



# News Bulletin

SANATORIUM

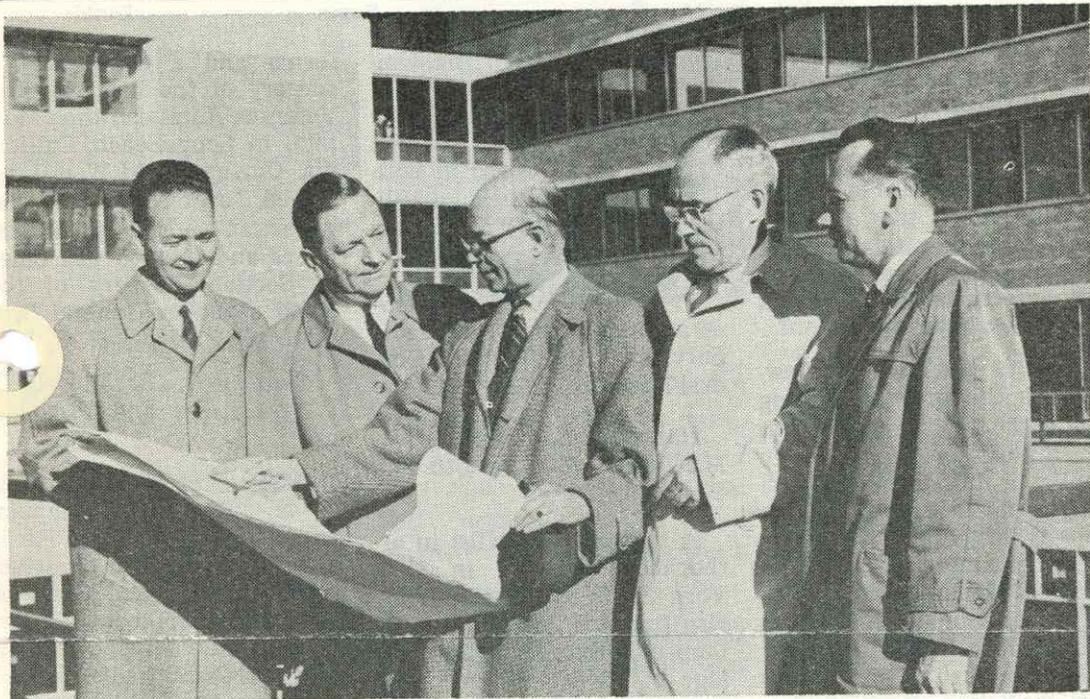
The  
BOARD

OF MANITOBA

PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA  
For Patients, Staff, and Friends of the Sanatorium Board

VOLUME 3—No. 11

NOVEMBER, 1961



The first official tour of the Manitoba Rehabilitation Hospital was conducted on October 19 when members of the Canadian National Railways Rehabilitation Committee visited the construction site to learn of the new services the hospital will offer to disabled people in Manitoba. Shown inspecting the hospital plans, left to right, are: B. F. Coolon, president of the CNR System Federation, No. 11; Mr. W. T. Wilson, vice-president of Personnel and Labour Relations; T. A. J. Cummings, executive director of the Sanatorium Board of Manitoba; J. A. Pelletier, acting chairman of the CNR General Chairmen's Association; and Dr. Emmet Dwyer, CNR Regional Medical Officer. (Photo courtesy of CNR Public Relations Dept.)

## Noted Doctors To Attend Rehabilitation Symposium

Eight distinguished physicians from Great Britain, the United States and Canada will be guest speakers at the Second Manitoba Symposium on Rehabilitation and Orthopaedic Disabilities on December 9.

The Symposium, to be held in the University of Manitoba Medical College auditorium, will be a one-day concentrated study in rehabilitation medicine, particularly as it affects the orthopaedic surgeon.

Royal College of Physicians, London.

J. J. R. Duthie, F.R.C.P. (Eng.) (The Management of Rheumatoid Arthritis)

It has been arranged by the Orthopaedic Section of the Manitoba Medical Association, and is being sponsored by the Society for Crippled Children and Adults of Manitoba, the Workmen's Compensation Board of Manitoba, and the Sanatorium Board of Manitoba. All persons who are interested in the problems of rehabilitating the disabled are invited to attend the sessions.

Also well known in the rehabilitation field, Dr. Duthie is physician in charge and director of research in the Rheumatic Diseases Unit of the Northern General Hospital in Edinburgh, Scotland.

