

### Thirty Percent Make Use Of SBM Services

About thirty percent of the total population of Manitoba some direct benefit from reatment, preventive and bilitation services of the atorium Board of Manitoba in 1961. This means that more peo-

ple were served by our voluntary organization than in any other year, said T. A. J. Cunnings, executive director of the Board, at the Board's annual meeting on April 30.

A total of 1,979 residents of Manitoba were admitted to Sanatorium Board hospitals for treatment; 10,602 received treatment at these hospitals as out-patients; and 249,214 benefited from the Sanatorium Board's preventive services or rehabilitation program.

The year 1961 also showed further development and come achievements in the

term plans of the Sanam Board, Mr. Cunnings The tuberculosis treat-

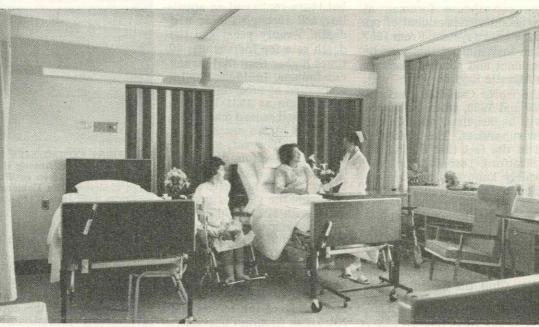
ment and control organization was consolidated and full utilization was made of former tuberculosis treatment facilities for other health services to benefit the people of Manitoba.

"The decrease in the need for tuberculosis treatment services is a condition that exists all across Canada," said Mr. Cunnings. "But I think it is fair to say that in Manitoba there has been a more expeditious transfer of treatment services and a broader development of the Board's responsibilities than in other provinces."

The Sanatorium Board's total treatment capacity, as of May 1, 1962, is 804 beds. Of these 377 beds are for the

tients and 427 for rehabilitation and extended treatment patients.

This is the first time in the Board's history that the number of non-tuberculosis beds has exceeded the number of tuberculosis beds.



Among the first in-patients to arrive at the Manitoba Rehabilitation Hospital this month are Martha Wyryha, left, of Pansy, Manitoba, and Beverly Barss of Winnipeg, caught here in happy conversation with Head Nurse Miss Agatha Wahl. Martha, 16, is a paraplegia patient, a transfer from the Winnipeg General; 14-year-old Beverly, transferred from Grace Hospital, suffered fractures to her right leg in a severe car accident. Both are undergoing a program of treatment that includes physiotherapy and occupational therapy. (Photo by David Portigal).

### TB Cases Drop, But Still Serious Leaks Of Infection Says Director

Tuberculosis is slowly declining, but not enough to eliminate this infectious disease as a major health problem, said Dr. E. L. Ross, medical director of the Sanatorium Board.

During 1961 there were 235 new active cases of tuberculosis in Manitoba, he said in his annual report to the Sanator-

ium Board on April 30. Compared to the 284 new active cases in 1960, this is an encouraging drop of 17.2%.

"But it must be realized," he said, "that many of these 235 cases received their infection from unknown cases of tuberculosis in the province — convincing proof that there are still serious leaks through which infection is seeping into the population."

The number of new cases is a more reliable index of the progress in the fight against tuberculosis than the number of deaths, Dr. Ross said. The increased success of treatment, through powerful drugs and new surgical measures, saves most tuberculosis patients from death. Last year only 32 people died from tuberculosis in Manitoba, giving the province an all-time low TB death rate of 3.5 per 100,-000 population.

"This is remarkable," he said. "As recently as 1950 there were 181 deaths and in 1940, before the advent of the new drugs, there were 369 deaths."

Other notable points in Dr. Ross' report were:

•Tuberculosis deaths were mainly among elderly people, there being 20 or 62.5% over the age of 60. Only three people died under 30 years of age. All but four of the deaths occurred in sanatorium or hospital.

•Although tuberculosis is a serious disease among older people, it continues to have a significant morbidity among those of younger ages. Thirty percent of the new active cases were under 30 years of age. At the other end of the age scale, 21% were over 60.

•A characteristic of tuberculosis is its relapsing nature. Occasionally this occurs many years after a patient has been treated for the disease and even when the original treatment was apparently successful. This is one of the difficulties in attaining eradication. In 1960 20% of the active cases reported were relapses. •With fewer new cases and shorter hospitalization, treatment days for tuberculosis continue to decrease — 28% fewer in 1961 as compared with 1960.

