

# News Bulletin

SANATORIUM

The  
BOARD

OF MANITOBA

VOLUME 5—No. 10

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OCTOBER, 1963



THE LADIES' AUXILIARY TO THE ASSOCIATED CANADIAN TRAVELLERS, Winnipeg Club, gathered at the Sanatorium Board's offices October 9 to help prepare for the 1963 Christmas Seal Sale. The campaign to raise funds for the prevention of tuberculosis gets under way in Manitoba on November 12. (Photo by David Portigal).

## Volunteers Prepare for 1963 Seal Sale

Though Christmas is still many snow storms away, preparations for the festive season have already begun at the Sanatorium Board's Winnipeg offices as staff members and volunteers get ready for the opening of the 1963 Christmas Seal Campaign.

Before the campaign is officially launched on November 12, over a half million sheets of seals must be folded and stuffed into the envelopes which will reach over 180,000 Manitoba homes. To accomplish this mammoth task, the Sanatorium Board relies on the support of a small, splendid army of volunteers.

From the third week in September until the last week of October, some 300 volunteer workers from various women's clubs and Winnipeg business firms help with the preparations. About 100 of them take part in daily folding and stuffing bees; the remaining 200 (who include some of our own staff members) come out for the special

"Blitz" operations held several evenings in October. The whole effort usually requires about 2,000 hours of work.

Among the groups who volunteer their services are a number of women curlers in Winnipeg, the Ladies Auxiliary of the Associated Canadian Travellers (Winnipeg Club), P. E. O. Sisterhood (Chapter D), Rotary-Anns of Winnipeg, West Winnipeg and St. Boniface, Calvary Temple Mission Circle, Professional Engineers' Wives and Junior B'nai B'rith.

The business women who assist with Christmas Seal preparations come from various companies throughout the city, including the Great-West Life Assurance Company, the Canadian Broadcasting Corporation, Standard Aero Engine Ltd., Patriotic Salvage, General Foods and the National Employment Service.

To all of these women and others, who give so readily of their time and effort to the anti-tuberculosis crusade, the Sanatorium Board extends its

warmest thanks. Undoubtedly Christmas Seals could not accomplish their job without the support of our volunteers.....

### TB Test for Barbers

An amendment to Winnipeg's health bylaw, requiring city barbers and hairdressers to have annual tuberculosis check-ups, will go before city council this month.

The city health and welfare committee asked the city solicitor to draw up the amendment last month, following a recommendation from Winnipeg Health Officer, Dr. Roper Cadham, who noted that similar action had been taken in Toronto, where six hairdressers and barbers were found to have tuberculosis in 1962.

Barbers and hairdressers in Winnipeg could also be suffering from tuberculosis and not know it, Dr. Cadham told the committee. Because of their close contact with customers over a prolonged period of time, the public should be protected.

## Tuberculosis Will Still Be A Problem in 21st Century

Canada's tuberculosis problems will not be over even when the 21st century is ushered in, according to the Canadian Tuberculosis Association.

Of the 6,284 new active cases reported across the country in 1962, over 1,000 were under 20 years of age, and 650 were nine years of age or younger. Another 1,330 new cases were between the ages of 24 and 30.

Thanks to early diagnosis and prompt, effective treatment, very few of these patients will fail to return to their homes in good health. The great majority will still be alive when the 21st century dawns — and some will still be carrying around live tubercle bacilli. Certainly all will need to be checked regularly to make sure disease does not recur.

There are about 200,000 Canadians living today who have been treated at some time for tuberculosis, the association continued. Between 700 and 800 each year have a recurrence of disease and again become infectious.

### Attacks All Ages

A glance at last year's statistics also shows that tuberculosis is not only a particular threat to children and young people, but it is also increasing among the older age groups. Of the patients admitted to Canadian sanatoria last year, 100 were over 80 years of age, and nearly 500

were 70 or more years old. But unlike the young patients whose disease is due almost entirely to new infections, most of the older patients have broken down with active tuberculosis as a result of old infections, picked up at a time when the disease was more prevalent among the population.

There were 318 more new cases of tuberculosis in 1962 than in 1961, and there were 16 more deaths.

Of the 785 Canadians who died of tuberculosis last year, 497 were males and 288 were females. There were 12 deaths in the 10 to 19 age groups and 23 deaths among those aged 20 to 29.

