

# News Bulletin

SANATORIUM

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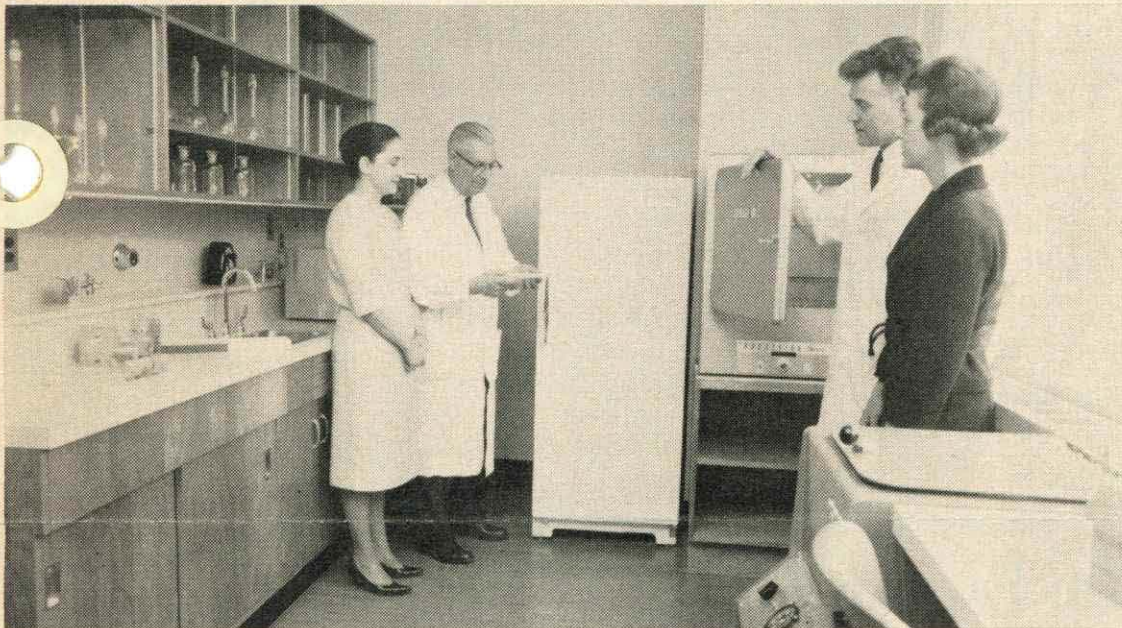
OF MANITOBA

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APRIL, 1963

## Doctors Use Sheep in Fight Against Arthritis



A NEW SEROLOGY LABORATORY — equipped by the Women's Auxiliary of the Canadian Arthritis and Rheumatism Society (Manitoba Branch) — is shown to two members of the group. One of the main functions of the laboratory, which was opened this month at the Manitoba Rehabilitation Hospital, will be to provide a diagnostic (sheep cell) test for rheumatoid arthritis. Pictured left to right are: Mrs. C. A. E. Jensen, auxiliary president; Dr. L. P. Lansdown, director of the Provincial Laboratory who will supervise the unit; Dr. Fletcher Baragar, medical director of C.A.R.S.; Mrs. W. A. Farnell, past president of the C.A.R.S. Auxiliary. (Photo by David Portigal).

The lowly, woolly Canadian sheep stepped into the limelight of medical research this month when a new arthritis laboratory was opened at the Manitoba Rehabilitation Hospital in Winnipeg.

The contents of the laboratory — valued at \$2,500 — have been donated by the Women's Auxiliary of the Manitoba Branch of the Canadian Arthritis and Rheumatism Society.

According to Dr. L. P. Lansdown, director of the Provincial Laboratory who will supervise work carried out in the new unit, the sheep will help advance the cause of patients suffering from rheumatoid arthritis, by contributing its cells for a special diagnostic and investigative test.

This "sheep cell test" will give a uniform test which will be available to all of Manitoba, he said.

