

News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

VOLUME 4—No. 7

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

JULY, 1962

Delegates Ask For Eradication as Next TB Goal

Every year in Canada about 10,000 people break down with active tuberculosis. Of these about 35% are former patients whose tuberculosis has become reactivated. Each year around 800 Canadians die of this infectious disease. Thousands more (approximately 20% of the population in Manitoba) are infected with the germ that causes TB and stand the risk of breaking down with active disease at any time in their lives.

Four days last month representatives from tuberculosis organizations across Canada pondered these facts when they gathered for the 62nd annual meeting of the Canadian Tuberculosis Association in Edmonton (June 11 to 14). The theme of the conference was "Unsolved Problems of Tuberculosis" — and as delegates discussed and re-discussed the issues, one problem seemed to emerge at the head of the list: Should member associations focus more attention on TB eradication rather than on control.

With 6,800 new active cases reported annually in Canada, with 3,400 reactivated cases, one can hardly assume that tuberculosis is under control on a national level, delegates said. On the other hand it is true that death and morbidity rates are gradually declining, and it is entirely possible that TB control will be reached within the next few years.

Rather than sit back complacently when this goal is achieved, delegates said, perhaps we should choose now the longer, harder road to eradication.

The acceptance of the concept of eradication in place of control would force a radical change in the objectives of anti-tuberculosis programs. The objective of control is to reduce the incidence of tuberculosis to a point where not more than one percent of the children of school leaving age have been infected by tubercle bacilli. The objective of eradication, on the other hand, is to prevent the occurrence of TB altogether—even in the absence of preventive measures unless, of course, reintroduction occurs.

This change in emphasis sharp-focuses a number of problems to which solutions are difficult. These are the major ones as outlined by

CTA executive secretary Dr. G. J. Wherrett and conference guest speaker, William R. Barclay of Chicago, president-elect of the American Thoracic Society:

The need for a TB bactericidal — While we have good drugs (about 90% effective) that inhibit the growth of the TB bacteria, we don't have one that will kill the organism. We also need an effective drug with a shorter length of treatment. (The average length of drug treatment now is about two years.)

Better supervision of patients — It now appears that TB patients on the average spend only from one-third to one-half of the treatment time in hospital. The question then arises: how one can give adequate supervision to make sure they carry out the treatment program after they leave hospital.

We often neglect to educate the patient while he is in hospital about the importance of uninterrupted treatment, said Dr. C. A. Wicks, president of the Canadian Tuberculosis Association. In the past patients were discharged home when they were well into con-

valence; now they are going home only partially cured.

Dr. Wicks suggested that out-patient clinics (which are now beginning to take the place of inpatient services) require more staff to give detailed care and examination to patients. He also suggested that all inactive TB patients be given more intensive medical and nursing supervision to help prevent reactivation of disease. Perhaps, he said, follow-up of former patients should be continued as long as 20 years or even a lifetime.

Education of the public and professional people. If we feel tuberculosis is a very important public health problem, how do we get this across to the professional people, health personnel and the general public who so often feel that tuberculosis is a disease of declining importance.

At this point the medical men spoke up to say that nowadays medical students and nurses aren't given a chance to develop an interest in or knowledge of tuberculosis and its problems. Medical students have an inadequate knowledge of TB, few do any interning in sanatoria. Intensive instruction in tuberculosis nursing has, for the most part, been lifted out of nursing school curricula.

But delegates agreed that, with shortened treatment in

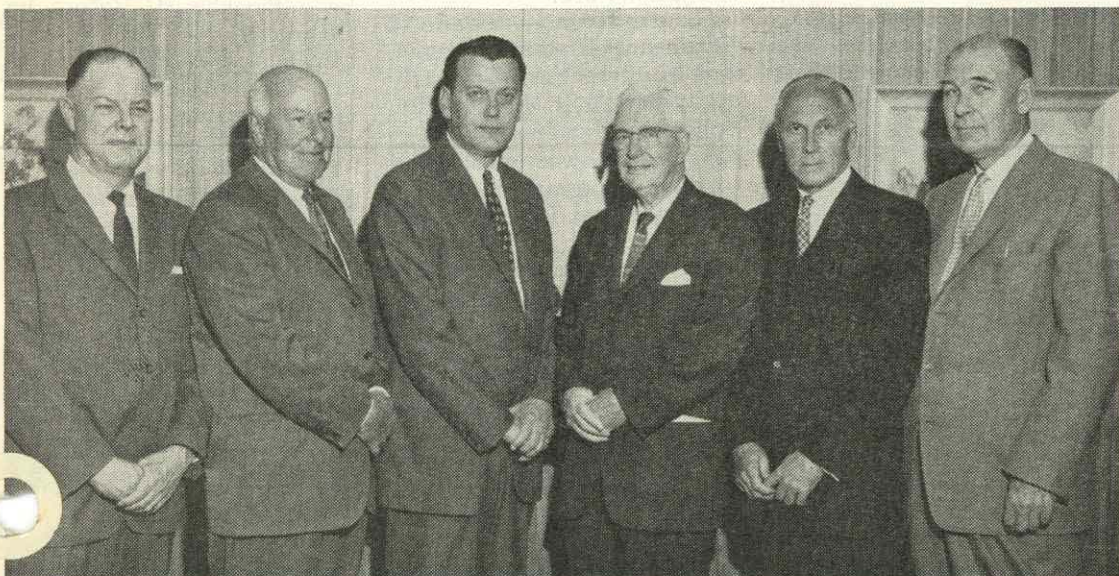
sanatoria, private physicians will have to participate more and more in the treatment of patients at home. It is foreseeable that in some places TB wings may be added to the general hospital. This puts the problem directly on the doorstep of the medical and nursing schools, they said.

