

News Bulletin

SANATORIUM *The* **BOARD** **OF MANITOBA**

VOL. 7, NO. 8

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG

SEPTEMBER, 1965



TB SURVEY FOR TRANSCONA — Beginning September 29 residents in Transcona will receive free tuberculosis tests through the Sanatorium Board's Christmas Seal program of TB prevention. Hundreds of volunteers have been recruited to promote the campaign under

Outside Nurses May Register For New Rehabilitation Course

For the first time since it was established two years ago, the Sanatorium Board's formal course in rehabilitation nursing will be open this fall to graduate nurses from other centres.

The course, offered at the Manitoba Rehabilitation Hospital in Winnipeg, was set up in October 1963 to teach graduate nurses within the hospital the special skills required for rehabilitation and to give them the necessary knowledge to understand and evaluate the contribution made by other professionals in the rehabilitation group.

The first formal rehabilitation nursing course to be offered in Canada, it was previously provided over a 10-week period so that staff

speech therapy, social services for the disabled, emotional factors in rehabilitation, nutritional needs, aids to ambulation and the use of special equipment and appliances. Special emphasis is also placed on functional positioning, range of motion exercises, skin care and all the problems encountered in the early care of the patient.

The roster of speakers and demonstrators includes the heads of the hospital's treatment departments, and members of the active and con-

Zayshley, surveys officer for the Sanatorium Board who arranges tuberculin and x-ray surveys, Mrs. M. Pedrick, Mrs. Dorothy Smith, L. Rennie and Mrs. B. Wolfe, Transcona residents who, as area chairmen, have volunteered to supervise house-to-house canvassing and registration. Front Row: Miss Helen Blais, Mrs. P. Zolondek and Mrs. H. Gesell, also area chairmen; Ald. C. J. Perry, survey chairman; Mrs. Jean Talbot of the Transcona Health Unit who is serving as survey secretary; and H. C. Hatcher, chairman of School District 39, who is in charge of arranging the tuberculin testing of school children.

Board Begins Fall TB Surveys

Anyone who wonders about how their Christmas Seal dollars are invested should take a look at the tuberculin and x-ray schedule for this fall.

Tuberculosis surveys comprise the major part of the Christmas Seal program of tuberculosis prevention in this province, and each year the Sanatorium Board's surveys teams comb various parts of the province searching for new cases and sources of infection. The Board tries to cover the entire province every five years — but those areas where infection is shown to be greatest are surveyed more often.

Food handlers, students and teachers get special attention. So do residents of nursing homes and mental hospitals, jails, hostels or any other place where the TB incidence is likely to be higher than average, or where we wish to give extra protection.

Carrying out a community survey is never an easy job, especially in remote areas. Sometimes the surveying crew and equipment have to be flown into a settlement. And after that it is a big task to notify all the people who live scattered throughout the district that the health service is available.

One particularly interesting survey carried out every two or three

years is a complete survey of all settlements along the Hudson Bay Railway Line between The Pas and Churchill. On September 13 a special train, provided by the Canadian National Railways, left The Pas with Sanatorium Board x-ray technicians Ricky Bangart and Rodney Berington and Public Health Nurse Mrs. O. Chalmers of Northern Health Services aboard.

The train takes about a week to reach Churchill, stopping along the way to x-ray residents of all the larger communities. During the following week all people in the Churchill area will have an opportunity to have a free chest x-ray, and then the train will begin the 509-mile journey back, stopping this time at the remaining smaller centres.

Around Winnipeg major community surveys (including the tuberculin testing of school children) have been scheduled during the next two months for Selkirk (Sept. 13 to Sept. 28), Transcona (Sept. 28 to Oct. 26) and St. Vital (Oct. 25 to Nov. 23). A two-week tuberculin and x-ray survey of all Canadian Pacific Railway employees has just been completed, as well as the summer surveys of seven rural Manitoba municipalities.

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on the wards as well as attend classes. The new course, however, has been condensed to three weeks of intensive study, with sessions held continuously all day.

