News Bulletin
The SANATORIUM BOARD OF MANITOBA

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Not "Out of the Woods" Yet Reports Canadian Association

During the past half century, scientific advances together with improvements in living standards and preventive measures have helped push back tuberculosis as a leading cause of death in Canada.

Yet, despite all these efforts, tuberculosis still remains a hidden threat to every family as witness the yearly re- of the Canadian Tuberculosis Association.

The most cheerful news, says the CTA, is the new low national death rate of 4.6 per 100,000 population. This is a tremendous improvement over the rate for 1943, for example, which was 51.5 per 100,000.

The new low death rate is largely due to three anti-TB drugs, which have done more in less time to the death rate than even the most optimistic have hoped, says the CTA. They do not always succeed as witness the 823 deaths from TB in Canada last year. But compared to the old days, "there has been a miracle."

There are, however, a few things below the surface that it much attention, the A points out. Among these are the following facts:

•Newly discovered cases of tuberculosis in Canada exceed 6,000 a year.

•Approximately 8,000 patients with tuberculosis are in Canadian sanatoria at any one time. Of these 1,000 were teenagers.

•The cost of tuberculosis diagnostic and treatment services in Canada is $40,000,000 annually. This does not include lost wages to individuals or the economy.

•More than twice as many men as women die of tuberculosis in Canada. The TB rate is twice as high for men as for women.

•If numbers alone are considered, the peak of new s is still to be found in persons between the of 15 and 30. This, however, reflects the large number of persons in this age group in Canada. When *rates* are taken into account, it becomes clear that these are highest in persons over 50 years of age and over.

•Active tuberculosis disease is 35 times more frequent in former patients than in the general patient. This plainly indicates the importance of follow-up of former patients.

•The closing of sanatoria has been made possible because the use of drugs has shortened treatment. Prior to the introduction of drugs, a year in hospital was the minimum a patient could expect. Two years was a more common period. Three was not exceptional, and many former patients were hospitalized for five years.

At present a patient who will assume responsibility for taking drugs at home can often be discharged in six to eight months. However, drug therapy, to be effective, must usually continue for 18 months to two years.

The one outstanding feature of the figures, which calls for consideration, is the evidence they present that once a person is infected with the tubercle bacillus it is a lifetime experience, says the CTA.

For example, the ten-year age group which had the most *first admissions* to sanatorium were the 1,000 persons between the ages of 60 and 69.

There may have been a few in this group who were infected in the last five years, but in the opinion of the experts, most of them have been harboring the germs for years — then as health failed, broke down with active disease.

The extraordinary survival capacity of the tubercle bacillus is the feature which should keep anyone interested in community health from letting either the dropping death rate or the decline in the use of sanatorium beds lure them into thinking that

(Cont'd on Page 2)

Mrs. H. E. Amos, left, and Mrs. C. P. Wright, right, members of the Professional Engineers' Wives of Winnipeg, are among the many volunteers who cheerfully offer their help to Miss Mary Gray at Christmas Seal time. (Photos by David Portigal.)

Plan TB Survey For St. Boniface

An extensive tuberculin and chest X-ray survey of the city of St. Boniface will take place between October 25 and November 21.

The survey, which is largely financed by the annual sale of Christmas Seals, is being provided by the Sanatorium Board of Manitoba with the co-operation of St. Boniface City Council and the St. Boniface Health Unit.

Prior to the survey, hundreds of women volunteers are busy making house-to-house calls to sign up residents for the simple, painless tests. Since all age groups are susceptible to tuberculosis, both children and adults are asked to take part.

St. Boniface is one of the four areas in Manitoba with the highest incidence of tuberculosis. In 1960, eleven new active cases of the disease were found in the city out of a population of 37,247. This is considerably higher than the number of new cases reported in most other Manitoba municipalities.

Altogether 284 new active cases of tuberculosis were reported in the province last year, and at the end of 1960, 484 residents were receiving treatment in our sanatoria.

Past surveys also show that about 18 percent of the population are already infected with the TB germs, and, if we go by past experience, about five percent of these people will at sometime or other develop active disease.

All of this is convincing proof that the fight against tuberculosis is far from over, and points out the need for full public support of these preventive surveys.

Volunteers Prepare For '61 Campaign

With the first flurry of crisp autumn winds, scores of volunteer workers have been appearing at the Sanatorium Board's head offices to help prepare for the 1961 Christmas Seal campaign.

