News Bulletin of The Sanatorium Board of Manitoba

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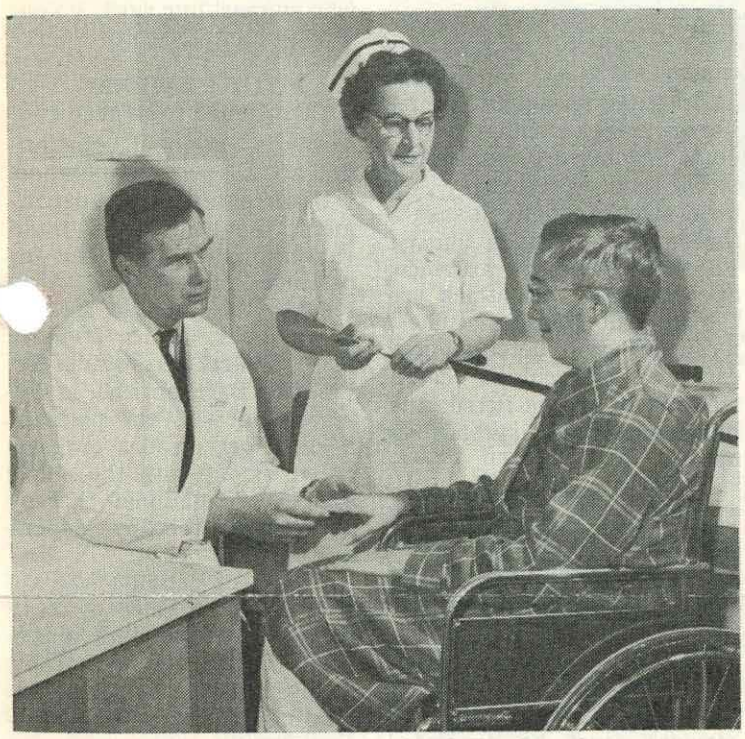

The first patient to attend the Manitoba Rehabilitation Hospital's Out-Patient Department on the morning of March 5 was 17-year-old Jimmy Fairclough, son of the Rev. and Mrs. J. G. Fairclough of Winnipeg. Jimmy, who has paralysis of the leg, is interviewed left by Dr. L. H. Truelove, chief of medical services, and Miss Margaret Hall, supervisor of the Out-Patient Department. A program in occupational therapy was worked out for Jimmy and that afternoon he was put to work on the Oliver Rehabilitation Machine by chief occupational therapist Mrs. Joy Huston, right. The main purpose of this British-designed machine is to help the patient increase his range of movement and muscle power, but to Jimmy it offers at the same time many pleasurable hours of designing and making a pipe rack for his father.
(Photos by David Portigal.)

M.R.H. Begins Treatment of Out-Patients

A limited number of patients were accepted for treatment and assessment on March 5 in the newly completed Out-Patient Department at the Manitoba Rehabilitation Hospital in Winnipeg.

The $4½ million hospital, which is being administered by the Sanatorium Board of Manitoba at the corner of Sherbrook street and Bannatyne avenue, will be opened in late April. It provides highly specialized services for the restoration of disabled, chronically ill or convalescent patients who can benefit from the hospital's intensive program. The objective is to provide a program of treatment, utilizing all of the hospital's specialized services, to give patients the opportunity to live, and possibly to work, to their fullest capacity.

In addition to accommodating 158 in-patients, the hospital also includes a large out-patient department which eventually will offer treatment and assessment to up to 200 patients daily.

Referred to this department by their own physicians, the present patients are being treated for a number of conditions — including stroke,

(Continued on page 2)

Survey of St. James to Begin Community Case-finding Program

The Sanatorium Board of Manitoba will open this year's community case-finding program with a massive survey of the City of St. James, Dr. E. L. Ross, medical director of the Board, announces.

The survey, to be conducted from April 30 to June 1, will consist of free tuberculin tests and chest x-ray examinationse to all St. James' residents who will take part. It will also include surveys of the students and teachers in 13 schools.

The tuberculin testing and chest x-ray programs are the cornerstone of the Sanatorium Board's tuberculosis preventive services. They serve a three-fold purpose by finding hidden cases of TB, determining the extent of the tuberculosis problem in the area, and educating the public concerning the prevention of tuberculosis.

In all, about 24 municipalities in Southern Manitoba will receive free tuberculosis surveys this year, says Dr. Ross. In addition the Board will hold about ten separate clinics in the North.

