

News Bulletin

SANATORIUM

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Outbreak of TB Discovered at Thicket Portage

The term "localized epidemic" is found time and time again in today's reports of tuberculosis control. Health officials expect small outbreaks, knowing that as the final war is waged on tuberculosis the fight will focus more and more on certain pockets of the population where tuberculosis infection and the potential for active cases is likely to be high — and the time is nearly always ripe for a small explosion.

The Sanatorium Board's Tuberculosis Preventive Services are prepared for these outbreaks and at the first danger signal are ready to send out "the fire engines" to extinguish the blaze before it rages out of control like a small flame in a dry forest.

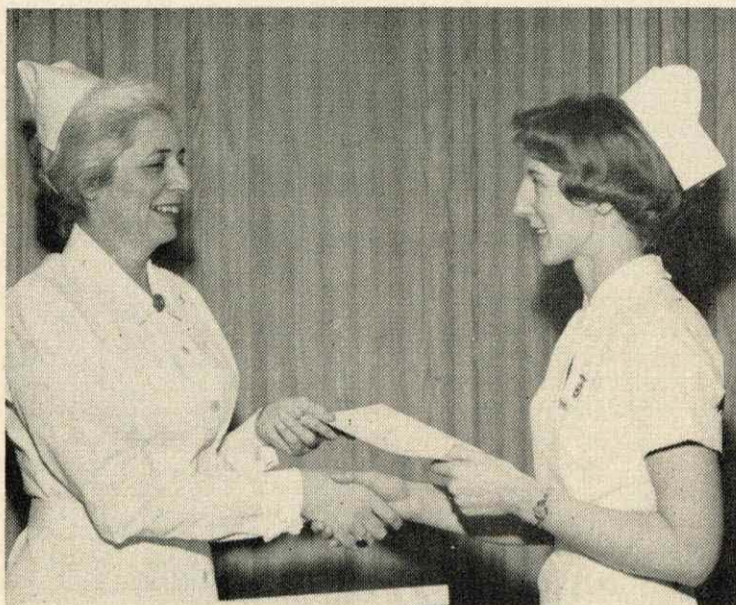
Here then is the story of the most recent skirmish — the Thicket Portage story.

Thicket Portage, on Winter Lake, is a small settlement of some 275 souls, located at Mile 185 on the Hudson Bay Railway. It is a pretty little community in summer, and around the Thicket the trees grow tall and large in sharp contrast to the stunted growth of the wild muskeg regions to the north.

Trapping is the main industry and the people of Thicket Portage are proud that they had the first registered traplines in Manitoba. This was a scheme started in 1940 and designed to rebuild the resources of the North and once again a field of a great industry.

The system proved a great boon to professional trappers and over the years Thicket Portage has thrived happily — until, a few months ago, a dark cloud loomed on the horizon and threatened very existence. The slow killer tuberculosis had found yet another fertile breeding ground.

Thicket Portage has been surveyed regularly by the San-



RECEIVES CERTIFICATE—Miss E. G. Coull, left, director of nursing, presents a certificate in rehabilitation nursing to Mrs. Lilian June Berg, who was one of 19 nurses to take the new course at the Manitoba Rehabilitation Hospital. The 10-week course, started last October, is believed to be the first course in rehabilitation nursing to be offered in Canada. (Photo by David Portigal).

atorium Board's x-ray teams as part of the preventive program for the Hudson Bay Railway Line. But the survey held there last April 25 had a special significance, for less than a week before a man from this area had been admitted to Clearwater Lake Hospital with moderately advanced tuberculosis.

While the Sanatorium Board is hopeful for at least an 80% turn-out to surveys, it has come to expect special difficulties in the north, since at any given time many of the residents may be far away on their traplines or out in their fishing boats. Nevertheless, the teams were disappointed when they returned to the hospital with only 149 x-ray plates. Among these plates there was no alarming news: no new active cases were found.

Life continued quietly at Mile 185 until mid-summer when a young girl from Thompson Manitoba was admitted to Clearwater with active disease. An interview revealed that her previous residence had been at Thicket Portage, and once again the little community drew the doctor's suspicious eyes. The local health unit was advised to investigate immediately all of

the girl's former contacts at Thicket Portage, but again, no new cases turned up.

