



News Bulletin

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Concerts and Pageants Highlight Festivities at SBM Institutions

The holiday season, with its festive fun and joyful reaffirmation of well-loved customs and beliefs, was a lively, happy time for the patients and staff of the Sanatorium Board institutions. Christmas concerts, carol singing, and a visit by the jolly old elf himself were, as in years past, the highlights

Gordon Cottage To Be Converted Into Two Chapels

To meet the religious needs of tuberculosis patients at Manitoba Sanatorium, Ninette, Gordon Memorial Cottage is being converted this month into two chapels for the Protestant and Roman Catholic faiths.

The small, picturesque cottage, located between the administration building and the infirmary, has until now served as convalescent quarters for TB patients. It is expected that its conversion into the two chapels will be completed in about three weeks when the balconies have been taken in and partitions erected.

Gordon Cottage is one of the oldest buildings on the sanatorium grounds. Built in 1911, it was the gift of the late Rev. Dr. C. W. Gordon of Winnipeg, a noted Presbyterian minister and famous Canadian author who wrote under the pen name of Ralph (Glengarry School Days) Connor.

A humanist, and a philanthropist, greatly devoted to the welfare of the people of Manitoba, he was also one of the early members of the Sanatorium Board who helped establish Manitoba Sanatorium.

As two chapels, Gordon Cottage will now be a fitting memorial to the Gordon family. Services in the building will be conducted regularly by the Rev. T. A. Payne of Ninette United Church; Captain Walter Corey, of the Anglican Church, Elkhorn; and the Rev. Fr. J. Gervais of the Roman Catholic Church, Dunrea. Lutheran services will also be conducted from time to time by Pastor N. Mellecke of Brandon.

of the festivities. A brief account of the events are presented here by Jody Jackson of Assiniboine Hospital, and Gladys Wheatley of Manitoba Sanatorium.

Manitoba Sanatorium

Christmas Eve at Manitoba Sanatorium was held in traditional style with patients and staff members taking part in a Christmas carol song fest around a Christmas tree on West Three Balcony. A brief program of songs and music was presented by Miss Alice Cook, David Flett, Garland Spence and the Sanatorium Patients' Orchestra. Santa Claus and his helpers were then announced by the ringing of bells, and gifts were distributed to all the infirmary patients.

The carollers then proceeded to the assembly hall where out-patients, staff members and their friends were gathered around a colorful tree. The half-hour program was repeated and gifts distributed.

Christmas Day was devoted to visiting between patients and their relatives and friends. On Boxing Day, over 200 patients and staff members sat down to a sumptuous Christmas banquet. The dining room was gaily decked with cedar for the occasion, and the heavily laden tables lit by red and green candles.

The annual Christmas concert was held on December 29 for all patients and staff. Dr. A. L. Paine, medical superintendent, opened the program with a brief speech on the progress in tuberculosis treatment and case finding during the year.

The highlight of the concert was a colorful nativity pageant presented by the patients, both adult and children. They were accompanied by a group of nurses' assistants who told the Christmas



On Christmas Eve at Manitoba Sanatorium the patients and staff members gathered around a brightly decorated Christmas tree to sing carols and take part in a brief musical program. The high point of the evening was, of course, a visit from Santa Claus and his helpers who were announced by the ringing of sleigh bells. (Photo by Bill Amos.)

story through the singing of Christmas hymns.

Other program events included: violin solos by Lawrence Flett and Abe Ledoux; vocal solos by Garland Spence, Alice Cook, David Flett; a Christmas drill by the children of No. 1 Pavilion; comic sketch by the girls of the main building; piano solos by Miss Velma Mason; quartet singing by Martha Paine, Joyce and Linda Gutry and Donna Warren; and group singing by the practical nursing students.

A clever skit, written by Mrs. A. Pritchard and performed by members of the staff, depicted the woes and trials of a patient in the sick bay. This was followed by a violin solo by Dr. Paine, who played an old Icelandic air to the accompaniment of Mrs. Paine at the piano.

