



News Bulletin

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1,000 Delegates Attend Western Canada Conference



The basic concern of any hospital is the patient, and the quality of care he can be given. To ensure the patient of the very best in care, the people who look after him must be of top-notch calibre, and the hospital itself an efficient, smoothly-run organization.

Delegates to the 14th annual Institute for Hospital Administrators and Trustees discussed ways and means of improving hospital services and personnel when they met last week at the Royal Alexandra Hotel in Winnipeg. Approximately 1,000 delegates attended the sessions held September 8 to 11 — among them 15 representatives of the Sanatorium Board.

The conference was established in 1940 as a joint meeting of the Wisconsin and Michigan Trudeau societies. For most of the 19 years it has included Minnesota.

It was started primarily to combat a divergence in

improving hospital services and personnel when they met last week at the Royal Alexandra Hotel in Winnipeg. Approximately 1,000 delegates attended the sessions held September 8 to 11 — among them 15 representatives of the Sanatorium Board.

Accreditation

A highlight of the conven-

Among the Sanatorium Board staff members who attended the Western Institute of Hospital Administrators and Trustees at the Royal Alexandra Hotel in Winnipeg last week were: (Left to right) Edward Dubinsky, administrative assistant; T. A. J. Cummings, executive director; Mrs. I. A. Cruikshank, superintendent of nursing, Assiniboine Hospital, Brandon; Miss D. Ellis, superintendent of nursing, Manitoba Sanatorium, Ninette; J. M. Scott, laboratory technician, Manitoba Sanatorium; Miss E. L. McGarrol, secretary, Central Tuberculosis Clinic; C. C. Christianson, business manager, Assiniboine Hospital; R. F. Marks, comptroller, Sanatorium Board; Miss Laura Delameter, laboratory technician, Assiniboine Hospital. (Photo by Portugal and Ayers.)

107 New Cases Reported For First 6 Months

During the six months period between January and July, 1959, 107 new active cases of tuberculosis have been reported to provincial health authorities.

According to the Central Tuberculosis Registry, this new case rate in Manitoba compares favourably with statistics for last year. On July 31, 1958, a total of 130 new cases had been reported.

The new figures for 1959 also show that fewer and fewer new cases of tuberculosis are being found among Indians. Only 29 new active cases were reported during the first six months this year as compared to 51 cases by the end of July last year.

The death rate, however, shows considerable increase over last year. By July 31, 1958, 14 deaths had been reported among Indians and Whites. By July 31 this year that figure had already climbed to 22.

SBM Doctors Special Guests At Unique Pembine Conference

Two Sanatorium Board doctors entered what has become a legendary medical free-for-all last week when they attended the annual Pembine Therapy Conference in Pembine, Wisconsin.

Dr. E. L. Ross, medical director of the Sanatorium Board, and Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette, met with some 55 other specialists in tuberculosis and chest diseases September 11 to 13 to discuss, in the frankest manner, the various methods of handling and treating cases.

Dr. Ross is an honorary member of the conference and has attended the meetings for the past 10 years. Dr. Paine, who attended for the first time as a guest presented an informal paper telling about 15 consecutive cases admitted to Manitoba Sanatorium since January, 1958. It is the first time a Canadian has been chosen to give a paper.

Dr. Paine discussed how these cases were handled from diagnosis through treat-

ment to discharge. In doing so he likely faced the cannon's mouth — for unlike other medical conferences where the presentation of formal papers may be followed by polite, dignified discussion, complete informality rules at the exclusive Pembine meeting. No formal papers are presented and members happily indulge in exceedingly critical discussions which, as one physician once put it, "do not stop much short of throwing dead cats."

The meeting was stag and held at the Four Seasons Club, a private country club tucked away in the Wisconsin hills some 90 miles north of Green Bay. The 55 mem-

different sanatoria in each of these states. But during recent years the conference has given increased attention to non-tuberculous respiratory diseases, and this year more than half the meeting will be devoted to non-TB subjects.

