



News Bulletin

SANATORIUM

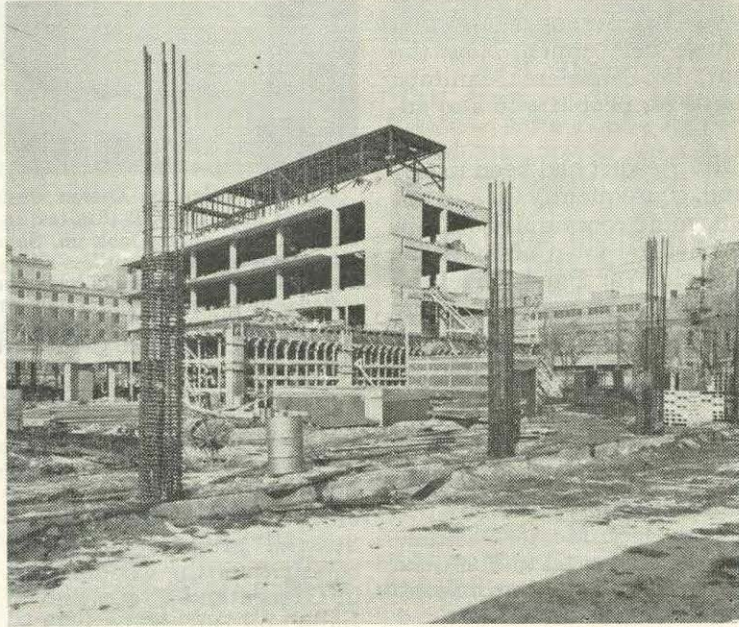
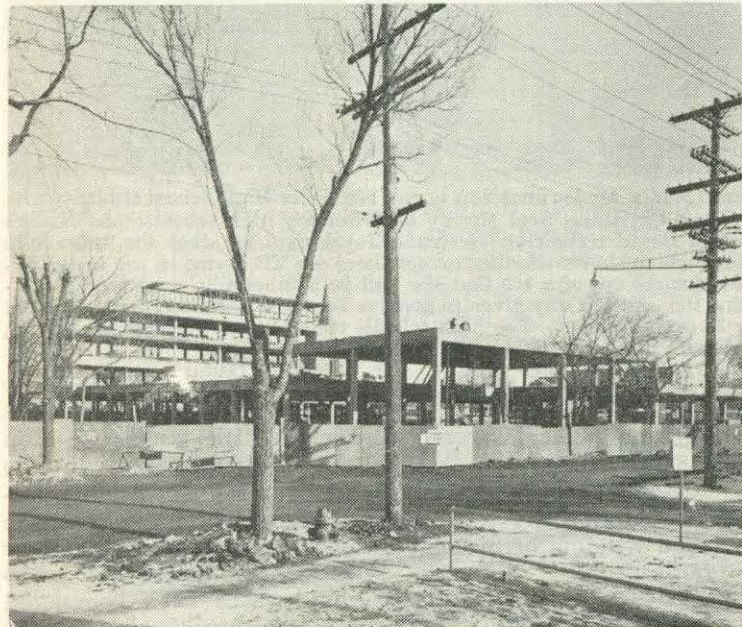
The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

FEBRUARY, 1961



46 Communities Will Receive Free TB Tests

Tuberculin and chest X-ray surveys will be conducted this year in 46 Manitoba municipalities, Dr. E. L. Ross, medical director of the Sanatorium Board, announced this month.

The free, public surveys are largely financed by the Sanatorium Board's annual sale of Christmas Seals, which will end this year on February 28. The purpose of the tests is to find tuberculosis in the Manitoba population while it is still curable and before it can spread to others. The tests are also considered an effective guide to determining the extent of the tuberculosis problem in a community.

Only those rural communities with a higher than average prevalence of infection will be tested in this year's Christmas Seal surveys. The tuberculin skin test will be used to distinguish those who have been injected with the TB germ, the chest X-ray to determine if active disease has developed.

