

News Bulletin

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For Patients, Staff, and Friends of the Sanatorium Board

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Conference Reviews Methods of TB Control

"During the past 10 years there have been marked changes in the tuberculosis picture, such as the reduction in mortality, a slower rate of reduction in morbidity, a lowering of infection rates, shifts in the age distribution of disease and changes in treatment methods and other long accepted concepts. The total result has been a remarkable progress — indeed, remarkable progress — but we must face the fact that tuberculosis is still a sizeable, serious and stubborn problem and if we are to reach eradication greater efforts are necessary, possibly even new approaches . . ."

With this statement, Dr. E. L. Ross, medical director of the Sanatorium Board of Manitoba opened on December 13 a special, one-day study of the tuberculosis control program in Manitoba. The object, he noted, was not to emerge with any sensational solution, but to assess the work of the Sanatorium Board and allied groups in tuberculosis prevention, case-finding and treatment, and to make sure they were using to full advantage their knowledge and experience, to try to reduce the some 250 new active cases which still occur in the province each year.

The group who gathered for the conference at the Manitoba Rehabilitation Hospital in Winnipeg represented all those involved in tuberculosis work in the province. It included Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association; Dr. Morley Elliott, provincial deputy minister of health who acted as chairman; Dr. Ross and Sanatorium Board Executive Director, T. A. J. Cummings; Dr. R. M. Creighton of the Provincial Health Department; Dr. J. B. Morison, City Health Department, Dr. O. J. Rath, Indian and Northern Health Services; Miss J. Williamson, provincial public health nursing service; Miss Janet Smith, Central Tuberculosis Registry; Dr. C. B. Schoemperlen, representing the medical profession; representatives of provincial health units and members of the Sanatorium Board executive and medical staffs.

TB SURVEYS

Much of the day's discussion centred on case-finding, particularly with regard to community and x-ray surveys, which in Manitoba are largely paid for by the sale of Christmas Seals.

These surveys, it was pointed out, have been highly successful in the past, both in organization and attendance which in most Manitoba communities averages 82%.

Yet, in the light of the few new TB cases found on these surveys, delegates questioned the value of continuing them on a grand scale.

During 1961 a total of 171,037 persons received free examinations in these surveys. Of this number, 46, or one in 3,700 examined, were new diagnoses of tuberculosis, and only 26, or one in 6,500 (10% of all new cases found in 1961) were new active cases.

Of the 46 Manitoba municipalities surveyed that year, no new cases were found in 37.

The general opinion in the end was that if tuberculosis is to be eradicated, tuberculin testing must continue. But the object, experts agreed, must be to confine the bulk of mass surveys to those areas which give a higher yield of infection and disease, and to reach in each community surveyed the 18% of the population who do not participate in them.

If we are not finding tuberculosis in those who do attend, they said, we must assume that the hidden nests of infection are among those who have never been examined.

To achieve full participation will require a longer length of time for each survey and a visit by a person well versed in tuberculosis work to the homes of these "reluctant few". It will also require the

Tuberculosis Among Indians

Tuberculosis (in terms of both sickness and death) is still at least 10 times more prevalent amongst Indians than amongst other segments of the population, said Dr. O. J. Rath, regional superintendent of the Department of National Health and Welfare's Central Region Medical Services.

During the past five years, he said, there has been a definite trend downward in the number of detected cases of tuberculosis among Indians but this does not necessarily reflect the true incidence of the disease since there may be many undiscovered cases which have not been brought to light by case-finding methods.

Indeed, during 1962 the region saw an increase in the incidence of disease among Indians. (There were 74 new active and reactivated cases in Manitoba alone during the first nine months of 1962, as compared to the 40 cases during the same period in 1961.)

Since it is felt that this increase is due largely to an intensification of case finding, new cases will likely continue to rise in the future.

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wholehearted aid of doctors and public health nurses.

During the discussion delegates stressed their intention to continue regular examinations of those groups which have the highest rates of infection, including older age people, men working in heavy industry, patients admitted to hospital and persons living under lower economic conditions. Also under the delegates' scrutiny were teachers and baby sitters.

VACCINATION

A discussion on the advantages of the tuberculosis vaccine, BCG, revealed tentative plans by the Sanatorium Board to begin a mass vaccination program in several selected areas (apart from Indian reserves) where tuberculosis in the past has been particularly high. Although not 100% foolproof, BCG gives considerable protection to those who have a greater than average opportunity of becoming infected with the tubercle bacillus, and it is particularly successful in pre-

venting persons from breaking down with extreme forms of disease.