The first course this fall will begin October 18; the second on November 15. Enrollment will be kept to a compact 12 to 16 students for each session.

The program — consisting of lectures, demonstrations, practice periods, discussions and observation of each specialized service at the hospital — is geared to give the nurse a thorough knowledge of the rehabilitation of all types of disabled persons, particularly those with orthopaedic and neurological conditions, arthritis, amputations, hemiplegia, paraplegia and quadriplegia.

Subjects covered include an anatomical review of the musculoskeletal and central nervous systems, activities of daily living,

Rehabilitation Hospital.

Speakers and demonstrators from other departments are: *Nursing* — Miss E. L. M. Thorpe, nursing consultant, Sanatorium Board of Manitoba; Miss E. G. Coull, director of nursing, Manitoba Rehabilitation Hospital, Mrs. D. J. Setter, nursing instructor, Miss V. R. Peacock, day supervisor, Mrs. M. Swaffield, evening supervisor.

Occupational Therapy — Mrs. Joy Huston, chief occupational therapist, M.R.H.; Miss J. Forbes, head of the Division of Occupational Therapy, School of Medical Rehabilitation; Mrs. Janice Crawley, Canadian Arthritis and Rheumatism Society; Mrs. J. Judy.

Physiotherapy — Miss Joan Edwards, M.R.H. chief physiotherapist; Miss M. Spence, head of the Division of Physiotherapy, School of Medical Rehabilitation; Mrs. P. Costain, C.A.R.S., Bill Williamson,

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Employees Find Exciting Outlet in Ceramics and Art

With the coming of fall, scores of staff members will be turning their attention to various forms of winter recreation. Curling, for example, is a popular sport at Sanatorium Board hospitals. Bowling, table tennis, badminton and gymnastics all have enthusiastic followers, and every year the activities of each are recorded in the Bulletin.

Little has been said, however, about what goes on at the Manitoba Rehabilitation Hospital Monday evenings at five when a handful of employees push aside the day's business, wolf down supper, then hurry off to the Occupational Therapy Department to lose themselves (sometimes hopelessly) in clay or oil paint.

The Monday evening ceramics and art classes are not perhaps the most popular of staff recreational activities, but certainly they have been among the most enduring. Formed three years ago, before a hospital recreation club was established, these sessions are usually the first to begin in the fall and the last to wind up in spring. Indeed, it was with some reluctance that the art students put up their palettes and brushes at the end of last June to allow for summer vacations.

The instructors, of course, have a lot to do with this enthusiasm. Leon Kinsbergen and Dr. Paul Mari are talented men with impressive experience in their respective arts, and both are endowed with an abundance of patience, a quality perhaps gained from their unusual backgrounds.

So for six more years he studied under the master, and for two years after that he learned the chemistry of making different glazes. All the while he worked as a potter and designer of stage sets and costumes for the theatre and television. His beautifully printed scarfs and shawls also drew the admiration of the Dutch people and for a number of years he planned and supervised the construction of stands and exhibits at Holland's large industrial fairs. In 1958 much of his own excellent work was shown at the Brussels World Fair.

Even at the best of times it is not easy to make a living as an artist. During the Second World War in occupied Holland one just tried to make enough to stay alive — and fight back. Mr. Kinsbergen joined the Dutch Resistance and from 1940 to 1945 he used his home and his talents to look after people in danger of deportation and supply them with the needed ration cards and identity papers.

After the war he continued his freelance work as a ceramist, sculptor and designer until 1958 when he and his wife, Elizabeth, and daughter, Beatrys, emigrated to Manitoba to take over a pottery studio at Steinbach. The studio, unfortunately, turned out to be



Leon Kinsbergen, an expert ceramist and sculptor, gives a few pointers in molding clay to Miss Mary Hamilton, director of social services at the Manitoba Rehabilitation Hospital. Miss Hamilton is an enthusiastic member of the Ceramics Class which meets weekly in the Occupational Therapy Department at the Rehabilitation hospital. (Photos by Tony Gibson.)

testify that pottery is a relaxing, fun-filled form of recreation, an ideal way to shed the day's problems. In the beginning the two-hour sessions are devoted mainly to teaching "coil pottery", the primitive method of hand-rolling the clay into snake-like lengths, which are then used to build up small artifacts. Later the pupils learn to turn out fine work on the potter's wheel and to apply various glazes.