In general, the procedure consists of combining blood serum from the patient suspected of having rheumatoid arthritis with fresh sheep cells suspended in a salt emulsion. If the patient has rheumatoid arthritis, the sheep cells will form a clump which is visible to the naked eye.

The capacity of the serum of patients with rheumatoid arthritis to agglutinate sheep cells is dependent on the presence of a special protein factor in the patient's blood,

Dr. Lansdown said. This factor is rarely found in other arthritic patients whose disease may closely resemble rheumatoid arthritis.

Although the sheep cell test is not new, it has never been widely used in Manitoba. Says Dr. Fletcher D. Baragar, medical director of C.A.R.S. in Manitoba and a part-time clinician at the rehabilitation hospital, it is designed to supplement and complement the more commonly used latex test for rheumatoid arthritis. (This latter test, which is not as specific as the sheep cell test, combines blood serum with a fine suspension of rubber particles coated with gamma globulin. If the test is positive, the particles will clump together, giving the solution a milky appearance.)

Used together, the latex and sheep cell tests will not only be a valuable means of confirming diagnosis, but can also be used to assess the amount of protein factor present in the serum and thus give a possible clue about the patients' progress in treatment.

And these are only two of the main procedures which will

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### INDUSTRIAL SURVEYS

## City Employees Receive TB Tests

Among the major services provided for the people of Winnipeg through the annual sale of Christmas Seals is the tuberculin and x-ray program for the city's numerous industries.

These free surveys, together with other special Sanatorium Board services, form the bulk of the tuberculosis preventive program in Winnipeg. They are provided in lieu of the mass tuberculin and x-ray surveys carried out by the Board in the suburban and rural municipalities.

### Year 'Round Program

The 1962 industrial program in Winnipeg got under way in mid-January and will continue throughout the year. By the middle of April some 2,400 employees from 28 firms had lined up for free tuberculin skin tests. By the end of the year it is expected that some

10,000 employees will benefit from this service.

Among the larger business firms which have received the skin tests and chest examinations this year are the Hudson's Bay Company, Swift Canadian Company Ltd., Dominion Bridge Company, Income Tax Division, East and West Kildonan Food Handlers, Monarch Wear and Trans-Canada Airlines.

Industrial surveys, conducted under the direction of Sanatorium Board Surveys Officer Jim Zayshley, have been an established part of the tuberculosis preventive program in both Winnipeg and other parts of the province for over 15 years.

### Other Services

Other special services give good coverage to other segments of Winnipeg's population. Among these are: The pre-employment chest x-ray

program, including the x-ray program provided at the National Employment Service; the Hospital Admission X-ray Program, and surveys of such special population segments as high school and university students and the inmates of nursing homes, hostels and jails.

Through these surveys, thousands of Winnipeg residents are screened for tuberculosis each year. For example, the x-ray unit at the National Employment Unit screened nearly 10,000 persons between the time it was set up in November 1961 and the end of 1962.

The high school and university surveys provide free examinations to thousands of students each year. In February alone a total of 9,991 high school students and 1,828 school staff members were tuberculin tested. University and college students will line up for their free tests in the fall.

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## AROUND OUR INSTITUTIONS

## A Continuing Menace

Reports presented at the annual meeting of Manitoba Sanatorium and the Central Tuberculosis Clinic reveal that the tuberculosis problem in the province showed no signs of declining during the year 1962.

The Central Tuberculosis Clinic in Winnipeg, which serves as a centre for both the diagnosis and treatment (short-term) of tuberculosis, saw 399 admissions to the wards in 1962, reports Dr. D. L. Scott, chief of medical services. In addition there were 8,883 visits to the clinic for diagnosis, review or treatment.

Of the admissions to the wards, 171 patients were new diagnoses of tuberculosis.

Of the 355 patients discharged from the clinic, 122 were transferred to sanatorium and 87 were sent home to continue drug therapy. There were 10 deaths.

