



News Bulletin

SANATORIUM

The BOARD

OF MANITOBA

VOLUME 4—No. 2

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

FEBRUARY, 1962

CTA Calls For Re-examination Of TB Program

Methods of improving the Canadian-wide tuberculosis control program were the subject of much discussion at a meeting of the Canadian Tuberculosis Association last month.

Meeting in Ottawa on January 29 and 30, executive secretaries of provincial tuberculosis organizations across Canada called for a complete re-appraisal of our anti-TB programs, giving particular attention to the following.

1. *Stepped-up program of medical research in the field of tuberculosis and related diseases.*

Dr. G. J. Wherrett, executive secretary of the CTA, noted that the Canadian Tuberculosis Association and the Muskoka Fund (provided by the sale of Muskoka Sanatorium) provides \$120,000 for research each year. An additional \$470,000 is provided by Medical Research Grants.

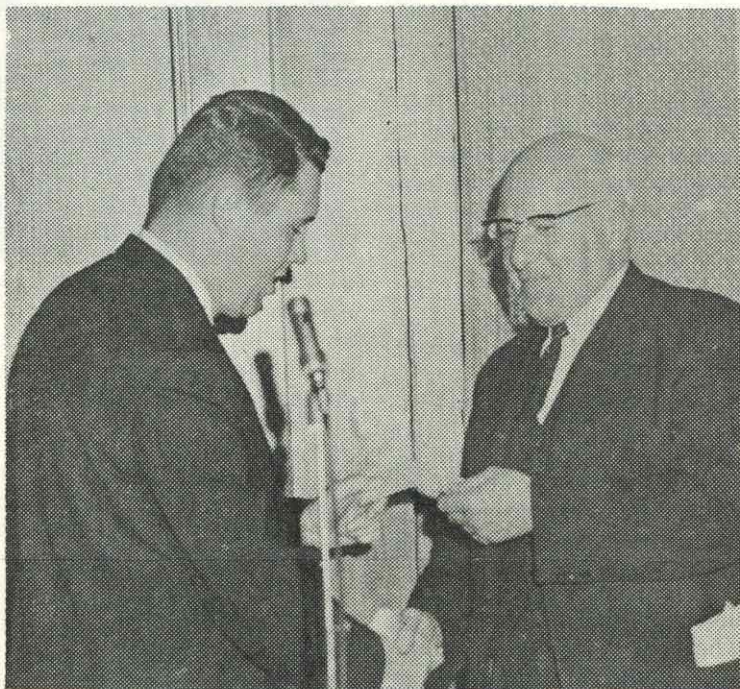
He suggested that part of these funds should be used for teaching, as well as for specific research projects.

He also suggested that the CTA co-operate in research programs undertaken in the field of cystic fibrosis. Cystic fibrosis, a cystic disease of the lung, apparently occurs in one out of every thousand births and until recently was nearly always fatal.

2. *Post-graduate training of private physicians in the field of tuberculosis.*

With the advent of chemotherapy and shortened periods of treatment in sanatoria, more and more private physicians are becoming involved in the after-care of TB patients.

There is no doubt, said the CTA, that in a few years time a great part of the tuberculosis control program will be undertaken by medical health officers and by private physicians, with the tuberculosis organizations acting to some



Bob Robinson, left, past president of the Brandon A.C.T., presents a cheque for \$22,500 to R. L. Bailey, an executive member of the Sanatorium Board, at the club's annual President's Ball and Dinner this month. The money will be used to help cover the cost of the Physiotherapy and Occupational Therapy Unit at Assiniboine Hospital in Brandon. (Photo courtesy of The Brandon Sun.)

extent as consultants and coordinating bodies.

The CTA asked if fellowships should not be provided to medical health officers so that they can obtain adequate knowledge in the tuberculosis field.

3. *Establishment of local clinics for case-finding and follow-up.*

This is a development which we need to consider seriously as an improvement in our field service program, said the CTA.

These local clinics, which might be financed through health grants, would use the part-time services of private physicians in the area.

4. *Re-examination of tuberculin testing programs.*

How often should positive reactors to the tuberculin skin test be X-rayed? Should all positive reactors be treated for a short period by chemotherapy?

These were among the questions raised by the executive secretaries during this discussion, and there was some difference of opinion.

Brandon ACT Gives \$22,500 To Therapy Unit Building Fund

The Sanatorium Board of Manitoba received another splendid gift from the Brandon Club of the Associated Canadian Travellers when on February 2 they presented our Board members with a cheque for \$22,500.

