



News Bulletin

SANATORIUM

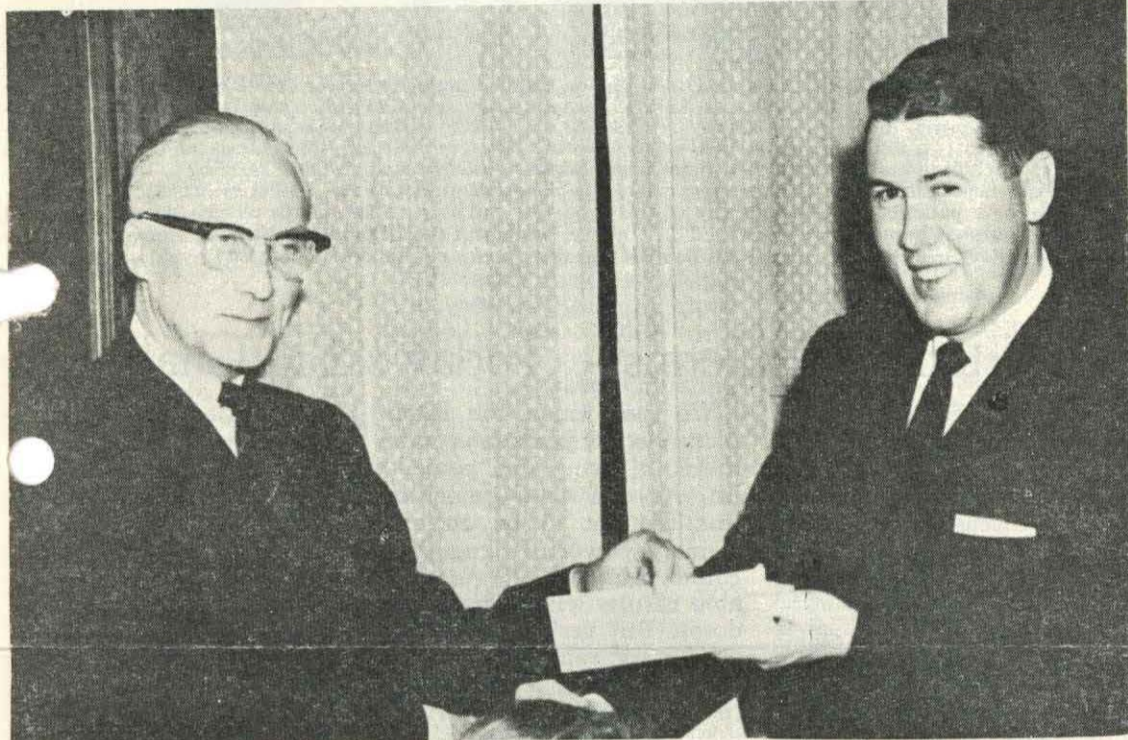
The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

MARCH, 1961



A.C.T. PRESENTS CHEQUE—J. N. Connacher, left, vice-chairman of the Sanatorium Board of Manitoba, accepts a cheque for \$12,500 from R. J. Robinson, president of the Associated Canadian Travellers of Brandon, at the club's annual President's Ball held at the Prince Edward Hotel March 3. The donation will aid in the construction cost of the Board's newly opened Physiotherapy and Occupational Therapy Unit at Assiniboine Hospital. (Photo courtesy of The Brandon Sun.)

ACT Present \$12,500 Cheque For New Physiotherapy Unit

A further contribution to Assiniboine Hospital's physical and occupational therapy building fund was made this month by the Associated Canadian Travellers of Brandon.

A cheque for \$12,500 was presented to J. N. Connacher, vice-chairman of the Sanatorium Board, at the club's annual

community surveys. The others were done by stationary clinics (8,003), travelling clinics (1,977), and hospital admission programs (69,686).

Of the Indians and non-Indians who were X-rayed in 1960, active tuberculosis was found in one out of every 2,700.

Increases Work

Fortunately, most people infected with the TB germ never manifest disease. One person in approximately 2,000 tuberculin tested and/or X-rayed was a new case of TB, and only one in 4,600 had active disease.

But if we are to attain control of this infectious disease, these surveys must continue, Dr. Ross says. The year in and year out combing of the province may seem tedious and costly, but in the long run it is paying off by the preservation of health, the saving of life and of dollars.

