News Bulletin
The SANATORIUM BOARD OF MANITOBA

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Mr. Fulcher Came Back Fighting

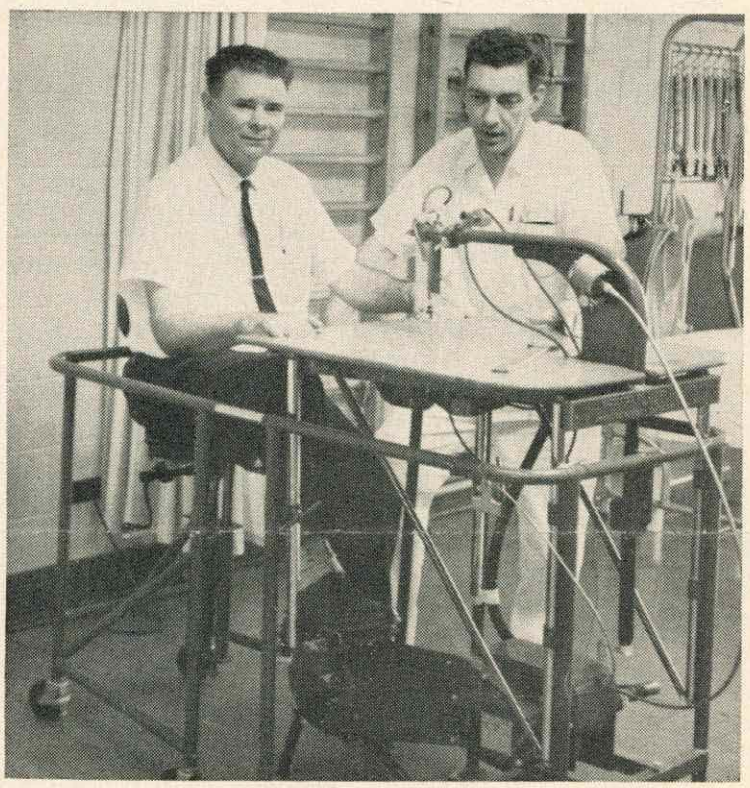
John Fulcher gave his stout walking cane an enthusiastic twirl. "I never once doubted I'd make it back," he grinned amiably. "Pretty soon I'll throw away the cane. I only need it now for getting up and down steps."

Eight months ago doctors in the city of Brandon did not share his optimism. A self-employed car trucker and father of two small youngsters, 31-year-old John Fulcher took up flying as a hobby several years ago and managed over the time to save up enough money for his own light airplane. He got a great deal of pleasure out of flying — until on September 23 of last year when he crashed into high tension wires while coming in for a landing.

Rescuers lifted Mr. Fulcher's badly bruised and torn body out of the twisted wreckage and rushed him to the Brandon General Hospital where doctors found, among other injuries, a badly broken left thigh and shinbone, a broken right forearm, the right foot almost completely mangled, and the upper lip split right up to his shattered nose. He had ten fractures in all, and was, in the doctors' opinion, in extremely poor condition.

But despite this dark outlook, Mr. Fulcher did make it back — slowly and painfully at first, and then with a speed that made the doctors comment with wonder. For four months he lay acutely ill, first at the Brandon General Hospital, then at the Winnipeg General, and again at the Brandon General.

In Winnipeg his foot was moulded into as close a replance of a foot as could — wired to his shin bone and enclosed in plaster. The forearm was fixed by a plate screwed across the broken bone ends. The left thigh was positioned and the leg suspended in traction. He was still encased in plaster casts when in late January he arrived on a stretcher at Assiniboine Hospital for an intensive program of rehabilitation.



After an intensive program of rehabilitation treatment, John Fulcher, who was critically injured in a plane crash last September, needs only a walking cane to help him get about. Now an out-patient at Assiniboine Hospital, he is shown "working out" on the Oliver Rehabilitation Machine under the direction of Sr. Physiotherapist George Lennox.

"When I frist saw Mr. Fulcher on that stretcher I thought we had a long, tough road ahead," said Scottish-born Senior Physiotherapist George Lennox. "But what I witnessed in the following weeks was a remarkable study of the determination and courage of the human spirit.

"I only directed him. Beyond that Mr. Fulcher accomplished his own rehabilitation."

When the casts were removed on February 26, Mr. Fulcher began his treatment program in earnest. Wheeled daily to the hospital's compact, fully equipped Physiotherapy and Occupational Therapy Unit, he was started first on a program of resistance exercises for his injured legs and arm. In the beginning he was given assistance, then by means of the pulleys and weights, he worked up gradually to more and more resistance as his strength returned.

