

News Bulletin

SANATORIUM

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Dauphin Students Will Receive BCG Vaccine



LET'S KEEP THEM ROLLING — Each year about 200,000 Manitoba Residents receive free tuberculin skin tests and/or chest x-rays in TB surveys financed largely by the sale of Christmas Seals. Here the Sanatorium Board's mobile unit stops at Pine Ridge School during an August survey of Springfield Municipality.

A long-range program to wipe out tuberculosis in the Dauphin Health Unit area will begin in mid-October with the administration of BCG vaccine to high school students.

According to Dr. E. L. Ross, medical director of the Sanatorium Board, the vaccine will be given to all students in Grades 9 through 12, who are negative to the tuberculin test (i.e. have no tuberculosis germs in their bodies and thus have had no opportunity to increase their resistance to this infectious disease.)

The Dauphin Health Unit will co-operate fully with the Sanatorium Board in organizing the program. The Sanatorium Board will do all the technical work, which includes administering Mantoux tuberculin skin tests to the students in the Dauphin district before vaccination is begun.

The vaccination program, according to Dr. Ross, is part of an over-all plan by the Sanatorium Board to intensify the anti-tuberculosis program in areas where the incidence of tuberculosis is higher than average. While 86 municipalities and districts in Manitoba reported no new active cases of TB in 1962, there are still many areas in the province which produce several new cases every year.

The Dauphin area has more tuberculosis than elsewhere

in Southern and Central Manitoba, he said. *Eighteen cases were reported from this district during the last year alone.*

BCG vaccine is made from a strain of living bovine tubercle bacilli, which is so weakened that it will not cause disease but will start the body's defences against tuberculosis germs if they invade the body. It does not give absolute or lifetime immunity, Dr. Ross said, but it does give this fairly useful measure of protection — and it can be valuable in reducing the incidence of tuberculosis in certain areas.

For example, he continued, the Medical Research Council in Great Britain has found 80 percent reduction of tuberculosis in adolescent, tuberculin-negative children who have been vaccinated with BCG.

In Dauphin the vaccinations are being offered to teenagers, because it has been found that in people between the ages of 13 and 30 there is a sharp increase in the risk of breaking down with tuberculosis.

In Manitoba, Dr. Ross said, the tuberculin positive rate jumps from 4.49% in the 10 to 14 age group to 13.5% in

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SUMMER SURVEYS

Nearly 15,000 Receive Tests

Between July 1 and August 23, the Sanatorium Board's mobile units rolled through 12 Manitoba municipalities and districts as part of the yearly program to find hidden cases of tuberculosis among the population.

During these mass public surveys, which were financed largely by the yearly sale of Christmas Seals, a total of 14,660 residents lined up for free tuberculin skin tests, and 4,380 received chest x-rays. The tests were administered at approximately 45 different sites.

Municipalities and districts visited by our survey teams included Ethelbert, Mossey, Ochre River, Crawford Park, Strathclair, Shoal Lake, Miniota, Hamiota, Blanshard, Saskatchewan, Armstrong and Springfield. Also screened were 697 workers and residents in the town of Grand Rapids, who received chest x-rays only.

From a case-finding standpoint, it is not yet known how many new cases of tuberculosis have been uncovered by these surveys. But results so far indicate that about 20 percent of the people tested were positive to the tuberculin skin test and required further examination.

By the end of October seven other municipalities in the province will have been screened, bringing the year's total of municipalities and districts surveyed to 23.

One of the largest of these surveys will be held in the town of Selkirk from October 21 to November 5. Other municipalities to be surveyed will be Brokenhead, White-moath, Lac du Bonnet, L.G.D. Alexander, St. Andrews and St. Clements.

Finally, to wind up the year's activities, the Sanatorium Board's testing teams will move onto the University of Manitoba campus to examine all students and the teaching staff.

TB in Manitoba

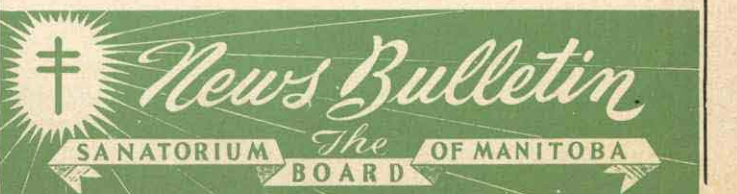
Tuberculosis is still a big costly problem, and there is a long way to go before this disease can be brought under control in our province.