BCG, however, cannot be used on a large scale since it produces a positive tuberculin reaction and interferes with community testing programs.

PRIVATE PHYSICIANS

The doctors in private practice today are the most im-

portant source of new cases, (in 1961, 75% of new tuberculosis cases were referred by doctors to the Central Tuberculosis Clinic and sanatorium for final diagnosis.)

Moreover, as tuberculosis patients are spending only about one-half of their total treatment time in sanatorium, the doctors' responsibility for supervising the patients' treatment at home has greatly increased.

For these reasons delegates felt the need for a "low pressure campaign" to teach doctors more about tuberculosis case-finding, treatment and follow-up. Along with public health nurses, they should be urged to investigate and keep a close watch on all tuberculosis contacts and former patients.

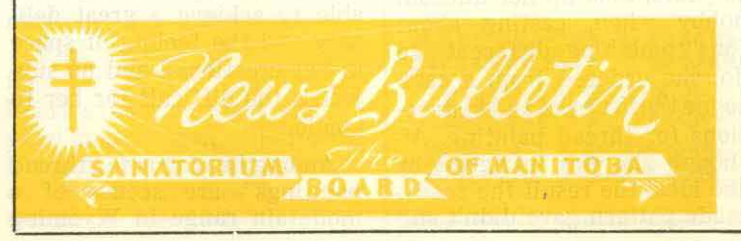
Tuberculosis would diminish rapidly, delegates said, if all tuberculosis contacts could be examined, and if former patients were checked regularly for signs of reactivated disease. (In 1961, 20% of the total active cases of TB in Manitoba were reactivated cases and 70% of these occurred in the first 10 years after initial treatment.)

TREATMENT

Sanatorium treatment today requires greater effort than in the era before chemother-

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Patients and Staff Enjoy Merry Round of Parties and Concerts

Christmas 1962 has come and gone, leaving us in a brand new year to cope with the usual aftermath of denuded trees, broken toys, empty candy boxes and unpaid bills. But it is still fun to recall the highlights of the festive season, especially the many parties and social gatherings which were arranged for the Sanatorium Board patients and staff.

Accordingly we present here a number of reports from our various hospitals. The one from Manitoba Sanatorium was written by Miss Gladys Wheatley secretary to the medical superintendent, and from Assiniboine Hospital by Mrs. M. Klimczak, day supervisor.

CHRISTMAS AT NINETTE

Festivities at Manitoba Sanatorium began on Christmas Eve when the patients and staff gathered in the patients' sitting room between West Three Pavilion and East 2. A large Christmas tree, bright with tinsel and gaily colored lights, decorated the room.

The evening began with the appearance of Christmas carollers who were accompanied by Dr. A. L. Paine, medical superintendent, who played the violin, and Mrs. Paine, at the piano.

Santa Claus, accompanied by his traditional fairy helpers, then appeared and distributed gifts to each patient. From there the group proceeded to the Assembly Hall in the main building where the observation patients, their families and friends had gathered around another Christmas tree.

On Christmas morning the sanatorium doctors made the rounds together to give season's greetings to each patient and Santa Claus paid another

visit to the many little patients in Number One.

Sanatorium regulations were forgotten Christmas afternoon when patients were given special privileges to visit their friends on other wards. Then, at six o'clock, 248 people sat down to a fine Christmas dinner in the cedar and tinsel bedecked dining hall. After dinner, a movie film was shown.

The annual Christmas concert was held on December 29. Following the opening address by Dr. Paine, Indian and Eskimo patients performed a Christmas pageant. They were directed by Miss G. L. Manchester, supervisor of rehabilitation, and were accompanied by a choir of nursing staff members who told the Christ-

A skit by the medical staff, depicting a barber shop in the Gay Nineties, brought the house down with its hilarious nonsense. Taking part were Dr. Paine who, as a barber, lavishly lathered the faces of N. "Stick" Kilburg (hospital manager), Dr. Leslie Salay and Dr. Zenon Matwichuk, who sported foot-long mustaches and wore striped blazers, brilliant waistcoats and straw hats. The skit ended with the foursome mimicking the recorded songs of a barbershop quartet, "accompanied by" their curvaceous manicurist (Mrs. Salay) on the banjo.