Soon Mr. Fulcher was making exceptionally rapid progress. Before long he was sitting in a wheelchair. Not long afterwards he pulled himself up and began taking tentative steps between parallel bars. He spent three to four days on crutches, then discarded them in favor of two canes.

Since he was having trouble bending his knee, he pedalled six miles a day on the Oliver Rehabilitation Machine, a bicycle-type, fret-saw machine used by occupational therapists to exercise the lower part of the body.

On March 31, about one month after his rehabilitation program began, John Fulcher walked out of Assiniboine Hospital and back to his family and a new job as a car salesman. On May 13

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Over 23,000 in Brandon Receive TB Examinations

A full-scale tuberculin and x-ray survey of the city of Brandon and Cornwallis Municipality ended on May 29 with about 70 percent of the population tested, J. J. Zayshley, surveys officer for the Sanatorium Board of Manitoba reports.

During the month of May, a total of 16,347 residents lined up for free tuberculin skin tests at the general public surveys held at various testing sites throughout the city.

Some 7,000 others received x-ray examinations alone. They included persons who had shown positive reactions to the tuberculin test in previous surveys, ex-patients and tuberculosis contacts, school teachers, students and staff at the Brandon College, city doctors, and the staff and patients in Brandon nursing homes and at the Brandon Hospital for Mental Diseases.

The Sanatorium Board's survey teams, the volunteers from the city, and the various news media combined their efforts to make the survey as successful as possible, Mr. Zayshley said.

Besides conducting a house-to-house registration and mailing out appointment cards to every household, volunteer workers, under the direction of Campaign George Smallwood, arranged for the delivery of the complete survey schedule to every home in Brandon.

To publicize the campaign, the Brandon radio station made daily announcements about the survey, newspapers gave the campaign full coverage, and the television station scheduled two films on tuberculosis and three interviews with survey officials.

"These people deserve a lot of credit and praise for giving so much of their time and energy to make the survey a success," Mr. Zayshley said. "As early as March 15, volunteers from Brandon service clubs — including the Associated Canadian Travellers, United Commercial Travellers, Kinsmen, Lions, DeMolay and Rotary Clubs — began registering residents for the tests."

Mr. Zayshley felt that the various groups working with the survey used every possible means to get full participation. A great many of those who did not attend, he said, had been checked by their own doctors or had been screened by the Sanatorium Board's hospital admission x-ray program.

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News Bulletin
The SANATORIUM BOARD OF MANITOBA

AROUND OUR INSTITUTIONS

Assistant Chief Assumes Post

We are very happy to welcome Dr. Russell R. P. Hayter to the medical staff of the Manitoba Rehabilitation Hospital. Dr. Hayter arrived from England this month to assume the post of assistant chief of medical services.

Dr. Hayter has his M.B. and B.S. degrees from the University of London and his Diploma in Physical Medicine from the Royal College of Physicians. He trained at Leys School in Essex and is a graduate of St. Bartholomew's Medical School, London.

Prior to his new appointment Dr. Hayter served for five years at Addenbrooke's Hospital in Cambridge as senior registrar to the United Cambridge Hospitals. His other previous appointments include two years as registrar to the Department of Physical Medicine at St. Helier Hospital in Surrey (where he gained particular experience in group therapy) and two years as registrar to the Department of Physical Medicine and the Regional Rheumatism Centre at the London Hospital.

* * *

A recent addition to the physiotherapy staff at the Manitoba Rehabilitation Hospital is *Miss Christel Neuwohner* of Hessen, West Germany. Miss Neuwohner was born in Schleswig-Holstein, and received her training in physiotherapy at the University in Hessen.

Mrs. Barbara Jane Brower has been appointed a general staff nurse at the rehabilitation hospital. A graduate of Victoria General Hospital in Winnipeg, she previously worked for Shaughnessy DVA Hospital in Vancouver.

Other recent appointments include *Roland Reimer,* registered laboratory technician (who received his training at St. Paul's Hospital in Saskatoon), *Mrs. Lydia Sader,* licensed practical nurse (who had worked at Manitoba Sanatorium since 1954), *Mrs. Maria Balak,* also a licensed practical nurse, *Mrs. Linda C. Crozier,* clerk stenographer in Medical Records, and *Mrs. J. E. McCaig,* secretary for the social service department.