Then on November 29 the lid blew off the pot. An eight-year-old boy from Thicket Portage entered Clearwater with military tuberculosis. At about the same time another boy was admitted with primary disease.

Right away Chief of Medical Services Dr. S. L. Carey made plans for a second emergency survey and on December 10 an x-ray team from Clearwater Lake Hospital once again moved into the community. This time 245 x-ray films were taken back to the hospital for reading.

Within a few days came the results: 14 cases of active tuberculosis, most of them children with primary disease. All 14 had been x-rayed in the spring and all had been negative.

Arrangements were made for the evacuation of the new patients and within the week the first patients began hospital treatment. The doctors are fairly certain that the source of infection had already been found and that with the admission to hospital of all the

(Cont'd. on page 3)

Nineteen Nurses Complete First Rehabilitation Course

Nineteen graduate nurses have now completed the first formal course in rehabilitation nursing at the Manitoba Rehabilitation Hospital.

In a brief ceremony on December 19, Miss E. G. Coull, director of nursing, presented certificates to: Mrs. Lilian June Berg, Mrs. Audrey E. Bergman, Mrs. Ethel M. Botting, Mrs. Barbara Jane Brower, Mrs. Muriel M. Burr, Miss Helen G. Fast, Georg Feilolter, Mrs. Isabella Findlay, Miss Gladys J. Jamie, Miss Erna Klassen, Mrs. Kathleen C. McCall, Miss Marion G. McGee, Miss Vera Peacock, Mrs. Dorothy Ramsey, Mrs. Doris J. Setter, Mrs. Mary E. Swaffield, Mrs. Rae E. Thomas, Mrs. Petronella M. Torgerson and Miss Agatha Wahl.

Taking part in the ceremony were Hospital Manager A. H. Atkins, who was chairman; Miss E. L. M. Thorpe, Sanatorium Board nursing consultant; Miss M. R. Pemberton-Smith, M. R. H. nursing instructor; Dr. F. R. Tucker, president of the hospital's medical staff; and T. A. J. Cunnings, Sanatorium Board executive director, who was the principal speaker.

The 10-week course, which began October 8, is the first post-graduate course in rehabilitation nursing to be offered

in Manitoba and, so far as it is known, in all of Canada.

Beginning with the general principles of rehabilitation nursing and the basic principles and philosophy of rehabilitation itself, the course covered nearly every aspect of the medical, physical, social and psychological rehabilitation of the sick and disabled. It comprised some 60 hours of formal classroom instruction as well as numerous hours of clinical experience on the wards.

Taking part in the teaching program were the hospital's medical and nursing staff and medical consultants; the physiotherapy, occupational therapy, speech therapy, social service and dietary departments, the Biomechanics Laboratory and the Prosthetic and Orthotic Research and Development Unit; the electromyography department and the various research laboratories.

According to Miss Thorpe, continuous courses in rehabilitation nursing will be offered at the hospital — the next one starting January 28 and finishing March 26. However, during the next year, applicants will be accepted only from Sanatorium Board hospitals.

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AROUND OUR INSTITUTIONS

Parties, Concerts, Carolling Mark Holiday Season

Christmas at our Sanatorium Board Hospitals was beautiful and gay, thanks to the splendid efforts of staff members and community organizations to brighten the holiday for the many patients who had to remain in hospital. As is our custom, we recount the highlights of the festivities in each of our four institutions.

Manitoba Sanatorium

Again at Ninette Christmas was a homey, comfortable affair. Festoons of cedar and tinsel and paper streamers adorned the dining room and assembly hall, and the various pavilions and the infirmary were bright and cheery with decorations fashioned by patients and staff.

The Yuletide began officially on the afternoon of December 24 when staff, patients and carollers gathered around a huge Christmas tree in the assembly hall. From there the carollers followed Santa Claus, Mrs. Santa Claus and their traditional fairy helpers from ward to ward as they greeted and presented gifts to patients too ill to leave their beds.