A total of 305 patients were admitted to our Manitoba Sanatorium at Ninette in 1962 (as compared to 304 admissions in 1961), says Medical Superintendent Dr. A. L. Paine.

Of these, 71 were first admissions, 45 were re-admissions, and 186 were transfers.

A total of 262 patients were found to have tuberculosis.

Particularly disturbing is the data on the stage of disease at the time of admission to the two centres. Of the 234 persons with respiratory tuberculosis, reports Dr. Paine, 43% had far-advanced tuberculosis — 36% moderately advanced. Central Tuberculosis clinic figures show that nearly 25% of the new diagnoses of tuberculosis were in the far-advanced stage, and nearly 37% had moderately advanced disease.

Statistics also confirm the fact that tuberculosis is gradually becoming a disease of older people, largely because these people were infected at a time when tuberculosis was a leading cause of death.

According to the report from Manitoba Sanatorium, 62 of the 305 admissions to the hospital were over the age of 60.

But it is shocking to learn that children admitted to Manitoba Sanatorium under the age of 9 numbered 26 . . . and 71 were under the age of 20.

## Assistants Graduate

The fifth class to graduate from the Nurses' Assistants' Training Program at Assiniboine Hospital received their diplomas in a special ceremony held at the hospital on March 5.

The new graduates are: Mrs. Betty A. Bertrand, Mrs. E. E. Bridheman, Miss Norma M. Cooper, Mrs. B. E. Erskine, Mrs. Joyce Gilchrist, Arno Kreutz, J. W. McKay, Mrs. Kathleen McPhail, Mrs. Annie Orbell, Mrs. Margaret Pollock, Mrs. Elizabeth Tomlinson, Mrs. Elizabeth Tripp, and Armond Maillet.

Edward Dubinsky, Sanatorium Board executive assistant, was guest speaker, and outlined the importance of the course to the graduates, the rest of the hospital staff and the patients.

"To the patient it means a better standard of care and a better understanding of his needs," he said.

In commending the graduates, Mr. Dubinsky paid tribute to the staff members — Director of Nursing Mrs. I. A. Cruikshank, Day Supervisor Mrs. M. Klimczak, and Dietician Mrs. Anne Hrenchuk — for helping to organize and carry out the training programs.

## Speech Therapist Joins SBM Staff

Recent additions to the Sanatorium Board staff this month include *Miss Maria J. Damen*, speech therapist at the Manitoba Rehabilitation Hospital. Miss Damen comes from Tilburg, Holland, and among other things, has two years training in speech therapy and two years training in audiology.

Among those we welcome to the Sanatorium Board nursing staff are *Miss Beatrice Morrison*, general staff nurse at Clearwater Lake Hospital, The Pas, and *Miss Mary Eileen Carmichael*, general staff nurse at the Manitoba Rehabilitation Hospital.

Miss Morrison is a graduate of the Winnipeg General Hospital, and Miss Carmichael is a graduate of Western Hospital in Edinburgh, Scotland. She also took training in obstetrics at St. Boniface Hospital.

Other new staff members include *Miss Gloria May Calder* and *Patricia Joanne Donnelly*, licensed practical nurses at the Manitoba Rehabilitation Hospital, and *Miss Eileen Jaskow*, first cook at Manitoba Sanatorium.

## A Poem For TB Patients

We were very happy to receive in the mail last month the following poem from the Rev. Thomas A. Payne of Ninette. Mr. Payne, a U. Church chaplain, is a familiar figure to both our patients and staff members at Manitoba Sanatorium, having served with the sanatorium on a part-time basis for nearly 15 years. As the poem reflects, he has developed during this time a deep understanding of those who come to Ninette for treatment and of those who try to administer to all their physical and spiritual needs.

## MANITOBA SANATORIUM

This is the House of Hope.  
From far and near  
They come,  
The sick and troubled,  
And some —  
With burdens doubled,  
Their prospects drear —  
Are numb  
With shock and fear.  
Yet such the kindly scope  
Of general care  
And skill  
In use of drug and knife,  
The will  
To save and strengthen life,  
That Hope drives out Despair.  
New health,  
New joy, new usefulness,  
New wealth  
Of opportunity  
To most are given,  
Where all have striven  
To serve with sympathy,  
Here, in the House of Hope.