Rural municipalities that will receive the tests are: Albert, Archie, Arthur, Brenda, Brooklands, Cameron, Clanwilliam, Daly, Desalaberry, Dufferin, Edward, Elton, Franklin, Glenwood, Harrison, Langford, Lansdowne, (Continued on page 4)

(Photos by David Portigal & Co.)

Construction is proceeding rapidly at the site of the new Manitoba Rehabilitation Hospital at the corners of Bannatyne, Sherbrook and Olivia streets. In the left view of the construction site the concreting of the gymnasium (centre foreground), the occupational therapy department (left) and the hydrotherapy pool (extreme right) has been completed. In the right view, from Sherbrook street, the four floors of the new Central Tuberculosis Clinic have been installed and the workmen are busily completing the penthouse atop them. The pillars in the foreground show where some of the Sanatorium Board's executive offices will be located. Behind them to the left is the central courtyard.

Rehabilitation Hospital - A Progress Report

By P.A.H.

It is truly astonishing to see the great changes that have taken place this past year at the corner of Bannatyne and Olivia streets. Sanatorium Board staff members who visit the site may even have some difficulty recalling the grey brick building that stood there less than 12 months ago, the old familiar building that for many years served as the headquarters for TB control in Manitoba and was so much a part of our daily lives.

The Central Tuberculosis Clinic has vanished now — every old brick and stick of wood is gone — and in its stead rise the unfinished columns and massive concrete structure of a strange new building that someday will be known as the Manitoba Rehabilitation Hospital. The six-story, 222-bed hospital, which will be operated by the Sanatorium Board for the handicapped people of Manitoba, has been under construction for 37 weeks. It will be another year before it is ready for the first disabled patients, perhaps a little less than that for the TB patients who will occupy one of the wings.

Even in sub-zero weather the hospital construction site is a hive of activity, with carpenters, bricklayers, plumbers and all sorts of workmen

swarming over the concrete surfaces and scaffolding amid much clatter and shouting. To some people, this busy activity may seem a little confusing and perhaps they will wonder, even as I have, how out of all this seeming "chaos" a whole building will someday take form and become one of the most beautiful hospitals in the province. But, as I also found out, two or three visits to the site show that this indeed will happen.

Where two days ago, for example, there was nothing but a concrete slab with small pipes and larger pipes peeping helter-skelter above the surface, today there stand the great concrete walls of a room with each conduit in its proper place, ready to convey water and electrical wiring to it. And heavens above, yes — there, too, is the outlet box for the dictaphone or telephone that may sit some day on somebody's desk.

If you are a regular visitor to the site, it is interesting to note how much has been accomplished since excavation began last June. By July, for instance, the workmen had already begun to construct the basement walls, and by August they had begun the elevator pits.

Three thousand cubic yards of concrete had been placed on the site by the end of October. By that time, too, the second floor of the new Central TB Clinic was completed.

The following month the men began work on the third floor of the TB wing and on the second floor of the west side of the building. By the end of November the concreting of the following areas was finished: Gymnasium, physiotherapy, occupational therapy, electrotherapy and heavy resistance sections, the hydrotherapy pools, central storage, Christmas Seal office and X-ray department.

During the same month, work was also started on the two tunnels that will someday provide easy communication for staff and patients between the rehabilitation hospital, the Winnipeg General,

Children's Hospital, and the Cancer Treatment and Research Institute. At present the tunnel to the Children's Hospital is nearly completed; one can even walk down there and tap on a foot or so of the wall that still separates the passage and the hospital.

So the construction of the new hospital goes, room after room, floor after floor, until the whole gradually begins to take shape. At the time of this report, the four floors of the TB clinic have been installed and work has begun (Continued on page 2)

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News Bulletin

SANATORIUM The OF MANITOBA
BOARD

Profiles

WILLIAM B. STEWART

Thirty-two years ago a desperate young man came to Manitoba Sanatorium hoping to find a cure for a disease that had haunted him for over 10 years. He had heard that the doctors had been doing a lot of pioneer work in chest surgery and, because he had nothing to lose, he eagerly grasped at this new chance for another start in life. The surgery worked and a year later a happy and elated William Barr Stewart joined the sanatorium's business staff.