The end of this year's survey activities, he says, will mark the first time the province has been completely covered by our testing teams since the tuberculin test was introduced in our program several years ago. The Board's x-ray units have, of course, covered the entire province a number of times in years past.

Among the other municipalities or districts to be surveyed this year are East Kildonan (June 4 to 23), Snow Lake, Swan River, Minitonas, Hillsbury, L.G.D. Mountain North and South; Gilbert Plains, Shell River, Boulton, Shellmouth, Russell, Ellice, Westbourne, North Norfolk, Cartier, St. Francis, McDonald, Morris, L.G.D. Piney, L.G.D. Stuartburn, L. G. D. Armstrong, and Gimli (RCAF Station).

In the North, where surveys will emanate from our Clearwater Lake Hospital, under the direction of chief of medical services Dr. S. L. Carey, three clinics will be held in the late spring along the Hudson Bay Line at Ilford, Pikwitonei and Wabowden. Two clinics will be held in May and September at The Pas, an x-ray survey will be conducted at Grand Rapids, and another survey will be held at Clear water Lake Base.

The hospital's testing teams will conduct a tuberculin survey of all the school children at Churchill, and at the Guy Indian Residential School at The Pas. The teams will also assist with the Board's survey at Snow Lake, and with the surveys conducted each year by Indian and Northern Health Services.

In the City of Winnipeg tuberculin surveys have already been conducted in 10 high schools when some 10,120 students lined up for the free tests. (A total of 931 showed positive reactions.)

Industrial surveys, which are also an important part of the Board's preventive services, will be held in about 102 business or industrial firms by the end of this spring. By February 9, 1,704 employees had been tuberculin tested.

(In addition, 162 food handlers in West Kildonan have been x-rayed.)

The casefinding activities will wind up in Winnipeg in late November with a survey of all students at the University of Manitoba and at Manitoba Teachers College.

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New Members Join Our SBM Staff

With the opening of the Out-patient Department at the Manitoba Rehabilitation Hospital on March 5, several new members have been appointed to the Sanatorium Board staff.

Among those we welcome this month are **Miss Margaret Ruby Hall** who will be supervisor of the Out-patient Department.

Miss Hall, who was born in Winnipeg, is a graduate of Misericordia Hospital School of Nursing and holds a diploma in the teaching and supervision of nurses from the University of Manitoba. For the past three years she has taught nursing sciences in the School of Nursing at Victoria General Hospital. Prior to this, she had much experience in industrial, public health and hospital nursing.

Mrs. Wanda G. E. Parker has been named Co-ordinator, Treatment Programs, at the Manitoba Rehabilitation Hospital.

Under the direction of Miss Hall, Mrs. Parker will arrange the patients' appointments for treatment, co-ordinating them with the available treatment vacancies in the physical medicine departments.

The wife of Captain Arthur H. Parker of the Canadian Army, Mrs. Parker was born in Nova Scotia and is a graduate of the Nova Scotia College of Art. For several years she lived at Churchill where, among other things, she conducted a radio show for women entitled "Tea Talk".

Mrs. Parker came to Winnipeg three years ago. She has three children.

The Physiotherapy Department at the rehabilitation hospital has added a second physiotherapist to its staff. She is **Miss Jane Beryl Watson** from England.

Miss Watson, who was born in Devon, is a graduate from West London School of Physiotherapy and has a diploma in hydrotherapy from the Bath School of Physiotherapy and Hydrotherapy. She worked in various hospitals in both Bath and London and came to Winnipeg in 1957 where she joined the staff at Municipal Hospitals.

Other assistants in the physiotherapy department are **Miss Jennifer Ann Jones,** clerk typist, **Mrs. Heidi Skazedonig,** an aide, and **Cyril Montague Berrington,** nursing orderly.

Helping Mrs. Joy Huston, chief occupational therapist, are **Mrs. Irene Ward** and **Mrs. Elizabeth Mooney,** both aides, and **Hjalmar Wallin Johnson**, a technician. It is interesting to note that both Mrs. Skazedonig and Mr. Johnson, who is an accomplished carpenter, are Sanatorium Board rehabilitants, former TB patients.

Other new members of the rehabilitation hospital staff include **Miss Lisalotte Anthonia Schadebrodt,** nurses' assistant in the Out-patient Department, **Mrs. Caroline Veneschuk**, stock record clerk, **Mrs. Audrey Souch** a member of the kitchen staff, and **Norman H. Middlehurst,** of the maintenance department.