### Long Way To Go

Summing up the situation, the Canadian Tuberculosis Association notes that the increase in new cases last year clearly indicates that tuberculosis is a still dangerous infection which will not decline on its own. There is much preventive work to be done, and even if tuberculosis is brought under control in the next 25 years, it will still be extremely important to continue the control programs and follow-up of old cases for many, many years.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,  
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News Bulletin

SANATORIUM The BOARD OF MANITOBA



AROUND OUR INSTITUTIONS

# New Bed for Disabled

A self-help, "Ferris Wheel" bed — especially designed for mobility, comfort and easy nursing care — was installed recently at the Manitoba Rehabilitation Hospital. Known as a CircOlectric bed, it represents part of the equipment being purchased for the hospital under the \$100,000 pledge of the Winnipeg Associated Canadian Travellers.

The versatile bed is the design of a Kalamazoo, Mich., orthopedic surgeon, Dr. Homer Stryker, and it consists primarily of a jointed foam-plastic mattress set between two parallel circles of chrome-plated steel tubing. By means of electric controls and side levers, it can be tilted to any angle, folded to form a comfortable chair or swung completely around for patient turning.

(In the latter instance, a canvas frame, attached to the two big hoops, is placed above the patient while he is lying on his back on the bed. The hoops are then swung around, by means of the electric control switch, until the patient is lying face down on the canvas. Then the bed is swung away.)

Although the CircOlectric bed may seem new and strange at first, patients soon learn to like it because it is comfortable and enables them to do things for themselves. Even the very ill, for example, are often able to operate the electric button or side levers for any form of tilt or sitting position.

Nurses say that the new bed promotes easier care for the patients, since there is so little work involved in turning and lifting them, or getting them in or out of bed. The bed can also be adjusted to any level that is both comfortable for the patient and suitable for nursing care.

Another big advantage of the CircOlectric bed is that it rolls easily through any standard hospital doorway, is a-

bout 100 lb. lighter than the conventional hospital bed, and takes up little floor space. In all it has been described by many patients who have used it as a "wonderful hospital companion."

Patients who find it particularly helpful are those with such conditions as burns, multiple fractures, spinal injuries, cardiovascular disease and respiratory problems.

## A.C.T. Auxiliary Tours Sanatorium

Fourteen members from the Winnipeg Ladies' Auxiliary to the Associated Canadian Travellers toured our Manitoba Sanatorium at Ninette on Saturday, September 21. Traveling by chartered bus, they were accompanied by six visitors, including three of our staff members from the Central Tuberculosis Clinic.

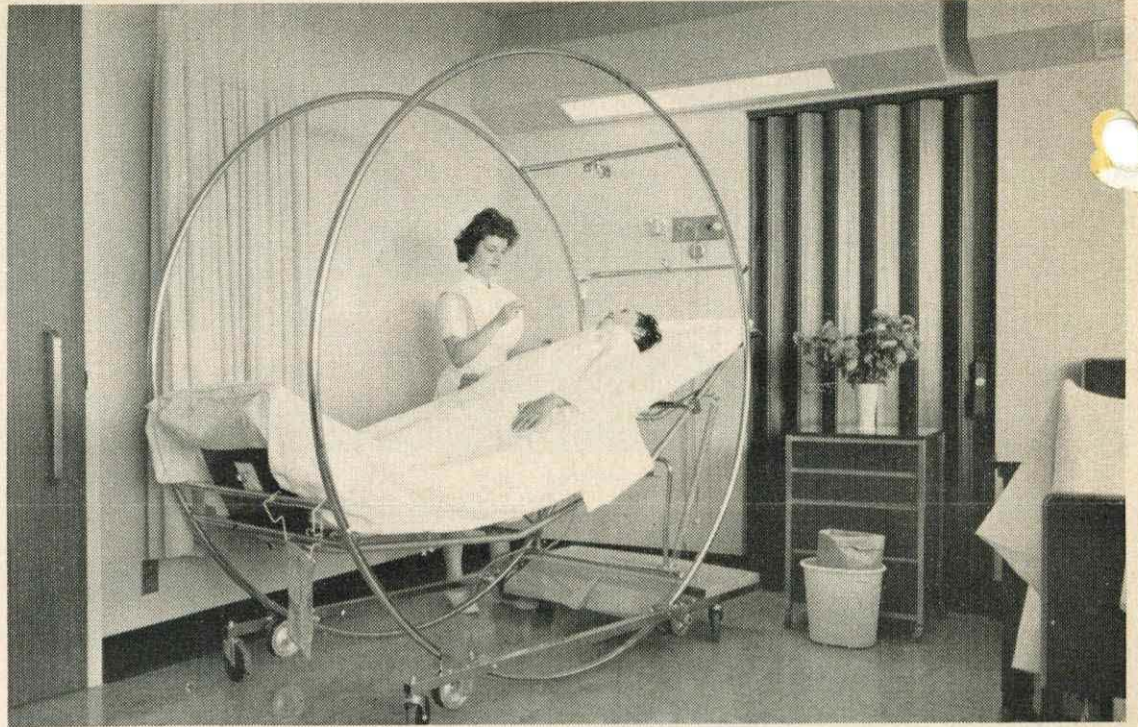
The group had lunch in the sanatorium dining room, after which they toured the Children's Pavilion, the various sanatorium facilities and the patients' library to which the auxiliary makes an annual donation. They also visited their eight "adopted" patients to whom the auxiliary sends gifts and cards throughout the year.