—Thos. A. Payne,

## Social Services for Long-Term Patients

A vital force in the rehabilitation of long-term patients at our Assiniboine Hospital in Brandon is the program provided by Welfare Co-ordinator Mrs. Josephine Philippa (Jody) Jackson. We were convinced of this when we learned during a recent talk with Jody that a good many patients — most of them elderly sick who had been hospitalized a long time — have been helped back by this department to some satisfactory place in the community.

At Assiniboine—an extended treatment hospital devoted to the care of long-term and rehabilitation patients — emphasis is placed on developing the abilities the patient has left and returning him to some measure of self-care. To accomplish this the social service department (formed two years ago and consisting solely of Jody and a part-time typist) works hard in hand with other members of the treatment team by providing a special program which has two related, mutually dependent parts.

First, Jody explained, there are the in-hospital services provided by the welfare co-ordinator and the other members of the staff; second, there are those provided by agencies outside the hospital, such as the Red Cross, the Victorian Order of Nurses and the public health and provincial welfare departments.

"My job is focussed primarily on the patient's future," she said. "Patients (and/or their families) are interviewed as soon as they enter hospital. During this session and subsequent interviews I try to dig out all the information I can about each one and interpret his problems and needs to the treatment team, the family and community health organizations.

"In this way I am able to relieve considerably the time of the medical and nursing staff, and pave the way for the patient's earliest possible discharge."

We learned that Jody's work consists mainly of preparing the patient (and his family) to accept disability, helping him to work through his personal problems, and starting any steps necessary for his return to the community. This involves numerous talks with the patient, the family and the treatment team and many visits to outside agencies, senior citizens' and nursing homes. As the information is gathered, a social history — including information about previous employment, education, home

environment, emotional state, financial position, physical capabilities, care required and possible future placement — is typed out and attached to the patient's medical charts. This in turn is passed on to the family, the nursing home or senior citizen's home, when the patient is ready to leave hospital.

In addition, there are numerous other duties for the welfare co-ordinator which Jody lumps together as "Other Services Rendered." In some cases, she explained, a patient may need the department's help to obtain clothing, prosthetic devices and special equipment or services.

If he is unable to look after his own business and financial affairs, we become experts in drawing up wills, arranging for social assistance and handling pension cheques, she said.

A recent program started by the department with the aid of volunteers from the St. John Ambulance, is a multi-language letter-writing service.

But, as Jody pointed out, the service requiring the most time is planning for the patient's discharge. This often involves a full-scale investigation of the patient's home and family relationships or, if he has



Welfare Co-ordinator Jody Jackson interviews a patient.

no home to go to, the search for some other suitable type of accommodation.

Finding "other accommodation" is a frustrating job, in Jody's estimation.

"Very often when a patient has improved to the point where he is ready for discharge, there is no place for him to go to," she said.

"We lack special facilities for the 'in-between patients'—elderly persons with rheumatoid arthritis, multiple sclerosis, paraplegia — who have no family home, who cannot live alone, but who require only a small amount of nursing care."

Usually there is some end result, she said — but very

often it seems a long time in coming.

However, Jody can also cite some heart-warming stories of patients who have been quickly and completely integrated back into the home and community. In many instances families are encouraged to take disabled patients back into the home on a trial basis. The hospital assures them that if the arrangement does not work out, the patient can be admitted.

Very often a simple adjustment in a patient's living conditions can make the difference between his staying on in the community and returning to the hospital, she said.

(Cont. on page 3)

# New Hospital Recognized as Major Centre for Disabled

During the first 10 months of operation, the Manitoba Rehabilitation Hospital in Winnipeg has gradually been earning recognition as one of the outstanding medical facilities of its kind on the North American continent.