The following are the guest speakers and their topics:

He is a senior lecturer in rheumatic diseases for the Department of Medicine, Edinburgh University and an honorary consultant to the South-East Regional Hospital Board, Scotland. During 1951 he was a travelling fellow to the United States for the World Health Organization.

William Stuart Tegner, F.R.C.P. (E) (Ankylosing Spondylitis.)

R. I. Harris, F.R.C.S. (C), Hon. F.R.C.S. (Eng.) (Symes Amputation)

A specialist in physical medicine of international repute, Dr. Tegner has been physician to the Department of Physical Medicine at The London Hospital in London, England, since 1939. He is also physician to the Arthur Stanley Institute for Rheumatic Diseases, teacher of physical medicine at the University of London, and examiner in physical medicine for the

Dr. Harris is a consultant in orthopaedic surgery at Sunnybrook Hospital Department of Veteran Affairs, and chief surgeon and chairman of the Medical Advisory Board of the National Sanitarium Association and graduate instructor in surgery at the University of Toronto.

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## St. Boniface Survey May Be "Best Yet" Say SBM Officials

Between October 25 and October 30, 6,092 citizens of Windsor and Niakwa Park received free tuberculin skin tests in what Sanatorium Board officials term as the "most amazing turn-out ever" to a community tuberculosis survey.

Part of a large survey of the whole city of St. Boniface, the tests were carried out for a period of four days in Windsor Park and were received by about 90 percent of the entire population.

"We say 'about,'" said surveys officer J. J. Zayshley. "It could be even higher than that."

"According to the St. Boniface Municipal Offices, the population figures for the Windsor Park and Niakwa Park districts is 6,261. The population figures probably have grown during the past year, but even if it has increased to nearly 7,000, we had a 90% turn-out."

Free tuberculin tests and chest x-rays are being given in St. Boniface between October 25 and November 21. The Sanatorium Board's one testing team is working at breakneck speed to administer the tests and check the results. On one afternoon and evening alone, over 2,200 men, women and children lined up for either tests or a reading at the Windsor Park Collegiate. During the entire survey in Windsor Park, 2,850 school children were examined.

By November 13, a total of 17,000 men, women and children had taken part in the survey. The total population of St. Boniface is around 37,000.

Mr. Zayshley gives much of the credit for the survey's success to the support given by the local volunteer workers and to the St. Boniface government and health unit.

Approximately 2,000 women volunteers, under the direction of Mrs. George C. MacLean, wife of the former mayor of St. Boniface, made house-to-house calls to inform residents about the tests, sent out appointment cards, and acted as registrars at the testing sites.

Also deserving special mention is Mrs. H. A. Huppe of Windsor Park who took charge of arranging appointments.

The local newspapers, radio and television stations did much excellent work in boosting the campaign. On two separate occasions, various health officials were interviewed on television about the campaign. The news media gave the survey good coverage; radio stations also beamed daily spot announcements.

St. Boniface is one of the four areas in Manitoba with the highest incidence of tuberculosis. Judging from the attendance so far at the survey, the people of St. Boniface

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Authorized as second class mail, Post Office Dept., Ottawa



## THIS IS TUBERCULOSIS

• A serious, infectious, chronic disease caused by a tough, rod-shaped germ called the tubercle bacillus.

• The greatest killer among chronic, infectious diseases — a killer that attacks without warning and can affect most parts of the body.

• A disease that strikes people of all ages, in all walks of life. A disease, however, that flourishes best where men work and live closely together, among people with poor general health and inadequate diet.

• A needless, preventable disease that last year took 38 lives in Manitoba and forced more than 500 to undergo sanatorium treatment.

• A disease that still threatens every home in Manitoba, and will continue to do so as long as infection remains among our population.

## WHY CHRISTMAS SEALS?

Christmas Seals still provide our best means of fighting tuberculosis. All Christmas Seal donations are used by the Sanatorium Board to help pay for a three-pronged tuberculosis preventive program:

• **Community TB Surveys** — Free X-ray and tuberculin surveys find unknown cases of tuberculosis early, while they can be cured and before infection spreads to others. (Last year in Manitoba 250,000 people received free TB tests in community, school and industrial surveys. To defeat tuberculosis, everyone in Manitoba will need periodic examinations.)

