case-finding programs fewer cases of active TB are found today.

In 1950, one in 839 X-rayed had active tuberculosis. In 1958 this figure was one in 1,837.

"Even so," Dr. E. L. Ross, medical director of the Board, points out, "this is three times the incidence discovered in community surveys.

"Altogether, since 1950, a total of 632 cases have been reported as probably active tuberculosis."

Protects Staff

Dr. Ross also stresses the importance of routine X-ray of hospital personnel to protect them from unsuspected TB in general hospitals.

"Elderly people in particular are spreaders of infection," he says. "They may go unsuspected of TB because they themselves have become tolerant of the toxins and show no symptoms or signs of disease.

"These elderly people make up a relatively large proportion of general hospital admissions. Whenever

Serendipity - A Funny Word With a Wonderful Meaning

Many of the world's greatest scientific discoveries can be attributed to a fortuitous thing called serendipity.

Serendipity, according to Webster's dictionary, is the gift of find valuable or agreeable things not sought for. The word itself was coined by Horace Walpole, a British writer of the eighteenth century, who spun a won-

black paper and attached a 110-volt direct current to one of the tube's metal plates. Then he turned off the laboratory light, leaving the room in total darkness.

As he switched the current on and off, Roentgen was startled to see an extraordinary light on the opposite side of the room. By chance this light had fal-

MEDICAL DIRECTOR

Dr. E. L. Ross has directed the medical affairs of the Sanatorium Board's tuberculosis institutions, travelling chest clinics and X-ray and tuberculin testing surveys since 1937 and has been associated with the Board for over 30 years.

He is known to his colleagues as a dedicated doctor who has won international acclaim for his work in tuberculosis treatment and prevention. To staff and patients Dr. Ross is a warm, kindly man who takes a deep, personal interest in his work — and in everyone with whom he comes in contact.



He was born in Morris, Manitoba, the son of the late Dr. and Mrs. R. L. Ross. In 1925 he graduated from the University of Manitoba Medical School, and a year later joined the medical staff of Manitoba Sanatorium.

Soon after he became assistant medical superintendent and for the next ten years worked directly under Dr. D. A. Stewart, founder of the sanatorium and an internationally recognized authority on tuberculosis. On Dr. Stewart's death in 1937, he became medical superintendent of Manitoba Sanatorium, a position he held until the fall of 1946, when he came to Winnipeg as Medical Director.

During his 34 years of treating the tuberculous Dr. Ross has recorded many of his findings in some 80 papers. Several of these have won international recognition.

Dr. Ross is a certified Specialist in Internal Medicine (Tuberculosis). He has served for several years on the management and executive committees of the Canadian Tuberculosis Association and was president of that organization from 1955 to 1956. In 1955 he represented Canada at a Commonwealth Conference on Tuberculosis in London, and later at the International Union Against Tuberculosis.

He is also past president of the Manitoba Medical Association and The Brandon and District Medical Society.

He is also a member of the National Tuberculosis Association and the Trudeau Society.

It is no doubt with great satisfaction that Dr. Ross looks back on the progress made in fighting TB. In 1937 the death rate was 60.8 per 100,000 population, and in 1958, 4.7. Today he looks forward to a further reduction in tuberculosis, one of the most wasteful diseases and a threat still to anyone.

princes, it seemed, had a special aptitude for making fortunate discoveries — accidentally.

Serendipity has happened countless times in history. From the casual observation of a lamp swinging in a cathedral in Pisa came the pendulum, which has evolved into our intricately made clocks and timepieces of today. By the merest accident a church spire seen from the distance seemed enlarged when viewed through two reading lenses of different strength. From this trivial observation came the telescope which today brings whole new worlds into view.

Serendipity has also occurred many times in medicine . . . but doctors prefer to call it a happy accident. One such happy accident occurred one evening in 1893.

After a long, hard day with his classes, Professor Wilhelm Konrad Roentgen of the University of Wurzburg, sat at his laboratory desk, trying to relax.

He picked up a vacuum tube which had been given to him by a friend. The instrument was not new; it had been experimented with by other people before it fell into Roentgen's hands.

Leaving it in the wooden box in which it had been encased for protection, Roentgen covered the tube with

which had been used to demonstrate experiments to his students.

Excited by the puzzling phenomenon, Roentgen put his hand behind the box to better center the light on the screen. What he saw then left him speechless.

Certainly it was no illusion — the bones of his hand were plainly pictured on the curtain!

Roentgen said nothing about his discovery for two years. He spent all his spare time repeating his strange discovery and experimenting with other kinds of sensitized plates. He hoped to develop some process which would keep permanent the impressions on the screen.