* * *

We also welcome **Miss Ethel Brown** who on March 1 assumed her post as chief medical records librarian at the Manitoba Rehabilitation Hospital.

A graduate of Regina General Hospital School of Nursing, Miss Brown holds a diploma as a Registered Record Librarian from St. Michael's Hospital in Toronto. Since 1954 she has served as a medical records librarian in a number of hospitals of various sizes. One of her most important posts in recent years was consultant for the Regional Hospitals of Swift Current, Saskatchewan, in which she had 20 hospitals under her jurisdiction.

Miss Brown, who came to Winnipeg two years ago, was born in Manitoba and received her early education in Roland. She is a member of the Registered Nurses' Association and of both the Manitoba and Canadian Associations of Medical Record Librarians.

In her post at the rehabilitation hospital, Miss Brown will contribute greatly to good patient care. The voluminous records she will keep will serve as a basis for planning patient care. They will provide a means of communication between the physicians and other professional groups contributing to patient care; they will furnish documentary evidence of the course of the patients' illnesses and treatment; and they will serve as a basis for review, study and evaluation of the medical care given to each patient.

* * *

Our Assiniboine Hospital in Brandon added an important new member to its staff this month when **George Dudley Crawford** stepped into the post of hospital pharmacist.

Mr. Crawford was born in Elfros, Saskatchewan, and is a 1940 graduate of the University of Manitoba School of Pharmacy. A resident of Brandon for many years, he was formerly self-employed as a pharmacist in that city. He is married and has three daughters: Barbara Lynn, 14; Ethel Jocelyn and Christine Lee, 12-year-old twins.

Mr. Crawford's appointment at Assiniboine Hospital was announced following the transfer from that hospital of **Clarence G. Bonney,** to the Manitoba Rehabilitation Hospital. Mr. Bonney has served for the past two years as the Sanatorium Board's Chief of Pharmacy Services.

James Gordon Loewen, formerly accountant at Assiniboine Hosiptal, was also transfererd to Winnipeg this month to take up his duties as accountant in the Sanatorium

Ninette Bonspiel

Congratulations to Murray Maxwell of Ninette who won the Grand Aggregate award at the closing of the local bonspiel on March 10. Comprising Mr. Maxwell's rink were Gladys Maxwell and Marion Hine, members of the business staff at Manitoba Sanatorium, and Mrs. Donna Minary of Ninette.

Christmas Seals Raise $180,740 For Provincial TB Programs

Manitoba's 1961 Christmas Seal campaign raised $180,740 for tuberculosis prevention. This amount, representing a two percent increase over last year's returns, is the second largest raised in the Sanatorium Board's history, and is only $308 short of the all-time record set in 1959.

The public's generous support of anti-tuberculosis work is very gratifying, J. W. Speirs, chairman of the Sanatorium Board, said. Without their continued assistance the Sanatorium Board would be unable to undertake its present program for tuberculosis control.

The funds raised during the Christmas Seal campaign, conducted from early November to the end of February, are used solely to help finance a three-pronged attack against TB throughout the province. Spearheading this attack are the free tuberculin and chest x-ray surveys to detect hidden cases of tuberculosis early, while they can be cured, and before infection spreads to others.

Christmas Seals also help pay for the rehabilitation of TB patients and for health education programs — two very important arms of tuberculosis prevention.

If we are to bring tuberculosis under control in Manitoba, all of these Christmas Seal services must be expanded during the next few years, Mr. Speirs said. Tuberculosis will continue to be a health problem until every case is found and treated properly.

A great deal of the credit for the success of the 1961 campaign must go to the 308 hard working volunteers who, during the six weeks prior to the opening of the campaign, spent 1,666 hours assisting our two Christmas Seal staff members with the preparation of Seal packets.

These packets, mailed to thousands of households throughout Manitoba, form the bulk of the Christmas Seal Campaign, said Mr. Speirs. But we also receive invaluable assistance from the province's newspapers, radio and television stations who donate much free time and space to inform the public about the need for tuberculosis preventive services.

To all of these people, and to the thousands of citizens who support our work, go our warmest and heartfelt thanks.

OUT-PATIENTS

(Continued from page 1)

paralysis, accident, rheumatoid arthritis, and amputation.