"This (hospital) is the largest rehabilitation centre in Canada," Chief of Medical Services Dr. L. H. Truelove told the annual meeting of the hospital on March 29. "Although there are still deficiencies and many problems to be worked out—each department has rapidly been gaining experience in what is proving to be a large-scale operation in the field of rehabilitation."

Up until October, 1962, an acute shortage in professional staff prevented the rehabilitation hospital from operating at its full capacity of 158 in-patients and 200 out-patients. However, by the end of January, 1963, nearly all the hospital's beds were filled and 235 patients were on the active register of the out-patient department.

Between March 5 (when the department was opened) and December 31, 1962, a total of 568 new out-patients were registered as receiving service, and between May 4 and December 31, 1962, 422 were admitted as in-patients.

Their average length of stay was 37 days.

At the beginning of April, 1963, the rehabilitation hospital staff totalled 249, including 9 physiotherapists, 2 remedial gymnasts, 8 occupational therapists, 20 general staff nurses, 5 full-time or part-time speech therapists and 5 full-time or part-time social workers.

The hospital, which has an open medical staff, has an active medical staff of 21 physicians, including two specialists in physical medicine, two clinical assistants, four sessional consultants in neurology, urology, orthopedics and chest diseases, and three resident physicians.

A total of 22 doctors in metropolitan Winnipeg have been accepted on the courtesy medical staff and are able to act as attending physicians to their own patients in the hospital. Of these, 140 had admitted patients by December 31, 1962.

Another 300 doctors in the province had referred cases to the hospital under the medical contracts of the hospital's resident

The three largest groups of patients admitted to the hospital have been those suffering from orthopedic disabilities, arthritis and hemiplegia.

Many special services have been developed by the Manitoba Rehabilitation Hospital

since it was opened last year. These include:

- Provision of transport for patients from the Society for Crippled Children and Adults attending the out-patient department for treatment.

- A program for paraplegics, organized with the co-operation of the Canadian Paraplegic Association, and including provisions for sending an occupational therapist to patients' homes, making out-patient facilities available to paraplegics on a 24-hour basis; a weekly program of games for all paraplegics living in or near Winnipeg.

- Teaching of medical students in physical medicine and rheumatology.

- Regular consulting clinics for Assiniboine Hospital, Brandon, Clearwater Lake Hospital, The Pas, and the various clinics organized by the Canadian Arthritis and Rheumatism Society.

- A weekly prosthetic clinic.

- Electromyography Department, which serves as a central diagnostic service for the province.

- Facilities for research in the field of physical medicine.

## Social Services

(Cont. from page 2)

To organize or plan for a patient's return to the community is a big job for any qualified social worker. For slim, vivacious Jody, who stepped into her position with a background experience of medical secretary and Girl Guide leader, the task has been doubly challenging.

But her years as a hospital staff member, her constant contact with chronic illness and the problems surrounding it, and her natural ability to get along with people and sympathize with their problems have stood her in good stead and during the past two years she has become an extremely helpful member of the hospital's rehabilitation team.

This is attested by the fact that out of 226 discharged patients who received special help from the department during the past 12 months, 117 were returned to their own homes, 61 were placed in nursing homes, 12 in licensed boarding homes, 26 in the senior citizens home and one in a foster home.



A TUBERCULIN AND X-RAY SURVEY for some 1000 employees of 17 business firms in downtown Winnipeg was conducted at Underwood Limited from April 5 to 9. Pictured administering the simple skin tests is Miss Rita Rossier, a licensed practical nurse with the Sanatorium Board's Survey Office. (Photo by Dave Portigal).

## Mayor to Open Brandon Survey

A tuberculin skin testing and x-ray survey in Brandon will be officially opened by Mayor S. E. Magnacca on April 25.

The survey, which will continue until May 29, is the first full-scale community TB survey to be conducted by the Sanatorium Board this year. It will be followed by 22 other mass surveys in various Manitoba districts and municipalities. All are largely financed by the annual sale of Christmas Seals.