•Beds also decreased. The total number of patients in sanatorium on December 31, 1961, was 388. Most of these patients were at Manitoba Sanatorium, which is now the tuberculosis treatment centre for the province.

(Continued on page 2)

### MRH Opens Sixth Floor To Patients

The Manitoba Rehabilitation Hospital received its first in-patients this month. On Friday, May 4, the sixth floor of the hospital was ready for occupancy and on that day 15 persons, arriving by wheelchairs, stretchers and on foot, took up residence in the hospital's big, sunny rooms. Since then there has been a steady trickle of new patients into the hospital and by June 17 it is expected that the fifth floor will be ready for occupancy.

The total in-patient accommodation of the Manitoba Rehabilitation Hospital is 158 beds. In addition, the hospital is equipped to handle as many 200 out-patients daily; so far about 100 persons have been admitted to this department.

The new patients vary in age, from adolescent to oldster, and they suffer from a number of conditions, including arthritis, stroke, paraplegia and fractured limbs. Most of them are transfers from a general hospital where they have already received treatment for any acute conditions.

Each patient has a program of treatment designed to meet his special needs for rehabili-(Continued on page 2)



### Notes Big Drop In Tuberculosis Among Indians

"One of the most remarkable and dramatic stories of disease control must undoubtedly be that of tuberculosis among our Indian and Eskimo population."

So says Dr. E. L. Ross, S.B.M. medical director, in his annual report.

"In the latter part of the last century the ravages of this disease in epidemic proportions threatened to wipe out the Indian population.

"The acute phase subsided but there continued an appalling toll through illness and death. Twenty years ago the death rate for Indians was 40 times higher than that among non-Indians. In 1940, 166 Indians died of tuberculosis . and as late as 1951 this disease ranked second among the causes of Indian deaths.

In 1961, however, only five Indians in Manitoba died from tuberculosis, says Dr. Ross. There were 56 new active cases during the year — as compared with 329 in 1950.

"This remarkable change has been due to a number of factors (e.g. improved living among Indians), standards but most of all it has been due to the aggressive policy and action of the Indian and Northern Health Services," he says.

But successful as the program has been, much remains to be done in combatting tuberculosis among the Indians. Compared to that among non-Indians the morbidity rate is still very high and the TB death rate among Indians in Manitoba is 20 per 100,000 population. (The provincial TB death rate is 3.5 per 100,000.)

For this reason, every case

THE FIRST COMMUNITY SURVEY of the year began in St. Jame THE FIRST COMMUNITY SURVEY of the year began in S. state City on April 30. Among the first to line up for free skin tests Debbie-Jane Cameron of Woodhaven School, shown here with c paign chairman Jim Cameron and Miss Shirley Shanks. The survey continues until June 1. (Photo by Glen Robinson).

#### TB CASES

(Continued from page 1) •Of those admitted to sanatorium in 1961, 13% had far advanced disease. About onethird were re-admissions.

Case-finding is the core of tuberculosis prevention, and last year a total of 248,690 Manitobans had free TB examinations at clinics and surverys. Of these, 171,037 received free tuberculin tests or chest x-rays at the Christmas Seal financed community survevs.

"If progress against tuberculosis is to be maintained, these surveys must be continued," Dr. Ross said. "Otherwise the prevalence of the disease will level off or, more probably, will increase, and tuberculosis will drag out as a long term problem.

Dr. Ross also pointed out that about 20% of our present population is infected with the germs that cause tuberculosis. This means that approximately one out of five persons is a potential victim of tuberculosis.

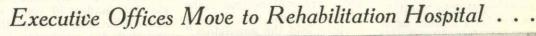
#### PATIENTS

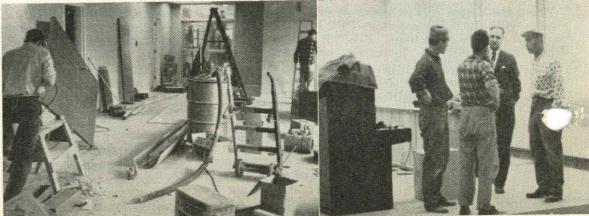
(Continued from page 1) tation. This program includes physiotherapy and occupa-tional therapy, speech therapy and remedial gymnastics and the fitting and training in the use of prosthetic appliances.

