

News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

VOLUME 4—No. 12

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

DECEMBER, 1962

University Survey Ends A Busy Year Of Case-Finding

A tuberculin survey of students at the University of Manitoba brought to a close this month the Sanatorium Board's 1962 community case-finding program.

During the year approximately 100,000 people received free tuberculin skin tests in these community and industrial surveys, which are largely financed by the annual sale of Christmas Seals. Thousands more received chest x-rays only.

In the estimation of SBM Surveys Officer Jim Zayshley, the 1962 program was even more successful this year than in any previous year. The surveys were better organized, he said, and the response of the public was greater.

Mr. Zayshley also said that an all-time record was set this month at the University of Manitoba's Fort Garry campus, when a total of 2,053 tuberculin tests were administered to the students during a single day.

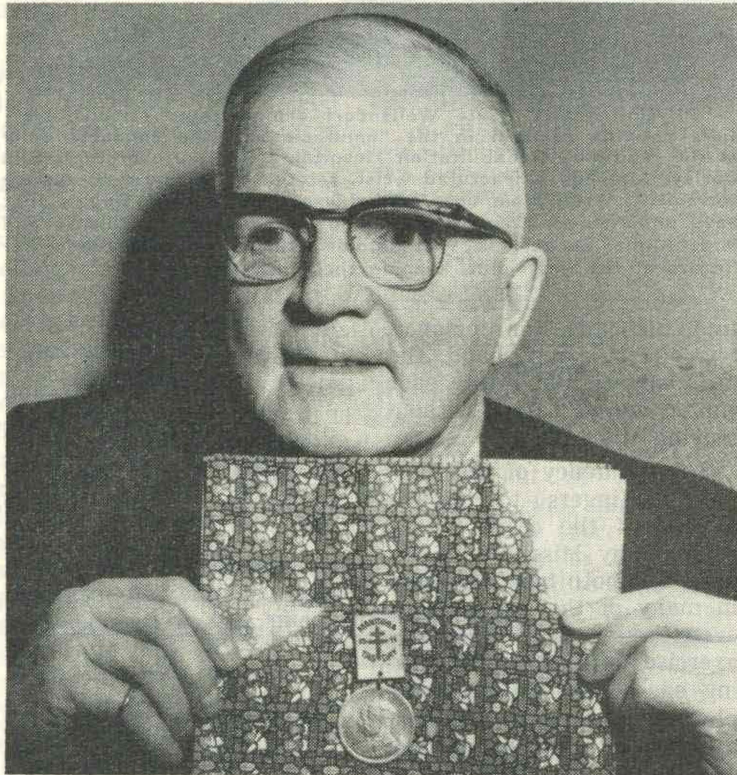
Altogether a total of 6,955 students lined up for the tests at the Fort Garry campus, United College, Brandon College, St. Boniface College, the Law School, School of Art and School of Medical Rehabilitation.

Assisting the Sanatorium Board at these final surveys was the Ladies Auxiliary to the Associated Canadian Travellers, Winnipeg Club.

NEW TB CASES

According to a report by the Sanatorium Board's Medical Director, Dr. E. L. Ross, a total of 222 new active cases of tuberculosis were reported in the province between January 1, 1962, and September 31.

This is a considerable increase over the 176 new active cases reported during the same period last year, and nearly equals the 235 new cases reported during the entire 12-month period of 1961.



FIFTY YEARS OF FIGHTING TUBERCULOSIS — Pinned to a sheet of our 1962 Christmas Seals is a Tag Day Medal purchased by Harold Frederickson over 50 years ago to help the patients at the newly opened sanatorium at Ninette. This special coronation medal represents one of the first anti-tuberculosis campaigns to be conducted in Manitoba. (Photo by David Portigal.)

Nearly One-Fifth Of Ninette's Patients On Drug Treatment Show 'Resistance'

When the drug INH (or isoniazid) was released to the public ten years ago, medical scientists hailed it as the most effective single anti-tuberculosis drug.

Today, although it still ranks as the most powerful agent in the treatment of tuberculosis, INH has revealed a serious draw-back. Increasing numbers of the tough, tiny germ that causes TB are developing resistance to it — as well as to the other two main-line drugs often used in combination with INH, streptomycin and PAS.

Just how serious is the problem was revealed last month when Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, estimated that as many as 20 percent of the new and old cases entering sanatorium in Canada are resistant to one or more of the three principal drugs. It is revealed again this month in a report by Dr. A. L.

