



# News Bulletin

SANATORIUM

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## TB Cases Rise: Battle Not Won Says Dr. Ross

● On April 1, 1963, nearly 900 tuberculosis treatment beds in the Province of Manitoba were filled to capacity.

While an increasing number of these beds are being occupied by older age groups, it is shocking to note that 90 of the 472 patients occupying sanatorium beds on April 1 were children.

These are the facts of the tuberculosis picture in our province today, Medical Director Dr. E. L. Ross told the annual meeting of the Sanatorium Board of Manitoba in Winnipeg on April 26.

Despite a phenomenal drop in the death rate (from 42.7 per 100,000 population in 1945 to a record low of 2.9 per 100,000 in 1962) tuberculosis still remains a serious, stubborn problem in this province.

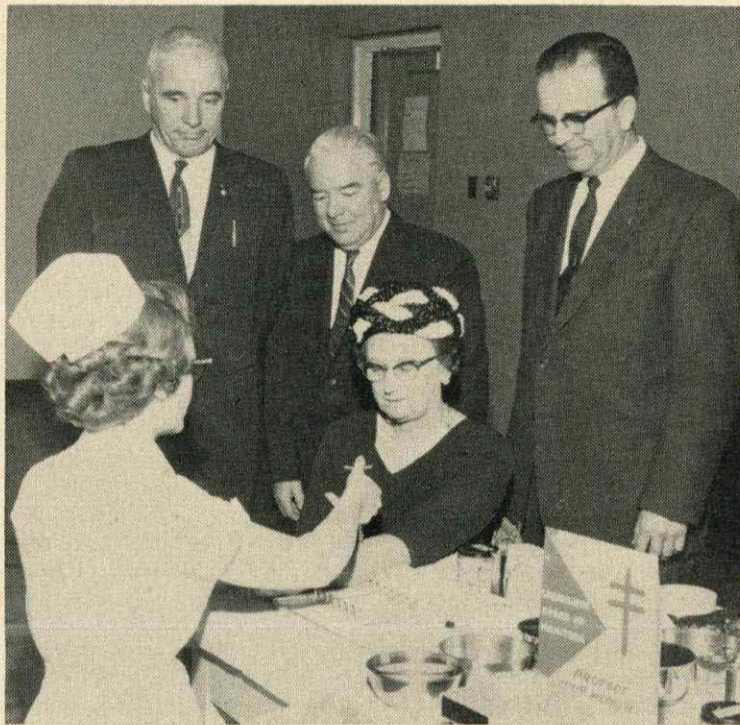
During 1962 a total of 283 active cases of tuberculosis were reported in Manitoba. This represents a 20% increase over 1961 when 235 active cases were uncovered. The increase was 10% among whites, and 53% among Indians.

The upsurge of tuberculosis was not general, but was localized to such areas as Brochet, Norway House Indian Agency and Dauphin. Eighty-six of the province's 145 districts and municipalities had no new cases at all in 1962, and most of the others had one or two each.

But for the production of 283 new cases, many sources of infection must still exist in the population, Dr. Ross pointed out. Complacency now could not only hinder progress, but could set back what has taken years to accomplish.

Other noteworthy items in Dr. Ross' 1962 report are:

● Altogether there were 333 active cases of tuberculosis in Manitoba. Of these, (Cont. on page 3)



TB SURVEY BEGINS IN BRANDON — Mrs. S. A. Magnacca, wife of the mayor of Brandon, received the first tuberculin skin test at Fleming School, April 25, to officially open an intensive tuberculosis survey of Brandon and Cornwallis Municipality. While Miss Shirley Shanks administers the test, George Smallwood, campaign chairman, Dr. E. L. Ross, medical director of the Sanatorium Board, and J. J. Zayshley, surveys officer, look on. During the first two days of the month-long survey 1,501 residents lined up for the free tests. In addition, 2,757 school children and residents of the Hutterite Colony at Glen Souris were examined. (Photo courtesy of The Brandon Sun.)

## SBM SERVICES

### Nearly 220,000 Benefit

During 1962 a total of 219,979 persons in Manitoba benefited directly from Sanatorium Board services.

T. A. J. Cunnings, executive director, said in his report to the annual meeting of the Board on April 26 that 2,493 persons were admitted to Sanatorium Board hospitals for treatment, 14,537 received services as out-patients, and 202,949 others benefited directly from the Board's tuberculosis preventive program and TB rehabilitation services.