"As a patient I thought Manitoba Sanatorium a grand place, with its friendly atmosphere and picturesque setting," the quiet, bespectacled gentleman recalls. "If ever there was a place where a man with tuberculosis was

meant to be happy, this certainly was it." And over the years Mr. Stewart's opinion didn't change very much. Now the hospital's chief purchasing agent, he considers Manitoba Sanatorium a warm and happy oasis for people who also enjoy good health.

Before his arrival at Ninette, Mr. Stewart had been in and out of a number of sanatoriums and, consequently, in and out of a number of jobs. Born in the farming community of Cobden, Ontario, and educated in the nearby town of Renfrew, he left school at the outbreak of World War I and joined the Princess Pat's. Not long after, however, he was sent home from France with TB.

After spending some time in sanatorium, Mr. Stewart took a job as timekeeper at a North Bay lumbering camp. Then, following another bout with TB, he went to Timmins where he worked with a rigging gang at the McIntyre Mines. He moved on next to Detroit to work on the assembly line at the old Maxwell car factory, but two years later was back in Canada chasing the cure at Beck Memorial Sanatorium near London. In 1928 he was transferred to Manitoba Sanatorium, and in 1929 he started work in the business office doing perpetual inventory.

It was while he was a patient at Ninette that Mr. Stewart met his wife, the former Elsie Leech, a member of the sanatorium nursing staff. He married her a few years later and settled down in a cosy little house in the village of Ninette. There he spends his leisure time reading and gardening and playing the occasional game of golf. He and his wife also enjoy travelling, and during the past 22 years have explored all parts of Ontario and a good part of the North American west coast.

"I have a good time when I'm away on these trips," Mr. Stewart reflects. "But I always like it best when I come back."

RAYMOND C. CLEMENT

Raymond C. Clement is a tall, brawny man who, during his 16-year career as a civil engineer, has constructed bridges, harbors, dams and all sorts of buildings in many parts of the world. At present, he is busy helping the Sanatorium Board of Manitoba build its new, four million dollar rehabilitation hospital in Winnipeg.

The project engineer for architects Moody, Moore and Associates, Ray Clement seems to put his whole soul, heart and passion into producing a building that will be as nearly perfect as he can make it. "What I like about this hospital," he says in his nice, assured voice, "is that it is a well-planned, completely self-contained unit. The staff here will be able to treat a patient right from scratch to finish — he'll come in one door sick and disabled, and he'll go out the other, we hope, a cured man."

Mr. Clement has been in Canada only two years, and the construction of the rehabilitation hospital and the new wing on the Winnipeg General Hospital (he divides his time equally between both sites) are his first big Canadian jobs. But, although interesting, they are hardly the most exciting assignments in his life.

Born in Liverpool, England, he left school at the outbreak of the Second World War to join the army. "I was only 14 at the time," he smiling then recalls, "but I could walk and I could breathe and the army, who didn't guess my real age, had no trouble finding a place for me in the Royal Engineers and Commandos."

At the end of the war, when he was 20, Ray went to Cairo to continue his engineering studies and begin his building



Pretty Valentine Queen contestant Nadia Hodowanec was one of 566 Sisler High School students who lined up for a free TB skin test in a recent Christmas Seal survey of Winnipeg high schools. As Nadia's Grade 11 classmates look on, Sanatorium Board technician Gertrude Joyal explains that the tuberculin skin test is a simple, painless allergy test, which shows whether or not there are TB germs in the body. Because of her youth, Nadia has about 94 chances out of a 100 that she will be a tuberculin negative (not infected), and therefore will not require the chest X-ray given to positive reactors. Some 6,111 city students took part in the survey from January 25 to February 3. The high schools tested were Elmwood, St. John's, Gordon Bell, Churchill, Grant Park, Kelvin, Daniel McIntyre, Tec-Voc and Sisler.

(Photo by David Portigal and Co.)

career. In the following years he was assigned by British engineering firms to help build bridges, dams, hydro electric stations and other industrial projects in all the countries of the Middle East, in Greece and Crete, and in India and Burma. In 1949 he went to South Africa to act primarily as a trouble-shooter for construction projects in the Congo, Kenya, Ghana, Tanganyika, Rhodesia and a host of other countries and territories. Two of his biggest jobs were the Kariba Dam in Rhodesia and Mtwara Harbor, some 600 miles south of Mombasa on the east coast of Africa.

