



News Bulletin

SANATORIUM

The BOARD

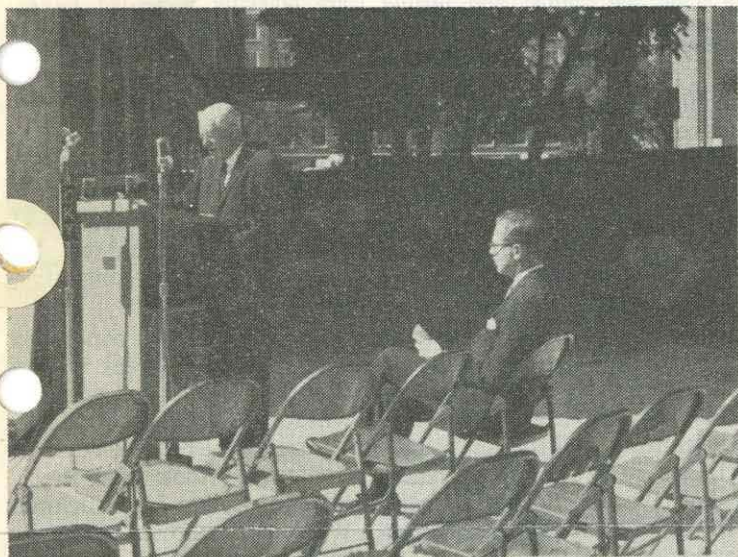
OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

SEPTEMBER, 1961

Premier Lays Cornerstone of Rehabilitation Hospital



Some 200 guests turned out at the site of the Manitoba Rehabilitation Hospital on Thursday, August 31, for the traditional ceremony of laying the cornerstone. J. W. Speirs, chairman of the Sanatorium Board (left), opened the ceremony. Then, following brief addresses by



Dr. P. H. T. Thorlakson, chairman of the Manitoba Medical Centre Council, and the Hon. Duff Roblin, Premier of Manitoba, the premier (right), set the stone in place with the use of a silver trowel. He tapped the stone and pronounced it "well and truly laid."
(Photo of Mr. Roblin by the Winnipeg Free Press)

On Thursday, August 31, the Hon. Duff Roblin, Premier of Manitoba, laid the cornerstone of the Manitoba Rehabilitation Hospital.

The ceremony, performed under a fiery hot afternoon sun, was witnessed by some 200 guests who heard in brief the story of the Manitoba Rehabilitation Hospital and its place in new health services for the people of Manitoba.

The six-storey, 222-bed hospital will be opened by the Sanatorium Board of Manitoba in early 1962 for patients in need of physical and psychological rehabilitation. It will also house the Sanatorium Board's executive offices, the Central Tuberculosis Clinic, and the University of Manitoba's new School of Physiotherapy and Occupational Therapy.

Ex-Patients Present Sundial As Tribute to Doctors, Staff

On a wet, cold day last week, nearly a year to the day after Manitoba Sanatorium's 50th anniversary celebrations, a group of former TB patients gathered on the sanatorium lawns to present a sundial to honor the doctors and staff members who had helped nurse them and thousands of others back to health.

About 100 persons stood in a cold drizzle on Sunday afternoon, Sept. 10, to watch the unveiling of the beautiful bronze dial which had been placed atop a large, native rock, brought to the sanatorium from a farm four miles away, and set in a circular flagstone walk on the infirm-ary grounds.

The wording of a bronze plaque on the front of the rock is as follows:

"In appreciation to David A. Stewart, M.D., Edward L. Ross, M.D., Donald L. Scott, M.D., and Alfred L. Paine, M.D., and all other staff contributing to the welfare of those treated at Manitoba Sanatorium during the past 50 years. You will always be gratefully remembered. The Ex-Patients of Manitoba Sanatorium, 1910 to 1960."

In presenting the sundial, William Doern, of Winnipeg,

spoke on behalf of all the ex-patients of Manitoba Sanatorium, and in particular, of the 1,200 who gathered at the sanatorium a year ago for the second patients' reunion and anniversary celebrations.

"This sundial and plaque have been placed here to honor and express our appreciation to the doctors and all the other staff members who performed their various services in the fight against tuberculosis," he said. "We hope and pray it may stand for years to come to commemorate our appreciation and serve as a symbol of thanksgiving for all who pause to read it."

Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, accepted the gift on behalf of the many staff members who had served at the sanatorium during the past half century.

The ex-patients have chosen in this monument the very finest symbol with which to express their sentiments, he said. "A thing of beauty, it also suggests a constancy and continuance which one associates with the daily rising and setting of the sun.

"Thus it typifies the enduring bond between all those who have been at Ninette. For those who are still in the fight against tuberculosis, it commemorates not only the work of the past but also recognizes the continuing effort that is necessary now and in the future."

Dr. Paine also paid tribute to Harry McLennan, a stonemason and patient at Manitoba Sanatorium, who cut the stone and did the flagstone work. "We are indebted to him for his interest and enthusiasm, his many hours of work and his superb craftsmanship," he said.

Dr. E. L. Ross, medical director of the Sanatorium Board, and Dr. D. L. Scott, assistant medical director and medical superintendent of the Central Tuberculosis Clinic in Winnipeg, were unable to attend the presentation but sent their messages of greeting and gratitude.

In his message, Dr. Ross referred to the first medical superintendent of Manitoba Sanatorium, the late Dr. D. A. Stewart.

"There would have been no such occasion as this, on this beautiful hillside, if it had not been for Dr. D. A. Stewart, the greatest man I ever knew," he said. "He was the moving force in the founding of this wonderful institution. His philosophy, dominant personality and drive inspired

(Continued on page 2)

In his address, Premier Roblin told the gathering that the hospital, an important part of a 35 million dollar hospital expansion program, will be one of the most modern and complete facilities of its kind in Canada. It will provide special treatments and personnel not at present available in Manitoba.

The premier spoke about the work of the Sanatorium Board in tuberculosis control during the past 50 years, and

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News Bulletin
The SANATORIUM BOARD OF MANITOBA

Profiles

THOMAS A. MOORE

Among the most energetic and ambitious supporters of the Sanatorium Board's health services is the organization of commercial travellers and travelling sales representatives known as the Associated Canadian Travellers. Through their numerous (and sometimes unusual) fund-raising projects they have contributed more than a third of a million dollars to the Sanatorium Board's work and, equally important, they have acted as emissaries of good will for our various public health programs.



The Sanatorium Board has maintained a particularly close liaison with the Associated Travellers in Manitoba through the appointment of A.C.T. representatives to our Board. In Brandon,

our valuable link is Thomas A. Moore, a salesman and a director of J. A. Keddy, Ltd. Mr. Moore has been an elected member of the Sanatorium Board since April, 1960, and a member of the Brandon A.C.T. since 1945. He is a past president of the local organization and is now serving his third term as national vice-president. During this time he has demonstrated a deep interest in the Sanatorium Board's work — particularly in its new and wider undertakings — and at one time served as chairman of the A.C.T.'s tuberculosis committee.

Mr. Moore was born in Beresford, Manitoba, and as an infant moved with his family to North Battleford, Saskatchewan. After finishing school there he took a business administration course at Toronto Vocational School, but after graduation forsook a business career for the more lively life of a professional musician. For several years during the thirties he worked for a number of bands in and around Toronto, playing the trumpet and doing arrangements. At the outbreak of the Second World War he joined the Royal Canadian Navy as a seaman, soon after was appointed assistant bandmaster of the Naval School of Music in Toronto.

Following his discharge from the Navy in 1945, he started out on a trip west, stopped over in Brandon to visit his brother and decided to settle there. Shortly after he joined the wholesale automotive firm of J. A. Keddy, Ltd.

Married in 1938 to the former Genevieve Grace Farrell of Vancouver, Mr. Moore has three children: Sub-Lieut. Thomas Michael Moore of Halifax, a graduate of the Royal Military College and the University of British Columbia; Terrilyn Anne, in high school; and Deborah Mae, 5. Aside from a continuing passion for music, his leisure-time interests lean mostly to outdoor sports — fishing in summer, curling in winter and hunting with his two Black Labradors in fall.

He is also a member of the directorate of the Wheat City Junior Hockey Club, a past board member of the Society for Crippled Children and Adults, and a member of the local Kinsmen Club.

ONE SNAKE OR TWO?

That question may confront physicians intending to use the official emblem of the American Medical Association on wall plaques or to decorate the exterior of an office building.