The conference agreed that an interest in tuberculosis must also be re-created throughout the whole population. More than ever people must be encouraged to take advantage of the preventive facilities we now have — the free chest clinics and tuberculin surveys.

Maintain constant vigilance — All the delegates agreed that our preventive efforts must be pushed to the hilt if we are ever to reach TB eradication. But they were sharply divided in their opinions as to whether the present program of mass tuberculin testing and chest x-raying should be continued as before, or if some new approach should be taken.

If eradication is our goal we need a more effective vaccine, said Dr. Wherrett. The present vaccine — BCG — is not a sure-fire vaccine and, if it "takes", offers protection for no more than seven or eight years.

Dr. Barclay felt that BCG is not being used to the extent (Continued on page 4)



EXECUTIVE MEMBERS OF THE SANATORIUM BOARD OF MANITOBA are pictured together during a recent visit to the Board's head office by the Hon. George Johnson, M.D., provincial Minister of Health. Left to right are: Frank Boothroyd, chairman of Manitoba Sanatorium and Preventive Services Committee; R. L. Bailey, vice-chairman of Clearwater Lake Hospital Committee and our representative on the Executive Council of the Canadian Tuberculosis Association; Dr. Johnson; J. W. Speirs, chairman of the Board; J. N. Connacher, vice-chairman and chairman of Assiniboine Hospital Committee; and S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee. Missing from the picture: R. H. G. Bonnycastle, chairman of Clearwater Lake Hospital Committee

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Authorized as second class mail, Post Office Dept., Ottawa,
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Around Our Institutions

From time to time, when the volume of news items from our hospitals becomes rather great, the News Bulletin will feature a round-up of these events, as in the following:

Clearwater Lake Hospital

A highlight of staff activities at Clearwater Lake Hospital, The Pas, was the barbecue supper on July 15 in honor of Dr. S. L. Carey, chief of medical services, who on the following day marked the 10th anniversary of his arrival at our northern hospital. As a tribute to him and to the contributions he has made toward the development of the hospital services, the staff at Clearwater and old friends at the Sanatorium Board's head offices presented him with a large silver engraved tray. Dr. Carey has actually been a member of the staff of the Board since 1946 and for some time had charge of our travelling clinic program.

On another occasion this month the medical staff welcomed a new member when Dr. Stanley Seah arrived at Clearwater Lake to become staff physician. Dr. Seah was born in Hong Kong and came to Canada with his brother nine years ago. Soon after he entered the University of Manitoba School of Medicine and following graduation last year interned at the Royal Victoria Hospital in Montreal. Eventually he plans to specialize in internal medicine and perhaps do medical research.

Rehabilitation Hospital

Plans for the formal opening of our new Manitoba Rehabilitation Hospital have been set for mid-September. The hospital is almost completed now and a final tour of its exterior was made with

architects Moody, Moore and Partners late last month. Early this month workmen laid grass around the building and hoisted the good old Red Ensign on a gleaming white flagpole on the south lawn.

In mid-June the fifth floor of the main hospital section was opened to more in-patients and by July 1 a total of 270 patients — including 87 in-patients and 183 out-patients — had been admitted to the hospital for special programs of treatment.

The hospital staff continues to swell. Among the newcomers is Dr. John E. Davies, who has been appointed part-time resident staff physician. Dr. Davies, who was born in Wales, is a 1944 graduate of Middlesex Hospital in London and had a general practice in South Wales before coming to Winnipeg in 1957. From 1957 to 1961 he was assistant health officer for the city. During the past year he completed the requirements for his Master of Public Health at Harvard University.