In 1959 Mr. Clement decided to find out what was going on in the construction business in Canada. He came directly to Winnipeg because, as he says, it is the hub of Canada, where east meets west, and therefore a likely place for things to happen.

Mr. Clement is married and has one daughter, Jeanette Marie, age 2. He met his wife, a Canadian girl, while on a moose hunting expedition in Newfoundland, and, before introducing her to her new home in Rhodesia, took her on a honeymoon clear around the world.

Asked which country appeals to him the most, Mr. Clement is indecisive. "For fun and sports," says Mr. Clement, an enthusiastic big game hunter who once took a year off in Africa to hunt and act as a guide, "I'd choose Rhodesia or, for that matter, almost any part of Africa."

"For a quiet, relaxing life, I like Palestine — for that truly is the land of milk and honey."

"If it were possible for us to hibernate six months out of

the year, I might pick Newfoundland, which is really a beautiful country—

"Or maybe even," he said, gazing doubtfully out the frosted window of his office, "Manitoba."

The Gaapers

The sign for the druggists nowadays is Rx (or something like that) — and you see it on pads when the doctor gives you a prescription to be filled. The letters are short for the Latin words which mean "take thou", with which prescriptions started.

But there was a time when the signs outside a drug store (then called an apothecary's shop) were different. They were pictures or drawings of a head with the tongue stuck out — and pretty fearsome looking sights some of them were, for they displayed unhealthy tongues perhaps with an ulcer or two.

They were called gaapers. They went out of style and were replaced by Rx, or by a great glass bowl of some colored liquid. These last were still around 40 years ago.

The reason for the tongue-sticking-out sign was that at that point the druggist was often the doctor, too. The sick person consulted the apothecary who said, "Stick out your tongue" — and on the looks of the tongue, or probably the throat behind it, he concocted the medicine.

It wasn't as crazy as it sounds. The tongue shows more than we think. There is the furred tongue that says a person has been overdoing it either with the bottle or at the table. This is the "hang-over" tongue, and most people don't need anybody to

(Continued from page 1) on the little penthouse atop them. Construction in the basement is also steadily progressing. The basic structure of the ramp that will convey the 83 cars to the inside parking lot has been completed and the men are busily partitioning off the areas that will eventually house the pharmacy, X-ray records, nurses' lockers, kitchens and so forth.

Yes — the Sanatorium Board staff will hardly recognize the old site of the Central TB Clinic. But it must be admitted that it is rather exciting to see the marvellous changes that are taking place there.

tell them what's the matter.

But there are a lot more serious things. Before the days of chlorinated water and pasteurized milk those apothecaries saw a great deal of the "strawberry tongue" of typhoid fever. Nutrition was poor so they probably saw the smooth tongue of anemia.

Did they recognize the deeply fissured tongue of the mongoloid? In those days when Tuberculosis invaded practically every household, they certainly must have seen tuberculous ulcers on the tongue.

There was a terminology for the different conditions—the "square out", the "rolled edge", the "punched out, undercut ulcers" and a lot more which sound pretty gruesome.

People are collecting the castoff gaapers now for a museum. Probably there would be nothing better than a look at a row of these gaapers to make a person glad of the tools the doctor has nowadays for diagnosis.

—TB... and not TB

Self-Help Program Enables Patients To Take Part In Their Own Cure

Many years ago a very wise doctor said that taking care of the sick man should mean more than a bed, a diagnosis or even a cure. It should mean something for the unfortunate man as well as for the wounded body — something for the mind and the soul.

"It is surely a right of people who sojourn in hospitals," he said, "that, within the limits set by bodily conditions and needs, their lives should be interfered with as little as possible. They should have permission, encouragement and even help to make days of life and living out of hospital days."