Paine, medical superintendent of Manitoba Sanatorium at Ninette.

Of the 206 persons receiving chemotherapy at Manitoba Sanatorium, on September 25, 1962, 46 or approximately one-fifth of the patients were on second-line drugs — which are less effective and more toxic, says Dr. Paine.

Of these 46 patients, a total of 40 had developed resistance to the first-line drugs — of which number 20 had developed both drug resistance and drug intolerance. (The remaining six patients had drug intolerance only.)

The 40 patients were again broken down into the following groups: Laboratory and clinical resistance, 20; clinical resistance only, 16; laboratory resistance only, 1; questionable resistance, 3.

Of the 20 patients with laboratory and clinical resistance, 18 were resistant to

(Continued on Page 2)

1911 Coronation Medal Evokes Memory Of First TB Campaigns

One day in the spring of 1911 a young Winnipeg bank clerk named Harold Frederickson hurried along Portage Avenue toward the old Orpheum Theatre, anxious to catch the opening act of Eddie Cantor, George Jessel and Lila Lee in "School Days". As he approached the corner of Portage and Notre Dame, he was stopped by a young woman who was selling various size medals commemorating the coronation of King George V and Queen Mary.

The money, she told him, was to be used for the treatment of the "poor consumptives" at the newly opened sanatorium near Ninette.

Although he was in a hurry and although his yearly salary at the time was only \$300, Mr. Frederickson enthusiastically drew a dollar out of his pocket and bought the largest medal.

"Of course, it was a lot of money in those days," he recalled 51 years later. "But it seemed to me that the price was well worth it. Like everyone else, I knew tuberculosis was to be feared . . . a hopeless, terrible disease for which there was no known cure.

"If anything could be done to defeat it, I wanted to help."

Since that day long ago Mr. Frederickson, now retired from his position as acting supervisor of the National Employment Office, has watched with interest the progress made against tuberculosis in this province. He has seen the old Tag Day medals, which were sold for the treatment of consump-

tives, replaced by the annual Christmas campaign to raise funds for tuberculosis prevention. And he has seen the death rate from TB whittled down from an astounding 200 per 100,000 population, to a low of 4.2 per 100,000.

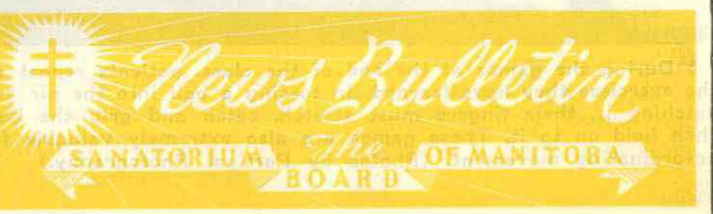
He also saw the sanatorium at Ninette during the early days when, as a guest of the Argyle Band from his native Glenboro, he visited the patients in the san, and talked with those who pioneered the fight against tuberculosis in Manitoba.

Ten years later, in 1931, as a member of the provincial department of public works, he witnessed the opening of the Central Tuberculosis Clinic to help care for those picked up on TB surveys.

But to Mr. Frederickson, the proudest and most memorable moment was the day he bought the big, shiny coronation medal. For it represented the first time that he and others like him were given the satisfaction of taking part in the fight against a dreaded, infectious disease.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,
800 Sherbrook Street, Winnipeg 2, Manitoba
Authorized as second class mail, Post Office Dept., Ottawa
and for payment of postage in cash.



Special Exercises Help Restore Crippled Hands

Consider the hands, and what a wonderful part of the body they are. Except when we are sleeping, there is hardly a moment when they are not in use. Grasping, lifting, squeezing, pinching and pushing, they unconsciously perform for us nearly all the tasks of daily living.

Consider then what our lives would be like without the full use of our hands. Sounds impossible, doesn't it? And yet in our midst are many people who, through illness or injury, have lost many of the hand's precious movements.

For them, such ordinary actions the hand uses in helping us to eat, dress, open doors and lift and dial a telephone, are performed neither easily nor unconsciously. More likely they represent a lot of hard and painful work.

Our hands are indeed a vital part of our lives — and it is for this reason that the physiotherapy department at our Manitoba Rehabilitation Hospital set as one of its first projects the establishment of a special exercise program for people with crippled hands. The object of the program is to increase the mobility of the crippled hand, to strengthen its muscles and joints, and improve its circulation and co-ordination.

Under the direction of physiotherapist Bente Wellendorf, the hand classes are conducted for an hour daily, under the following schedule.