• **Rehabilitation Services for TB Patients** — It is a fact that active tuberculosis disease is 35 times more frequent in former TB patients than in the general TB patient. It is also a fact that patients who have the benefit of vocational, academic, follow-up and other rehabilitation services are better equipped to cope with the stress of daily life when they leave hospital. This is often the deciding factor between recurrence of disease and the maintenance of health.

• **Health Education** — Before tuberculosis can be brought under control, everyone must know the facts about tuberculosis.

Colorful Christmas Seals on holiday mail are a Christmas tradition started by Denmark more than 50 years ago. They have been providing funds for tuberculosis prevention in Manitoba for over 30 years. Every purchase of Christmas Seals is an investment in better health for you, your family, and your community.

Buy **CHRISTMAS SEALS**



**FIGHT TUBERCULOSIS**

### TB SURVEY

(Continued from page 1)

seem to be well aware of this fact and are giving full support to the Board's TB preventive services.

Indeed, the St. Boniface survey could well turn out to be the most successful in the Sanatorium Board's history.

## Board Opens 36th Annual Sale of Seals

This month the Sanatorium Board of Manitoba opens its 36th annual campaign to raise funds for tuberculosis prevention. Once again the Christmas Seal, with the traditional, double-barred Cross of Lorraine, will travel the land, carrying a message of health and happiness to people everywhere.

It is at this time, too, that the Sanatorium Board renews its plea to the people of Manitoba for continuing, whole-hearted support of the fight against tuberculosis. Tuberculosis still remains a serious, health hazard to all people — for, despite the great gains in recent years, many new infections still occur in all parts of the province.

What is so disturbing, however, is the growing feeling on the part of the public that tuberculosis, as a menace to public health, is now practically a "dead issue". This perhaps is largely due to the increasing number of news reports of declining TB death rates and empty sanatorium beds, which have led many to believe that tuberculosis is already licked.

This, of course, is not so. The striking drop in TB mortality has been brought about by the introduction of new, effective drugs and treatment methods. Fewer people die from TB nowadays, and they get well in a shorter time. This shortened treatment period in turn accounts for the increasing number of empty sanatorium beds.

The fact is that on any day of the year there are about 10,000 Canadians receiving treatment in sanatoria. In addition, there are thousands more who are being treated for TB in their homes — and, unhappily, a great many others who do not realize they have this infectious disease and consequently are receiving no treatment at all.

Just because things aren't as bad as they used to be, we should not fool ourselves that we can forget the whole situation. We must remember that every time we hear of a new case of TB, we are hearing about someone who is going to be sick for a long time, of someone who has been infected by an open case that may still be undiscovered.

Raising funds for tuberculosis prevention is not the sole purpose of the Christmas Seal Campaign. It is hoped that, through the campaign, more people will learn more of the



Cave



McLaughlin



Harris



Tegner



Boyes



Duthie

A graduate from the University of Toronto School of Medicine in 1915, Dr. Harris served in the Royal Canadian Army Medical Corps in both World Wars and holds a Military Cross (1916) and a Bar to Military Cross (1917).

From 1940 to 1951 he served as chief of the Orthopaedic Service at the Toronto General Hospital.

*Harrison L. McLaughlin, M.D., F.A.C.S.* (The Disabled Shoulder)

A full-time specialist in orthopaedic surgery in New York City, Dr. McLaughlin is also professor of Clinical Orthopaedic Surgery of the College of Physicians and Surgeons, Columbia University. He is attending orthopaedic surgeon and director of the Fracture Service of Columbia-Presbyterian Medical Centre, New York City.

*Edwin French Cave, M.D.* (Cause and Management of Delayed Union and Non-union of Fractures and Bones)

Dr. Cave is consulting visiting orthopaedic surgeon to Massachusetts General Hospital in Boston, and assistant clinical professor in orthopaedic surgery, Harvard Medical School.

In addition, he is president of the American Orthopaedic Association, and editor of the textbook, "Fractures and Other Injuries".

*Joseph H. Boyes, M.D.* (Tendon Transfers in the Forearm and Hand)

An international authority on hand surgery, Dr. Boyes is a full-time specialist in orthopaedic surgery in Los Angeles, California. He is a clinical professor of surgery at the University of Southern Cali-

ornia and a consultant in surgery of the hand for the Veterans Administration Hospital in Long Beach, California. During World War II, he served overseas with the American Army Medical Corps and in 1945 was Chief of Section, Surgery of the Hand at Baker General Hospital.