During the past six months, for example, there has been no major change in the tuberculosis situation in Manitoba. New diagnoses of active tuberculosis among the white population have remained about the same as during the first six-month period in 1962 — that is 91 cases this year as compared with 89 cases last year.

Among the Indians new active cases dropped from 44 in the January to June period in 1962 to 34 new cases in the same period this year. But the number of reactivated cases doubled — i.e. from 8 in 1962 to 16 in 1963. Among the white population, re-activations remain about the same — 26 in 1963 as compared with 25 in 1962.

Between January and June of this year 15 people died from tuberculosis. During the first six months of 1962, 17 persons died.

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THE EDITOR, SBM NEWS BULLETIN,
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AROUND OUR INSTITUTIONS

The Aged in Manitoba

Differences between the aged population in Canada and the United States were pointed out in a recent letter from Dr. J. B. Morison, Director of Health Services for the Provincial Health Department.

Commenting on a recent News Bulletin story on "Our Aged Population", Dr. Morison suggests that the article should have been entitled "Their Aged Population."

One big difference from the figures quoted is the ratio of males to females in the over 65 population, he said. "The facts quoted state that there are 120 women for every 100 men at age 65.

"According to the 1961 census, there are only 98 women for every 100 men at age 65 in Manitoba. This figure varies from the American figure by about 23%", Dr. Morison said.

The Bulletin also stated that of all people over 65 years, there are 165 women to every 100 men.

"In Manitoba the figures are less than 97 women to every 100 men . . . and nation-wide figures for Canadians over 65 are only 106 women for every 100 men", he said.

Dr. Morison suggests that these differences are perhaps due in part to the larger number of men who emigrated to Canada, who have now reached the age of 65 or over.

"Many of these men emigrated and never brought their families to this country", he said. "I think this reversal of ratio is a significant factor in health and social planning, as elderly men without families are much more likely to require assistance than elderly women."

Life Expectancy

"I would also like to . . . comment on the estimate that there would be no difficulty in living to 125 years of age," the doctor continued.

"This statement is commonly expressed, but appears to be a somewhat distant goal. The great increase in life expectancy at birth is well known, and the fact that we have increased this by over 30 years since the turn of the century does not mean that people are living longer, but rather that more people are living to old age."

Dr. Morison quoted a recent editorial in the New England Journal of Medicine, which states:

"The progressive increase in 'life expectancy' or average age at death is not due to any material stretching out of the normal life-span of 70 or 80

years, but rather to the improvement in ability to care for infants and for infectious as well as a few other treatable diseases, so that more people each year survive to live out the normal life span."

The Journal later pointed out that "one probable future result of man's success in preserving the unfit, who would normally die early of disease or accident, to an older age will be that actually the life-span will be reduced rather than increased.

"One might surmise that in future . . . the average 'normal' survival age will be rather less than seventy, not one hundred and fifty years."

Informality Rules at Pembine Meeting

For about the 15th year in a row, Dr. E. L. Ross, medical director of the Sanatorium Board, pointed his car southward to Pembine, Wisconsin, to attend an exclusive tri-state conference on respiratory diseases.

Dr. Ross, an honorary member of the group, is the only Canadian to take part in the annual conference, which was held this year from September 6 to 8. Other participants include chest specialists from Minnesota, Michigan and Wisconsin, and about 10 guests from other parts of the U.S.A., who are invited as special speakers.

The conference is held at the Four Season's Club, a private country club tucked away in the Wisconsin backwoods, about 60 miles north of Green Bay. It has been in existence for about 23 years, and has become widely known in medical circles for its complete informality. Papers deal largely with differential diagnosis and the management of respiratory cases, and following their presentation delegates happily take part in a free discussion and exchange of opinions.

According to Dr. Ross, who acts as recording secretary for the group, the discussions are so frank and critical that sometimes "they do not stop much short of throwing dead cats!"

The conference was started originally (in 1940) to combat the great differences in the treatment of tuberculosis. In recent years, however, more and more attention has been given to other chest diseases.