The evening was concluded by selections by the sanatorium patients' orchestra. Miss Noreen Hargraves provided piano accompaniment most of the evening.

Assiniboine Hospital

The Christmas Season opened at Assiniboine Hospital on December 16 when nearly 230 staff members and their guests held the annual Christmas dance.

Entertainment was provided in the form of Christmas carol singing by the revellers, followed by games conducted

by Miss Beryl Loewen and Miss Ruth Hauser. Peter Prendiville acted as emcee and kept things going in a lively manner with a variety of novelty dances. Dr. A. H. Povah, medical superintendent was called to the microphone soon after midnight and wished everyone a Merry Christmas and a Happy New Year.

Preparations for the dance were arranged by the hospital housekeeper, Mrs. E. Denbow.

For the patients at the hospital, Christmas festivities came to a climax on Christmas Eve with the presentation of the annual Christmas

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St. Boniface San. Starts Admitting Chronically Ill

The admission of non-tuberculous patients to St. Boniface Sanatorium started on January 1 of this year, J. W. Speirs, chairman of the Sanatorium Board of Manitoba, announces.

The sanatorium will no longer admit any more tuberculosis patients, and plans are now under way to gradually transfer TB patients now at St. Boniface Sanatorium to the province's tuberculosis treatment centre at Ninette.

The changeover to non-tuberculosis care at St. Boniface follows a decision made at a meeting of the St. Boniface Sanatorium Advisory Board, and officials of the sanatorium. The institution is operated by the Sisters of Charity.

The sanatorium will now admit chronically ill patients and will extend the service of the St. Amant ward for the care of mentally retarded children.

It is hoped that eventually the sanatorium will become a special treatment centre for mentally retarded children.

At present there are about 100 unoccupied beds at Manitoba Sanatorium, Ninette, and about 50 empty beds at St. Boniface Sanatorium. These 50 beds will be used

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Profiles

RUDY TRNKA

One wet, soggy day last spring a Sanatorium Board employee plodded into the office and woefully related how the plumbing in her home had suddenly gone on the blink. "Water, water everywhere outside the house, and all over my basement," she cried, "but not a drop of it in my taps." A few minutes after she had told her unhappy story, a small, wiry, impish-looking man popped his head through her office door. "Hear you have plumbing troubles," he grinned. "I'm a plumber, too, you know. How about running out to your place at noon and having a look at it."



This is just one illustration of the one-man "rescue" work conducted regularly by Rudolf Trnka, SBM mailing room clerk and parttime plumber, carpenter, painter, electrician, what-have-you. Hardly a Sanatorium Board employee in Winnipeg is not indebted to Rudy for some extra-duty service performed; indeed, hardly any are not grateful to have this kind-hearted jack-of-all trades around.

An employee of the Sanatorium Board for three years, Rudy in his 40 odd years has led a lively life and tales of his many exploits and adventures are the common topic of coffee-break conversations. He was born in Prague, Czechoslovakia, the son of tailor Rudolf Trnka, Sr., and in 1926, at the age of eight, came with his older sister and parents to Winnipeg. Finding it difficult to make an adequate living there, the elder Trnka decided two years later to try his hand at farming, and by wagon and team moved his family 300 miles north to the small settlement of Cowan, Manitoba.

Throughout his life Rudy has been used to hard work, and plenty of it. As a boy he helped out with the family chores, helped his father run the family farm, and took part in the many working bees in his district. During the thirties, at the age of 16, he left home and acquired a considerable knowledge of various trades, not the least of these being the lumbering business. But times then were lean and what jobs there were often did not last long, and eventually Rudy became one of the thousands of men who came to see Canada the hard way. From Halifax to Vancouver he "rode the rods" looking for work. He finally found it at the end of the decade with the outbreak of war.

From 1939 to 1946 he served with the 15th Field Regiment of the Royal Canadian Army in France, Belgium, Holland and Germany. In England he met his wife, the former Dorothy Goring of Alton Hant, who during the war worked as a "clippy" (bus conductor) for the Aldershot Transit Service. "I met her at a bus stop," Rudy recalled. "We were both waiting for the same bus . . . and I guess it was love at first sight."