On Christmas morning Medical Superintendent Dr. A. L. Paine, accompanied by the heads of departments, once more made the rounds of each ward, and later that day staff members, patients and friends sat down to a sumptuous dinner in the dining hall.

An event that is always eagerly looked forward to is the sanatorium's annual Christmas concert which this year was held on the evening of December 30. Patients and staff provided an excellent amateur show which began with Dr. Paine's Christmas address and was followed by a beautifully executed Christmas pageant portraying the birth of Christ. With Miss Gladys Wheatley as narrator, Miss Eleanor Wannop as soloist and Mrs. Paine at the piano, the pageant was presented by: Miss Ethel Halcrow (Mary),

Philip Spence (Joseph), Mrs. Nancy Ballantyne (the angel), Ovide Bondoni, Ramsay Morningstar, Maurice Ducharme and Alex Harris (shepherds), and Geordie Spence, Bouche Pascal and Delbert Amiotte (Wise Men). Student nurses and nurses' assistants comprised the choir which was directed by Mrs. Paine.

Other program highlights included a comic fashion show, Eskimo songs, two songs by Miss Martha Paine, a soldier drill by little Eskimo and Indian boys and an action song by some ten precious little girls dressed as bunnies. Also deserving special mention was the skit performed largely by the nursing staff and poking fun at the sanatorium's nurses' assistants training program — and the "Dutch Santa Claus Feast", written by Miss Erika Simons of the nursing department. With Miss Simons playing the part of the venerable St. Nicholas and Miss Margaret Chau as "his" assistant, Black Peter, the skit honored various staff members with witty ditties and humorous gifts.

Whooping it up in the orchestra throughout the evening were the "Sanatorium Playboys": the distinguished doctors Paine and Leslie Salay as violinist and bass fiddler respectively, David Flett, chief guitar plucker, Bev. Towns, drummer, Toni Hosak, accordionist, and Mrs. Kay Gullet, pianist.

Christmas at Assiniboine

The patients at Assiniboine Hospital in Brandon were visited by many choral groups throughout the Christmas season. They included the Nu Phi Mu Sorority on December 9, the St. Augustine School Crusaders, Crocus Chapter of the Hi-Y and the Salvation Army Band (who also distributed Sunshine Bags) on December 23; a group from Bethel Temple and the Junior Young Peoples of First Presbyterian Church on December 24.

Once again the I. O. D. E. distributed gifts to multiple sclerosis patients and the Christmas Cheer Registry provided presents for those without families.

Throughout the holidays gaily bedecked Christmas trees graced the patients' wards and the Therapy Unit, and the main entrance was decorated with a large wreath of cedar which has been sprayed with gold.



During the Christmas season Santa Claus paid a visit to all of our Sanatorium Board patients. Here he greets a young tuberculosis patient in Winnipeg.

The staff Christmas Party was held on December 6 at Columbian Hall. It was a highly successful affair and the 180 guests enjoyed an evening of dancing to music provided by the Ambassadors. A delicious turkey cold plate was served at midnight.

Mrs. A. Dinsdale convened the party, assisted by members of the Joint Staff Conference Committee who included: Miss Frances Baker, Mrs. B. Cipryk, Mrs. L. Burton, Mrs. Mary Hawkins, Mrs. Violet Ramsden, Mrs. George Van-Mackelbergh, Reginald Mayo and F. Armstrong. Dr. A. H. Povah, chief of medical services, greeted the guests and brought greetings from the Sanatorium Board and the hospital medical staff.

Christmas in Winnipeg

Christmas celebrations at our Winnipeg hospital began on December 23 when staff carollers, accompanied at the piano by Miss Anne Robertson, visited the patients in both the Manitoba Rehabilitation Hospital and the Central TB Clinic.

The following afternoon approximately 200 patients, employees and friends gathered in the hospital auditorium for a Nine Lessons Christmas Service and Festival of Carols.

It was a beautiful service carried out with simplicity and dignity. Lighted tapers and the twinkling lights from a single Christmas tree cast a warm glow over the auditorium, and colorful standards of holly and gilded leaves, fashioned by the Occupational Therapy and Speech Therapy Departments, lined the walls.