Mrs. Hendrika E. Vogel has joined the staff as part-time speech therapist. Born in Rotterdam she is a graduate of the School of Speech Therapy in Amsterdam and, before coming to Canada in 1952, was a member of a research clinic. Since her arrival here she has given instruction in elocution at the School for Dramatic Art and Manitoba Teachers College and has worked with the city health department assisting retarded children.

Mrs. Angela May Murphy is also a part-time speech

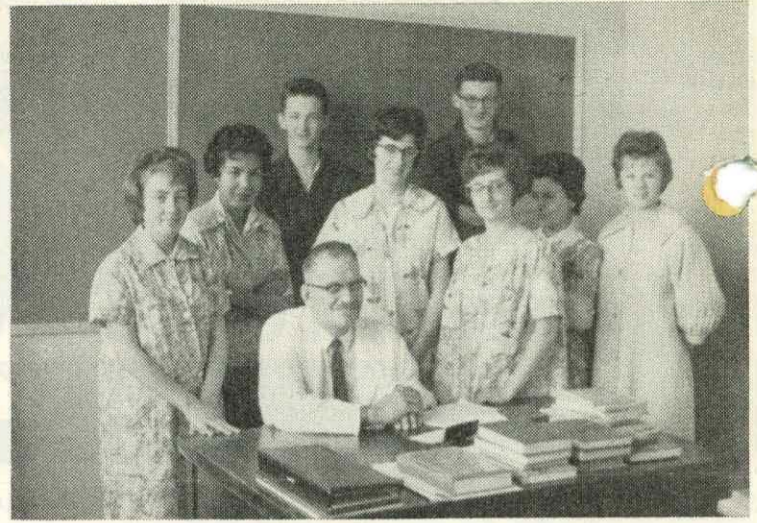
therapist at the rehabilitation hospital. She was born in Winnipeg, has a BA degree from the University of Manitoba and took speech and hearing therapy at Kent State University in Ohio, graduating in 1952. Prior to her arrival here she worked with the Society for Crippled Children and Adults and the Children's Hospital.

Joining the staff as medical social worker is Mrs. Gloria J. Sterin, a native-born Manitoban who is a graduate of both the Winnipeg General Hospital School of Nursing and the University of Manitoba School of Social Work. The wife of Dr. William K. Sterin, she was formerly attached to the social work department at Municipal Hospital, and during the past year undertook a project in social work for the Province of Manitoba.

Miss Jane Watson, who joined the physiotherapy department several months ago, was recently appointed assistant chief physiotherapist. A new addition to the staff is Miss Florence Carr who has a science degree and physiotherapy diploma from McGill University, has taken handicrafts at Macdonald College at Guelph, Ontario, and special training at Bellevue Medical Centre in New York City.

Mrs. Joyce Doherty has been appointed assistant head nurse on M.R.H. fourth floor. New general staff nurses are Mrs. Yvonne Broome, Mrs. Muriel M. Burr, Miss Helen Cusson, Miss E. Klassen, Miss Rosella Genik and Miss Gail Johnson.

Miss Francine S. Redl has been appointed technician in the Electromyography De-



Students at the Central Tuberculosis Clinic who recently wrote examinations are pictured with their teacher Melville Pearce, seated. Left to right are: Valerie Manchulenko, Bertha Woodhouse, Brian Hogberg, Darlene Nichols, Dennis O'Dowd, Sandra Kogan, Sophie Kouroukly (a public health nurse from Greece who is studying English at the clinic), and Kathleen Anderson.

partment; Miss Carol Anne Kiceluk is a new laboratory technician. Albert Svendsen has become assistant plant superintendent, and new clerk typists are Miss Henrietta Johnson, Miss Angela Kaye and Mrs. Elsie King.

Central TB Clinic

The Sanatorium Board warmly congratulates seven young patients at the Central Tuberculosis Clinic who have written final examinations in a number of high school subjects. The Board is particularly proud of this group because this is the first time that the Clinic has been able to provide patients with facilities for continuing their school studies. Following the move of the clinic to the spacious new wing at the Manitoba Rehabilitation Hospital Helville H. Pearce, who for the past 10 years has taught in both suburban Winnipeg and rural Manitoba, was taken on staff as part-time teacher and tutor, and soon after a small classroom was made available to him and his students.

The seven who wrote examinations are:

Sandra Kogan — Grade 12 European History, French and Mathematics. Formerly a student at St. John's High School in Winnipeg, 18-year-old Sandra was discovered to have tuberculosis during a Sanatorium Board survey of her school, and was admitted to the Central TB Clinic in March. If she successfully completes these subjects, Sandra plans to continue her education at night school while working in an office during the day.