We extend a special welcome to *George Baxter,* who recently joined our staff at the rehabilitation hospital to train as a maintenance man. George comes from a remote reserve at Nakina, Ontario and was formerly a tuberculosis patient at Fort William Sanatorium. Last fall he entered our special Rehabilitation Unit at Assiniboine Hospital.

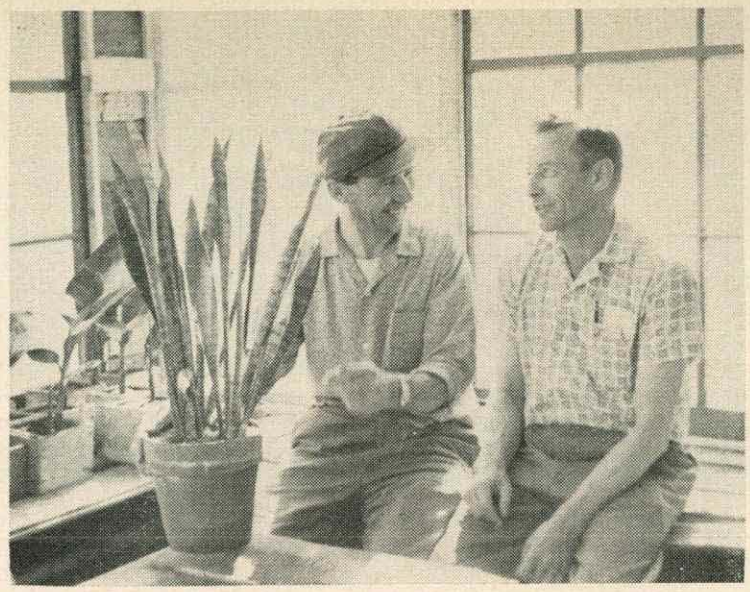
George is the second person to take training-on-the-job at the Manitoba Rehabilitation Hospital. Last December *Luke Mason,* a former patient at our Clearwater Lake Hospital, who comes from Island Lake, began training as a technical aid in the Occupational Therapy Department.

* * *

Among our new staff members at other hospitals is *P. C. Philip,* who arrived from Bombay, India on June 9 to assume his new position as general staff nurse at Clearwater Lake Hospital, The Pas.

Mr. Philip will be joined in the near future by his wife, who is also a registered nurse.

He is a graduate of the Gifford Memorial School of Nursing at Nuzvid, Kistna District, and before coming to Canada was a general staff nurse at the Central Hospital in Dhanbad, Bihar State. Prior to that he nursed in the European ward at a tuberculosis hospital in Bahrein and at a tuberculosis sanatorium at Ranchi, Bihar.



ASSINIBOINE HOSPITAL'S GARDENER, Waldemar Harreus, left, discusses some of the fine points of plant raising with Chief Engineer R. R. Clark. Mr. Harreus, who has over three years schooling in gardening in his native Germany, has grown over 3,500 plants this spring for the hospital's interior and outside gardens. His greenhouse was built for him by Mr. Clark and the members of the maintenance staff.

Energetic Engineer(s)

Some time ago the News Bulletin reported the splendid contribution of our engineering staff at Clearwater Lake Hospital toward the equipping of the hospital's physiotherapy department. This month we take our hats off to Chief Engineer Roderick R. Clark and the maintenance staff at our Assiniboine Hospital in Brandon.

Among the numerous things Mr. Clark and his men have turned out in their workshop are footboards and footrests for the hospital wards and a pulley traction unit (built out of scrap) for supporting patients' knees and making them feel more comfortable.

They have also altered braces and modified equipment for the physiotherapy department, and in their spare time have found a moment or two to convert part of the boiler room into a greenhouse and to build themselves a belt sander and radio-powered saw.

The biggest achievement in recent weeks has been the building of four smart desk and file units for the hospital's nursing stations. The idea for these units, according to Mr. Clark, came from a picture in a folder. Each unit has plenty of room on each side for the patients' files from two wards.

Staff Elections

Mrs. Sandra Karpenic was elected president of the Joint Staff Conference Committee at a recent meeting at Assiniboine Hospital. Mrs. Beatrice Cipryk was named secretary.

Mrs. Karpenic represents the hospital administrative staff; Mrs. Cipryk the registered and practical nurses.

Other new committee representatives are: Mrs. Marion E. Gilman, laboratory and x-ray department; Martin Schaay, occupational therapy and physiotherapy; Mrs. Elizabeth Emmet, kitchen; Reginald Mayo, housekeeping; Van Mackelburg, orderlies; Mrs. Madeline Matwick, nurses' assistants; Mrs. Mildred Dinsdale, linen room.