Discharged in 1946, Rudy, his wife and their baby daughter, Hope, returned to Winnipeg, settled down in a bungalow that Rudy built in St. Vital, and began the busy task of raising a family. (They now have a second child, Oliver, aged 13.) For a while Rudy worked for a fruit wholesale company. He later joined a paper mill, then switched to selling real estate. He came to the Sanatorium Board in 1958 and at present shows a penchant for staying there.

When not carrying out his many mailing room duties, Rudy fills in his extra time doing carpentry, electrical and upholstery work, etc., for anyone who happens to be in need of it. In summer he grows his own vegetables, and in fall he cans them. He collects stamps, likes bowling, dancing and fishing, and of this month, acts as worth master of the Pioneer Fraternal Association, Lodge I.

But the main love in his life today is his extensive work with the St. Vital Boy Scouts. Becoming interested in Boy Scout work in 1952, he was made assistant Scoutmaster, and later Scoutmaster, of Winnipeg's 21st Boy Scout Troop. This year he became District Scoutmaster for the St. Vital municipality, and serves as vice-chairman of the St. Vital Scouters Club. Mrs. Trnka, who shares her husband's interest in this work, is captain of the 31st Guide Company in St. Vital.

In all, for Rudy Trnka and his family, life holds its greatest satisfaction in the variety of work they find to do . . . and in a compassionate feeling towards their fellow human beings. As Rudy himself says: "What you do for someone today will come back a thousandfold tomorrow."

International Union Against Tuberculosis: Its History, and Present-day Functions

In September of this year delegates from 66 countries will meet in Toronto for the 16th conference of the International Union Against Tuberculosis. This marks the first time that such a meeting has taken place on Canadian soil, and the first time in 35 years that the conference has been held in North America. Because of its important work in the international control of tuberculosis, and because of the locale of the 1961 meeting, it seems appropriate to present a brief sketch on the history of the Union, and its present function.

Sixty-two years ago, when the first international meeting on tuberculosis was held in Paris, tuberculosis held the pre-eminent position as the Captain of the Men of Death in nearly every part of the world. Epidemics flourished everywhere, and hardly any family had not felt its deadly terror. Consumptives, as they were then called, were a common sight — thin, frail and hollow-chested, they dragged out their weary existence until death in the end claimed most.

But the end of the nineteenth century was a time, too, when the first glimmer of light began to fall on the mystery of the disease. A few years previously Robert Koch isolated the tubercle bacillus, the germ that causes TB, and proved to the world once and for all that tuberculosis was a specific disease and that it was contagious. People began to hope that perhaps they could do something to defeat TB and, because they felt that the struggle would be a worldwide one, they decided in the late 1880's to hold an international meeting to discuss the problem and exchange information.

So it was in 1899 that representatives from many governments and voluntary associations met in Paris for the First International Tuberculosis Congress. And for the first time in history, delegates talked not only about the various ways to treat the disease but also how it might be prevented.

At the Third International Tuberculosis Congress in

St. Boniface San.

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first to admit the new patients

The transfer of patients to Ninette will be a gradual process and the circumstances of each patient will be considered in making the transfers.

Paris two years later, a resolution was passed urging the organization of a "permanent international committee." On the basis of this resolution, the Central International Bureau for the Prevention of Tuberculosis was organized in Berlin shortly afterwards.

The next meeting in Berlin in 1902 was especially notable because it was at this conference that the double-barred Cross of Lorraine was adopted as the international symbol of the crusade against tuberculosis. The cross was proposed by Dr. Gilbert Sersiron of Paris who said that the fight against tuberculosis was in spirit a crusade and that it was therefore appropriate to use a symbol from the days of the crusades. The famous Cross of Lorraine dated back to the seventh century, and had waved on the banners of Godfrey of Bouillon, first Christian ruler of Jerusalem. It had also been the emblem used by Joan of Arc.