The choir, composed of women staff members, was directed by Miss E. L. M. Thorpe and Miss Frederica Halpenny. Soloists were Mrs. I. H. K. Stevens and her son, Barry.

The nine lessons were read by Dr. D. L. Scott, Mrs. Mary Swaffield, A. H. Atkins, Miss Evelyn McGarrol, Dr. L. H. Truelove, Mrs. Joy Huston, A. Caldwell, Miss Joan Edwards and T. A. J. Cunnings.

Santa Visits

Santa also remembered the patients in our Winnipeg hospital and on Christmas Eve he visited all the wards, distributing gifts to everyone who remained in hospital over the holiday.

At this time we would like to mention the many other groups and organizations who contributed gifts to our patients: The Professional Engineers' Wives of Winnipeg, the Zonta Club and the Ladies' Auxiliary to the Associated Canadian Travellers of Winnipeg; the women of Killarney United Church and the students at Killarney High School who contributed money for gifts for patients at Ninette; St. Boniface Inner Wheel who made tray favors for patients at the Manitoba Rehabilitation Hospital and filled stockings for the children; Mrs. W. J. Morgan, wife of our MRH storeskeeper, who also made Christmas stockings for the children; the T. Eaton Company Employees' Welfare Fund which, under the direction of Tom Miller, public relations officer, provided individually wrapped gifts to all the children, under 16 years of age, at Manitoba Sanatorium, the Central TB Clinic and the tuberculosis section of Clearwater Lake Hospital.

Among those who provided Christmas concerts and carol services for our Winnipeg patients were the Manitoba Student Nurses Association, the Inter-School Christian Fellowship and the Sing Along group from Radio Station CJOB.

Family Reunion

Probably the happiest Sanatorium Board patient Christmas was Mrs. Annette Asmus of Dauphin. Mrs. Asmus was badly injured in a car accident earlier this year, has been confined to a bed and wheelchair at the Manitoba Rehabilitation Hospital since August, and during all of this time has had to undergo the additional pain of being separated from her three children who are now living with a sister in Flin Flon. Weeks before Christmas the hospital's nursing and social service departments laid plans for a reunion that will long be remembered by Mrs. Asmus and the staff of this hospital. With the aid of the Canadian Paraplegic Association, who provided transportation costs, the children — Vicky, age 3, and twins Joyce and Valerie, 6 — were brought to Winnipeg for a four day period over the Christmas holidays, and arrangements were made for special daily visits with their mother.

The Sanatorium Board would like to thank everyone who helped make this reunion possible — and in particular we'd like to mention the lovely gesture of a former patient, Valerie Wright, who sent over a beautiful, musical Christmas tree to lend a special brightness and warmth to the occasion.

Clearwater Celebrates

Trees of all shapes and sizes transformed Clearwater Lake Hospital into a glowing fairyland at Christmas. The season began with the arrival of beautifully wrapped gifts each of the patients from the Elks Club in The Pas, and in the days following a number of other groups visited the hospital.

These included the Combined Choral Group from the Pas church choirs who on December 17 sang carols to the patients and distributed gifts. It is also the custom of this choral group to sing to the patients on alternate Tuesday evenings.

On December 20 the Rev. D. Roberts and a committee from the Anglican Young Peoples Association visited patients and brought gifts to all of the children and most of the adults, and on December 22 a group from the Ukrainian Catholic Church, accompanied by Santa Claus and musicians, also visited hospital and distributed presents. Santa jiggled with several patients and part of the proceedings were televised by the CBC.

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**IT'S NOT
TOO LATE —
HELP FIGHT
TB**



**ANSWER YOUR
CHRISTMAS
SEAL LETTER**

TB – Enemy of the Poor



During the past 10 years, 8,600 Eskimos have received treatment for tuberculosis and about \$12,500,000 has been spent on their hospitalization. Many of the patients come from homes like this one at Eskimo Point.



This is the sparsely furnished interior of a better quality house at Eskimo Point. Even here the family lives and sleeps in close quarters.