At the annual meeting it was also noted that despite continually rising health care costs, the Sanatorium Board has been able to reduce the provincial cost for tuberculosis treatment and control from nearly \$11¼ millions in 1958 to about three-quarter million in 1962.

Although this decrease is due in part to the gradual re-

duction of tuberculosis in the province, it is also due to a great extent to the consolidation of tuberculosis treatment facilities in the province during the past few years and operating these facilities at the fullest possible capacity.

The Central Tuberculosis Clinic for example, operated at 87% capacity in 1962 and Manitoba Sanatorium at 90% capacity. At Clearwater Lake Hospital, the occupancy rate of the tuberculosis section was 104%, achieved in part by using some of the extended treatment unit space.

Altogether the total treatment capacity of Sanatorium Board hospitals is 804 beds. The staff at December 31, 1962, numbered 829 persons, an increase of 249 over the previous year, due to the opening of the new Manitoba Rehabilitation Hospital.

## New Centre Will Provide Appliances for Disabled

The Sanatorium Board of Manitoba announces the establishment of a prosthetics research and development centre at the Manitoba Rehabilitation Hospital in Winnipeg. It will be known as the Department of Bio-Mechanics.

The centre, to be opened on August 1, is one of three in Canada (the others are in Montreal and Toronto) selected by the federal and provincial governments to carry out an intensive program to develop and research new prosthetic appliances and techniques for disabled persons.

According to T. A. J. Cunnings, executive director of the Sanatorium Board, the unit will combine physical medicine and bio-mechanical engineering skills. Its establishment was precipitated by the thalidomide tragedy, he said. However, a study of the whole problem by special committees appointed by the federal government and the provinces has revealed a great need for new prosthetic devices and mechanical aids for all persons with all types of disabilities.

Credit for the establishment of the centre in Winnipeg is largely due to Dr. George Johnson, provincial Minister of Health, who took an active part in studying the needs, assisted by an advisory committee of interested doctors. As a result of this committee's deliberations and the active ef-

forts of the Minister of Health, Manitoba was selected as one of the three centres in Canada to provide this special service, Mr. Cunnings said.

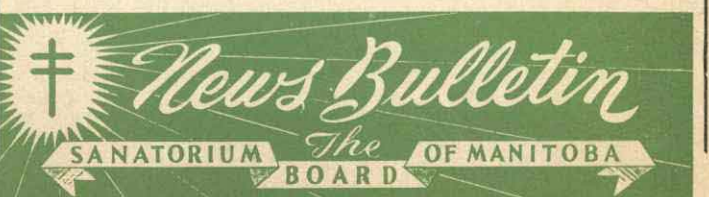
At the centre, recent discoveries in electronics and engineering will be used for the benefit of the injured. In Winnipeg, Mr. Cunnings said, we are particularly fortunate to have outstanding resources in these fields, and the centre hopes to develop a high-level consultation service with these firms.

The scope of the new centre's work will be almost limitless. Illustrative of the type of project to be undertaken is the development of an artificial hand which is opened and closed by means of a tiny transistor motor embedded in the artificial arm. The motor is activated when the arm is turned slightly.

Along this same line, the unit will study the possibility of activating electronic devices in artificial arms and legs by means of the very slight electric current generated in the body when muscles are moved. This sort of study will

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## AROUND OUR INSTITUTIONS

## Nurses' Assistants and Orderlies Graduate

The first class to take part in the newly organized Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital were graduated in a special ceremony April 19 in the hospital auditorium.

Looking proud and sparkling in their crisp white uniforms, eight graduates stepped up to receive their certificates and blue and yellow badges from the Director of Nursing Miss E. G. Coull and Miss E. L. M. Thorpe, Sanatorium Board Nursing Consultant. They were: Miss Catherine Gill, Mrs. Blanche Jopling, Miss Judith Lange, Mrs. Margaret Olson, Werner Lippert, Frank Major, Nikola Pali and Miklos Wenezsz.

A. H. Atkins, hospital manager, was chairman for the event, and special speakers included T. A. J. Cunnings, executive director of the Sanatorium Board, Miss Thorpe and Otto Oswald, president of the Manitoba Association of Certified Orderlies. Mrs. Jopling spoke on behalf of the graduating class.

In his address, Mr. Cunnings said that the 12-week training program was established at the hospital to provide the highest possible rehabilitative nursing care to the sick and the disabled.