Darlene Nichols — Grade 11 Canadian History. Darlene, 17, also wrote her Grade 11 French at Easter and passed with flying colors. She, too, was picked up on a survey while attending Midland Collegiate at Carmen and has been a CTC patient since January. She will attend Manitoba Technical Institute this fall where

she will take a course in business machines.

Brian Hogberg—Grade 10 French, English Literature, British History. Fifteen-year-old Brian had had busy time preparing these exams since he entered the clinic two months ago. In the fall he hopes to return to his Grade 11 class at Elmwood High.

Kathleen Anderson — Grade 9 French, English, Mathematics. The only child of Clarence Anderson of Stonewall, Kathleen, 15, has been at the CTC since January. If she passes these subjects she will have completed Grade 9.

Valerie Manchulenko — Grade 8. Valerie, also a patient since January, wrote Grade 8 spelling, mathematics and English. A former student at Lord Selkirk School in Winnipeg, 14-year-old Valerie would someday like to be a nurse.

Dennis O'Dowd — Grade 11 French, Mathematics. Dennis, a patient since February, plans to enter a general science course at United College. His ambition is to be a biochemist. Before he became ill with TB, 20-year-old Dennis worked in Northern Manitoba as a clerk and freight hauler for the Hudson's Bay Company.

Bertha Woodhouse—Grade 8. Bertha, 15, comes from Fairford and has been at the CTC for one month. This fall she will return to Grade 9 at Steadman High School. She also wants to be a nurse.

To Mr. Pearce the Sanatorium Board offers warmest thanks . . . and to his seven ambitious students our very best wishes for happy and successful careers.

Manitoba Sanatorium

The annual summer picnic was held at Manitoba Sanatorium on June 27 and a few days later we received a full account from Miss Gladys Wheatley who, as secretary to medical superintendent

(Continued on page 3)



N.A.T.P. GRADUATION — The fourth group of nurses' assistants and nursing orderlies to complete the Sanatorium Board's Nurses' Assistants Training Program at Manitoba Sanatorium, Ninette, received their certificates in a brief graduation ceremony on June 20. Left to right are: Back row — Mrs. E. R. Towns, clinical supervisor; Miss Bentle Hejlsted, Sanatorium Board director of nursing services; Gaspard Ballantyne; Eric Raedcher; Dr. A. L. Paine, medical superintendent who chaired the event; Edward Dubinsky, Sanatorium Board executive assistant, guest speaker. Front row — William Broadbent, instructor; Mrs. Joyce Klassen, who spoke on behalf of the graduates; Mrs. Pearl Bridal; Miss K. Walter; Miss Jeannette Fafard; Miss Y. Dooley; Miss L. L. Nickel; Miss Helen M. Willie and Miss P. Yacyshyn.

INSTITUTIONS

(Continued from page 2)

Dr. A. L. Paine, has enjoyed this traditional gathering of patients and staff for many years.

It was a lovely day for a picnic, she wrote, and a large crowd of patients and staff gathered on the sunlit lawns. Patients from the infirmary were particularly happy to get away from the wards for a while and sit again under the trees. "Even little Charlie Duck, a special patient with us, sat in his wheelchair happy as a lark with a balloon in his hand."

After an opening speech by Dr. Paine, the sanatorium orchestra played selections, with Miss Winnie Sinclair and John Buschie as soloists. They continued to provide background music throughout the picnic.

Bill Amos, sanatorium radiographer, took charge of some hilarious competitions, including a balloon race, a eating contest (won by Stanley Owens) and a suitcase race (which is particularly amusing to patients who get a big kick out of seeing their doctors and nurses struggle into high heeled shoes and corsets of the 1900's.)

But the piece de resistance, according to Miss Wheatley, were the Cuban Dancers—Dr. and Mrs. Leslie Salay, Miss Molly Van Kempen and Dr. David Kaan—who did a Spanish dance in gay costume. (It was beautifully done, she said, despite the fact that they didn't think of it until the morning of the picnic.)

After a cold buffet supper, the staff took part in a comic ball game, the men dressed in funny costume) against women. Following the game, which the men always win, everyone had a rest, then returned for a giant fireworks display. This was not only attended by staff and patients but also by all the kids in the neighborhood.

* * *
On June 18 Dr. Zenon Matwchuk was appointed staff physician at Manitoba Sanatorium. He succeeds Dr. David Kaan who, after a year at the sanatorium, is returning to Hong Kong for a visit, then will take his surgical residency in New York City.

Dr. Matwchuk was born in Poland of Ukrainian parents and graduated in medicine from Erlangen Medical School in Bavaria in 1959. He first came to Canada in 1950 where he worked for Indian and Northern Health Services in Manitoba. He returned to Germany to obtain his medical degree, then came back to Winnipeg in 1960 to join the medical staff at Misericordia Hospital.