The name of the international tuberculosis congress was changed in 1905 to the International Tuberculosis Association. During that decade it published a monthly bulletin, held conferences every year for its members, and about every three years a congress for all members together with delegates appointed by governments and national associations. Its activities were interrupted, however, at the beginning of World War I and it wasn't until 1920 that the international campaign against tuberculosis was re-established.

It is interesting to note that it was the French national anti-tuberculosis committee which decided to pick up the threads in 1920 and try to get the international approach reorganized. A meeting was called in Paris and it was at that time that the International Union Against Tuberculosis was formed. All the 24 countries belonging to the League of Nations entered the Union as did also the United States.

After that time meetings were held more frequently. The 1921 meeting was held in London, the 1922 meeting in Brussels and the 1924 meeting in Lausanne.

Despite the fact that the organization was still relatively small, the IUAT boasted a number of famous names on its executive. There was, for example, Sir Robert Philip, the man who founded the world's first tuberculosis clinic. Another member was Professor Albert Calmette, one of the discoverers of the BCG vaccine.

World War II again put a stop to the meetings, but

when they were resumed at the end of the war the horizon had been considerably widened by the establishment of the World Health Organization. At this time, the Union emerged as a strong, influential body, and emphasis was now placed on a broad scope of topics in the field of public health, as well as on scientific subjects.

Furthermore, the meetings, which up until this time had largely been confined to Europe, were held in other parts of the world — in Rio de Janeiro (1952), New Delhi (1957), and Istanbul (1959).

In his presidential address to the Union last year, Dr. G. J. Wherrett, executive secretary of the Canadian Tuberculosis Association, pointed out that the formation of who has not lessened but increased the importance of the International Union. The position of WHO and the Union, he said, is now parallel to the relationship between the official health departments and voluntary agencies. WHO will undertake such projects as the BCG vaccination program, providing the staff and equipment, while the Union will assist in rallying the public to enthusiastic response.

Some the member countries still need considerable help in establishing anti-tuberculosis programs. In fact, throughout the greater part of the world, the problem of providing adequate diagnosis and treatment on a community basis is, according to Dr. Wherrett, beyond our comprehension.

In no country is TB under control. WHO estimates that from .5 to 1.0 per cent of the world's population is coughing up tubercle bacilli. This means that there are still 12 to 15 million infectious cases throughout the world.

In recent years the responsibilities of advanced nations like Canada and the United States have increased rather than diminished. It was these two countries which were largely responsible for the reorganization of the IUAT after World War II and it is proposed by the new president that they again lead the Union in making possible a more active and aggressive attack on the world-wide problem.

The 1961 meeting in Toronto will draw a large attendance from many nations, and will provide both Canada and the United States with a golden opportunity to show underdeveloped countries how a strong national association can be formed. It is hoped that our TB workers will make full use of it.

All About Tuberculosis

By Lynn Zayshley

When the grade six class at King George V school (Winnipeg) was asked to write a short composition on "health", pert, 10-year-old Lynn Zayshley decided to tell all she knew about tuberculosis. Lynn has heard a great deal about tuberculosis in her home. Her daddy is J. J. Zayshley, surveys officer for the Sanatorium Board who himself makes a lot of speeches about tuberculosis during the course of organizing community surveys. Indeed, when Mr. Zayshley heard about the class' new assignment, he invited the children over to his home and showed them a couple of films on TB. The results: more than one student chose that day to write about tuberculosis.



This disease is as old as history can recall. People thought it was inherited and didn't know anything about a germ, but in 1882 Robert Koch proved it was caused by a germ called tubercle bisillus.

When the germ enters the body the white blood cells form a coat around them, then if a person becomes weak or run down the protective coat becomes thin and releases the germ to carry on its deadly work. It is not hereditary but contagious.

In the past forty years we have discovered new methods of treating and discovering tuberculosis. A man named Dr. Trudeau, who developed tuberculosis, thought that before he died he would get lots of fresh air and good food, but most of all rest. By doing this he accidentally discovered this helped him recover from his disease.

The oldest method of finding out whether or not a person has been in contact with tuberculosis infection is called a mantux test. It has been in use for fifty-one years.