Eventually the in-patients will occupy the fourth, fifth and sixth floors of the hospital section. The double corridor plan has been used throughout the section, with the patients' rooms on the "sunny outside" and the nursing stations, utility and service rooms in the centre.

Most of the rooms have f beds, since having disa persons in close association with each other provides opportunity for a healthy, competitive spirit.

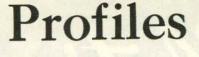
The rooms are large, bright and comfortably furnished. The furnishings include tables high enough to accommodate wheelchairs and closets located next to the beds so that patients can get up and get dressed in the mornings.





April 26, 1400 hrs.: They think they're moving in tomorrow!

1500 hrs.: Listen mister, you must be kidding.



The Sanatorium Board of Manitoba takes great pleasure this month in welcoming two new men to their elected mem-bership. D. V. Gonder and S. M. Gossage were elected members of the Board at the annual meeting on April 30.

#### **DOUGLAS V. GONDER**

Douglas V. Gonder arrived in Winnipeg recently to assume his position as vice-president of the Canadian National Rail-ways, Prairie Region. He succeeds J. R. McMillan, also an elected member of the Sanatorium Board, who retired from this post early in the year.

Born at Pingyao, China, of Canadian missionary parents,



Mr. Gonder began his railway career in 1925 as an apprentice in the CN shops at Stratford, Ontario. During the next 30 years he served in a variety of posts that ranged from roundhouse foreman at Mimico to assistant vice-president of operations for the entire system. From 1957 until he came to Winnipeg this year he was vice-president and general manager of the CN's Atlantic Region.

His experience has covered the whole Canadian National System and, during the years 1949 and 1950, when he served as general manager at Winnipeg, he acquired an intimate knowledge of the territory he now supervises. The variety of his experience is best illustrated in the fact that during his career he has made his home in Stratford, Toronto, Montreal, Moncton and Winnipeg. He is widely known as an able ad-ministrator and articulate spokesman in the transportation field.

Mr. Gonder is married and lives in The Edinburgh House on Wellington Crescent, where he pursues a number of hobbies, including astronomy, music, literature and photography. He and his wife, Doris Esther, have four daughters.

In addition to his work with the Sanatorium Board Mr. Gonder is a member of the Canadian Club, the Canadian Railway Club, the American Society of Mechanical Engineers, Mc-Gill Associates and the Royal Montreal Golf Club. He is also a member of the Board of Directors of the Inter-Varsity Christian Fellowship and a director of the Canadian Premier Life Insurance Company in Winnipeg. Before coming to Winnipeg he was, among other things, a member of the Board of Governors for Acadia University, an executive member of the Moncton Hospital Board and 1960-61 president of Greater Moncton Community Chest.

#### STEVENSON M. GOSSAGE

Stevenson Milne Gossage succeeds G. E. Mayne, a former member of the Sanatorium Board, as vice-president and gen-eral manager of the Canadian Pacific Railway Company, Prairie Region. Following Mr. Mayne's transfer to Toronto, Mr. Gos-

sage arrived in Winnipeg to take over his new post on March 16. Until that time he had been vice-president and general manager of the CPR's Eastern Region.

The son of an English physician, Mr.

Gossage was born in London and receiv-

ed his early education at England's

famous Rugby School. In 1926 he receiv-

ed a B.Sc. degree in engineering from



London University; a few years latter attained his M.Sc. degree in transportation from Yale. He began his career with the CPR in 1926 as clerk and stenographer in the freight office at Trois Rivieres, Quebec; from then on made the gradual climb upwards, from stenographer to statistician, from assistant manager of personnel to manager of labor relations (Montreal), and from assistant vice-president to vice-president and general manager.

During his career Mr. Gossage has devoted a great part of his time to many clubs and organizations and, among other things, is a member of the program committee of the National Board of YMCA's of America, the Canadian Institute of International Affairs, and the Canadian Political Science Association. He was also a member of the Provincial Council of the Boy Scouts Association and the Empire Club of Canada (Toronto). On the professional side, he is chairman of the Public Markets Ltd., and the Prairie Provinces Forestry Association; a director of the Manitoba North Western Railway Company of Canada and the Saskatchewan and Western Railway Company.

Mr. Gossage is married and has two children, Johnathan Frederick Milne and Edith Abigail. He makes his home in Tuxedo and his favorite recreation is gardening and lawn tennis.



finding method at our disposal must be continued and accelerated, says Dr. Ross. During 1961 a total of 10,038 Indians were x-rayed at surveys and clinics, provided through a joint effort of the Sanatorium Board and Indian and Northern Health Services. This is about 40 percent of the total Indian population.