At 1 p.m. some 24 persons, whose hands have been crushed, torn or crippled by disease, arrive in the physiotherapy department for a half-hour "warming-up" period. This usually consists of hot wax baths or whirlpool baths to relax the muscles and joints of the hands and prepare them for the session ahead.

Then the patients gather in the gymnasium where, sitting on small stools and using a plump white pillow as a prop, they put their hands

through a series of vigorous exercises. Creeping, pinching, grasping and thumping, 24 pairs of hands perform lively dances on the pillow's smooth surface, then move up to continue the intricate gestures in the air.

As Miss Wellendorf explained, the program begins with a brief "loosening-up" or mobilizing session. This may include moving the hand in a circle, using wrist action only; bending and stretching the fingers; or forming the hand into a tight fist and, again with wrist action, moving it up and down.

The "severe" exercises that follow are a fascinating study of the versatility and ingenuity of the physiotherapist's skill, for nearly all of them copy in some form the innumerable actions our hands perform in daily life.

The most important of these exercises are the opposition (and gripping) exercises, which aim to get the thumb to touch the other fingers. If a person has this thumb movement, says Miss Wellendorf, it is obvious that he has a comparatively useful hand.

Aside from the bending and flexing movements, the "severe" exercises comprise such other actions as grasping a ball, squeezing chunks of foam rubber between the fingers, and gripping a stick and rolling it. They also include gathering up a towel with the fingers (spider fashion), then straightening, folding and wringing it.

Some of the exercises are quite complicated and often call for co-ordination that even normal hands might



Physiotherapist Bente Wellendorf demonstrates various exercises patients perform in the "hand classes" she conducts daily at the Manitoba Rehabilitation Hospital. Left to right: Mrs. Ella Curley, who had a fractured wrist, rotates her forearm to restore movement; Arvo Blom does special exercises to bend fingers that have undergone plastic surgery following a severe accident; and Mrs. Annie Stewart, a rheumatoid arthritis patient, bends her fingers at the first joint, keeping the others straight.

find difficult. For instance, try placing your hand flat on a surface and lifting each finger, one at a time, without moving the others.

This tendency of the hand (and its fingers) to copy the actions of the other is one reason why Miss Wellendorf asks that both hands be used in many of the exercises — even though the object is to exercise only one hand during each session. For example, it's much easier to beat a pillow with two hands than one, she points out.

The "severe" exercises usually wind up with a lively tug-of-war, with the patients grouped off in pairs and grasping a tightly rolled towel between them.

Then, after another loosening-up session to mobilize the shoulder and arms, the patients repeat the exercises they have learned with a few rousing games of throw and catch. They begin by hitting a ball with a stick, graduate to bouncing and catching it, and then to bouncing it to each other. Finally they form two teams and toss, at the same time, a ball to each other.

By the end of the hour everyone has reached such a nice state of confusion and excitement that the gymnasium begins to take on the look of a battleground. But it's all good fun — and by getting "lost" in these games, the patients often forget that they are performing again those intricate exercises which will help them to regain, in whole or in part, the wonderful precious movements of their hands.

Tuberculosis is the biggest killer of all infectious diseases. Help stamp it out. Buy and Use Christmas Seals.

Resistance

(Continued from Page 1)

INH, 14 to streptomycin and 11 to PAS. Again, of these 20, six were resistant to all of the three drugs; eight to two drugs and six to one drug.

With respect to the clinical status of the 40 resistant patients, 14 were on treatment for the first time and had reached a chronic bacillary status. Twenty-three others were admitted with relapse after a previous period of treatment with the first-line drugs.

These figures represent a sudden increase in the number of patients now on second-line drugs, but, as Dr. Paine notes, the great majority of these patients with drug resistance were recent admissions from other tuberculosis institutions. Almost all of them represent a back log of treatment failures.

It is quite possible, he concludes, that the sanatorium is carrying close to a peak load of resistant patients this year. However, any lessening of the present load of these drug-resistant patients will be a slow process.



ATTEND SYMPOSIUM

Some 130 doctors from all parts of Canada and the Northwestern States attended the Third Manitoba Symposium on Rehabilitation and Orthopedic Disabilities held in Winnipeg December 7 and 8.

The Symposium, which was arranged by the Orthopedic Section of the Manitoba Medical Association, was described as an unqualified success. Apart from serving as a teaching conference (in which six distinguished phys-

City Paraplegics Form Sports Club

The Sanatorium Board extends a warm welcome to the newly formed sports and recreation club for paraplegics, which will be meeting weekly at the Manitoba Rehabilitation Hospital, beginning on December 17.

