

News Bulletin

SANATORIUM *The* BOARD OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

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Volunteer Workers Prepare For 1960 Christmas Seal Campaign

Although Christmas is still a long way off in the minds of most people, at the Sanatorium Board of Manitoba preparations for the holiday season are already under way as staff members and volunteer workers prepare for the opening of the 1960 Christmas Seal Campaign.

"This idea still holds true," he said. "The cure of tuberculosis depends on complete rest and relaxation as well as on drugs and surgery, and the only place these can be properly provided is in the sanatorium.

"It must also be kept in mind that tuberculosis is infectious, which points up an important reason for an ini-

This year the Manitoba campaign will be officially launched on November 14. On that day thousands of Christmas Seal letters will be released to the Winnipeg Post Office for distribution to homes throughout the province. The funds raised by these letters form the Sana-

Preparations for the 1960 Christmas Seal Campaign are now under way at the Sanatorium Board of Manitoba. Among the volunteer workers who have been coming to the Christmas Seal Office for the past few weeks to prepare the packets for mailing on November 14 are these members of the Professional Engineers' Wives Association of Winnipeg. (Photo by David Portigal & Company.)

Doctor Outlines New Trends In Tuberculosis Treatment

What is the outlook for the average TB patient entering sanatorium in 1960?

This is the question that is asked by about 125 Canadians who each week are told by their doctors that they have tuberculosis and must go to sanatorium. It is the question that confronts, perhaps to a lesser extent, another 25 to 30 Canadians who each week return to sanatorium for a 2nd or 3rd time.

For all of these people, tuberculosis is a serious, personal matter, and only they fully know the tragic physical, emotional and financial waste it leaves in its wake. The incapacitating nature of the disease, the broken homes, the loss of productivity are just a few of the problems that have always accompanied this age-old dis-

...the past few years, however, there have been striking changes in the tuberculosis treatment pattern. Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette, summed up the situation in a recent interview.

"During the past 10 years," he said, "many of the old obstacles to treatment have gradually been removed so that today, instead of slowly dying or partially recovering from the disease, TB patients are afforded a splendid chance for recovery.

"Perhaps the biggest development," he continued, "is that a prolonged stay in sanatorium is no longer accepted as a rule of thumb in the treatment of tuberculosis. A substantial number of patients may now look forward to a period of hospitalization that may be only a few months, instead of the two or three years that faced many patients a short time ago."

The introduction of new, effective drugs has perhaps contributed most to the shortened treatment period, he said. If administered properly, these drugs alone will often bring about sufficient improvement in the patient's disease that he can leave hospital in a relatively short time and continue on drugs at home — or even at work — under the supervision of sanatorium doctors.

Where rest and drugs do not bring about as much improvement as the doctor would like, early operations are now advocated. Great strides have been made in chest surgery in recent years and sometimes an operation, even after a month or two in sanatorium, is considered quite safe and gives satisfactory results.

Another recent development, Dr. Paine pointed out, is the remarkable surge in case-finding programs which has resulted in thousands of patients being found in the early stage of disease. This means that patients start treatment earlier and are back home earlier than in the old days when the majority of admissions to sanatorium had well advanced disease.

But there are some things in the tuberculosis picture that have not changed through the years, Dr. Paine said. These are the advantages of sanatorium life itself.

"When Dr. Trudeau founded the first sanatorium at Saranac Lake over 50 years ago, his idea was to provide for TB patients a comfortable place where they could enjoy good food, rest, relaxation and the tranquility of isolation.

when there is greater chance that the TB germ may be passed on to someone else in the family."

Dr. Paine, who heads an institution long noted for its aggressive and successful medical and treatment care, said that the sole interest of all sanatoria is to improve the health of the patient. This is best accomplished by removing him from the normal worries of daily life and treating him for the time that is required in a place where he can "let the rest of the world go by and not be bothered with it."

The sanatorium situated in the quiet countryside away from the city is the ideal place. To be too close to home

(Continued on Page 2)

...of revenue for tuberculosis preventive work, financing a year-round program of X-ray and tuberculin surveys, rehabilitation of tuberculous patients, and health education.

In Manitoba, as in other Canadian provinces, the bulk of Christmas Seal work is done by voluntary workers from various women's organizations in Winnipeg who come to the Christmas Seal office every day for six weeks to fold seals and stuff envelopes.