At last he was ready to exhibit his apparatus before a scientific society. When he had finished a colleague turned to him:

"What kind of device would you call this?" he asked.

"I call it an X-ray," said Roentgen.

"Then you don't know what kind of ray it is. You found it by accident?"

This was truly serendipity. For Wilhelm Roentgen this remarkable accidental discovery brought a Nobel prize in 1901. For the world it meant an invaluable machine for diagnosing and combatting human disease.

nized open TB is admitted to hospital he becomes a menace to other patients and doubly deadly is the menace to hospital personnel."

Other Values

Other values of hospital admission X-raying are enumerated.

Besides TB, many other respiratory abnormalities and cardiac conditions noted, often for the first time.

In 1958, 4,113 cardiac conditions were discovered by admission X-rays. A total of 4,260 other pulmonary conditions were found.

Hospital X-ray program also provides a free chest X-ray service to communities for out-patient referrals, and for referrals of contacts with TB, and TB suspects by tuberculosis agencies.

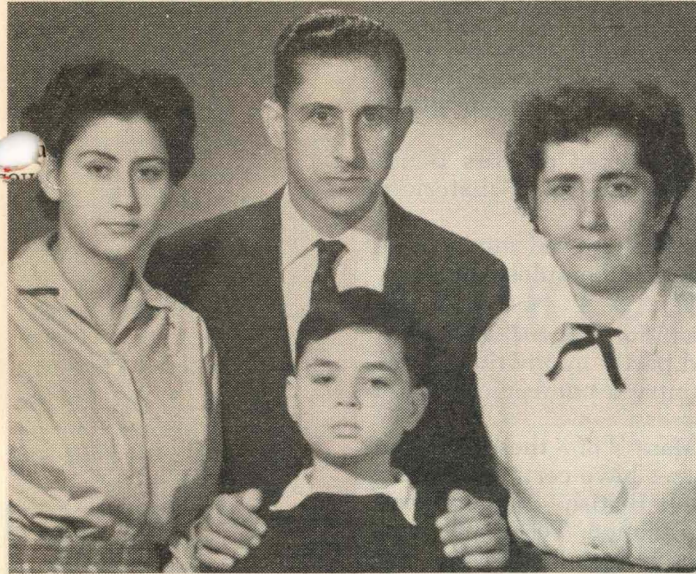
Fewer X-rayed

Despite these facts, Dr. Ross says, only 51 per cent of the people admitted to the Manitoba General hospitals received routine X-rays in 1958. From 1951 to 1957 65 per cent were X-rayed.

The drop in 1958 is partly due to the fact that most children under 15 years of age are now excluded from admission chest films.

"Still it is a matter that should cause some concern," Dr. Ross says. "I think the percentage of general hospital admission X-rays could be improved."

Surgeon From Greece



Dr. Telemachus Nicolaides, new assistant surgeon at Manitoba Sanatorium, lives with his family in a comfortable white house overlooking Pelican Lake. His wife, Eva, a dentist in her native Greece, works in the Sanatorium laboratory. Their daughter Viki will enter her second year in Education at the University of Manitoba next fall. Son Leo goes to school in Ninette, and enjoys all the wonderful outdoor opportunities the new home offers a 10-year-old boy.

Dr. Telemachus Nicolaides, new assistant surgeon at Manitoba Sanatorium, is a genial young man with graying twinkling eyes—and a deep passion for work.

"I like to fish. I like to swim. I like to travel," he said. "But best of all," and his face widened into a big grin, "I like to work".

Clearly his record shows this. He has studied extensively both on this continent and in his native Greece, and is the author of a number of papers on tuberculosis. He also served for

ord of medical studies and seek a post in New York City. He spent two years there as chief resident at Seton and Von Ettem Hospitals, returning to Greece in 1954.

Well-Known Postmaster Dies

Donald MacDonald, 64 postmaster at Ninette for 35 years, died May 4 in Winnipeg General Hospital.

Mr. MacDonald was one of the early patients at Manitoba Sanatorium, and after his discharge in 1937 continued to take an active part in the institution's work.

He was particularly interested in the veterans at the sanatorium. He himself served in the Cameron Highlanders during the First World War, but was invalided back with tuberculosis.

In spite of a considerable physical handicap, Mr. MacDonald carried on as postmaster at Ninette and was active in community and provincial affairs.

He was a past president of the Postmasters' Association of Manitoba, an officer in the Canadian Legion and a prominent member of Strathcona Masonic Lodge, Belmont

He was also chairman of the School Board at Ninette and an active member of Ninette United Church.