At an organization meeting of 20 paraplegics and five M.R.H. staff members on December 3, it was decided to form a sports and recreation club for members of the Canadian Paraplegic Association who live in Winnipeg and district. George Murphy, of Winnipeg, was appointed secretary to the club and will have five members on his committee. Miss Pat Quinn, M.R.H. physiotherapist, will act as moderator.

The club will hold its meetings in the hospital gymnasium on Monday evenings between 7 and 10 p.m. Games at the outset will include volley ball, badminton, and ping pong. Later, other games such as wheelchair basketball, may be incorporated.

There is no limit to the size of the club (each member may bring a friend); nor to the degree of disability a member may have. Those unable to take an active part in the sports will be assigned to scorekeeping or other similar jobs.

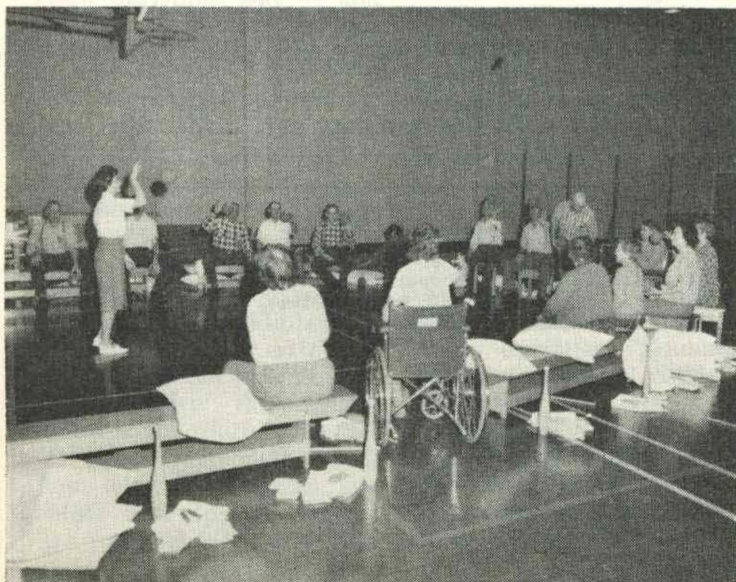
According to the association, there are a number of benefits to be derived from the formation of the club. Aside from the obvious fact that it will provide an opportunity for disabled persons to enjoy various sports and recreation, it will also provide an energy release and the opportunity to work off the tensions that disabled people are bound to build up.

It will help newly disabled people to meet others who are already re-established at home and in jobs, and to develop a competitive attitude through sports.

And, as the program becomes better known, it is also possible that it will help to improve social attitudes toward the disabled . . . perhaps, in the long run, to promote better community planning (in architecture) to meet their needs.

icians from Britain, Canada and the U.S. took part), it enabled the doctors who attended to learn about the latest rehabilitation facilities available in Winnipeg and other cities.

Doctors who attended represented such distant parts as Newfoundland, Vancouver, Montreal, Ottawa, Edmonton, Saskatoon and Minneapolis. In addition some 200 paramedical persons attended.



During the games at the end of the class, patients repeat all the exercises they have learned. In tossing a ball into the air and catching it, their fingers must stretch, catch and grip the ball, then hold on to it. These games are also extremely valuable for co-ordinating movement. (Photos by Portigal Photography.)

Around Our Institutions

Something rather fascinating these days is the number of fancy dishes appearing in our hospitals' selective menus. Many of these dishes bear exotic names which very often tell us about their contents but nearly always set our imagination afire.

Take, for instance, Creche Lorraine. When first spotted on the cafeteria's menu board, this name conjured up in our mind, all sorts of interesting pictures of Christmas mangers, a French province and Joan of Arc. Our curiosity aroused, we naturally ordered the dish and to our astonished delight discovered it had nothing to do at all with the French or Christmas, but rather was a delicious Swiss food, consisting of an open-face cheese and bacon tart.

Since then we have also discovered that this was the sort of reaction our Dietary Department wanted when they decided to increase the interest of our hospital patients by offering once a week a special dish of national or international interest.

The department's philosophy is that food in the hospital should be, as far as possible, as varied and imaginative as that offered by the restaurant.

There has been an increasing tendency for the Canadian public to accept and expect a wider range of dishes on restaurant menus, says Miss Nan Tupper Chapman, SBM director of dietary services. Hence, Sanatorium Board hospitals feel obligated to patients and staff to keep in line with the trend.

