



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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Winnipeg A.C.T. Donates \$11,789 to Hospital Fund

On separate occasions during the past month the Sanatorium Board of Manitoba was the recipient of gifts from two Winnipeg organizations. The first was the donation on February 18 of seven standard wheelchairs from the Winnipeg Alumnae of the Alpha Delta Sorority; the second was the presentation on March 2 of a \$3,000 cheque from the Associated Canadian Travellers, Winnipeg Club.

Peter Cleland, president of the Winnipeg A.C.T., presented the cheque to the Sanatorium Board's Executive Director T. A. J. Cunnings at the club's monthly meeting held at the Viscount Gort Hotel. This is the club's second contribution to the Sanatorium Board this year. Another cheque for \$8,789 was presented last January.

Mr. Cunnings thanked the Travellers for the splendid support they have given to the Sanatorium Board over the years.

The money, he noted, will be used towards the club's

pledge of \$100,000 to purchase special equipment for the Manitoba Rehabilitation Hospital.

So far a total of \$38,309 has been donated towards this amount during the past several years.

The wheelchairs — valued at \$500 — were donated by the Alpha Delta Pi Sorority to the Manitoba Rehabilitation Hospital following a tour of the hospital by some 30 club members.

The presentation was made by Mrs. H. F. Burt-Gerrans, club president, and T. A. J. Cunnings, executive director, and A. H. Atkins, hospital manager, accepted the gift on the hospital's behalf.

The wheelchairs — which will be used by the hospital's inpatients — were presented in memory of the late Mrs. Margaret Orchard, a former sorority member. The funds for their purchase were raised by the sorority at their annual Black Diamond Coffee Party last November.



T. A. J. Cunnings, left, executive director of the Sanatorium Board of Manitoba, accepts a cheque for \$3,000 from Peter Cleland, president of the Associated Canadian Travellers, Winnipeg Club. The money, which was donated at the club's monthly meeting on March 2, will be used towards the club's \$100,000 pledge to purchase equipment for the Manitoba Rehabilitation Hospital. (Photo Courtesy of Channel Seven Television Ltd.).

Nursing Consultant Assumes Post

This month the Sanatorium Board of Manitoba proudly welcomes Miss Ethel L. M. Thorpe, M.B.E., who on March 5 arrived from Jamaica to take up her duties as nursing consultant for the Board's four hospitals.

Miss Thorpe, who for the past 13 years has been matron of Bellevue Hospital in Kingston (3,200 beds), is no stranger to either Canada or some of our staff members, for she was a member of the nursing department at Ninette for approximately four months in 1954.

She comes to her new position with a very wide background of distinguished nursing experience, the high points of which we present here.

She was born and raised in Norwich, England, and graduated in psychiatric nursing from Hellsdon Hospital, Norwich.

From Hellsdon she proceeded for formal training in general nursing at the Royal Free Hospital, London, where in her final year (1937) she was awarded the Alfred Langdon Scholarship for the best all-round nurse of the year. She was also runner-up for the Royal Society of Cordwainers Gold Medal Award.

Following one year of sisters duties at the Royal Free Hospital, Miss Thorpe entered Kingston County Hospital, Kingston-on-Thames, for midwifery training. She remained on as a sister and, at the outbreak of the war and the evacuation of some of St. Thomas' Hospital medical staff from London to Kingston, became sister in charge of the emergency theatre.

In March, 1940, Miss Thorpe was called up for military service and became a sister in Queen Alexandra's Royal Army Nursing Corps (T.A.N.S.), serving first at Stoke Military Hospital in Plymouth where she was sister-in-charge of the surgical division at the time of the fall of France and the evacuation from Cherbourg and Brest. She remained at Plymouth during the heavy raids on that

city, culminating in the blitz of April, 1941.

Following the blitz and the evacuation of Stoke Military Hospital, Miss Thorpe was sent to the 41st Neuropathic Hospital at Bishops Lydeard in Somerset, and, at the end of 1941, she proceeded to Basrah in Iraq.

In August, 1942, she was one of 18 British sisters who were sent to Teheran, Persia, to cope with the sick among 200,000 Poles released from Russia following two years internment in Siberia. These Poles later became General Anders 4th Carpathian Brigade and went from Persia to Iraq and thence to Palestine and finally into the campaign in Italy.