Within the pasty twenty years a method was released that did not require a needle to do it. This was referred to as a patch test. This is a method where a specially prepared tape is placed on the skin and has to remain on the skin for forty-eight hours. It was discontinued because people would remove the tape to examine it themselves. Once this is removed before forty-eight hours it is ruined.

Within the past fifteen years Dr. Heaf in England tried a multiple puncture method. It is referred to as a Heaf test. Everyone should take advantage of this test. If your test is positive you should have an X-ray immediately and when your doctor advises you.

Fewer and fewer people die of tuberculosis every year, because new modern methods of treating tuberculosis help so much. Mankind has tried many ways of curing tuberculosis, but still there is no magic cure for it. The best assurance is to take advantage of our new modern methods of discovering tuberculosis early so it may be easily cured.

Buy and Use Christmas Seals.

to write about tuberculosis.

Smoking and Health

Cancer of the lung among non smokers: 3.4 per 100,000 persons per year.

Smokers of one half to one package a day: 59.3 per 100,000.

Smokers of two packages a day: 143.9 per 100,000.

Smokers of more than two packages a day: 217.3 per 100,000.

U.S.A. in 1940, 5,353 males and 1,626 females died of lung cancer.

U.S.A. in 1957, 26,287 males and 4,489 females died of lung cancer.

—Canadian Thoracic Society

Enjoyment of Bath - An Old Tie Between Ancient, Modern Man

Human beings are queer. Most of us started life by crying when we were bathed and howling when our ears were washed—then we grow up to consider a bathroom for our own private and personal use the most desirable of luxuries. A new apartment block is going up in our neighborhood and the two bedroom apartments have no dining room. But each bedroom has its own bathroom!

Enjoyment of the bath is one tie between ancient and modern man. Two bathtubs still existence are each believed to be more than 5,000 years old. One is at Mahenjo-Daro in India and the other is in the ruins of the palace of Urnimar, a king of ancient Babylon.

When people find out how pleasant it is to lie and soak it is surprising some of the things they will do to get themselves the equipment that suits them. The respect of the Egyptians had for the dead is well known. Witness the pyramids! But all the same, about 1300 B.C. some chap who wanted a nice bathtub decided that King Amenonot's bones did not need the handsome red granite sarcophagus in which they were resting. He disposed of them elsewhere and converted the stone coffin into a bathtub.

"Cleanliness is next to godliness" is such a common saying that many people believe it is in the Bible, which it is not. One place where it can be found is in a sermon of John Wesley's on the subject of dress. Almost the same thing is said in ancient Hebrew writings which are not in the Old Testament.

Many of the great religions incorporated cleanliness into their rituals and made bathing an act of piety. Some nations — the Greeks for one — just said frankly they enjoyed it.

How fortunate that both religion and enjoyment showed mankind toward even higher standards of cleanliness. Once in a while, it is true, sanitation got a setback. One of the times was when the Huns sacked Rome. The Romans had made remarkable advances in plumbing. As the signatures on the fixtures show, there were both men and women plumbers. The Huns did about as gigantic a job of pulling the plug as can be imagined. They broke the aqueducts.

But in time the northern Europeans learned to like cleanliness, too. The Crusades helped. Maybe it was hotter where the fighting was and they learned to imitate the people they were fighting and bathe as frequently as they did. Our ancestors became more fastidious not only about their persons but also about their dishes. As they became cleaner about their persons lice became more rare, and with them the lice and flea borne diseases such as typhus and plague. As dishwashing became more common a good many other communicable diseases eased off too.

It was when Pasteus discovered the germ world, however, that the real dividend of cleanliness was realized. And when right on top of his findings came Lister's evidence that scrupulous cleanliness in the surgery cut down deaths, the human race began to value soap and water not only for the way it improved appearance and cut down odors, but for what it did for health.

Well, nobody has more soap and water at their disposal than the people of North America. It will do a lot to lengthen the lives of children who howl about being scrubbed — if given a chance.