"During the next few years, our preventive campaign must be pushed harder still. The advantages of today may not last for long, for there is growing evidence that the tubercule bacillus is becoming

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Presidents' Ball at the Prince Edward Hotel in Brandon on March 3. Robert J. Robinson, A.C.T. president, made the presentation.

This is the A.C.T.'s third contribution to the building fund and brings the total amount of money donated by the club for this purpose to \$36,500. Altogether the Brandon A.C.T. has pledged \$85,000 towards the cost of the newly opened unit.

In accepting the cheque from the A.C.T., Mr. Connacher thanked the club for their enthusiastic support of the work of the Sanatorium Board, and commended them for their fine assistance in expanding the Board's health services for the people of Western Manitoba.

He also thanked the management and staff of the Brandon Sun, who have given careful attention to new developments at Assiniboine Hospital, and the members of Radio Station CKX in Brandon, who for years have carried without charge the A.C.T.'s fund-raising Search for Talent broadcast.

Other speakers at the event included John Craig,

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Eighteen Percent of Population Infected with TB, Says Dr. Ross

Generally speaking, the longer a person has lived, the greater the possibility that he is infected with the TB germ. At the age of 50 or over, there is a more than even chance that he will be infected. Between 30 and 39, the chances are a little more than one to four. Under the age of five, they are less than one per cent, and at birth, of course, they are nil.

These percentages, taken from the annual report of Dr. E. L. Ross, Sanatorium Board medical director, give a small idea of the status of TB infection in Manitoba today.

The incidence of infection is declining slowly over the years, but much still remains to be done before we can consider that tuberculosis is under control in this province.

The fact that progress has been made is due to a great extent to the board's stepped-up programs of TB prevention, Dr. Ross says. If we are to continue to make progress, these must be accelerated even more.

During the last year alone 255,041 Manitobans received either tuberculin or X-ray examinations in TB surveys. And during the past 10 years, over three million of these examinations have been carried out.

Tuberculin Tests

Following the trend of recent years, tuberculin testing was carried out to a more complete extent in 1960. A total of 110,391 people received the simple Heaf tests, and of these, 95% returned for a reading.

In the community surveys carried out in 31 Manitoba municipalities, 18.2% of those tested reacted positively to the skin test (i.e. have TB germs in their bodies). This, Dr. Ross points out, is comparatively low considering other rates on the continent.

Age Groups

A breakdown of positive reactors by age groups shows that up to the age of nine, tuberculosis is comparatively rare. Under the age of five, only .37% are positive, and

from ages five to nine, only 1.54%.

From age 10 to 14, 3.66% show a positive reaction, and from 15 to 19, 6.53%.

From there the percentage steadily rises until it levels off at the age of 50 and over. Between the ages of 25 and 29, the percentage is 10.7, and from 25 to 29, it is 11.9. Between the ages of 40 and 49, 40.16 react positively, and between 50 and 59, 59.6. Between 60 and 69, the percentage decreases somewhat to 53.8.

These figures suggest that the children of today have little opportunity for infection, and that homes may not be responsible for most present-day infection, Dr. Ross says.

The higher rate among those in their twenties and later years, would seem to indicate that infection may have been acquired when they were children, when TB infection was more general.

It is on these higher incidence groups that we must focus more attention.

X-Ray Examinations

During 1960 a total of 144,650 Manitobans received X-ray examinations. Of these, 64,984 were carried out in

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Profiles

DR. J. E. HUDSON

From the beginning, the Sanatorium Board of Manitoba has realized that the success of any program in tuberculosis control depends to a great extent on the voluntary support and assistance of a great many private citizens, and for this reason it has drawn into its membership a number of skilled business and professional people from various parts of the province.



One of the most valued of the medical members is Dr. John Edward Hudson of Hamiota, who has served on the Board's elected body for the past three years. A quiet, soft-spoken man, Dr. Hudson probably typifies the highest sort of family physician. Dedicated to his work, greatly respected, both professionally and personally, he has been of valuable assistance in carrying the Board's health program to the rural areas of Western Manitoba.