For six weeks during September and October, some 280 women take part in these preparations, which consist mainly of folding thousands of sheets of the colorful seals and stuffing them, together with our appeal letter, into envelopes.

The volunteer service these women perform is invaluable to the Sanatorium Board of Manitoba. Not only do they quickly accomplish a job which would be otherwise impossible for our full-time Christmas Seal staff of two, but they also strengthen our work by telling others of the important part Christmas Seals play in providing a year-round program of tuberculosis prevention.

To these groups of Winnipeg women who, through their unselfish devotion to a humanitarian cause, have contributed greatly to the yearly success of our campaign, the Sanatorium Board extends its warmest thanks:

Women's Auxiliary of the Associated Canadian Travellers; P.E.O. Sisterhood, Chap-

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Profiles

DR. W. SHAHARIW

"The biggest step in my life," said Dr. Wasyl Shahariw, "was when I crossed the border from Czechoslovakia into Germany in 1945. In leaving Czechoslovakia, I left behind me a life of dark uncertainty, and what may have led to death under Russian reprisals. Although I had no idea of what lay ahead of me in the West, I had nothing to lose — and hopefully, everything to gain."

A member of the resident medical staff at Assiniboine Hospital, Brandon, for the past 11 years, Ukrainian-born Dr. Shahariw sat in his small, sunny office and spoke of his early life as a physician in Nazi-occupied Eastern Europe. Born and educated in Kiev, he graduated from Donetz Medical College in 1941, and for two years worked as a private general practitioner and as a physician in various hospital clinics. Then, in 1943, after the German invasion of the Ukraine, his plans were abruptly cut short. He was forced by the Germans to give up his practice, leave the country and go to the Sudetenland, where he was given work in a general hospital some 60 miles from Prague.

Life was hardly easy for the young doctor and his wife, Agnes, who suffered much by food privations, inadequate housing and fuel, and general abuse at the hands of the conquerer. But, as Dr. Shahariw pointed out, there was one good compensation, and this was his work in the hospital which had become a famous treatment centre for all forms of disease. For two years h remained there, mostly in the surgical unit, gathering experience not easily found elsewhere.

When the American army reached Czechoslovakia in 1945, Dr. Shahariw and his wife had to make their choice of whether to stay or leave. It was a matter of months before the Russians would take complete control of the country, and, although he had not come to Czechoslovakia by choice, he had reason to fear arrest as a traitor. So in July of that year, Dr. Shahariw, his wife, and seven-month-old son took the big step and crossed the border into Germany. In Bayreuth he found work with UNRRA and the IRO in Ukrainian and Polish camps and for the next four years he helped organize camp hospitals for fellow refugees.

In December, 1949, Dr. Shahariw and his family came to Canada, sponsored by Mrs. Shahariw's relatives, and on Christmas Eve they arived in Winnipeg. "I shall never forget that day," Dr. Shahariw smilingly recalled." When I saw the streets lit by hundreds of gaily colored lights, and the festive mood of the people, I knew at last I was back to normal living."

After interning for six months at Misericordia Hospital, Dr. Shahariw joined the staff of the Sanatorium Board as a medical assistant at the former Brandon Sanatorium. He became resident physician a few years later and in 1959 received his dominion and provincial certificates.

Dr. Shahariw and his family have settled comfortably in Brandon. His boy, Eugene, is now 17 years old, and he has two other children, Elizabeth Anne, 11, and Valerie Agnes, 2. Looking back to that day in 1945 when he made his big decision, Dr. Shahariw is perhaps very happy about his choice. Certainly, after 11 years of conscientious service, the Sanatorium Board is very grateful to have this valued, engaging doctor as a member of its medical staff.

CANADIAN ASSOC.

(Cont'd from Page 1)

the disease will die out by itself. the association points out.

It is not for nothing that the World Health Organization pins its standards of control (which no country has yet met) to the percentage of children who are positive to the tuberculin test at age 14.

If there are a great many positives in that group, even though they seem fine right then, the epidemiologist knows there is trouble ahead.

In short, the death rates are the lowest yet — but we still aren't out of the woods.

VOLUNTEERS

(Cont'd from Page 1)

ter D; Professional Engineers' Wives; the Inner Wheel of Winnipeg and West Winnipeg; Calvary Temple Mission Circle; the members of the various Winnipeg curling clubs and a group of business women from various Winnipeg firms.