TB . . . and not TB

A Little Girl Celebrates



Among the three Eskimo and Indian children who recently celebrated their birthdays at Clearwater Lake Hospital, The Pas, was little Louise Bernice Sewap, a two-year-old Treaty Indian from Beaver Lake, Saskatchewan. When Louise was admitted to hospital in May, 1960, she was very ill with tuberculosis meningitis, was unconscious for weeks, and had to be fed with a tube. Not so long ago doctors would have given no hope for her recovery, but today, thanks to new drugs, modern treatment methods and lots of loving care, Louise is slowly but steadily regaining her health. Still unable to stand, but able to sit up, Louise (pictured here with head nurse, Mrs. A. P. Chornomortz) happily took part in the gay little birthday party.

When Will Tuberculosis be Defeated? "It's Now or Never" Says Dr. Dubos

Tuberculosis can be wiped out for all practical purposes within the next few years if full use is made of diagnosis, treatment and follow-up facilities.

This is the opinion of Dr. Rene Dubos, noted microbiologist of the Rockefeller Foundation.

Dr. Dubos urges an all-out, final campaign against tuberculosis right now because, in his opinion, the curve of the tuberculosis epidemic has reached the bottom. This is the time when efforts to stamp out the disease have the best chance of success.

There seems to be general agreement among medical historians that the tuberculosis death rate, and probably the incidence rate also, began to decline before Koch iso-

lated the tubercle bacillus, the event that launched the campaign to banish tuberculosis altogether.

From this fact some have deduced that given time enough tuberculosis would die out naturally.

This comforting view overlooks the fact that it is in the nature of epidemics to die down but not out. They go in cycles if left to themselves. Communicable diseases die out only when and if mankind is able to exert some artificial block.

Our generation has been incredibly lucky to have the tools for eradication at a time when they can be most effective. Never before has early diagnosis been so practicable. Never before have the facilities for treatment been so adequate. And it is only we have had the "wonder" drugs.

It has been presumed in most quarters that there was no time limit on the maximum effectiveness of our tools in the conquest of tuberculosis. Granted that they were not being used to full capacity, relatively few people had considered the possibility that postponement of effort might be punished by a resurgence of disease.

But some did warn that tubercle bacillus were emerging and that not enough was being done to preclude their spread in the population.

Now Dr. Dubos warns that all the tools must be used before the danger of resurgence of the epidemic is upon us. "It is now or never," he said. "Conditions are favorable now because the general health of the nation is good. In 20 years it will be too late.

Concerts and Pageants (Continued from page 1)

program by the students of the Rehabilitation Unit. Staff members and patients made the hospital colorful for the season by decorating numerous Christmas trees with tinsel and gay ornaments.

The patients came from the wards — not one was missing — and spent a happy afternoon watching a puppet show and Christmas slides, singing carols and playing games. For the delighted children the biggest thrill came with the arrival of Santa Claus and his bag of toys for one and all.

Several choral groups from Brandon pleased the patients with their carolling in the hallways, and on Christmas morning the Salvation Army band arrived at the hospital to play and sing carols, and distribute gifts and treats to every patient.

A Meal to Remember

By Per Holting

"What's for dinner?" I asked hopefully the other day. I always ask hopefully.

"Oh, something different tonight. I thought I'd try . . ." and the rest was lost when a truck went by!

I know we men are supposed to be strictly meat and potato and gravy eaters and that our favorite meal is steak which we get occasionally, when the supermarket has a special on steaks. Nonsense! I think most men are adventurers when it comes to experimenting with foods. The trouble is that the majority of North American women are dull, unimaginative cooks who stick with the old successful recipes their mothers and grandmothers used. The extent of their experimentation is so limited and the results often so poor that most men naturally prefer meat, potatoes and gravy, and ask for it.

I should know better, but I still get excited when I hear this "something different" reply. I did the other day, too. I went into the kitchen, sniffing like a dog that's lost his bone, expecting new, exotic aromas. But no such luck, for in the oven sat half a dozen wieners, wrapped in bacon and oozing bubbly cheese to be sure . . . but wieners nevertheless. Don't get me wrong. There's nothing wrong with wieners. I like them; especially when they are wrapped in bacon and oozing cheese. But different? Bah!