Little Indian boys, dressed in sailor suits, did a drill, followed by the Indian girls who, with stocking and slippers on

their arms and hands to give an impression of children standing on their heads, sang an "upside down song."

Other numbers included songs by Martha Paine and David Flett, a performance by the sanatorium orchestra and a skit by the nursing staff.

The evening closed with the reading of messages of encouragement and greetings from former patients.

ASSINIBOINE HOSPITAL

For the staff at Assiniboine Hospital the Christmas season began on December 13 when members and their guests gathered at Columbian Hall for the annual party. Charlie Dinsdale provided music for a singsong, which was followed by an evening of dancing and a delicious lunch at midnight.

The hospital's Joint Staff Conference arranged the affair.

The hospital's staff lounge was the scene of a number of parties for the Ladies' Auxiliary to the Associated Canadian Travellers, the evening and night staff, and members of the Housekeeping, Linen Room, Physiotherapy and Occupational Therapy Departments.

The patients were fortunate in being remembered by carollers from various organizations, including the CGIT from Knox United Church and First Church United, the 14th Cub Pack, West End Community Club, and the Iota and Crocus Chapters of the Hi-Y.

On December 23 the League of Mercy of the Salvation Army passed out "sunshine bags" to each patient, while the band played, and on the same day members of the

local IODE presented gifts to their adopted multiple sclerosis patients.

There were four children in hospital at Christmas, and the children of St. Michael's kindergarten remembered each of them with a gift. The patients and staff on D Ward presented a guitar and watch to two Eskimo boys on their ward, and two Indian babies on C Ward also fared very well—thanks to the staff.

During the holiday season, gaily decorated Christmas trees sparkled on each ward. The vestibule of the Therapy Unit was made particularly beautiful by a candle and Season's Greetings painted on the window panes. The exterior of the hospital was bright with colored lights and a wreath which could be seen blocks away.

MEANWHILE, IN WINNIPEG

Thirteen Christmas trees decorated the exterior, the lounges, auditorium, cafeteria and wards of the Manitoba Rehabilitation Hospital and Central Tuberculosis Clinic. Many of the decorations were made by the patients in the Occupational Therapy Department.

Close to 400 staff members, their relatives and friends attended the gala dinner party and dance in the hospital's auditorium and cafeteria on December 14. The Blue-Tones provided the music; the Sanatorium Board provided the sumptuous lunch.

We would be remiss if we did not mention the great effort put into the party by Mrs. Marjorie Boorman, secretary to the hospital manager, who helped organize it; Mrs. Pat McFarlane of the Executive

Offices, who spent a whole afternoon brewing some 32 gallons of punch; Miss Nan Tupper Chapman and her dietary staff who prepared the food; and Tom Pickering and the members of Modern Building and Cleaning Service.

On the afternoon of Christmas Eve staff and patients gathered in the auditorium for a Nine Lessons Carol Service. A choir, composed of some 40 staff members and guests, led the carol singing under the direction of Mrs. Boorman and Miss Frederica Halpenny of the School of Medical Rehabilitation. The lessons were read by Dr. E. L. Ross, SBM medical director; Mrs. Mary Swaffield, MRH evening supervisor; A. H. Atkins, hospital manager; Miss E. McGarrol, CTC secretary; Dr. L. H. Truelove, MRH chief of medical services; Mrs. Joy Huston and Miss Joan Edwards, chiefs of the Departments of Physiotherapy and Occupational Therapy; A. Caldwell, head porter, and T. A. J. Cunnings, executive director.

Fred Day, retired member of the SBM accounting department, returned to the hospital to play his traditional role as Santa Claus. Accompanied by the carollers and other staff members he made the rounds of all the wards bringing gifts and good cheer to the patients.

A party held late in the afternoon in the Occupational Therapy Department ended the festivities.

CHRISTMAS

AT CLEARWATER

Many local groups and staff members combined their (continued on page 3)

PROFILE

She Makes Pictures With Thread

Few people have painted the pictures that beautify their homes—and fewer still have the special skill (and patience) to embroider them.

Mary (Marie) Blatz is one of these talented persons. She has made "thread paintings" for the past five years, and today her exquisite creations adorn the walls of her tiny sanatorium apartment and the homes of her friends.