The speaker was the late Dr. D. A. Stewart, first medical superintendent of Manitoba Sanatorium and an internationally known authority on tuberculosis. Throughout his life, Dr. Stewart was a firm believer in the principle of "self-help" in the treatment of the sick. Lying in bed month after month may be an important part of the cure of many ills, he said, but it is not always good for the people. While it may cure physical disease, it may also bring about mental and even moral deterioration. A patient needs a daily duty, whatever it may be, to prevent such deterioration and a sense of inferiority.

Self-Help

Because of his philosophy, Manitoba Sanatorium from its very beginning has encouraged tuberculosis patients to take on at least part of the job of getting well. In more recent times, this program of self-help has been expanded to include the comprehensive services of a rehabilitation department.

"Self-help" at the sanatorium is a gradual process that begins as soon as the patient is admitted to hospital. Almost immediately he is visited by a member of the rehabilitation department who discusses with him the various ways he can turn his leisure hours to advantage.

Hospital days can be among the happiest, most profitable days in a patient's life, the rehab. officer explains. The patient who until now has been worried and hurried by the pressures of the outside world, now has all the time in the world to think and to meditate, to read what he has never had time to read, to study what he has not been able to study.

Perhaps, when he is well enough, the patient would like to learn typing and shorthand, or embark on a new trade. Maybe he would like to complete his high

school education — or even take a university course. How about occupational therapy — would he enjoy doing a few handicrafts? And don't forget the sanatorium library — Manitoba Sanatorium has a large selection of books, a patient need never lack anything to read.

Self-Care

This program of self-help is considerably stepped up when the patient is well enough to leave the infirmary, where until now he has received strict medical and nursing care, and is moved to one of the pavilions where he gets a lesser amount of medical and nursing supervision.

Gradually he begins to do things for himself. For example, if he is able, he walks to the main dining hall for his meals — once, twice or perhaps three times daily. He enjoys the privilege of making his own in-between meal snacks on hot plates provided in each quarter. He straightens his own bed, does his own personal washing and ironing if he likes, and oftentimes takes his own drugs.

In addition, he has his own little cubicle where, undisturbed by others, he may write letters, read and study to his heart's content, and do handicrafts. He will also take part in the sanatorium's social events — attend patient dances, the annual summer picnic and the Christmas parties and concerts.

Indeed, the only things the nursing staff may do for the patient is change his bedding once a week, take his temperature daily, provide the medications and arrange his initial appointments with the laboratory, the X-ray de-

partment or whatever the case may be. The nurse will, of course, keep a watchful eye on the patient and provide bed care according to his individual needs, but, at the same time, she encourages him to do as much for himself as possible.

Not New Idea

Thus, almost imperceptibly, each tuberculosis patient is given the opportunity to take part in his own cure. A daily duty, such as making his own bed or taking his own drugs, may be a very small one, but it gives the patient a feeling of independence and freedom and helps prepare him for the time when he must assume responsibility for his own care and treatment.

The various courses and activity outlets offered by the rehabilitation department go a long way in keeping the patient mentally alert and happily occupied — oftentimes, in paving the way for a fuller, more useful life outside the hospital.

As we found in the words of Dr. Stewart, the principle of self-help in the modern treatment of tuberculosis is not an altogether new idea. In general hospitals, for example, we hear a lot of talk today about minimal care units where patients are helped to become self-sufficient through similar programs. Actually the whole thing is just a new application of a very old idea . . . that taking care of the patient is more than shelter, food and treatment. It is also comradeship and encouragement. It is providing something for the mind as well as for the body. In all, it is helping the patient get another start in life.

New Manager



A. H. Atkins

On January 16 Arthur Hughian Atkins briskly walked into the Sanatorium Board's Winnipeg offices to take up his new position as manager of the Manitoba Rehabilitation Hospital.

A tall, pleasant, and very efficient Englishman, Mr. Atkins comes to his post with a wide knowledge of hospital management. For the past 10 years he was chief lay administrator of the large, modern Queen Elizabeth Hospital in London, England, and prior to that was administrative assistant at Banstead Hospital in Surrey. He also holds diplomas from the Institute of Hospital Administrators (England) in a variety of academic and practical subjects.