Christmas Festivities

(Cont. from page 2)

Our warmest thanks are extended to the staff at Clearwater who helped make Christmas a merry occasion for the patients. In particular we note the outstanding contribution of Director of Nursing Miss V. Appleby and her staff who sorted the gifts and made stockings for the patients. These were distributed on Christmas morning by Miss Appleby, Dr. S. L. Carey, Dr. H. M. Hernando, Dr. A. Chornoretz and Hilary Davies, hospital manager.

Among the many organizations who contributed gifts were: St. Andrew's Church, St. Lambert, P.Q.; Lynn Lake United Church; Flin Flon Jolly 13 Club; CFAR Radio Station, Circle "C" Club of St. James Anglican Church and the Royal Purple in Flin Flon; Ich Dien Club, 13th Brownie Pack, Winnipeg; 2nd Winnipeg Land Rangers; First Lynn Lake Girl Guide Company; North Star, L.O.B.A. 530, The ; St. Thomas Catholic Women's League, St. Boniface.

Staff Party

Northwood Recreation Hall Committee organized a party on December 21 for the staff of Clearwater Lake Hospital and the children of the staff at

the Department of Transport, The Pas Airport. A Christmas Dance was held a week earlier at the Airport Club.

On December 31 staff members and their friends welcomed in the New Year at a dance in Northwood Hall.

TB Outbreak

(Continued from page 1)

affected people, a large-scale epidemic has been averted.

Nevertheless a close watch will be kept on the community for many months to come.

Commenting on the situation, Dr. E. L. Ross, Sanatorium Board medical director, pointed out that during the past few years Manitoba has had a number of small TB epidemics. "We have learned to expect such outbreaks," he said, "and so we always try to be on the alert to follow up contacts and look for sources of infection."

"Carrying out a tuberculosis program for a population scattered over a large remote region requires more time, effort and expense than all the tuberculosis work done in the past," he said. "But it can be accomplished if each community lends its whole-hearted support."

"The 82 Eskimo households were crowded into 64 wooden and snow houses scattered along 1,500 yards of gravel ridge, squeezed between the swampy muskeg of the tundra behind and the open sea in front. Forty-seven of the houses were rated

as poor or very poor, only half were fitted with wooden floors and only 24 had dry floors. Everywhere there were leaking roofs, overcrowding, misery and filth . . ."

This was the report of Dr. P. E. Moore, director of medical services for the Department of National Health and Welfare who last year visited Eskimo Point when a serious outbreak of tuberculosis affected nearly one-third of the total population of 329. His report shocked a great many people. But in a way it should not have. This pattern of living conditions repeats itself with dreary monotony in many parts of the north and, indeed, in a good many Canadian cities. Often, a family of six, seven, eight or more squeeze into one or two miserable rooms. And in these rooms — these poor shelters — the tubercle bacillus, oldest and wildest of man's enemies, finds happy hunting grounds.

A vigorous attack waged over the decades has produced dramatic changes in the general tuberculosis picture in Canada. In the year 1900 the tuberculosis death rate was quoted as high as 200 per 100,000 population, and for each death there were 10 or more clinical cases, and well nigh 100 percent infection among the adult population. As late as 1940 in Manitoba a total of 203 whites died of tuberculosis, which is a rate of 28.5 per 100,000 population, and 166 Indians died, a rate of 1140 per 100,000.

In 1962 deaths had dropped to a record low of 2.5 per 100,000 among whites, and what's even more dramatic, to 20 per 100,000 among Indians. Yet, during that same year, new active cases increased by about 20 percent in this province, and it looks like this increase will remain unchanged during the year 1963.

Such news only bears out the fact that tuberculosis is still very much with us, and one even wonders if this ancient disease will, like so many other infectious diseases, defy all our attempts to exterminate it.

Adaptable Germ

The tubercle bacillus is an adaptable germ. Extremely hardy, it thrives nicely in heat and cold and once it has found a human nest, its hard waxy coating enables it to resist the body's efforts to destroy it. With the introduction of modern chemotherapy the germ suffered its greatest setback; yet on many occasions it has been able to out-fox modern medicine by developing a special strain resistant to the major drugs.