He is survived by his wife, Leona, a former nurse at Manitoba Sanatorium, one daughter Barbara and a son

Tour Sanatorium



Twenty-two student nurses from Victoria Hospital School of Nursing paid a one-day visit to Manitoba Sanatorium, Ninette, April 27. After a tour of the sanatorium buildings and grounds, the girls, most of them in their first year of training, heard lectures on tuberculosis nursing and treatment by Miss Bente Hejlsted, director of nursing services for the Sanatorium Board, and Dr. A. L. Paine, medical superintendent of the sanatorium.

Sanatorium Opens Special Ward For Mentally Retarded Children

Plans to set aside one ward at St. Boniface Sanatorium for the care and treatment of mentally retarded children are announced by the Sister Superior Ell.

The proposal was reviewed

commodations are now under way, the Sisters report.

The change in quarters comes as a result of inadequate space at Hospice Tache where only 25 beds are available for the care of

Hellenic Navy.

Born in Athens in 1912, he attended the University of Athens Medical School.

As he puts it, his medical studies included "two years pre-medical, four years special medical including two years internship, one year pathology and one year internal medicine."

And after all this, nearly 10 years went by before he got his medical degree.

"You see, in Greece we do not get our MD after graduation. We must first write a thesis on some specialization."

Dr. Nicolaides "specialized" from 1935 until 1939 at the Chronic Chest Hospital in Sotiria, a large public hospital and sanatorium from which TB patients are transferred to other institutions.

When war broke out he left his post in Sotiria and became Surgeon Lieutenant-Commander in the Greek navy. And it was during the latter years of his sojourn in the navy that he finally was able to write his thesis on the relationship between malaria and tuberculosis, a devastating problem in his country at that time.

In 1947 he returned to Sotiria as an instructor and remained there until 1954 when he decided to add to an already impressive rec-

lished several more papers: The Healing of Tuberculous Cavities with Anti-Tuberculosis Chemotherapy, and Pneumo-Peritoneum in the Treatment of Pulmonary Tuberculosis.

Dr. Nicolaides' mind was made up that he would again return to this continent, this time to Canada.

In the early part of 1958 he found an internship at

Grey Nuns Hospital in Regina. There he passed his Basic Medical Science examinations and received his enabling certificate — a certificate which "enabled" Dr. Nicolaides to come to Ninette early this year as assistant surgeon. A happy asset, it would seem, to any institution.

...ed in detail at a conference on April 16 between members of the St. Boniface Sanatorium Advisory Board and members of the Sanatorium Board.

The meeting was chaired by Mr. Justice A. M. Monnin.

Beginning May 15 from 50 to 60 children under six years of age will be admitted to the special ward. Alterations for the new ac-

tionary retarded children, and a decreasing demand for tuberculosis beds at St. Boniface Sanatorium.

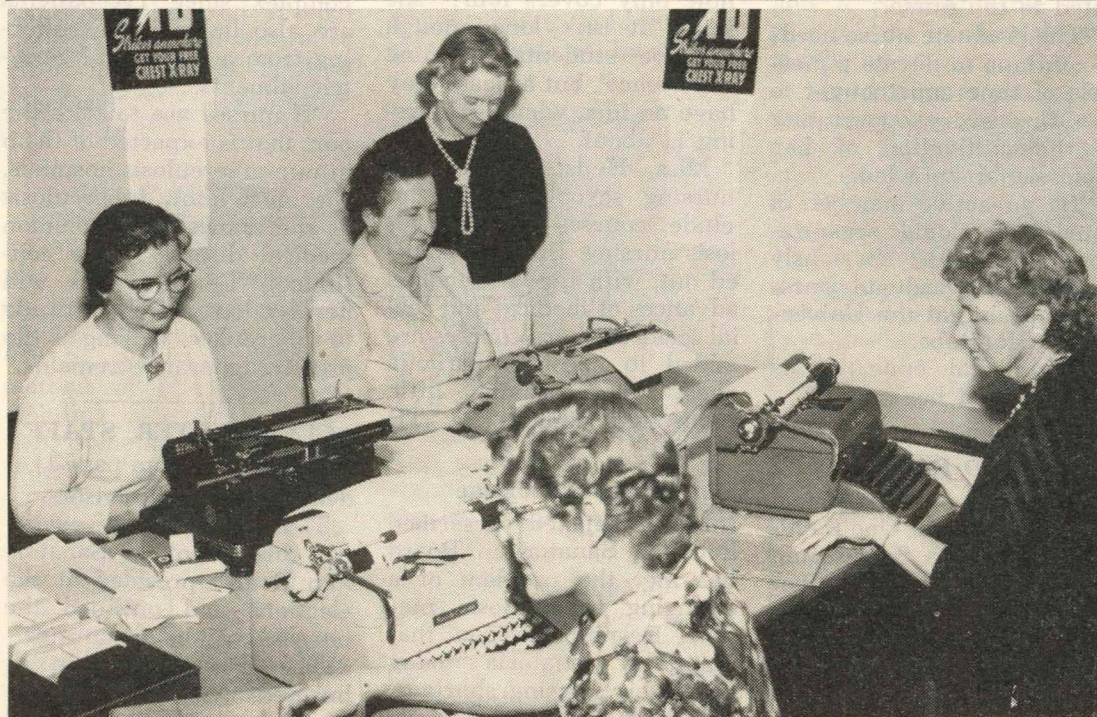
Consultant Says Rehab. Hospital One of the Best