Registration for the Brandon Campaign began March 15 when a number of service clubs began a canvass of all homes in the city and district.

Under the general chairmanship of George E. Smallwood, of the Brandon branch of the Associated Canadian Travelers, each service club is responsible for different areas of the city, and will have charge of registering householders for the tests, mailing out registration cards, and arranging for receptionists at the testing sites.

Among the service clubs participating in the survey are the Kinsmen, Lions, DeMolay and Rotary Clubs, the Associated Canadian Travellers, United Commercial Travellers and the Boy Scout Association. A number of women's groups in Brandon and Cornwallis municipality are working with the service clubs by providing registrars and receptionists.

Headquarters for the survey will be at Assiniboine Hospital. Mrs. D. McCall has been appointed survey secretary.

## Your Amazing Lungs

What is it that you do normally 18 times a minute, 1,080 times an hour, and about 25,000 times a day — yet rarely notice? The answer, of course: you breathe.

Yet, for something at which we are experts, it's surprising how many false ideas we have about breathing and the organs that do the breathing — the lungs. For example, are these six questions true or false?

1. The lungs of an adult are red.
2. Both lungs are exactly alike.
3. It is possible to live with only one lung.
4. Coughing does no harm.
5. There's no difference between the way men and women breathe.
6. More air is breathed in than out.

All these statements except number three are false.

A child has pink lungs; an adult has gray or black lungs. And the city dweller, who breathes in industrial fumes and smog, has darker lungs than the person who lives in the country.

The lungs are similar but not identical. The left lung is smaller and has two lobes, while the right lung has three lobes.

The two organs, in proportion to their size, are the lightest ones in the body (they float on water). In women, they average 2¾ lb.; in men 3½ lb.

The lungs are located in the chest cavity, one on each side of the heart, and above the diaphragm, the muscle that helps them expand and contract. Their purpose is to bring oxygen to the body's cells and to take away a waste product,

carbon dioxide. It's the air cells inside the lungs that do this — 600,000,000 of them, each of which measures 1/250th of an inch. Yet, as important as the lungs are, some people have lived for years after the removal of one lung.

A person generally coughs for the same reason that he breathes: A part of the brain called the medulla oblongata takes care of it automatically.

The air that enters the lungs is partially purified by hairs in the nose; nonetheless foreign matter does enter. And that's the reason for the cough — to get the foreign matter out of the lungs. The air that rushes out of the lungs during a cough can reach the velocity of a hurricane.

Coughing should be purposeful. Otherwise it can be harmful. As one doctor pointed out, violent coughing has been known to fracture people's ribs, bring on fainting, strained hearts, headaches, and fatigue.

Curiously, men and women do not breathe alike. The woman's ribs move more than the man's in breathing. The child's breathing also differs from adults; the child's diaphragm moves more.

People can breathe out more air than they can breathe in, because their lungs hold an extra supply of air. The average person normally breathes in only 20 cubic inches of air, one-seventh of the capacity of his lungs. If he forces himself he can breathe in an additional 120 cubic inches. And if he then forces all the air he can out of his lungs, he will exhale 20 cubic inches plus

(Cont. on page 4, col. 4)

# TB Refugees: The Gesture Pays Off

On a cold afternoon in January, 1960, a trim Canadian Pacific Airlines plane touched down on the asphalt runway of Winnipeg's International Airport. Inside sat part of the first contingent of tuberculosis refugees and their families brought to this country by the Federal Government during World Refugee Year.

In all, 826 refugees were involved in the project, which consisted of three separate movements between December 1959 and March 1961. A total of 325 had tuberculosis, and of these 20 were admitted, together with their families, to Manitoba.

When the refugees arrived in Canada even the most optimistic observer expected that they would require long-term assistance. These were the "hard core" refugees who had spent many years languishing in camps in Austria, Germany and Italy, and during that time they had absorbed what immigration officials called "a certain camp philosophy about life". They knew little or no English, and most of the adults were unskilled workers. Practically all of them had reached the point of utter despair when Canada decided to accept them.