The AMA's official emblem features a single snake entwined around a knotty staff of Aesculapius, the Roman god of medicine and healing.

Physicians often refer to the emblem as a caduceus, but it is not. A caduceus is a straight wand around which two snakes are entwined. Although some medical organizations use it as their emblem, it does not carry any implication as a symbol of medicine.

The caduceus emblem represents the wand and wings of Hermes, messenger of the Greek gods, who separated two snakes that were fighting.

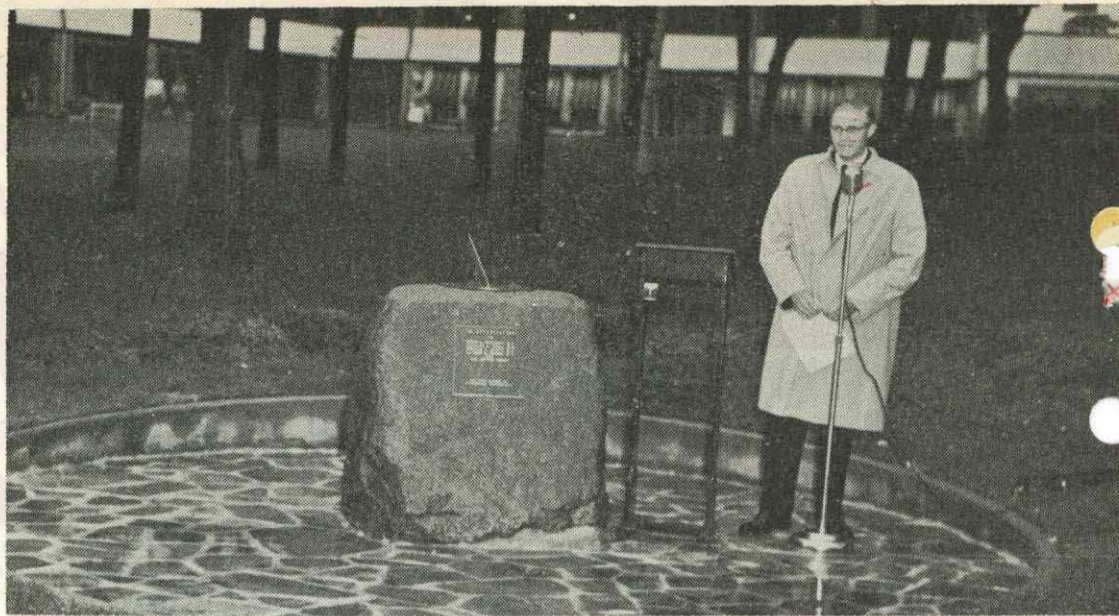
The "peace-maker" connotation of the emblem resulted in its use by non-combatant military personnel, including the medical corps.

The knots in the staff of Aesculapius symbolize the "knotty" problems of medicine and the serpent typifies wisdom. The snake is also a symbol of healing, since it sloughs off its skin periodically and thus renews its life.

Legend has it that Aesculapius was attending a patient stricken by a thunderbolt when a serpent crept into the room. Aesculapius killed it, but a second snake entered the room, put herbs into the mouth of the dead serpent and revived it.

Aesculapius then used the same herb to revive the patient and snakes became synonymous with the god of healing.

—MHD Newsletter



"Your gift to us betokens not only appreciation, but even more deeply speaks of the bond between all of us who have been at Ninette," said Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, when on behalf of past and present staff members of the sanatorium, he accepted a sundial and plaque for former patients. Set on a large stone, the sundial and plaque were officially presented by ex-patients on Sunday, September 10, as a symbol of their appreciation to all those who had helped to nurse them back to health. (Photo by J. Erlichman).

CORNERSTONE

(Continued from page 1)

said that the construction of the new rehabilitation hospital opens up many new possibilities for the Board in other fields of health service.

Other speakers of the afternoon were J. W. Speirs, chairman of the Sanatorium Board, who gave the opening address, and Dr. P. H. T. Thorlakson, chairman of the Manitoba Medical Centre Council, who spoke on behalf of the council and the medical profession.

Dr. Thorlakson said that the Manitoba Rehabilitation Hospital will be an important part of the Manitoba Medical Centre.