When the evacuation through Teheran was over Miss Thorpe returned to Iraq and was sent to Mosul where she nursed British and Indian soldiers in a 500 bedded hospital carved out of caves underground. Later this hospital was taken over by the Poles, becoming Number One Polish General Hospital, and Miss Thorpe remained to do liaison work with the Poles, helping them to function within the



Miss E. L. M. Thorpe, M.B.E.

framework of British Army Regulations.

Repatriated to the United Kingdom (via Egypt) at the end of 1943, Miss Thorpe was stationed at the Military Hospital in Chester until proceeding to India in 1944, where she served in Madras, Avadi, Poona and Dacca in Bengal.

In India she rose to the rank of Lt.-Colonel and Principal Matron. She opened two hospitals from scratch in 1945 (Avadi), helped to receive and repatriate to the UK via Bombay returning internes from the

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AROUND OUR INSTITUTIONS

Special Devices Aid Patients

Many of us who work in or around the Manitoba Rehabilitation Hospital love to wander on occasion around the hospital's Occupational Therapy Department. It is a fascinating place to visit for we have learned that there is almost no limit to the type of physical and mental activity this department employs to help rehabilitate the sick and the injured.

The other day, for example, we paid a visit to the heavy workshop area where we spied technician William Skoropata helping a young girl in a wheelchair into a huge wooden box which was open on two sides. We learned from Bill that this was a wheelchair hoist which, when fitted next to the front porch of her home, would enable her to enter and leave the house on her own.

Bill explained that this hoist will be used by the department when a ramp up to a patient's home is not possible. Although it is slightly more expensive to install than a ramp, it has the special advantage of being self-operable and neat in appearance, and in having no mechanical device to go wrong.

Basically the hoist consists of a platform which is lowered and lifted by means of a rope, a pulley and a concrete counterweight cut in proportion to the weight of the platform, the wheelchair and the individual who uses it.

Even a weak person can operate the hoist, said Bill. By releasing a small brake and giving the rope a slight tug, the platform will rise of its own accord. When it reaches porch level, the patient merely sets the brake and wheels into her home. The same sort of procedure is followed for descending.

Mr. Skoropata, who until he joined our staff last May worked for eight years as a carpenter and equipment designer for the Society for Crippled Children and Adults of Manitoba, told us that he got the idea for the hoist from observing the old country type of grain elevators which rose with the same sort of counterweight.

When we saw the hoist operate we were much impressed with the skill of Mr. Skoropata

who designed it and the patients who helped him build it. But later we discovered that it is only one of many ingenious devices the department is turning out to help disabled people attain the fullest possible measure of independence both at home and at work.

In the Activities of Daily Living section there are all sorts of imaginative gadgets to enable patients to dress, cook, eat, get in and out of bed, and perform the countless tasks of day to day living. Very often these special devices are suggested by staff members or the patients themselves. Nearly always they are made right in the department.

Consider, for example, a mechanical hand hook made by Ian Cochrane for an 18-year-old boy who lost the use of his right arm as well as his legs in an accident.

Sometimes known as the "handy hook", this gadget enables the boy to pick up and hold objects in his right hand.

It is a voluntary opening type, stainless steel device, much the same as those used on artificial limbs but which fits onto the palm of the hand. It operates by means of two separate shoulder harnesses and a cable fitted in such a way that by hunching the shoulders the hook opens and by relaxing them it closes. Elastic bands around the hooks provide the necessary pressure to pick up and hold objects. When more pressure is needed for heavier items, more elastic bands are used.

It's easy to make and easy to fit, said Mr. Cochrane, who also used to work for the Society. But most important, he added, it is so effective that it will not only enable the boy to be more independent around his home but will also help him

to learn some vocational trade when he has finished school.

It is this aspect of getting the patient back to a useful life that we find intriguing about occupational therapy. The manufacture of self-help equipment is, of course, only one method the department uses in attaining this goal. But it does illustrate that occupational therapy — which was once regarded as a kind of "basement art of basketry and weaving" — has a very important place in the final rehabilitation of the disabled.