Let me tell you about the last different dinner I had. It was truly different, for the whole meal, right from the hors d'oeuvres to dessert, consisted of things I had never tasted before. Everything was brand new.

It goes back to the fall of 1957, to a small tent pitched on the rocky shores of an Arctic fjord on which silent icebergs slowly sailed by. The setting was magnificent. A fairyland fog had wrapped itself around the mountain tops. The majestic icebergs seemed to radiate their own light in the Arctic night and overhead the nervous, ever-pulsating fingers of the Northern Lights stretched for the distant stars, never content to reach them.

I had been hunting all day with a family of Greenland Eskimos. Chasing seals out among the icebergs is not particularly hard work but it was cold and it required a great deal of patience. We were all pretty tired when we finally sighted the small dot of light from the tent. While we slowly inched our way to shore, now and then ramming small icebergs to avoid hitting the large ones, I started to ask the old question: What's for dinner. I found out soon enough.

Hors d'oeuvre was raw seal liver.

As soon as one of the seal we had shot had been helped off with its fur coat and cut open, the Eskimos grabbed the large, bright red liver. They showed me how to go about eating it. You cut a strip, about eight or ten inches long and an inch or two thick, of the lively raw liver. Then you put one end in your mouth and, holding the other straight out in front of you, cut it right in front of your nose.

Crisp seal liver at body temperature is delicious after you get the first bite down. The psychological distaste of anything unknown is a great barrier and I approached the shiny, bloody thing with the attitude of a child who, although he has never tried it, just knows that kidney pie is no good. But the sight of the grinning, munching Eskimos stuffing themselves enabled me to overcome the barrier. They were carefully watching me out of the corners of their eyes, anxiously waiting to see if I would, as they called it, "be one of them." I was told later that the main reason these people came to like and trust me was that I ate their food, a thing most other whites they had met wouldn't do.

While I was eating the liver and pretending the stuff I was spilling down the front of my shirt was red wine, the Eskimo women butchered the seals. Standing with knees straight and bent over like half-open jack knives, they expertly cut large steaks from the carcass and threw them into a large, black pot. But just as a turkey dinner wouldn't be a turkey dinner without all the trimmings, so a seal dinner requires accessories. The seal trimmings don't present much of a problem, for the seal comes fully equipped and pre-stuffed. It even has a built-in pickle container.

The preparation of the dinner was an experience in itself. What looked like a half a mile of intestine was pulled out of the seal, swished and squeezed many times through the river's icy water, then dumped into the pot with the meat. And that wasn't all. Such delicacies as the lungs, the stomach wall, the tongue, the eyes, and other choice

morsels also joined the meat in the missionary-size pot.

While the pot was boiling and sending big clouds of foul-smelling steam up under the tent roof, I went down to the river where the men were smoking their pipes and listening for seals and whales.

Then the women shouted "Oi-i", the Eskimo equivalent of "Come and get it." That's when it was discovered that the pickles were missing. I mentioned the built-in pickle container before; well, it's really the stomach content, a slimy mixture of small, sardine-size salmon and char, half digested by the seal's stomach juices. These small silvery fish are considered the epitome of everything delicious in the seal. It turned out that a little boy, one of the old hunter's grandsons, had scooped up the eight or nine small sardine and gulped them down when no one was looking. He was scolded severely and the Eskimos apologized to me, for, as guest of honor, at least half of the pickled fish would have been mine. I accepted the apology and tried to look sad about not getting any.

By this time we had each found a flat slab of rock, about a foot in diameter. This

TB Treatment

Every patient with pulmonary tuberculosis requiring any form of treatment should begin treatment in a sanatorium, says Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette.

In sanatorium the activity of the patient's disease can be studied, the best combination of drugs determined and established, treatment response evaluated, and indoctrination in the importance of rest and a regulated way of life successfully accomplished.

For some patients with advanced, wide-spread disease, a prolonged stay in hospital is inevitable, Dr. Paine points out. But for others with well localized lesions, a special study is now undertaken with short-term sanatorium treatment in mind.