The money, presented on the occasion of the club's annual Presidents' Dinner and Ball at the Prince Edward Hotel, will be used to help cover the cost of the new Physiotherapy and Occupational Therapy Unit at our Assiniboine Hospital.

This is the club's fourth contribution to the building fund and brings the total of money donated during the past three years to \$59,000.

Altogether the Brandon club has pledged \$85,000 towards the cost of the unit.

Bob Robinson, past president of the Brandon A.C.T., made the presentation, and R. L. Bailey accepted the cheque on behalf of the Board. Others taking part in the ceremony were T. A. J. Cummings, executive director of the Sanatorium Board; John B. Craig, president of Radio Station CKX and of CKX-TV; and Morris R. Guinness, president of the A.C.T., who acted as chairman.

During their addresses the representatives of the Sanatorium Board praised the Brandon A.C.T. for their outstanding support of the Board's work — both in the field of tuberculosis and in the treatment of other disabled persons.

They paid special tribute to Al Price, chairman of the fund-raising committee, who together with the other club members raised more money in 1961 than in any other year. This was largely done through such special club projects as radio talent shows, newspaper contests, raffles and a house-to-house canvass.

The members gave freely of their time towards these efforts, and have shown a tremendous enthusiasm and spirit, they said. Indeed, as a representative of the Dominion Council of the A.C.T. has noted, the Brandon Club, in public service, is probably the most outstanding A.C.T. group in the country.

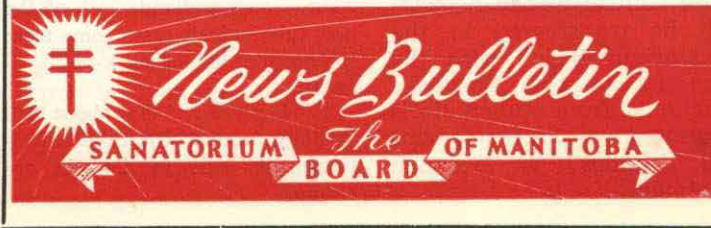
Mr. Cummings also compared the selfless contributions of the Brandon Club to the voluntary work of the Sanatorium Board. Our Board is mainly comprised of private citizens who devote a great many hours of their precious time to direct its activities, he said. They

(Continued on Page 4)

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,
1654 Portage Avenue, Winnipeg 12, Man.

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



(Continued on Page 2)

Profiles

GEORGE E. COLLINS

As most of our readers know the Sanatorium Board of Manitoba is a voluntary, non-profit corporation, directed primarily by some 20 elected members. These men are all private citizens, usually prominent businessmen, who voluntarily give of their time and services in the interest of community welfare.

Among our most long-time members is George E. Collins, provincial deputy minister of public works, who, as a private citizen, developed a special interest in the work of the Sanatorium Board years ago when he was an engineer stationed at Belmont. As an elected member, he has lent his good counsel to the Board since 1948.

A middle-height, personable man, known in both government and private business circles as a fine organizer and kindly administrator, Mr. Collins is a native Manitoban — born near Clearwater on a farm homesteaded by his parents in 1882. He attended high school in Crystal City, Manitoba, and in 1928 graduated from the University of Manitoba as a civil engineer.

Following his graduation Mr. Collins acted as municipal engineer for the municipalities of Riverside, Argyle and Strathcona. In 1928 he joined the staff of the government's Good Roads Branch. There followed then a long period in which Mr. Collins had little opportunity to use his engineering knowledge for, with the coming of the depression, he became actively involved in relief work. In 1932 he was appointed supervisor of the Greater Winnipeg Relief Clothing Department, two years later became registrar of the Single Men's Relief Commission, and in 1935 was put in charge of unemployment relief in the unorganized and disorganized territories of the province. In 1940 he succeeded Arthur MacNamara, former deputy minister of labor, as Director of Unemployment Relief for Manitoba.

Mr. Collins was appointed Assistant Deputy Minister of Public Works in 1941, a position, however, that he had to forsake temporarily when the Dominion Government asked him to take on the difficult job as Commissioner of the Japanese in Canada. During this time, when he lived in Vancouver, he had charge of moving the Japanese from the coastal defense regions of British Columbia.

He returned to his Manitoba post in 1944 and soon after succeeded M. A. Lyons as Deputy Minister of Public Works. In this position he has charge of all the government buildings and institutions as well as of the highways.