Born and educated in Plymouth, Mr. Atkins is no newcomer to Canadian life. During the five years he served with the Royal Air Force (1942-1947), he spent two years at various stations in Canada. He graduated as a commissioned pilot and captain of heavy bombers, and later became a sector operations controller.

Following his discharge from the RAF, Mr. Atkins

entered the hospital management field and during the next 13 years set about to learn all he could about hospital business and administration. His interest in this field is even carried over to his leisure time activities and, in addition to gardening (he's a fellow of the Royal Society of Horticulture), stamp collecting, and taking part in various sports, he is making a private study of the law in its applications to hospitals.

Mr. Atkins is married and has two sons, Clifford, 13, and Alan, 10. His attractive wife, the former Lorraine Stickney, is a native Winnipegger.

According to Mr. Atkins, the boys have adapted well to life in Manitoba. They enjoy the brisk winter weather and at present are happily absorbed in learning the "fine points" of Canadian ice hockey.

Mr. Atkins himself is enthusiastic about his new life and confides that he feels as if he's been in Winnipeg six months instead of several weeks.

"I'm thrilled with everything about Canada," he says. "I like the beauty of the land, the friendliness of the people, and the wonderful, invigorating climate."

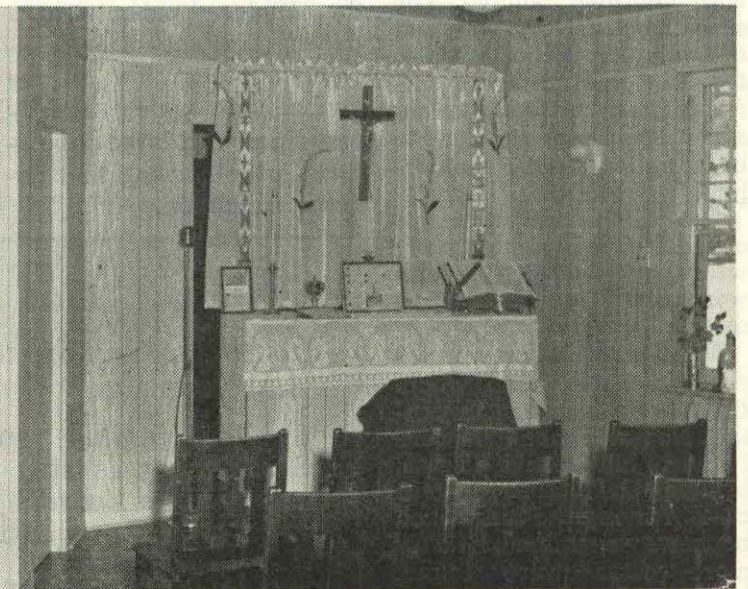
"Can you tell me," he asks, "does the sun never stop shining here?"

Death Rates

Canada is one of the nations which since World War II has competed for the world's lowest TB death rate. Denmark, home of the Christmas Seal Sale, remains in the lead. Others with low rates are the United States, Iceland, Holland, Australia, and the United Kingdom.



DEDICATION OF A CHAPEL — On February 6 a group of patients, staff members and visitors gathered in Gordon Cottage at Manitoba Sanatorium to witness the dedication of the new Roman Catholic Chapel. With a glorious winter sun casting its brilliance over the scene and accenting the costume adornments of four Knights of Columbus from Brandon, the Most Rev. P. F. Pocock, of Winnipeg, officiated at the ceremony and afterwards held Communion for the Roman Catholic patients. Gordon Cottage was remodelled into two separate chapels for the Roman Catholic and Protestant faiths last



month. Built in 1911 as a convalescent quarters for TB patients, it was the gift of the late Rev. C. W. Gordon (more widely known as author Ralph Connor) of Winnipeg, and recently had been used as staff quarters. The Roman Catholic Chapel differs little from the Protestant Chapel in design and finish. Separated by a central, dark-panelled corridor, they feature light panelled walls and dark blue ceilings. Both chapels will provide a fitting place where patients can worship and find spiritual comfort. Until now services have been held in the infirmary "strep" room or the assembly hall. (Photos by William Amos)

From One TB Case - 21 More

There are probably a good many oldtimers around today who can remember as children, hearing of whole families wiped out by tuberculosis. Once the disease became embedded in the household, the members were struck down one by one, and no kind of treatment then known was of the slightest use in preventing the tragedy.