# Staff Soars to 700 With Opening of Hospital

A few months ago the staff of the Sanatorium Board of Manitoba numbered a good 580 members. This month, with the partial opening of the Manitoba Rehabilitation Hospital i: Winnipeg, that figure has soared to 700! In the following

nany of the new persons wwwelcome to our Manitoba Rehabilitation Hospital staff. First of all, joining the hospital's medical staff are Dr. Morley Lertzman, who is clinical assistant along with Dr. Fletcher D. Baragar; Dr. M. G. Saunders, chief of Medical Electronics Services; Dr. M. H. L. Desmarais, chief of Prosthetic Services; Dr. R. M. Cherniack, consultant in Chest Diseases; Dr. M. J. D. Newman, consultant in Neurology; Dr. P. N. Porritt, consultant in Orthopedics; and Dr. C. A. Smythe, consultant in Urology.

Miss Mary Pemberton-Smith arrived in Winnipeg a few weeks ago to become nursing instructor at the n i t o b a Rehabilitation

appointment, she was involved in rehabilitation work with discharged psychiatric patients for the Ontario Department of Health in London. She is a graduate of St. Mary's Hospital in Montreal. Miss Helen M. Kennedy,

Miss Helen M. Kennedy, formerly a member of the nursing staff at our Assiniboine Hospital in Brandon, has been appointed day supervisor; Mrs. Isabella Findlay has been transferred from her post as night supervisor at the Central TB Clinic to night supervisor at the M.R.H.; Mrs. Mary Swaffield has been appointed evening supervisor, and Mrs. Dorothy Jordan is relief evening supervisor.

iss Agatha Wahl is head e on the newly opened sixth floor. She was formerly a member of the nursing staff at Assiniboine Hospital until she left to take a course in nursing supervision and administration at the University of Saskatchewan. Mrs. Doris Smith, who until recently was an outstanding member of the nursing staff at our Clearwater Lake Hospital. is now head nurse on the hospital's fifth floor. Assistant head nurses are Mrs. Lillian June Berg and George Feilotter who originally came from Leipzig.

Eric W. Mannal, R.N., is supervisor of the Operating Room and Central Supply Room. He is assisted by Mrs. W. E. Erbach, nursing assistant.

General staff nurses include Mrs. Audrey E. Bergman, Mrs. Audrey M. Brotherton and Miss J. M. E. Carey.

The new Licensed Practical Nurses are Mrs. Stella J. Steininger, Mrs. Stella Martin (Out-patients' Department), Miss Gloria E. Rodgers and Mrs. Rosemarie Duncan.

Among the new nursing orderlies is **Wasilie Medwe**diuk who some Sanatorium Board staff members will remember was among the last group of tuberculosis refugees to arrive in Manitoba in March, 1961. He is a native of Rumania. The other orderlies include George Traverse, Stephen Ecker, who comes from Hungary, and Martin McKay, the brother of Elijah McKay who numbers among the Board's most outstanding rehabilitants. All of these orderlies are graduates of the Winnipeg General Hospital's Orderly Training Program.

The nurses' assistants staff includes Miss Hillegonda (Hilly) Stam, a recent arrival from The Netherlands, Miss Rosa Viszmeg, who comes from Hungary, Mrs. Maria Dobo, Miss Hilda Bee, Louies Varga, who also comes from Hungary, Mrs. Ann Clark, and Miss Marguerite D'Arcis. Marguerite is the sister of Mrs. Elsie D'Arcis Cameron, another Sanatorium Board rehabilitant well-known to many of the staff members. Mrs. Cameron is now working with the bed patients as a parttime occupational therapy assistant.

Other new members of the Occupational Therapy Department are Mrs. Blanche Kiddell who recently came to Winnipeg from England, Mrs. Helen Hobson, receptionist for the department, and John McKay, technician, formerly an extended treatment patient at Clearwater Lake Hospital, The Pas, and a recent "graduate" from our Rehabilitation Unit at Brandon.

In the Physiotherapy Department we meet two new staff physiotherapists. A hearty welcome is extended to **Miss Patricia Quinn** and **Miss Shannon Stone**. Miss Quinn, a graduate of the University of Alberta School of Physiotherapy, comes to us from St. Boniface Hospital. Miss Stone was formerly at the Children's Hospital and holds her diploma from McGill.