Miss Blatz, who has been supervisor of the Operating Room and Dispensary at Manitoba Sanatorium for the past 13 years, took up her unusual hobby when, casting about for "something different" to do, she ordered from a catalogue the material and instructions for thread painting. Although she was intrigued by the idea, the result the ready-made pattern gave didn't suit

her—so she decided to invent her own method.

"It's really quite simple," she explained. "I select a favorite color slide taken on my travels, project the picture on the wall, trace it and transfer it to a strong, tight canvass. Then, instead of painting the picture, I fill it in with embroidery cotton."

The "filling in" process isn't as easy as Miss Blatz makes it sound, for thread is an element which can hardly be called simple for attaining subtle tones and shadings. Yet with this thread she is able to achieve a great delicacy and the feeling of space in her creations—and no subject is too difficult for her to tackle.

Among her favorite "thread paintings" are scenes of a mountain range in Wyoming

and of the sanatorium nestled in the hills skirting Pelican Lake.

In these pictures she has achieved the feeling of distance by using only two strands of thread in the sky and background and incorporating extra strands as she works up to the foreground.

If the color doesn't suit her, she rips it out and starts anew—with the result that her pictures often take a month or more to complete.

"Thread painting", however, is not Miss Blatz's main interest. Born of Russian-Mennonite parents on a farm near Plum Coulee, Manitoba, she has acquired during her lifetime an interest in many things—the greatest of which is her love for nursing.

After she received her high school diploma at Gretna,



Miss Mary Blatz and her thread picture of Manitoba Sanatorium.

Manitoba, she entered the nursing course at Misericordia Hospital in Winnipeg, graduating in 1931. She did post-graduate work in obstetrics and gynecology at Royal Victoria Hospital in Montreal, then took a position as matron of a 30-bed hospital at Altona.

Except for her five-year stint as matron, Miss Blatz has devoted most of her life to tuberculosis nursing—both at our former Dynevor Indian Hospital and at Manitoba Sanatorium. In all, she has been

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CHRISTMAS PARTIES
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forts to imake Christmas a gala event at Clearwater Lake Hospital, writes Hilary Davas, hospital manager.

Through arrangements of the Ukrainian Catholic Parish Group, The Pas, Santa Claus paid a visit to the hospital as early as December 15 to present gifts and dance with the patients. (This visit was televised by the C.B.C.)

CFAR Radio Station Flin Flon, also sent a car-load of gifts for the patients' Christmas stockings and on Christmas Eve broadcast messages from the patients to their families.

Other groups who visited the hospital included a choral group from The Pas Ministerial Association, the United Church choir, and a group from The Pas Anglican Church.

On December 23, 45 members of the Elks Club, accompanied by Santa Claus and a band of musicians, toured all the wards and distributed gifts to each patient. This Santa also "jigged" with the patients.

Finally on Christmas morning, Dr. S. L. Carey, chief of medical services, and members of the medical and administrative staff, visited each patient on the ward to wish them a happy Christmas and present them with gifts from the Sanatorium Board.

The Northwood Hall Recreation Committee arranged a number of merry activities for members of the staff. These included a Christmas dinner and social evening on December 20, a dance on December 21, and a "turkey go" on December 22. On Christmas Eve, Mrs. Ellen Antonsen, chairman of the recreation committee, held a party for single members of the resident staff.

THREAD PICTURES
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a valued member of our staff for over 20 years.

But even nursing allows for many leisure hours and over the years Miss Blatz has packed them with many interesting activities, including bowling, knitting and sewing (she makes all her own clothes), growing African violets, music, poster painting, the Women's Institute, and scouting about the country in her car.

Her zest for travelling gives scope to her interest in photography and among her large collection of slides are beautiful color pictures taken on her trips through England, Europe and America.

Now, in recent years, she has taken these hobbies one step further with her "thread paintings". Time has not al-



DONATES TABLECLOTH — The Manitoba Rehabilitation Hospital was very proud to receive the other day the gift of a handsome tablecloth from a member of the kitchen staff. The large cloth — of intricately hand-cut Irish linen — has been the cherished possession of Mrs. Kazik (Margaret) Waluk for over 18 years. Mrs. Waluk, who was born in Russia (the daughter of a Czarist colonel) and who in the years following the Revolution was among the 50,000 Russian refugees to make an undescrivable escape to China, purchased the cloth in Tientsin, Northeastern China. Later it travelled with her to Shanghai, from there to England in 1951, and finally to Winnipeg in 1958. When presenting the Cloth to the hospital, Mrs. Waluk, who during her life has learned to speak five different languages, moved us with her simple words: "I am happy to be working here. I think my tablecloth has found a good home."
(Photo by David Portigal.)