Upon entering the department, they were first interviewed by the Out-Patient Department Supervisor, then seen by the Chief of Medical Services Dr. L. H. Truelove and Clinical Assistant Dr. Fletcher Baragar who, in collaboration with the patients' doctors, organized a program of treatment with the chiefs of the occupational therapy and physiotherapy departments.

All of the patients who are receiving physiotherapy treatment are also taking a program of occupational therapy. A few of the patients are attending for occupational therapy alone.

In all, the treatment program for both in-patients and out-patients will eventually cover every aspect of physical and rehabilitation medicine and, in addition to physiotherapy and occupational therapy, will include remedial gymnastics, speech and hearing therapy, the fitting and training in the use of prosthetic devices, and special diagnostic and evaluation services.

SBM Life Member Furnishes Two Rooms At Rehabilitation Hospital

The Sanatorium Board of Manitoba expresses sincere appreciation to Mr. and Mrs. C. E. Drewry of Winnipeg who during the past month have contributed the cost of furnishing two rooms at the Manitoba Rehabilitation Hospital.

One of these is the large Manitoba Room, which is the patients' general waiting area on the ground floor. It is furnished in memory of Mr. Drewry's father, the late E. L. Drewry, a founding member of the Sanatorium Board in 1906 and one of Manitoba's most outstanding citizens.

An active member of the Board until 1929, the late Mr. Drewry was also a member of the committee who selected the present site of Manitoba Sanatorium at Ninette in 1910, and was named the Board's first honorary life member in 1930. He died in November, 1940.

The second room — a patient's single room in the Central Tuberculosis Clinic section of the rehabilitation hospital — is furnished by Mr. and Mrs. Drewry in memory of Mr. Drewry's own association with the members and staff of the Sanatorium Board.

Now an honorary life member of the Sanatorium Board, Mr. Drewry served on the Board from 1938 until 1954. During the last six years he was chairman of the former Dynevor Indian Hospital at Selkirk.

A.C.T. LADIES' AUXILIARY ROOM — This comfortable, attractive two-bed ward at the new Central Tuberculosis Clinic on Bannatyne Avenue, was furnished late last year by the members of the Ladies' Auxiliary of the Associated Canadian Travellers, Winnipeg Club. The furnishings. which cost $1,200, include two semi-electric, hi-low beds, two bedside cabinets, two overbed tables, an easy chair, two side chairs and two wardrobes. (Photo by David Portigal.)

Winnipeg Doctor Searches for New Diagnostic Test

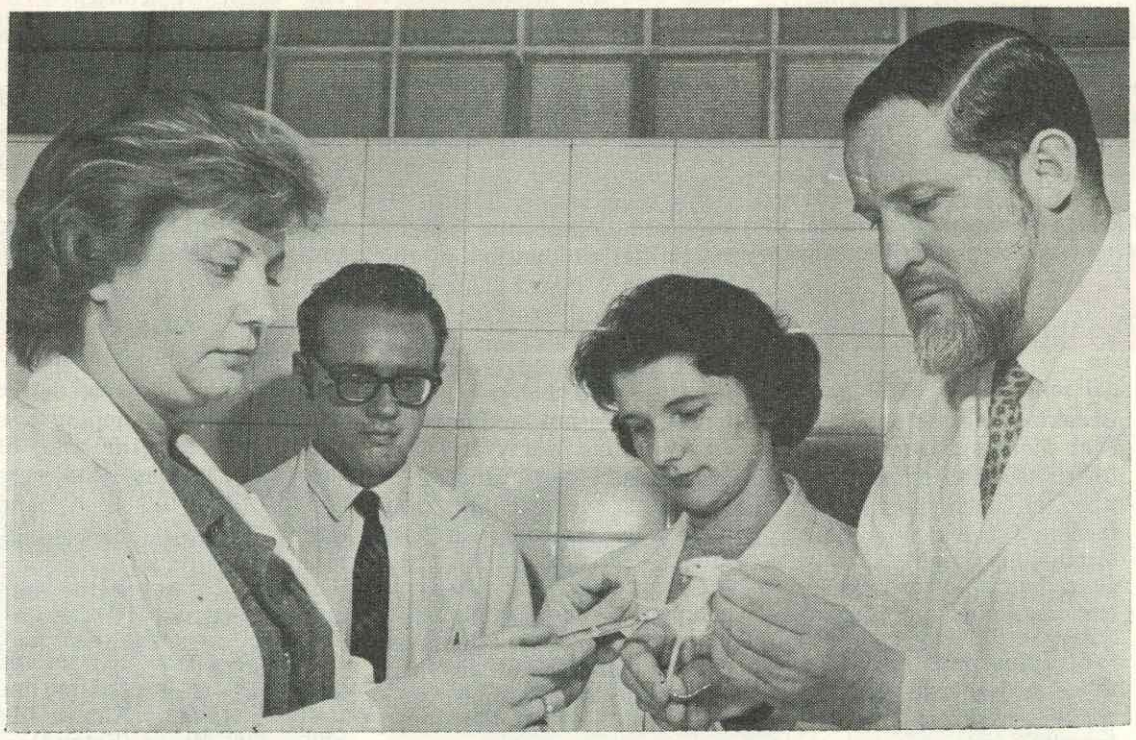
Early last month the editor, accompanied by photographer Dave Portigal, paid a visit to the bacteriological department at the Winnipeg General Hospital where we spent an enjoyable hour talking about mice with the director, Dr. Peter Warner. Dr. Warner, a native Winnipegger, is a big, amiable man with reddish hair, ruddy complexion and a rather shaggy Vandyke-type beard that gives him the wonderful appearance of a dedicated scientist — which he is. In his cavernous basement quarters at the hospital, he has a number of research projects going on; the one we were particularly interested in was the possible use of mice as an accurate and rapid means of diagnosing minimal tuberculosis.