The MMC Council, representing the University of Manitoba Medical and Dental Faculties, the Winnipeg General Hospital, the Children's Hospital, the Rehabilitation Hospital and the Cancer Treatment and Research Institute, has as its objective an integrated, co-operative and joint use of hospital and health facilities that will provide the highest standard of care for patients, combined with efficiency and economy of operation.

"As in the past, medical graduates will come to this educational, medical care and research centre for advanced training in their specialties," Dr. Thorlakson said.

"Medical and dental students, nurses, X-ray and laboratory technicians, physiotherapists, occupational therapists and many others will graduate year after year from these institutions whose effectiveness is substantially increased by their proximity to one another."

In his remarks, Mr. Speirs summed up the Sanatorium Board's experience in the care and rehabilitation of long-term patients. He said that the Sanatorium Board was pleased and honored to make

available its "wealth of experience" to assist in meeting the hospital and health needs of the people of Manitoba in a new and wider field.

He also expressed the gratitude of the Board for the splendid support and assistance given by the provincial and dominion governments, the Manitoba Rehabilitation Hospital Advisory Planning Committee, and the many specialists in a variety of fields who have been helpful in contributing their knowledge and experience.

At the close of the ceremony Mr. Speirs revealed the contents of the copper box sealed in the granite cornerstone:

•Copy of the debates and proceedings of the Legislative Assembly of Manitoba for March 19, 1959, in which Dr. George Johnson outlined the plans for the Rehabilitation Hospital.

•Copy of the Speech from the Throne at the opening of the first session of the 26th Legislature of the Province of Manitoba in which the Government announced that approval would be asked for expenditures for the construction of the Rehabilitation Hospital.

•The Annual Report of the Sanatorium Board of Manitoba for the year 1960.

•A copy of the Canadian Broadcasting Corporation and CJAY television films of this ceremony, together with a copy of the news scripts.

•A copy of the newspapers of the day.

Take care of your skin. After all it is the largest organ of the body. It makes up about a sixth of your body weight and is about 20 square feet in area. A piece of it the size of a postage stamp has three million cells, a yard of blood vessels, four yards of nerves, 100 sweat glands and 15 oil glands.

EX-PATIENTS

(Continued from page 1)
everyone . . . he shaped the destiny of our lives.

"His work has lived after him and we hope and expect will continue as long as is necessary."

The sundial, he concluded, will serve as a great inspiration to all . . . and it probably will long outlive tuberculosis.

Among the other former patients who took part in the ceremony were Joe Erlichman Winnipeg, who unveiled the sundial, and Ralph Spicer, also of Winnipeg, who was chairman. Mr. Erlichman also presented a small gift from the ex-patients to Mr. McLennan for the excellent stonework.

DON'T FEEL RIGHT?

Nothing hurts you. You have no fever. In fact, you have no symptoms you can really talk about. But you just don't feel right. Doctors call this feeling "malaise".

Sometimes the weather can bring it on. Researchers have discovered that many people don't feel quite well when barometric pressure is dropping, but they get over it when the barometer rises once more.

However, malaise can also be a symptom of serious trouble. It is often the first warning sign of many illnesses from the common cold to hepatitis. It is particularly marked in that ailment of young adults, infectious mononucleosis, when malaise persists for weeks.

If malaise hangs around for more than a day or two it is time to go to your doctor. Don't feel embarrassed if you can't be more definite about what ails you. Just tell him that you have a general feeling of malaise and how long you've had it.

Remember, it isn't normal to feel not quite well.

Resistant TB Germs

Our Formidable Enemy

From the National Tuberculosis Association's June Bulletin come some disquieting thoughts about the widespread emergence of drug-resistant strains of tubercle bacilli.

According to the NTA, from five to 10 percent of tuberculous patients admitted for treatment for the first time are infected with germs that are resistant to one or more of the three principal TB drugs.

What's more, says NTA, this is only a conservative estimate! The percentage could be higher than that.

What do these increasing reports of "resistant to one or more drugs" mean? To the patient, says the NTA, it means less chance of getting well.

To the nation it means that the chances of eliminating TB have dropped another notch.

Drug resistance in TB, the association explains, can be compared with the way that flies and mosquitoes are becoming resistant to DDT.

When DDT was first used widely after World War II, it nearly wiped out the insects that came in contact with it. But one insect in a million or ten million, perhaps, didn't die from it — and that insect reproduced. Now we have flies and mosquitoes that practically can eat DDT and like it.