TB Skin Tests For 12,756 In East Kildonan

A total of 12,756 persons received free tuberculin skin tests in a Sanatorium Board survey conducted in the city of East Kildonan June 4 to June 20.

Reporting on the survey, which was largely financed by the sale of Christmas Seals and sponsored by the East Kildonan Kiwanis, Dr. E. L. Ross, medical director of the Board, said that a total of 2,236 persons showed a positive reaction to the test.

This means that sometime in the past these people have had personal contact with the tuberculosis germ and needed a chest x-ray to rule out the possibility of tuberculous disease. Ideally, he said, they should have an annual chest x-ray for the rest of their lives.

Dr. Ross thanked Frank Dill, president of the East Kildonan Club who acted as survey chairman, and the many members and other volunteers who conducted the house-to-house registration, sent out appointment cards and helped at the testing sites.

Dr. Matwchuk is married and he and his Ukrainian wife, Maria, have two boys, Paul, 16, and George, 11.

Assiniboine Hospital

A special event at this hospital during the past month was the June Party held by the men and women at our Special Rehabilitation Unit here. The party was held in the form of a weiner roast at the home of their teacher Mrs. Phyllis Watt.

Mrs. Ingrid Peter has been appointed to the hospital's physiotherapy staff, following the return of Miss Gudny Einarsdottir to Iceland and Miss Kari Ingvaldstad to Norway. Mrs. Peter trained as a physiotherapist in her native Copenhagen and has been in Canada for about three years. Prior to her appointment she worked with the Canadian Arthritis and Rheumatism Society in Brandon.

Miss Elizabeth Peters who until recently was charge physiotherapist at our Clearwater Lake Hospital is also joining the staff at Assiniboine Hospital.

Other staff members at Assiniboine Hospital include Mrs. Ann Marie Lindsay, Mrs. Agnes Jean Laco and Mrs. Alice E. Farmer, general staff nurses; Mrs. Lydia Lying, Mrs. Marilyn Cooling, Mrs. Irene Makie, Mrs. Marjorie Lane, licensed partical nurses.

Discovery of TB on Indian Reserve Jolts Residents out of Complacency

Tuberculosis, the nation's greatest killer only a half-century ago, is to many people today a relatively unimportant disease which hardly anyone gets and which, most certainly, hardly any worries about getting. Judging from past attendance at TB surveys, this dangerous — and altogether false — attitude was also held by the inhabitants of the sleepy Indian reservations on the southwestern border of Lake Winnipeg. To the people of Fisher River Agency tuberculosis was not a disease to give much thought to — that is until a few months ago when everyone began to wonder fearfully if he had it, too.

It all started last February when a 15-year-old boy began to feel quite ill. Despite a worsening condition he managed to carry on at school for five weeks before he became so sick that he had to seek help at the local hospital. Suspicious doctors there referred him immediately to the Central Tuberculosis Clinic in Winnipeg for a complete examination. Soon after came the verdict: acute, far advanced tuberculosis of the lung.

The discovery of the boy's disease caused great excitement at the clinic. For at least five weeks this badly infected boy had mingled with his classmates at Central High School in Hodgson. Many other people had been in close contact with him; to say nothing of his family. How many people had become infected as a result? What's worse, how many now had active TB?

The doctors at the Central TB Clinic began to worry. So did all the people on the reservations. The first action at the clinic was to schedule as soon as possible a full-scale x-ray survey of the agency. In the meantime the local doctor at Hodgson, Dr. H. V. Waldon, administered tuberculin skin tests to the 48 students at the high school. Out of that number, he reported, no less than 32 showed a positive reaction (i.e. were infected with the TB germ). Many of the infections were so bad that Dr. Waldon decided to start them immediately on INH, an anti-tuberculosis drug that helps protect a person from breaking down with active disease.

Two of the boy's school mates were admitted to the Central Clinic for examination and treatment. His brother was found to have minimal disease and was also brought into Winnipeg.

Following the school survey all the other inhabitants of Fisher River Reserve and neighboring Peguis Reserve lined up for the Sanatorium Board's x-ray survey. Despite exceedingly bad weather everyone who could attend did attend — even many people who, because of the isolated nature of their settle-

ment, had never had chest x-rays before. To help the people get to the testing sites the Indian Affairs Branch provided two school buses to carry the people back and forth during school hours. It was the best turn-out the testing teams had ever witnessed in the past 15 years.

By May 23 a total of 1,370 people had received chest x-rays in the Fisher River and Peguis Reserves. All of them were tremendously lucky, for not one new case of tuberculosis was found.