It's all volunteer work on the part of Mr. Kinsbergen, who

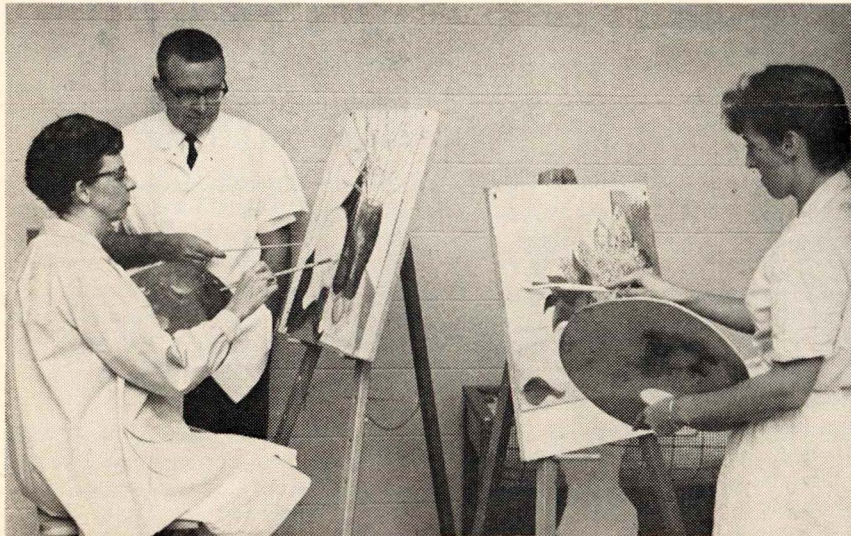
studies at the University of Hong Kong, which he left just prior to the invasion. Two years and many tribulations later he succeeded in enrolling at the Jesuit operated Aurora University in Shanghai and graduated in 1946.

Dr. Mari completed his internship during the Communist siege of Shanghai, then for five years he engaged in general practice and surgery and did a great deal of work for the United Nations International Refugee Organization. In 1951

every day, to become an expert ceramist, says Mr. Kinsbergen, who now makes his living teaching pottery and other crafts (as therapeutic measures) to patients at the rehabilitation hospital. But, as he will afterwards point out, it may take much longer than that to attain personal satisfaction in one's work.

For five years Mr. Kinsbergen studied ceramics, designing a n d sculpture at the Royal Academy for Fine Arts in his native Amsterdam and at the Academy for Fine Arts at The Hague.

"After that I took lessons from Bert Nienhuys, one of Holland's greatest potters," he said. "And I discovered then that I had learned hardly anything."



For many years Dr. Paul Mari, of the Central Tuberculosis Clinic, has taught sketching and oil painting to Sanatorium Board staff and patients. He is shown here with two members of his present class, Mrs. Doris Whimster, left, supervisor of the Manitoba Rehabilitation Hospital Out-patient Department, and Miss Barbara Willis, assistant chief occupational therapist, M.R.H.

dilapidated building with very little in the way of equipment and few customers. In the end Mr. Kinsbergen had to give up the struggle and in 1962 when the Manitoba Rehabilitation Hospital was opened he came on staff to teach crafts to the handicapped.

It is impossible to estimate the great number of patients who have come under his tutelage — or how many carry on with ceramics or such other crafts as lino-cutting and printing, after they leave. But it is one of the very popular activities in the Occupational Therapy Department and certainly a most pleasant form of treatment.

The students who attend the Monday evening classes will also

in Holland gave much of his spare time to teach these crafts to children and adult groups. And the fact that it takes a long time to become an expert rarely deters his students. After all, it is primarily recreation — and it is not so much talent as a continuing interest that counts.