The volunteer groups who are assisting in this year's campaign include: The Ladies' Auxiliary of the Associated Canadian Travellers, Winnipeg Club; Professional

(Continued on Page 2)

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Profiles

DR. L.G. BELL

A newcomer to the elected membership of the Sanatorium Board is the noted Dr. Lennox G. Bell, dean of medicine at the University of Manitoba and chief of medical services at the Winnipeg General Hospital. Dr. Bell was elected a member of the Manitoba Rehabilitation Hospital Advisory



Planning Committee last year, and since that time has had a major part in the development of this new medical service for the people of Manitoba. He has been a member of the medical advisory committee of the Board since 1951.

The son of the late Dr. Gordon Bell, former professor of bacteriology at the University of Manitoba and chairman of the Winnipeg Board of Health, Dr. Bell was born and educated in Winnipeg. In 1928 he graduated from the University of Manitoba School of Medicine and afterwards took post-graduate training in London, England, where he attained membership in the Royal College of Physicians. He returned to Canada, did medical research at the University of Manitoba for two years, then went into private practice in internal medicine in Winnipeg, spending part of his time teaching at the Manitoba Medical College and the general hospital.

In the late thirties Dr. Bell was named head of the medical department at the Winnipeg Clinic. In 1942 he served as a Wing Commander with the RCAF, in charge of the RCAF section at Deer Lodge Hospital. During this time he was made a Member of the (Order of) British Empire and was elected a fellow of the Royal College of Physicians, Canada.

Discharged in 1944 Dr. Bell resumed his position at the Winnipeg Clinic and became an associate professor of medicine at the University of Manitoba. In 1949 he was made dean of medicine and in 1954 was appointed head of the department of medicine at the university and physician-in-chief of the General Hospital. Since then he has been elected a fellow of the Royal College of Physicians of London and of

surrounding Indians and Metis — also a one-man employment bureau. It was from his father that Ted first acquired a deep respect and understanding of the Indian and today he still numbers many of these old neighbors as very good friends.

After receiving his early schooling in Birch River, Ted moved to Winnipeg to finish high school, then, during World War II, joined the RCAF as a flight sergeant (wireless air gunner) attached to the 100th Squadron in England. Discharged in October, 1945, he turned to farming at Birch River, stuck it out for seven, "rather unproductive" years, then started working as a field investigator for the provincial department of health and public welfare. In November, 1956, he joined the Sanatorium Board as the first Indian Rehabilitation Officer.

In 1949 Ted was married to the former Joan Smeltzer, a home economist whom he met while taking an agricultural extension course in Brandon. He has one daughter, Janet, aged 6. Apart from his work and his family he manages to find some time for a wide variety of interests, including fishing, hunting and hunting dogs (once raised Labs), carpentry (has built two homes), curling,

Turning Out Good Citizens-Goal Of Education Says Ottawa Editor

"A person," said Grattan O'Leary, "may be a great scientist, a great engineer, a great technician of medicine or law, **and yet not be educated.** The reason is that education — true education — is something that concerns the heart, the soul, the spirit."

Mr. O'Leary, noted editor of the Ottawa Journal, spoke these words at the annual dinner of the Canadian Tuberculosis Association last June. The title of his address was one of his pet subjects, "The Goals and Aims of Canadian Education."

"To me," he said, "the only purpose of education is to turn out good citizens. But that is not the way we seem to be looking at it judging from most of the current discussion on it.

"We seem instead to think it means turning out more scientists, so that we will have more scientists than Russia. This is confusing education with training. Training is not education. Education, rightly understood, is not turning out a doctor, a lawyer, an engineer, a minister or a priest.

"Education is not something to provide a man with

literature that tells the spiritual history of mankind, its joys and sorrows, its hopes and fears, its aspirations and defeats — the earthy worst, the heavenly best. The literature, in short, which shows life whole."

Fifty years ago, said Mr. O'Leary, Dr. Osler had said, "God knows, there never was a time when the world was more in need of truly educated men than today."

"If Dr. Osler returned to earth today, what would he find in our new world?" the speaker asked — and gave his own reply.

"He would find a rampant materialism, the slick fin-tailed roadster and the split level ranch house, the gods and goals of millions.

"He would find here, in our own land, a frightening lethargy, a terrifying cynicism about Parliament, freedom and democracy.

"He would find young men craving for the unadventured life, dreaming at 20 of security at 60.

"He would see people seeking tranquility, not through prayer or serene courage, but from the tranquilizer pill.