Dr. Hudson's proclivity for a country general practice is likely inherited from his father, Dr. Edward D. Hudson, a noted doctor who set up practice in Hamiota in 1907 and who, at 89, is still going strong in his profession. As soon as the younger Hudson finished high school in Hamiota, he, too, entered the University of Manitoba Medical School, graduating in 1941, some 35 years after his father. He interned at the Winnipeg General Hospital, and, after a winter's stint with the Winnipeg clinic, joined the Canadian Army's Field Ambulance Corps, serving first on Vancouver Island, then in England and the South Pacific.

Following his discharge in 1945, Dr. Hudson returned to Hamiota where, together with his father, he built up a large group practice. One of their crowning achievements was the opening of a 30-bed hospital in that town in 1950.

Married to a nurse, the former Dorothy Pilkey of Winnipeg, and the father of four handsome children (Joan, 17, Bob, 14, Don, 11, and Dorothy, 7), he lives comfortably on a three-acre tract of land at the edge of town. He devotes much of his spare time to raising Arabian horses, which he and the children delight in showing at all the local fairs, and is one of the few Manitobans to enjoy home-produced honey and pheasant.

Aside from his work with the Sanatorium Board, Dr. Hudson is actively involved in a number of other medical organizations. Among other things, he is a past president of the Manitoba Medical Association, a board member of Manitoba Health Services, a member of the Brandon and District Medical Societies, and the Manitoba Heart Foundation. At present he is chairman of the advisory commission to the Minister of Health and Public Welfare on the Health Act of Manitoba.

Dr. Hudson also likes to curl, and is a member of the Hamiota Curling Club.

Tuberculosis Among the Eskimos

Early discovery by X-ray and early treatment in properly equipped hospitals have done much to reduce the tuberculosis threat among our Eskimo and Indian population, according to the February issue of Canada's Health and Welfare Bulletin.

Today nearly 90 per cent of our Eskimos and nearly 65% of our Indians are X-rayed annually under the Indian and Northern Health Services program.

When the new health services were first formally provided for the Indians and Eskimos in 1945 both groups were suffering terribly from tuberculosis, the Bulletin says. As late as 1951, tuberculosis ranked second among the causes of Indian deaths.

In 1958 it had dropped to ninth place.

And where eight per cent of 4,000 Eskimos examined in 1955 were shown to have active tuberculosis, in 1959 the percentage had fallen to four per cent.

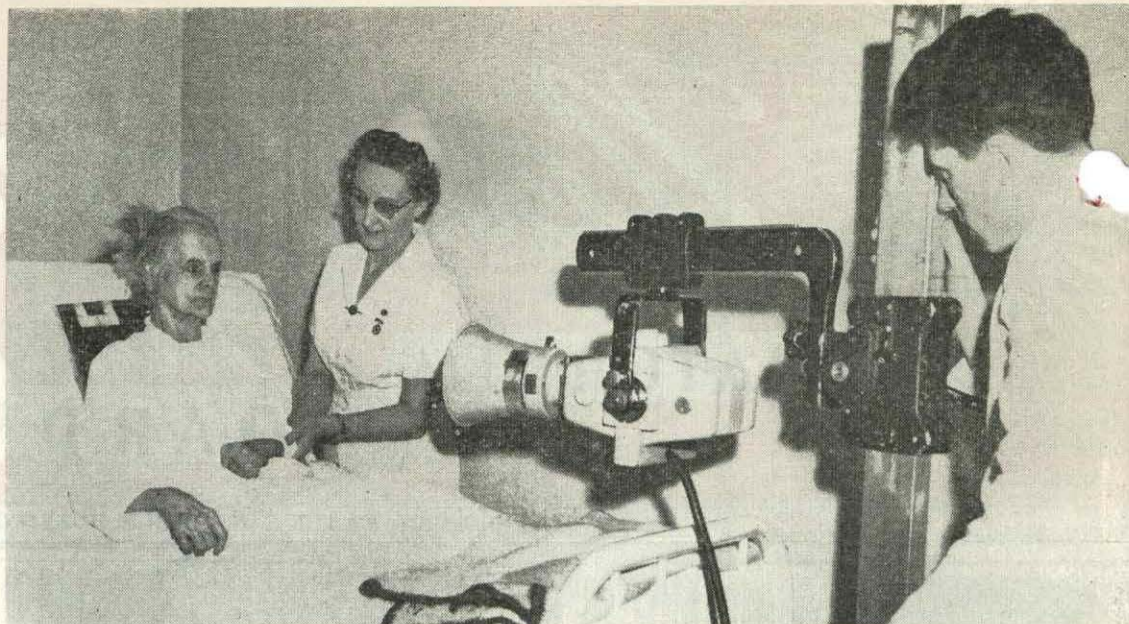
But successful as the tuberculosis program has been, much remains to be done in combatting this disease in the north, the Bulletin points out. The incidence of disease with Indians and Eskimos is still very high by comparison with other Canadians.