Sports Club Elects Miss E.L.M. Thorpe

Miss E. L. M. Thorpe, nursing consultant for the Sanatorium Board, has been elected president of the Manitoba Rehabilitation Hospital Chapter of the newly formed Manitoba Medical Centre Recreation Club.

Other officers elected at the September 4 meeting were: K. J. Rowsell, vice-president; Miss Frederica Halpenny, secretary; and Gordon Hurley, treasurer. Bill Williamson is past president and Hospital Manager A. H. Atkins is ex-officio member.

The Medical Centre Recreation Club was formed last May in an effort to permit all of the centre's employees to take advantage of the many recreation and sports facilities scattered throughout the area. It is also hoped that by drawing from such a large crowd of members, special projects such as charter flights and excursions can be offered to students and staff.

In addition to the Rehabilitation Hospital Chapter, similar chapters have been formed at the Winnipeg General Hospital, the Children's Hospital, Manitoba Medical College and the Manitoba Cancer Treatment and Research Foundation.

For the price of a one-dollar membership fee, employees have a wealth of sports and recreational activities to choose from. Convening these various activities for the Rehabilitation Hospital are: Bowling, Mrs. Doris Smith; Curling, Mr. Rowsell and Bill Evans; Badminton, Miss Heather Liddell; Volleyball, Miss Carol Kiceluk; Choir, Miss Thorpe and Miss Halpenny; Darts, Rudy Trnka; Gymnastics and Volleyball, David Whitton; Square Dancing, Bill Williamson.

Farewell Parties

While August saw many new additions to our Sanatorium Board staff, it was also a month for saying good-bye to several old members. On August 13, staff members gathered in the lounge of the Manitoba Rehabilitation Hospital to say good-bye to Mrs. Wanda Parker, treatment coordinator, before her departure for Whitehorse.

The following day, the women staff at the rehabilitation hospital and Central Tuberculosis Clinic gathered at the Paddock Restaurant to honor Mrs. Marjorie Boorman, who is soon returning to England. As secretary to the hospital manager, Mrs. Boorman was a valuable asset to our hospital staff, and was a

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Dr. Nermin Tutunji Joins Assiniboine Medical Staff

Among the many new people we welcome to the Sanatorium Board's hospitals this month is Dr. Nermin D. Tutunji who on September 1 joined the medical staff of Assiniboine Hospital in Brandon.



The daughter of a Jordanian physician, Dr. Tutunji was born in Amman, Jordan, and has her B.A. and M.D. degrees from the American University of Beirut, Lebanon. Afterwards she took four years training in general surgery at the American University Hospital in Beirut.

In 1958 Dr. Tutunji arrived in Atlanta, Georgia, to study thoracic surgery under an exchange program at Emory University Hospital. After two years training and two years as an instructor in thoracic surgery, she entered private practice in South Bend, Indiana, in August, 1962. She came to Brandon this month to fulfill the requirements of the Exchange Program, which demands two years practice in another country belonging to the plan.

The petite, dark-eyed young doctor now has her American Board in General Surgery (1960) and her American Board in Thoracic Surgery (1961) and undoubtedly will be a great asset to our medical staff at our Brandon hospital.

* * *

Another new addition to our staff at Assiniboine Hospital is Mrs. Ted (Kathleen) Georgison, who has been appointed assistant laboratory technician. Mrs. Georgison comes from Aberdeen, Scotland, and received her training as a laboratory technician at Rowett Research Laboratory in Aberdeen. She came to Brandon 15 months ago and prior to her present position worked in the laboratory of the Brandon General Hospital. At Assiniboine Mrs. Georgison finds herself in one of the busiest of our Sanatorium Board laboratories. As assistant to Miss Laura Delamater, her work will cover chemistry and hematology as well as general TB bacteriology.

Other recent appointments at Assiniboine include Mrs. Barbara Isabel Cater, general staff nurse, Miss Bonnie Dundee McKenzie, x-ray technician, and Nicholas Bass, electrician. Mrs. Cater is a graduate of Victoria General Hospital in Halifax, N.S., and nursed for two years at the Rehabilitation Centre at Fredericton, N.B.

Miss McKenzie received her training at the Brandon General Hospital and will graduate this November.