The purpose of the course, he said, is to enable nurses' assistants and orderlies to understand both the method and the reason for their day-to-day duties; to equip them to take part in the nursing care of patients not only with increased skill but with greater understanding, and the courtesy, kindness and thoughtfulness that springs from assurance and understanding.

"I know that you will treat the completion of this course not as an end, but as a begin-

ning; that you will always strive to improve, and in the months ahead make a growing contribution to the high level of patient care we have set ourselves to achieve," he said.

Miss Thorpe outlined the aims of rehabilitation nursing. These include such things as the relief of pain, prevention and correction of deformity, restoration of use to limbs wherever possible, building self-reliance (and with it self-respect), and enabling patients to make a useful contribution to the world, no matter how limited that contribution may seem.

"It is our job to help all types of patients," she said. "To teach patients how to help themselves, to talk to them and understand their problems and, by our own attitudes and influences, inspire confidence and hope."

"Talk to your patients. Remember they are human beings and have the emotional needs that are common to us all," she concluded.

"Think sometimes of how you yourselves would feel if similarly placed, because by understanding what your own reaction would be, you can understand your patients better and therefore render greater help."

All the speakers congratulated the graduates and paid tribute to those who had organized and provided the course — particularly Miss Mary Ruth Pemberton-Smith, nursing instructor, and Miss Coull.

Special attention was also drawn to the fact that the training program at the rehabilitation hospital has been so designed that nursing orderlies who take the course are entitled to become members of the Manitoba Association of Certified Orderlies on successful completion of the course.

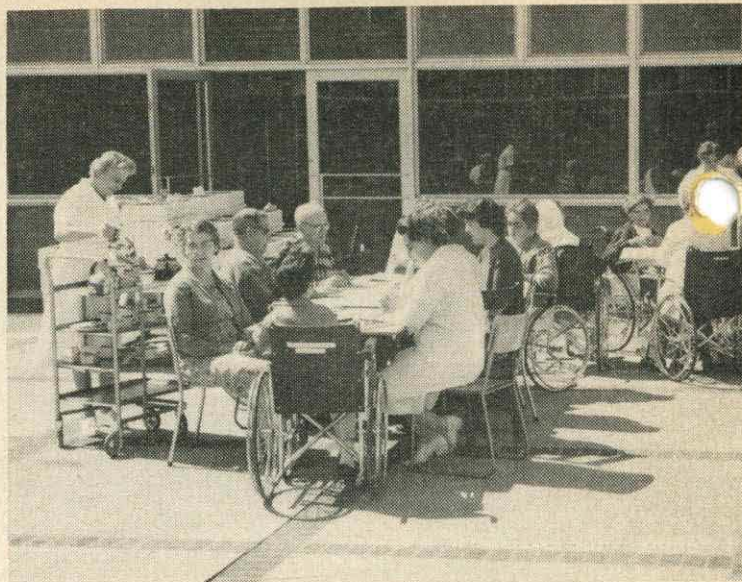
## Recieve Awards

On two separate occasions this month three graduates of the University of Manitoba's School of Medical Rehabilitation received special awards for outstanding achievement in their studies.

The three recipients, who are now employed in Sanatorium Board hospitals, are: Mrs. Mary Pflueger and Miss Rita Brooks, occupational therapists at the Manitoba Rehabilitation Hospital; and Miss Dianne Houghton, physiotherapist at Clearwater Lake Hospital.

During a recent visit to Clearwater Lake Hospital, Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital and Director of the School of Medical Rehabilitation, presented Miss Houghton with the Malyska-Bonar prize, which is given to a student (in the physiotherapy and occupational therapy courses) who shows "the most promise of developing rapport with patients, leadership ability and professional competence."

Miss Houghton also won the Canadian Physiotherapy Association Book Prize, which is presented annually to the physiotherapy graduate having the highest standing in the final examinations, and the Helen



WITH THE ARRIVAL OF WARM WEATHER, occupational therapy patients at the Manitoba Rehabilitation Hospital take their work out into the hospital's sunny courtyard. At mid-afternoon they enjoy a cup of tea and a sweet made by other patients in the "Activities of Daily Living" kitchen. (Photo by Dave Portigal)

Humphrey Ross Memorial Prize, given to the graduate physiotherapy student having the highest standing throughout the course.

Miss Brooks and Mrs. Pflueger received their awards at the weekly Therapeutic Conference held at the Manitoba Rehabilitation Hospital on May 7.