No one knows why the germ causes disease in certain people and not in others. And until recently doctors did not even have a clear idea of how it was transmitted. It was believed that dust from dried pulverized sputum was the main vehicle and that this dust contaminated articles such as clothing and books.

We now know that infection is transmitted directly through

the air by droplets nuclei — each droplet nucleus containing probably only one organism. A cough or sneeze causes these droplets to atomize into the air where they evaporate almost immediately, leaving the germs drifting about like so much cigarette smoke.

The Major Targets

Tuberculosis today has become essentially a disease of the so-called unfortunates of our society, with occasional forays into the middle and upper classes. It concentrates in the cities and the towns and the slums or wherever people live closely together. It is found among the people who have been in close contact with active disease, among those with inactive disease, among itinerants, alcoholics and the old. *It is nearly always found among the twenty percent who do not attend tuberculosis surveys.*

To fight tuberculosis, the obvious answer is to raise the standard of living for the poor. But this is too big and costly a job. So instead, agencies like the Sanatorium Board and National Health Services rely on vigorous case-finding surveys, on adequate treatment and follow-up, and on rehabilitation and health education programs.

These, too, are expensive projects, costing the Canadian people some \$40 million annually. In Manitoba alone last year \$157,000 was spent on TB prevention, and treatment cost the provincial and federal government over \$1½ millions.

(Continued on page 4)



"If (these pictures) make you feel a bit queasy," says Dr. P. E. Moore, "believe me when I say that many of us who have worked with these people are sick to our hearts as we see the regular expenditure of thousands of dollars of public money and thousands of hours of dedicated effort with so little result. How can disease be prevented under such living conditions?" (Pictures courtesy of Medical Services Branch, Department of National Health and Welfare).

TB Today

(Continued from page 3)

BCG Program

In the north government health services, with the co-operation of the Sanatorium Board, have dedicated themselves to a program which calls for more intensive surveys and a better standard of living for all racial groups. The BCG vaccination program has been stepped up among Indian and Metis populations.

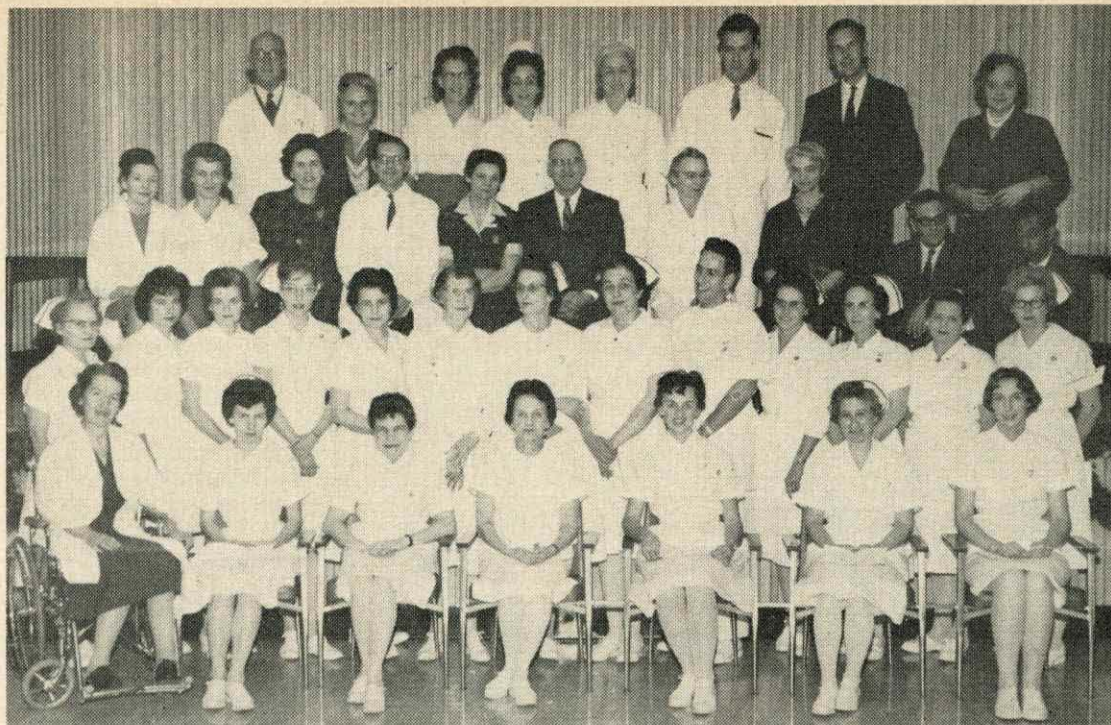
In the south the Sanatorium has also made use of BCG in certain areas where TB concentrates. Last year high school students in the Dauphin Health Unit area received the vaccine (which gives a fairly high degree of protection). This year the Board may extend this program to the town of Selkirk, where TB still takes a high toll.