We are also very happy to welcome back Miss Janet Fowler, occupational therapist at Assiniboine. Miss Fowler left us six months ago to visit her home in Leek, Staffordshire. During her leave of absence she worked for four months in the Occupational Therapy Department of Devonshire Royal Hospital in Buxton, England.

Rehabilitation Hospital

Dr. Jose Altanero de Castro Vasconcelos joined the resident medical staff of the Manitoba Rehabilitation Hospital last month. Born in Brazil, Dr. Vasconcelos is a graduate of the University of Recife School of Medicine. He trained at Sinai Hospital in Baltimore, the Albert Einstein Medical Centre in Philadelphia and the Good Samaritan Hospital in Cincinnati. In Cincinnati he was also chief resident at Drake Memorial Hospital, and before assuming his present post was a cardiologist at Bankers' Institute in Sao Paulo, Brazil.

In the Occupational Therapy Department we extend a hearty welcome to Mrs. R. D. (Jean) Judy. Mrs. Judy, who was born and raised in Dallas, Texas, has a degree in occupational therapy science from the University of Kansas. She lived in Pakistan for three years (where her husband taught in a Presbyterian Church Mission) and in California for three years, where she was head of the Occupational Therapy Department at Herrick Memorial Hospital in Berkeley.

She and her husband came to Winnipeg from the University of Wisconsin, when Professor Judy was appointed head of the political science department at United College.

Another newcomer to the Occupational Therapy Department is Mrs. Henry (Joan) Crosby. Mrs. Crosby was born in Portland, Oregon and is a 1961 graduate of the Boston School of Occupational Therapy Education. She was formerly director of the Occupational Therapy Unit at the Convalescent Sanatorium in San Antonio, Texas.

New members of the Physiotherapy Department are Miss Karin Bock, Miss Faye

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Pelican Lake Reminiscences

"To sanatorium folk, Pelican Lake is an ever-present presence", wrote Dr. A. L. Paine in 1948. "It is part of everything a sanatorium means to people who have been here. Many — patients and staff — accept its presence unconsciously as part of this tranquil countryside, which with its rather unique beauty helps to bring peace and healing relaxation to over-tired bodies and minds."

"Others, who have a greater awareness of nature, have found hidden treasures of happiness in close observation of water, plant and bird life along its margin or on its surface."

On a warm sunny day this month we paid a visit to our Manitoba Sanatorium at Ninette and, as always, we were enraptured upon catching our first glimpse of Pelican Lake as we rounded the bend into the village. We decided this time to learn all we could about the lake on which our hospital is situated, and accordingly consulted two staff members who over the years have come to know it well.

From Medical Director Dr. E. L. Ross, who served as the sanatorium's second medical superintendent, we learned that Pelican Lake is named after the great water birds who each spring come to the lake for feeding, before continuing their long flight northward. Usually they stay for several weeks, scooping up the

plump, juicy fish into distensible pouches which hang from their long lower bills. Their favourite feeding place, Dr. Ross told us, is the north shore of Pelican Lake where the water is marshy and shallow and makes ideal spawning grounds.

Although the Pelicans stay only a short time, we have learned from previous visits that their arrival in spring is a very big event looked forward to all year by the patients and staff.

The present medical superintendent, Dr. Paine, has been a member of the sanatorium's medical staff since 1933 and over the years he has spent many a blissful hour rambling around the shores of the lake and plying its waters in sailboat and canoe. Fifteen years ago he published a story about these moments for the old Messenger of Health.