Later in the afternoon Dr. A. L. Paine, sanatorium medical superintendent, gave a lecture on the prevention of tuberculosis and the treatment and rehabilitation of tuberculosis patients.

Tea was served in the dining room at four o'clock and the auxiliary president, Mrs. Roy Whelan, thanked the sanatorium staff for their hospitality. Mrs. Wilfred Bardsley thanked Dr. Paine for his lecture.

### Others Assist

The Sanatorium Board is very grateful to the Ladies' Auxiliary of Winnipeg, who over the years have been so good to our patients at Ninette. We'd also like to take this opportunity to say thank you



A patient at the Manitoba Rehabilitation Hospital enjoys the comfort of the new circoelectric bed, which was recently purchased through the donations of the Associated Canadian Travellers, Winnipeg Club. (Photos by Tony Gibson).

to the many other individuals and groups who have assisted the sanatorium. Among them:

The women of *St. Paul's United Church*, Souris, who have "adopted" a large ward in the Children's Pavilion, and send the patients many boxes of food, clothing and toys . . . *Joe Erlichman* of Winnipeg, who for many years has sent generous gifts of clothing for patients of all ages . . . *United Church Women* at Hartney who have adopted one of the men's wards . . . the women of *Ninette Anglican* and *United Churches*, who visit patients at least once a month, bringing gifts and cigarettes.

*The Women's Association of Ninga* have visited and contributed gifts to patients for many years . . . *Goodlands United Church Women* have sent a carton of clothing . . . and the *Ukrainian Catholic Women's League* visited the sanatorium last Easter bringing gifts of candy and fruit.

It is impossible to name all those who have contributed to the welfare of the patients, but we would be remiss if we did not also single out the

*Professional Engineers' Wives* and *Zonta Club* of Winnipeg, who send mountains of gifts to the patients at Christmas . . .

## Salute to Pat

On a sunny Monday morning last month, Pat McFarlane, who has just completed five years as a very able secretary to our executive director, and a good many more years as an inveterate Blue Bomber supporter, burst into the Sanatorium Board's offices and created much to-do by announcing her intention to marry a handsome Calgary insurance man. Marry him she did — the following Saturday (September 21) — and in one grand instant she changed her football allegiance . . . and her name to Mrs. Clifford Dalglish.

Prior to her departure for Calgary early next month, Mrs. Dalglish has been honored on a number of occasions by her friends at the Board. On October 4 she was entertained royally at a dinner given by women staff members at the Paddock Restaurant, where a presentation was made.

Pat's kindness to others and her great devotion to the Sanatorium Board have won her the respect and affection of many people. We wish her and Cliff many long years of happiness and health.

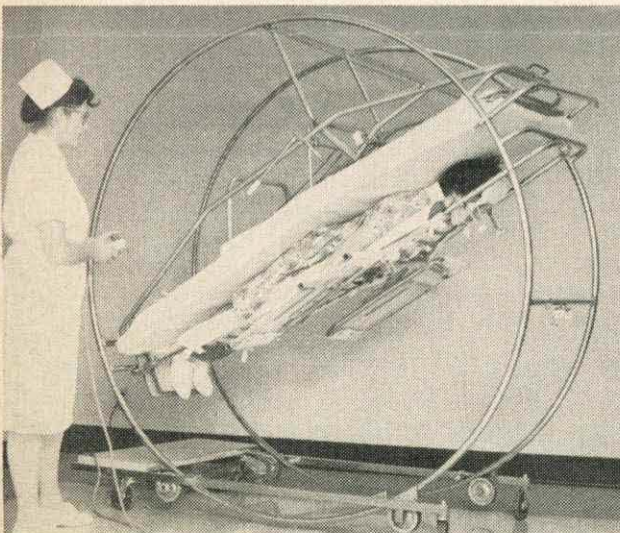
## Personnel Changes

The new member of the resident medical staff at the Manitoba Rehabilitation Hospital is *Dr. Manuchahr Fathi*, an Iranian who received his degree in medicine in Istanbul in 1960.