While we seldom hear of similar incidents in Canada today, they do occasionally happen. Take, for example, the recent admission of 22 persons to sanatoria in the province of Saskatchewan. All of them had active tuberculosis, and all came from one case living near the Manitoba boundary. The fact that they are still alive and making good recovery is due to improved, modern methods of treatment and, in no small measure, to the wisdom of many of the patients who, suspecting tuberculosis, immediately sought the advice and help of their family physicians.

The following is a partial account of the story which appeared in the Health Newsletter of the Saskatchewan Department of Health. The name of the family was changed to protect those involved.

Started With Mother

It all started with Mrs. White. She and her husband and her five children were tuberculin tested at a TB survey in the summer of 1958. Both Mr. and Mrs. White reacted positively to the test, the children negatively. The parents were then X-rayed, but no active disease was found.

About September a year later, Mrs. White began to feel unwell. There was considerable delay before her illness was diagnosed. Finally, she was admitted to Sanatorium in February with advanced lung tuberculosis.

There was an immediate check for contacts, starting with her own family. The shocking discovery was that not only Mr. White but also the five children were suffering from active pulmonary tuberculosis and had to be admitted to the sanatorium.

One of the first contracts outside the immediate family was a baby sitter. She also went to the "san" with active disease.

Mrs. White had nine brothers and sisters with whom the family had been in contact. No fewer than four were found to have active disease, bringing the total so far to 11 cases. Among the nieces and nephews examined, four more cases were found, bringing the total to 15.

Mrs. White had visited her relatives at Christmas . . . a sister of a brother-in-law, who had six children. Four were found to be infected and one had active tuberculosis.

Thus the sanatorium admitted its 16th case.

As if that were not enough, an aunt of Mrs. White and three of her children proved to have tuberculosis also . . . as did another sister of Mrs. White and her eight-year-old son.

This made the tally 22. Of these, 21 cases were lung diseases and one a miliary or generalized tuberculosis in a baby. Both this child and another young child might have died but for the good sense and prompt action of the parents.

No One To Blame

Although it was in no way her fault, Mrs. White suffered actutely from having been the agent for so much disease. How did she become ill? No contact from which she might have received a new infection was found. Perhaps, says the Newsletter, one of the old infections which her body had imprisoned successfully earlier broke down and allowed the still living bacilli to set up active disease.

The tragedy that overtook the White family, however, provides a graphic illustration of how tuberculosis can come out of the blue. Even more important, it shows how tuberculosis could sweep the province, bringing death and invalidism to thousands, if the present war on the disease were relaxed.

The ancient writings of India and China speak of tuberculosis, and the mummies of Egyptian kings witness its presence in the cities of the Nile. It is not mentioned in the Bible. Epidemiologists deduce that the disease became apparent first in the civilizations which already had cities with large populations, poor housing and deficient sanitation.



CHEQUE FOR \$1,000 — A further donation towards the purchasing of special equipment for the Manitoba Rehabilitation Hospital was made February 3 when the Associated Canadian Travellers of Winnipeg held a special luncheon at the Granite Club. A cheque for \$1,000 was presented to the Sanatorium Board of Manitoba by Labatt's Brewery Ltd., in consideration of a retail store promotion which the Travellers recently handled for that company. Pictured handing the cheque to T. A. J. Cummings, executive director of the Sanatorium Board (left) are Maurice Kane, A.C.T. president (centre), and George Prost, sales supervisor for Labatt's. In all, the Winnipeg club has pledged \$100,000 toward the cost of equipping the new hospital.

(Photo by David Portigal & Co.)

Dr. Paine Performs 600th Resection; Honored by Staff

A milestone in the surgical treatment of pulmonary tuberculosis at Manitoba Sanatorium was marked Tuesday, January 31, when Dr. A. L. Paine, medical superintendent, performed his 600th resection.

Members of the sanatorium surgical team, the X-ray and laboratory departments, and the older staff gathered to pay tribute to the chief surgeon for his notable achievement, and to present him with a gift of cuff links and tie pin.