## Successful Operation

How then have they fared? "Beyond our expectations," say the doctors and Immigration officials. "The whole plan has been almost unbelievably successful."

Of the total 325 tuberculosis refugees admitted to sanatoria in Canada, only four (in Quebec and Ontario) are still in hospital. Of the total 826 refugees involved in the movements, only 69 still require federal financial assistance, with 29 receiving only partial assistance.

Nine provinces were involved in the program. The Federal Government paid the cost of transportation and maintenance of the patients and their families until they became established and self-sufficient. The provinces made space available in their sanatoria and provided free medical and hospital care. The Immigration Branch found jobs for the able adults while the sanatoria provided basic English or French classes for the patients. The sanatoria rehabilitation departments also worked closely with Immigration Placement Officers in finding work for the patients after their release from hospital.

There have been some problem cases and some disappointments, placement officers admit. But on the whole the successful ones far outweigh the failures. In Manitoba, for example, only three families are still receiving financial assistance, and one of these consists of an elderly couple who have reached the retirement stage.

## Soon Found Jobs

Among those who established themselves in a comparatively short time were Istvan Kovacs and Anton Tibljas.

With the help of the Immigration Branch, Mr. Kovacs, a 44-year-old Hungarian, found a job as a caretaker for a country club almost immediately after he arrived in Winnipeg. Mrs. Kovacs, the tuberculosis member of the family, found a light job after her release from sanatorium and during the past two years the couple has managed to acquire and pay for new furniture and a new car. They plan to take a vacation in their car this summer.

Mr. Tibljas, who was born in Yugoslavia 40 years ago, found a job as a bricklayer and has made the down payment for a new home for his wife and three children. His 17-year-old daughter has taken a hair-dressing course and following her release from hospital, Mrs. Tibljas has accepted various light jobs.

## Age No Handicap

Like Mr. Tibljas and Mr. Kovacs, most of the refugees were well into the age of 40 or more when they came to Canada. Yet, despite this added "handicap" they have been able to find jobs and adapt themselves to a new way of life.

Russian-born Nicholous Kirillow, who spent some 14 years in European refugee camps, was 60 years old when he stepped out of the plane at the International Airport. While he received treatment for tuberculosis at St. Boniface Sanatorium, his 59-year-old wife found employment at the san. so that she could be near him. Following his discharge six months later, he found work as a handyman at the Marlborough Hotel in Winnipeg. Today both are happy in their jobs, and are proud of the fact that they have acquired permanent "landed status".

Dr. Laszlo Latinecz, who has a Ph.D in archaeology and ethnic studies from the University of Budapest, found his lack of English a considerable handicap in finding the type of work he could enjoy, and in the end had to settle on a compromise. While Immigration officials canvassed Canadian and U.S. universities, he worked as a factory laborer for three years. Finally the 44-year-old doctor found full-time work as an interviewer for the City of Winnipeg Welfare Department, and extra part-time work as a writer for a local Hungarian newspaper.



Among the first group of tuberculosis refugees to arrive in Winnipeg on January 21, 1960, were Branko Sobol, a 43-year-old Croat, (centre), his wife Nada (extreme left) and son Marijan. One of the few skilled tradesmen in the group, Mr. Sobol found a job as a woodworker almost immediately after his arrival. He was supposedly suffering from tuberculosis, but his disease proved inactive and he was soon released from hospital. His son, who is now 15, is a Grade 9 student.

## Happy To Be Here

But of all the tuberculosis refugees who came to Winnipeg, no one is more enthusiastic about his new way of life than Wasile Medwediuk, a native of Rumania who is now a member of our nursing staff at the Manitoba Rehabilitation Hospital.