* * *

Dr. Paul Mari also puts enthusiasm ahead of talent. Unlike Mr. Kinsbergen, painting is his hobby. His main interest, of course, is medicine and for the past 14 years he has been a chest physician with the Sanatorium Board's tuberculosis services, first at Clearwater Lake Hospital and Manitoba Sanatorium, and for the past seven years at the Central Tuberculosis Clinic in Winnipeg.

Dr. Mari began sketching a n d painting as a boy, and, except for a 13-year period when he studied medicine and got himself established in his profession, he has pursued his hobby with ardor.

He was born in Vladivostock, one of three sons of a wealthy shoe manufacturer who had emigrated to Siberia from Alsace-Lorraine. In 1931, at the age of 12, he fled with his family to Manchuria, thence two years later to Shanghai. During these turbulent times young Paul continued his schooling and took art lessons while his father successively built up, lost and re-built shoe businesses as the Japanese continued their conquest of the mainland.

Between 1938 and 1941 Dr. Mari served part-time with the British Army and began his medical

came to Canada.

They came, Dr. Mari recalls, with only \$30 in their pockets, having been forced to leave all else behind. Since then they have built a successful life for themselves and are now happily engaged in raising three fine sons. Mrs. Mari, many will remember, is also an accomplished singer, the winner of the highly-prized Rose Bowl award in the 1960 Manitoba Music Festival and of a Metropolitan Opera scholarship.

Dr. Mari devotes much of his leisure time to painting. His works have been well received and many have found their way into the homes and offices of admirers from far and near. In 1956 a number of his paintings toured the country and during the past few years he has won two first prizes (for contemporary and traditional art) in the Physicians' Art Salon sponsored by Frank Horner Ltd. and a number of popularity awards in Western Canada amateur contests. One prize-winning painting, "The Chinese Screen", was exhibited in Europe.

Since joining the Sanatorium Board, Dr. Mari has given art lessons to many patients and employees, and he is especially proud of two students he had at Ninette who went on to become successful commercial artists. No prediction is made here about his present class . . . but, if nothing else, they have been given the wonderful privilege of glimpsing a new and exciting world which, as last year's performance has shown, is becoming ever more difficult to give up.

Free Diabetes Tests To Be Offered At Tuberculin and X-ray Surveys?

The possibility of incorporating simple, inexpensive tests for diabetes into tuberculin surveys was discussed in a recent scientific report by Dr. J. A. Moorhouse, director of the Metabolic Laboratory, Winnipeg General Hospital, and D. R. Grant, of the University of Manitoba Department of Physiology.

According to the authors, a comprehensive diabetes detection program could be added to a conventional tuberculin and x-ray survey at relatively low cost. They based their findings primarily on the screening of 967 people who visited a Sanatorium Board of Manitoba mobile X-ray unit during a tuberculosis survey in Central Winnipeg last May. In addition to a chest examination, each of these individuals was offered a free blood sugar estimation — a quick, simple test administered at least two hours after the subject's last meal and involving the extraction and examination of a drop of blood from the fingertip.

The survey findings showed that 50, or 5.2 per cent, of the 967 tested were positive screenings. Ten of this number were excluded from follow-up on the basis of age and a borderline screen test. Eight others refused follow-up or could not be traced.

Later investigations showed that

10 persons) were diabetic, 0.5 per cent were possibly diabetic, and one per cent had false positive screen tests.

"These figures indicate that the analysis for glucose of post-prandial (after-meal) capillary blood is a screening method sufficiently sensitive to detect most of the cases of undiagnosed diabetes in the population — without picking up an undue number of subjects who have slight abnormalities of glucose metabolism without known clinical significance," the authors said.

The incidence of known diabetes in western society is approximately one per cent. The incidence of undetected diabetes, over and above known diabetes, varies according to the criteria selected for diagnosis.

"If all individuals with minor abnormalities of glucose tolerance are included, the incidence can rise as high as 30 per cent or more in an elderly population.

"If, however, one accepts that age itself influences glucose tolerance, and includes only those individuals who have diabetes in the ordinary sense of the word, and who may be assumed to be subject to its complications, then, according to several surveys, the incidence of undetected diabetes in the population seems to be 0.5 to 0.8 per cent.