Down in the Rehabilitation Hospital's basement, Mrs. Helen Wilde is helping Mrs. Ethel Hirst in the Linen Room. Steve Kotz has joined the staff of the Maintenance Department.

Andrew Thompson Caldwell is the head porter at the M an i t o b a Rehabilitation Hospital. His assistants are John C. McLean, Anthony McSween and John Grolyo. Among the new office staff

are Mrs. Beulah Agnes Mc-Bain, secretary to Miss E. G. Coull, the director of nursing, and Miss Pemberton-Smith; Miss Rosemarie Hoopalo, assisting Kenneth Rowswell, Sanatorium Board Purchasing Agent; Mrs. Arlie Carbert, who comes from St. Boniface Sanatorium to take up her duties as stenographer in the Medical Records Department; Mrs. Cecile Paluck, secretary to Dr. L. H. Truelove, chief of medical services; Mrs. Margaret Lowe, senior clerk in the rehabilitation hospital's business office; and Mrs. Mary Callan, who has suc-ceeded Mrs. Caroline Veneschuk as stock records clerk following Mrs. Veneschuk's appointment to the Admit-

ting Department.

Manning the h osp i t a l switchboard in the evening is Miss Thelma Robinson. M iss Esther Schellenberg takes over on weekends. Miss Trudy Morrell continues to provide fine service during the day.

The Patients' Cafeteria opened at the rehabilitation hospital on Monday, May 7. The cafeteria staff includes Mrs. Dorothy McDermott, cafeteria supervisor, M r s. Louise Moe and Mrs. Sue Jones, cashiers, Mrs. Mary Chetyrbok, Mrs. Nora Magel, Mrs. Marian Munroe, Mrs. Margaret Waluk, Mrs. Margit Mandaczo and Miss Lois Erickson.

We particularly welcome Frank Kamyszek, the new head cook who under the direction of Miss Nan. Tupper Chapman, Director of Dietary Services, is providing the hospital with exceptionally good meals. Other new members of the kitchen staff are Giovanni Cantafio, Luigi Delgrosso, Mrs. Mary Hudema, Carman Basso, Mrs. Margaret Zeiler, Harry Bader and Mrs. Connie Peipmann.

Staff increases haven't been limited to only the Manitoba Rehabilitation . . . although by now most might think so! At the Central Tuberculosis Clinic our new night supervisor is Mrs. Anna B. Lewis. Miss Vera Jessie Wright has joined the general nursing staff and Katherine Iwaschuk is the new licensed practical nurse. Melville H. Pearce has taken on the job of teaching the patients.

Recent additions to the staff at Manitoba Sanatorium, Ninette, include Mrs. Dawna Marie Robertson, general staff nurse, Miss Esmine Shand, who this month arrived from Jamaica, Miss Margaret Chau, who comes to us from Taiwan, via the Massachusetts Eye and Ear Infirmary in Boston. And up at our Clearwater

Lake Hospital, The Pas, we welcome Mrs. W. S. Howes

## SBM Patients Display Crafts

Beautiful displays of Indian and Eskimo handicrafts won many plaudits for Sanatorium board patients at recent exhibitions in Manitoba.

At the Royal Alexandra Hotel last month an eyecatching exhibit of soapstone carvings, leather and beadwork, exquisite jewelry and other handmade articles drew admiring comments from teachers attending the Manitoba Education Association Convention.

The articles, fashioned by Indian and Eskimo patients at o u r Manitoba Sanatorium, were artfully arranged in front of a large backdrop featuring an Arctic scene. Special lighting was used to throw a soft glow on cut-outs of icebergs, polar bears, seals and other animals which stood out against a blue Arctic sky.

Presiding at the three-day display was Miss Mitzi Newmark, crafts instructress at Manitoba Sanatorium, assisted by Mrs. V. E. Davidson who until her retirement last winter was crafts instructress at Assiniboine Hospital.

A display of handicrafts by patients at our Clearwater Lake Hospital at The Pas aroused great interest at the annual Trappers' Festival in February. Eskimo soapstones carvings were especially in great demand and drew many comments on the excellent workmanship.

The articles, including carvings, wallets, slippers, parkas, and mukluks, raised nearly \$300 for the patients.

Mrs. H. Stevenson, crafts instructress at Clearwater Lake Hospital, had charge of the display.

who recently took over her duties as housekeeper. Mrs. Howes was born in Rotterdam, Holland. Mrs. Agnes Woolfitt, a native of Scotland, is the new head nurse



April 27, 1000 hrs.: We're set. Where are the trucks?