The same thing happened with penicillin and some of the germs that it fought. At first penicillin was an almost sure cure for a staphylococcus infection. This is a germ that spreads like wildfire (and kills) in hospitals where the standards of medical cleanliness fall down the least bit. Penicillin controlled it. But along came a staphylococcus that sneered at penicillin, and now this killer is again a major problem.

The same selective mechanism seems to be at work with the TB germ. One TB bacillus out of a million or more is naturally resistant to one of the TB drugs. This resistant germ lives and spreads. Not like wildfire (says the NTA), but laboratory findings tell the story: Drug-resistant TB germs are living and increasing inexorably.

The association notes that under the very best treatment programs, drug resistance may develop in less than five percent of TB patients. Under poorer conditions, tests for drug resistance are not usual-made, so the question of how high the percentage may rise is not known.

Tuberculosis patients who develop drug-resistant germs are passing these germs on to other people, says the NTA.

This is demonstrated by the increase in patients never before treated whose germs show this resistance.

A comprehensive study is now under way in the United States to determine the extent of the problem. The best study to date was undertaken between 1952 and 1957 in Veterans Administration hospitals. This study showed that in 1952, 2.5 percent of the new TB patients in these hospitals showed drug resistance to streptomycin, one of the three principal TB drugs. In 1957, the figure for all drug resistance was five percent.

The national association also reports that drug resistance in tuberculosis patients is a world-wide problem. In studies conducted in other countries, where drugs have often been administered somewhat indiscriminately, drug resistance figures among new patients range up to 15 percent.

Treatment of any active case of tuberculosis requires at least two drugs, because resistance will appear quickly if only one is used, says NTA.

The long treatment necessary for advanced TB cases often results in the appearance of drug resistance when two drugs are used, and a switch to the third drug is then necessary.

To give one example of what drug resistance means, a child with tuberculous meningitis caused by a TB bacillus resistant to one of the major drugs would have his chances of living cut from 85 in a 100 to 50 in 100.

What can be done to stop the development of drug resistance? The NTA offers these suggestions:

Strike now to wipe out TB, while man still has the odds in his favor. Strike now before the TB bacillus produces so many mutants that the odds are equalized again.

See that all cases are found.

See that all cases are treated properly

—with the right combination of drugs

—continuously

—for a long enough time.

You're throwing your money away if you buy vitamin pills without the doctor's orders, warns the American Medical Association. The average person does not need extra vitamins, but gets his requirements in his food. Overdosage with Vitamins A and D can lead to real trouble. It will cost you less to go to your doctor if you don't feel right than to buy a month's supply of vitamins.

CARS To Set Up Dr. G. D. Coghlin Memorial Bursary

Plans to raise funds for a bursary to enable a student to train at the University of Manitoba's School of Physiotherapy and Occupational Therapy were announced last month by the Western Manitoba Branch of the Canadian Arthritis and Rheumatism Society.

The bursary will honor the memory of the late Dr. Gordon Coghlin, former medical director of the Western Manitoba Branch in Brandon, and former chief of the department of internal medicine at Assiniboine Hospital.

Dr. Coghlin, who died unexpectedly last May, was keenly interested in the work of the CARS and of the Western Manitoba Branch in particular, of which he served as medical director since March, 1958. He was also very much aware of the acute shortage of physiotherapists and occupational therapists in this country and ten days before his death placed a plan for the bursary before the Board of Directors of the Western Manitoba Branch.

The society has decided to carry out his wishes if at all possible, and it is hoped that subscriptions received will enable the Branch to enroll a student in the school this fall.

In announcing plans for the establishment of the bursary, the Society paid tribute to the work of the late Dr. Coghlin.

"His enthusiasm for the work of the Society was evident in the increase in patient load," they said. "His work as liaison between the Branch and the other members of the medical profession in Brandon was invaluable. A quiet spoken, gentle man, he gave freely of his time and talents, and no problem the Branch might present him with was too much trouble for him to tackle. He was a born administrator and this gift was of great assistance to the staff.

"Dr. Coghlin's passing was a great sorrow to all members of the Branch, for in him we possessed the finest friend we ever had."