Diabetes — A Growing Problem

It's a fact, doctors say, that persons with diabetes are more susceptible to tuberculosis. Diabetics apparently offer little resistance to infections and therefore they provide a fertile breeding ground for such tough old organisms as the tubercle bacillus. Indeed, according to one authority, tuberculosis is twice as common in diabetics as in non-diabetics, and so it is recommended that patients with diabetes have a chest x-ray at least once a year.

Like tuberculosis, diabetes mellitus (sugar diabetes) is a chronic disease which may exist long before symptoms appear. But unlike tuberculosis the tendency to get diabetes may be inherited from generation to generation. It is a metabolic disorder, a condition in which the body fails to produce an adequate supply of insulin. Insulin, a secretion from the pancreas, regulates the rate at which body cells use sugar to supply the needed energy to keep the body running. Whenever there is an inadequate supply of insulin, the cells cannot use sugar and the liver and muscles cannot store it. Sugar builds up in the blood and is carried off in the urine. Extra urine is formed because more fluid is needed to wash the sugar through the kidneys. The result is an unsatiable thirst, and this along with increased urination, are two cardinal symptoms of diabetes.

Age also has a bearing on diabetes. According to statistics, fewer than 10 per cent of diabetic patients develop the disease before reaching maturity. More than 90 per cent develop it during or after middle life. The incidence is at least five times as great past the age of 40 as it is prior to the age of 40.

The earlier diabetes is detected, the easier it is to control and the less is health impaired. With modern methods of treatment, the diabetic patient can live almost as comfortably and pleasantly as the non-diabetic for many years.

NURSING COURSE

(Continued from page 1)

remedial gymnast, Mrs. June Rankine-Wilson, Miss Faye Mackenzie and Mrs. Wendy Bodley.

Dietetics — Miss Jean Alexander, assistant director of dietary services, Sanatorium Board.

Social Services — Miss Mary Hamilton, M.R.H. Director of Dietary Services.

Speech Therapy — Miss Marie Damen, chief speech therapist, M. R.H.

Biomechanics Laboratory: James Foort, technical director.

TB SURVEYS

(Continued from page 1)

Altogether 23 municipalities or local government districts receive

TB AMONG IMMIGRANTS

Do immigrants to Canada contribute a large proportion of the new active cases found in Manitoba yearly?

Not according to Dr. E. L. Ross, tuberculosis consultant for the Sanatorium Board.

At the present time, he says, there are approximately 50,000 immigrants in Manitoba who have been here 10 years or less. This is approximately five per cent of the population, and this five per cent of the population in 1964 produced exactly 5.6 per cent of the new active cases of tuberculosis.

In 1964 the rate of new cases among immigrants who have been in Canada 10 years or less was 28.3 per 100,000 population, he continued.

The rate of new cases among the province's total population last year was 23.8 per 100,000, and for all of Canada the rate was 30 per 100,000.

The rate of new cases among Indians last year was 250 per 100,000 population.