Welcome New Nursing Staff

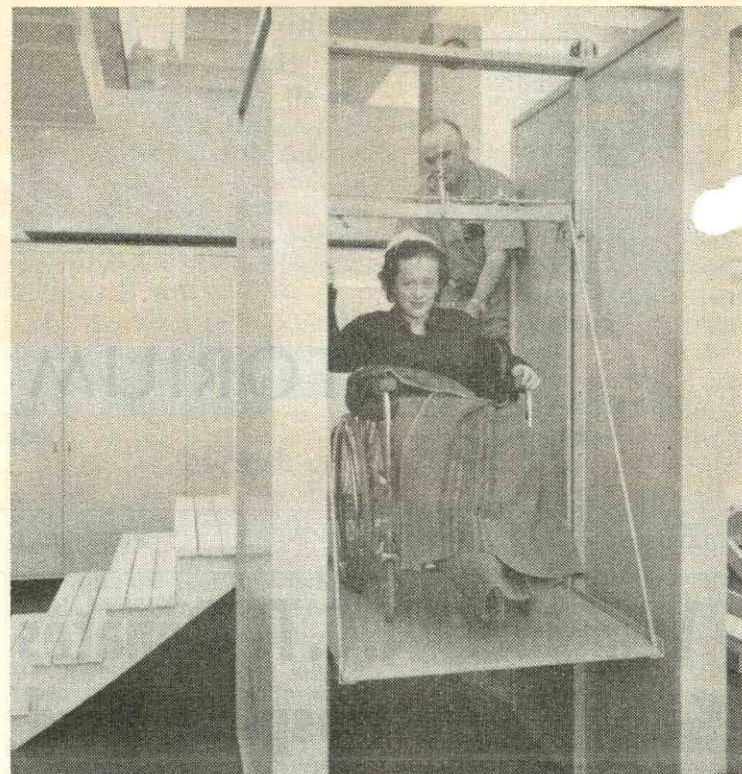
The past month has seen a number of new additions to the Sanatorium Board staff.

Among those we welcome to the nursing staff are: Mrs. Wilma Raynor, new day supervisor at Clearwater Lake Hospital, The Pas; Mrs. Dorothy Joan Gradidge, general staff nurse at Assiniboine Hospital, Brandon; and Miss Agnes George Pert, general staff nurse at the Manitoba Rehabilitation Hospital, Winnipeg.

Mrs. Raynor, who was formerly director of nursing for Indian Health Services at Fisher River, is a graduate of Victoria General Hospital School of Nursing and holds a public health nursing certificate from the University of Manitoba. She also took a course in obstetrical and gynecological nursing at Royal Victoria Hospital in Montreal.

Mrs. Gradidge, a graduate of the Brandon General Hospital, also studied arts at Brandon College. Miss Pert, who was born in Scotland, studied nursing at Dundee Royal Infirmary and has a public health nursing certificate from Glasgow University. Before assuming her present position she worked as a senior public health nurse for the Manitoba Government.

New licenced practical nurses at our hospitals include: Mrs. Mary Louise Angell,



Technician William Skoropata and Helen Waddell of Newdale, Manitoba, try out a wheelchair hoist made in the Occupational Therapy Department of the Manitoba Rehabilitation Hospital. The hoist will enable Helen to enter and leave her home on her own.

(Photos by Tony Gibson, Children's Hospital of Winnipeg)

Central Tuberculosis Clinic (who formerly was on our staff at Assiniboine Hospital); Mrs. Genofa Zentner, Mrs. Margurite Choiselat and Mrs. Theresa Schach, Manitoba Rehabilitation Hospital; Mrs. Lynda Lyng, Assiniboine Hospital.

Other recent additions include Miss Edna Isabel Beaty, invoice clerk at the Manitoba Rehabilitation Hospital, and Alphonse Lavalee, cook at Clearwater Lake Hospital.

Hold Annual Meeting

The annual meeting of Assiniboine and Clearwater Lake Hospitals was held in Winnipeg on March 8.

In his report Dr. A. H. Povah, chief of medical services, noted that a total of 956 extended treatment and rehabilitation patients were admitted to Assiniboine Hospital during the year 1962. Forty-four percent of the patients came from Brandon, he said. The rest were largely from rural western Manitoba.