Mrs. Pflueger received the Faculty Prize for attaining the highest mark in a special project for the revision course. Miss Brooks won the Malyska-Bonar Prize in occupational therapy, and the Manitoba Society of Occupational Therapists Book Prize for having the highest standing in the final examinations.

Miss Diane Partridge, now a physiotherapist at the Physical Restoration Centre in Regina, won the Physiotherapy Book Prize for attaining the second highest standing throughout the course.

## Award Trophies

## To M.R.H. Teams

The curling and bowling teams of the Manitoba Rehabilitation Hospital and Central Tuberculosis Clinic wound up a highly successful season with a dinner and dance at the Fort Garry Curling Club on May 3. Some 80 staff members and their guests were on hand to watch the presentation of trophies and prizes.

Executive Assistant Edward Dubinsky's rink was awarded the curling trophy by Ken Rowswell, Sanatorium Board purchasing agent. The members of Eddie's rink were Mrs. Isabella Findlay, Bill Klippenstein and A. H. Atkins.

The skips of the other rinks who took part in the play-offs were Mr. Rowswell, Bill Evans and Gordon Loewen.

Modern Building Cleaners donated the bowling trophy and individual trophies to members of the winning team. Mr. Atkins, hospital manager,

presented these awards to Tom Pickering, captain, Mrs. Joyce Doherty, Mrs. June Berg and Mr. and Mrs. Jim Spencer.

Altogether eight teams took part in the season's events. Other captains were Al Svendsen, Bill Williams, Stanley Prince, Stan Litwin (of the Society for Crippled Children and Adults of Manitoba), Mrs. Helen Buffie, Mrs. Lorraine Williamson and Mrs. Doris Smith.

Mr. Dubinsky presented prizes for high individual scores to the following: Ladies' High Average, Miss Carol Harrison; Men's High Average, Al Svendsen; Ladies' High Single Game, Mrs. Blanche Jopling; Men's High Single Game, Tom Pickering; Ladies' High Three Game Total, Mrs. Doris Smith; Men's High Three Game Total, Stan Litwin.

## Clearwater Curlers

The Curling Club at Clearwater Lake Hospital also had a very active season this year. But due to an early spring thaw, the eight rinks (which comprise staff members of the hospital and the Department of Transport) were unable to have the play-off for the Club Trophy.

The two rinks eligible for the trophy were skipped by A. Simpson and D. Gray, of the Department of Transport.

A highlight of the curling season at Clearwater was the Annual Bonspiel held during the week of March 4. Sixteen rinks, including a few outside rinks from the Pas, took part in the three events.

Winner of the first event was the rink skipped by F. Houghton, The Pas. Miss Anne Houghton, physiotherapist at the hospital, was a member of this rink. The second event was won by L. Umpherville's rink. (Mr. Umpherville and the members of his rink — L. Kemp, E. Kostyk and D. Hudson — are

(Cont. on page 3)



The first graduates of the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital are pictured after receiving their certificates and badges in a special ceremony in the hospital auditorium on April 19. Left to right, back row: Miss E. G. Coull, director of nursing; Miklos Wenezsz, Frank Major, Nikola Pali, Werner Lippert, and Miss Mary Ruth Pemberton-Smith, nursing instructor. Front row, seated: Miss Catherine Gill, Miss Judith Lange, Mrs. Blanche Jopling (who was valedictorian) and Mrs. Margaret Olson. Following the ceremony a tea was held in the hospital staff lounge for the graduates and their guests. (Photo by David Portigal)

## AROUND OUR INSTITUTIONS

(Cont. from page 2)

all Clearwater staff members). The first prize in the third event (consolation) went to F. Stelck, skip, Department of Transport Staff, Mrs. H. Stevenson and Miss S. Siemens, of the hospital staff, and R. Reid, Department of Transport.

Other rinks who entered the events were skipped by B. Baker, D. Gray, A. Simpson, K. Pickford, all of the Department of Transport; George McKenzie, A. Stevenson, Miss M. McKenzie and A. Partidge, all of Clearwater Lake Hospital; and S. Storey, R. Paquin, Mel Harvey, P. Batchelar, and L. Carter, of The Pas.

At the end of the season (March 8) a dance for all of the curlers and their friends was held in the Department of Transport Recreation Hall.