It is usually possible to forecast within the first two months if satisfactory clearing can be accomplished by drugs and rest alone, or if residual disease will remain indefinitely as a source of potential relapse.

In the latter case, said Dr. Paine, experience has taught us that surgery can often be safely undertaken after this short initial period of study with discharge within six months, instead of the usual year, from the date of admission.

was our plate. Our hunting knives served as both fork and knife.

After about an hour and a half in the pot, seal meat turns dark brown, almost black. It's a strong meat, a bit like venison sprinkled with fuel oil, but again, that's only the first bite. After that it somehow becomes very tasty. Each bite of meat is accompanied by a bite of boiled seal fat which, while extremely rich, blends rather nicely.

I didn't enjoy some of the other things nearly as much. The grey, sponge-like lungs just sat there and gasped after I bit into them, and there wasn't much taste to them. The intestines were much better, although I got off to a bad start with them. I chopped off about a foot of the long, white macaroni-like stuff in the pot, but when I took the first bit, not without misgivings, I got a squirt of boiling water in my face. The Eskimos laughed and showed me how they drained theirs first. The intestines are neither soft like macaroni, nor tough like garden hose, but sort of in between. They have a peculiar flavor all their own.

With our meal we had *imiak*, an Eskimo home brew made from berries, yeast cake and sugar. It tastes a little like stale beer.

Dessert consisted of berries, freshly picked in the Greenland mountains. There were two kinds: one was quite a bit like our blueberry, the other a small black berry, quite bitter. These were unceremoniously scooped from a pail in the middle of the tent.

And then coffee. Nescafe with reindeer fat! Instant coffee is bought at the trading post and the reindeer fat is melted down at home and shaped into a small, quarter-pound loaves. Each person files off a couple of thin slices of the fat and drops them into his coffee where they partially melt. When the cup is drained, the remaining pieces of fat are picked out and chewed together with a lump of sugar. The fat gives the coffee a unique, mellow flavor and it certainly has cream whipped.

Our feelings as we leaned back on the reindeer hides after the meal, smoking and talking about hunting, are best described by one of the Eskimo words for happiness. Literally translated "happy" means "full of food."

I know just what you're going to say. Something like: "Well I sure hope his wife gives him something different, like boiled skunk or fried old crow or barbecued porcupine."

To tell you the truth, so do I . . .

Bulletin Board

T. A. J. Cunnings, executive director of the Sanatorium Board, returned to Winnipeg on January 7 after spending three busy days visiting various governmental departments in Ottawa and some time at the Workmen's Compensation Board Hospital at Downsview. While in Ottawa he carried on detailed discussions with officials of the Indian Health Services regarding the care of non-tuberculous Indian and Eskimo patients at Assiniboine and Clearwater Lake Hospitals, and the continuing tuberculosis control program among Manitoba Indians; talked about the Sanatorium Board's Indian Rehabilitation Program with the Indian Affairs Branch; discussed with the hospital design division of the Department of Health and Public Welfare the construction of the Manitoba Rehabilitation Hospital.

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium at Ninette, also flew to Ottawa January 13 to attend a two-day meeting of the Canadian Thoracic Society.

Two more Sanatorium Board officials appeared on CBWT Television News last month. A cameraman and reporter descended on the SBM headquarters on December 30 and conducted a "sound-on-film" interview with T. A. J. Cunnings and Dr. E. L. Ross, medical director, about the conversion of St. Boniface Sanatorium to a treatment centre for the chronically ill.

The Sanatorium Board extends a warm welcome to a number of new staff members. Among them are Mrs. Vera Grimshaw who on January 1 took up her new position as food service supervisor at Manitoba Sanatorium. Mrs. Grimshaw, who originally hails from Yorkshire, England, has had a wide and varied business and food service experience.

A recent addition to the staff at Assiniboine Hospital is Miss Jean Ella Bryson who this month began her new duties as remedial gymnast. Miss Bryson came from England early last year and spent a number of months with St. Joseph's Hospital in Port Arthur.