The average length of stay of the patients discharged was 62 days in 1962 as compared

with 87½ days in 1961. Conditions treated were mostly chronic illnesses, including respiratory and cardiovascular conditions, rheumatoid arthritis, rheumatic conditions, orthopedic conditions and disorders of the central nervous system.

Seventy-five percent of the patients admitted to this 198-bed hospital were cared for by the resident medical staff.

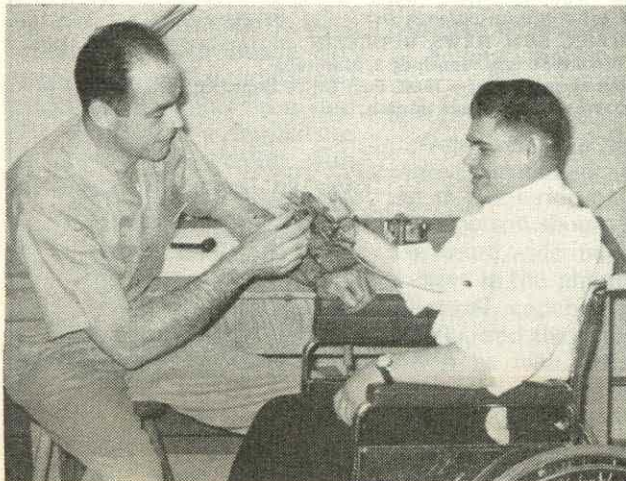
The percentage occupancy for the year was 88 percent.

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Clearwater Lake Hospital, which serves as a northern centre for the treatment of both tuberculosis and other long-term and respiratory diseases, saw a total of 220 admissions to the tuberculosis section and 191 admissions to the extended treatment unit in 1962, said Dr. S. L. Carey, chief of medical services.

Of the extended treatment admissions, 61 were under the age of 14 years and 66 were over the age of 60. The children were admitted for acute and chronic infections of the respiratory system.

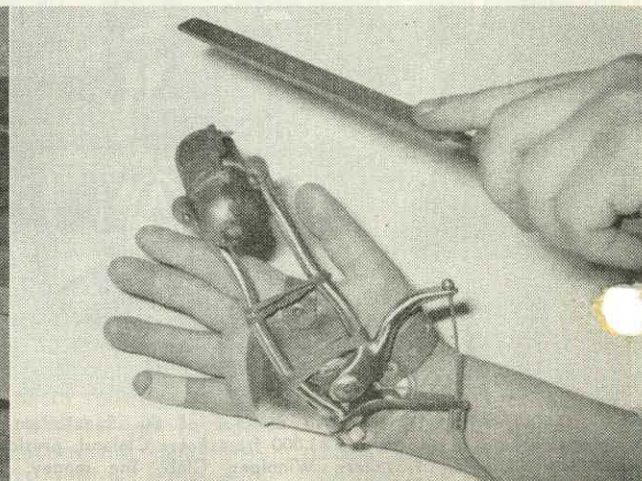
(Cont. on page 4)



Technician Ian Cochrane inspects hand hook he made for Adam Salamandyk, who has lost the use of his right hand.



The hook is fitted on the palm of Adam's hand, and is opened and closed by shoulder harnesses and a cable.



Elastic bands around hook provide pick-up pressure. Stainless steel finish was provided by Zol-Mark Industries.

TB Outbreak in North Serves as Grim Warning

the incidence of tuberculosis in Canada appears to diminish, health officials are having an increasingly difficult time convincing people that the tiny tubercle bacillus, lurking in pockets of infection in all strata of the population, still wields a mighty disease-producing power.

Then on occasion comes grim evidence of their warnings . . . as witness the admission to Clearwater Lake Hospital last month of 27 tuberculosis patients from the small northern community of Eskimo Point.

According to information, a few residents of the community (some 180 miles north of

Churchill) became ill last November from what was believed to be a type of virus causing a high fever. By January local officials were alarmed to see the sickness spread through the community in epidemic proportions.

A report was sent to Indian Health Services in Winnipeg who immediately sent in a doctor and x-ray team to investigate.