1500 hrs.: OK Esther. You tell me where we put 300,000 cards! April 30, 1200 hrs.: So what's our plan for the next 5 years .



ATTENDING THE ANNUAL MEETING of the Sanatorium Board on Monday, April 30 were: Seated left to right, A. E. Longstaffe, J. F. Baldner, Dr. A. C. Sinclair, George Collins, D. V. Gonder, S. Price Rattray, R. L. Bailey, J. W. Speirs, Dr. Ross Mitchell, Frank Boothroyd, Dr. F. Hartley Smith, Dr. E. L. Ross, Dr. O. J. Rath, Dr. C. W. Burns (a former member of the Board) and Dr. D. L. Scott. Back row: J. R. McMillan, H. T. Decatur, George Iliffe, E. B. Pitblado, Q.C., A. H. Atkins, R. F. Marks, Edward Dubinsky, T. A. J. Cunnings, Dr. C. D. Lees, Dr. Fletcher Baragar, Dr. L. H. Truelove, Dr. R. M. Cherniack and Dr. F. R. Tucker. (Photo by David Portigal.)

Our 1962 Board Members

## Delegates From Malaya Inspect Provincial T. B. Organizations

This month we had the pleasure of meeting two distinguished, and extremely pleaant, gentlemen from the M a l a yan Anti-Tuberculosis Association.

Ng Kon Chee, honorary secretary of the association's national office, and S. K. Sundaram, president of the Panang State Anti-Tuberculosis Association, flew into Winnipeg on Wednesday, May 9, on a 12-week study tour of voluntary tuberculosis organizations in Canada. Travelling under the Colombo Plan, the men have already visited the TB associations in the West and are now busy touring our Eastern centres.

During their two-day stay in Winnipeg Mr. Chee and Mr. Sundaram inspected the tuberculosis control facilities of the Sanatorium Board, particularly the Board's tuberculin testing and chest x-ray services and the Christmas Seal organization which helps finance these free surveys.

Their object, explained Mr. Sundaram, an electrical engineer and industry promoter by profession, is to strengthen the operations of the voluntary TB organizations in Malaya . . . in the hopes that tuberculosis can be brought under control in that country during the next ten years.

This would seem an ambitious "ten-year plan" for, as the delegates pointed out, tuberculosis is a serious problem in Malaya. It is estimated that from four to five percent of the Malayan population is suffering from active disease.

During the visit we learned a few interesting facts about Malaya. For example, the country, which has a population of some six millions, is divided into 11 states, each with its own government.

It's much like Canada except that these states are crowded into some 50,690 square miles . . . comparable to the size of Michigan.

And just as Canada is made up of many races and nationalities, so too is Malaya. The population is composed of about 40 percent Chinese extraction, 40 percent Malay, 11 percent Indian and the remainder miscellaneous. The finely built Mr. Chee, for instance, is of Chinese extraction while his tall, dark, British-educated companion is of Indian extraction.

The voluntary TB work in Malaya is also conducted in much the same manner as in Canada, there being a national body and 11 state organizations. The purpose of these organizations is to supplement or complement the work of the government, with the association conducting its own case-finding and rehabilitation programs.

Both Mr. Chee and Mr. Sundaram were impressed with the contributions made by the voluntary organizations in this country. They were particularly interested in the public's response to community TB surveys and the enormous contribution made by voluntary workers to these surveys.

Our Christmas Seal operation also seemed to interest them. Malaya has a Greeting Seal campaign, but this idea is still in its early stages as they've only had it one year so far.

Yet the Malay association isn't too concerned about fund raising as a good part of their finances come from a State Lottery Board.

This perhaps raises a moral question, said the delegates, but like a 10t of other people Malayans like to gamble. Rather than let the money go to waste, the government has taken control of these gambling operations, set up a Board to re-distribute the J. W. Speirs was re-elected chairman of the Sanatorium Board of Manitoba at the Board's annual meeting last month.

Other executive members are: J. N. Connacher, vice-chairman of the Board and chairman of Assiniboine Hosp i t a l Committee; Frank Boothroyd, chairman of Manitoba Sanatorium and the Preventive Services Committee; R. H. G. Bonnycastle, chairman of Clearwater Lake Hospital Committee; S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee; E. B. Pitblado, Q.C., honorary solicit-or; and R. L. Bailey, who in addition to being an executive member is also the Board's representative on the Executive Council of the Canadian Tuberculosis Association.