Award Accreditation Certificates To Sanatorium Board Hospitals

Three Sanatorium Board hospitals were accredited last month by the Canadian Council on Hospital Accreditation — the national organization which sets the standards for good hospital care.

Certificates of accreditation were awarded to our Assiniboine Hospital, Brandon, and to Clearwater Lake Hospital near The Pas, following an intensive survey by a Council representative.

Also accredited was Manitoba Sanatorium at Ninette, which serves as the main tuberculosis treatment centre for the province.

Assiniboine is operated by the Board for long-term and rehabilitation patients in Western Manitoba, while Clearwater serves as a northern centre for the treatment of tuberculosis patients, for accident cases and for persons disabled by other types of long-term diseases.

The two hospitals are now two of only about 40% of all eligible hospitals in Canada to be accredited by the Council.

The Canadian Council on Hospital Accreditation is an independent, non-profit corporation which is concerned with the medical staff organ-

ized her to turn out a great many of them—but the seven she has completed during the past few years have won her first prizes at the Red River Exhibition and the Brandon Fair — not to mention, of course, the local fairs.

To a talented woman, with a taste for a wonderful and unusual hobby, we tip our hats!

ization, medical practice in the hospital, medical records, nursing service and all other hospital departments which contribute directly to the quality of patient care.

An outgrowth of the American organization known as the Joint Commission on Accreditation of Hospitals, the Canadian Council includes representatives of the Canadian Hospital Association, the Royal College of Physicians and Surgeons of Canada and L'Association des Medecins de Langue Francaise du Canada.

Any hospital with more than 25 beds in operation for at least a year may voluntarily apply for review by the Council.

A.C.T. Auxiliary Donates Machine

The Ladies' Auxiliary to the Associated Canadian Travelers, Brandon Club, have purchased an Oliver Rehabilitation Machine for the Occupational Therapy Department at our Assiniboine Hospital.

An \$800 cheque to purchase the machine was presented by Mrs. J. A. Dunlop, past president of the club, to Chief of Medical Services Dr. A. H. Povah at the auxiliary's meeting this month.

The Oliver Rehabilitation Machine is a British-designed, bicycle-type fret-saw machine which has great value for the treatment of persons with disabilities involving the lower limbs. It helps the patient to increase and sustain range of movement in the lower limbs, build up muscle power and increase work tolerance.

INDIANS

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But despite program intensification, it is also felt that the incidence of tuberculosis among Indians and Eskimos will reach a plateau, due to the fact that there is a low educational level and poor standard of living in this group.

The raising of these socioeconomic levels is a slow and painstaking process, and therefore it will take some years before we can state that tuberculosis is approaching eradication, said Dr. Rath.

The following are some of his recommendations.

1. Intensify efforts to obtain better coverage during annual chest x-ray surveys on reserves and among Indian and Metis groups and x-ray those who miss regular surveys.

2. Establish more effective medical control over follow up ex-patients and ensure that they receive an adequate standard of living through their own and other resources.

3. Establish better control in regard to the examination of contacts.

4. Intensify tuberculin testing programs.

5. Intensify the BCG vaccination program among Indian and Metis populations.

NURSING CONSULTANT

Miss E. L. M. Thorpe, M.B.E., has been appointed consultant for the Sanatorium Board of Manitoba. She succeeds Miss Bente Hejlsted who retired from her post to continue nursing studies.

Miss Thorpe is a former member of the Sanatorium Board's nursing staff and at present is matron of Bellevue Hospital in Kingston, Jamaica. She will assume her new duties on March 1.

CONFERENCE
(continued from page 1)

apy and surgical resection, said Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium.

The reason is that the patients now involved represent the "social and pathological residue" inevitable in this stage of an otherwise successful campaign.

About 65% of these patients are of native blood and about 30% are over 60 years of age. Their average length of stay is 261 days, compared to 540 days in 1946.