EIGHTEEN PERCENT

(Continued from page 1)

ing resistant to the "wonder" drugs of the past decade.

Indeed, if we are to reach our goal, the momentum of our progress must be more than merely sustained."



NURSING HOME SURVEYS—According to statistics, the last major reservoir of tuberculosis is among the aged people of our country, and, as case finding becomes more selective, this group is demanding more attention in our yearly tuberculosis surveys. Reaching our elderly citizens for examination in ordinary community surveys is a difficult job because some have an inherent fear of tuberculosis and others feel it takes too much to attend the tests. But there is one segment easily reached: those residing in nursing homes and similar institutions. For the past few years the Sanatorium Board has had a systematic X-ray program for these patients. The last survey of this type was carried out last month when 1,362 patients in 24 Winnipeg nursing homes were examined . . . above, patient at the Nightingale Nursing Home on Mayfair Avenue receives her chest X-ray via the Board's portable X-ray equipment. (Photo by David Portigal & Co.)

Resistant TB Germs - Today's Big Challenge

Over the years most of us have become acquainted with the fact that certain things in nature develop a resistance to disease. Here on the prairies, for example, we have seen it happen with wheat.

We all know the story. There was a time, our fathers tell us, when a fungus known as rust would ruin a whole crop of wheat. Then one day a farmer going through a blighted field found one stalk of wheat standing with full, unshrivelled kernels. He planted these kernels and lo and behold, in a few weeks he had rust-resistant wheat. There are millions of bushels of it today — all started from that single resistant stalk.

In the field of medicine, doctors have encountered a similar situation — but in this case it is one that has produced rather terrifying results. They have found that certain strains of disease-causing organisms have become resistant to the drugs used in the treatment of the disease.

It is an extremely serious thing because not only does it pose a problem for the patient unlucky enough to develop resistance, but it also presents a great threat to those who may become infected with his germs.

This unfortunate situation isn't new to the doctors. They saw it happen years ago with the use of quinine in the treatment of malaria. Quinine was considered a wonderful drug for the treatment of this disease, until one day the doctors encountered the quinine-fast patient who eventually succumbed to malaria in spite of practically lethal doses of the drug.

We had much the same picture a few years later with the sulfa drugs and penicillin. At one time penicillin was thought to be an extremely powerful drug that could bring about remarkable results with very small doses. But resistance developed very rapidly and now that drug, too, is limited in its use, and doses have risen to astronomical levels.

Now the same thing is happening in the drug treatment of tuberculosis. As time passes we are seeing more and more strains of tubercle bacilli resistant to our INH, PAS and streptomycin. Each new study tells of a higher proportion of patients who enter sanatorium resistant to one, two or sometimes even three drugs.

A study of 100 consecutive admissions to each of six Ontario sanatoria showed that 28% of these patients had tubercle bacilli resistant to streptomycin, 14 per cent to INH and six per cent to PAS.

This study was made a couple of years ago by the Canadian Tuberculosis Association. Chances are the percentages are even higher today.

What this means, according to the CTA, is that an increasing number of ex-patients are not following the instructions the doctors gave them on discharge. They are not maintaining the dosage of drugs which would keep their disease arrested and they have not reported to the clinic where they could be warned that they were again becoming infectious.

Too many patients are also relying on INH alone, because, of the three drugs, it is the easiest to take. This

practice often leads to resistant strains in a very short time. The value of the drug is lost for the patient, and the possibility of more people picking up resistant germs greatly increased.

Yet it is on these Big Three "wonder drugs" that the future of TB treatment and control is staked. At one time, some of us thought there was no time limit on the maximum effectiveness of these drugs. Now, as the resistant strains continue to emerge, doctors wonder if we've got much time left at all.

Despite intensive research in the past few years no drugs that will successfully combat TB have been found. The search continues, of course, but at present the prospects of turning up one don't look too bright.