Anyone wishing to contribute to the Dr. Gordon Coghlin Memorial Bursary may do so by addressing their subscriptions to: Mrs. A. G. Wood, secretary, Canadian Arthritis and Rheumatism Society, Western Manitoba Branch, Assiniboine Hospital, Brandon. Subscriptions should be made payable to CARS, Western Manitoba Branch.

Dr. S. Janczur Appointed Resident Physician At Assiniboine Hospital

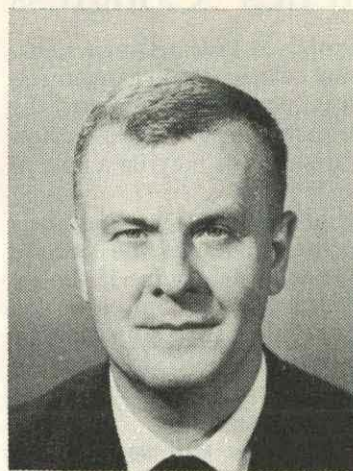


Photo by Larry's Studio
DR. S. JANCZUR

Assiniboine Hospital in Brandon last month welcomed Dr. Stanley Janczur to its resident medical staff.

Dr. Janczur, who for the past year has been an assistant resident physician at Deer Lodge Hospital in Winnipeg, took up his new duties at Assiniboine on August 21.

Dr. Janczur was born in Ufa, Siberia, and grew up in Lublin, Poland. During the Second World War he served with the Polish Army and, following the Nazi invasion of Poland, spent several years in a concentration camp.

After his liberation by the U.S. Third Army, he joined the Polish Army in Italy, and at the conclusion of the war entered medical school in Innsbruck, Austria. He finished his medical studies at the University of Madrid, Spain, after which he undertook post-graduate work at a chest and heart institute in Madrid.

Dr. Janczur came to Winnipeg in 1957 where he took a position as an assistant resident physician at St. Boniface Hospital. Four years later he joined the medical staff of Deer Lodge Hospital where he continued his studies towards his "Canadian eligibility."

Dr. Janczur is married and he and his French wife, Nadine, have two children: Gracie, 2½, and Axelle, 14 months. For recreation he likes hunting and fishing.

Tuberculosis Rates

Canada has one of the lowest tuberculosis death rates in the world, reports Dr. G. J. Wherrett, executive secretary of the Canadian Tuberculosis Association.

Last year there were 823 deaths from tuberculosis in Canada, and a total of 6,345 new active cases, he said. This record, which constitutes a death rate of 4.6 per 100,000 population, is only surpassed by the Scandinavian countries and The Netherlands.

The most spectacular progress in the field of tuberculosis control has been among the Indians and Eskimos, Dr. Wherrett said. In 1945 the death rate for them was 579.1 per 100,000. Last year it was down to 23.8, or just about the level in all Canada 10 years ago.

But despite the remarkable progress made during the past few years, there is still no room for complacency, he said.

One of the greatest problems facing TB workers today is the increased resistance of tuberculosis germs to modern drugs.

Four Awarded SBM Bursaries

Four more bursaries, amounting in total to \$1,200, have been awarded by the Sanatorium Board to young women who wish to enter nursing careers.

Recipients of bursaries, amounting to \$400 each, are: Miss Darlene Ohlinger of Minnedosa, who entered the School of Nursing at Grace Hospital on September 6; Miss Shirley D. Stewart of Cordova, Manitoba, who entered the School of Nursing, Misericordia Hospital, August 28; and Miss Linda Ross of Gunton, Manitoba, who entered St. Boniface Hospital School of Nursing on September 7.

A \$200 bursary was also awarded to Miss Dorothy Mae Wilson of Glenella, Manitoba, who entered the one-year course at the School for Practical Nurses at St. Boniface Hospital on August 28.

In total, six \$400 bursaries have been awarded to young Manitoba women since the Sanatorium Board began its nursing bursary program in January, 1958. Since August, 1959, five bursaries, each worth \$200, have been given to young girls who wish to become licensed practical nurses.

One stipulation accompanying these bursaries is that recipients seek employment with Sanatorium Board hospitals for a period of one year after graduation.

If you would be happy, begin each day by resolving to find something in the day to enjoy. If you radiate cheer you spread joy where others may have lost it. Remember to be tolerant of others' ways and ideas, even to the extent of tolerating what to you may seem intolerance. Learn the art of helping others, and you will have taught yourself to know real happiness.