Dr. Warner is being aided in his investigations by a $4,- research grant from the Canadian Tuberculosis Association. A graduate of the University of London, (he holds a Ph.D. degree in addition to his M.D.), he has long been interested in infectious diseases of all types, and prior to assuming his present post in 1958 did three years of research work in infectious diseases at the Institute of Medical and Veterinary Sciences in Adelaide, Australia. For some years he has been particularly intrigued by the methods of detecting active tuberculosis infection.

With our present methods, says Dr. Warner, the detection of tuberculosis can be a long, drawn-out process for the thousands of people picked up each year as TB suspects. Chest x-rays and tuberculin tests are only a preliminary diagnostic measure. To get final proof of disease and in order to determine a proper treatment program, the doctor must use certain laboratory tests.

Usually this involves growing a specimen of the patient's sputum (or of some body material suspected of containing tubercle bacilli, such as gastric washings) on a prepared culture medium, then by the staining method looking for the rod-shaped culprits under a microscope. Or in some cases it may take the form of inoculating a guinea pig with the specimen, then after some time killing the pig and performing an autopsy.

However, says Dr. Warner, since tubercle bacilli are slow growing germs, both of these detection methods present a big drawback in that they require a long wait—from three to five weeks for the development of a positive sputum culture, and anywhere from four to six weeks for the development of disease in a guinea pig. In the meantime, proper treatment of the patient is delayed and precious weeks are lost in hunting out the sources of infection. (As a precautionary measure the doctor will usually put the patient on anti-tuberculosis drugs and retain him in hospital to prevent the possible spread of infection.)



While Dr. Peter Warner holds the little mouse, assistant bacteriologist Dr. Shirley Parker injects a specially treated specimen, suspected of containing tubercle bacilli, into its stomach. Looking on are their assistants Bruce Tod and Mrs. M. H. Narozniak. (Photo by David Portigal.)

This then is where the mouse enters the picture. It is Dr. Warner's proposal that mice might provide a much more rapid laboratory diagnosis than either the culture method or guinea pig inoculation.

He is basing his investigations on a similar study conducted in 1960 by another research team, Gale and Lockhart, who report that the mouse test takes on the average of one week, with 70 per cent of the positive results occurring within the first five days.

Gale and Lockhart also claim that the mouse test is more sensitive than the culture1 . . . and it may have an additional advantage over the culture, suggests Dr. Darner, in detecting atypical tubercle bacilli.2

Dr. Warner's investigations consist of carrying out a mouse test in parallel with the standard tests now used in our laboratories. Aided by Dr. Shirley Parker, assistant bacteriologist, he collects specimens of sputum or stomach washings from TB suspects. These speciments are homogenized, shaken and centrifuged, then used in three ways: 1. They are cultured; 2. they are inoculated into the guinea pig; 3. they are injected into four little white mice (The animals also receive an injection of an accepted type of hog gastric mucin to enhance the growth of the germ.)