So, it behooves all of us to make use of every available weapon we now have at hand. Prevention campaigns will have to be stepped up, treatment programs tightened and follow-up of ex-patients made more thorough. Patients must be made to realize the importance of continuing with proper drug treatment — and the dangerous road ahead of them if they fail to do so.

For, unless we make use of all these opportunities, we may fall back into a situation that could be worse than the pre-drug era. And what's terrible to think about is that the climb back may be impossible.

The nearest way to glory is to strive to be what you wish to be thought to be.

—Socrates

281 Christmas Seal Volunteers Give 1,609 Hours of Time, Says Director

When the Christmas Seal campaign closed on February 28, Miss Mary Gray, sale director, happily announced that a total of \$176,727.31 had been raised for tuberculosis preventive work in Manitoba. Although this sum is slightly less than the total amount raised last year, the 1960 campaign was still one of the most successful ever conducted by the Sanatorium Board.

These good results, says Miss Gray, are largely due to the scores of volunteers who, during six weeks of the autumn months, give unsparingly of their time to prepare the Christmas Seal packets for mailing. In the following article she tells us how these women came to offer their services to the Christmas Seal cause.

Last fall 281 volunteers from eight different Winnipeg groups gave 1,609 hours of their time to Christmas Seal work. They folded half a million sheets of seals and prepared 185,000 envelopes for mailing — a big job that is growing bigger every year.

The Sanatorium Board owes a lot to these women for, without their help, getting the seals into the mail each year would be an almost impossible task for our small department.

Some of our volunteers have been assisting the campaign for over 12 years. These are the members of the Women's Auxiliary of the Associated Canadian Sewers, who offered to help with the preparation of the Christmas Seal mailing when the Christmas Seal offices were moved to Winnipeg in 1948. They were our volunteer group and they are still going strong.

As the years passed and the mailing list grew longer, it was felt that more volunteers should be sought, as the A.C.T. women were spending most of their days in the Christmas Seal office at campaign time. Through the efforts of the Central Volunteer Bureau, we secured in 1955 the services of a chapter of the PEO Sisterhood and the Professional Engineers' Wives.

Work in the tuberculosis was not new to the Professional Engineers' Wives. For years they have looked after needy patients at Ninette, remembering them with cards on special occasions and sending them gifts at Christmas. So, this was just an extension of the service given so willingly to the Sanatorium Board.

However, still more help was needed and the following year, Mr. A. E. Longstaffe, an executive member of the Board, asked Mrs. W. A. Rowlands if she could recruit a group. She responded with enthusiasm, and, as a result, we have a large group of women curlers gathered from various Winnipeg clubs folding seals and stuffing envelopes with the vim and vigor they display in winning their games on ice.

Through one of the members of the Central TB Clinic staff, we learned that the women of Calvary Temple Mission Circle were looking for cancelled stamps — these stamps to be sold to a dealer and the proceeds used to further their mission work. When we offered them the stamps from our returned Christmas Seal envelopes, the gesture brought unexpected returns. While working and chatting in our office they learned about Christmas Seals and what they do in the province of Manitoba. So another group was added to our growing list of volunteer helpers.

A tea-time conversation between Mrs. Black of the ACT auxiliary and a member of the Inner Wheel, was instrumental in bringing the members of the Winnipeg Inner Wheel and the West Winnipeg Inner Wheel into our organization in 1960.

For the staff of the Christmas Seal Office, the six weeks that we have these ladies in our midst are the happiest, gayest, noisiest and most fun-filled days of the whole year. Like old friends we welcome them back to our office at the end of September, and sadly see them depart in the middle of November.



(Photo by Bill Amos.)

An interior view of the new Protestant Chapel at Manitoba Sanatorium shows the altar, the organ and a few of the pews which were donated by Rock Lake Presbytery of the United Church of Canada. Services in the chapel will be conducted regularly by the ministers of the United, Anglican, Lutheran and Mennonite Churches.

Graduates from Winnipeg General

Miss Elizabeth Louise Harrison, the first student nurse to receive assistance under the Sanatorium Board's nursing bursary program, was graduated this month from the Winnipeg General Hospital School of Nursing.

The pretty, 22-year-old daughter of Cliff Harrison of Oak Lake, Manitoba, Miss Harrison has already joined the staff of Clearwater Lake Hospital, as a general staff nurse.