The fact that the names of these dishes are not translated provides another advantage, in that it helps us develop a wider food vocabulary.

For example, nearly everyone knows by now that Sauerbraten is a spiced beef (German) dish, that holubchi are (Ukrainian) cabbage rolls, and that fricadelles (French) are special minced veal patties.

The recipes for many of these unusual dishes come from Miss Chapman's own library of cookbooks from all nations. Others have been picked up on her extensive travels. The recipe for the wonderful, savory Italian meat balls, for instance, was presented to her by the chef of the Grimbaldi Siosa Steam-

ship Line, while the recipe for tortiere, one of our few truly Canadian dishes, is a prize-winning one acquired from a lady in Quebec.

Collecting stories about the origin of favorite dishes has also been a hobby of Miss Chapman's. One of the most interesting she has encountered concerns Beef Stroganov, another of the regular features on our hospital menus.

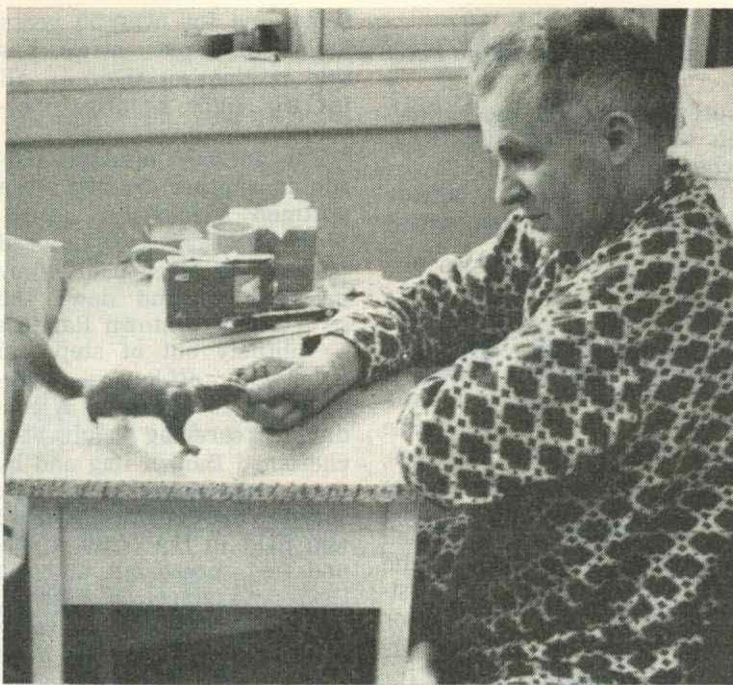
It seems that Stroganov was a fabulously wealthy Russian merchant who lived under Ivan the Terrible. On hearing one day that the czar was coming to his home for a visit, Stroganov, who was a celebrated chef as a hobby, decided to whip up a special dish for him. Since he knew the czar was partial to beef and wine he decided on a big kettle of delicious beef chunks in a wine sauce. The czar was so pleased with this wonderful dish that he promptly gave old Stroganov all the claims to the salt mines in the Urals . . . a lavish and, in our considered opinion, a just reward for this wonderful savory dish.

Ex-Patients Graduate From Special Courses

Our sincere congratulations are extended to five of our former tuberculosis patients who during the past month have successfully completed a number of special training courses.

Among those who took part in the graduation exercises at the Manitoba Technical Institute on November 16 were Miss Anna Horvath, who received her diploma in hairdressing, and Pierre Molin, who received his certificate in diesel mechanics.

Anna, who was born in Sumeg, Hungary, and came to Canada on her own at the age of 14, was a former TB patient and nurses' assistant at Ninette. She entered St. Mary's Academy on a Free Press scholarship in the fall of 1960, and later enrolled in the seven-month hairdressing course at MTI. She completed



A FREQUENT VISITOR to "East 2", Manitoba Sanatorium, is this cute little gal named Susie, who during the past few months has built up a loving, peanut-fortified friendship with Herbert Kwast (above) and his room-mate George Burnet. Susie has another squirrelly friend, Tommy, who also pays regular visits — and occasionally, when they're not around, a little Nuthatch pops in for a quick feed. The visits have created a good deal of interest among the patients in the feeding habits of animals and birds.

the course last February and has been employed as a hairdresser for the past 10 months.