Mr. Collins is married and has one son and three grandchildren. In addition to his work with the Sanatorium Board, he is also an active member of the Shriners and, among other things, plays a trombone in the Shriners Drum and Bugle Corps. Also interested in shooting, he was a member for many years of the Waverley Skeet Club.



Rehabilitation: An Investment That Pays

Everyone is agreed that rehabilitation of people suffering from tuberculosis or, for that matter, any type of disabling experience, pays big dividends in increased self-sufficiency, general happiness and better health. But what perhaps many do not realize is that rehabilitation is an investment in human welfare which, once under way, can have a snow-balling effect.

Take, for example, the story of Elijah McKay, a tall, gangling, ambitious young Indian, who was born in the remote district of Sachigo Lake, Ontario, fell ill with tuberculosis as a child, and spent a good part of the next 10 years of his life in and out of sanatorium.

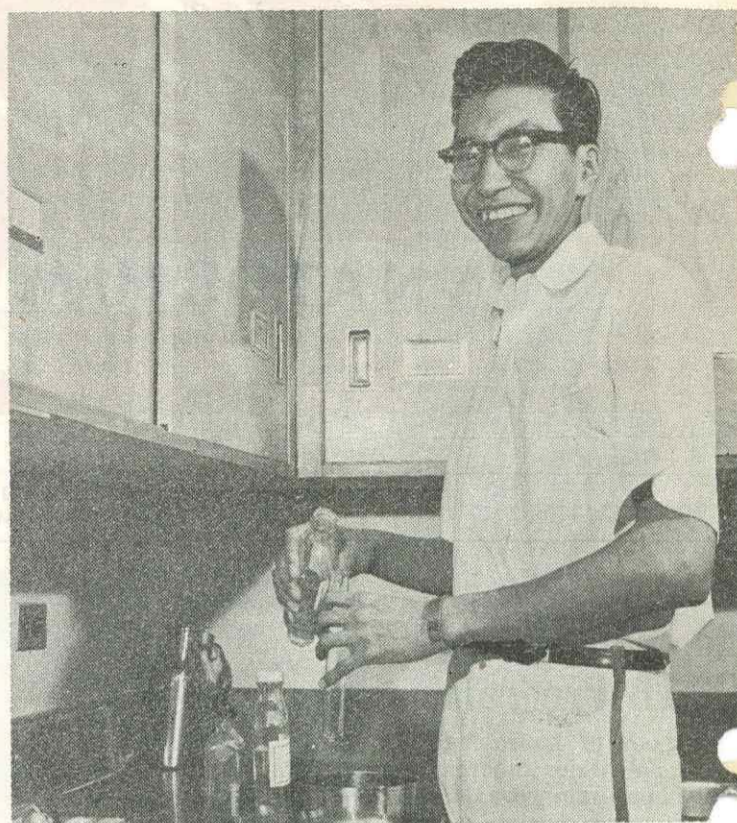
Elijah, who is now 21 years old, had virtually no education when he was admitted to sanatorium. He did not have the opportunity of attending any kind of school until he was 10 years of age, and he had just got started at the Indian residential school at Sioux Lookout when he contracted TB.

With direction from the sanatorium teachers Elijah managed, during his illness to raise his education to the Grade Six level. Then, after his last recovery from the disease, he spent three months in our special rehabilitation unit at Assiniboine Hospital where, with the help of the staff, both in the unit and at the hospital, and with encouragement and aid from interested persons in the community and other young men and women with a similar purpose, he learned the in's and out's of living in modern, urban society.

In the fall of 1960 Elijah went to Winnipeg and, with assistance from the Sanatorium Board's rehabilitation department, obtained a job working days as a sheet metal helper and later, as a paper box cutter. In the evenings he attended school, and when he had completed his Grade Eight courses, he enrolled in the Orderly Training Course at the Winnipeg General Hospital. Following graduation last spring he took a job with the Winnipeg General, continuing his schooling through correspondence courses in his spare time. Fluent in both Cree and Saulteaux, he also found extra work as an interpreter both at the hospital and in court.

As far as the Rehabilitation Department was concerned, Elijah's case could have been closed right there. He was now successfully employed, he had become an independent, productive citizen, with good prospects for the future.

But Elijah's case file was not closed. Since his gradua-



Elijah McKay: He learned a lesson well.

(Photo by David Portigal)

tion little appendages have gradually been swelling the file — little notations that make it altogether too fascinating to close.

It seems that during his stay with the Sanatorium Board Elijah came to understand the true meaning of rehabilitation, and, once successfully established on his own, he saw how it could be applied to his own family.