The Sanatorium Board is proud of Miss Harrison's achievement. She is the first registered nurse to graduate under the nursing bursary program since it was established three years ago.

Under the provisions of the program, the bursaries are awarded to suitable young women who wish to become either registered nurses or licensed practical nurses. So far, a total of eight bursaries have been provided.

During the past two years bursaries worth \$400 each have been awarded to two other Winnipeg girls who wish to become registered nurses. They are Miss Joyce M. Brown and Miss Irmgard Fieguth, now studying at the Winnipeg General Hospital.

Four girls have received LPN bursaries, worth \$200 each. One of these, Miss Bernice McDonald, graduated from the Practical Nursing School at Manitoba Technical Institute last September and is now working at Manitoba Sanatorium.

Another girl, Miss Lena Larocque, joined the staff of Clearwater Lake Hospital following her graduation from the Licensed Practical Nursing School at St. Boniface Hospital last month.

Still in training as practical nurses are Miss Joan Huffman, at Misericordia Hospital, and Miss Linda Fitzmaurice, at St. Boniface



ELIZABETH HARRISON

Protestant Chapel Dedicated

The newly established Protestant Chapel at Manitoba Sanatorium was filled to capacity Wednesday evening, February 22, for a dedication service conducted by the Rev. T. A. Payne of St. Andrew's United Church, Ninette.

The Rev. Payne was assisted by representatives of three other denominations providing regular worship services at the hospital: Capt. W. C. Cory, (Anglican Church Army), Miss Astrid Paulsen (Lutheran) and John Zacharias (Mennonite). Blizzard conditions prevented the attendance of other special guests: The Rev. Alex. Suitters and the Rev. S. C. Studd, D.D., of Rock Lake United Church, the Rev. Neufeld of the Mennonite Church, and the Rev. Fr. J. Gervais of Dunrea Roman Catholic Church.

During the service, Mr. Payne pointed out that the two new chapels in Gordon Cottage will be used by members of all religious groups. This is appropriate and perhaps symbolic, he said, because the building was originally provided in honor of a man who, as a padre in World War I, ministered unto all, regardless of creed or connection.

Noting that neither bullets nor germs are respecters of creeds or classes, he urged a similar catholicity in religion a spirit of unity, of common loyalty and purpose that would wipe out differences of belief and practice.

Other speakers of the evening were T. A. J. Cunnings, executive director of the Sanatorium Board, who presented the chapel key to the presiding minister, and Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium.

Both paid tribute to the past work of the clergy at the sanatorium and stressed the

Ninette San. Admits First TB Refugees

Manitoba Sanatorium, Ninette, received its first group of tuberculous refugees on Friday, March 11, when four men and one woman arrived at Winnipeg International Airport from refugee camps in West Germany and Austria.

The group, the third to arrive in Manitoba during the past year, were part of a planeload of 144 TB refugees and their families brought to Canada as part of the government's contribution to World Refugee Year. They will receive treatment in sanatoria in various parts of the country.

The new arrivals to Manitoba are: Teodor Niziolkiewicz, 46, Polish; Ivan Renduljic, 30, Yugoslav; Wasili Medwediuk, 48, Roumanian; Tadeusz Kowalcyk, 29, Polish; and Maria Horvath, 37, Yugoslav.

Probably the happiest of the newcomers are Miss Horvath, whose entry to Canada was sponsored by her fiance, Karl Sametz, of Winnipeg, and Mr. Renduljic, who has a brother living in Winnipeg. Miss Horvath had not seen her fiance for four years.

Another refugee, Mr. Kowalcyk, has a wife and two children still in Poland.

None of the Manitoba group is seriously affected with tuberculosis, and as soon as they have completed treatment at Manitoba Sanatorium, they will be assisted to establish new lives for themselves among the rest of the Manitoba population.

A LITTLE BIRD TOLD ME:

This phrase is much older than the present vogue for talking parakeets . . . probably older than the Bible in which the idea was first recorded, Ecclesiastes X, 20: "Curse not the king, no not in thy thought; and curse not the rich in thy bed chamber; for a bird of the air shall carry the voice, and that which hath wings shall tell the matter." Shakespeare, Swift, Fletcher and Fielding and many others have made use of this figure of speech. The French and the Germans have a similar phrase, "My little finger told me."