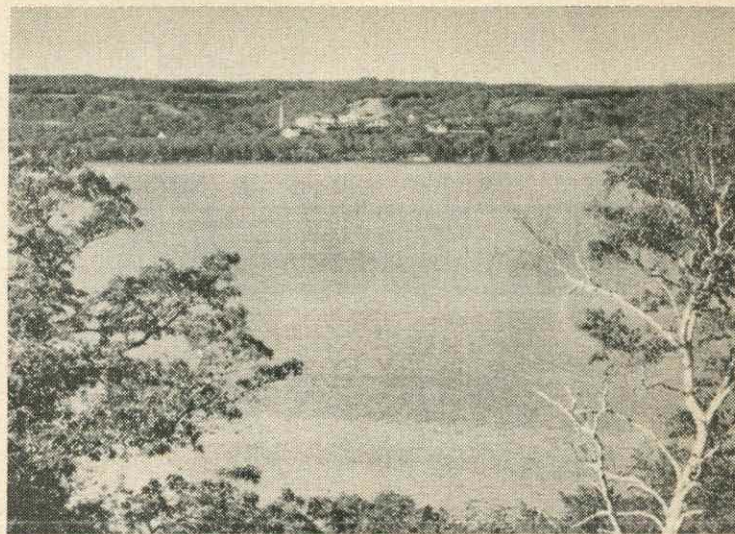
"At one time," he wrote, "the lake was part of a mighty waterway. Now about a mile across and 15 miles long, it pursues a winding course between high cutbanks and is one of a chain of small lakes occupying the Pembina valley.

"Poplars clothe the southern bank, while the ravines running into the northern shore are dotted with scrub oak, many of them very old. Indeed, according to their growth rings some of these trees were saplings when Henry Kelsey made his historic trip from Hudson's Bay in 1690; the first white man to view our western plains with their countless herds of buffalo."

According to Dr. Paine, Pelican Lake was a thriving summer resort at the turn of the century and the village of Ninette, located about three-quarters of a mile from the sanatorium, was at one time the destination of special holiday excursions from Winnipeg.

However, about the time the sanatorium was opened in 1910, the great majority of resort seekers abandoned Pelican Lake for newer and more distant waters, leaving the sanatorium staff to enjoy its pleasures in peace.

Dr. D. A. Stewart, founder and first medical superintendent of Manitoba Sanatorium, was a great lover of nature and during his 27 years at Ninette was a constant student of lake and marsh life. He was



Pelican Lake in the Pembina Valley provides a lovely setting for our sanatorium at Ninette. The wooded hillsides skirting its tranquil waters abound with bird and animal life, and are a naturalist's paradise. (Photo by Dave Portugal)

also an enthusiastic sailor and his boat "The Wavey" was a familiar sight on Pelican Lake.

Ice boating was popular during the early years, said Dr. Paine, and there were great "trials of skill and speed between Dr. Stewart's craft and one built by the Swedish workmen who helped erect the sanatorium's first buildings.

Ice skating has been a favourite pastime in early winter, before the heavy snows, and skiing, tobogganning and snowshoe hikes have all enjoyed their heyday. For the outdoorsman the lake and sur-

rounding countryside abound with bird and animal life. Even now, when the hillside turns to red and gold, the heavy fall sky resounds to the hunter's gun and the excited yelping of the hunter's dog.

But for the visitor from Winnipeg, who has little time to enjoy these sports, Pelican Lake represents a kind of haven — a quiet, shimmering gem in the green-gold hills of southern Manitoba, offering solace and nourishment to city-worn eyes and city-tired minds — enticing us back, again and again.

The Accreditation Certificate — What It Means

B. A. H. ATKINS

In the closing months of 1962 certificates of accreditation were again awarded to our Manitoba Sanatorium, Clearwater Lake and Assiniboine Hospitals by the Canadian Council on Hospital Accreditation. Last July the Roll of Honor was increased by the award of a certificate to the Manitoba Rehabilitation Hospital, following the surveyor's visit and critical evaluation in June and the careful study of his report by the Council as a whole. This recognition of the Sanatorium Board's hospitals is very pleasing and should be a matter of pride to all the staff members of each hospital, for truly they are to be congratulated upon their contribution to a job well done.

What It Means

We have been using the word *accreditation*. What does it mean?

It is suggested that accreditation is the recognition accorded to a hospital that meets the standards established by a competent agency, which considers these standards as the basic conditions under which good quality hospital care can be given to those in need. Such an agency is the Canadian Council on Hospital Accreditation — the one recognized body performing this particular function in Canada, and a body stemming from the ori-

ginal Hospital Standardization Program (1917) of the American College of Surgeons.