"He would see people lying

A tall, pleasant man, Dr. Bell is a bachelor who likes to devote much of his spare time to music and natural history. He has been active in many medical organizations and, among other things, is vice-president in medicine of the Royal College of Physicians and Surgeons of Canada and chairman of the Medical Advisory Board of the Manitoba and National Heart Foundations. He is a former president of the Association of Canadian Medical Colleges and for some years has been associated with the Medical Advisory Committee of the National Research Council. Recently he was elected a director of the Canadian Premier Life Insurance Company of Winnipeg.

EDWARD LOCKE

Slim, easy-going Ted Locke leaned back comfortably in his chair, gazed thoughtfully at the ceiling of his tiny, box-like office, and said:

"It's not just humanitarian work we're doing—helping young men and women find an equal place in society is a sound, practical investment, benefiting the country as a whole. For here we have a potential manpower resource which is valuable to Canada, and so far has virtually been untapped."

During the four years that Edward Locke has been Indian Rehabilitation Officer for the Sanatorium Board of Manitoba, he has helped over 200 Indians and Eskimos find a satisfactory place in both urban and rural society. The program he heads is a pioneering effort in the rehabilitation of handicapped non-whites in Canada: it consists mainly of a three-month, "socialization" course in a rehabilitation unit at Assiniboine Hospital in Brandon, followed by vocational counselling, assistance in vocational training (and oftentimes academic schooling), job placement and follow-up. The task is a formidable one, requiring more than anything else patience and a sympathetic understanding of the Indian and his problems. During his lifetime Ted Locke seems to have acquired a lot of both.

Born on a farm near an Indian reserve at Birch River, Man., Ted literally grew up with people of Indian background. His father, T. M. Locke, was one of the first relief inspectors for the provincial government in that area and for many years acted as a sort of "Father Confessor" for the



However, most of his time is devoted to his young clients and when not scurrying around town finding them jobs, settling them in school and occasionally getting them out of trouble, he is proudly attending their graduations, their parties and their weddings.

"All it takes is a little confidence in these young people, and in their ability to fit into our society," he says. "We've still a long way to go before the Indian's problems are solved. But it's a good beginning — and, I think, a right one."

DOCTOR OUTLINES

(Continued from Page 1)

and its accompanying problems can have an "unsettling effect" on the tuberculosis patient.

The sanatorium offers other advantages not normally found in the ordinary hospital, he said. Among these is the intensive, skilled medical and nursing care given to all patients — particularly to surgical patients. Patients have this special care 'round the clock, if necessary, at no extra cost.

"This is standard policy," he said. "So is the deep, personal interest that the doctors take in all their patients."

An active rehabilitation program has also been considered for many years an

something to provide him with a standard of life."

Mr. O'Leary quoted Lord Morley to emphasize the distinction he was making between training and education. "The mind is not a vessel to be filled; it is a hearth to be lighted."

An inspiring feature of education, in the speaker's view, is that it is a continuing process. "Education," he said, "is not something we have done, but something that we must ever be doing."

If asked how this could be done, he had but one answer, he said. "Try to cultivate all through our days a love of good literature; that for our joy, our strength, our consolation, we keep beside us always the best that has been written and spoken by the renowned masters — the

important part of sanatorium treatment. As soon as the patient begins to feel reasonably well there is nothing better for him than to start doing something to improve life when he gets out.

In sanatorium patients have a wide variety of things to do. This ranges from occupational therapy to training for better jobs after they leave.

"These are the things that have not changed — and probably never will change," Dr. Paine concluded. "And these are the things of which all tuberculosis patients should be made aware."

should be on their knees before an altar.

"He would find often a venal, neutral, cowardly press, a press claiming independence while practising neutrality, a press afraid to offend anybody, and so often offending democracy itself, a press pandering to the cheap circus mind, and to the tawdry flap-doodle of what is called 'popular appeal' — less concerned with the state of the nation than with the vital statistics of Miss Brigitte Bardot."

One of the tragedies of our day, said Grattan O'Leary, is that we have all the facts and no knowledge; all specialization and no wisdom; all know-how and no know-why; all signposts and no destination.

In conclusion, he returned to his opening thesis, that the purpose of Canadian education should be to turn out good citizens, to turn out men rather than professional men or technicians, no matter how highly qualified.