Still, it will be a long time before they forget the incident — and a very long time

before they will regard tuberculosis as anything but a serious disease that can strike anywhere at any time. For the staff at the Central Tuberculosis Clinic the story is far from ended. Having sent out the emergency "fire engines" to the agency, they must now continue for another five or ten years to provide a close watch over the people. In a couple of months, for example, the x-ray van will return to Central High School to re-examine the students for disease.

And in the meantime the clinic doctors will continue to worry about the people on Fisher River Agency for, despite all their efforts, they failed to locate the man or woman who gave tuberculosis to the 15-year-old boy. Just who the source of infection was still remains a dark mystery.

Honor Retiring Executive Director At Annual Meeting in Edmonton

Dr. G. J. Wherrett, who retired July 1 from his position as executive secretary of the Canadian Tuberculosis Association, was honored by fellow workers last month for the 35 years he has contributed to the campaign against tuberculosis.

A Canadian oil painting of his own choice was presented to him at a dinner held at the Macdonald Hotel in Edmonton, where the CTA held its 62nd annual meeting.

Dr. Wherrett has been executive secretary of our national organization for 29 years. Born at Shoal Lake, Manitoba, he first became interested in tuberculosis work when, as a final year medical student at the University of Manitoba, he spent his Christmas vacation as an observer and helper at Fort Qu'Appelle Sanatorium in Saskatchewan. The work so interested him that he returned to the sanatorium following his graduation in 1924.

In 1925 he joined the Tuberculosis Service of the New Brunswick Department of Health where he organized that province's first tuberculosis control program. Then, after two years of post-graduate work in London, England, he returned to Saskatchewan as assistant superintendent of the Anti-Tuberculosis League. In 1933 he was appointed executive Director of the CTA.

One of the highest points in Dr. Wherrett's career came in September, 1959, when at the meeting of the International Union Against Tuberculosis in Istanbul he was elected president of this 73-

nation organization. As president he chaired the 16th international TB conference in Toronto last year.

At the annual meeting last month it was announced that Dr. Wherrett will continue to work with the Canadian Tuberculosis Association as director of research. His assignments within the coming year range from the Canadian Arctic to Southeast Asia.

"There is still so much to do in tuberculosis control that retirement only means shifting emphasis slightly," he told fellow members.

"Yet there is great satisfaction in looking back. When I began sanatorium work a doctor knew that no matter what he did half his patients would die within five years."

There are still far too many deaths, he said, even in countries with the best programs, and far too many cases.

But compared to the situation up to the end of World War II the prospects are bright. There are wonderful drugs — though they can do nothing for the person who does not take them. There are wonderful tools for diagnosing tuberculosis early — though they only help those who get a tuberculin test or chest x-ray.

Dr. Wherrett urged Canadians to give assistance to the developing countries whose tuberculosis rates today are reminiscent of Canada's at the opening of the century.

"Let us remember that tuberculosis is a communicable disease and that modern transportation has made our world one in which there are no remote countries."

Floats and Big Raffles Attract Fair-Goers to ACT Activities

A mechanical bug, a float with a hospital theme, a "Lucky Star" house and a boat raffle — these were some of the features at the Winnipeg and Brandon summer fairs during the past month, and the methods used by the Associated Canadian Travelers to draw public attention and support to their work with the Sanatorium Board.

At the Red River Exhibition, June 22 to 30, the Winnipeg Club of the A.C.T. set up for the third consecutive year a beautiful, one-floor house worth \$35,000 (furnishings, lot and money tree included). Then they raffled it, along with nine other prizes, to raise funds for their current Sanatorium Board project: a \$100,000 pledge to buy equipment for our Manitoba Rehabilitation Hospital.

The Winnipeg Club also obtained space at the exhibition for the Sanatorium Board's x-ray van. After fair-goers toured the home, the Travelers encouraged 2,156 of them to have a free chest examination. The members of the Ladies Auxiliary to the Winnipeg A.C.T. happily took over the tedious job of manning the registration booth.

The following week in Brandon the Ladies Auxiliary to the A.C.T. undertook their biggest fair project yet when they entered a float in the Brandon Fair parade.

Under the direction of Mrs. Arnold Delbridge, the women produced a beautiful float depicting the library service members provide to patients at our Assiniboine Hospital.

The parade was organized by the Brandon A.C.T. and the United Commercial Travellers, with A.C.T. member Bill Paton as chairman. It comprised 14 bands, two twirling corps, 50 floats and 15 stunts.