The Inter-Staff Conference Committee at Manitoba Sanatorium also held recent elections. Miss Derinda Ellis, director of nursing, was elected chairman and W. Brandford was named vice-chairman. Miss Gertrude Manchester, supervisor of rehabilitation services, is the new secretary.

Everyone Loves a Ban...

On several occasions during the past month the patients and staff members of two of our hospitals enjoyed special concerts which were put on solely for their benefit by visiting groups of entertainers.

On May 26 a 75-piece high school band from Rollo, North Dakota, arrived at Manitoba Sanatorium to entertain patients and staff in the assembly hall. Lead by Howard Egan, the band gave great pleasure to their audience by providing a fine program of music, including solos, trios and quartette numbers by flutes, saxaphones and trumpets, and a solo by a young tenor. Later that evening the band went on to Glenboro and Winnipeg for other concerts.

More recently the Brandon Co-op Jamboree Group, who entertain on CKX-TV in Brandon, provided for the patients and staff a concert of western and old-time music.

On May 28 some 24 members of the Winnipeg Concert Band, under the direction of A. H. Yetman, entertained patients and staff at the Manitoba Rehabilitation Hospital, and some wee patients from the Children's Hospital, in the rehabilitation hospital auditorium.

The music varied from the classical to the popular and included such special highlights as an explanation of the roles of the instruments which make up a band, and, to the delight of the children, a stirring solo by the drummer.

The cafeteria and kitchen staffs arranged refreshments for the band following the performance. The band plans to

(Cont'd. on page)

A Doctor Advises Why Sanatorium Treatment is Best

"Why must I stay in sanatorium? Why can't I stay in bed at home and take my medicine where I am with my family and am content?"

In a special article for tuberculosis patients, Dr. H. D. Jenner, a U.S. authority on tuberculosis, attempts to answer these important questions for the hundreds of people who each day learn that they have tuberculosis and must spend a lengthy period of treatment in the sanatorium.

"One must consider the fact that with the use of modern drugs, fewer patients are going through that prolonged agony of fear and uncertainty which used to be the common lot of the tuberculosis patient," he said.

Most patients now lose their symptoms fairly early—sometimes forget about them almost completely. Then there is the other fact that more patients are now coming to the sanatorium in the early stage of disease when symptoms are very light, or almost non-existent.

"We who work with the sanatorium fully realize what we are asking when we tell them to come to the sanatorium on the evidence of our clinical judgment alone . . . when they feel themselves perfectly well.

Why?

First, became tuberculosis is a chronic disease which takes a long time to treat. "As a matter of fact (the doctor notes), it is doubtful if we ever are able to really cure any case of tuberculosis in the sense that the disease has been completely eradicated from the patient's body.

It is a sobering thought that once a person gets tuberculosis the germs remain in this person's body for the rest of his or her life. Therefore, treatment comes in a different category from that of other diseases where the cause can be completely removed and the patient discharged as cured.

But, although sanatorium doctors have to settle for something less than a real cure, no one should settle for anything less than the best possible approach to a cure.

Sanatorium doctors are concerned mainly with two aspects, the doctor continues. "First, we want the tuberculosis to be as well healed as it possibly can be, so that the patient has a wide margin of safety from relapse.

"Second, we want patients to return as nearly as possible to completely normal health so that they can take up again the type of work they really want to do."

Treatment of tuberculosis follows these important lines:

First, there is rest, and this should be just as complete as possible. It includes freedom from physical exertion, and it includes relaxation of mind.

"Many patients have told me that they could rest better at home than in sanatorium," Dr. Jenner says. "This is a very tempting thought . . . but, from my observation, seldom true.

"Most patients don't know what we mean when we say rest until they have gone through a period of sanatorium training."

A second important part of treatment is the use of drugs. "Nothing seems more simple than to take a few pills at home, or to visit one's doctor twice a week to get an injection.

"Why then are doctors so opposed to patients taking this treatment at home?", Dr. Jenner asks.

Here again there is much more than meets the eye in

Around Our Institutions

(Cont'd. from page 2)

visit the hospital again this summer.

We're Happy to Announce

Weddings and births have occupied much of the staff news at Sanatorium Board hospitals over the past month.

Our very best wishes are extended to the former Lois Gilmore, food supervisor at Manitoba Sanatorium, who on May 18 was married to Ronald Richardson in a ceremony held at Knox United Church in Brandon.