## New Additions To SBM Staff

We are very happy to welcome many new members to the Sanatorium Board staff this month. Space does not permit mention of all the newcomers, but we do note the following:

At Manitoba Sanatorium, Ninette, Mrs. Gwendolyn Archibald, of Killarney, has joined the general nursing staff. Recent additions to the nursing staff at Clearwater Lake Hospital, The Pas, include: Miss Lorraine Hebert, of Regina, general staff nurse, and Miss Wendy Fowlie, Miss Margaret Fowlie and Miss Pauline Rygiel, licensed practical nurses. Miss Rygiel, who has been with the Sanatorium Board since April, 1959, formerly worked with the Board's tuberculin survey team.

Miss Kathleen May Bourd and Mrs. Isabel May Metcalfe are the new clerks-typists at Clearwater; Miss Donna Edwards is the new registered laboratory technician. James Cavanagh, who was formerly with the Manitoba Hydro in East Selkirk, has joined the staff as fourth class engineer.

A welcome is also extended to Allan Jones, new physiotherapist at Assiniboine Hospital in Brandon. Mr. Jones, a member of the Chartered Society for Physiotherapy in Britain, worked at St. Clements' Hospital in London before assuming his new post.

Gilbert L. Oram, who was born in Montreal, is the third remedial gymnast to join the treatment team at the Manitoba Rehabilitation Hospital. Prior to his appointment, Mr. Oram was an army physical training instructor and recreational specialist for the Department of National Defence.

A recent addition to our growing physiotherapy staff at the rehabilitation hospital is Miss Anne Mullineaux, a grad-

uate of the School of Physiotherapy at the Royal Infirmary in Manchester, England.

Miss Beatrice Solomon has joined the M.R.H. staff as licensed practical nurse; George Sangster is the new x-ray assistant in the surveys office.

## Board Elects

### John B. Craig

John B. Craig, president and managing director of CKX Radio and Television Stations in Brandon, was elected to the Sanatorium Board of Manitoba at the annual meeting in Winnipeg on April 27.

Mr. Craig is the newest member of our voluntary organization, which is responsible for the treatment and prevention of tuberculosis in Manitoba, and for the care and treatment of persons sick or disabled from causes other than tuberculosis.

Twenty members, chosen from business and professional groups in the province, compose the elected body of the Board.

James W. Speirs, president and general manager of Modern Dairies Ltd., was re-elected chairman of the Board. Other executive officers include: Vice-chairman and chairman of Assiniboine Hospital Committee, J. N. Connacher (Manager, Winnipeg Division, Great-West Life Assurance Co.); Chairman of Manitoba Sanatorium and Preventive Services; Frank Boothroyd (president, Moore's Taxi Ltd.); Chairman of Clearwater Lake Hospital Committee, R. H. G. Bonnycastle (president, Stovel-Advocate Press, and chairman of the Metropolitan Council of Greater Winnipeg); Chairman of the Manitoba Rehabilitation Hospital Committee, S. Price Rattray (president, C. H. Enderton and Company); Honorary Solicitor, E. B. Pitblado, Q.C.

The remaining elected members include: R. L. Bailey (retired assistant general manager, Bank of Montreal's Prairie Division); J. F. Baldner (president, Robinson and Webber Ltd.); D. W. Casey (assistant general manager, Bank of Montreal's Prairie Division); George Collins (Deputy Minister of Public Works); H. T. Decatur (Associated Canadian Travellers, Winnipeg Club); Dr. J. E. Hudson, Hamiota; D. V. Gonder (vice-president, Canadian National Railways, Prairie Region); S. M. Gossage (vice-president and general manager, Canadian Pacific Railways, Prairie Region); H. T. Spohn (vice-president and general manager, Carling Breweries Manitoba Ltd.); Thomas A. Moore (Brandon Club of the Associated Canadian Travellers.).



PRESENTS CHEQUE — A cheque for \$2,500 to cover the cost of equipping the new Serology Laboratory at the Manitoba Rehabilitation Hospital is presented by Mrs. C. A. E. Jensen (left), president of the Women's Auxiliary of the Manitoba Branch of the Canadian Arthritis and Rheumatism Society, and by Mrs. P. J. Murray, auxiliary treasurer, to J. W. Speirs, chairman of the Sanatorium Board of Manitoba. The equipping of the laboratory — which will provide facilities for arthritis treatment and research — has been a major project of the auxiliary. Funds were raised at the group's annual spring reception.