The Sanatorium Board also extends its appreciation to the members of its staff who remain after working hours to assist these preparations.

Rehabilitation: A Fusion of Many Services

Arthur H. Atkins, manager of the Manitoba Rehabilitation Hospital, begins a series of four articles on the rehabilitation of the injured and the disabled, and on the special equipment and services that the Manitoba Rehabilitation Hospital will offer to the people of our province.

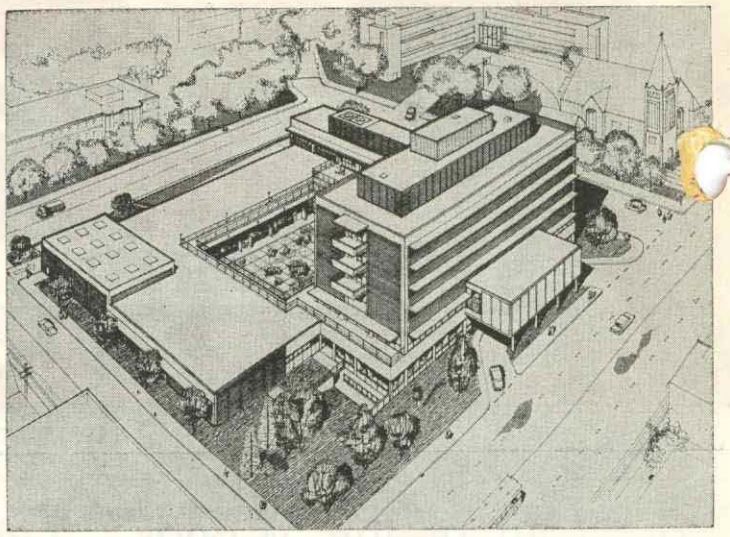
In our time we are seeing the emergence of a new approach to the health and social welfare of the injured and disabled. It is being recognized increasingly that even the most seriously handicapped can be assisted back to a useful and respected place in society, and that it is the moral responsibility of each of us to help them find that position.

Rehabilitation, in the modern sense of the word, is the catalyst by which the various professional approaches to the incapacitated are being fused into one active and constructive program. The establishment of the rehabilitation unit is a young movement, full of important promise to the community. But, because it is so young and because rehabilitation still means many things to many people, it is difficult to define a rehabilitation hospital in more than very general terms. Suffice it to say that it provides a concentration of services — medical, phycho-social, vocational — all working in conjunction with other services in the community to provide an integrated evaluation and restoration service to the disabled.

In any two communities the extent to which rehabilitation services are required, and the types of disabilities to be treated, will vary, but in general terms it is reasonable to say that in our community there is great benefit to be offered to persons handicapped by: industrial and other accidents, cerebro-vascular accidents with residual paralysis, respiratory and cardio-vascular conditions, orthopedic impairments, diseases of the nervous system, arthritis and rheumatism, amputation, impairments of speech and hearing, certain congenital malformations.

A moment's consideration of this range of conditions will indicate the special planning principles which must be incorporated into a program to restore such persons to social usefulness.

Frequently, very limited mobility and an acute sensitivity to physical environment are attendant upon these disabilities. For this reason, everything in the hospital — from doorways and door hardware, through work benches, sewing machines and bathtubs, to audiometric testing (measuring of hearing equipment) — has to be designed with these understandings in mind.



Tne Manitoba Rehabilitation Hosiptal, which will be opened by the Sanatorium Board of Manitoba early next year, will use the combined services of many professional people to restore handicapped persons to a normal, useful place in life.

(Sketch by Moody, Moore and Partners.)

To achieve complete rehabilitation it is necessary to combine the professional skills of medical, biological, psychological, social and physical scientists, and in this co-operative effort an astonishing range of equipment, both "conventional" and "unconventional" by previously accepted hospital standards, must be provided in a rehabilitation hospital. All of it has a part to play in the overall plan; all of it costs dollars, and, for this reason, not all of it will be available to us at the outset.

Fortunately, much of the equipment is such that additions can be made over the years, as we learn of more beneficial techniques and gain experience in this work.