*Charles O. Bechtol, M.D.* (Amputations and Prostheses)

Dr. Bechtol, of Los Angeles, is an authority on amputations and prostheses. He is associate professor of orthopaedic surgery and Chief of Division of Orthopaedic Surgery at Yale Medical School, chief of Orthopaedic Service at Grace-New Haven Community Hospital, and director of the course for physicians in upper extremity and in lower extremity prosthetics, University of California.

He is also chairman of the Subcommittees on Testing of the Prosthetics Research Board for the National Research Council.

*James E. Milgram, M.D.* (Congenital Dislocation of the Hip)

Dr. Milgram is a full-time orthopaedic surgeon in New York City, and is director of orthopaedics at the Hospital for Joint Diseases in New York.

Dr. Charles Hollenberg, president of the Winnipeg Orthopaedic Society, will chair the morning session, and Dr. F. R. Tucker, the afternoon session.

The guest speaker at the dinner to be held December 8 at the Fort Garry Hotel is Dr. John Nelson, dean of the Faculty of Medicine, University of Manitoba.

### Diphtherial

The year 1959 was the first full year in medical history in which there were no deaths from diphtheria in Canada. There were only 37 cases of the disease, an all-time low. This contrasts with 66 cases and six deaths in 1958 and with 2,804 cases and 287 deaths in 1943.

facts about tuberculosis. It is not enough for doctors, nurses and health departments to know the facts about TB. It is only when there is general understanding and general agreement to take the necessary preventive steps that we shall bring tuberculosis under control in this province.

## TB Refugee Weds

On a chilly, grey morning last month, a handful of Sanatorium Board employees gathered at the tiny, Yugoslavian Our Lady of Fatima Church to witness the wedding of Maria Horvath and Karl Sametz. A Yugoslavian machine operator of modest means, Karl came to Winnipeg some four years ago. His bride is a former patient at Manitoba Sanatorium, and had been among the last group of TB refugees to arrive in Manitoba during World Refugee Year.

In many respects, the wedding witnessed by the staff members was very unlike the rather lavish ceremonies that so many Canadian couples enjoy. No crowd of guests sat in the church to admire the radiant couple and wish them happiness. There were no flowers, no soloist, no rice thrown, no tables groaning with expensive gifts and food.

Maria had no dowry to offer her husband, and Karl no riches to ensure his wife's comfort. They had, at that time, very little to offer each other — save their devotion and the courage to marry and "get ahead" despite the obstacles.

Born in neighboring towns in Yugoslavia, Maria and Karl had known each other since childhood. They had not been old sweethearts — indeed, they had not decided to marry until Karl came to Canada in 1957, and by that time both of them were in their early thirties.

While Karl settled in Winnipeg and made plans to sponsor his fiancée's trip over here, Maria stayed on with her parents in Soboto, looking after their home and doing a little dressmaking. Later, she moved to the home of her aunt in Austria, in preparation for her big journey.

Then came the bad news: Maria had TB, and, therefore, under Canadian law was ineligible to enter this country. So the couple waited a little longer until finally Maria was accepted by the Canadian government as part of its contribution to World Refugee Year.

Karl met Maria briefly at the Winnipeg airport in March; then she was whisked off to Manitoba Sanatorium for six months treatment and some intensive instruction in English. After her discharge in September, she and Karl, with the aid of the Sanatorium Board's Rehabilitation Department, were at last able to make plans for the wedding they had dreamed of several years before.

If the wedding was small and quiet, it did, however, have three special features that will make it a day to remember for both Karl and Maria, and for those who at-



A picture for mother.

tended. The first was Maria's magnificent wedding gown. Made of yards and yards of luxurious peau de soie and silk organza, it had been loaned for the occasion by a local fashion centre.

Maria, who had previously been resigned to wearing her only suit, was enchanted. "Now I shall have a lovely wedding picture for mother," she said.

After the ceremony, at the wedding breakfast held at a nearby restaurant, there was a great, three-tiered wedding cake. Made of rich, dark fruit and covered with thick, almond icing in fancy designs, it towered over the table and drew admiring glances from the eight guests, the waitresses and passers-by. The cake had been ordered by Maria's teachers at Ninette and baked by a member of the sanatorium kitchen staff. The occupational therapy department furnished the dainty bower and wedding bell for the top. It was, indeed, a beautiful sight!