On February 16 some 700 x-ray films (including about 300 from Eskimo Point) arrived at Clearwater Lake Hospital for reading and that night Dr. S. L. Carey, chief of medical services, asked for the immediate evacuation of 27 persons.

The disease, he said, was tuberculosis. Far advanced tuberculosis, he later confirmed, in three of the patients, miliary disease in four, moderately advanced in one, and primary disease — some quite extensive — in the rest, most of whom were children.

How did so many develop the disease in such a short time? Health officials are still pondering, since a full-scale x-ray survey had been conducted in the area only nine months earlier. It has been suggested that another disease could have been the contributing factor in bringing on the outbreak.

But it does point up the fact that tuberculosis still constitutes a particularly serious problem in the North and likely will remain so for a decade or more, said Dr. Carey. Although in the majority of Northern agencies only one or two active cases are discovered each year, epidemics of tuberculosis do occasionally occur.

An outbreak of tuberculosis similar to the one in Eskimo Point occurred in Brochet last year when ten patients with active disease were admitted to Clearwater from that area, he said. At about the same time a survey in Norway House Agency, encompassing a wide area and several reserves, uncovered 30 new active cases of tuberculosis.

In hopes of bringing the disease under control in the North, Indian Health Services, in conjunction with the Sanatorium Board, plan to intensify case-finding surveys. (In previous years survey teams have covered nearly half of the native population in the Central Region each year.)



WINNIPEG ALUMNAE OF THE ALPHA DELTA PI SORORITY presented seven wheelchairs to the Manitoba Rehabilitation Hospital on February 18. Pictured at the presentation are left to right: Mrs. C. E. Fleming, Mrs. H. F. Burt-Gerrans, president, T. A. J. Cunnings, executive director of the Sanatorium Board, and Mrs. W. H. Barber. (Photo by Dave Portigal.)

Seal Sale Ends: "Thanks for Help"

A total of \$175,590.50 has been raised by the 1962-63 Christmas Seal Campaign in Manitoba. The campaign was officially over February 28.

The amount raised in this year's sale represents a three per cent decrease from the amount raised last year, but nevertheless we are very pleased with the public's response.

The Sanatorium Board would like to be able to thank each person personally for the part they have played in the fight against tuberculosis in this province. Through their purchase of Christmas Seals they have made it possible for the Board to provide free tuberculin and x-ray tests to some 250,000 people annually and rehabilitation services to many tuberculosis patients.

We are particularly grateful to Miss Mary Gray, Seal Sale Advisor, and her assistant Esther Lee for their tireless year-round work of organizing each campaign.

The Board's warmest thanks are also extended to the 464 volunteer workers in Winnipeg (including some of the Sanatorium Board staff) who gave 1,950 hours of their time last fall to prepare the Christmas Seals for mailing, and to the newspapers, radio and television stations in Manitoba who donated much free space and time to help publicize the importance of the campaign.

Among the groups who helped with the mailing preparations were: the Ladies Auxiliary to the Associated Canadian Travellers (Winnipeg Club); the Inner Wheel of Winnipeg; West Winnipeg and Boniface; P.E.O. Sisterhood, Chapter D; Calvary Temple Mission Circle; Professional Engineers' Wives of Winnipeg; members of various women's curling clubs in Winnipeg; and some 200 business women from a number of Winnipeg firms.

Award Doctor \$5000 Grant for Research

A clinical research fellowship in tuberculosis and other chest diseases was awarded this month by the Canadian Tuberculosis Association to Dr. Earl Hershfield of Winnipeg.

The \$5000 fellowship is provided to Dr. Hershfield for one year and has been made available through the University of Manitoba.

Dr. Hershfield, who is now completing a two-year post-graduate course in medicine at the Mayo Clinic in Rochester, N.Y., will return to Winnipeg to begin his studies in chronic and acute respiratory diseases on July 1.

He will be working with the Cardio-Respiratory Unit at the Winnipeg General Hospital, which is directed by Dr. Reuben Cherniack, and will hold the positions of clinical assistant at the Winnipeg General Hospital and demonstrator for the University of Manitoba Department of Medicine.

Dr. Hershfield, a native of Winnipeg, is a graduate of the University of Manitoba School of Medicine. Prior to his present studies at the Mayo Clinic he spent one year in New York City studying pathology.