There was no precedent in the history of medicine to guide the regents of the American College of Surgeons in setting up their original program 46 years ago. Making use of educational campaigns among hospitals, they blazed a trail over and around opposition who feared interference with personal initiative and liberty. Then in 1950 the College announced its intention to discontinue its hospital standardization program in order to concentrate all its efforts on graduate training for surgery. Accordingly in 1953 the Joint Commission on the Accreditation of Hospitals was brought into being with Canadian representation, and finally in early 1959 an exclusively Canadian program of hospital accreditation was instituted in the form of the Canadian Council on Hospital Accreditation.

Must Ask

A hospital has to ask to be surveyed. It is an impor-

tant concept that the will to attain basic standards is a prerequisite to a survey. For most hospital governing boards, administrators and medical staffs, there are two prime incentives to progress: Improving the standards of medical and hospital care, and gaining the approval of the Council. To many hospitals, high standards and approval are synonymous, or at least inseparable goals, for approval by the Council is a good indication of efficient organization of hospital and medical care.

The process of accreditation entails:

1. Development of standards within the hospital.
2. Inspection of the hospital by a field representative of the Council.
3. The award of a certificate of recognition to hospitals that meet the established standards and suggestions as to how they may improve their services.
4. Periodic re-inspection of accredited hospitals to ascertain whether or not standards have been maintained; also, the re-inspection of institutions that failed accreditation to determine if they now merit accreditation.

Therefore, the immediate purpose of accreditation is to encourage hospitals to review and improve their facilities, policies, procedures and practices by providing a set of minimal standards and drawing attention to deficiencies.

The accreditation program requires that each hospital which qualifies for approval has a modern physical plant; a clearly stated constitution, by-laws, rules and regulations; a carefully selected governing board having supreme authority; a competent chief executive to carry out the governing board's policies; an adequate number of efficient staff; an organized, competent and ethical medical staff; adequate diagnostic and therapeutic facilities; accurate and complete medical records; group conferences of the administrative and medical staffs to review regularly and thoroughly their respective activities; and a humanitarian attitude in which the best care of the patient is always the primary consideration.

No Grading

Point-rating scores are confidential to the hospital and there is no grading of the hospitals other than *full accredi-*

tation, provisional accreditation and not accredited status. No other grading is attempted because yardsticks for measuring the quality of care are not accurate enough to draw so fine a division between hospitals.

Because of this emphasis on a non-grading policy, and because the standards are prepared as *basic*, acceptable standards, the public should not think that the accredited hospital is "superior". The presence of the prized certificate of accreditation on the walls of our hospitals means just this: The hospital renders at least the minimum acceptable patient care. *Yet the fact remains that far too many hospitals in Canada do not display the certificate which rightly demands a continuing high standard of care.*

Gives Assurance

The award of a certificate to a hospital indicates several important accomplishments in terms of patient care. To the patient it gives assurance of medical staff organization, competent personnel and adequate diagnostic and therapeutic facilities.

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Symbol of a Crusade

The double-barred cross, which was adopted more than a half century ago as the international symbol of the crusade against tuberculosis, has actually been in use for many centuries.

Although it is often called the Cross of Lorraine, the double-barred cross of the tuberculosis movement is only closely related to it. The Lorraine Cross dates back to the Patriarchal of Jerusalem Cross, which was carried by the patriarchs of Jerusalem and Constantinople long before the heathen conquest of the Holy Land.

The Patriarchal Cross is distinguished by the addition of a traverse (or horizontal bar) to the upper limb of the Greek Cross. The second bar is half the length of, but the same width as, the main one.

Medieval crusaders familiarized Europe with the double-barred cross as it was seen in these ancient Greek Churches of Asia Minor and Turkey. Godfrey of Bouillon, Duke of Lower Lorraine, whose fame in medieval times rivalled that of King Arthur and Charlemagne, saw the cross in vogue when as a leader of the First Crusade, he captured Jerusalem in 1099. When, following his conquest, he took the title of Advocate of the Holy Sepulchre, he also took the Patriarchal Cross of Jerusalem into his banner.

After the Duke's death in the Holy Land, the double-barred cross became the symbol of the then rising House of Lorraine, who used it in their coat of arms and on their coins in memory of their famous ancestor. It has remained in France as the Lorraine Cross to this day, but it is distinguished from the Patriarchal Cross by having the lower bar nearer the base.