Finally, there was the sizeable mound of gifts awaiting the couple in their little suite. They had been sent by the Sanatorium Board staff who, the day previously, had excitedly interrupted work to wrap up towels and pillow cases, pots, dishes and other necessities. In the midst of these stood the traditional bottle of champagne — a present from some of the men at the Board.

So, as it turned out, Maria and Karl had a fine wedding day. And, though they have so little to start out with, the

(Continued on page 4)

## TB Wing Opens This December

Plans to open the new Central Tuberculosis Clinic at the Manitoba Rehabilitation Hospital early next month are announced by J. W. Speirs, chairman of the Sanatorium Board of Manitoba.

It is expected that tuberculosis patients and CTC staff members, housed for the past two years in temporary quarters on Ward C3 at the Winnipeg General Hospital, will be moved into the new tuberculosis wing sometime before December 15, Mr. Speirs said.

The wing, which consists of four floors and a basement, occupies the north part of the hospital on Bannatyne avenue, and provides accommodation for 64 TB patients. As in the past, the clinic will serve primarily as a centre for the diagnosis of tuberculosis and other chest diseases and for the examination of known tuberculosis cases, ex-patients and TB contacts. It will also serve as the headquarters for the Sanatorium Board's preventive services.

With the exception of 12 one-bed wards, the TB wing will consist of 26 two-bed wards, finished in pastel tones with tiled floors, acoustic ceilings and beautiful, wide Philippine mahogany doors. Each ward has a separate wash room; each floor has beautifully furnished day rooms, bath and utility rooms.

The ground floor will include a spacious reception area, waiting and interview rooms, the CTC x-ray department and laboratory. The surveys department and the office of the Sanatorium Board's medical director will also be located on this floor.

In the basement of the TB wing will be the x-ray unit now located at the City Hall, the x-ray files, the nurses' lockers and other store rooms.

\* \* \*

In other parts of the hospital construction work is going ahead steadily, and it is hoped that the rehabilitation wings and the Sanatorium Board's executive offices will be opened sometime in the spring. The University of Manitoba's School of Physiotherapy and Occupational Therapy, to be located on the fourth floor, will be ready for the new classes next September.

Outside the hospital, workmen have completed the granite and marble exterior and are busy laying concrete sidewalks. The basement parking lot and the tiled courtyard and pool are nearing completion. Equipment is already being installed in the physiotherapy and occupational therapy areas.

## Survey In St. Boniface



Mayor Joseph T. Guay of St. Boniface received the first tuberculin test at the City Hall to begin the month-long TB survey in his city. (Winnipeg Free Press Photo.)



Thousands of citizens turned out for the free TB examinations. Here a crowd, returning to Windsor Park Collegiate for a reading of their skin tests, are interviewed by volunteer workers (left to right) Mrs. Doreen Anderson, Mrs. Jude Hebert and Mrs. Noreen Stewart, and by Alec Roh of the SBM Surveys Office.



Here is another view of the collegiate auditorium, with volunteers (left to right) Mrs. Doreen Geary, Mrs. Leo Sabot and Mrs. Lorraine Sulton in the foreground. During one afternoon and evening alone, over 2,000 people came through this auditorium for either a tuberculin test or a reading. Free chest X-rays were given to those who showed a positive reaction to the test. (Photos by David Portugal and Company.)

# Physiotherapy: Its Part In Rehabilitation

## PART II

Last month we considered the general implications of the medical aspects of rehabilitation — to whom it was applicable, its aims and the pattern of treatment. During the next few months we shall discuss generally each of the various services contributing to the rehabilitation of disabled patients, and, since physiotherapy is one of the most important of these services, we shall begin our examination in this department.

Physiotherapy is administered by qualified physiotherapists working under medical supervision. The treatment is aimed at correcting or easing bone and joint or neuromuscular disorders caused by a wide variety of afflictions — such as arthritis, rheumatism, amputation, paralysis, spasticity, crippling accidents and post-surgical conditions.

At the Manitoba Rehabilitation Hospital, as in other similar hospitals, treatments will be used to re-establish muscle tone, co-ordination, joint action, ambulation and the activities of daily living. In achieving his aim, the physiotherapist will use exercise of all forms, in addition to heat, cold, light, electricity and water.

The physiotherapy department at the rehabilitation hospital will be divided into various areas, each specializing in certain aspects of physical treatment.