The first day of the conference was devoted to Dr. Paine's paper on consecutive admissions for tuberculosis and to surgical procedures for the treatment of TB.

The second day was a review of problem cases and a symposium on pulmonary physiology. A panel on fungus diseases was scheduled for the third day.

W. I. Taylor, executive director of the Canadian Council on Hospital Accreditation. He described the accreditation program in hospitals as an idealistic, potent force for the continuing improvement of hospital care.

Once a hospital embarks on an accreditation program, there are continuing pressures within the hospital for further improvements, he said.

The accreditation program is, above all, patient-centred; its aim is to provide hospitals with proof that patients will get the utmost in medical care.

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Profiles

DR. S. L. CAREY

When Dr. Stuart L. Carey became medical superintendent of Clearwater Lake Hospital (then Sanatorium) in July, 1952, this outpost institution was still experiencing growing pains. It had been in operation barely seven years and the facilities, hastily converted from an old Army field



hospital, were for the most part relatively crude and small. In the years following the hospital grew in importance, first as a valuable diagnostic and treatment centre for Eskimos as well as Indians, next as the headquarters of an intensive northern case finding program, and finally this year as an extended treatment centre.

Dr. Carey looks proudly on these recent developments—indeed with reason, as many of them were made under his administration. Ambitious, convivial and possessing all the traits of a good public relations man, he enjoys escorting visitors around the hospital and showing them the particularly fine medical records system, the ever-growing X-ray department (where 20,000 films are read each year), and the well-kept lab and wards. He is particularly proud of his extended treatment sections and considers the changeover a challenge to both him and his staff.

Dr. Carey was born in Regina, and at the age of three went to England with his parents. He was educated in London and took his medical training at the University of London. After graduating in 1942 he did two years general hospital work before returning to Canada in 1945.

Shortly after his arrival in Canada he took a position as an observer for the Vancouver Tuberculosis Unit. In April, 1946, he joined the medical staff of Manitoba Sanatorium and a year later transferred to Brandon Sanatorium as a staff physician. In the summer of 1949 he came to Winnipeg to take charge of the travelling clinic program under Dr. D. L. Scott, and held that position until his transfer to

Improved Housing, Health Services Help Indians Overcome TB Problems

By Per Holting

From time to time we read, happily, that TB among Manitoba's 22,000 Indians is steadily decreasing. Most laymen, including myself, rejoice, more or less briefly, at this annual news, but we do so without really realizing **how** the decrease is accomplished.

I found out this summer when I spent about a month on half a dozen Indian reserves and settlements in the Island Lake Agency, about 400 miles north-east of Winnipeg. I travelled with the Treaty Party, which included a medical unit from Norway House, in order to collect tape recordings for a CBC series on the central Manitoba Indians.

After seeing 12 Indians living in a 12x14 cabin, dirt and feces caked on half-naked children, rabbits with the fur still on bubbling in pots, and moss being used as diapers, tobacco and toilet paper, I realized the tremendous odds doctors and nurses have faced, and, in decreasing numbers still face. Considering such conditions the annual decrease in TB is indeed remarkable.

The conditions mentioned above represent extreme cases and are not at all typical. However, they do exist

Three factors are directly responsible for the decrease in TB cases at the Island Lake agency reserves: the establishment of the Norway House Hospital and five nursing stations, improved and increased TB surveys, and the Department of Indian Affairs' stepped-up housing policy.

The 44-bed base hospital, built in '48-'49, is the headquarters from which Dr. T. P. Nyhus and his staff make bi-monthly visits to the reserves and settlements. The five nursing stations are located at Cross Lake, Oxford House, Gods Lake Narrows, St. Therese and Garden Hill—the latter two are both at Island Lake. Unfortunately four of the nursing stations were closed for part of the summer due to staff shortages and vacations, but it is hoped they will be in

Many of the Indians have no idea why they are asked to stand in front of the machine; a few know they're having their picture taken, so they carefully pat their long, back hair in place; still fewer realize the value of the quick, painless trip to the equipment. In most cases the motivation is still the \$5 treaty money. I did talk to two men, however, fishermen who were making up to \$60 a day, who told me that it wasn't worthwhile to come 20 miles to collect treaty money; rather, they came to get "the other things" — meaning the X-ray and medical check-up.