Elijah explains that his mother and father and his four younger brothers had not been faring well at Sachigo Lake. During the past few years his trapper-fisherman father had been finding it more and more difficult to support a family in an area where the animals were gradually dying off and the fish becoming scarce. A sawmill, which had provided casual work for many an Indian family during austere months, had closed down, leaving the people nothing to fall back on in difficult times but the government welfare cheques.

Determined to help his family, Elijah at first sent them 30 or 40 dollars from his monthly cheque. "But this," he said later, "could have gone on forever — me just getting by in the city and them doing the same thing at Sachigo Lake.

"So, we talked it over at home and decided that they all move out to a place where they could make a decent living."

In the remote Canadian bushland, this sort of project can be a difficult and expensive job, for the only practical way to get in and out of the territory is by charter aircraft. But difficult and expen-

sive as it was, that is just exactly what Elijah did. Saving up as much money as he could, he engaged the services of a missionary bush pilot who agreed to fly the whole McKay family out to Calstock, Ontario, for \$250. He then enlisted the aid of a sister in Calstock, who agreed to take the family into her home.

With the family settled in Calstock, the next step was to find jobs for the older members of the family and to send the younger boys to school. This, too, was done. The father found work with the Pentecostal Church Mission; the older boys, Martin, 18, and Allan, 15, took jobs planting trees for the Ontario Department of Lands and Forests. Little Henry was enrolled in a Calstock day school, and 13-year-old Wallace was packed off to the Indian residential school at Sault Ste. Marie.

And there again, Elijah's story might have ended . . . except that reports continue to roll in.

Eighteen-year-old Martin, with the help from Elijah and the Indian Affairs Branch, also enrolled last month in the Orderly Training Course at the Winnipeg General. And the family at Calstock, again with Elijah's help, have made plans for building their own home this spring.

So Elijah McKay's case file remains open, as all of us wonder about further developments. For it is stories like Elijah's that make us realize the far-reaching effects of rehabilitation. In helping one person, others are bound to benefit.

REHABILITATION IS AN INVESTMENT.

Brandon City Council Approves Sale Of Assiniboine Hospital Land to SBM

The Sanatorium Board of Manitoba this month took over the lands occupied by our Assiniboine Hospital in Brandon. Sale of the land (at the nominal price of one dollar) was announced February 5 following a meeting of the Brandon city council.

The council gave authority for the sale of the land on Tenth street and Queens avenue after a request was made by representatives of the Sanatorium Board for a grant or lease of the land which until now has been under lease to the federal government.

The request was made because control of the hospital will be transferred to the Sanatorium Board with the changing of this hospital's functions from tuberculosis treatment (of Treaty Indians and Eskimos) to extended treatment.

The sale was made on the condition that the property be returned to the city should it cease to be used for a hospital.

TB PROGRAM

(Continued from Page 1) 1960 — despite the drop in the TB death rate and the need for treatment beds.

1. The value of Hospital Admission X-ray Programs in uncovering new cases of tuberculosis was illustrated in two reports. In Ontario, where \$250,000 is spent annually on this program, one out of every 3,000 persons x-rayed on admission to hospital is found to have active TB. In the city of St. John, Newfoundland, 30% of the new tuberculosis cases come from the hospital admission x-ray program.

2. It is estimated that about 25% of the present 13,000 tuberculosis treatment beds in Canada are empty.

This 'n That

We were rather intrigued this month when we received the mail a letter from a man who wished to be taken on the staff of our new "Prohibition Hospital". Of course we knew at once that she meant the Manitoba Rehabilitation Hospital, which the Sanatorium Board expects to open in Winnipeg this spring. Still, after a good chuckle, we began to think that the letter is perhaps indicative of the public confusion that has arisen around the term "rehabilitation".

It may be a popular belief that rehabilitation is a new, highfaluting word invented in modern times by egg-head doctors and therapists, and perhaps some well-meaning laymen, who wished to describe a new trend in medicine. Actually nothing could be farther from the truth.

Rehabilitation is a very old word which has been in use in the English language since the Middle Ages, and had its origins in antiquity.

To learn more about it, we consulted Webster's Dictionary and came up with these rather interesting explanations.

The verb *rehabilitate* means to restore rank, privileges, or property which one has lost; to put back in good condition or re-establish on a firm basis.

It is derived from the French or Latin prefix *re* (meaning again or anew), and the Modern Latin word *habilitare* (to make suitable). From the latter we get, of course, the modern English verb *habilitate* which means, among other things, to clothe, equip or outfit.