(Photo by Dave Portigal)

## SOME FACTS ABOUT

# Our Aged Population

After attending a three-day Institute on Long-Term Care Facilities held by the American Hospital Association in Chicago last month, T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba, brought back a number of interesting facts about the aged and the care of the long-term patient. Here are a few of them:

*Item:* The number of persons in the United States over 100 years of age is increasing. In fact geneticists estimate there would be no difficulty in living to 125 years.

*Item:* There are 17½ million people over the age of 65 in the United States today. By 1890 it is estimated there will be 26 million over 65. The average income is low: one-half the families have less than \$3,000 per annum; one-half of the single persons over 65 have less than \$1,050 per annum. The average Social Security payments amount to \$1,447.92 per annum and the maximum for a couple is \$2,300 per annum under Social Security.

*Item:* A U.S. survey indicates that four out of five persons over 60 years have some chronic impairment as compared to two out of five under 60 years. This impairment, of course, may be of a relatively minor nature. However, there is a significant impairment of functional activity in two out of five persons over 75 years.

*Item:* A person 65 years of age today has about the same physical capacity as a person of 50 years of age 60 years ago. Yet our thinking with respect to pensionable age, vocation, activity, etc., tends

to be geared to the thinking at the beginning of the century.

*Item:* Age brings a reduction of sight, hearing, ease of locomotion, a higher proportion of mental disability. Impaired sight: one out of ten. Impaired hearing: one out of six. One out of four persons admitted for mental care is over the age of 65.

*Item:* Women outnumber men 121 to 100 at age 65; 165 to 100 over 65. Over age 75, seven out of ten females are widows.

*Item:* The right to self-determination, of decision and the consideration of alternative care should be available to older persons. The services for long-term care should be flexible, able to meet the changing conditions of the future. It should always be borne in mind that older persons, due to habit patterns developed over a long period of time, are essentially more different than they are alike. It is not easy, therefore, to put them for long periods in multiple bed accommodation where there is little privacy.

## GET A TB CHECK-UP

Free tuberculin skin tests and chest x-rays are available without previous appointment five days a week at the Central Tuberculosis Clinic in Winnipeg. If you have not had a tuberculosis check-up recently, why not pay us a visit?

The services are provided free of charge through the annual sale of Christmas Seals.

## NEW CENTRE

(Cont. from page 1)

be closely linked to the work now being carried out in the rehabilitation hospital's Electromyography Department, which uses electronic methods to determine the malfunction of nerves and muscles.

Dr. M. H. L. Desmarais, chief of Prosthetic Services at the Manitoba Rehabilitation Hospital, will give medical direction to the projects and the work will be carried out in close collaboration with orthopedic surgeons and other medical personnel in the province.

James Foort, an outstanding prosthetics research engineer, who at present is working with the Prosthetics Division of the San Francisco General Hospital, will be technical director of the new service.

In preparation for the establishment of the centre, Mr. Cunnings recently visited prosthetics research and development units at the Rehabilitation Institute of Chicago and Northwestern University. By arrangements of the Department of National Health and Welfare, Dr. Desmarais and Mr. Foort have visited Great Britain and Germany to study new prosthetic developments there.

## TB CASES

(Cont. from page 1)

50 were reactivated cases, which is 15% of the total, compared to 20% in 1961.

- Fifty-two percent of the new diagnoses were finalized at the Central Tuberculosis Clinic in Winnipeg, and most of these were referrals from private physicians.

- A total of 503 tuberculosis patients were admitted to sanatorium for the first time. Eighty-four others received treatment at home.

- Twenty percent of the first admissions had advanced disease when they entered sanatorium. Of the re-admissions, 41% had reached the far-advanced stage.

- Of all 411 patients in hospital on December 31, 55% were Indian or Eskimo.

- The average length of hospital stay was 290 days for whites — longer for Indians and Eskimos.

- Of the 28 deaths from tuberculosis, 12 occurred in general hospitals. Many of these people were elderly and were being treated in hospital for other serious conditions.

- A total of 209,982 persons received free tuberculosis examinations in clinics, hospitals, and community, industrial or school surveys.

- Community tuberculin surveys showed that 20% of the population tested are infected with the germs that cause tuberculosis.

# Tuberculosis Control: Role of Public Health Nurse

Through her constant contact with individuals in the community, the public health nurse has a unique and responsible role in the battle against tuberculosis. In many ways, she has a more difficult and demanding job than she had years ago, for with the changing methods of treatment and the changing emphasis in control and prevention, the fight against tuberculosis is centering more and more on the "home front".