We also heartily congratulate Mrs. Adeline Popadynetz, IBM operator at our executive offices, who on April 25 gave birth to her first child, Valerie Jane . . . and Roger Butterfield, rehabilitation officer for the Sanatorium Board, who on May 31 handed out cigars and announced the arrival of [illegible] fourth child, third son — [illegible] William.

A noon-hour party was held June 6 by the women staff members of the Winnipeg offices in honor of Adele Keil[illegible], IBM key-punch operator, who is taking a new position with the CNR's IBM Department, and Mrs. Rosalind Wilgosh, clerk stenographer in the Central Tuberculosis Registry, who is leaving us this month to await the birth of her first child.

Friendly Gestures

The Sanatorium Board would like to express their appreciation to the Ukrainian Catholic Women's League of Winnipeg who, under the direction of Mrs. A. Homik, drove down to Manitoba Sanatorium recently to distribute [illegible] of candy, fruit and Easter [illegible] to the sanatorium's 258 [illegible]nts.

We are also very grateful to Mr. G. Davis of Belmont who [illegible]ne 1 escorted 20 children from the sanatorium to see the Shriner's Circus in Brandon.

MR. FULCHER

(Cont. from page 1)

he had a complete medical examination, and found his sight, reflexes and balance "as good as ever." Ten days later he happily climbed back into an airplane and made three take-off's and landing's.

Assiniboine's treatment team are proud of their accomplishments with many of their disabled patients, but [illegible]gard Mr. Fulcher's [illegible]ecovery with amazement. However, Mr. Fulcher, [illegible] still returns to the hospital for exercise in the hydrotherapy pool, is not so impressed.

Says he with a smile and shrug of the shoulders: "I only did what I was told to do."

She Works for a Brighter Future for TB Patients

Since May, 1942, the Sanatorium Board has operated a vigorous program for the rehabilitation of tuberculosis patients in Manitoba. The first successful program of its type to be established in Canada, the plan provided for an in-hospital program of counselling, academic and vocational training and craftwork, and a post-sanatorium program of further counselling, training and job placement.

Though the format has changed very little over the years, the task of the Board's supervisors and teachers has become increasingly difficult. Whereas yesteryear's patient was usually a young man or woman who had considerable schooling and a fair idea of where he was headed, today's tuberculosis patient very often is either (a) old and disinterested, or (b) young, but with a low educational background and little or no idea of career opportunities.

"This, of course, is not the fault of the patient who very often is an Indian or Eskimo person who has been snatched from his simple, uncomplicated life on some remote reserve and abruptly placed in the whiteman's classroom," says Miss Gertrude Manchester, supervisor of rehabilitation at Manitoba Sanatorium, Ninette. "But because he has not had the same sort of life or academic opportunities as our patients from other areas, it has meant for the rehabilitation department a drastic change in teaching methods and a wealth of patience and understanding to get satisfying results."

A slim, quiet-spoken woman who was raised on a farm on New Brunswick's beautiful Kennebecasis River, Miss Manchester is devoted to her task of educating the sanatorium's patients. With over 25 years of teaching experience, and with the personal knowledge of what it is like to have tuberculosis, she has developed a very deep understanding of the needs and problems of both pupil and patient.

Miss Manchester herself fell victim to tuberculosis after some 20 years of elementary school teaching. She taught first in New Brunswick, following her graduation from teachers' college in Fredericton; then, with her mother, moved west to Manitoba where she taught school at Warren for two years and in Fort Garry for 19 years. In 1947 she entered Manitoba Sanatorium.

As her health returned Miss Manchester began part-time teaching at the sanatorium in 1951 and full-time teaching in 1952. Four years later she assumed her present position as supervisor. To help her carry out the work she has a staff of three full-time teachers and a crafts instructor.

The life of the school teacher at Ninette is a very busy one, and leaves Miss Manchester litle enough time to enjoy her own lesiure-time interests of bowling, golfing and craftwork. During 1962 a total of 234 patients were registered in the department's pre-vocational courses, 23 others took vocational courses, and nearly 300 received instruction in handicrafts.

The students were registered in all grades from 1 to 12, (but mostly Grades 1 to 6), their ages ranged anywhere from six to over sixty, and nearly 70 percent of them were of Indian or Eskimo origin.

Besides battling the low educational level of the majority of her students, the teacher must also take into account the state of the patient's health. Some are strong enough to receive only brief bedside instruction several times a week, while others are able to attend the sanatorium's bright new classroom from one to three hours daily. The courses are geared to fit the individual patient's needs, but the usual targets are literature, language

Patients who enter sanatorium with a good educational foundation, do considerable studying. This often makes them better employees if they return to their former work, or it may enable them to go on to a new and better career, says Miss Gertrude Manchester, who is pictured here with one of her students.