Yesterday's patient, who was usually under the age of 35, had an abiding fear of tuberculosis which made him cling to the still important rest routines. He showed high courage, persistence and intelligence in trying to defeat a formidable foe. Today's average patient requires special handling. He comes to the sanatorium expecting to get better without much effort and has little fear of the disease and little inclination to rest, said Dr. Paine.

Although the majority of patients with new disease recover, the sanatorium is accumulating an increasing number of treatment failures (largely due to drug resistance), which are difficult to manage.

What is needed, he said, is a sheltered workshop at the sanatorium to provide them with useful ways of occupying their time.

As Dr. Ross predicted, no new solutions were offered to the age-old tuberculosis problem. But the conference itself marked a new development for the Board in that the people actively engaged in tuberculosis work were able to gather and discuss their problems.

It is also likely that their discussions about these special problems will lead to some new measures in case-finding, treatment and control.

IT'S NOT TOO LATE — HELP FIGHT TB



ANSWER YOUR CHRISTMAS SEAL LETTER

Welcome Sr. Social Worker, Ass't Director to SBM Staff

We are happy to welcome to our staff this month MISS MARY HAMILTON, who on January 2 assumed the position of senior social worker at the Manitoba Rehabilitation Hospital.

Miss Hamilton comes to us with a wealth of experience in her field, having served for a number of years as program director and executive director of YWCA's in Eastern Canada and the United States, and for the past 10 years as executive director of Logan Neighborhood House in Winnipeg.

She was born and raised in Hamilton, Ontario, and has an Arts degree from McMaster University. She worked for four years in Toronto as program director of the Central YWCA and later as branch director of Weston YWCA, after which she entered the School of Social Work at Columbia University.

During the two years she spent at Columbia, the energetic Miss Hamilton filled out her studies with a number of interesting projects, including working at one of the first Day Centres to be opened for the aged in New York City and doing casework among the people in the Bowery. During her summer vacation she crossed the ocean to work at a settlement house in England.

After receiving her Masters Degree in Social Work, she spent a short time as program director of the Pittsburg "Y", then returned to Canada to become executive director of the YWCA in Ottawa. She arrived in Winnipeg in 1952 when Logan Neighborhood House was opened.

As executive director of LNH, Miss Hamilton enthusiastically took on the job of helping the families in the district to solve their various problems and accept responsibility for their own welfare. She also did a lot of work with youth groups by helping them to set up their own social program.

Although the past 10 years have been a thrilling experience for Miss Hamilton, she looks forward to her new work at the Rehabilitation Hospital with great enthusiasm.

As part of the rehabilitation team, she and her staff will provide the liaison between the hospital and the patient's home. Among other things, they will be instrumental in helping the patient (and his family) to adjust to physical disability, and in teaching the disabled to use all the services at their disposal to develop their abilities as fully as possible.

Another important job, says Miss Hamilton, will be to educate the community to accept the physically handicapped on realistic terms.

But much of this work, she feels, must fall on the shoulders of the disabled person himself, who by example is often able to show the community that he can live and work on equal terms with others.

That this is so, we have no doubt. For one of the best examples of rehabilitation we know is in the person of Mary Hamilton herself... who has risen to the top of her profession, despite the fact that she has spent the last four years in a wheelchair.

An important addition to the Sanatorium Board's senior staff this month is MISS JEAN ALEXANDER who has been appointed assistant director of dietary services.

Born in Miami, Manitoba, Miss Alexander is a graduate in home economics from the University of Manitoba. She served her dietetic internship at the Winnipeg General and Children's Hospital of Winnipeg, and worked for seven years as dietitian at the Children's Hospital.



Miss Jean Alexander, assistant director of dietary services.

Following a year's stint at the Fort William County General Hospital, she spent the next 20 years as assistant director of dietary services at the Department of Veterans' Affairs Hospitals in Quebec City and Ste. Anne de Bellevue. She returned to Winnipeg last November.

On the professional side, Miss Alexander is a member of the Canadian Dietetic Association, and formerly served as provincial representative (Quebec) to this group. Until recently she was also a member of the Quebec Dietetic Association and will now soon become a member of the Manitoba organization.

Among her favorite leisure-time activities is contract bridge and we are awed to note here that she holds a number of master points in the American Contract Bridge League.

Among the newcomers to the Sanatorium Board medical staff is DR. HONESTO MARCELINO HERNANDO, who has been appointed staff physician at our Clearwater Lake Hospital, The Pas, and DR. MICHAEL SEIFER, resident interne at Assiniboine Hospital in Brandon.