The Department of Indian Affairs has started several projects in the agency's reserves. One calls for the installation of outhouses and sanitary water supplies at all houses (very few have either now), and another plan calls for 20 three-room frame houses to be built at Oxford House and Gods Lake Narrows. The Indians build them themselves with materials supplied by the department.

Dr. Carey has been an enthusiastic participator in the tuberculosis survey clinics in the north, and has done much to expand them. He also presented a paper on the TB relapse rate to the 1951 meeting of the Canadian Tuberculosis Association.

He is a member of the Manitoba Medical Society, the Trudeau Society, the British and Canadian Medical Associations, and an associate fellow of the American College of Chest Physicians. He is also a past president of the North of '53 Medical Society. His hobbies include fishing, boating and painting in pastels. He is also an enthusiastic musician and was once a member of the Winnipeg Barbershop Quartet.

MISS MARGARET BUSCH

Many authors have written a great deal about the challenge of rehabilitation and the satisfaction in taking part in this humanitarian program. Perhaps no one understands this better than Miss Margaret C. Busch who for the past three years has directed the Sanatorium Board's Rehabilitation program.

For Miss Busch, her work as rehabilitation director and vocational counsellor has a special personal appeal. An attractive, soft-spoken woman, she herself has spent many years in and out of sanatorium and knows firsthand the great need for broader rehabilitation services for Manitoba's disabled population. Moreover, experience has taught her, that, given the right chance, most disabled people can find their worth in a highly competitive society.

"There's a latent ability in most people if you can find it," is her oft-heard expression. And chances are that as soon as medical permission is granted she'll be at the patient's bedside to find it.

Miss Busch was born and raised in Shellmouth, Manitoba, a tiny community lying in the heart of picturesque Assiniboine Valley. The daughter of the late Mr. and Mrs. George Busch, she is the second oldest of a family of four.

After graduating from high school at Shellmouth, Miss Busch studied at the University of Manitoba and later entered the teacher training course at Winnipeg Normal School. She started out her career teaching primary grades in Shellmouth and a country school in Saskatchewan, and



and as long as they do, they are hazards to further improvement in these Indians' health.

in 1939 moved up to the principalship of Shellmouth High School. In 1942 she became principal of the high school at Great Falls, Manitoba.

In January, 1947, Miss Busch went to Manitoba Sanatorium at Ninette as an institutional teacher for the Department of Education. It was there that she first got acquainted with rehabilitation work and, liking it, began almost immediately to help broaden the services. When she left in May, 1956, to succeed Mr. E. G. Metcalfe as Director of Rehabilitation Services for the Board in Winnipeg, the Rehabilitation Department at Ninette had been expanded to include two other teachers and an occupational therapist.

During the work week, Miss Busch leads an exceedingly busy life. Her heavy schedule demands periodic visits to patients at both Manitoba and St. Boniface Sanatoria, countless counselling interviews in her office with ex-patients, and occasional lectures to various clubs and organizations. Until February this year she also edited the *Messenger of Health*.

In addition to medical assistance, the nurses offer pre-natal clinics, baby clinics and other instructional courses. Great strides have been made by these nurses in the field of cleanliness. It's no longer unusual to see a clean Indian on the Manitoba reserve.

A two-man TB X-ray survey team works closely with the medical staff. The two who traveled with the Island Lake Treaty party this year both spoke enough Cree and Saulteaux to make the Indians feel at ease when they put their chins on the X-ray machines. A few Indians are still a little afraid of the equipment but this is quickly overcome when they hear that they must be X-rayed and get a rubber-stamped mark on the hand before they receive the \$5 treaty money.