Habilitare in turn is derived from the old Latin word *habilis*, meaning able or deft. And this leads us to scramble

back in our dictionary to the word *ability*.

Ability, which in modern English usage means sufficient power and capacity to do something, comes from the Old French word *ablete* and from the Latin word *habilitat*, the noun stem of our old friend *habilis*. In French and English this was later corrected into *habilete* and *hability*, whence we get the modern *ability*.

If you can still manage to sort through all of these words that go into forming the term "rehabilitation", it is interesting to see that when used with the prefix "re", they each in a way describe the purposes of our new hospital.

Our concept of rehabilitation is an all-embracing thing. It means retaining disabled persons to live normal, useful lives — or in the words of the experts, to restore him to the fullest physical, mental, social and vocational usefulness of which he is capable. It means treating him as a "whole person" — from the very beginning of his illness right up until his complete restoration to a place of dignity and worth in the community.

Thus, within our hospital this perforce means meeting the total needs of the patient — medical, social, psychological and vocational — through the combined services of doctors and nurses, psychiatrists and psychologists, physiotherapists and occupational therapists, speech therapists and recreational therapists, and social workers.

We do hope that all of this clears up the matter a little — and that the reader will now have a better understanding of what our "Prohibition Hospital" is all about.

Engineers to the Rescue

Speaking (in the foregoing article) about the need for teamwork in rehabilitation, we were much impressed with the teamwork of some of our staff at Clearwater Lake Hospital, The Pas.

This 160-bed hospital, which is also doing a nice job of rehabilitating sick and disabled people in the North, recently opened a physiotherapy department to provide a more complete service to its patients. For a while however, the department was sadly lacking in some equipment — until, we are delighted to say, the engineering staff came to the rescue.

Under the direction of Chief Engineer Lawrence Boychuk, the men worked many long hours to produce the following items of equipment:

1. A Suspension Frame, which includes suspension slings, metal rings and hooks, wooden cleats and wooden handles. This frame and accessories are used for patient exercises.
2. An exercise stool, used for exercises in a sitting position.
3. A treatment table for massage.
4. A foot stool to help patients step up and down from the treatment table.
5. Bed elevation frames for treating bedridden patients.
6. A drawing board for brace measurements.
7. A notched board for assisting shoulder exercises.
8. Apparatus for hand and wrist exercises and adjustable resistance.
9. A weight boot for attaching weights used for leg exercises.
10. A child's walking aid.
11. A gardening aid and elbow crutch for amputees.
12. A foot rest to correct limb deformity.
13. A book holder for bedridden patients.

14. A modified wheelchair for a spastic child.

Our sincere thanks and congratulations to Mr. Boychuk and his staff who, it would appear, have also acquired a fair knowledge of physiotherapy in producing this equipment.

* * *

Winnipeg TB Services

During the 1961 Christmas Seal Campaign the Sanatorium Board received a letter from a contributor who asked what tuberculosis preventive services are available to the people of Winnipeg.

Our TB preventive services, it seemed to him, are for the most part conducted in the rural parts of the province, and he wondered if the citizens of Winnipeg should not receive a better preventive program for their Christmas Seal money.

This, of course, prompted a reply from Dr. E. L. Ross, medical director of the Sanatorium Board, which we publish in part here for other readers who have perhaps wondered about the same thing.

"You are quite right in stating that our (tuberculosis) surveys have been conducted on a more regular basis in the rural parts of the province," he wrote. "This is mainly because it is difficult to organize and carry out effectively a survey in a large urban area . . . although we do have regular surveys in all the suburban municipalities around Winnipeg.

"However, we do try to equalize our preventive services, and Winnipeg itself does receive fair coverage, although not specifically by mass surveys.

"For example, our Central Tuberculosis Clinic is located in Winnipeg, and a large proportion of the thousands of people who go through this Clinic annually are from the Winnipeg area.

"For years the school children in Winnipeg, particularly those in the high school grades, have been tested annually for tuberculosis. This policy also includes all the university students.

"For years we have operated a unit at the City Hall where people can go without appointment for a free chest x-ray. (This unit has recently been moved to the new Central Clinic at the Manitoba Rehabilitation Hospital on the corner of Sherbrook street and Bannatyne avenue.)

"In addition to this we have a very active program of industrial surveys throughout the city, in which thousands are x-rayed annually right at their places of employment.