One of the top men in the National Department of Health and Welfare says he is impressed by the plans for Winnipeg's new Rehabilitation Hospital.

Dr. B. Primeau, medical consultant and chief of the Medical Rehabilitation and Disability Advisory Service, flew to Winnipeg late last month to discuss plans for the new hospital with the Sanatorium Board directors and executive.

"I consider that you will be erecting one of the nicest rehabilitation centers in the country," Dr. Primeau said in a letter to the Executive Director.

"Let me congratulate you for the testimony of confidence given by the Government of Manitoba to the Sanatorium Board by asking your organization to build and operate this rehabilitation hospital."



The success of the tuberculin test and X-ray survey now under way in Fort Garry is largely due to the 600 volunteer workers who have spent many hours acting as family registrars and receptionists compiling long lists, and making innumerable calls. Shown here at the survey's headquarters in the Municipal Building, Fort Garry, are left to right: Back row—Mrs. Earle Campbell, chairman of the Family Registration Committee; Mrs. I. J. Gottfred; Mrs. Glen Robinson, secretary. Foreground—Mrs. P. H. Clemens and Mrs. A. G. Wirdman. (Photo by Portigal and Ayers.)

Tuberculosis Nursing: Has the Picture Changed?



MISS BENTE HEJLSTED

Executive Director Emphasizes Importance of Bedside Nursing

"The best in surgery, chemotherapy and the technical skills are less effective or completely wasted without a generous infusion of kindness, thoughtfulness and understanding on the part of the nurse."

T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba, ap-

ability to give skilled bedside care to the patient is the very heart of nursing."

Mr. Cunnings pointed out that the nurse must treat the whole patient — not just his disease.

"A nurse must know her procedures and methods," he said. "But the ability to radiate an aura of comfort and

What is the nurse's role in a changing tuberculosis hospital situation? How adequate is TB nursing service today? Should TB nursing be an integral part of the undergraduate nursing course?

These and similar questions were asked of Miss Bente Hejlsted, director of nursing service for the Sanatorium Board of Manitoba.

The upshot seems to be some confusion and mixed feelings about the nurse's role in modern tuberculosis nursing, a definite lack of nurses with TB nursing experience, perhaps little possibility this nursing situation will improve.

According to Miss Hejlsted the changes in the TB hospital picture are: shorter stay patients, patients in an older age group, decline in the TB death rate.

But basically, said Miss Hejlsted, there has been no change in TB nursing care.

There are many, however, who firmly believe that there is no such thing as tuberculosis nursing. To them TB nursing is no more than knowing the technique of communicable disease nursing and basic nursing care.

In any event there is a tendency on the part of many nursing schools to more or less ignore tuberculosis nursing as such.

"The majority of nurses now graduate from Mani-

gram for nurses' assistants, and partly by inviting to this country a number of British nurses.

Many of these British nurses have certificates from the British Tuberculosis Association. To obtain these certificates they were required to spend one year in a sanatorium or on a TB ward after they completed their three-year nursing courses.

"Few Canadians have sought nursing positions in Manitoba sanatoria," Miss Hejlsted said. "Probably the main reason for this is that they know little or nothing about tuberculosis nursing or of the satisfaction of caring for TB patients.

Prospects

Is there any hope that nursing service in this province will eventually adjust to a changing tuberculosis

Bulletin Board

Dr. A. T. Jousse, director of the Division of Physical and Occupational Therapy at the University of Toronto, spent April 27 and 28 in Winnipeg as consultant to the new Rehabilitation Hospital's School of Physical and Occupational Therapy.

On April 27 Dr. Jousse attended a luncheon meeting at Manitoba Medical College of the "ad hoc" committee, established to study the curriculum and staffing needs of the proposed school.

He was also guest speaker at a combined meeting of Manitoba physiotherapists and occupational therapists.