Once an enthusiastic participator in many sports, Miss Busch now devotes much of her spare time to reading and photography... the latest addition to her photographic collection are numerous slides of her trip this summer to England, France, Italy, Germany and Denmark. She is also a member of the Zonta International Club, a club for professional and business women.

Other such projects have been in effect for the last 10 years.

It is no coincidence that there is close correlation between the increase of new houses and the decrease in TB cases. Nor is the annual good news of fewer TB cases mere coincidence. I know now, after visiting the ^{the} ~~the~~ Island Lake Indians, that such results are only obtained by well-planned programs; by solid, hard work, and by full, sympathetic co-operation between the agencies and departments which all have the Indian's health and welfare as a common goal.

Mrs. H. Warren Dies In Brandon

Staff members of the Sanatorium Board were saddened to learn of the death of Mrs. Hazel Warren, nurses' assistant at Assiniboine Hospital in Brandon.

Mrs. Warren, wife of John Warren of 1234 Fourth ^{date} Street in Brandon, died September 4 at Brandon General Hospital. She had been ill since early July.

Mrs. Warren was born on January 20, 1922, in Outlook, Saskatchewan. She began work for the Sanatorium Board in Brandon in December, 1957.

Self-Improvement Program Offers TB Patients Many Opportunities

The ultimate aim of any rehabilitation program is to restore the disabled person to a normal way of life. In most cases, "a normal way of life" will evolve around productive employment — for although it is quite true that many disabled people will never seek employment because of age, extent of disability or personal desire, it is equally true that only in work do men achieve economic independence and social status.

"Employment is nature's best physician and essential to happiness," states Galen in the second century A.D. Ancient as this bit of philosophy may be, no one has ever stated the case more aptly.

Since World War II interest in the handicapped person as a potential source of manpower has increased considerably, and most employers as well as rehabilitation personnel now acknowledge that the majority of disabled people, with average intelligence and a will to work and to succeed, can be fitted for many of the trades and vocations once reserved for the able-bodied.

The various rehabilitation agencies in Manitoba accept this thesis and include in their programs some kind of vocational service which will help disabled persons prepare for and find the type

rehabilitation Director will maintain close contact with the patient long after he has left the sanatorium.

Everyone Benefits

The opportunity for self-improvement is given to all patients in the sanatorium regardless of what they plan to do when they leave. As soon as the patient is medically ready, he is interviewed by the Director of Rehabilitation Services, Miss Margaret Busch. She explores the patient's work history, education and training, the possibility of his returning to gainful employment, and the type of desired occupation.

If the patient shows no preference for an specific vocation, some testing is done to determine his aptitudes, capabilities and interests. A rehabilitation plan is then worked out with the

any particular job, Miss Busch encourages all patients to take advantage of the opportunities the department offers.

"Everyone needs diversion of some sort," she says, "and in learning new skills or renewing old ones the patients are not only improving themselves but are also keeping their minds alert."

Patients as a large group are separated into smaller groups with regard to necessary preparation for the future. Those still in their school years will continue with their studies while in sanatorium. Instruction is given in all grades up to University entrance.

Another group is made up of those who are physically able to return to former employment and wish to do so.

"Wherever possible this is the best plan," says Miss Busch. "A known occupation is easier to adjust to after a time in hospital than an unknown situation."

These patients can spend their time in sanatorium improving old skills or learning new, related ones. A sten-



During their stay in sanatorium many patients like to spend a few hours each day learning old and new crafts in the occupational therapy department. Here Miss Anne Hargreaves, craft instructor, gives a few points on weaving to Frances Styrvoky, of Langenburg, Sask.

new crafts or taking a course in home management.

The Unskilled

The patients who present the biggest problem are the ones who lack the training and educational qualifications for a skilled job, and are not too settled about future employment. This

he can take a vocational training course under the provisions of Schedule "R", a dominion-provincial financial agreement. He is provided with tuition and maintenance while on the course and on completion the necessary tools to practise his trade.