"More recently we have established a unit at the National Employment Service office to x-ray all people applying for jobs or who are in receipt of unemployment insurance.

"The Sanatorium Board also has an agreement with all the hospitals in Greater Winnipeg, whereby every patient

(Continued on Page 4)

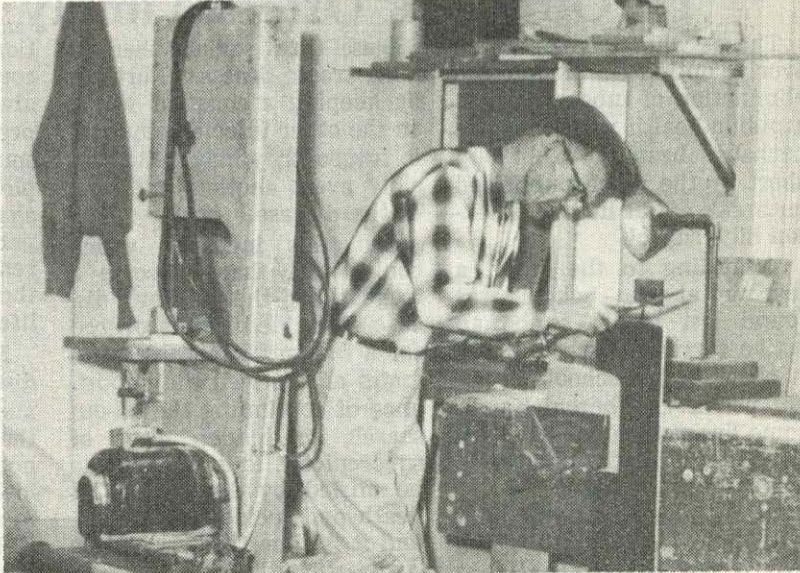
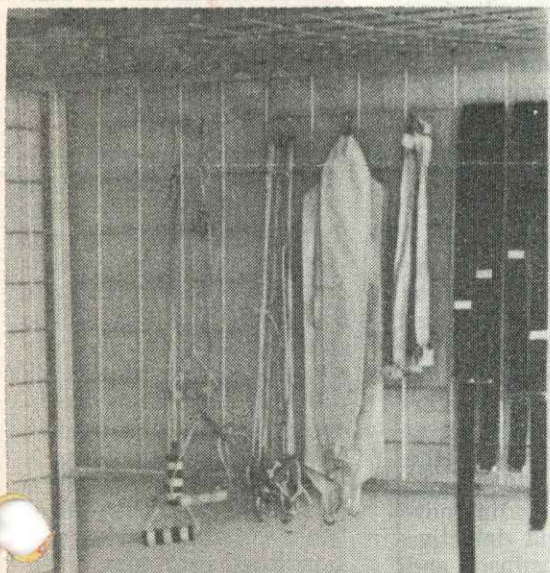
Christmas Gifts

In reporting about Christmas gifts provided to patients in Sanatorium Board hospitals, the News Bulletin failed to mention last month the very generous contributions made by two Winnipeg groups.

One of these groups was the Fellowship Club which donated \$100 to purchase special Christmas gifts for the children at Manitoba Sanatorium.

The other was the employees of the T. Eaton Company who, through their Employees' Charitable Fund, provided a toy and bag of candy to every child (infant to 16 years of age) under sanatorium care.

The Sanatorium Board is very grateful to these people for their kind generosity towards these little TB patients.



Among the pieces of equipment made by the engineering staff for the physiotherapy department at Clearwater Lake Hospital is the suspension frame for patient exercises, shown left. Another contribution was a modified wheelchair for a spastic girl who is unable to use her left hand normally, thus making it impossible for her to propel a wheelchair. In the first modification of the chair, centre, a lever is attached to the central axis of the propelling wheel; a metal strip attached to the central axis of the wheel has been moulded to form a series of projections; a hinged ratchet connected to the lever contacts with the projections, driving the wheel forwards. This

eliminates the necessity for the patient to grasp and let go of the propelling wheel as she keeps a continuous grip on the lever. A bracket attached to the chair maintains the lever in the correct position, preventing excess movements. (In a later modification, the propelling wheel was removed and the hinged ratchet, controlled by gravity, connects by friction directly onto the rubber running wheel when the lever is pushed forward, releasing contact when the lever is pulled back. In each instance the patient wears a fibre glass splint, keeping her wrist in the proper position for gripping.) All the equipment was made under the direction of chief engineer L. A. Boychuk. right.