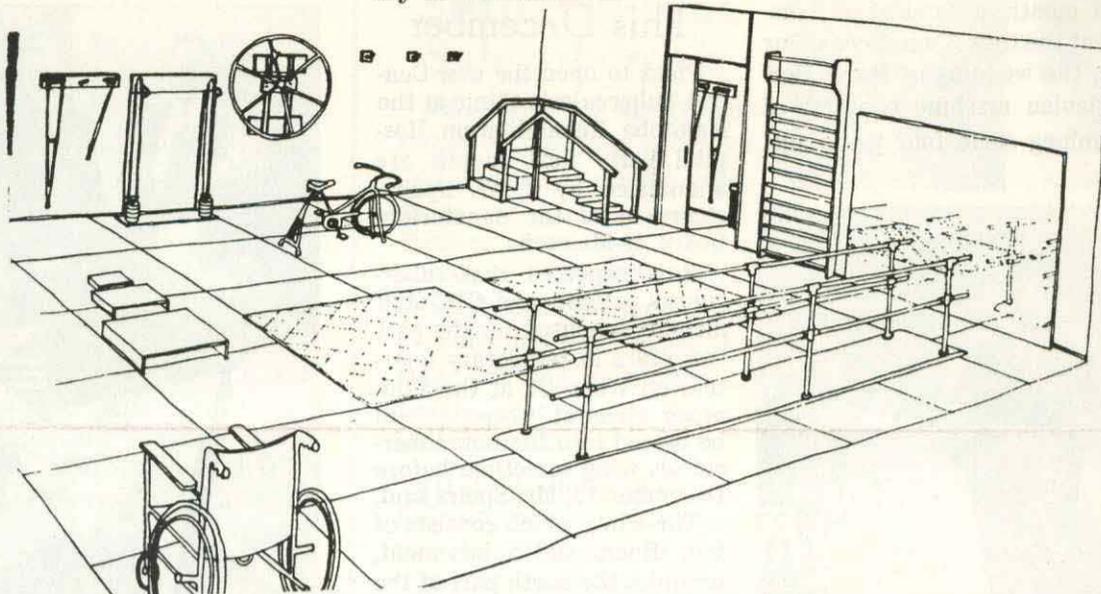
One of the basic principles of rehabilitation is the use of group exercise as a form of treatment. The psychological stimulus of working in a group leads to greater enthusiasm and harder work.

For this reason, the gymnasium will be one of the most important areas in the hospital. It is large, light and cheerful, and is expected to contain three or four groups of individuals doing exercises or playing games at any one time.

A substantial area has been set aside for treatments involving the manipulation of limbs and the use of such equipment as infra-red and ultra-violet lamps, shortwave diathermy, hot pack and electrical apparatus, electrical diagnostic units, wax baths and sand bags — an array, I suppose, to provoke spectres of the Inquisition, yet in the hands of skilled and reassuring therapists, designed to arrive at very different ends.

Another area in the Physiotherapy Department is a group exercise room for the use of small groups and as a place where re-education of walking or the training in the use of artificial limbs will take place. A resistance exercise area has also been set aside,

By A. H. ATKINS



Shown here is a general view of a special exercise area containing basic physiotherapy equipment. Starting at the left rear wall are: A finger board, where patients will be helped to strengthen their arms by walking their fingers up and down the notches in the board; crutch and cane for walking aids; weights and pulleys, a shoulder wheel, a stationary bicycle, all for exercising; some large and small steps; and finally wall bars (also used for re-exercising). In the centre are three curbs and two exercise mats. In the foreground are a wheelchair, and parallel bars for re-training patients to walk. (Note the mirror in front of the bars, which enables patients to watch their progress.)

as a place where the principle of working muscles against gradually increasing resistance is used to build up strength in the limbs.

The exercise areas will contain such equipment as exercise mats, a shoulder wheel, shoulder, overhead and wall weights, parallel bars, mirrors (to correct posture), a treadmill, stationary bicycles, weights, medicine balls and sandbags. (See sketch)

This is a fruitful field for ingenuity, and it is anticipated that continuous improvement will be made here in the light of experience and by the addition of pieces designed and manufactured locally to individual specifications. In fact, the whole nature of the Physiotherapy Department is such that continuous improvement and addition is possible whenever finances permit.