The culture and the guinea pig are examined for disease after the required number of weeks. The mice, on the other hand, are killed at weekly intervals, their spleens removed and rubbed on a glass slide, and the material stained for tubercle bacilli.

How long will the project take? One year perhaps, says Dr. Warner — but more likely three years.

Considering the benefits to be gained if the project proves successful, this isn't a very long time. If the diagnosis of tuberculosis can be expedited and treatment and preventive measures started much earlier (not to mention the gains to be made from reduced laboratory and hospital costs), the fight against tuberculosis will take a great step forward.

Dr. Warner has indeed our blessing and fervent wishes for success!

Other Research

Among the other doctors in Manitoba who are doing research in the field of thoracic diseases is Dr. Morley Lertzman at the Children's Hospital of Winnipeg.

Eight months ago, under the recommendation of the Sanatorium Board, Dr. Lertzman received a grant from the National Sanatorium Association (Muskoka Fund) to work on a method of assessing the adequacy of breathing in infants and children without putting a needle into the artery and getting a sample of arterial blood (today's standard method).

He expects to complete his investigations by July of this year.

Holiday from Health

Most people pay no attention to physical fitness between the ages of 18 and 30, but that's the very time to start "Training" for health and long life, says Dr. Paul Dudley White, Boston heart expert. They pay for this holiday from fitness the rest of their lives. It's never too late to start retraining, he says, but good health habits should be started in childhood. One good way is to encourage children to walk more.

1. Gale and Lockhart reported that 64 of their patients were positive by the mouse test but no tubercle bacilli were detected by culture. From 54 of these, tubercle bacilli had been isolated in culture on occasions three or more months previously. Clinical histories of the remaining 10 patients revealed existing tuberculosis or good presumptive evidence for it. On only one occasion were tubercle bacilli revealed by culture and not by mouse inoculation.

2. Atypical bacilli are also acid-fast bacilli (i.e. have the same staining feature as the t.b.) and have some of the characteristics of the tubercle bacilli. But they vary widely in their ability to produce disease. They are difficult to detect and at present our best means of detection is by inoculating the guinea pig with suspected material and examining it for disease. But guinea pigs, in addition to being slow to produce disease, are much more expensive and harder to keep than mice.

TB Control Must Concern Patient

There is an increase in the number of patients with drug resistant bacilli. This in many instances is due to the failure of patients to take drugs as prescribed. More than ever before, tuberculosis control depends upon the assumption by the patient of his responsibility for his cure.

This does not imply home treatment in the usual sense of the term, for it is still advocated that persons with tuberculosis be hospitalized for treatment until they at least become sputum negative. This method of treatment has several advantages. (1) It breaks the chain of infection. (2) It gives the patient an opportunity to learn about his disease. (3) It allows the patient to be treated with drugs under close supervision. (4) It permits the physicians to determine the type of organisms with which the individual is infected. This is important because there is an increasing number of patients infected with atypical organisms which cause a type of tuberculosis that does not respond significantly to the drugs presently in use.

What this increased emphasis on the patient's responsibility for his own treatment does imply is that doctors and public health personnel can only go so far in providing effective treatment. The rest is up to the patient. In the hospital or at home, he must cooperate in his treatment by taking the drugs as required.

Unfortunately, all tubercle bacilli can acquire resistance to drugs now in use for treating TB. This is usually the result of ineffective treatment. Failure of the patient to follow through with the treatment regime enables the bacilli with which he is infected to become resistant to the drugs with which he is being treated

Patients with drug resistant bacilli pose two big problems. In the first place the patient's chance of a cure is more difficult should reactivation of his disease occur, since in relapse many drug-treated patients have drug resistant bacilli. Secondly, he runs the risk of infecting others with these drug resistant germs.

These problems are of much concern to public health authorities, many of whom believe that drug resistance is now the greatest threat to tuberculosis elimination. If the situation is to be alleviated this concern must be shared by the patients, his family and the public as well.

—From ITAM

Me and My Shadow

By Abe Zacharias

One of the Sanatorium Board's most outstanding rehabilitants, Abe Zacharias is now in his third year of medicine at the University of Manitoba. During the two years he spent at Manitoba Sanatorium, he used much of his time to complete second year premedicine studies in English, economics, history and German. Following discharge he was helped to return to University through a $1,000 Department of Education Bursary and a special one-year grant from the Sanatorium Board. In the summers he bolstered his income first by serving as recreational director at Selkirk Mental Hospital, and last year by working as an interne at the Princess Elizabeth Hospital.