Pierre Moulin was formerly a patient at Manitoba Sanatorium and during the time he spent there completed his studies in Grade XI. Following his discharge and convalescence at home, he entered the 10-month course in diesel mechanics, through arrangements by the Sanatorium Board's Rehabilitation Department. He graduated last January and has since been employed at Notre Dame des Lourdes.

The Rehabilitation Department is also very proud of three ex-patients who this month successfully completed the Orderly Training Course at the Winnipeg General Hospital. They are Cameron Robertson, Karl Kurnyek and Adolf Sader.

Cameron, formerly of Norway House, entered the training course early this fall following his discharge from Manitoba Sanatorium.

Mr. Kurnyek, also a former TB patient who came to Canada from Yugoslavia in 1957, worked as an assistant laboratory technician at Manitoba Sanatorium before enrolling in the course.

Mr. Sader was a patient at Manitoba Sanatorium back in 1952, and has since been on the sanatorium staff as a porter and kitchen helper. He will be returning to the staff as an orderly in the near future.

More Patients

. . . More Staff

With the opening of the fourth floor at the Manitoba Rehabilitation Hospital last month, the number of in-patients receiving rehabilit-

ative treatment climbed to 115 on December 7.

The total capacity of the Manitoba Rehabilitation hospital is 158 beds for in-patients on three floors (plus 64 beds in the Central Tuberculosis Clinic wing) and treatment facilities for some 200 out-patients daily.

On November 30 a total of 314 out-patients were receiving treatment throughout the week.

As a result of the increase in patient population, many new members have been added to the Rehabilitation Hospital nursing staff and several others have received new appointments.

Miss Doreen Lewis has been appointed head nurse on the fourth floor with George Feilotter as assistant. Succeeding Mr. Feilotter as assistant head nurse on the Sixth Floor is Mrs. Joyce Doherty.

New general staff nurses at the hospital are Mrs. Margaret Bishop, Mrs. Edith Stevenson, Mrs. Ruth Helen Keitel, Mrs. Agnes McCluskey, Mrs. Elizabeth Toth and Mrs. Rae Elma Thomas.

With the addition of these members and other auxiliary personnel, the nursing staff of the rehabilitation hospital now stands at 109.

As of the beginning of December the hospital has an active medical staff of nine, including two specialists in physical medicine, two full-time residents, two clinical assistants, a radiologist, prosthetics specialist and a specialist in medical electronics. In addition there are a number of consultants and some

275 doctors (courtesy staff) on the hospital's open medical staff.

A recent addition to the active staff is Dr. I. H. K. Stevens, assistant specialist in physical medicine.

Dr. Stevens, who was born in Southampton, is a graduate in medicine from the University of London. For 15 years he served as a consultant in general medicine and physical medicine at Canterbury Hospital, after which he served for 13 years as a consultant and specialist in physical medicine with the South-East Metropolitan Regional Hospital Board in London. Before coming to Winnipeg last month he was a consultant and specialist in Wessex Regional Hospital Board at Winchester.

Among the other persons we welcome to the Sanatorium Board staff this month is Ajudhia Parshad Puri, who has been appointed charge occupational therapist at our Assiniboine Hospital in Brandon.

Mr. Puri is a science graduate of the Government College in Rugar, India, and attended Sinha Homoeo Medical College in Behar. He trained as an occupational therapist at the School of Occupational Therapy in Bombay, after which he took a special course in rehabilitation and splint making.

Before coming to Winnipeg last month he was head of the occupational therapy department at the Provincial Hospital in Lancaster, N.B.

Physiotherapy services for in-patients and out-patients were resumed this month at Clearwater Lake Hospital, The Pas, with the appointment of physiotherapist Miss Diana Joan Houghton to the staff. Miss Houghton is among the first graduates of the University of Manitoba's new School of Medical Rehabilitation.

Sr. Social Worker Appointed To Staff

The Sanatorium Board is pleased to announce the appointment of Miss Mary Alexander Hamilton as senior social worker at the Manitoba Rehabilitation Hospital.

Miss Hamilton is well-known to the people of Winnipeg, having served for the past ten years as executive director of Logan Neighborhood House. Prior to that she was executive director of the YWCA in Ottawa, and program director of the YWCA in Pittsburg and Toronto.

She is a graduate of Columbia University School of Social Work and holds a Bachelor of Arts degree from McMaster University in Hamilton.

Buy CHRISTMAS SEALS



FIGHT TUBERCULOSIS

My "Old Country" Christmas

At this time of year, as the preparations for the holiday season begin, our thoughts often return to the past, to a Christmas which we especially cherish.