The A.C.T. contributions included a float topped with a "horrendous" TB germ, with moving legs and lighted eyes. Following this was the \$3,000 boat, motor and trailer which the A.C.T. raffled to raise money for their club project: to help pay for the cost of the Physiotherapy and Occupational Therapy Unit at Assiniboine Hospital.

The boat was covered with some 2,000 red and white carnations donated to the club by Carling Breweries, and after the parade these were handed over to the nursing staff at Assiniboine Hospital to distribute to the patients.

The Sanatorium Board's mobile x-ray unit also moved into the fair grounds during the week and provided free examinations to several hundred people. Members of Job's Daughters, Bethel 6, under the direction of Miss Linda Hotson, volunteered to take charge of the registration.

Nurses Pass Course

The Sanatorium Board doffs their hats to seven of our nurses who successfully completed an eight-month extension course in Nursing Unit Administration. Those who passed the course, sponsored by the Canadian Nurses' and the Canadian Hospital Associations, are: Miss V. E. Appleby, director of nursing, Clearwater Lake Hospital; Miss Beryl A. J. Jones, night supervisor, Manitoba Sanatorium; Mrs. Myrtle McCabe, head nurse, Assiniboine Hospital; Mrs. Ruth E. Towns, clinical instructor, Manitoba Sanatorium; Mrs. Alice L. Hart, evening supervisor, Manitoba Sanatorium; Mrs. Marjorie Klimczak, day supervisor, Assiniboine Hospital; and Mrs. A. L. Paine, head nurse, Manitoba Sanatorium.

Dr. Jeanes Elected New Secretary

Dr. C. W. L. Jeanes, formerly executive assistant to the Canadian Tuberculosis Association, has been appointed executive secretary of the CTA following the retirement of Dr. G. J. Wherrett.

Dr. Jeanes was born in Cardiff, Wales, and graduated in medicine from Guy's Hospital in London in 1943. He became interested in tuberculosis and chest diseases and from 1946 to 1958 was on the staff of Greenwich hospitals and was medical director of the Greenwich Chest Clinic.

He first came to Canada in 1956 as the recipient of a travelling scholarship from the British Association for the Prevention of Tuberculosis and shortly after his return to Britain was invited to join the staff of the Canadian Tuberculosis Association.

At the annual meeting of the Canadian Tuberculosis Association last month Dr. G. R. Davison of Edmonton, who recently retired as director of Tuberculosis Control for Alberta, was elected the new president of the CTA Management Committee. He succeeds Dr. C. A. Wicks, past president and medical superintendent of the Toronto Hospital for Tuberculosis.

Other members of the 1962-63 committee are Dr. H. E. Burke, director of the Royal Edward Laurentian Hospital, Montreal; Dr. G. D. Barnett, director of medical services and general superintendent of the Saskatchewan Anti-Tuberculosis League; Dr. Roland Desmeules of Quebec; A. C. Milner of Amherst, past president of the Nova Scotia Tuberculosis Association; and T. A. Saul, Kenora, past president of the Ontario Tuberculosis Association.

TB GOAL

(Continued from page 1)

tent it should in the United States — and probably Canada. We have a vaccine, he pointed out, and it is perhaps better to use it to protect people than to test for positive tuberculin reactions.

T. A. J. Cunnings, executive director of the Sanatorium Board, also felt that the time had come for a radical change in our preventive programs — and that perhaps BCG could play an important part in establishing a new one.

The decline of tuberculosis during the past 10 or 15 years has far surpassed anything envisioned by the non-professional, voluntary workers when they first embarked on a mass preventive program years ago, he said. Already there are areas in Canada which are completely TB-free and many others which have attained the TB control standard.

But, he pointed out, we seemed to have reached a plateau. Although the death rate has dropped tremendously, morbidity rates during the past few years have remained almost constant. To make further progress, he said, we need to re-assess our preventive programs, introduce some new approach.

Mr. Cunnings suggested that perhaps one good method to achieve eradication would be to extend the periphery of TB-free areas. The present vaccine could be used, he said, to protect school-leaving teenagers over the some 10 years ahead when they are most vulnerable to breaking down with TB. (Studies have shown that people — particularly girls — face the highest risk of breaking down with TB — once they are infected — when they enter their twenties.)

During the sessions delegates could offer no concrete solutions to many of the problems, but they did decide that the first big step they could take would be to form a research department within the CTA to look into all these "unsolved problems."

We don't know enough about the TB germ, its specific properties, why some strains become drug resistant, why it gets mixed up with other diseases (such as fungus disease), or why some people are more susceptible to it than others.

In all, as the conference drew to a close, delegates became enthusiastic about the work in the years ahead. Most felt that the acceptance of eradication as the next goal is a thoroughly challenging one. It would involve years of research and education and, above all, a lot of hard work — but it would be more challenging and more satisfying.