—Phoenix Flame

importance of ministering to the spiritual as well as the physical needs of the patients.

The fourth speaker was Capt. Cory who spoke briefly in lieu of Archdeacon T. N. Wilkinson of Brandon.

Following the service the guests were entertained by Dr. and Mrs. Paine and members of the sanatorium staff.

When Fall Winds Blow - It's Snake-Eating Time!

To many people in the Western world the arrival of chill, autumn weather signifies the appropriate time for taking vitamins, making hearty stews or soups, and, because these months have the letter "r" in them, for eating oysters.

To our Chinese friends on the other side of the world, however, the coming of fall means "Tso Fung Hei Ng Seh Fei" — or, in other words, "When the autumn winds are blowing the five snakes are fat."

Fat enough, that is, to eat!

Most of us, I suppose, shudder at the idea of eating snakes, but to many a red-blooded Chinese, the fatty meat of the serpent is not only considered a fine table delicacy, but also a healthful food.

In south China—where the practice of snake-eating is prevalent — certain snakes are believed to have potent curative qualities. Indeed, at one time, the Chinese believed that they could cure almost anything — from convulsions, insanity and deafness to rheumatism, arthritis and tooth aches. What's more, in making up their remedies, they found some value in just about every part of the snake: Skin, bile, flesh, bone, head, eyeballs, eggs and fat.

Feeling sick? You shouldn't. Snake-eating is a very old habit that hasn't been limited to the Eastern world. Some of our own ancestors ate vipers as a health food less than a century ago, and the practice of snake-eating itself dates back many, many years.

One of the earliest recipes using snake meat was invented by Mithridates, King of Pontus, in the second century before Christ. Known as Mithradaiticum, his compound contained from 37 to 63 ingredients, the chief of which was the flesh of vipers. The reasoning for including the snake meat seemed quite logical to Mithridates and his people. The viper, a poisonous snake, is immune to its own venom. Why then should not this immunity be passed on to those who took it as a drug?

Mithridates' medicine, which later became known as Theriac, was supposed to be a cure for all sorts of maladies. Taken internally it relieved pains, weakness of the stomach, asthma, colic, jaundice, dropsy, poor eyesight, plague and, of course, consumption. Applied externally it supposedly aided in the treatment of wounds.

As the years passed, Theriac in turn became known as treacle. It reached its height of popularity in the sixteenth century, at which time one formula was said to contain

some 250 different ingredients. After that its use as a medicine gradually died out. In England it is last mentioned in official pharmacy books in 1746. The French, who always seem to hang on to old customs a little longer than anyone else, used it until 1884.

There were other favorite Western recipes using snake meat — for example, the viper bread invented about 200 years ago as a remedy for scurvy. All seemed to have two things in common: Only a few snakes (vipers) were used, and the medicines were invariably complex in content.

The Chinese, on the other hand, had rather simple mixtures but far outshone our ancestors in the number of snakes they employed and in the variety of remedies made from them. They are also credited with including in their concoctions the rats and frogs swallowed by the reptiles.

With the advance of Western science and medicine, however, the practice of snake-eating is waning in China. In stews and other dishes, certain kinds of snakes are still considered an essential ingredient, and as a health food they retain a few merits.

For example, the people of Hong Kong still adhere to the advice of an obscure herbalist who 70 years ago announced that not only was the meat of snakes nutritious but their gall bladders were effective medicine.

This gave rise to a rather interesting custom — the so-called "Snake Juice Cocktail" or "Chinese Bicarbonate", which is dispensed from countless Hong Kong open-air stalls to those who have enjoyed a too hearty dinner or lunch. The technique is simple. Pick your live snake. The gall bladder is extracted and squeezed into a glass. Drink up. One snake to a customer.

It might be interesting to try sometime — if you ever happen to encounter a live snake that looks particularly "medicinal". On the other hand, perhaps it is more interesting just to think about. At least it might make us feel a little more glad about our own, "simple" pills and medicines.



(Photo courtesy of the Brandon Sun.)

At the Associated Canadian Travellers' annual ball in Brandon this month, Bob Graham, one of the Brandon A.C.T. Team Captains, presents a plaque to Mrs. Alfred Patterson and Mrs. Bain Jackson of the Wawanesa Community Club. The Wawanesa Talent Show raised the largest amount of money in the A.C.T.'s Search for Talent series, the proceeds from which have gone to the Physiotherapy Unit Building Fund at Assiniboine Hospital in Brandon.