I will long remember last Christmas, my first outside Canada. I celebrated it with my husband in his native Denmark.

Apart from being the oldest kingdom in the world, Denmark is one of the loveliest little countries in the world — even in winter when a cold Northern mist enshrouds the rolling green hillsides and the icy waters of the Kattegat.

To many tourists, of course, Denmark simply means Copenhagen and its blazing gaiety. But to me, who saw little of that city, Denmark is a land of spotless, doll-like towns and narrow cobblestoned streets; of red brick apartment houses and half-timbered cottages bulging with age; of twisting country roads and thatch-roofed farm houses; of century-old castles, moss-covered windmills and white stone country churches.

The Danes are a friendly, peace-loving people who more than anything else love to eat and make merry. They celebrate many occasions throughout the year — including Liberation Day, Midsummer Night, the Fourth of July and the Fifteenth of June or Valdemarsdag. (The their blood-red flag with the —in 1219 to be exact—when their blood-red flag with the white cross on it — oldest flag in the world — fell out of the sky.)

But, as with most of us, the day the Danes love to honor most is Christmas, perhaps because on no other occasion can they do better justice to their two favorite pastimes. As a matter of fact, they almost make a week of it, for although the main feast is Christmas Eve, they also celebrate Christmas Day and Second Christmas Day. They even use the name Third Christmas Day — and by then, of course, it's time to start welcoming the New Year.



When we arrived in Denmark, on a rainy night in mid-December, preparations were in full swing. My husband's home-town of Randers was ablaze with thousands of white lights nestled in boughs of evergreen that extended right across the streets. The Danes prefer the simple beauty of the white lights and use them abundantly in all their decorations. Even the 50-foot high spruce dominating the town hall square was aglow with hundreds of these twinkling little white lights.

In the family home, the kitchen was fragrant with the warm, sweet smell of Christmas baking — vanilla cookie rings, Jew cakes and honey

cakes, cut in all shapes and sizes. The pantry shelves were bending under the weight of small barrels of pickled herring and sweet red cabbage, and a mouth-watering array of liver paste and pickled beets, sausages, cold pork and head cheese — not to mention all the other "cheeses" for which Denmark is famous. In the refrigerator bottles of Christmas beer and "snaps" or aquavit crowded around jugs of heavy cream.

Aside from these culinary activities, the greatest excitement was to be seen in the faces of the children as they marched off to school, laughing and singing, through the early morning darkness. For them the Christmas season had already arrived around December 1 with the first little gifts from the Julenisser.

The children of England and America have their Father Christmas or Santa Claus. Danish children have him too, but in addition they have the delightful Christmas elves or Julenisser. These little men, who wear stocking caps, knee breeches and wooden shoes, live with their cats in the garret of the stable or house. During the Christmas month the children place their shoes very neatly in the hallway every evening before going to bed. When they wake up, they find to their delight that the Julenisser have been around with a piece of candy or other little goodies. (The parents usually leave a red sock hanging in the mail slot to "prove" the Nisse was there.)

The Julenisser get their reward on Christmas Eve when the children leave a big bowl of steaming rice porridge, complete with a hunk of butter in the centre, up in the attic.



But before that all happened my husband and I toured the countryside. We went to Odense, the birthplace of Hans Christian Andersen, where we saw a children's stage play about—most "un-Christmassy"—cops and robbers. But the one event I enjoyed the most was the parade of the postmen to collect money for the poor. Aside from the obvious fact that they deliver the Christmas mail, the post office has other important Christmas roles. For instance, it's the agency which first gave the world the idea of selling Christmas

Seals, and for over 50 years the Danish post office has sold millions of them — all for the fight against tuberculosis.

The annual Christmas parade is another tradition the postmen jealously guard. Wearing their bright red jackets and black pants, they marched up and down the streets of downtown Randers — blithely out of step and hopelessly off-key — preceded at the head by a conductor carrying aloft the cherished Danish flag and by four uniformed girls who rattled coin cups in one hand and held in the other a second flag spread out between them in tablecloth fashion. It was a wonderful spectacle, and by standing in the town hall square I managed to see the parade three times.



Actual Christmas festivities began on Little Christmas Eve, December 23, when everyone rushed to complete the shopping, and late in the afternoon of December 24 when the family went to church. The Danes are not particularly noted for their attendance at church, but on Christmas Eve nearly everyone turns up to sing the beautiful Christmas hymns and admire the lighted white tapers — or "living lights" — which adorn the altar and pews and the dark green branches of the Christmas tree.