VOLUNTEER WORKERS

(Continued from Page 1)

Engineers' Wives; the I. W. Wheel of Winnipeg and V. W. Winnipeg; a group of business women and women curlers, convened by Mrs. W. A. Rowlands, of Winnipeg; PEO Sisterhood, Chapter D; Mission Circle, Calvary Temple Church; and the Fraternal Order of the Eagles, Aerie 23.

Winnipeg Groups Will Hold Special Medical Institute

One of the top medical events in Winnipeg this month will be the First Manitoba Symposium on Rehabilitation and Orthopaedic Conditions to be held at the University of Manitoba Medical College on October 29.

The symposium is being sponsored by the Sanatorium Board of Manitoba, the Workmen's Compensation Board of Manitoba and the Society for Crippled Children and Adults of Manitoba.

The purpose of the institute is to provide an opportunity for medical men, interested in the orthopaedic side of rehabilitation medicine, to participate in an intensive, one-day study of the latest developments in the field.

The program has been developed by the Winnipeg Orthopaedic Society and will include noted medical authorities from various parts of Canada and the United States.

Guest speakers are Dr. E. D. McBride, Oklahoma City; Dr. J. R. Cobb and Dr. I. W. Littler, New York City; Dr.

Treatment By Occupation

By J. M. B. Castle

With the swift advance of medicine, new treatments are becoming necessary. Occupational Therapy is a comparatively new one, playing an increasingly large part in the treatment of the patient. The name means literally "treatment by occupation" and this is perhaps the best and simplest definition.

The aim of occupational therapy is to enable the patient to return, as far as is possible, to life in the community. This treatment is used in two aspects of medical disorders, mental and physical, but as illness rarely (and a person never) divides so neatly, the two areas frequently overlap.

In the physical field the therapist aims at increasing muscle power, regaining joint mobility, promoting co-ordination, and re-training lost patterns of movement. Patients needing this treatment are suffering from traumatic injury (such as fractures), paralysis, and many diseases.

In the mental field the therapist is concerned with the psychological effects of a stay in hospital as well as with psychotic illness. Here the aims are many and varied, one of the most common being to provide the patient with a normal and creative centre of interest to take the

view of treatment than from economic necessity. During World War I, occupational therapy became recognized in the physical field in many military hospitals and it was in the period between the two world wars that the profession consolidated itself and became organized into its present professional bodies.

Since the war, with the growing recognition of "Physical Medicine," occupational therapy has come much further to the fore, increasingly recognized as giving a unique and valuable contribution to the rehabilitation team. With present and projected expansions of rehabilitation facilities it is hoped that the profession will advance still further towards general recognition and acceptance.

Occupational therapy departments are found in every type of hospital and the number is constantly growing as new centres open up, despite the shortage of trained staff.

How an activity can become a treatment is perhaps best illustrated by taking a specific example. A patient with a stiff and painful elbow may be started on weaving, as while working at the loom he moves his elbow through its maximum range. His interest is focused on his weaving and he is therefore not so conscious of his arm. Thus he is able to move it in a more normal and relaxed manner, and as boredom is usually the primary cause of fatigue, he will continue to exercise far longer. It is the therapist's responsibility to see that the patient is doing the required movement and to prevent over-fatigue.

Another important part played by occupational therapist is in the area commonly called "activities of daily living" such as dressing, eating, cooking, housework and getting from place to place. These are common actions which most of us perform instinctively many times a day and it is easy to forget that even the simplest of them

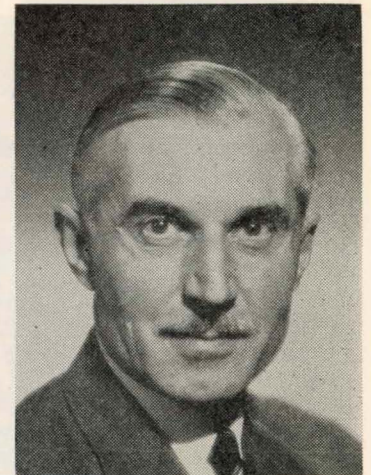
view of treatment than from economic necessity. During World War I, occupational therapy became recognized in the physical field in many military hospitals and it was in the period between the two world wars that the profession consolidated itself and became organized into its present professional bodies.