To introduce the pattern of departments through which our patients will pass, it is well to examine first the medical area of rehabilitation. This will cover the following services: medical evaluation, performed by the doctors; physiotherapy, including hydrotherapy; and speech and hearing therapy. There will also be a need for the services of a prosthetic appliances fitting shop. The medical section will contain much specialized examination, treatment and therapy equipment. While some of this will be standard general hospital equipment of the type most suited to the needs of this specialized hospital, much of it will be made locally to the specification and requirements of the doctors and therapists. In this latter field there are unlimited possibilities for adaptation, ingenuity and expansion to needs of the community.

The basis for the patient's successful rehabilitation will be medical diagnosis, essentially complemented, as ever, by the specialist services provided by nursing, laboratory and electro-medical departments, and upon this will be based his program in one or more of the hospital's areas of activity. Of these areas of activity, each rich in interest to citizens having a sense of community well-being, more will be said next month.

X-Ray Service For Employers

Beginning next month a free chest X-ray service will be offered at the National Employment Office in Winnipeg, Dr. E. L. Ross, medical director of the Sanatorium Board announced this month.

The service, which is provided by the Unemployment Insurance Commission of Canada, the Department of National Health and Welfare and the Sanatorium Board, will be available to all businesses and industries in Winnipeg who wish to have miniature chest films of all new employees directed to them through the National Employment Office.

In a letter to employers in the city, Dr. .Ross pointed out that a routine chest film for new employees in industry is an important part of the province's program to discover known cases of tuberculosis.

Tuberculosis is still a serious public health problem, he said. It is hoped that all employers will co-operate in the TB control program by taking advantage of this new free service.

Delegates To TB Conference Seek Answers To Many Problems

Arnold Toynbee once said that the twentieth century may be best remembered as the first age in history in which people have thought it practical to make the benefits of civilization available to the whole human race.

This has been particularly true of such twentieth century organizations as the League of Nations and later, the United Nations, which, among so many things, have done a great deal for the peoples of the world in the economic and humanitarian realm.

It is also true of smaller scale world-wide organizations —like the International Union Against Tuberculosis, which last month held its 16th international conference in Toronto.

During the 41 years of its existence, the IUAT has acted primarily as a clearing house for the exchange of information on tuberculosis. But more recently, it has set its sights on a more ambitious goal — the world-wide control of the disease — and it was on this subject that the 1,500 delegates to the conference concentrated most of their energies.

In Canada and a few other countries (notably Denmark), the threat of tuberculosis has been greatly reduced over the past two decades, and it is quite possible that within the foreseeable future this disease may be entirely eliminated. But a brief review of the conditions in other countries shows that tuberculosis is still a tremendous public health problem that will take a great many years to overcome.

In India, for example, findings indicate there are about five million TB cases, half of whom may be infective. According to Indian delegate Shri B. M. Cariappa, the facilities for dealing with these cases are thoroughly inadequate: 30,000 beds for sanatorium treatment, and only a few well equipped clinics to undertake domiciliary services,

Although the Indian government has included in their national development plans new schemes for the treatment and control of the disease (i.e. mass BCG vaccination and the establishment of more clinics for home treatment services), the enormity of the task ahead can hardly be visualized.

The situation in other countries is a little better, but even yet much remains to be done. In Egypt, whose population runs to about 26 million, some 20,000 new cases of tuberculosis are discovered every year. In Guayaquila, Ecuador, the tuberculosis morbidity rate stood at 753.3 per 100,000 inhabitants in 1950; has since dropped to 375.3. In Japan, which is now waging a large-scale campaign against the disease, the mortality rate declined to the still high figure of 39.4 per 100.000 in 1958. Out of every 1,000 Japanese examined that same year, 49 were diagnosed as tuberculous. Coupled with these high rates, is the difficulty that a great many countries face in educating the public about tuberculosis, its control and treatment. In many underdeveloped countries, the majority of people are illiterate. Most of them know little or nothing about tuberculosis, and the numbers to be reached may be even hundreds of millions.

Tanganyika, East Africa, has a high incidence of acute tuberculosis. The territory, which boasts some eight million people, is not wealthy and the facilities for the treatment and control of the disease are limited by the staff and funds available. Education standards are very low and superstition and witchcraft still exist in some tribal groups. Consequently, it has been a great problem to persuade TB patients to take their medicines and attend the treatment clinics.