Dr. Hernando, 33, was born in Vigan, the Philippines and studied medicine at the University of the Philippines. He has since interned at a number of hospitals in the Philippines, Halifax, Toronto and Brooklyn.

Dr. Seifer, who was born in Poland, graduated in medicine from the University of Lwow. He served for eight years at Mayday Hospital in Croyden, England.

The Physiotherapy Department at the Manitoba Rehabilitation Hospital welcomed MISS NANCY M. CREIGHTON to their staff this month. The daughter of Dr. R. M. Creighton of Winnipeg, she was among the first graduating class of the University of Manitoba's School of Medical Rehabilitation. She served her internship in Vancouver and Victoria.

Many Contribute Gifts to Patients

Once again our thanks are extended to all those groups and individuals who combined to make Christmas a merry one for the patients in our Sanatorium Board hospitals.

High on the list of Christmastime benefactors are the T. Eaton Company Employees' Welfare Fund, which provided gifts to our tuberculosis patients, and the Zonta Club of Winnipeg who wrapped and sent Christmas presents to 52 patients (16 years and under) at Manitoba Sanatorium. At this time the club again set aside a special fund to help out patients in need at the sanatorium during the year.

The Zonta Club were aided in their Christmas efforts by the Ladies' Auxiliary to the Associated Canadian Travellers, Winnipeg Club.

Others who contributed gifts included the Professional Engineers' Wives of Winnipeg, the Girl Guides of the South Division, Winnipeg, who presented gifts to patients at the Manitoba Rehabilitation Hospital, and Unit 17 of St. Andrew's River Heights United Church.

In addition, gifts were distributed to patients at Assiniboine Hospital by various Brandon groups (see story page 2) and by the service clubs and other organizations who helped to brighten Christmas for patients at Clearwater Lake Hospital, The Pas.

Among the groups who sent gifts to Clearwater Lake were: Ich Dien Club, Winnipeg; Cumberland House Anglican Church; First Lynn Lake Gude Company; St. Andrews Presbyterian Church, St. Lambert; Flin Flon Circle C. Club; Catholic Women's League, Ladies' Orange Benevolent Association, 2nd Girl Guide Company and Brownie Pack; Anglican Young people's League, all of The Pas.

HELP FIGHT TB
ANSWER YOUR
XMAS SEAL LETTER

Bulletin Board

Again the Sanatorium Board extends warm thanks to the members of the Associated Canadian Travellers, Winnipeg Club, for their splendid support of our services. This month they presented the board with a cheque for \$8,789.44, which represents their share of the profit on the Lucky Star Home raffled at the Red River Exhibition. The money will be used towards the club's pledge of \$100,000 to purchase equipment for the Manitoba Rehabilitation Hospital. So far the club has donated \$35,309 of this amount.

Dr. R. L. Cooke of Winnipeg has been appointed a member of the Sanatorium Board's Medical Advisory Committee. Other members are: Dr. F. Hartley Smith, chairman; Dr. J. E. Hudson, Hamiota; Dr. H. S. Evans, Brandon; Dr. C. B. Schoemperlen and Dr. F. R. Tucker, Winnipeg. Dr. E. L. Ross is an ex-officio member and T. A. J. Cummings is secretary.

T. A. J. Cummings, SBM executive director, will be in Ottawa January 21 and 22 to attend the Canadian Tuberculosis Association meeting of provincial secretaries.

Miss E. G. Coull, director of nursing of the Manitoba Rehabilitation Hospital, attended a special course in rehabilitation nursing held at Fairview Hospital, Minneapolis, from January 14 to 16. On March 25 she will also take part in a three-week seminar on physical rehabilitation methods for nurses at the New York University Medical Center.

Among the recent guests at our Sanatorium Board hospitals were three nurses, Mrs. Donna McCormick, Mrs. Agnes Woolfitt, Mrs. Virginia Shaw, from the newly opened extended treatment unit at Dauphin Hospital. The nurses spent two weeks this month at the Manitoba Rehabilitation Hospital and Assiniboine Hospital studying rehabilitation problems and nursing methods. The Sanatorium Board has been co-operating in establishing this new service for long stay patients at the Dauphin Hospital.



Miss Mary Hamilton (right) with clerical assistant, Sue Leaper.