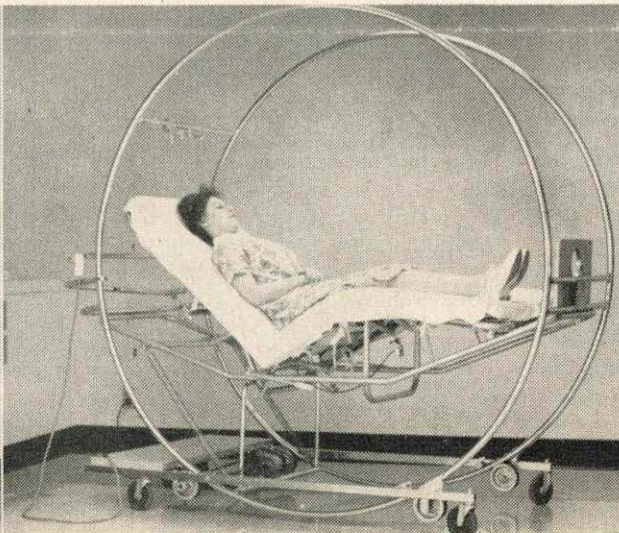
Recent additions to the nursing staff at the rehabilitation hospital are *Mrs. Isabel Anne Gunn*, *Mrs. Doris J. Setter*, *Mrs. June Hock*, *Miss Marion Grace McGee* and *Miss G. J. Jamie*, all general staff nurses. *Mrs. Thelma Blanche Nico RN* has joined the evening nursing staff at the Central Tuberculosis Clinic.

*Mrs. Merle Norma Wilson*, a registered nurse who has her public health nursing diploma, has been appointed a social worker at the Manitoba Rehabilitation Hospital. *Mrs.*

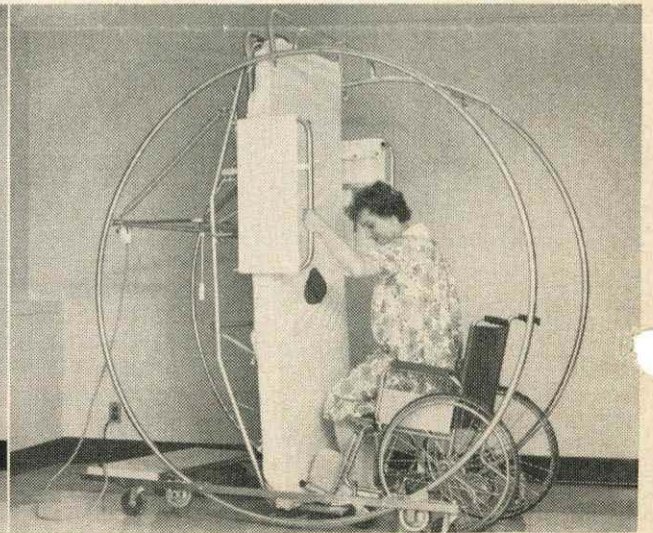
(Cont'd. on page 3)



A canvas frame is affixed to the bed before turning the patient to the prone position. Note the arm rests which give the patient extra support while turning.



This comfortable reclining position is achieved by manipulating the levers at either side of the bed. This is done by either the patient or attendant.



The patient who has use of her arms can easily transfer herself — with little or no assistance — to a wheelchair, when the bed is in the vertical position.



## Rehabilitation Is An Investment

An important "preventive" service provided by the sale of Christmas Seals is the rehabilitation program for tuberculosis patients. The theory is that if patients can find a useful life when they leave sanatorium, they are far less likely to have a recurrence of their disease.

A shining example of just what can be accomplished with the help and encouragement of the rehabilitation department is Hugh Rebiffe, a former patient at our Central Tuberculosis Clinic.

Hugh was only 22 years old when he was admitted to hospital in November, 1961. Married and the father of a wee infant, he had no specific job training and until he broke down with tuberculosis he had been doing clerical work in a number of Winnipeg firms.

During the eight months he spent in hospital, Hugh had plenty of time to think about his future and eventually, with the guidance of the Supervisor of Rehabilitation, he decided he could be very happy as an industrial accountant. To keep himself occupied until he could register in a course, he studied bookkeeping through correspondence.