— LOUISE STEVENSON RILEY

Knotty Problem of 'Cholesterol' Discussed At Dietetics' Congress

Almost as sensational as the proposed link between smoking and lung cancer is the suggested relationship between saturated fatty acids and heart disease. Any of us who read the daily newspapers can hardly have escaped the stories on how the inclusion of butter and other animal fats may be a special invitation to "hardening of the arteries".

The alleged culprit, we have learned, is cholesterol which is a crystalline fatty alcohol that occurs in animal (and dairy) fats and, since we are "animal" too, is also produced by our own bodies where it performs some useful jobs and is normally present in the blood stream.

According to what we have read, under certain conditions cholesterol may be deposited on our arterial walls, causing the arteries to become narrower. This in turn can facilitate the formation of a clot or thrombus.

It all sounds very bad, and the question that increasingly confronts both professional and lay people is whether or not we should cut down or altogether eliminate our intake of meat and dairy fats.

Miss Nan. Tupper Chapman, director of dietary services for the Sanatorium Board, has some interesting information on the subject. Miss Chapman recently attended the Third International Congress of Dietetics in London, England, where the "cholesterol question" and the relation of saturated fatty acids to heart disease was one of the main topics discussed.

After the presentation of several research papers on the subject, said Miss Chapman, it was generally agreed that the actual relationship between high blood cholesterol levels and heart disease has not been sufficiently proved—at least not yet to the extent that we should change our methods of cooking and eating.

However, the Congress pointed out, excess body weight does create a definite "heart hazard" and that, whatever the actual relationship between high blood cholesterol levels and heart disease, it is possible to reduce a high blood cholesterol level by dietary means. A person can do this if he reduces his total intake of fats and makes sure that vegetable and fish oils represent the major proportion of fat that is taken into the body.

This recommendation, said the Congress, holds particularly true in North America where meat and dairy fats are used in such abundant quantities, and where "overweight" is a major nutritional problem.

Because of the great importance of the problem, a five year program, covering hun-

dreds of people, is now being carried out in the United States to determine if the relation of heart disease and dietary fat is of sufficient importance to dictate a change in our food habits and cooking methods.

There is still so much to learn the Congress agreed. "About all we can say now is that there is a relationship between the incidence of heart disease and what we generally understand by the term 'high standard of living'. This can be measured not only in terms of diet overweight and high blood cholesterol, but also in terms of motorcars and television sets."

Many other topics were discussed at the International Congress in July.

Attended by delegates from some 30 countries, many of whom turned out in colorful national costume, the Congress is designed primarily to help dietitians in all parts of the world to apply the principles of nutrition in their everyday tasks.

One special feature, said Miss Chapman, was a discussion of food patterns in various parts of the world, ranging from Fiji to Finland. A discussion brought out the fact that there are a tremendous number of ways in which people can fulfill their food needs.

It is not necessarily true that our Western food pattern is superior to those in other areas of the world, the Congress said. The popular belief that the foods known to us and three meals a day offer the best nutritional plan "doesn't hold much water."

Our food likes and dislikes are based solely on family traditions and cultural customs, not by any fixed law, the Congress said. Although enjoyment of food is important, what matters most in the end is the amount of wholesome food the body gets.

"Meals on Wheels"

England contributed a number of interesting papers, said Miss Chapman. One dealt with special measures to ensure the adequate nutrition of the elderly and the disabled.

One of these measures is known as "meals on wheels". Subsidized by the government, this service distributes hot meals to pensioners and handicapped persons at a nominal cost. It is undertaken by voluntary workers and the

R. N. Newman Honored



Mr. and Mrs. R.N. Newman

Robert N. Newman, who last month retired from his post as Chief Engineer at Assiniboine Hospital, Brandon, was honored by staff members at a party held at the Suburban Restaurant, Friday, September 15.

Mr. Newman has been the efficient supervisor of the boiler plant and hospital maintenance at Assiniboine for the past 12 years, and during this time he had charge of a number of major changes in both the heating system and hospital structure.