* * *

INFLUENZA has been known to man since ancient times. Italian astrologers thought it came from an influence of the heavenly bodies. That's why they used their word for influence, "influenza", as a name for the disease.

New Consultant

(Cont. from page 1)

Far East (at Poona) and closed down what had once been a forward area for the 14th Army at Dacca — disbanding hospitals, hospital river steamers and ambulance trains, and setting up a 105 bedded hospital at Tezgaon (five miles away) to carry on with residual work once the garrison pulled out.

Miss Thorpe then went to Calcutta to take charge of 600 army sisters and Red Cross nurses who were being sent home for re-deployment and release. It proved an exciting trip home for two cases of smallpox occurred among the troops en route and with six thousand people on board in extremely crowded conditions, the whole lot had to be vaccinated twice.

Back in the U.K., while awaiting release from the army, Miss Thorpe served for almost a year at the Military Hospital for Head Injuries in Oxford. Once released, she took a refresher course in midwifery, then set out for China as matron of the County Hospital in Shanghai . . . once the most luxurious private hospital in the world, but then in very bad shape following years of Japanese occupation and eventual looting by the Chinese.

It was no easy task to rehabilitate the hospital at a time of post-war shortages, inflation and civil war, said Miss Thorpe. But it had to be done as an urgent necessity, for it was the principal hospital serving the international community in Shanghai (diplomats, business executives, UNRRA officials).

In 1950 Miss Thorpe joined Queen Elizabeth's Overseas Nursing Service and sailed for Jamaica as matron in charge of Nurses' Training. Her task was to establish Bellevue Hos-

pital as a training school for psychiatric nurses.

The conversion of Bellevue was a long process which required Miss Thorpe to act as teacher as well as administrator, but its transition to a training school was accomplished, and it is to her credit that Bellevue-trained nurses can now go to England as fully qualified mental nurses. It is also to her credit that patient care at Bellevue has improved to such an extent that this hospital now has the highest recovery rate among all mental hospitals in the British Commonwealth.

During her years in Jamaica, Miss Thorpe devoted much time and energy to advancing the status of the nursing profession in the island. Among other things, she was an elected member of the General Nursing Council for Jamaica for almost 10 years and an examiner in general and psychiatric nursing for the council.

For four years she served as an executive member of the Jamaica General Trained Nurses' Association and followed this by two years as president in 1960-61. During her presidency the Jamaica nurses built their headquarters house which they named "Mary Seacole House", after a Jamaican nurse who was in the Crimea at the same time as Miss Nightingale. She represented Jamaica at the I.C.N. Conference in Melbourne, Australia, in April, 1961, and was a member of the editorial committee of the Jamaican Nurse. (She edited the February 1963 edition.)

For her services to the Trained Nurses' Association, Miss Thorpe, on her departure from Jamaica, was made an honorary life member.

Among other activities Miss Thorpe was a foundation member of the Mental Health Association for Jamaica, an executive member of this association, and was concerned with a research project carried out by the New York Institute for the Study of Man among psychiatric patients throughout the Caribbean. She was also a member of the planning committee for the Third Caribbean Conference for Mental Health held in Jamaica in April 1961.

She was an executive member of the Jamaica Branch of Her Majesty's Overseas Civil Service as well as an executive committee member of the Professional and Technical Officers' Branch of the Jamaica Civil Service Association. She is a foundation member of the Soroptomists Club of Jamaica.

For all of these contributions — and many more — Her Majesty Queen Elizabeth in 1956 made Miss Thorpe a member of the Most Distinguished Order of the British Empire.

TIME FOR A CHANGE IN THINKING

Elderly Need Special Approach

When I was a child I had the happy experience of having my grandfather live with us in our home. Granddad was a wonderful person to have about — very kind, sometimes overly generous, and always full of charming stories about the past.

But there were times, too, when his behavior perplexed us children. He seemed unable to cope with noise and confusion; he tended to be forgetful, especially about things that were important to us; and he had some rather strange — and to us, old-fashioned — notions about how other people should think and behave.