Ex-patients now in training under Schedule "R" are

to their skills and personal liking. Such service is provided by the Sanatorium Board of Manitoba which since 1942 has undertaken a fairly comprehensive program to prepare tuberculous patients for a useful place in civil life.

The services offered by the Board consist basically of counselling, academic upgrading and occupational and vocational training. Actual job placement is usually left to the National Employment Service although the Reha-

prevocational academic work or in a correspondence course.

If an entirely new vocation following discharge is necessary, post-sanatorium training may be arranged in some accredited business college or technical institute. In some cases the director may arrange for the patient to take training on the job.

Self-Improvement

Although the Rehabilitation Department is primarily concerned with the patients who are not prepared for

learn shorthand while on the cure and with a short training course after discharge can raise her business status.

A third group are those who are not considering any change and plan to carry on at home as before.

Even for these people there is the opportunity for self-improvement. Patients over 60, perhaps too old to adjust to new work, can find a diversion in occupational therapy. Housewives, too, can keep their hands and minds busy learning old and

use their time in sanatorium to take stock of themselves and decide whether or not they want better jobs.

If they are dissatisfied with their former occupations they can spend their time in sanatorium improving their academic standing. After discharge they are helped as much as possible to study some trade.

Schedule "R"

If the patient shows the ability and has the necessary academic qualifications,

enrolled in teaching, barbering and business courses. Two are studying Medicine at the University of Manitoba.

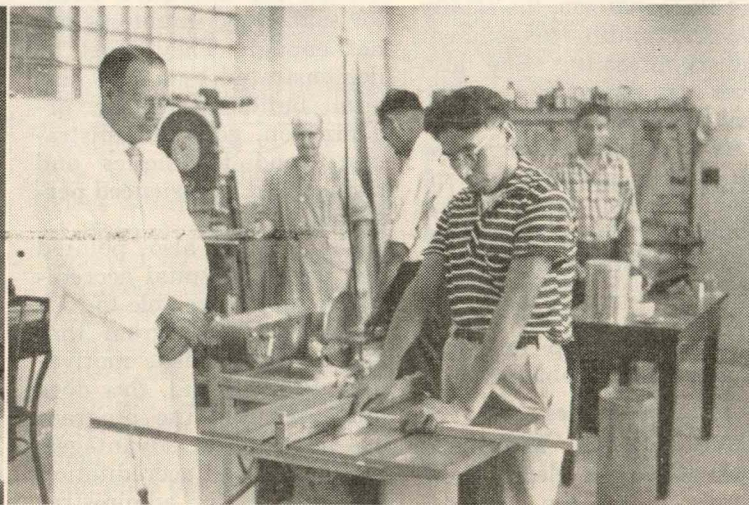
Follow-Up

Since the aim of all rehabilitation work is satisfactory resettlement of the patient, the technique of follow-up is in the end most important. This applies to all patients, whether they seek employment or not.

In the case of those who are placed in jobs, the Rehabilitation Director makes a check after the person has been employed for three months to make sure that both he and his employer are satisfied. If both report satisfactory results, the patient is considered completely rehabilitated and the case is closed. If not, the rehabilitant must return for further counselling.

Many of the patients who have been helped by the Rehabilitation Services of the Sanatorium Board may never use the skills they learned during their hospital stay. But, as Miss Busch points out, they haven't lost anything.

"In the years following discharge", she says, "the people who took advantage of the opportunities offered will look back on their hospital stay not as a wasted period of their lives, but as a time when life took on a fuller meaning."



A tuberculous person who is able to return to his former employment is encouraged to do so, says Miss Margaret Busch, director of Rehabilitation Services for the Sanatorium Board. These patients, however, can spend their time in sanatorium improving old skills or learning new ones. Here Miss Busch, on one of her visits to St. Boniface Sanatorium, inspects the progress of two patients: Miss Alma Schopff, Winnipeg, who is taking a typing course, and Miss Sharon Forsythe, also of Winnipeg, who is learning bookkeeping. Many of the male patients at St. Boniface Sanatorium learn to do work in wood plastic. Pictured in the workshop left to right are: Dr. A. C. Sinclair, medical superintendent, a frequent visitor to the shop; Alex Vermette, workshop instructor; George Wengenow of Ogoke, Ontario; Alec Turtle and William Young, both of Bloodvein, Man.