A pleasant, quiet spoken Englishman, Mr. Newman was born in London in 1896 and came to Canada alone at the age of 10. For the next seven years he worked for a farmer near Toronto. Striking out on his own at the age of 17, he worked for a short time on a farm near Meaford, Ontario, then came west to Davidson, Saskatchewan, where he worked in a power plant. Severely injured at the plant a short time later, he returned to farming in Saskatchewan until the outbreak of the First World War, when he joined the Canadian Army. He was wounded and taken prisoner of war in June, 1916.

In 1919, Mr. Newman returned to his native England, spent a couple of years there, then came to Brandon where he took a position with the Manitoba Power Commission. During this time he studied

meals are carried directly to the people's homes by specially designed trucks.

This service also attempts to include soft diets along with regular ones, according to the recipient's needs.

Another British paper told of the extent that the nursing staffs in England's hospitals take part in the distribution and preparation of the patients' food.

In England the inclusion of food preparation and distribution is considered an important part of a nurse's duties, as it is felt that furthering the nourishment of the patient is one of the nursing arts.

for his engineer's papers, obtaining his third class papers in 1930 and his second class papers in 1940.

It was also during this period that he was married to the former Bertha Wesche of Langenburgh, Saskatchewan.

In 1947, Mr. Newman went to work as an engineer for the Winnipeg Heating and Supply, Dorchester plant, and 18 months later he joined the staff of Brandon Sanatorium (now Assiniboine Hospital).

Mr. and Mrs. Newman have two sons: John who, following in his father's footsteps, is studying for his engineer's papers at the Manitoba Hydro Company; and Robert, who is married, has a baby daughter, and is manager of a finance company in Grande Prairie, Alberta.

William Fedyck Dies In Accident

With sorrow, the Sanatorium Board reports the death of William Fedyck, who for the past year had served as second cook at Clearwater Lake Hospital, The Pas. Mr. Fedyck was killed in an automobile accident near Portage la Prairie on September 11.

Born in Selkirk, Manitoba, Mr. Fedyck, 21, was the only son and eldest child of Mr. and Mrs. Frederick Fedyck of Winnipeg. Prior to his employment with the Sanatorium Board, he had taken a 13 month course in cooking at the Manitoba Technical Institute.

A person can have the TB germ in his body and not be sick if his body's defences are strong enough to keep the germ inactive—but improper rest, or emotional upset can weaken the body and give the TB germ the upper hand.

Tuberculin and X-ray surveys find tuberculosis early, while it can be cured, and before it spreads to others. Protect yourself and your family. Take part in the free tuberculin and X-ray surveys when they come to your community.

Bulletin Board

During their tour of Northern Manitoba last month, Dr. George J. son, minister of health, public welfare, and R. Elliott, deputy minister, paid a visit to Clearwater Lake Hospital, The Pas. Following a complete tour of the hospital, the minister and deputy minister, along with Dr. and Mrs. J. Leicester, Dr. and Mrs. P. Lommerse, the Hon. J. Carroll and Mrs. Carroll, and Hilary Davies, hospital manager, were entertained at the summer cottage of Dr. S. L. Carey, chief of medical services.

The Sanatorium Board recently approved a change in title for Edward Dubinsky, who for some years has been known as the administrative assistant in the executive offices. Mr. Dubinsky now been designated executive assistant.

John R. McMillan, vice-president of the Canadian National Railways, Western Region, and a member of the Sanatorium Board, has been named chairman of the Committee on Manitoba's Economic Future. The committee will conduct a massive survey to find 40,000 jobs for Manitobans during the next 10 years.

The Sanatorium Board is pleased to learn that Wally T. Shibata, a former patient at Manitoba Sanatorium, was one of two chosen to represent Manitoba Japanese community at the National Conference of Japanese Citizens, held in Toronto this month.

The Sanatorium Board welcomes a number of new members to our staff. Among them are Jack Fisher of The Pas, who has been appointed part-time pharmacist at Clearwater Lake Hospital.

A fourth physiotherapist joined our staff at Assiniboine Hospital, Brandon. She is Miss Kari Ingvaldstad, a Norwegian who comes to us from the California Rehabilitation Centre at Vallejo, Calif.

Recent additions to our nursing staff include two nurses from overseas. They are Miss Vera Husler from Klosters, Switzerland, appointed general staff nurse at Clearwater Lake Hospital, and Miss Molly June Van Kempen, of Rochford, England, named general staff nurse at Manitoba Sanatorium.