Bulletin Board

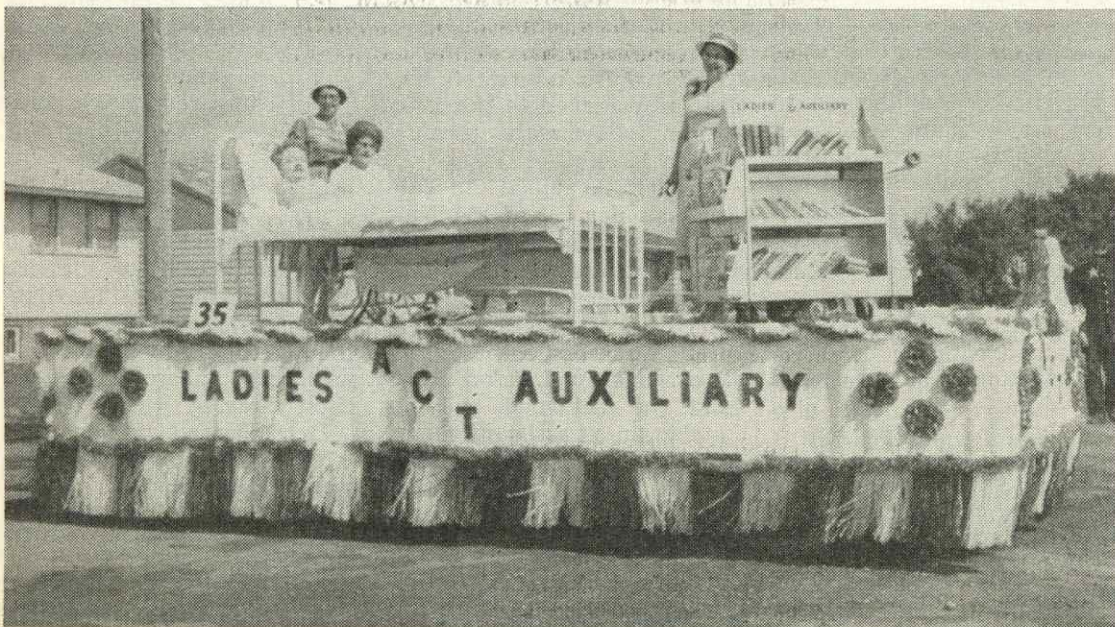
Executive members of the Sanatorium Board flew to The Pas on Monday, July 10, to tour Clearwater Lake Hospital. Accompanying T. A. J. Cunnings, executive director, were the following Board members: J. W. Speirs, chairman; J. N. Connacher, vice-chairman; R. H. G. Bonycastle, S. Price Rattray, R. L. Bailey and Dr. Hartley Smith.

Among the recent guests at the Sanatorium Board's head office were The Hon. M. B. Dymond, M.D., Minister of Health for Ontario; Dr. G. J. Wherrett, retiring executive director of the Canadian Tuberculosis Association; Hazel Hart, CTA Christmas Seal director; A. Holling, director of Tuberculosis Control for the Ontario Department of Health; Ken Hawkins, co-ordinator of Rehabilitation Services, Ottawa; and Mrs. Dorothy Macintosh of the Fort Frances Tuberculosis Association.

Van (Werner) Astrom, who has been a caretaker for the Sanatorium Board's Winnipeg offices since January, 1947, was honored at a surprise party when about 30 fellow employees gathered at his home on July 11. Mr. Astrom, who retired from his post last month, was presented with a silver engraved tray and a pair of cuff links and tie pin. The Sanatorium Board staff join in wishing him a long and happy retirement.

On another occasion last month women staff members at the Board's executive offices and the Central TB Clinic and Christmas Seal volunteers held a dinner party at the Paddock Restaurant in honor of Miss Gladys McGarrol, Miss Evelyn McGarrol and Miss Esther Lee. Gifts of luggage and tote bags were presented to the guests who are holidaying this summer in Britain and Norway.

With sorrow the Sanatorium Board records the death of Ralph Morgan, chauffeur at Manitoba Sanatorium, Ninette, Mr. Morgan, who had been a member of the sanatorium staff since April, 1929, died July 13 at the Central Tuberculosis Clinic in Winnipeg.



Pictured here is the float entered by the Ladies Auxiliary to the Associated Canadian Travellers (Brandon Club) in the Brandon Fair parade on July 6. The tableau shows two patients in a wheelchair and bed (Mrs. Bea Chapin and Mrs. Shirley Krawchuk) looking over the selection in the auxiliary's library cart manned by Mrs. Betty McBeth and Mrs. Grace Shaw.