(particularly, the language needed by him to get along in the business and social world), spelling and arithmetic. For those of school age, the complete curriculum as set out by the Department of Education is followed. This has enabled many patients to return to school with their former classmates.

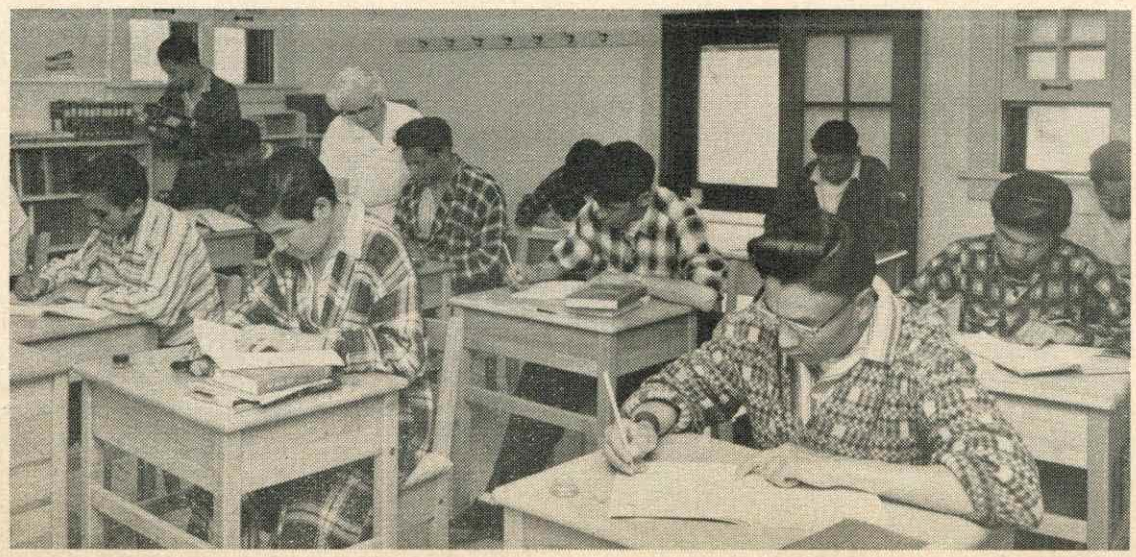
Since many have spent all their lives on the reserve, they very often don't know what they want of life when they leave the sanatorium, Miss Manchester says. Many are obligated to return to the reserve, but others, who spend a long time at the sanatorium, have less desire to return to their former life as the months pass. A few don't want an education. Others, who do, may literally take to heart the whiteman's instruction that an education will get you anything you want.

Although the staff is always pleased about their patients return to good health, the relatively short stay in sanatorium nowadays works against the teacher. "We would like to accomplish so much with our patients, but just when we feel we are getting somewhere, it is time for them to go," says Miss Manchester, who is an honorary life member of the Manitoba Educational Asociation.

But though beset by these problems, teaching at the sanatorium — like anywhere else — often has its rewarding moments. Miss Manchester is very proud that a good number of her students are able to rise above all the great obstacles and make a comfortable niche for themselves in modern society.

During 1962 a total of 115 patients at Ninette were promoted to higher grades, and a total of 322 subjects were completed. With the continuing help of the rehabilitation supervisors in Winnipeg many Indian as well as white patients have gone on to become skilled workers or have continued their academic studies. Proud of their accomplishments they often write to the sanatorium teachers long after they have gone.

But perhaps the most moving sight of all — and the most inspiring to the younger patients, says Miss Manchester — is when the aging Indian or Eskimo picks up a text book and slowly, painfully makes his first attempt to learn the English language.



Infinite patience and understanding are needed to help rehabilitate most of today's tuberculosis patients. Here Mrs. S. V. Hastings instructs a class in the Three R's. (Photos by David Portigal).

NOTICE

The News Bulletin will warmly welcome from our readers any of their writings relating to the health field. Contributions should contain no more than about 1000 or 1200 words and should be submitted to the Sanatorium Board News Bulletin, 800 Sherbrook St., Winnipeg 2.

A Case for Dr. Selye

Stress, Steroids and Asthma

By Bente Hejlsted, R.N., P.H.N.

In 1936 Dr. Hans Selye published his first paper on the general adaptation syndrome (G.A.S.). He had for many years been occupied with thoughts on "the syndrome of just being sick" (i.e. the non-specific symptoms of disease) and the idea that an animal organism possesses a general defence mechanism which it automatically mobilizes against any "stress", whatever the cause.