A Wonderful Pump

"Ask an engineer to design a blood pump having the following performance. Continuous day and night service for as long as eighty or more years; the capacity to expand gradually over twenty years, remain stationary for another forty, then diminish. The pump must be able to adjust faultlessly to working at the height of Mount Everest, or in an aeroplane travelling at seven hundred miles an hour. The control mechanism will have to be sensitive to heat, cold, fatigue, and emotion, yet able to regain equilibrium after reaching extremes. Add to this formidable schedule of requirements, that all running repairs are to be carried out while the pump is actually working... The bewildered engineer would ask to be excused from so impossible a task.

Yet this, and much more, that remarkable pump the human heart has to perform so long as life lasts."

This bit of information, taken from an article in the Chest and Heart Bulletin of London, England, gives us a striking illustration of what our hearts are often expected to do. It would seem so important then to give this precious organ all the care it deserves.

It is surprising, however, how many of us abuse our hearts. For instance, all of us know that overweight places a great strain on the heart. In just one day of normal activity the heart circulates 10,000 quarts of blood through our bodies. Imagine the added strain when it must pump all this blood through pounds and pounds of fat!

But does this knowledge stop most of us from over-eating?

We know, too that blood pressure is affected by work,

fatigue, emotion and other innumerable things. Chronic anxiety, for example, can cause the blood pressure to rise dangerously. This may lead to a condition known as hypertension, which has important results upon the heart.

According to the Chest and Heart Bulletin, it puts on the heart unwonted strain of pumping out blood more forcibly. The heart muscle grows bulky, the arterial muscular coats thicken. If this goes on for years, the circulation may reach a point of danger. Either the heart may fail, or an artery may give way in some vital place.

Yet, in many cases high blood pressure could be prevented if people would follow a common-sense plan for living by getting adequate rest, eating and drinking moderately and taking enough exercise.

Diseases of the heart and blood vessels constitute our number one killer. Surely it is of greatest importance to everyone to learn all we can about them — and then do what we can to avoid trouble.

A.C.T. PRESENTS

(Continued from page 1)

president and general manager of CKX, and Alderman A. D. Burneski, who represented the city of Brandon.

Mr. Craig pledged his station's continuing support of the club's Search for Talent broadcasts.

A highlight of the banquet was the presentation of a plaque by the Brandon A.C.T. to members of the Wawanesa Community Club. The Wawanesa Talent Show produced the largest amount of money in the series for the A.C.T. Physiotherapy Unit Building Fund.

Bulletin Board

Plans to furnish a ward at the Manitoba Rehabilitation Hospital are announced by the Ladies Auxiliary of the Associated Canadian Travellers of Winnipeg. Money for the furnishings was raised this month when the auxiliary held their annual coffee party in the auditorium of the Hudson's Bay Store.

Some of the proceeds will also be used to help patients at Manitoba Sanatorium, Ninette.

* * *

Public Health nurses from Western and Northern Manitoba recently paid a visit to Assiniboine Hospital in Brandon. Following a welcome speech by Dr. G. Coghlin, the nurses toured the hospital's new physiotherapy and occupational therapy unit and heard an address on physical medicine and rehabilitation by Dr. L. Truelove, chief of staff of the Manitoba Rehabilitation Hospital.

Afterwards the nurses toured the rest of the hospital and were served tea by the nursing staff.

* * *

Dr. Truelove has had a rather hefty schedule of speaking engagements this month. In addition to addressing the public health nurses at Brandon, he was guest speaker at a similar meeting of public health nurses in Winnipeg. He also gave talks on physical medicine and rehabilitation at the Teachers' Convention recently held in Winnipeg, and to staff members at the Winnipeg Clinic.

* * *

The first of the new monthly physical medicine clinics was held at Clearwater Lake Hospital in February. Among those who attended were some 15 Indian patients referred to the hospital by the Indian Health Services.

* * *

Women staff members of the Central TB Registry and the SBM head offices held a noon-hour luncheon party February 27 in honor of Miss Hazel Fortner. A clerk-stenographer with the Registry for the past four years, Miss Fortner left Winnipeg at the end of the month to take up residence in Tecumseh, Ontario. The Board's very best wishes go with her.