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Ninette Welcomes Two New Doctors

Two resident physicians have been appointed to the medical staff at Manitoba Sanatorium, Ninette, Dr. E. J. Ross, medical director of

New Manager



David Portigal

HILARY DAVIES

The Sanatorium Board of Manitoba welcomes a new member to its staff this month with the appointment of Hilary Davies as hospital manager of Clearwater Lake Hospital, The Pas. He succeeds R. B. McIvor who resigned his post on September 30.

Mr. Davies, who came to Winnipeg 1½ years ago, was born in Shrewsbury, England, and is a graduate of the accountancy and mercantile course at Chester College of Commerce in England.

During the Second World War he served with the Brit-

Dr. R. D. Harris, Toronto; Dr. Harold Sofield, Oak Park, Ill.; and Dr. C. M. Lambert, Chicago.

Dr. Charles Hollenberg, president of the Winnipeg Orthopaedic Society, will chair the morning sessions, and Dr. F. R. Tucker, of Winnipeg, will preside at the afternoon meeting.

An informal dinner at the Garry Hotel will precede the event on October 28.

HALLOWE'EN FOR UNICEF

Manitoba school children are invited again this year to do their share for UNICEF on Hallowe'en, October 31.

Last year Manitoba children raised over \$12,000 for UNICEF (United Nations International Children's Emergency Fund), and this spring a cheque for \$200,000 was taken to the UNICEF head office at the United Nations, which represented the collections Canadian children made last October 31.

This year more than 55 million children and mothers will be helped by UNICEF. Through the fund, 100 million children have been protected from TB — a single penny collected on Hallowe'en buys enough BCG vaccine for one child — and over 13 million children have been cured of yaws, a crippling tropical disease that disappears after a shot of

fantasies which are disturbing him.

Many activities are used to attain these aims. Crafts are perhaps the most widely known, but educational projects, games, light and heavy industrial work, are also valuable. The activities used by the occupational therapist are limited only by her own abilities and the facilities available.

penicillin costing UNICEF one nickel.

Within the last few years Hallowe'en for UNICEF has become a full-fledged tradition. Indeed, it is the greatest project ever carried out by children to help children. It is not a fund-raising project in the usual sense. Its most important aspect is that it teaches children about their contemporaries throughout the world and enables them to express concern for those who need help.

Any group wishing to participate may write to UNICEF Committee, United Nations Association, Room 506 Winnipeg Post Office, Winnipeg 2. Planning kits with ideas for parties and other activities will be sent out upon request.

Those who expect to reap the blessings of freedom must, like men, undergo the fatigue of supporting it.

sible, for the disabled person. It is part of the job of the occupational therapist to bring these actions within the reach of the handicapped patient, restoring to him as much independence as possible.

There are two methods by which this can be done; in the first place by changing the position and angle of approach (for instance sitting while ironing and cooking), and in the second by designing and providing necessary aids. (A long-handled comb will enable a patient with limited arm movement to comb her own hair.)

When the patient is unable to return to his previous job, the occupational therapist, by pre-vocational assessment and by measuring work performance, can play a large part in his successful establishment in the community.

The concept of occupations as a remedial activity is not a new one. Some claim it goes back to Adam, when the Lord sent him forth to till the ground. While this is admittedly far-fetched, David playing to Saul to dispel Saul's black mood may justly be claimed to have been occupational therapy. The Greeks and Egyptians recognized its use in treating mental disorders, and many psychiatric institutes in the 18th and 19th centuries made use of patients in hospital industries more from the point of

nounced this month.

The new doctors are Dr. Ruth A. Reilly of Peel, Isle of Man, and Dr. Leslie Salay of Winnipeg. They will succeed Dr. T. Nicolaides, who left the sanatorium on October 1 to do post-graduate work in internal medicine at St. Boniface Hospital, the Dr. Sheila Murphy, who returned this month to her home in Ireland; and Dr. John Simon who at the end of this month will go into general practice in Calgary.

Dr. Reilly, who was born in Liverpool, England, has her Bachelor of Medicine and Bachelor of Surgery degrees from Dublin University. She also has her Bachelor in Obstetrics.

Dr. Reilly has previously worked in Canada and for two years was associated with the Gage Institute Chest Clinic in Toronto as a chest physician.

Dr. Salay is a newcomer to this country. A native of Hungary, he received his medical degree from the University of Budapest in 1945 and has since specialized in obstetrics and gynaecology. Coming to Canada in 1957, he interned at St. Boniface Hospital and has since been on the medical staff of Grace Hospital, Winnipeg.

He is married, has no children.

ed in 1948 had risen to the rank of major.