Central Tuberculosis Registry: Model of Efficiency

It is an accepted fact that statistics and records have a vital bearing on all medical work and can well make the difference between an adequate and inadequate program.

But past experience has taught us that this principle is only partly true — for just how effective these records will be for any program will ultimately depend on how well they are organized and the speed with which they can be presented.

Over the years the Central Tuberculosis Registry has achieved nation-wide fame in efficient record-keeping. Indeed, as the first of its kind in Canada, it has served as a model for the formation of other registries throughout the country and in other parts of the world.

The information gathered by this government agency tells who the people are in Manitoba who have tuberculosis, where they are, and what to what extent services are being used to find and treat these cases. Such records include details of new diagnoses, deaths, chest X-ray and tuberculin testing surveys, clinics, sanatorium treatment and follow-up recommendations.

One important feature of the Central Registry is that it is not burdened down with elaborate procedures or non-

Years of painstaking work have gone into the formation of the present-day Registry. Perhaps the most valuable contribution was made by Miss Elsie J. Wilson who, as a public health nurse in 1926, was given special oversight of as many tuberculosis cases and their contacts as she could reach in the province.

Miss Wilson soon became the "tuberculosis encyclopedia" of Manitoba, and when the Registry was started in 1937 by the late Dr. F. W. Jackson, deputy minister of health, her vast knowledge and records proved invaluable in setting up the files. Miss Wilson herself became the first director.

Personnel

Statistics and public health go hand in hand in any tuberculosis control program, so it is not surprising that the chief personnel at the CTR today are a public



Pertinent information on all phases of tuberculosis work in Manitoba is kept on file at the Central Tuberculosis Registry. Pictured here, looking over some of these files, are left to right: Miss Janet Smith, Consultant in Tuberculosis Nursing for the Provincial Department of Health and Public Welfare; Miss Audrey Peden, stenographer; and Miss Gladys McGarrol, chief statistical clerk.

patient's card is transferred to an inactive file and remains there indefinitely.

At present the Registry has records on some 5,000 persons in the province.

With essential information about each of these people so simply compiled and so easily made available, it is no wonder that experts from all over the world have visited the Registry to study its methods of centralizing

the Hon. George Johnson, minister of health and public welfare, told delegates that hospital operation costs have been cut in Manitoba since government insurance came into effect.

"But other problems facing hospitals always existed and didn't come with the new insurance plan," he said.

Prior to 1958 such problems as accommodation, par-

Bulletin Board

T. A. J. Cunnings, executive director of the Sanatorium Board, was among 15,000 delegates who attended the American Hospital Association Conference in New York City last month.

During his visit to New York Mr. Cunnings also visited Dr. Howard Rusk, famous rehabilitation pioneer, and toured his Institute of Physical Medicine and Rehabilitation at Bellevue Hospital.

* * *

Dr. H. N. Colburn, medical officer of The Pas Indian Agency, paid tribute last month to the members of Clearwater Lake Hospital X-ray staff who travelled with the Treaty Party in Northern Manitoba this summer.

Dr. Colburn commended Jim Lock, Roy Boyes and Lionel Joyal for their co-operative attitude in working long hours to make sure all Indians received a chest X-ray.

* * *

Miss Ann Trach, Licensed Practical Nurse at the

work is funnelled through from all parts of the province — from the various TB institutions, travelling clinics, medical and public health personnel. This information is, in turn, sent out when needed to the patients' doctors, to medical personnel in the sanatoria or to public health workers. Required information is also sent out to the provincial Department of Health and to the Dominion Bureau of Statistics.

Although the Central Tuberculosis Registry is part of the Provincial Department of Health and Public Welfare, it is very closely allied with the work of the Sanatorium Board of Manitoba and has its headquarters within the Board's offices on Bannatyne avenue.