As we ourselves grow older we begin to understand that such ideas and habits are common among most elderly people. We learn that for some reason they do become fixed in their ways, cannot tolerate much stress or adapt themselves well to change. But what we don't always keep in mind is that all of these symptoms are a natural part of the psychological and biological process of growing old.

The advances in medical science during the past 50 years have made it possible for people to live longer. There are today in Canada about 1,904,700 persons over the age of 60 — more than one-tenth of our total population! If we succeed in conquering such other ailments as heart disease and cancer, the numbers will increase tremendously.

Since medical science is responsible for the increased longevity of man, it certainly behooves all of us in the hospital field to improve our care of this group and increase our understanding of the nature of old age, its development and effect on the individual.

To accomplish this we must first acknowledge that to grow old is to complete a physiological process. It is a fact of nature and is inescapable. "We should try to grow old," said a wise doctor. "We all bear our destiny of life within us; it is for us to contribute towards its fulfillment."

Most people, of course, do not enjoy the thought of growing old — particularly in a society where so much emphasis is placed on youth and youthfulness. It has been said that much of our impatience and irritation in dealing with the elderly is caused by our own fear of growing old and weak. In them we see our own future.

Yet, if any of us are to live a useful and happy existence we should indeed try to grow old gracefully. As Voltaire said, "He who has not the spirit of his age has all its misfortunes."

There are two ways of aging — in the biological sense and

in the social sense. In the biological sense, degeneration begins almost from the time of conception. By the age of 30, the body begins to show various signs of senescence. Physical energy declines and the body starts to become paunchy. Gradually the nervous system shows structural changes, the brain and lungs shrink in size and weight while the heart increases in size and weight; bones become lighter and more porous and hearing, taste and sight less acute. With all of these changes there is a corresponding decline in physical and mental abilities.

In the social sense, there are many changes for the elderly. A man, for example, finds himself cut off from his occupation. A woman misses being needed by her children. Social activities decline, the circle of friends grows smaller — and very often there is the loss of a husband or wife. With all of these changes — and many more — it is only natural that the elderly experience a loss of meaningful existence and a feeling of being shut off from the rest of the world.

For all of these reasons, the aged — particularly the aged sick — demand all the special attention and sympathetic, skilled care that the doctor, nurse, therapist and social worker can give. Above all, they need understanding and help from their own families.

A basic tenet in dealing with an elderly person is to *treat him with the respect he deserves*. Like teen-agers who want to gain recognition, the aged want to retain the status they have worked for all their lives. The desire to be loved and respected does not decline with age.

Help him to feel important, to preserve his independence and self esteem. This is often best accomplished by doing things *with him* rather than for him; by not working to conserve his energies but rather helping him to make the most of the capabilities he has left.

Don't sell older people short. Chronologic age is not the sole criterion by which the older person should be judged. There are wide individual differences in the physical and intellectual capabilities of the elderly, and they can often astonish us with their wisdom, their fund of information and their ability to overcome sickness.

One should also bear in mind that, while other things may deteriorate, a sense of

humor and imagination are qualities of true agelessness.

Be patient, remembering that the treatment of the elderly requires a long time and special attention.

There is no place for anyone in a hurry. Take time to listen to and appreciate their problems. Take time to explain their condition and treatment. Take extra time to allow them to do things for themselves. An elderly person fears the thought of being unable to care for himself and, in turn, resents being cared for by others.

Learn what interests him. His conversational interest is likely to centre on religion, politics and reminiscing. Because his life is mostly behind him, it is not likely to centre much on the future.

If his vision is good — or, more important, if he is fitted properly with the right glasses — he is likely to enjoy reading and television. If all his life, he has cultivated some hobby, he is probably still interested in that hobby.

Finally, *regard each elderly patient as a whole person*, as a person who needs a special reserve of sympathy, sincerity and understanding — sympathy to restore tranquility; sincerity without being overly solicitous; understanding because we must realize that like all other patients he needs treatment for his mind as well as his body.

As a Harvard professor once pointed out, the older person should be regarded as a normal human being who may not only have those illnesses to which all of us are subjected *plus* the degenerative disorders of old age, but who also has all those special problems which accompany the long, normal process of aging.

P.A.H.

* * *

Following a surgical operation it is our duty to see that the scar on the mind is as soundly healed as that on the body surface.