Selye exposed animals in the laboratory to various sorts of stress and found the non-specific reactions which he named G.A.S. During the first of three stages involved in the syndrome — the alarm reaction — he found enlarged adrenal glands, shrinkage of the thymus glands and bleeding ulcers.

The alarm reaction was produced by the adaptive hormones — the adrenal cortex hormones or steroids — who received "orders" from the adreno-cortico-tropic hormone (A.C.T.H.) of the anterior part of the pituitary gland.

If during the second stage of G.A.S. — the stage of resistance — another type of stress was put on the animals, they died immediately.

Selye also found that long-lasting stress led to hypertension and cardiovascular disease, and he thought these were caused by an excessive production of hormones from the pituitary-adrenal mechanism.

In 1935 Edward C. Kendall, of the Mayo Foundation for Medical Education and Research, became the "father" of the first isolated cortisone. This is one of about 20 or 30 hormones produced by the adrenal cortex, and was thought by Selye to be one of the anti-inflammatory, adaptive hormones.

By 1948 enough cortisone was isolated to test on human illness. Dr. Philip S. Hench was the first to administer the hormone to a rheumatoid patient. He saw an unbelievable relief of symptoms.

In 1949 A.C.T.H. was given to patients suffering from a variety of diseases, including acute asthma, pneumonia, chronic alcoholism and rheumatic fever. Again the results were remarkable. A great stir and optimism spread among the medical people. Perhaps Selye's theory of a "just being sick" syndrome was close to being confirmed?

After extensive research a synthetic cortisone was produced and in 1951 it was made available for clinical use. Soon after, however, the initial enthusiasm gave way to scepticism and caution when certain side-effects became obvious. The patients developed one or several of the following effects: electrolyte disturbance (sodium retention, potassium loss), "moon - face", edema, weight-gain, hypertension, osteoporosis with spontaneous fractures, diabetes, peptic ulcers, cardiovascular diseases, depression of gonadal function and euphoria.

The patients were not able to fight infections, and these were masked due to the anti-flammatory reaction of the cortisones. Sudden discontinuation of cortisone depressed the function of the pituitary and resulted in a period of adreno-cortical inactivity.

Following the production of synthetic cortisone, hydrocortisone was produced, and later prednisone and prednisolone. By 1959 there was a grand total of 125 types of tablets being sold in the United States. Prednisone and prednisolone seem to cause less unwanted physiological reactions and have now largely replaced cortisone and hydrocortisone.

The corticosteroids and A.C.T.H. have been found to be alleviative, not curative. They seem to be used more extensively in Europe than in North America. In England, Scotland and Wales, partly through the use of corticosteroids, the death rate from asthma was dramatically cut in half between 1950 and 1959.

Asthma is a disease characterized by labored breathing and wheezing. The factors causing the disease have never been definitely determined, but are thought to include allergy, infections, hormones, diet, climate, social environment and psychic make-up. It is considered by some to be a psychosomatic disease. The "typical" asthma patient has been described as a person of above-average intelligence with an overdependent, sensitive, somewhat fussy and meticulous nature.

Hippocrates, over 2000 years ago, considered that anger could result in an attack of asthma. Other emotions, such as guilt and resentment, are also thought to provoke an attack. However, an attack does not result everytime a person feels these emotions, nor does it follow every contact with a specific allergen. One theory suggests that an asthma attack is a conditioned response to certain physical and psychological stimuli (i.e. stress?).

Until 1957 medical journals — especially British medical journals — reflected the scepticism and caution previously mentioned. But by 1960, they reported more and more on the beneficial effects of corticosteroids and A.C.T.H. in the treatment of asthma. They stressed, however, that because of the dangers of side reactions, this treatment is only given as a last line defense, after all other treatments have failed.

One study of 71 asthma patients who had received corticosteroid treatment for an average of 2½ years, showed that only 15 percent were considered "failures", while 48 percent were classified as very good (i.e. working and leading a normal life) and 37 percent as "moderate" (i.e. working but getting mild wheezes). No reason has been found why some respond and others do not. Only one patient in the study developed peptic ulcers, while two had heart failure and six hypertension.

In another study, dealing with 317 patients, there was a striking improvement in 56 percent and complete failure in only five percent. There were no deaths from treatment (with prednisone and A.C.-T.H.) which lasted for two to four years, but four patients had compression fractures of the spine and two had bleeding ulcers. The conclusion was that the benefits obtained outweighed any possible risks.