It was set up in 1937 by the Health Department to record statistics on tuberculosis in Manitoba and to form a central office from which information would be available for planning the TB control program. As such the Registry shares the aims of the Sanatorium Board: to secure early diagnosis, provide segregation and treatment and to give medical and nursing supervision to all diagnosed cases and their contacts.

work of the Registry and holds the position of Consultant in Tuberculosis Nursing with the Provincial Health Department. The statistician is a staff member of the Sanatorium Board.

Public Health

When Miss Wilson retired in 1956 with an honorary membership in the Canadian Tuberculosis Association. Miss Janet Smith succeeded her as Registry Director. As director, she helps plan clinics and programs, acts as liaison between the patients and the sanatoria, the family doctor, health department and community. She also gives guidance to public health nurses in the field.

As a public health nurse she helps patients accept their diagnosis and plan for following through medical recommendations. Sometimes this involves referring the patients to various social agencies for help in overcoming home problems.

Statistics

Miss Gladys McGarrol, chief statistical clerk, is in charge of all the records. Under her direction an active file is kept on each patient as soon as his disease is diagnosed and is carried until approximately five years after his disease is arrested. At the end of that time the

try epitomizes teamwork in tuberculosis control — teamwork between medical and public health personnel, between the provincial government and voluntary agencies, between the doctor, the community and the TB institution.

1,000 DELEGATES

(Continued from Page 1)

So far, only 60 percent of the hospitals in Canada today, caring for 200 patients or more, are accredited.

It isn't an easy rating to obtain, the executive director said. Good intentions are not enough. They must be demonstrated by a safe hospital building, proper organization, good administration, good techniques and trained and experienced personnel.

Dr. Taylor also pointed out that in hospital accreditation people are able to participate in a program that has no materialistic motivation. But, he said, this does not mean that the program has no material advantages.

"Hospital accreditation promotes better administration, saves wastage, reduces loss from fire and infection, shortens days of stay and in the long run saves money."

Deficits Cut

In his opening address to the convention on Tuesday,

is now necessary to explore what is needed for long term patients so that they can be transferred from general hospitals as soon as possible into less expensive quarters.

Nursing

The problems of nursing personnel were discussed by Clark Middleton-Hope, vice-president of the International Restaurant, Hotel and Institutional Councillors, Montreal.

"A wide discrepancy exists between what the nurse conceives her role to be and the demands made on her as a full-time nurse," he said.

"With the shortage of nurses the problem has severe implications. The large number of patients under the care of each nurse increases the demands made on her time and makes it physically impossible for her to give the kind of intimate bedside care traditionally thought to be part of the nurse's role."

Dr. L. O. Bradley, administrator of Winnipeg General Hospital, said that hospitals will have to entice more Grade 12 graduates into hospital training programs.

"We must get busy and see that our training program is ready to take advantage of them," he said.

Staff at a miscellaneous shower held at the home of Miss Edna Dillon. Miss Trach will be married on October 10 to Andy Arguin of Winnipeg.

* * *

New members of the nursing staff at Manitoba Sanatorium are Miss Lona J. Mitchell, of Peace River, Alta., and Miss Shirley Pryzner, of Shoal Lake, Manitoba.

Mrs. Beatrice A. Small, of Kemney, and Mrs. Hazel Alexander, of Brandon, joined the staff of Assiniboine Hospital as Licensed Practical Nurses.

Other new staff members include: Miss Lorraine Deutsch, LPN at the Central Tuberculosis Clinic; Peter Hecker, LPN at Clearwater Lake Hospital. Hilbert Graham and Robert E. Buckley, engineer ferman and shift engineer respectively at Clearwater Lake Hospital.

* * *

The Sanatorium Board extends its warmest congratulations to Ernie Zemianski and his new bride, the former Darcy Mandziuk, of Winnipeg. Until recently Ernie was a member of the X-ray staff at Clearwater Lake Hospital. He has now joined the CTC X-ray department.