Throughout the years various people and orders have

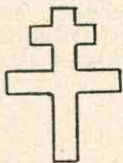
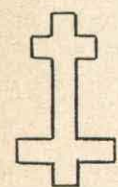
used the Cross of Lorraine as a symbol in the crusade against wrong. In the early fifteenth century Joan of Arc used the Cross of Lorraine in her banner when she fought to drive the English out of France. In 1487 the Cross was again used by a resistance movement in Lorraine who fought against occupation by Charles le Temeraire. Five centuries later General Charles de Gaulle used the Cross as the emblem of the Free French in their resistance against the Germans.

The double-barred cross was adopted as the emblem of the world-wide fight against tuberculosis at the Int'l Conference on Tuberculosis in Berlin in 1902. The proposer of the emblem was Dr. Gilbert Sersiron (Paris) who said:

"The red cross with a double horizontal line, a symbol of peace and brotherly understanding, will take our message to distant corners of the globe. Wear it as your emblem in your daily fight and your journey through the world will become a triumphal march, slowly repelling the invader which decimates our ranks, and wiping away the tears of suffering humanity."

Dr. Sersiron's proposal was adopted without hesitation, and everywhere after that double-barred crosses of all shapes and sizes sprang up as the symbol of the crusade against tuberculosis.

Finally, in 1912 a definite attempt was made to standardize the cross and a committee was appointed to give careful study to the history and artistic merits of numerous designs. In 1913, at the annual meeting of the National Tuberculosis Association, the committee reported in favor of the design which we know so well today.



DAUPHIN BCG PROGRAM — Continued from page 1

the 20 to 24 age group and 23.5% in the 25 to 29 age group. Thus from the ages 15 to 30 there is a period of increasing opportunity for infection, and during this time — particularly in areas where the incidence of tuberculosis is still fairly high — these young persons should have the additional protection afforded by BCG."

Tuberculin skin tests will be given to the students around the middle of next month. Those who have a positive reaction will be eliminated from the vaccination program. Those who are ne-

gative will receive the Mantoux skin test again — this time with 1 mgm of Old Tuberculin, instead of the 1/10 mgm used in the first tests.

If the students are still negative, they will receive BCG by means of the scarification method. Dr. Paul Mari and Miss Rikka Guttormson of the Central Tuberculosis Clinic staff will administer the vaccine.

After about six or eight weeks the tuberculin test will be repeated, and should there be any students who are still negative to the test, they will be re-vaccinated.

ACCREDITATION

(Continued from page 3)

To the physician it gives assurance that patients will benefit from the hospital's services and from the best possible environment conducive to recovery. He will be able to give better care to his patients, advance his knowledge and, by being a member of the medical staff of an approved hospital, improve his professional status.

To the Board of Governors approval means an organized medical staff, with all the benefits and assurances implied by that fact; it means systematic review of the results of patient care and the guarantee that control over the hospital's medical care is not haphazard.

Finally, to the public accreditation gives a sense of security for the proper care of the ill and injured members of the community.

Paints a Picture

Reading the report on a hospital survey is comparable to painting a picture. The

reader cannot assign a value to each standard, add up the score and then compare with a passing mark to see if the hospital should be accredited. Instead, each deficiency may be considered a brush stroke and as the reader notes deficiencies, the artist adds stroke upon stroke to his canvas. Close up, only the individual strokes are discernable, and no picture emerges. But stand back, see the canvas as a whole, and a whole picture comes to light. It has a pattern, color and meaning.

Often the flaws may seem trivial when looked at individually, but when looked at in total, they may give a poor picture. In those circumstances there is something wrong with the hospital.

But if in stepping back we see a pleasing picture, with defects scattered lightly within, the hospital is probably doing a commendable job. It won't be perfect — but was there ever such a hospital?

NEW STAFF

(Continued from page 2)

MacKenzie, Miss Bonnie Weaver and Miss Ruth Anker Jensen.

Miss Bock received her training in Berlin and worked for two years in hospitals and clinics in West Germany before coming to Winnipeg in 1961 where she did private work in physiotherapy for the last two years.

Both Miss McKenzie and Miss Weaver are graduates of the University of Alberta School of Physiotherapy, and worked in the Physiotherapy Department at University Hospital in Saskatchewan before coming to Winnipeg in July.