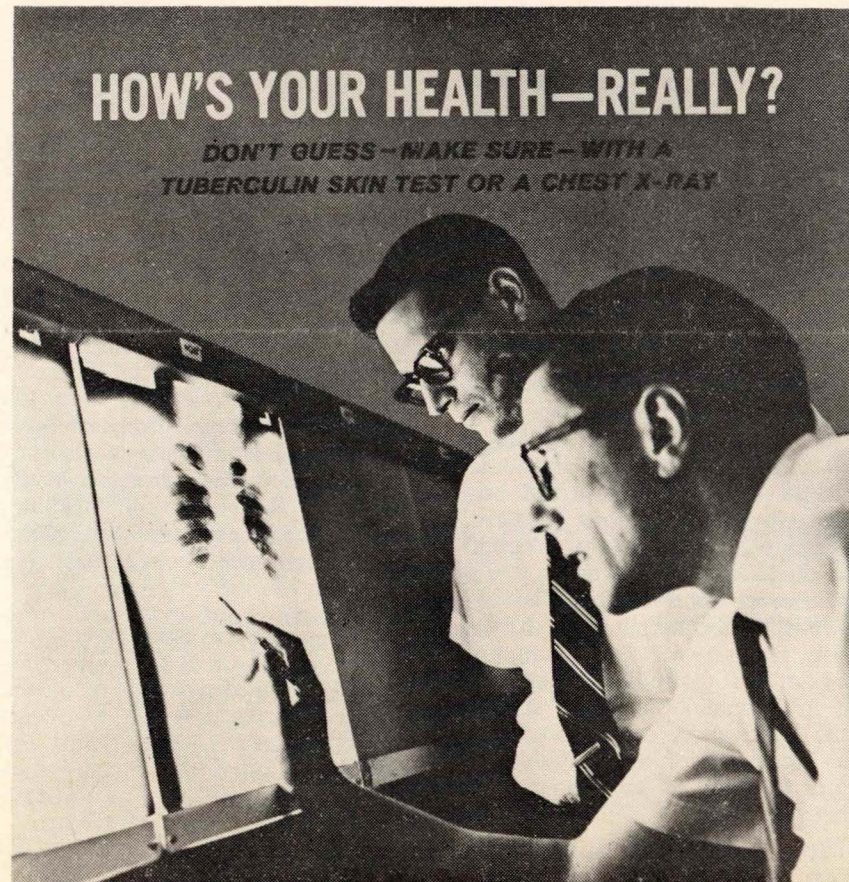
Therefore, according to these figures, immigrants to Manitoba have a fairly good tuberculosis record, Dr. Ross said.

And moreover, of the 36 cases discovered among immigrants in the last three years, 11 — or 30 per cent — were non-pulmonary cases.

diabetes detection will become as much an accepted part of the medical scene as tuberculosis detection is now, the authors predicted. "Later, to the glucose analysis will be added tests for other metabolic disorders such as uremia, arteriosclerosis, hypertension and cancer.

"Thus will come about a new and challenging era in preventive medicine."

an abnormal demand on the pancreas for insulin) seems to promote the risk of developing diabetes and in our society, where there is an abundance of food and plenty of overweight people, diabetes is on the increase. So much so, that the World Health Organization has appointed an expert committee to review what is known and do some spadework for further study.



services this year, as well as numerous industries, schools and colleges.

In order to carry out a community testing program successfully, hundreds of volunteers are recruited to make a complete house-to-house canvass and to serve as registrars at the testing sites. The Sanatorium Board is deeply indebted to these people who donate thousands of hours of their time in the public interest.

Among those who are helping out with the Selkirk survey this month are Steve Oliver, general chairman, Hugh Gordon, town clerk who is acting as secretary, and John Kindrat and the members of the Kinsmen Club who are looking after the publicity.

Alderman C. . Perry has taken over the job as general chairman of the Transcona survey and Mrs. Jean Talbot of the local Health Unit has volunteered her services as secretary. H. C. Hatcher, chairman of School District 39, is in charge of arranging the school survey, and area chairmen who will be arranging the canvassing and registration are Mrs. M. Pedrick, Mrs. Dorothy Smith, L. Rennie, Mrs. B. Wolfe, Miss Helen Blais, Mrs. P. Zolondek and Mrs. H. Gesell.

Retired Fire Chief Arthur E. Martin is general chairman for the survey in St. Vital next month. Area chairmen are Mrs. H. Paul, Miss T. Lagimodiere, Richard Smith, Mrs. C. Dangerfield, Mrs. F. Blais, Mrs. D. Rogers, Mrs. John Lamblin, Mrs. N. Philpott, Mrs. V. Oberholtzer, Mrs. M. Keenen, Mrs. G. Ulyatt, Mrs. G. Frisken and Mrs. E. Poppenk.

Personnel Notes

A warm welcome is extended to all those who during the past summer have joined the Sanatorium Board staff.

We are particularly happy to note the appointment of *Captain James R. Peters* as counsellor-teacher at the Central Tuberculosis Clinic, Winnipeg. Captain Peters, a qualified teacher, has background experience well suited to his new post.