Discharged to home treatment in June, 1962, Hugh obtained permission to begin

the evening lectures of the Society of Industrial and Cost Accountants of Manitoba, even though at the time he was still unemployed. Later, as his health progressed, he found full-time accounting work at Price Acme of Canada, and although it meant an extremely busy schedule, he continued to attend the society's evening lectures.

Throughout the year, life proceeded happily for Hugh. He received a promotion in the work, a second child was born to him and his wife and finally, in September, the Society announced that he had won the first year prize in the 1963 Uniform National Examinations.

With the monetary award now covering fees for his second year course, Hugh has more than proved that rehabilitation is a worthwhile investment. To him go our warmest wishes for continued success.

### PERSONNEL CHANGES

(Cont. from page 2)

*Julie McCaig* is now the intake worker in the social service department and *Mrs. Trudy Gylywoychuk* is the new secretary.

To the rehabilitation hospital's occupational therapy department we welcome *Miss Lesley Margaret Martin*, who comes from Kent, England and is a recent graduate of St. Loyes School of Occupational Therapy.

Other new members of the rehabilitation hospital staff are *Mrs. Katherine Margaret Quiring*, secretary in the nursing office, *Mrs. Lorna Ruth Broughton*, switchboard operator, and *Mrs. Sharon Gruhn*, clerk typist in the medical records office.

*Joseph Bohonos* and *N. R. Thompson* have been appointed x-ray assistants in the Sanatorium Board's surveys offices.

### Richard Carter Retires

Our warmest wishes for many years of health and happiness are extended to *Richard Carter* who on August 31 retired from his post as night watchman at Manitoba Sanatorium.

According to our Ninette reporter, Mr. Carter has been employed at the sanatorium since April 18, 1950, and "has the distinction of being the

## Sanatorium Mourns Death Of Mary Blatz

It is with great sadness that the Sanatorium Board records the unexpected death on September 27 of Mary (Marie) Blatz. Miss Blatz, who was 63, had been a highly esteemed member of the Sanatorium Board nursing staff for more than 20 years, and for the past 13 years had been a most able supervisor of the operating room and dispensary at Manitoba Sanatorium.

She was born of Russian-Mennonite parents on a farm near Plum Coulee, Manitoba, and received her high school education at Gretna. In 1931 she graduated from the Misericordia Hospital School of Nursing in Winnipeg and afterwards did post-graduate work in obstetrics and gynecology at Royal Victoria Hospital, Montreal.

Except for the some five years she spent as matron of a 30-bed hospital in Altona and as a nurse at Winkler, Miss Blatz had devoted her nursing career to the care of tuberculosis patients — first at our former Dynevor Indian Hospital at Selkirk and, since January, 1950, at Ninette.

A kind and gentle woman, with many talents and many interests, she was much loved by her patients and all the members of the sanatorium staff. She loved the countryside around Ninette and would spend many hours exploring it in her car with her friends. She was the only person we knew who could make beautiful pictures with a needle and thread, and those she exhibited at the Brandon, Winnipeg and Ninette fairs, won her many honors and prizes.

A funeral service for Miss Blatz was held at Ninette United Church on September 30, with the Rev. T. A. Payne, a long-time friend of the sanatorium and Miss Blatz, officiating. A second service was held October 4 at Rose Farm, Manitoba.

### Students Tour

Accompanied by their instructress, Miss Phyllis Long, 25 student nurses from the Brandon General Hospital toured Assiniboine Hospital on September 12.

Mrs. Marjorie Klimczak, Assiniboine's nursing instructor, addressed the group on the history of the hospital, its aims and the types of service it offers to long-stay patients.

The students then toured the Physiotherapy and Occupational Therapy Unit where Chief Physiotherapist George Lennox and Chief Occupational Therapist Janet Fowler explained their respective programs of treatment.

## Unit Gets Medical Director Opens Prosthetics Workshop

Two major developments in the Manitoba Rehabilitation Hospital's prosthetic and orthotic program are announced by the Sanatorium Board. The first is the appointment of orthopedic surgeon Dr. F. R. Tucker as medical director of

the Prosthetic and Orthotic Research and Development Unit. The second is the establishment of a prosthetics workshop for physical and occupational therapists.

At present the workshop comprises courses in the fitting and aligning of prosthetic appliances for the lower limbs. Eventually it will include a demonstration of how they are made.

In charge of the weekly, one-hour sessions are James Foort, an engineer by profession who is technical director of the hospital's Biomechanics Laboratory, and Dr. Tucker.