Two new elected members were welcomed to the Board: D. V. Gonder and S. M. Gossage. Other elected members include: J. F. Baldner, Dr. L. G. Bell, D. W. Casey, George Collins, H. T. Decatur, Dr. J. E. Hudson (of Hamiota), J. R. McMillan, T. A. Moore (of Brandon) and H. T. Spohn.

New statutory member of the Board is Dr. John A. Macdonell, who represents the Provincial Department of Health along with the Hon. George Johnson, M.D., Dr. R. M. Creighton, the Hon. Sterling Lyon and George Iliffe. Other statutory members are J. R. McInnes, representing the City of Winnipeg; D. F. Rose and Ald. Peter McKall,

money to such deserving organizations as libraries, community centres and youth clubs, sports facilities and the voluntary TB association.

It seemed like a pretty fair idea to us . . . and we can do no more than wish these two fine gentlemen the very best luck in fulfilling their dream. representing the Union of Manitoba Municipalities. Honorary Members

During the meeting two distinguished physicians were elected Honorary Life Members of the Sanatorium Board. They are Dr. J. D. Adamson and Dr. Ross Mitchell.

Dr. Adamson first became associated with the Sanatorium Board in 1932 when he represented St. Boniface Sanatorium as its medical director. When he discontinued his direct relationship with that sanatorium he became an elected member of the Sanatorium Board and for many years gave invaluable counsel as chairman of the Board's Medical Advisory Committee. Dr. Adamson is a man greatly honored by the medical profession across Canada. At one time he was president of the Canadian Tuberculosis Association.

Dr. Ross Mitchell, distinguished scholar and historian, a great friend and colleague of the late Dr. D. A. Stewart who was the founding superintendent of Manitoba Sanatorium, also became associated with the Board in 1932, as representative of the Manitoba Medical Association. Two years later he was elected to membership on the Board and for a number of years acted as chairman of the Medical Advisory Committee. He is a life member of the Canadian Tuberculosis Association.

Dr. Adamson and Dr. Mitchell join three other life members of the Board: Isaac Pitblado, Q.C., a renowned lawyer and one of the first members of the Sanatorium Board; C. E. Drewry, who served on the Board from 1938 until 1954 and was chairman of the former Dynevor Indian Hospital at Selkirk; and A. E. Longstaffe, who was an outstanding elected member of the Board for six years and served as vice-chairman of the Administration and Finance Committee.

### Bulletin Board

The Sanatorium Boars extends a warm work thank you to Moore's Ltd. who last month do ted a \$1,000 cheque to the Board to provide furnishings for the patients' day room on the fifth floor of the Manitoba Rehabilitation Hospital.

We also extend our hearty congratulations to the class of nurses' assistants at our Clearwater Lake Hospital, who successfully completed the Nurses' Assistants Training Program. The second class at the hospital to graduate from the course, they include Mrs. Margaret Ketcham, Miss Miriam McGillivary, M r s. R o s e Johnson, M i s s Yvonne Howells, Sir Hastings. Mrs. Helen kett, Miss Sonya Ba and Mrs. H. Steve, (crafts instructress). The ceremony was held on April 10 and R. F. Marks, SBM comptroller, w a s guest speaker.

The 62nd annual meeting of the Canadian Tuberculosis Association and the fourth annual meeting of the Canadian Thoracic Society will be held at the Macdonald Hotel in Edmonton, June 11 to 14. Among the Sanatorium Board personnel taking part in the sessions are T. A. J. Cunnings, executive director, who will take part in a panel on "Unsolved Problems of Tuberculosis", and Miss M garet Busch, superviso R e h abilitation Servic, (Tuberculosis), who will be in on a panel discussion on "P o s t Sanatorium Training Opportunities." Dr. Peter Warner, who

Dr. Peter Warner, who is currently doing research on a new TB diagnostic test, will also attend the sessions and take part in a discussion on research.

It has been another busy month of speaking engagements for several of our staff members. Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital, again took the speakers' stand on May 16 when he appeared beforthe Rotary Club of W peg. And on the day vious Mr. Cumpings

vious Mr. Cunnings a talk on the rehability tion hospital to the Manitoba Branch of the Canadian Physiotherapy Association. The meeting was followed by a tour of the hospital.