Born and educated in Kingston, Ontario, he attended Queens University for two years then worked as a millwright in a aluminum company until World War II when he joined the Canadian army. He served as a lieutenant in the Royal Canadian Ordinance Corps and the Corps of RCME in England, France, Belgium, Holland and Germany and on his return to Canada after the war he remained in the army. Between 1950 and 1952 he was a member of the U.N.'s special forces for Korea.

At the end of the Korean war, Captain Peters returned to Canada where he was stationed at Barriefield for seven years and then in Winnipeg from 1959 until his retirement last year. He was promoted to Captain in 1953.

At present Captain Peters has 12 tuberculosis patients enrolled in his classes. The students are

With 5,000 New TB Cases Yearly There's No Room For Complacency

On any week-day, in any month of the year, a steady stream of people moves through the Central Tuberculosis Clinic in Winnipeg. Last month 1,275 persons — of all ages, from all walks of life — visited this diagnostic and treatment centre. Many (785 of them) were out-patients, in for streptomycin treatments. The rest came for examinations — the known tuberculous, the ex-patients, the contacts of newly diagnosed cases and the TB suspects referred by other doctors or picked up by the Sanatorium Board's preventive surveys.

Every week, from among the clinic's visitors, new cases of tuberculosis are discovered. Last month a total of 24 new diagnoses were made at the C.T.C., and 42 people were admitted to the treatment wards.

Tuberculosis is not dead. It is not even under control. In a recent paper, Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, summed up some of the accomplishments of the anti-tuberculosis campaign, and some of the problems we still face. The following is an excerpt from his paper.

* * *

The success of tuberculosis work in Canada this century has been due to the cooperation between

central and local branches in 1965 is to try to overcome the problem of complacency brought about by the partial success of our programs. The average person thinks that TB has been eradicated and that it is no longer of any concern in Canada — and this with nearly 5,000 new cases per year. It is a problem to persuade many patients to complete the necessary two years of drug treatment: they feel so well after only a few months that they neglect their treatment and about one in five break down again.

The danger of the undiagnosed case is still of greatest importance. There have been a number of explosive local outbreaks of tuberculosis in various parts of Canada in the past two years.

The greatest objective, therefore, still remains the prevention of tuberculosis by early diagnosis of every case and ensuring that each case receives adequate treatment for the full length of time.

Volunteers Prepare For '65 Campaign

Each September the tempo of

Bulletin Board

The Sanatorium Board was pleased to welcome during the past month two distinguished visitors to the Prosthetics and Orthotics Research and Development Unit at the Manitoba Rehabilitation Hospital. They were Dr. Warren Stamp, associate professor of orthopaedic surgery at Washington University in St. Louis, Mo., and Dr. David C. Simpson (Ph.D.), senior lecturer in medical physics, University of Edinburgh, and director of Upper Limb Prosthetics Research at the Edinburgh Royal Rose Orthopaedic Hospital, Edinburgh.

Dr. Stamp, who is primarily interested in lower limb prostheses, is at present establishing a rehabilitation program in St. Louis. He heard Dr. F. R. Tucker, medical director of P.O.R.D. U., give a paper on our unit's work during a 28-day tour last spring of various prosthetics and orthotics centres in Great Britain and Europe, and he came to Winnipeg expressly to visit the unit.

Dr. Simpson also heard Dr. Tucker lecture in England and he stopped off in Winnipeg on route to an international meeting on powered prostheses in

from one to 12 and may also take university correspondence courses.

There is no reason, he maintains, that patients who are well enough should not profitably use their time in sanatorium to up-grade their education.

Captain Peters himself is not neglecting to further his own education. He is already well on his way to obtaining his bachelor's degree.

* * *

Among the additions to the staff at the Manitoba Rehabilitation Hospital are social workers *Mrs. Sonia Earle* and *Mrs. Merle Wilson*. Mrs. Earle, who formerly worked for the Canadian Arthritis and Rheumatism Society, holds her B.A. and B.S.W. from the University of Manitoba. Mrs. Wilson, a graduate of the Winnipeg General Hospital School of Nursing, was formerly a public health nurse.