After the service we scurried home to begin the feast, which started off with the serving of big bowls of the Julenisser's porridge. By now I had learned that my stomach was no match for Danish ones, and it seemed a shame to spoil the appetite right off the bat with such an ordinary dish. The rest of the family, however, didn't share my opinion and attacked the bowls with gusto. Then, when I discovered the reason, I did too. The rice, I learned, contained a whole almond, and the person who found it in his bowl would win the fat marzipan pig which leered at us from the centre of the table. (I also learned that my husband, who even as a child was a rascal, used to make sure he'd win the prize by bringing his own almond to the table.)

While the empty rice bowls were cleared away and the prize pocketed this time by Uncle Palle, I managed to find room for the second course: roast goose stuffed with apples and prunes, candied potatoes and ordinary potatoes, red cabbage and thick dark gravy — all of which was washed down with various wines. It was a long meal, interrupted by many shouts of "skaal" and the exchange of stories, and when everything was finally demol-

ished it was only with great effort that I managed to push away from the table and join the others for coffee and liqueur in the living room. Father in the meantime had gone into his study to make sure the Julenisser had carried out their traditional tasks of bringing in and lighting the Christmas tree.

The children, and even the adults, were by now in a great state of excitement, which reached a crescendo when finally the study doors were thrown open to reveal in all its flaming glory the Danish Christmas tree. Each branch held lighted red and white candles and encircling the whole tree from top to bottom were strings of miniature Danish flags. Perched at the top was the traditional star.

So beautiful was this tree that it seemed only appropriate when everyone joined hands and danced around it, singing all the Christmas songs they knew. "High from the top of the green tree shines the Christmas star..."



When the singing and dancing was done, and the gifts were opened, it seemed anything else would be anticlimatic. Yet, still in store was what I will always remember as one of the loveliest parts of the evening... a walk through the town at midnight.

While the celebrations had been going on, a light feathery snow had fallen outside, blanketing the ground and the trees. When we came out, it had stopped and the sky was bright with moon and starlight.

Hand in hand we walked through the wooded park, where my husband and his sisters had played as children and which now stood dark and silent except for the crunch of our footsteps in the snow. We walked past the old church, now closed, and down the narrow crooked streets, now empty. Through the windows of the cottages and apartment houses which crowded onto the streets, we could see the faint glimmer of dying candles and hear the occasional ripple of laughter. How lucky are the Danish people, I thought. They all have an opportunity to live in cosy museums.

As far as I was concerned, the walk could have gone on for hours, but we were reminded that Father had remained home to make open-face sandwiches from the dinner remnants. So, with a last reluctant look at the lovely, sleeping town, we hurried home for a little more feasting and merrymaking until finally the daylight hour brought our Christmas Eve to a close. P.A.H.

Bulletin Board

Once again the Sanatorium Board extends hearty thank-you to the members of the Professional Engineers' Wives of Winnipeg who on December 4 held their annual Christmas Shower Tea for indigent patients at Manitoba Sanatorium. Over 200 beautifully decorated parcels, consisting of pyjamas, toilet articles, stationery and so forth, were collected for 50 patients.

Representing the Sanatorium Board at the tea, held at the home of Mrs. C. V. Antenbring, Portage Avenue, were Mrs. A. L. Paine, of Manitoba Sanatorium, and Miss Mary Gray, SBM supervisor Christmas Seals.



A. H. Atkins, Manitoba Rehabilitation Hospital manager, flew to Boston last month to attend the meeting of the Association of Rehabilitation Centres, Inc., Nov. 27 to December 1.



The Sanatorium Board announces the re-establishment of the Physiotherapy Department at Clearwater Lake Hospital. The Pas. Physiotherapy services for inpatients and outpatients will be offered at the hospital beginning December 17. The physical medicine consultation clinics will also be resumed, with Dr. L. Truelove visiting the hospital every second Thursday of the month.



Among the many groups who have toured the Manitoba Rehabilitation Hospital were 160 wives of the Reeves of the Manitoba Municipalities. Other groups included the Zonta Club and the staff of the Department of Welfare, and some 80 volunteers to the Society for Crippled Children and Adults.



The Manitoba Rehabilitation Hospital is still anxious to procure two pianos for the Speech therapy Department for patient recreation. Any information leading to the whereabouts of two pianos — used or unused — which could be donated to the hospital, will be gratefully received by the Hospital Manager Arthur Atkins.