Eradication is a long, hard job — for one thing is very clear: TB is still smouldering in nearly every Manitoba community, and likely will continue to do so for a great many years to come.

ARTHRITIS IN CANADA

Rheumatic and arthritic diseases rank second only to cardiovascular diseases among the leading causes of disability, according to the Canada Sickness Survey report of 1951. More than one million Canadians are affected in this group of diseases. Almost 300,000 are partially disabled and of these 63,000 are totally disabled. It is estimated that Canadians lose more than nine million working days and \$75 million annually in wages because of arthritic complaints. Almost 70 percent of those disabled are of the working age group.

—Canada's Health and Welfare Bulletin.



REHABILITATION NURSING COURSE — The first class to graduate from the new course in rehabilitation nursing at the Manitoba Rehabilitation Hospital are pictured with some of their lecturers. Back row, left to right: Dr. I. H. K. Stevens, Miss J. Stack-Haydon, Miss Dorothy Prockter, Miss M. R. Pemberton-Smith, nursing instructor, and Miss E. G. Coull, director of nursing, both of whom mapped out the course; Dr. F. D. Baragar, Dr. L. H. Truelove, Sanatorium Board Nursing Consultant Miss E. L. M. Thorpe. Third Row: Miss M. C. Rickards, Miss Joan Edwards, Miss J. M. Forbes, Dr. R. P. Hayter, Mrs. Joy Huston, Dr. F. R. Tucker, Miss Jean Alexander, Miss M. Spence, James Foort, Dr. S. K. Warma. Second row are the graduates: Miss Erna Klassen, Miss M. G. McGee, Mrs. M. M. Burr, Mrs. Audrey Bergman, Mrs. D. G. Ramsey, Miss Vera Peacock, Mrs. P. M. Torgerson, Mrs. K. C. McCall, Georg Feilotter, Miss Agatha Wahl, Mrs. M. E. Swaffield, Mrs. I. Findlay, Mrs. R. E. Thomas. Front Row: Miss Mary Hamilton (lecturer), Miss Helen Fast, Mrs. D. J. Setter, Mrs. E. M. Botting, Mrs. B. J. Brower, Miss G. J. Jamie, Mrs. L. J. Berg. (Photo by David Portigal).

Nearly 200 Attend Rehabilitation Symposium

Some 80 doctors and 112 para-medical personnel attended the Fourth Manitoba Symposium on Rehabilitation and Orthopedic Disabilities in Winnipeg December 13 and 14. Many of the doctors who registered were from other parts of Canada and the United States.

The symposium, now a top medical event in Manitoba, was arranged by the Orthopedic Section of the Manitoba Medical Association and sponsored by several rehabilitation agencies, including the Sanatorium Board.

It provided six outstanding speakers — among them Dr. Kauko Vainio, who is orthopedic surgeon-in-chief of the Rheumatism Foundation Hospital in Heinola, Finland.

Great Problem

In a press interview Dr. Vainio said that arthritis remains a tremendous problem — as challenging to the world as cancer, since it is a disease that attacks all ages and remains a lifetime problem for most victims.

The cause of arthritis is unknown and therefore the cure is not known, he said. For 30 years almost no progress was made in treatment, but during the past few years certain operations have been developed which, although they don't cure the disease, do at least make limbs more useful.