### Medical Director

The announcement of Dr. Tucker's appointment as medical director of the new prosthetic and orthotic unit was made last month. An associate professor in the Department of Surgery at the University of Manitoba and head of the Sub-department of Orthopedic Surgery, he will have charge of the clinical aspects of the unit's work and will work closely with Mr. Foort in arranging a three-pronged program of treatment, education and research.

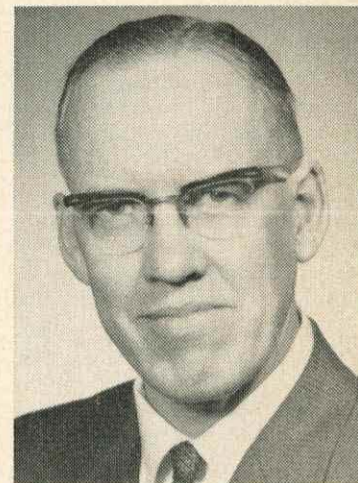
Parts of the program are now under way, Dr. Tucker says. A small group of arm and leg amputees have been receiving treatment in the department since September 8, and the teaching program for therapists began a few weeks ago. Research will be undertaken on a broader scale when the unit's quarters are ready early next year.

In order to avoid duplication of research projects, the laboratory will compare their plans with similar research centres which have been established recently in Montreal and Toronto.

### Manitoba Graduate

Dr. Tucker has been concerned with the teaching aspects of his profession for many years. Born in Toronto in 1912, he moved to Winnipeg while still a youngster. He graduated from the University of Manitoba Medical School in 1936 and took his post-graduate education at Princess Elizabeth Orthopedic Hospital in Exeter, England, and at Black Notley Sanatorium in Essex. In 1939, at the age of 27, he was made a fellow of England's Royal College of Surgeons.

World War II interrupted his studies and he enlisted in the Royal Canadian Army Medical Corps. After his five-



DR. F. R. TUCKER

year stint overseas (during which time he rose to the rank of Major), he enrolled at University of Liverpool and two years later emerged with his masters degree in orthopedic surgery. He remained at Liverpool for a year as a research fellow, then became registrar in orthopedic surgery at Preston Royal Infirmary.

Returning to Winnipeg in January, 1949, Dr. Tucker went into private practice, thence assumed his present teaching positions at the university. He became a fellow of the Royal College of Surgeons of Canada in 1950.

In addition to his post as president of the medical staff of the Manitoba Rehabilitation Hospital, Dr. Tucker is also chief of the sub-department of orthopedic surgery at the Children's Hospital, director of teaching and clinical research in the Orthopedic Department of the Winnipeg General Hospital, and consultant in orthopedics at Deer Lodge and the Shriners' Hospitals.

Married (in 1940) and the father of three, his main outside interest is the Winnipeg Blue Bombers, and since 1950 he has been a member of the team's executive, serving on the medical committee and as vice-president in charge of the team. However, his many professional commitments allow him little time nowadays to take on heavy responsibility for the Bombers.

The biggest challenge at present, he feels, is the satisfactory establishment of the new prosthetics and orthotic unit. It represents a lot of hard work, but it is a wonderful opportunity for the whole rehabilitation team. "It will perform a great service to the community".

night watchman longer than any of his predecessors."

To help him take life easy, Mr. Carter's friends gave him an occasional chair and a chaise lounge at a special ceremony held in the sanatorium's assembly hall.

## Canada Packers Holds Session

Special meat grading and cutting demonstrations were held September 18 for the purchasing, storeroom and food production and service staff at the Manitoba Rehabilitation Hospital.

The two sessions were arranged by Charles Bagnell, public relations officer of Canada Packers. Guest speakers were Leslie Hancock, district superintendent of the Livestock Division of the Federal Department of Agriculture, and Mrs. W. R. Jennings, grade standards officer.

Among those who attended were Ken Rowswell, purchasing agent, W. J. Morgan, storekeeper, Mrs. Margaret Waluk, head cook; cooks Ben Mayo, Hill Byholt, Barry Scott and George Howell; Claydean Lewis, kitchen service, Mrs. Lois Richardson, food supervisor at Manitoba Sanatorium, Miss Jean Alexander, assistant director of dietary services, and Miss Nan. T. Chapman, director of dietary services.



## EXECUTIVE DIRECTOR REPORTS

## Asia's Tremendous Tuberculosis Problem

● Housing is part of the TB problem in Hong Kong. Cave dwelling is common and I saw a mother and eight children, the family of a tuberculosis patient, living in accommodation carved out of the mountain side.