Financing a vigorous anti-tuberculosis campaign is also a perplexing problem for the Koreans. Asked one Korean doctor: "How does one go about financing public health measures when nearly all of our country's money is used to maintain an army of 600,000 to stave off the constant threat of invasion?

The British Honduras, with its tiny population of 78,000, would seem an ideal place to get rid of tuberculosis altogether. But, as one TB worker noted, there isn't enough money in this small country to purchase the necessary X-ray equipment.

* * *

These then, were the overwhelming problems which faced delegates at the meeting ing in Toronto. In seeking a solution to them, the Union once again re-affirmed its belief that one of the most important ways of achieving world-wide control of TB is to help member countries improve the functioning of their tuberculosis organizations, and to help newly independent countries establish a national tuberculosis association.

Said Dr. Georges Cannette of the Pasteur Institute, "The best results (in fighting TB) will probably be obtained not by working out ambitious projects for total eradication, but by patiently improving the functioning of anti-tuberculosis organizations."

The Union will also provide assistance in making surveys of what is required in these countries and in providing some technical staff.

Training courses will be made available and the Union will put stronger emphasis on health education programs.

It is important, too, says the Union, that experience gained in one country is exchanged with others and that plans and projects are properly co-ordinated, using uniform standards to facilitate international discussion of problems.

In carrying out all of these plans, the Union will work closely with the World Health Organization, whose specific function is to direct and co-ordinate international activities in the field of health. This organization has given top priority to the elimination of TB as a public health problem throughout the world.

* * *

Altogether 200 delegates from 35 countries presented papers at the various sessions. The topics of medical sessions ranged from tuberculosis among the aged to drug resistance and drug therapy.

In addition, there were a number of panel discussions — two of the most important were "how to inform the public that tuberculosis is not under control" and "the eradication of tuberculosis in different countries according to existing conditions."

Apart from the conference, there were special teas, banquets, tours and exhibits, provided by the Canadian Tuberculosis Association which, along with the IUAT, sponsored the conference.

The most notable Canadian exhibit was a picture display of various anti-tuberculosis activities in the 10 provinces. (Manitoba's display was devoted to rehabilitation among TB patients.)

A particularly impressive display was lent to the conference by a former NTA staff member, Charles Lorenz. The display, which occupied one entire room, was a collection of Christmas Seals around the world, which included the story of how the Christmas Seal idea was born.

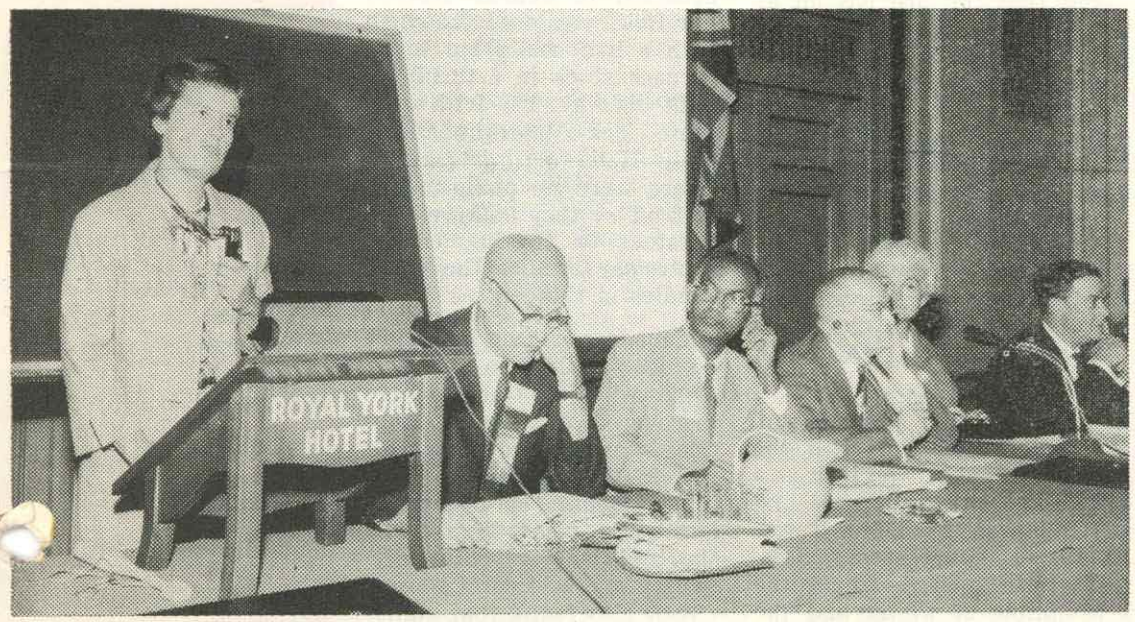
Other highlights of the conference included a trip for delegates to Niagara Falls and the Stratford Shakespearean Festival, and a boat cruise on Lake Ontario.