Dr. Vainio is one of the world's leading authorities on arthritis and at his 317-bed hospital more than 1,000 operations are performed each year for patients with rheumatoid arthritis. A great amount of surgery is done with considerable success on the hand and the hip.

Outstanding Lectures

Also taking part in the lectures and discussions on arthritis was Dr. Currier McEwen, professor of medicine and chairman of the Rheumatic Diseases Study Group at New York University, who recently represented the field of rheumatology on a scientific exchange mission to the U.S.S.R.

An outstanding paper on bone tumors was presented by Dr. Ernest Aegerter, Director of Pathology at Temple University in Philadelphia, and Dr. Lewis P. Rowland, associate professor of neurology at Columbia University, discussed muscle dystrophy and related diseases.

Dr. Preston Wade, professor of clinical surgery at Cornell University and chief of the Combined Fracture Service at New York Hospital for Special Surgery, talked about the prevention of automobile accidents. Dr. Cameron B. Hall, Los Angeles orthopedic surgeon, lectured on congenital amputations.

An orthopedic consultant to the Child Amputee Prosthetics Project and the Prosthetic Education Project (the adult counterpart) at the University of California, he was one of the two U.S. orthopedic surgeons to take part in a colloquium on congenital malformations at The Hague last September.

The future of the prosthetics field, he said, lies in improved (but not necessarily more complicated) devices, in better means of powering these devices and in their earlier application to children.

* * *

JANUARY IS NAMED for the Roman god Janus. With his two faces he could look before or behind, which made him the right god to preside over doors and gates. Janitors owe their name to Janus.



GROUP NUMBER FOUR of the Manitoba Rehabilitation Hospital Nurses' Assistants and Nursing Orderlies Training Program received their graduation certificates in a ceremony in the hospital auditorium on December 18. A. H. Atkins, hospital manager, was chairman and speakers were T. A. J. Cunnings, S.B.M. executive director, and Miss E. L. M. Thorpe, nursing consultant. Pictured left to right: Back row — Mrs. M. M. Burr, acting clinical instructor, Frank Pelletier, Eric Raedcher, Gerald Miller and Miss M. R. Pemberton-Smith, nursing instructor. Front row — Miss Hilda Beardy, Miss Nellie Robinson and Mrs. Mary Ann McMunn, valedictorian. (Photo by David Portigal).

Bulletin Board

The Sanatorium Board extends a warm welcome to Dr. Earl Samuel Hershfield who this month joined our Central Tuberculosis Clinic staff as part-time physician. Dr. Hershfield is a 1958 graduate of the University of Manitoba School of Medicine and has studied chest diseases for three years at the Mayo Clinic and in New York.

We also announce the transfer of Dr. Alexander Philip Chornomoretz to the medical staff at Manitoba Sanatorium. A graduate of the State University at Vinnitza, The Ukraine, Dr. Chornomoretz was a resident physician at C. water Lake Hospital since November, 1956. His wife Ada served on the nursing staff during that time.

New additions to the Manitoba Rehabilitation Hospital staff are Miss Eleanor Gavlar RN, a 1960 graduate of Misericordia Hospital School of Nursing, and Miss Wendy Horrick, Miss Wendy Halliday, Miss Pat Campbell and Miss Margaret Hartlen, all 1963 graduates in physiotherapy from the School of Medical Rehabilitation.

Also in the Physiotherapy Department, Miss Dorothy Prockter has been named assistant chief physiotherapist. She succeeds Jane Watson who this month joined the physiotherapy staff at Misericordia Hospital.

* * *

The Civics Bureau of the Winnipeg Chamber of Commerce visited the Manitoba Rehabilitation Hospital on January 10. Following lunch in the staff dining lounge, the 35 visitors were conducted on a guided tour through the hospital.

* * *

On January 9 and 10 the Manitoba Rehabilitation Hospital also had pleasure in welcoming guests from British Columbia. The visitors included Dr. Brock Fahrni, professor and head of the University of British Columbia School of Rehabilitation Medicine; W. A. Fraser, medical consultant to the B.C. Hospital Insurance Plan; Mr. J. Bainbridge of the B.C. Hospital Insurance Plan staff, Dr. George Elliott, assistant deputy minister of health.