Danish-born Miss Jensen received her training in Copenhagen and has worked in England and the United States. She took a special course in "proprioceptive neuromuscular facilitation" in Vallejo, California before coming to Winnipeg last month.

Miss Joan Gail Littlewood is the new social worker at the rehabilitation hospital. Miss Littlewood has her B.A. degree from St. John's College and attended the Manitoba School of Social Work. For the past several months she

has worked for the Family Bureau.

As a result of many staff changes at our Winnipeg hospital during the past month a number of new appointments have been made. *Mrs. B. A. McBain*, formerly secretary to the director of nursing, has succeeded *Mrs. Wanda Parker* as treatment co-ordinator, and *Miss Jennifer Jones*, secretary for the physiotherapy department, has been named secretary to the hospital manager. She succeeds *Mrs. Marjorie Boorman*. *Mrs. Bebe Mike*, of Winnipeg and formerly of Trinidad, replaces Miss Jones.

Ninette & Clearwater

After a three years absence, we are happy to welcome back to the medical staff of Manitoba Sanatorium, *Dr. Sheila M. Murphy* of Cork, Ireland. Before returning to Ninette this month Dr. Murphy was medical registrar for Cork County Hospital.

Up at Clearwater Lake Hospital, the Pas, we are pleased to announce the appointment of *Mrs. Olga Chalmers* as day supervisor of the nursing staff.

FAREWELL PARTIES

(Continued from page 2)

chief organizer of many of our social and recreational gatherings.

Last month staff members at Assiniboine Hospital held a party at the Suburban Restaurant in honor of *Mrs. Marion Gilman*, of the laboratory department. *Mrs. Gilman* has left Brandon to take up farming with her husband in

McCreary, Manitoba.

At Manitoba Sanatorium, staff members reluctantly bade farewell to *Miss Esmine Shand* who came to us from Jamaica over a year ago. A very capable girl, who will be greatly missed by the staff, Miss Shand has enrolled for further nursing studies at the University of Toronto.

Bulletin Board

The Sanatorium is happy to announce the appointment of *Dr. F. R. Tucker* as medical director of the Prosthetic and Orthotic Research and Development Unit at the Manitoba Rehabilitation Hospital. *Dr. Tucker*, who is an associate professor in the University of Manitoba Department of Surgery and head of the sub-department of Orthopedic Surgery, is also president of the rehabilitation hospital's medical staff. A graduate of the University of Manitoba, he has his Master of Orthopedic Surgery from Liverpool University, and is a fellow of the Royal College of Surgeons of Edinburgh and Canada.

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A paper entitled "Croupier's Syndrome", the work of *Dr. C. B. Schell* and *Dr. L. Carey* of Clearwater Lake Hospital, will soon appear in the *American Review of Respiratory Diseases*.

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Bursaries, amounting to \$600, have been awarded by the Sanatorium Board to two second year physiotherapy students at the University of Manitoba School of Medical Rehabilitation. The recipients are *Miss Sandra Kay Adams* of Kenora and *Miss Janice Minaker* of Rosser, Manitoba.

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Mrs. I. A. Cruikshank, director of nursing at Assiniboine Hospital in Brandon, will fly to Detroit on September 29 to attend a four-week course on rehabilitation nursing at the Detroit Rehabilitation Institute.

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Wedding bells rang out during the past month for three members of our Sanatorium Board staff. On August 10, *Miss Pat Quinn*, of the Physiotherapy Department at the Manitoba Rehabilitation Hospital, became the bride of *Dennis Morey* of Winnipeg in a ceremony at Knox United Church. *Miss Bente Wellendorf*, also an M.R.H. physiotherapist, was married to *Dr. Bert Marcano*, an interne at the Winnipeg General Hospital on September 7 at St. Ignatius Church in Winnipeg. And on August 31 *Miss Angeliq La Frenier*, a laboratory assistant at Manitoba Sanatorium, exchanged vows with *Ronald Brinkworth* of Glenora at St. Francis Xavier Church.

Our best wishes are extended to *Miss Anthea Wells*, occupational therapy instructor at the School of Medical Rehabilitation, who was married to *Alan Cammel* of Winnipeg. The wedding took place in England in August.