Mr. Medwediuk served with the "King's Rumanian Army" during the Second World War, and after the war spent some seven years in prison and refugee camps in Germany. From 1951 until 1961 he worked as a laboratory technician in a U. S. Army Hospital in Germany, receiving in the meantime sporadic treatment for tuberculosis.

When Canada finally opened its doors to tuberculosis refugees, he was one of the few selected to form the third contingent in March, 1961. He received three months' treatment for tuberculosis at Manitoba Sanatorium, then with the help of the Sanatorium Board's Rehabilitation Department, enrolled in the Certified Orderly Training Course at the Winnipeg General Hospital.

Obviously happy with his new life in Winnipeg, Mr. Medwediuk draws this comparison between his condition now and his life in Germany.

"In Germany, I was utterly desolated for years" he said. "Because I had tuberculosis no capitalist country would accept me. I could not return to Communist Rumania — but neither could I look forward to any future."

"Then one day . . . when everything looked most bleak

— I was told I could come to Canada. It was like a dream . . . unbelievable.

"But it was true! Now I have had free treatment and I am well. I have a job and money in my pocket. I have a home, my own bed and television set. "I have my God . . . and I have freedom."

"I am thankful. What more can I say?"

## Arthritis

(Cont. from page 1)

be carried out in the new laboratory, Dr. Baragar said. It is also hoped that other investigative studies will be carried out in connection with arthritis.

The equipping of the laboratory has been a chief project of the Women's Auxiliary of C.A.R.S. Funds for the equipment were chiefly raised by the auxiliary's annual spring reception.

This year's reception will be held on April 27 between 5:30 and 8:30 p.m. in the Investors' Syndicate Building in Winnipeg.

## Lungs

(Cont. from page 3)

120 cubic inches plus an additional 90 cubic inches — a total of 230 cubic inches. This, of course, only holds true for one breath. Normally however, about the same quantity of air is exhaled as is inhaled.

Though the normal breathing rate is 18 times a minute, it drops to 12 or 15 times a minute when sleeping and jumps to 70 to 80 times a minute when you're "out of breath."

Quite a "breath-taking" organ — the lung.

## Bulletin Board

The annual meeting of the Sanatorium Board of Manitoba will be held at noon on Friday, April 26, in the staff lounge of the Manitoba Rehabilitation Hospital. Chairman J. W. Speirs will preside.

\* \* \*

Dr. Eliska Marie Bosley, a native of Czechoslovakia, has been appointed resident physician at the Manitoba Rehabilitation Hospital. Dr. Bosley is a graduate of the University of Geneva, Switzerland, and at present is a junior assistant resident at St. Boniface Hospital.

\* \* \*

T. A. J. Cummings, Sanatorium Board executive director, attended an Institute on Long-Term Care Facilities, held by the American Hospital Association in Chicago, April 1 to 3. He also visited the Rehabilitation Institute of Chicago, and the Prosthetics Research Unit, Northwestern University.

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Recent guests at the Sanatorium Board's head offices and the Central Tuberculosis Registry (March 25) were Dr. C. H. Dorval, director of the Central Tuberculosis Registry of the Quebec Ministry of Health, P. Levasseur, registry administrator, and Marcel Jolicoeur, of the Dominion Bureau of Statistics.

\* \* \*

The 63rd annual meeting of the Canadian Tuberculosis Association and the annual meeting of the Canadian Thoracic Society will be held at the Windsor Hotel in Montreal, June 3 to 7. Among those taking part in the sessions are Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium at Ninette, who will present a paper on "Relapse following Pulmonary Resection for Tuberculosis".

\* \* \*

To publicize part of the rehabilitation services provided for tuberculosis patients in sanatorium, a display of handicrafts from Ninette was set up at the annual convention of the Manitoba Educational Association at the Royal Alexandra Hotel, April 19. In charge of the display were Miss Margaret [Name obscured] Rehabilitation Supervisor, Miss Mitzi Newmark, crafts instructress at Manitoba Sanatorium, and Mrs. V. Davidson, former crafts instructress at Assiniboine Hospital.