The performance of 600 resections (removal of part of the lung, or occasionally all of the lung) is a proud record for Manitoba Sanatorium. A relatively new development in the surgical treatment of tuberculosis, which came primarily with the introduction of new drugs and improved methods of anaesthesia, this type of lung surgery has done much to prevent the relapse of patients and to shorten their hospital stay.

Resections have been per-

formed at Ninette for about 15 years, and, in addition to the sanatorium patients, patients referred from other hospitals (notably Clearwater Lake Hospital at The Pas) have benefitted from them.

In making the presentation last month, Miss Marie Blatz, operating room supervisor, complimented Dr. Paine for his many hours of painstaking work and for his keen interest not only in surgery but also in the patients who come under his care.

Dr. Paine thanked the staff members and said that he could not have achieved this record without their fine cooperation.

Free TB Tests

(Continued from page 1)

Lawrence, McCreary, Minto, North Cypress, Oakland, Odanah, Pipestone, Portage la Prairie, Reynolds, Riverside, Roland, Rosedale, Shilo, Sifton, Strathcona, Thompson, Victoria, Wallace, Whitehead, Winchester, Woodlands, Woodworth.

City Surveys

In the Winnipeg area, surveys have been planned this year for the municipalities of East St. Paul, West St. Paul, Old Kildonan, North Kildonan, Rosser and St. Boniface.

A survey of nine city high schools has already been completed, and surveys of Winnipeg business firms and nursing homes are underway.

The first, and perhaps largest, of the industrial surveys will be completed by the end of this month when some 7,000 employees of Eaton's Department Store line up for tuberculin tests.

Oops . . . Did You Forget . . .

your contribution to the 1960 Christmas Seal Campaign?

May we remind you that your Christmas Seal money is still needed to finance the Sanatorium Board's year-round program of tuberculosis prevention.

Please help continue this important public service. Send in your Christmas Seal contribution today to:

THE SANATORIUM BOARD OF MANITOBA
1654 Portage Avenue Winnipeg 12, Manitoba

Bulletin Board

Among those who witnessed the dedication of the Roman Catholic Chapel at Manitoba Sanatorium, February 6, were the Rev. Frs. Gervais of Dunrea, Manitoba; the Very Rev. N. J. Chartrand of Winnipeg; the Rev. T. A. Payne of Ninette United Church; T. A. J. Cummings, executive director of the Sanatorium Board, and Mrs. Cummings; Miss Bente Hejstied, SBM director of nursing services; Dr. A. L. Paine, sanatorium medical superintendent, and Mrs. Paine; Miss D. Ellis, superintendent of nurses; Dr. Leslie Salay, sanatorium physician, and Mrs. Salay.

* * *

The Sanatorium Board extends warm congratulations to J. E. Robinson, superintendent of the Children's Hospital, who was recently appointed chairman of the Canadian Council on Hospital Accreditation. Mr. Robinson succeeds Dr. A. L. Chute of Toronto.

* * *

Assiniboine Hospital in Brandon was host this month to an institute on statistics sponsored by the Dominion Bureau of Statistics and the Manitoba Hospital Services Plan. A similar institute was held at the same time at the Legislative Building in Winnipeg. Sanatorium Board staff members who attended the Winnipeg meeting were Edward Dubinsky, administrative assistant, A. H. Atkins, hospital manager, Manitoba Rehabilitation Hospital, R. A. Marks, comptroller, and Hilary Davies, hospital manager, Clearwater Lake Hospital, The Pas.

* * *

The members of the rehabilitation department have been busy this month attending a number of conferences. Edward Locke, supervisor of Special Rehabilitation Services, attended a community conference on Indians, January 29, at The Pas, Man., and both he and Miss M. Busch, director of rehabilitation services, took part in a two-day Institute on Medical Social Work, February 10 and 11, at the Fort Garry Hotel.

* * *

Among the recent additions to the Sanatorium Board staff is Lawrence A. Boychuk of Winnipeg, who this month was appointed chief engineer at Clearwater Lake Hospital.