—Eardley Button

* * *

HOLIDAY FROM HEALTH

Most people pay no attention to physical fitness between ages 18 to 30, but that's the very time to start "training" for health and long life. They pay for this holiday from fitness the rest of their lives. It's never too late to start re-training, although good health habits should be formed in childhood.

—Dr. Paul D. White

Around our Institutions

(Cont. from page 2)

The average length of stay increased from 56 days in 1961 to nearly 105 days in 1962, largely as a result of admitting more elderly patients during the year. Patient days decreased from 20,699 in 1961 to 16,450 in 1962.

In the tuberculosis section there were 220 admissions in 1962, and patient days increased by over 7,000 to 32,130 days.

Of the patients admitted, 48 had far advanced tuberculosis and five had tuberculous meningitis.

During the year tuberculosis wards were often filled to overflowing, Dr. Carey noted. And the handling of mass admissions has remained almost a routine matter for the hospital staff.

This was illustrated in the past month when 27 patients were admitted on February 19 from Eskimo Point and again on March 3 when 29 were admitted from other parts of the Central and Eastern Arctic.

Because of these admissions during the past few weeks (bringing the tuberculosis occupancy up to 125 beds), Clearwater Hospital has had to reconvert extended treatment facilities into tuberculosis treatment wards.

Social Events
for SBM Staff

During the past month members of the Sanatorium Board staff have enjoyed a number of social events.

One of these was a Valentine's Dance held on February 14 in the assembly hall at Manitoba Sanatorium. The hall was appropriately decorated with hearts and cupids and both patients and staff attended the event.

On February 16 the staff at our Clearwater Lake Hospital also held a Valentine's party in Northwood Recreation Hall. The arrangements were made by the hospital's Joint Staff Conference Committee with Mrs. Ellen Antonsen as chairman.

A few days later many of the staff at Clearwater Hospital attended the annual Trappers' Festival at The Pas. Among those who took part in the entertainment program was Dr. S. L. Carey, chief of medical services, who sang a comedy number—dressed in straw hat and moustache.

The Manitoba Rehabilitation Hospital Social and Recreation Club sponsored a St. Patrick's Day Buffet Dance on March 16 for Winnipeg staff members and their friends. Proceeds from the dance — which also featured bingo and bridge — will be used to replenish the club's treasury.

Bulletin
Board

Physicians practising the Manitoba Rehabilitation Hospital, Winnipeg, formed an organization known as the Medical Society of the Manitoba Rehabilitation Hospital. At the meeting on February 22, Dr. F. R. Tucker was elected president and Dr. M. Saunders, vice-president.

Other officers are: Secretary-treasurer, Dr. M. Lertzman; chairman of Medical Standards Committee, Dr. Fletcher D. Baggar; chairman of the Credentials Committee, Dr. Porritt.

The general purpose of the organization is to ensure high quality care for all patients admitted to the hospital, to provide a means for the discussion of problems in medical administration, to provide education and participate in research.

Miss Mary Gray, supervisor of the Sanatorium Board's Christmas Seal Department, flew to Chicago on March 12 to participate in a two-day Christmas Seal workshop sponsored by the National Tuberculosis Association.

On Friday, March 1, men staff members of the Central Tuberculosis Clinic and the Sanatorium Board executive offices gathered at the home of Mrs. Patricia McFarlane to honor Mrs. Gertrude Bowman, a member of the Sanatorium Board staff since May 9, 1959. During her years with the Board, Miss Bowman made an outstanding contribution as a secretary, first with the early travelling clinics at Manitoba Sanatorium and since 1946 with the surveys office in Winnipeg.

On another occasion in the month Miss Ruth Reid, licensed practical nurse at the Central Tuberculosis Clinic since 1947, was special guest at a shower held on March 8 in the auditorium of the Manitoba Rehabilitation Hospital. Miss Reid is engaged to be married on April 6.

Guest speakers at recent meetings in Winnipeg were Miss Nan Tupper Chapman, Director of Diet Services, who gave a report on the Sanatorium Board food service to the Canadian Women's Press Club on February 26, and Miss Joan Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital, who spoke to the Victorian Order of Nurses on Feb.