* * *

Miss Suzanne Ronceray, *Miss Clara M. Scherloski*, *Miss Jeannine Dumont* and *Miss Carol Ann Forrest* are the newest members of the registered nursing staff at the rehabilitation hospital. All four graduated this year from St. Boniface Hospital School of Nursing.

* * *

Recently appointed to the occupational therapy department staff were *Miss Penelope Fletcher*, a graduate from Dorset House School of Occupational Therapy in Oxford, England, and *Miss Marilyn Spargo*, who received her diploma from the London (England) School of Occupational Therapy.

government departments of health and voluntary tuberculosis associations who have accepted responsibility together. It has been possible for voluntary associations to demonstrate needs and methods, and these were proven to be successful.

Since the year 1900, when the mortality rate from tuberculosis was 90 per cent or higher, slow but steady progress has been made in the fight against this disease. We have passed through the eras of long-term sanatorium treatment with prolonged bed rest, pneumothorax and other collapse measures, surgery and drugs. Now in 1965 we can look back on phenomenal progress with the mortality cut to a fraction of what it was even 20 years ago, a remarkably shortened treatment time in sanatorium, completely adequate facilities for diagnosis and treatment everywhere in Canada, and very successful drugs for the treatment of this disease.

And yet TB still is a disease of extremely serious significance to us in Canada where nearly 5,000 new active cases were diagnosed in 1964 — more than from any other chronic infectious disease. There are approximately 200,000 individuals requiring follow-up after-care at chest clinics. The annual cost to the taxpayer for tuberculosis services across the country is about \$100 millions, and the cost in human suffering is still of great significance, even though the time necessary for an individual to be in hospital is cut to months rather than years.

The task of the Canadian Tuberculosis Association and its provin-

Sanatorium Board's Christmas Seal offices. This is the time when final preparations for the annual campaign get under way, and towards the middle of the month volunteer workers appear daily in the department to stuff Christmas Seal envelopes for mailing throughout the province.

Around 300 women give about 1,200 hours of their time each year to help with campaign preparations. Groups who come week-days include the P.E.O. Sisterhood, St. Boniface Inner Wheel, B'nai B'rith, Calvary Temple Mission Circle, Winnipeg Inner Wheel, West Winnipeg Rotary-Anns and women members of the Victoria and Granite Curling Clubs.

Special "Blitz Nights" have been arranged for October 5 and 6 by the Professional Engineers' Wives, and on October 13 by the Ladies' Auxiliary to the Associated Canadian Travellers, Winnipeg Club. On October 19, a large group of business women from various parts of the city, the junior volunteers at the Manitoba Rehabilitation Hospital, and Sanatorium Board staff members join forces to complete the work.

Our warmest appreciation is expressed to all of these women — as well as to the members of the volunteer services at the Manitoba Rehabilitation Hospital and the switchboard operators who throughout the summer took over the task of folding the sheets of Christmas Seals in preparation for these stuffing sessions.

hospital he gave a lecture and showed films on powered prostheses developed for upper limb amputees — and in particular, for thalidomide babies — in Edinburgh.

* * *

T. A. J. Cunnings, executive director of the Sanatorium Board, was formally admitted as a member to the American College of Hospital Administrators at the annual convention held in San Francisco last month. The College is a professional society founded some 30 years ago to give recognition to men and women who are doing outstanding work in their professional careers as hospital administrators. To qualify for membership, Mr. Cunnings, who has been a Nominee to the College for the past two years, was given special oral and written examinations in Chicago last February.

* * *

The Sanatorium Board was also proud to learn that Surgeon Lieut. Donald John Scott, son of Dr. D. L. Scott of the Central Tuberculosis Clinic, was awarded a Queen's commendation for brave conduct. While on a Far East training cruise aboard the Canadian destroyer escort Mackenzie last March, Lieut. Scott, disregarding his own safety, made a dangerous transfer to a U.S. tanker to attend a seriously ill radio officer.