Prior to and after coming to Canada, Mr. Davies has held a number of managerial positions. He is a bachelor and numbers swimming, fishing and hunting as his main recreational interests.

He is also a Rotarian, and for many years has been associated with several Legion and service organizations.

Early Thanksgiving

Thanksgiving is traced back through the ages to the Canaanites from whom the children of Israel were delivered. "And they went out into the fields and gathered their vineyards, and trode the grapes, and went into the house of their God, and did eat and drink," the book of Judges tells us.

The Greeks feast of thanksgiving was named for Demeter, the patroness of agriculture, and was celebrated in November.

The Romans' feast to celebrate the harvest was the feast of Ceres, the goddess of agriculture — from whose name, incidentally, comes our word "cereal."

The hand that lifts the cup that cheers
Should not be used to shift the gears.

Anna Goes Back To School



(Photo by David Portigal & Company.)

Anna Horvath — winner of Press-Radio Scholarship.

Of the thousands of Manitoba youngsters who trudged back to school last month probably none approached the classroom door with more determination and at the same time, trepidation, than a slim, dark-eyed Hungarian girl named Anna Horvath.

A former TB patient and nurses' assistant at Manitoba Sanatorium and the winner of a Press-Radio Scholarship, Anna returned to full-time schoolwork this fall for the first time in four years — and on this occasion under a

took a job with a clothing factory. It was the hardest work I'd ever done in my

Kokjuak Okakpok - It's Simeon Aklunark Calling

One of the most well known voices in the sub-Arctic tundra surrounding the Hudson Bay port of Churchill these days belongs to a young, ex-Sanatorium Board patient named Simeon Aklunark.

As emcee for Radio Station CMFC's new Eskimo-language program of recorded music, soft-spoken, slightly built Simeon in a few short weeks has climbed to fame as one of the most popular disc jockeys in the Canadian North. He is probably the first Eskimo to achieve this distinction — certainly the first Sanatorium Board rehabilitant.

A native of Wagner Bay, N.W.T., 22-year-old Simeon serves up his weekly, half-hour program in a fashion that would warm the cockles of any Arctic heart. After a brief, introductory "Kokjuak okakpok" (Churchill Calling), he bounces into a program of Eskimo musical favorites—old tunes in the cowboy and country style, with a few rollicking Scottish dances thrown in. Between records, he ad-libs softly from a few pencilled notes in Eskimo script.

It has a permanent population of about 150, plus 70 transient residents.

Simeon came by his interpreting — and later his radio — career through a series of misfortunes. In 1948, when he was 12, he was a victim of a northern polio epidemic. He was taken to Winnipeg, along with many other Eskimos, for treatment. It was there that he started to learn English.

Simeon returned to the North, only to be stricken a few years later by pulmonary tuberculosis. He was admitted to Assiniboine Hospital in February, 1954, and spent the next four years on treatment both for TB and a paralysed left arm.

While in hospital, Simeon again hit the books and managed to up-grade his education from Grade 5 to Grade 8. He learned to speak English so well that he acted as interpreter at medical conferences at the hospital.

In April, 1958, he was among the first group to enter the newly opened Rehabilitation Evaluation and Social Orientation Unit at Assiniboine. Released several

Bulletin Board

The Sanatorium Board extends warmest congratulations to a number of its staff members who last month were elected to office in various city, provincial and national organizations.

Among them were Edward Dubinsky, SBM administrative assistant, who was elected president of the Greater Winnipeg Regional Hospital Council; Dr. Leslie H. Truelove, chief of staff of the Manitoba Rehabilitation Hospital, who became a member of the advisory board of the Canadian Arthritis and Rheumatism Society; and Miss Bente Hejlsted, director of nursing services, who was appointed convener of the employment relations committee of the Manitoba Association of Registered Nurses.

Special mention is also due Rudolf Trnka, of the SBM mailing room, who was recently named District Scoutmaster for the St. Vital municipality. Rudy has been active in Boy Scout work for seven

and, in some respects, an entirely different curriculum.

But if Anna was conscious of the difficulties of going back to the textbooks, she was also aware of the advantages of having a high school diploma and a specific vocation. At 19, this quiet, soft-spoken girl had lead an adventurous life that many adults at 50 have never experienced—and during those years she had learned something that many other teenagers have yet to discover: To get anywhere in any country one must have some education — and an occupation.