● In Colombo, Ceylon (pop. 310,000) there is a 200-bed hospital for tuberculosis children which is filled to capacity, with a waiting list. A world renowned authority on tuberculosis calls it a monument to the neglect to establish an adequate BCG program.

● In India (where there may be about five million tuberculosis patients), a doctor in a rural chest clinic showed me his register containing 7,000 active cases of tuberculosis. In New Delhi another physician told me about 2,500 patients who are treated at his clinic from a section of Delhi having a population of 700,000.

These were some of the findings of E. J. O'Brien, executive director of the Ontario Tuberculosis Association, who last December completed a tour of voluntary tuberculosis associations in 12 countries in Asia and Europe. During the 50-day journey he covered nearly 60,000 miles and attended 29 meetings and his report\* gives a startling picture of the ravages tuberculosis now causes and will continue to cause throughout the world. The following are some of his observations:

**Republic of Korea**

There are many agencies concerned with tuberculosis in Korea and this has created a feeling on the part of the government that it has limited responsibility for control of the disease; so much so that there is no division of tuberculosis control in the Department of Health, and therefore no government official is responsible for the problem.

South Korea has a population of 25,000,000 and it is estimated that one million have active tuberculosis. There are in excess of 50,000 active cases in the city of Seoul alone. It has an inadequate case register and antibiotics are available only to those who can afford to pay for them.

"The full impact of Sam Keeny's article, 'If I Had TB', in the International Union's

publication "T" came home to me," he said. "You will recall he started off his article with these words: 'If I were a poor man in some parts of Asia today and had tuberculosis, my morale would be lower than a duck's belly . . . If I lived in a rural area I would probably never see a doctor, let alone an X-ray. If I did see a doctor, he would make a diagnosis on the symptoms without any laboratory tests, and in more than half the cases he'd probably be wrong. If he were correct, he wouldn't reach for free isoniazid: there wouldn't be any. Instead he would write a prescription and collect his fee. If he were the wrong kind of doctor he would write the prescription for a proprietary drug, including a dash of vitamins with the isoniazid. I would have to go to the pharmacist in the nearest town and pay 10 to 20 times what the isoniazid costs wholesale. I should pay once or twice and then forget the whole matter. I would have to. My children would be hungry.'"

In Korea, Mr. O'Brien noted, the tuberculosis problem is just too staggering for the limited resources of the national tuberculosis association. "It would be difficult to find a more justifiable outlet for the Canadian Colombo Plan than support of a TB control program in Korea," he said.

**Hong Kong**

The population of Hong Kong continues to increase. Dr. Allen Moody, director of the TB program, estimated that there are about 50,000 active cases in the Colony and about half of them are on his case register. The situation is being aggravated almost daily by the influx of refugees.

Many of those turning up at the clinic give a history of chemotherapy treatment in China where, because of lack of funds or of drugs, they were unable to continue and were advised by their physician to move to Hong Kong. Many of them are resistant to

all three of the major tuberculosis drugs.

**Ceylon**

Ceylon has an extremely serious tuberculosis problem — 10,000 new cases are diagnosed yearly. It is a beautiful island nation, 150 miles wide and 250 miles in length, and has a population of 10½ millions. Its government has made considerable money available to the tuberculosis effort and it is one of the few areas in the world where patients are paid to take their drugs. During Mr. O'Brien's visit, Dr. Jayasuriya, president of the Ceylon TB Association, made an impassioned plea for assistance in developing provincial associations which in turn would organize local groups to administer and supervise the chemotherapy program in villages and rural areas, and encourage maximum use of BCG vaccine in infants.

The voluntary association has an extremely important role to play here until such time as the official agency can provide the essential public health service, Mr. O'Brien adds. Adequate and concentrated consulting services in Ceylon could produce miracles in five years and would be a shining example of what a worldwide voluntary organization can accomplish in a developing country's public health program.

**India**

According to Mr. O'Brien, a most interesting and profitable paper presented at the Asian Conference of the International Union Against Tuberculosis, in Bangkok last November, was that of Stig Anderson, a sociologist attached to the National Tuberculosis Institute project at Bangalore, India. His paper had the intriguing title of "Slippery Slopes of Slack Treatment Organization". By slack treatment organization he was referring to the home treatment program in the developing countries, and particularly in India which witnessed no more than 30% of patients completing one year of chemotherapy. He posed the question early in his paper, "Why go to the expense of discovering new cases when we fail so miserably those whom we already know about?"