Abe is from Winkler, Manitoba. His father, John, is a patient at Ninette.

The summer of '56 began like any other summer in high school. Eager to face the world following graduation and anticipating the "promised land of medicine", I embarked on my summer vacation as an orderly at the King George Hospital. The first week was spent in becoming acquainted with the hospital routine. The weekend free, I looked forward to going home.

No sooner had I arrived home than the family doctor called and suggested that I come to see him. His first remark, "You've been burning the candle at both ends", was a prelude to the point of my visit. A routine x-ray taken in May had shown a shadow the size of a dime in the apex of my right lung. He suggested that I see Dr. Scott at the Central Tuberculosis Clinic in Winnipeg.

I arrived at the TB clinic on Monday, July 15, and in a short time received my first glimpse of the small threatening shadow that was to subsequently disrupt all my plans. After due deliberations my fate was decided upon and a verdict — six months in sanatorium — was handed down to me. I remember well my surprise and disbelief. "You must be kidding, doc; I feel perfectly well. You can't do this to me!" As I soon learned, he could, and that very night I took up residence at the C.T.C.

The next three weeks were the longest three weeks of my life. Imagine spending 33 hours a day in bed even though you feel perfectly well. To make matters worse, the nurses' tennis court was directly across the street! Never have I wanted to play tennis as much as I did during those weeks spent in "cell 41".

The sanatorium at Ninette is located on a hillside overlooking Pelican Lake. My first stop on arriving there was the infirmary. It was here that I was to become acquainted with the term, "to chase the cure". This commonly used phrase describes the type of life the patient must adapt to.

This is probably best explained by outlining the typical schedule of a TB patient. Breakfast was served at 7:30 each morning. Dessert consisted of a handful of pills — nine at each meal. As a freshie I had some difficulty swallowing them one at a time, but in several weeks it became a one shot affair.

Streptomycin was given twice a week in the "strep room." We queued up in a long line and as our turn came quickly bared our bottoms. The most important point to remember — learn to relax that gluteus maximus or it's going to hurt. Relax? Invariably I went as stiff as a board at first — but 156 shots later I was well drilled, and had learned by lesson.

"Rest hour" was from nine till noon. At noontime lunch was again served in bed and followed by more rest from noon till three o' clock. Mid-afternoon lunch meant more rest until six o'clock. After six the cards were dusted off and the regular evening activity of bridge, rummy, etc., began. As the highlight of the day, some cute nurse would administer a relaxing backrub. I usually managed to get several rubdowns and was much envied by my older colleagues. Thus, at the end of the day, well rested, I turned in for more rest — ten hours of sleep.

After all the investigative tests had been done and all the x-rays taken, the much discussed and long awaited conference day arrived. This was the big day when you were called down in "consultation" to have your ultimate fate decided on by the San medical staff. Upon entering the conference room I was immediately confronted by a long row of x-rays (the exact length depended on whether you were a veteran or a freshie). As the guest I was seated in a chair in the centre of the room surrounded by medical staff. My history was reviewed, discussed and debated in relation to my x-rays. While the great white men conversed in a foreign tongue, my pulse rate hit 150 and I noticed my hands were in a cold sweat. Finally the judgment was delivered — 18 months if all goes well, and surgery may have to be considered

I realized then that if I had been told this at the C.T.C. I would probably have died of cardiac arrest. Three weeks had already gone a long way to prove to me that the acid-fast bacillus plays no favorites.*

As soon as my length of stay was definite, the capable rehabilitation division of the Sanatorium Board moved in. Their purpose from the time of admission was to make sure one's time would be put to good use and that the leisure hours would not be dominated by undue worry and concern. An extensive program of vocational and academic training served to accomplish these ends — so that while in the san one could learn to type, complete grade school, finish high school, etc. Patients on leaving sanatorium are well equipped to continue their studies in a vocational school or to enter directly into the trade they had been learning. It can truly be said that for some fellows TB is the best thing that ever happened to them — opening new roads to better jobs and education.

As for myself I took my second year Arts while at the San. Have you ever attempted to understand Donne or translate Chaucer by yourself, or bring some measure of sense to:

"I never saw a Purple Cow,
I never hope to see one;
But I can tell you anyhow,
I'd rather see than be one."