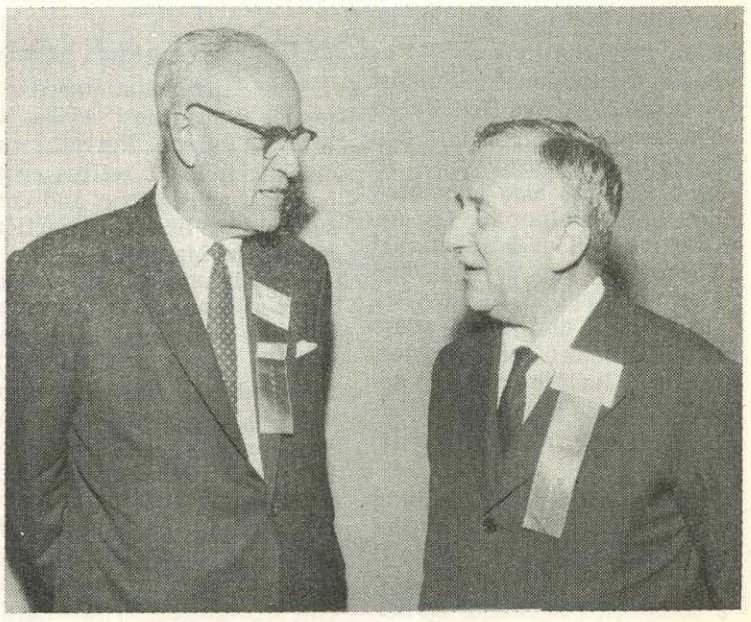
By week's end, most of the delegates came away from the conference with a feeling of comradeship and greater determination to continue the fight against tuberculosis no matter how difficult the task.

One Canadian doctor perhaps voiced the opinion of all delegates when he said: "Being successful at home is not enough. The only true victory over tuberculosis must be a world-wide victory."

This is the way of salvation: to look thoroughly into everything, and see what it really is, alike in matter and in cause; with your whole heart to do what is just and say what is true; and one thing more, to find life's fruition in heaping good so close that not a chink is left between.

— Marcus Aurelius





Among those who took part in the panel on the education of the public concerning tuberculosis at the International Tuberculosis Conference in Toronto last month were left to right: Dr. Margaret Nix, associate professor of the Department of Health and Social Medicine, McGill University; Dr. G. J. Wherrett, president of the International Union Against Tuberculosis and executive secretary of the Canadian Tuberculosis Association; Dr. T. J. Josepn of Simla Hills, India; Professor M. Bariety of Paris; Miss Charlotte Leach of the National Tuberculosis Association, New York City; and Dr. J. E. Geddes of Glasgow, Scotland. In the picture, right, Dr. Wherret chats with the new president of the IUAT, Professor A. Omedei Zorini of Rome. The next International Tuberculosis Conference will take place in Italy in 1963.

Mrs. Joy Huston Will Head Occupational Therapy Dept.

The Sanatorium Board of Manitoba is happy to announce the appointment of Mrs. Joy Huston as chief occupational therapist at the new Manitoba Rehabilitation Hospital in Winnipeg. Mrs. Huston, who presently holds a top position with the Association of Occupational Therapists and with Royal Northern Hospital in London, England, will come to Canada to take up her new position at the opening of the hospital in the new year.

Mrs. Huston (nee McWhirter) has had a varied and interesting life, and the Bulletin shall report here the major events. She was born of Irish missionary parents in Manchuria, North China, and received her early education in a China Inland Mission in Chefoo, and later at the Princess Gardens School in Belfast, Northern Ireland.

A few years later she graduated from the full course in domestic science at Edinburgh College and for the next six years used this diploma in various positions. In 1939 she was married to an Irishman who gained a commission in the RAF and became a Flying Officer and Pilot in theBomberCommand. He was killed in active service in 1942.