How does the public health nurse contribute towards the control of tuberculosis?

First, of course, she provides leadership within the nursing profession to re-create interest and concern about tuberculosis. Secondly, she contributes greatly to the education of the patient, the family and the rest of the community. The public health nurse has the best opportunity for face-to-face contact with the individuals in the community, and she can exploit this to the full by teaching the basic facts about tuberculosis, its cause, prevention, control and treatment.

Here are a few of the means:

**Case-finding:** If tuberculosis is to be brought under control in this province, all potential cases of tuberculosis (i.e. those who are infected) must be identified and followed. All of those who have the disease must be found and treated properly.

Many individuals and agencies are actively involved in the tuberculosis preventive program. In addition to the public health agencies there are the family physician, the general hospital and the voluntary agency which provides, among other things, tuberculin and x-ray surveys, travelling clinics and stationary clinics.

The public health nurse can make a great contribution to this important program by using every opportunity to encourage citizens to take advantage of the free preventive services — particularly elderly people (who account for most of the tuberculosis being found today) and low income families. These latter groups usually comprise most of the twenty percent who do not attend community TB surveys.

Tuberculin surveys which are conducted regularly in the schools need to be interpreted carefully to parents and teachers, since the eventual control and eradication of tuberculosis will depend almost entirely on how much protection we give now to the up-coming generation.

**Examination of Contacts:** The public health nurse makes a most valuable contribution to the reduction of tuberculosis by using all of her resources to locate and keep in touch with tuberculosis contacts. Her help is especially important in remote areas.

The investigation of contacts should, of course, not be confined to the family but should reach out into the neighborhood, the school, office, church and any other known associates of the patient.

Whenever necessary, the nurse also helps the contact to obtain examinations, including tuberculin skin tests and chest x-rays for those who have positive reactions.

**Education of the Patient:** As soon as a patient learns that he has tuberculosis, the public health nurse steps in to give concentrated home nursing and teaching. Ideally, teaching the patient about tuberculosis begins immediately after the diagnosis is established, preferably before his admission to sanatorium. At this time the nurse tells the patient the facts about his disease, prepares him for admission to hospital, assesses his home conditions (for the sanatorium physician) and the effect his illness may have on the family, financially, socially, psychologically, etc. For each person who is told he has tuberculosis, there is a different set of problems he must face.

The majority of tuberculosis patients now leave sanatorium before treatment is completed and because his stay is much shorter today's patient knows much less about his disease after he leaves sanatorium than the patient of bygone years. This again creates a need for continuing education at home and at work following the patient's discharge.

**Liaison between the hospital and the home:** In addition to providing the sanatorium with the patient's family and social history at the time of his admission, the public health nurse continues to exchange information with the sanatorium staff during the patient's stay in hospital. In this way the public health service and the sanatorium are able to co-ordinate their teaching and direct it to the specific needs of the patient.

**Treatment and Follow-Up:** It is recommended that all newly discovered tuberculosis patients spend some time in sanatorium. This provides an opportunity for establishing an individualized therapy pattern, for educating the patient about his disease and starting him on a rehabilitation program. Hospitalization also lessens the danger of infection to others and gives the physician a chance to observe any possible toxic effects of drug therapy.

Drug treatment plus rest "cure" 75 percent of the pa-

tients who come to Manitoba Sanatorium. It is important that the drugs be given continuously, without any interruption. As chemotherapy usually must continue for at least two years to be effective, this may become a severe trial to the patient and following his discharge he needs all the support and supervision he can get from his doctor and the public health nurse.

He also needs to be reminded of the necessity for going for regular check-ups and for establishing a reasonable living pattern, including rest, good basic nutrition and good personal hygiene. This teaching and supervision are absolutely necessary for proper follow-up and should be continued for years after a "cure" has been achieved. (In 1962 15% of the active cases of tuberculosis reported in Manitoba were reactivated cases. Sixty percent of the reactivations occurred within 10 years after the patients were considered "cured".)

To conclude we would like to quote one nurse's ideal of the perfect public health nurse

devoted to the eradication of tuberculosis.

"She would have a philosophy about people and about the fight against tuberculosis which would guide and stimulate her as she joined with others to reach for those far-away stars called 'eradication'," she said.

"She would have vision like the people who plant young trees along the roadsides. In twenty years time those same trees would have grown and, with branches reaching high above the road, would give shade and protection to people walking beneath.