Since you have no assistance from a scholarly professor you turn to your Eskimo buddy Moses, but he is of no help for all he says is "I no understand purple cow!" That makes two of you. Eventually you will come up with an interpretation that will baffle even the scholarly professor, but despite this you somehow manage to pass the course.

After one month I was moved out of the infirmary and my ground privileges were extended to walks after supper, and meals in the main dining hall. When I first started to climb the hills, I realized that even seven weeks in bed certainly had not done my muscles any good.

Aside from the bed rest, life in the san was far from dull. Movies were shown regularly and guest entertainers brought in periodically.

Christmas was celebrated with a large banquet which was held on Christmas Eve. The healthier patients formed a choir and in this way brought the favorite carols to their less fortunate brethern forced to remain in bed. The highlight of the festivities was a concert which was held a short time after Christmas. Here staff and patients combined their efforts to produce skits and musical numbers. The orchestra consisted of guitars and drums played by the Metis and Indian patients. The program consisted of their favorite westerns. Of interest was the absence of musical stands. The musicians preferred to have their music spread out on the floor. I myself had the opportunity to direct an Eskimo choir composed of 17 members who rendered carols in their native tongue. A few whooping war dances added to the color of the program. The skits were styled after our Beer and Skits night, with the patients taking advantage of this opportunity to knock the staff and vice versa.

Many of my roommates and close friends were Eskimo and Indian patients. Names like Shoo, Jar, Moses, Eetoudeey-luck bring to mind fond memories of the afternoons we sneaked out of the San to follow the trail of some innocent rabbit which invariably ended up in one of our snares. I learned as well from my friends the art of ice-fishing. I found quickly that while rabbit stew was a rare treat, muskrat stew was a bit too hairy to make a palatable meal.

The months progressed. Old friends were discharged, and new ones arrived. Many of the chronic patients passed on to the life hereafter. I was exposed to the many social problems that arose out of San life. Long periods of separation often led to divorce. An occasional friend did not return from the O.R. Others went home on leave and failed to return.

Twenty-three months after arrival the news of my discharge came, but strangely enough caused little excitement. The San had become a home to me, and friends on the outside were almost strangers. Secretly a deep-seated fear was present: I suppose a fear of facing the outside world again, a fear that my friends would not understand me.

Finally on that memorable day, with a pail full of pills and a "clean chest", I departed from Ninette, leaving behind a life I would never want to repeat; but for the world would never have missed.

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*ED. NOTE: Abe's tentative "six-month sentence", handed to him at the C.T.C., is now within the realm of possibility for many TB patients. With the recent advances in treatment, the majority of patients need no longer think of hospitalization in terms of two or three years.

Bulletin Board

The Sanatorium Board of Manitoba extends i warmest thanks to t members of the Associated Canadian Travellers, Winnipeg Club, who this month contributed another $2,000 to the Manitoba Rehabilitation Hospital fund. The money will be used towards the club's $100,000 pledge to buy special equipment for the hospital, and brings to date a total of $17,699 contributed towards this project.

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With regret, we announce the resignation of G. E. Mayne from membership on the Sanatorium Board. Mr. Mayne, who has been vice-president and general manager of the Canadian Pacific Railways, Prairie Region, has been transferred to Toronto to take on the same post for that region. He has been an elected member of the Sanatorium Board since he came to Winnipeg in 1955.

In a note to the Board's executive director Mr. Mayne expressed regret over his resignation. "However," he said, "although I will no longer be officially connected with the Sanatorium Board of Manitoba, my interest in the endeavours of the organization will continue unabated."

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Dr. Fletcher Baragar and Dr. Max Desmarais have been appointed to the medical staff of the Manitoba Rehabilitation Hospital. Dr. Baragar will serve as a part-time clinician and Dr. Demarais will be chief of prosthetic services.

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Dr. L. H. Truelove, chief of medical services at the Manitoba Rehabilitation Hospital, and Miss Bente Hejlsted, director of nursing services for the Sanatorium Board, were guest speakers on Thursday evening, March 15, at the meeting of District One, Manitoba Association of Registered Nurses, held in Misericordia Hospital auditorium. The topic of their addresses: "Rehabilitation."

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Among the recent activities of the Sanatorium Board were the annual meetings of the Assiniboine and Clearwater Lake Hospital Committee on February 26 and of the Manitoba Sanatorium and Preventive Services Committee on March 9.