Mr. Andersen's study extended over a one year period and covered 5,000 persons on home treatment. There were many valid reasons why a percentage of the group could not or would not finish the study period, but notwithstanding the valid or near-valid reasons for drop-outs, Mr. Andersen

reluctantly admitted that he completed his study with 147 on his register.

India is a mobile nation and studies undertaken there are subject to the continuous shifting of a large segment of the population. An extreme example of this was the man who gave his address as under a certain tree at a certain hour.

**Europe**

A two day visit to the International Union office in Paris afforded Mr. O'Brien the opportunity of being brought up to date on the European picture. According to Johs Holm, the Union's director, the tuberculosis situation in Europe is "disappointing and depressing . . . serious and even dangerous". He was referring to the situation in Germany, France, Italy and Spain — countries which apparently refuse to recognize the disease as a public health problem. In France tuberculosis is not even considered a notifiable disease. Countries such as Switzerland, Holland and Denmark, with good public health programs, are showing increasing concern about the number of itinerant workers from the countries mentioned, who are turning up with advanced disease. This is a situation which will be considerably aggravated by the coming of the European Common Market when workers are much freer to cross the border to seek employment.

**Must Be On Guard**

Summing up his observations, Mr. O'Brien appealed to tuberculosis workers in Canada to be continuously on guard. Tuberculosis is still the No. 1 Public Health Problem in most countries of the world, he said, and we must refine our programs and in many ways improve them.

There is a colossal job to be done by the voluntary organization. The first step must be ever expanding support for the International Union. The Asian Conference demonstrated the usefulness of regional offices for the International Union. In addition to Asia, there should be one to serve the Near and Middle East and the Mediterranean countries, one for African countries and one to serve Central and South America.

The needs of the Union are desperate. We could no sooner turn our backs on their needs than we could disband our own organization here today. The mutual assistance program of the International Union simply must succeed.

\* Presented to the semi-annual meeting of the Ontario Tuberculosis Association, January 19, 1963.

## Bulletin Board

Our congratulations to the staff of St. Boniface General Hospital who, in co-operation with the emergency Health Services of the Department of National Health and Welfare and the Provincial and Metropolitan Civil Defence, held a most instructive Hospital Disaster Institute and Exercise on Tuesday, October 1, for all hospitals in Manitoba.

Sanatorium Board staff who attended the institute were Dr. S. L. Carey, chief of medical services of Clearwater Lake Hospital, Miss E. L. M. Thorpe, S.B.M. nursing consultant, N. Kilburg, hospital manager, Manitoba Sanatorium, C. C. Christianson, hospital manager, Assiniboine Hospital, and A. H. Atkins, hospital manager, Manitoba Rehabilitation Hospital.

\* \* \*

Meetings of the Manitoba Sanatorium and Preventive Services Committee and the Assiniboine Hospital Committee were held at Ninette and Brandon respectively on September 20. Members of the Sanatorium Board who attended included Frank Boothroyd, J. N. Connacher, J. W. Speirs, S. Price Rattray, H. T. Decatur, H. T. Spohn, Dr. E. Snell, T. A. J. Cummings, Dr. E. L. Ross and Edward Dubinsky.

\* \* \*

New statutory members, representing the Provincial Department of Health, on the Sanatorium Board of Manitoba, have been named by the Minister of Health, Dr. George Johnson. They are Dr. E. Snell, Winnipeg medical consultant for the Department of Health, John Gardner of Dauphin and Dr. John A. Macdonell of St. James. Reappointed statutory member was George Iliffe, comptroller-general for the Province of Manitoba.

\* \* \*

Enthusiastic participators in the Fire School held at Wawanesa last month were Allan Stinson, Wilfred Page and H. Aquin of the Manitoba Sanatorium staff. The course included lectures on September 17 and 18, and a drill on September 19.

\* \* \*

Our belated thanks to the Golden Boys of Winnipeg who paid a visit to Manitoba Sanatorium in August and had their two pipers play several numbers for the patients.

**WE MISSED YOU!**

Perhaps you were too busy! Perhaps you just forgot! NO MATTER WHAT . . . we still have high hopes that our Winnipeg staff members will join the Manitoba Medical Centre Recreation Club.

Lots of activities to choose from! Bring a friend!

- Bowling
- Curling
- Badminton
- Volleyball
- Square Dancing
- Darts
- Gymnastics
- Glee Club

MEMBERSHIP FEE: \$1.00. Application cards available from Manitoba Rehabilitation Hospital Chapter Executive.