Occupational Therapy: Its Role in Rehabilitation

In past issues of the News Bulletin we have looked at our Manitoba Rehabilitation Hospital and its place in the community; also where and how, within the conception, physiotherapy makes its contribution.

This month we shall discuss in brief the role of occupational therapy, which is also an integral part of the rehabilitation process.

Like physiotherapy occupational therapy has a definite therapeutic value, and all the work carried out in this department is geared to fulfill the doctor's aims of treatment. These aims are to help the disabled patient attain the fullest possible degree of physical function, which may include better range of movement in certain joints, more power in certain groups of muscles, better control of movement and improved capacity to carry through a working day.

Occupational therapy also has an important part in the psychiatric field, as providing activities and interests that occupy the patient's time and mind contributes to his mental as well as physical health.

Where the physiotherapist uses exercise to carry out his treatment, the occupational therapist uses activity. This activity is very often creative in nature, but it also may take the form of manual arts and games, or the retraining in those activities which are a normal part of daily living, such as dressing, washing and cooking.

The Occupational Therapy Department at the Manitoba Rehabilitation Hospital occupies a large part of the first floor area, taking in nearly the whole west wing of the hospital, and a good part of the first floor north wing.

It includes a bright, spacious light crafts room and heavy crafts room, each handsomely designed and furnished, and each opening onto a

central courtyard where, during good weather, patients will carry on outdoor activities.

The department also provides a special section containing a fully equipped kitchen, bedroom and bath, and it is here that the patients will be taught how to live self-sufficiently in the home.

A gadget board, mounting such items of hardware as faucets, switches and door handles, will also be included in this "activities-of-daily-living" area. The bathroom and the kitchen will be arranged to accommodate wheelchair patients, and the counters will be adjustable in height to allow experiments in optimum working position.

The patients' activities in the occupational therapy department are chosen according to their individual interests and to the type of physical activity they need to carry out the medical aims of treatment. There is a wealth of activities to choose from: educational projects and games, light and heavy industrial work, and arts and crafts such as woodwork, leatherwork, weaving, sewing, typing, printing and basketry.

The tools and equipment used in carrying out these activities may be of an "unconventional" type — powered in some cases by such means as foot treadles, special handles and bicycles. The chairs, tables, work benches and stools are all adaptable in height and angle, and there may be a variety of supporting apparatus, such as arm slings and splints.

One good example of the types of machinery used by the occupational therapist for both its therapeutic and psychological value is the foot-power sewing machine. In the operation of this simple bit of equipment, the movement of both the heel and the toe are involved, and when the feet are used alternately to work the machine, it becomes a valuable aid in retraining patients to walk.

In the same manner, foot-power looms are useful to teach the patient to lift his feet alternately. The pedal can also be adjusted to a height which the patient can only just reach by lifting his feet about six inches off the floor. In this way he exercises the hip and knees as well as the feet.

The work on the sewing machine and loom is not particularly demanding upon the patient who is able to walk only short distances. The operation requires only a light, easy movement, and sometimes the patient will discover that he can work the foot pedals alternately for an hour or more without becoming tired. At the same time it is very likely that he will become so absorbed in his work that he will forget the important actions his feet are performing.

Bicycle machines, which may include saw and filing machines, and foot-power lathes encourage further activities on the part of the patient. The lathes, for example, can be adapted to develop muscle power in the lower limbs in varying stages of treatment — i.e. non-weight bearing, partial weight-bearing and full-weight bearing.

Because of the numerous activities carried out in the occupational therapy depart-

ment, the final role of the occupational therapist may be concerned with the eventual occupational possibilities of the patients. While working with them, and trying to improve their physical function, she is sometimes in the best position to determine the patients' actual work potential.

Thus, like all the other members of the hospital team, the occupational therapist is involved in the rehabilitation process, right up until the patient is restored to a useful, normal place in the community.

TB SERVICES

(Continued from Page 3)

on admission has a routine chest x-ray.

"Finally, through the Winnipeg Health Department, all contacts of known cases of tuberculosis are x-rayed regularly at the Central Tuberculosis Clinic.

"So," concludes Dr. Ross, "when all of this is considered Winnipeg has received a considerable proportion of the tuberculosis preventive services."

BRANDON DONATION

(Continued from Page 1)

get no reward — except the knowledge and satisfaction that they are contributing to the welfare of their fellow citizens.