There are still some dangers in corticosteroid treatment which have not been mentioned. One is a strong tendency to addiction; patients seem to require increasing doses to keep the symptoms under control— which, of course, increases the risk of side reactions. Another danger is that the pituitary-adrenal mechanism may become impaired. Then the organism is less able to cope with additional stress such as surgery, infections or extreme emotional trauma.

Lastly, it is in most cases impossible to discontinue treatment once this has become established without endangering the patient's life.

It seems to me that the successful use of corticosteroids and A.C.T.H. in the treatment of a variety of disease symptoms, and especially those of asthma, as well as the specific reactions of the organism to the presence of excessive amounts of these hormones, may "make a case for Dr. Selye".

TREATMENT

(Cont. from page 3)

the successful use of modern tuberculosis drugs. It is true that any case will show remarkable improvement if the drugs are used properly.

"But I must point out," the doctor says, "that there are many pitfalls in the use of these drugs. Not all of the patients can use them with safety. Close observation is necessary — particularly in the first part of treatment."

It is a very serious thing for the tubercle bacilli to develop resistance to one or more of the drugs. In the majority of cases this can be avoided if the doctor can follow his patients closely in the sanatorium . . . and also make sure he takes his drugs properly, and regularly.

Next comes the question of surgery which has played a dramatic part in the improved outlook of today's tuberculosis patient. Good results with surgery are not haphazard but are dependent very largely on the best possible preparation of the patient for the operation in the sanatorium and the careful decision as to when the operation should be done, Dr. Jenner points out.

Finally, there is another aspect of the problem which does not quickly meet the eye. "Very frequently we find patients come into the sanatorium in a negative frame of mind," he says. "They don't want to have tuberculosis. They don't want to be in the sanatorium, and they don't want to admit that all of this re-organization of their life is necessary.

"Frequently in the beginning they conceal from their physician many of their symptoms. Then, time and time again I have seen these patients gradually relax on the wards, make friends with other patients and look ahead hopefully to the new kind of life they are going to lead.

"It must be very difficult for the home treated case to obtain this necessary reorientation which comes with sanatorium life spent with other people facing similar problems."

The time spent in the sanatorium need not be wasted, the doctor concludes. It provides patients with a wonderful opportunity to increase their educational level . . . and, if they wish, to find more satisfactory jobs in the community when they are well again.

"With a disease of the severity of tuberculosis, with the high danger of relapse if not promptly treated and with the great danger to one's associates if one remains infectious or relapses, it does seem to be the ordinary course of common sense to seek the best treatment available.

"You must come to the sanatorium because that is where your particular case can be best managed so as to put you back to the best possible health.

"Don't settle for the second best. Come to the sanatorium and stay until we send you home."

Bulletin Board

The Sanatorium Board is very grateful to the Lions Club at The Pas who presented a television set to our extended treatment patients at Clearwater Lake Hospital. Joseph Seitner, head of orderlies at the hospital and a member of The Pas Lions, was instrumental in arranging for this very fine gift.

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On May 25 and 26 a group of eleven post-graduate students in orthopedic surgery took part in a special seminar on bone and joint tuberculosis at Manitoba Sanatorium. The program was planned and directed by Dr. W. B. MacKinnon, orthopedic consultant to the Sanatorium, and by Dr. B. S. J. Togono, clinical director in orthopedics at the Manitoba Medical College.

The Saturday session included a clinic on patients with bone and joint disease. The Sunday meeting included a lecture on tuberculosis by Dr. A. L. Paine, medical superintendent of the sanatorium, and a paper on tuberculosis of the spine by Dr. MacKinnon.

It is planned to hold these sessions again next year.

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Among the Sanatorium Board staff members who took part in the 18th Western Canada Hospital Institute, held in Winnipeg May 28 to 31, were A. H. Atkins, manager of the Manitoba Rehabilitation Hospital, who took part in a panel discussion on the purchasing and equipping of a new hospital, and Ted Burke, supervisor of special rehabilitation services, who gave a talk on his department's work among disabled Indians and Eskimos at the special session held for hospital orderlies. As a member of the organization committee, Executive Assistant Edward Dubinsky took an active part in arranging the program.

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Second year students of the Hospital Organization and Management Course at the University of Manitoba toured the Manitoba Rehabilitation Hospital June 7 and heard a lecture by Chief of Medical Services Dr. L. H. Truelove. A Sanatorium Board member who is registered for the two-year course is Rehabilitation Hospital Manager A. H. Atkins.