"She would have wisdom to apply a broad knowledge of the facts and unsolved problems of tuberculosis, of public health and community agencies at local, national and international levels, of teaching, consulting, communicating, referring, evaluating, supporting, observing, planning—or in one word, nursing.

"Her aim would be to assist others today in the control, prevention and treatment of tuberculosis so future generations may have freedom from tuberculosis."

## My! How Times Have Changed

Take a look at the working conditions in those "Good Old Days." The following are some of the instructions to the employees of the Merchants' and Ships' Chandlers of Sydney Town, Australia. The year was 1852.

1. On the recommendation of the Governor of this Colony, this firm has reduced the hours of work, and the clerical staff will now only have to be present between the hours of 7 a.m. and 6 p.m. on week days. The Sabbath is for worship, but should any Man-of-War or other vessel require victualling, the Clerical Staff will work on the Sabbath.

2. Daily prayers will be held each morning in the Main Office. The Clerical Staff will be present.

3. Clothing must be of a sober nature. The Clerical Staff will not disport themselves in raiments of bright colors, nor will they wear hose, unless in good repair.

4. Overshoes and top-coats may not be worn in the office but neck scarves and headwear may be worn in inclement weather.

5. A stove is provided for the benefit of the Clerical Staff. It is recommended that each member bring four pounds of coal, each day, during cold weather.

6. No member of the clerical staff may leave the room without the permission of Mr. Ryder. The calls of nature are permitted, and the Clerical Staff may use the garden below the second gate. This area must be kept in good order.

7. No talking is allowed during business hours.

8. The craving of tobacco, wines, or spirits is a human

weakness, and, as such, is forbidden.

9. Now that the hours of business have been drastically reduced, the partaking of food is allowed between 11:30 a.m. and noon, but work will not, on any account, cease.

10. Mr. Ryder will nominate a Senior Clerk to be responsible for the cleanliness of the Main Office and all boys and juniors will report to him 40 minutes before prayers, and will remain after closing hours for similar work.

**THE OWNERS HEREBY RECOGNIZE THE GENEROSITY OF THE NEW LABOUR LAWS BUT WILL EXPECT A GREAT RISE IN OUTPUT OF WORK TO COMPENSATE FOR THE NEAR UTOPIAN CONDITIONS.**

It was interesting to note that the wages at this time ranged anywhere from thirty cents a week for the junior boys (up to 11 years of age) to about three dollars a week for senior clerks who had been with the firm for more than 15 years.

Of course, we're curious to know now about the working conditions in the pre-Utopian era.

A CHRONIC COUGH is not a disease in itself. It is a sign of something wrong with the breathing system. That's why it is not wise to take cough medicine for more than a week or two unless your doctor tells you to do so.

## Bulletin Board

The Sanatorium extends warmest thanks to the members of Recreation CJOB and Genom Motors Ltd. who distributed Easter eggs to the children in the Central Tuberculosis Clinic on Easter Sunday. The staff members from CJOB dressed as bunnies to present the eggs to the children.

Dr. S. L. Carey, chief of medical services of Clearwater Lake Hospital, was elected president of the North of '53 Medical Society at a meeting held in Flin Flon last month. The Society will hold its fall meeting at Clearwater Hospital.

At the same meeting Dr. Carey was named a member of the area tissue committee.

Heartiest congratulations to Lawrence Boychuk, chief engineer at Clearwater Lake Hospital, who recently passed his examinations as a First Class Stationary Engineer.

Among the recent guests at the Sanatorium Board's offices in Winnipeg was Dr. G. Z. Brett, consulting chest physician at Wittington Hospital in London, England, and director of the mass radiography surveys in the north-west metropolitan region. Dr. Brett is touring Canada on a Canadian scholarship from the Chest and Heart Association in Britain. He is making a special study of diseases and of the methods of tuberculosis prevention in the Canadian provinces.

Dr. E. L. Ross, medical director of the Sanatorium Board, and T. A. J. Cunnings, executive director, attended the annual meeting of the National Tuberculosis Association and the American Thoracic Society held in Denver May 12 to 15.

Miss Joan Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital, and Miss Bente Wellendorf, hospital physiotherapist, will attend the World Congress of Physiotherapists to be held in Copenhagen, beginning June 13.

Miss E. G. Coull, director of nursing at the Manitoba Rehabilitation Hospital, returned to her duties, taking a three-week seminar for nurses in physical rehabilitation methods at the Department of Physical Medicine and Rehabilitation, New York University Medical Centre.