On April 28 he attended a meeting of the Rehabilitation Hospital Advisory Planning Committee.

* *

T. A. J. Cunnings, executive director of the Sanatorium Board, was in Minneapolis May 11 to 15, attending the Upper Midwest Hospital Conference.

addressed the graduating class at Brandon General Hospital, Thursday, May 7.

"Some of the leaders in nursing in recent years have been placing rather undue emphasis on the theoretical and technical side of nursing," Mr. Cunnings said.

This, he said, is perhaps especially true in the educational facilities of the large city hospitals and universities.

"I would be the last to decry the advantages of higher education," he said. "Nevertheless I still think the

MASS SURVEY

(Continued from page 1)

to the survey. He also pointed out the invaluable education media which must result from such large community participation.

"Just knowing and passing along the fact that TB is still a social menace will benefit the whole community," he said.

The last tuberculosis survey in Fort Garry was held in 1955 when 6,672 residents were X-rayed. Until this year tuberculin skin tests were only carried out in provincial high schools.

This year tuberculin skin test surveys are being conducted in 12 Fort Garry schools at the same time as the public surveys.

ties is equally important. The director also asked that graduate nurses use every opportunity to keep up with rapid advances of medicine.

The advances of medical practice during the past 20 years have introduced many new and complex procedures. The result is that more responsibility is being delegated to the nurse.

"The graduate nurse needs to continue to devote a measure of time and thought to to utilize every opportunity to the cultivation of her professional knowledge.

"Be an active member of your professional organization," he said. "Seriously consider post graduate courses in nursing at the University of Manitoba.

"Your real education is probably just beginning."

EXPAND PAVILION

A program to expand and renovate Number One Pavilion at Manitoba Sanatorium is now under way, the Sanatorium Board announces.

The old balconies are being closed in and plans are to make the pavilion a self-contained unit.

The new quarters will provide infirmity-type care for 54 patients and will include a classroom for rehabilitation teaching.

tuberculous patients or only cases accidentally found on general hospital wards," Miss Hejlsted said.

"Of the eight nursing schools in Manitoba, only Brandon General Hospital has affiliation in tuberculosis nursing. The course, which used to cover eight weeks of intensive training, now only covers four," she said. "It isn't long enough to give students 'learning experience', but at least they have an idea what TB nursing is about."

Miss Hejlsted felt that nursing schools should include courses in tuberculosis nursing. But, she pointed out, with the tremendous advances of medical and social sciences, more courses are added to nursing curricula every year, leaving little room for courses in TB nursing.

Nursing Shortage

Miss Hejlsted described how the Sanatorium Board has met the problem of a changing tuberculosis picture. Despite the fact that Manitoba sanatoria today face a big nursing shortage, they have been able to give excellent nursing care to patients, she said.

This has been partly accomplished by providing an in-service education pro-

There is a tendency in some quarters to assume that because of the reduction in tuberculosis beds there is little to do in the way of nursing care in TB hospitals.

"This is not so", the director pointed out. "TB hospitals are now caring for increasing numbers of older persons. If anything, nursing service has become more complex since TB patients are also liable to be suffering from a number of geriatric ailments."

"If nurses are to take the part that is expected of them in our tuberculosis hospitals, she must know tuberculosis as she knows other common medical diseases," she continued. "Certainly she will never adopt a right attitude to tuberculosis as long as the present ignorance remains."

CLEARWATER STAFF

(Continued from page 1)

dent, will act as advisors.

T. A. J. Cunnings, executive director of the Sanatorium Board, presided at the elections and outlined the purpose of the committee.

The first main item of business will be provision for improved recreational facilities for the hospital. Members discussed the possibility of constructing a recreation building and bowling alleys.

sions of the conference which was attended by delegates from Minnesota, Iowa, Montana, North and South Dakota and Manitoba.

* * *

The Sanatorium Board welcomes Mrs. Marlene Murphy, new clerk-typist in the surveys office, and Mrs. Marion Tessor, clerk-stenographer in the Indian Rehabilitation office.

* * *

Edward Dubinsky, administrative assistant of the Sanatorium Board, Edward Locke, rehabilitation officer, and J. J. Zayshley, surveys officer, attended the institute on the personal services aspect of Civil Defense held May 14 in Winnipeg.

* * *

Proceeds from a recent draw and accumulated private donations were used recently to purchase three portable TV sets for patients at Assiniboine Hospital.

* * *

New members of the nursing staff at Manitoba Sanatorium are Hector MacKinnon and Mrs. Anna Stefanson, who has been a member of the Sanatorium Board nursing staff for 12 years.