Finally, there is the hydrotherapy section, where exercise is done with the aid of water to support the weight of paralyzed limbs.

This section is possibly the most expensive area in the hospital. Here will be located a splendid hydrotherapy pool (measuring 28' x 14' internally), a Hubbard treatment tank for complete body immersion, and whirlpool tanks for arm, leg and foot immersion.

Therapeutic pools are initially expensive to construct, and there are many attendant expenses in the form of overhead lifting mechanisms for handling patients, thermostatically controlled mixing valves and air-conditioning to ensure patient comfort in this area of high humidity — and even higher hopes and expectations!

Next Month: The Occupational Therapy Department.

## Seal Designer



Alan Fujiwara

The Sanatorium Board of Manitoba is very proud to present the 1961 sheet of Christmas Seals, which this year feature a multitude of gay designs representing various phases of Canadian life, all superimposed on a map of Canada.

The designer of these seals is Alan Fujiwara, a Canadian of Japanese origin who enjoys an international reputation in art circles.

He was born in Vancouver, B.C., and moved to Toronto in 1945 where, after graduating from high school, he attended the Ontario College of Art. In his second year he won the John Westren tuition scholarship in design, and in his final year, he was awarded the Governor General's gold medal for general excellence in design.

He began his career as a designer with Planned Sales, Toronto, and later became art editor for the "Newman Review" of Wayne State University in Detroit. In 1956 he joined the Creative Division of Rolph, Clark, Stone, Ltd., and recently was appointed one of the firm's four art directors.

Mr. Fujiwara has had his work reproduced in Modern Publicity, an international art magazine, and has received a number of P.A.C. awards for his designs.

## Interne Program

The Sanatorium Board is pleased to announce that the physiotherapy departments at both Clearwater Lake Hospital, The Pas, and Assiniboine Hospital, Brandon, have been approved for the training of physiotherapy internes.

Approval was given by the Canadian Physiotherapy Association on the recommendation of Miss Marjorie Spence, senior lecturer in physiotherapy at the University of Manitoba, who recently inspected the physiotherapy departments of both hospitals.

Students from the University of Manitoba School of Physiotherapy and Occupational Therapy will be placed in the Sanatorium Institutions during the fall and summer months. One interne will go to Clearwater Lake Hospital and two to Assiniboine Hospital. The internship periods are from May 14 to August 10, and from August 13 to October 26.

## TB REFUGEE

(Continued from page 3)

future may hold bright promises for them both . . . for, through the rehabilitation department, Maria is now happily established in a job as a fur finisher, and Karl holds a position with a local furniture manufacturer.

Karl summed up their contentment, and perhaps their hopes for the future, when a few days later he remarked:

"All over it is good. But Canada is the best country in the world."

## Bulletin Board

Edward Locke, supervisor of special rehabilitation services, and Margaret Busch, director of rehabilitation services, were among 46 people who attended the Inter-provincial Rehabilitation Workshop held at Falcon Lake, October 16 to 20. Purpose of the workshop was to provide an opportunity for persons concerned with rehabilitation to learn more about the methods of medical assessment, treatment, vocational assessment, training and placement.

One of keynote speakers was Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital.

Members of the Sanatorium Board again held their yearly meeting at Manitoba Sanatorium November 1. Among those who attended were J. W. Speirs, chairman of the Board, Frank Boothroyd, E. B. Pitblado, J. N. Conacher, R. L. Bailey, and J. R. McMillan. Also present were T. A. J. Cunnings, executive director of the Sanatorium Board, and Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium.

Dr. L. T. Truelove and Dr. S. L. Carey, chief of medical services of Clearwater Lake Hospital, The Pas, attended a recent meeting of the North of 53 Society in Thompson.

Dr. Truelove also spoke at a dinner meeting of the resident medical staff and the Brandon and district doctors at Assiniboine Hospital on November 7.

The following day, the doctors' wives were entertained at a tea by Mrs. I. A. Cruikshank, superintendent of nurses, and the hospital nursing staff.

Mrs. Ellen Antonsen, head cook at Assiniboine Hospital, went to Kingston this month to attend the wedding of her son, Philip Antonsen. Mr. Antonsen recently graduated with acclaim from the Royal Military College.

The Sanatorium Board welcomes Miss Anna Hrenchuk, new food supervisor at Assiniboine Hospital. Miss Hrenchuk, of Winnipeg, is a home economics graduate of the University of Manitoba.