In his address, Mr. Craig pledged his radio station's continuing support of the A.C.T.'s Search for Talent program. The station has provided free radio time for these contests and, as an extra contribution this year, will put the final Search for Talent program on CKX-TV.

Among the other guests present for the occasion were T. A. Moore, a member of the Sanatorium Board and of the Brandon A.C.T.; Dr. A. H. Povah, chief of medical services at Assiniboine Hospital; Dr. E. L. Ross, medical director of the Sanatorium Board; and Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, Ninette.

BOOKS NEEDED

Pi Beta Phi of Winnipeg is asking for contributions of books for the patients' library at the Manitoba Rehabilitation Hospital.

According to the fraternity, which plans to act as an auxiliary force to the hospital, some 500 books are needed—including novels, western and detective stories, both hardback and paperback.

Persons who wish to contribute books are asked to leave them at the rehabilitation hospital, Bannatyne avenue and Sherbrook street.

TB Outbreak Offers Timely Warning

Those who have become overly optimistic about the elimination of tuberculosis as a public health problem have perhaps been brought up short by the much publicized outbreak of TB in an Edmonton high school.

According to the story, a teacher at the school was found last month to be an active carrier of tuberculosis. A check at the school revealed primary tuberculosis in some five students and a positive reaction to the tuberculin test in about 85 others.

The incident in Edmonton could have been much worse had it not been for prompt action on the part of Alberta's tuberculosis control authorities. By organizing an immediate survey of the school and surrounding community, they were able to detect TB in the five students in its first

stages, thus saving them a long, tragic illness. Further, by keeping a constant watch on the other infected students in future, they may quite possibly avert another outbreak of the disease.

But this incident, which could easily have become a tragedy had the teacher's disease remained undiscovered for a few more months, illustrates all too well the importance of continuing the all-out search for hidden nests of tuberculosis. It is too easy to be misled by decreasing TB death and incidence rates — and it is time that the public realize that the erroneous assumption that tuberculosis is wiped out is causing a tremendous handicap to the control of this infectious disease.

As the Edmonton story points out, tuberculosis still lurks amongst the popula-

tion, and as long as infection continues to take place it shall always remain a major health problem. Unlike diphtheria or smallpox, there is still no completely successful vaccination against TB — and once a person becomes infected he remains a potential victim of the disease for the rest of his life.

Moreover, the control of the disease is made that much more difficult because often the spreader of infection does not know he has TB. Tuberculosis usually gives no warning in its early stages.

So surely those who have read Edmonton's story will now heed the warnings of public health officials about the need for *everyone* to take part in detection and control program.

Tuberculosis is an insidious disease. No one is safe from it.

Bulletin Board

Dr. Peter Warner, director, Department of Bacteriology at Winnipeg General Hospital, has awarded a research grant from the Canadian Tuberculosis Association. With the grant Dr. Warner will investigate the possibility of using the mouse as a rapid method of diagnosing tuberculosis. He will be assisted in his work by Dr. Shirley Parker, assistant bacteriologist, and laboratory technician Mrs. Myra Narozniak.

T. A. J. Cummings, executive director of the Sanatorium Board, flew to Ottawa January 29 to attend the annual meeting of the executive secretaries of Canadian tuberculosis associations. He was accompanied on his return by Frank Froh, executive secretary of the Saskatchewan Anti-Tuberculosis League, who paid a visit to our executive offices and toured the Manitoba Rehabilitation Hospital.

The Sanatorium Board had another special guest this month, in the person of Miss Valerie E. Sims of Ottawa. Miss Sims, who is a social work consultant attached to the Department of Labor's Civilian Rehabilitation division, was in Winnipeg to act as an advisor in setting up the social work services at our Manitoba Rehabilitation Hospital.

Dr. L. T. Truelove, chief of medical services at Manitoba Rehabilitation Hospital, was a guest speaker at a meeting of the Canadian Arthritis and Rheumatism Society, Brandon branch, on January 24. Dr. Fletcher Barger of the Winnipeg C. A. R.S. also addressed the group.

Among the recent additions to the Sanatorium Board staff is Miss Elizabeth Semchych who was appointed laboratory technician at Clearwater Lake Hospital, The Pas. Miss Semchych, who recently completed her studies in Medical Laboratory Technology with high honors, joined the staff on Jan. 1.

Other new staff members include Mrs. M. Jorie Boorman, who was appointed secretary to H. Atkins, hospital manager at the Manitoba Rehabilitation Hospital; and Miss Rosemarie Hoopalo, clerk typist in the office of Purchasing Agent Kenneth Roswell.