During this time, Mrs. Huston served as an officer in the Women's Auxiliary Air Force and later, after the birth of her son, worked in an aircraft factory as an examiner of aircraft parts.

It was in this last position, Mrs. Huston reports, that she gained valuable experience in the extent to which rehabilitation was necessary to regain the skills in industry.

In 1943 Mrs. Huston joined her parents, who had been repatriated from a concentration camp in Japan, in Belfast, and was appointed a demonstrator for the Ministry of Food until 1946 when she started her training in occupational therapy in London.

In 1949 she took a post as head occupational therapist at Royal Northern Hospital in Holloway, London, a post she holds to the present time. In 1953 she was also appointed national examiner for the Association of Occupational Therapists in Occupational Therapy applied to Physical Disabilities, and three years later became chief examiner. In 1960 she received her appointment as examiner in Administration and Resettlement.

Mrs. Huston, who is looking forward to taking part in the opening of a new medical service in Manitoba, will be accompanied to Canada by her mother. She leaves behind her son, who this year won his wings as a navigator with the RAF and has been posted to Bomber Command.

Mrs. W. Rowlands Valued Volunteer Dies in Winnipeg

The Sanatorium Board was saddened to learn of the death on September 26 of Mrs. William A. Rowlands of Winnipeg, who since 1956 has been one of our most valuable voluntary workers for the annual Christmas Seal Campaign.

Mrs. Rowlands' deep interest in the Sanatorium Board's work and her particular enthusiasm for Christmas Seals had made her a most endearing friend of the Sanatorium Board. Each year she recruited a group of some 20 women from various Winnipeg Curling Clubs to come to the Christmas Seal offices twice a week to fold seals and prepare them for mailing. She herself never missed any of these occasions.

During each campaign she also organized a "blitz night," at which time about 50 women would come directly from their offices to the Sanatorium Board to prepare the Christmas Seals for mailing.

Aside from her service to the Sanatorium Board, Mrs. Rowlands also did much voluntary work for the Navy League of Canada during the Second World War, and was actively interested in the Sir Hugh John Macdonald Memorial Hostel.

The Sanatorium Board will miss her greatly, and will always remember her as a kindly modest women who was ever willing to do more than her share for our Christmas Seal Campaign.

Miss Barratt Retires

The Sanatorium Board extends its warmest wishes to Miss Winifred Barratt who on November 1 retires from her post as registrar and consultant for licensed practical nurses in Manitoba.

Miss Barratt, who began work as a public health nurse with the provincial health and welfare department in 1932, assumed her present position in 1948. Since that time she has worked particularly closely with the Sanatorium Board both in providing licensed practical nurses for our staff, and in the affiliaton of her student practical nurses in our tuberculosis institutions.

The Sanatorium Board will miss Miss Barratt's valued assistance greatly, and wishes her much health and happiness in her retirement.

Strangest Night of the Year

Of all the festivals we celebrate today, none has a history as weird as that of Hallowe'en. Dating back to pre-Christian times, it has been observed in some form or other by, among others, the Romans, the Celts of ancient Britain and Gaul, and Gaelic tribes. As it passed from one people to another, certain practices were dropped and others added until Halloween became a curious mixture of contradictory superstitions, local folklore and religious beliefs.

Did you know, for example, that children who go about the streets on the last night of October masked and costumed, may be imitating the revels of the devil?

On the other hand, they may be following the medieval custom of "the soulers" who walked the streets of England on November 2, singing and begging cakes for the dead. Or, if their demeanor seems fairly pious, they may be copying another old custom of celebrating Allhallows, when people masqueraded in representation of their favorite saints.

There are, in fact, numerous reasons for Halloween masking and begging . . . . just as there are for many other Halloween practices.

Consider the Halloween bonfires. Harmless child's play, most of us think — but just ask a good Scot. He'll tell you that the fires are lit to frighten off spirits and spooks who happen to be hovering nearby. He may even suggest plaiting a pitchfork with straw, setting it afire and waving it in the air to singe a witch's broom as she passes by.

A Welshman, on the other hand, will gloomily inform you that the fire has an altogether different purpose. The fire should be allowed to die down to embers, then each member of a family throws in a little white stone marked with his or her name and marches around the fire saying prayers. In the morning, the family returns to see if any of the stones are missing. If one is gone, the member to whom the stone belonged will die before next Halloween.