Born in Sumeg, Hungary, during the turbulent early forties, Anna moved, at the age of 10 to the town of Inota where her mother supported her family by running a small store. In 1956, at the age of 14, she decided to leave her home and her country and seek her fortunes in the West. Accordingly, she packed her bags, made plans to meet a brother in Germany, and quietly slipped across the border. Missing her brother in Germany, she went on to England where she hopped aboard a plane for Canada, eventually winding up in an immigration hall in Edmonton.

"There was no work for me in Edmonton," Anna later related, "so I worked my way to Winnipeg where I

A tonsillectomy at Deer Lodge Hospital marked the first turning point in Anna's life in Canada. On her recovery the sympathetic Sisters of Service found her a job as a nurses' assistant in the nursery at Misericordia Hospital. Two months later, however, she broke down with pulmonary tuberculosis and was admitted to the sanatorium at Ninette.

While convalescing Anna, whose standard of English at the time of her admission was at a Grade 3 level, got busy with her school books. By the time she was ready for discharge she had managed to complete Grade 8.

During these months she also worked part-time at the sanatorium as a nurses' assistant — "It was better than being a fulltime patient" — and within a few weeks gained popularity with the rest of the nursing staff as "one of the best little nurses' assistants we've ever had."

When Anna began full-time work for the sanatorium, both the rehabilitation office and the superintendent of nurses (who always urges "her girls" to go one step farther in their education) persuaded her to go back to school, and last spring, with the help of the director of rehabilitation services, she applied for the press-radio scholarship to enter the Grade 9 class at St. Mary's

is now married and has a four-month-old son, works as a full-time interpreter for the federal department of Northern Affairs who administers a model Eskimo village near Churchill.

The village was built by the government to house Eskimo employees of government agencies and their fami-

Academy in Winnipeg.

So now Anna makes the daily trek from her bright new room at the Sisters of Service Girls' Residential Club to the Academy classroom, her science, history, English, Latin and mathematics books tucked neatly under her arm. The work isn't particularly easy for her — nor is it easy to sit in a classroom with girls several years her junior. But there is ample compensation, said Anna, in the new friends she has made and in the serene, happy atmosphere of the smart, residential club.

And when things do get a little rough, she continued, there are my special dreams to keep me going: The dream of some day bringing to Canada her mother, her little sister and perhaps her brother, who is now serving in the Hungarian Army — and, above all, the dream of fulfilling a new ambition — to become a full-fledged, first-rate, registered nurse.

nis interpreting work at Churchill. He now is virtually right-hand man to the federal administrator at the Eskimo village.

Simeon's disc jockey careers began about three months ago when the CBC's station at Churchill decided to launch its first Eskimo-language program. The program is beamed as far north as Rankin Inlet, on the western shore of Hudson Bay, about 300 miles north of Churchill.

So well is "Churchill Calling" received by Eskimo listeners that station manager R. R. Bear is now considering putting the young announcer in charge of a weekly news broadcast — in Eskimo, of course.

In 1958 nearly 1,000 children under the age of 10 entered Canadian sanatoria with tuberculosis.

Common-Sense Plan

High blood pressure or hypertension could be prevented in many cases if those over 40 years of age would follow a common-sense plan for living, with adequate rest, moderation in eating and drinking, and such exercise and diet as approved by the doctor.

master of the 21st Troop. He now has nine troops under his command.

The staff of the SBM offices bade a sad farewell to several co-workers this past month, among them Mrs. Carol Clarke, of the Indian Rehabilitation Office, and Mrs. Anne (Besselt) Gaschermann, payroll department.

Newcomers to the SBM institutions include: Mrs. Helen Buffie, secretary to the Indian Rehabilitation Officer, and Mrs. Lillian Anderson, clerk-stenographer in the Central Tuberculosis Registry.

New physiotherapist at Assiniboine Hospital, Brandon, is Miss Gudny Svana Einarsdottir of Reykjavik, Iceland. She is a graduate of the Oslo Orthopedic Institute in Norway.

In Winnipeg for a meeting of the Sanatorium Board Medical Records Committee and the Pharmacy Committee on October 7 were Dr. S. L. Carr, Clearwater Lake Hospital, The Pas; Dr. A. H. Povah, Dr. D. G. Coghlin, and C. G. Bonney, Assiniboine Hospital, Brandon; J. M. Scott and Dr. A. L. Paine, Manitoba Sanatorium, Ninette.