Actually the bonfire supposedly originated with the ancient Druids, who lit it as a thanksgiving for harvest and a welcome to winter. It was also in honor of Samhain, Lord of the Dead, who, at the beginning of winter and the Celtic New Year, called together the souls of wicked ones who had been condemned to inhabit the bodies of animals. For this reason, horses and other animals, and perhaps a human or two, were put into wicker cages and thrown into the fire as sacrifices.

Another Roman-Druid-Celtic Halloween custom was that of roasting nuts to foretell the future. Since both pagans and Christians believed that the unseen world of spirits is closer to earth on this night, it was thought that they directed the prophecies to be read in the fruit.

Robert Burns describes in "Tam O'Shanter" how Scottish lads and lassies would gather on Halloween to learn the names of their future mates. One of the popular games was naming nuts for a boy and girl who were lovers and placing them together on the hearth. If one nut caught fire and the other did not, the one whose nut burst into flame would love madly and be rejected. If one or both nuts cracked and jumped, the lovers would quarrel and part. But if both burned quietly, the couple would be married happily within a year.

The Irish had some whimsical ideas of their own about Halloween. Unappealed by the orgies of witches and demons, they preferred to people the night with mischievous elves and fairies who loved to play tricks on mortals. Thus was laid the background for Halloween vandalism . . . for the Irish were not averse to helping the "little folk."

It was Ireland, too, that was responsible for the first jack-o'-lantern. According to the Irish, the jack-o' lantern was first carried by a miserly old drunkard named Jack, who, accepted in neither Heaven nor Hell, wandered the earth with a live coal from Hell's furnace stuck in a turnip to light his way. The Irish used these jack-o'-lanterns at all their Halloween gatherings. There were no pumpkins in Ireland, so they hollowed out potatoes or turnips, carved grotesque faces on them, put candles in the centre.

Canada and America didn't discover Halloween until the 1800's when the Gaelic people discovered that these countries weren't bad places to live in. They began the custom of holding gatherings at farmhouses where they played the traditional games of divination and told eerie stories. (They also found that pumpkins make excellent jack-o'-lanterns.) From then on, Halloween spread to all parts of the country, reaching its height in the late 1800's.

Bulletin Board

Edward Dubinsky, executive assistant of the Sanatorium Board, [illegible] elected to the Board of Directors of the Associated Hospitals of Manitoba during the tenth annual Manitoba Hospital and Nursing Conference.

Among the Sanatorium Board members who took part in the conference, October 3 to 5, were T. A. J. Cunnings, executive director who chaired a session on "Regionalizaton of Hospitals and Shared Services of Qualified Personnel", Mrs. P. A. Holting, who took part in a panel discussion on hospital public relations, and Mrs. Nan T. Chapman, director of dietary services, who was guest speaker at a session for dieticians on October 3. Miss Cha[illegible] discussed the highlig[illegible] the International Co[illegible] of Dietitians held in L[illegible] don last summer.

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Two Sanatorium Board members have recently made appearances on TV in connection with the forthcoming TB survey in St. Boniface. Dr. E. L. Ross, medical director, was a guest on CBWT-TV "Spotlight", on October 16, and J. J. Zayshley, surveys officer, appeared on CJAY's "Route 7," on October 5.

* *

Members of the Sanatorium Board nursing staff who attended the workshop course on Nursing Unit Administration at the Winnipeg Gen[illegible] Hospital last month we[illegible] Mrs. A. L. Hart, Mrs. A. L. Paine, Miss Beryl A. J. Jones, Miss Anna Stefanson and Mrs. E. R. Towns of Manitoba Sanatorium; Mrs. Marjorie Klimczak and Mrs. Myrtle McCabe of Assiniboine Hospital; and Miss V. E. Appleby, superintendent of Nurses at Clearwater Lake Hospital.

* * *

The Sanatorium Board extends warm greetings of welcome to a number of new staff members this month. Among them are Mrs. Lois Doreen Gilmore, food supervisor at Manitoba Sanatorium; Miss Rita Klassen, teacher at Clearwater Lake Hos[illegible] Miss Colleen M. G[illegible] way, X-ray technici[illegible] Clearwater Lake Hospital, Mrs. Doris Smith, day supervisor at Clearwater Lake Hospital, and Miss D. M. Poole, staff nurse at Assiniboine Hospital