



News Bulletin

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Begin Program of Home Treatment for TB Patients

The Sanatorium Board of Manitoba and the Manitoba Department of Health have undertaken a joint project this month to provide home treatment for a selected group of non-infectious tuberculosis patients at Thicket Portage.

Thicket Portage, located in unorganized territory 183 miles northeast of The Pas, was the scene last winter of one of Manitoba's worst tuberculosis outbreaks in recent years. Over a period of six months, 28 patients were admitted to sanatorium from this small community of 275 people. And up until this month 25 were still in hospital with disease ranging from the far advanced stage to the primary stage.

The Sanatorium Board's plan is to discharge 16 of the not-so-ill, non-infectious patients to complete drug treatment at home under supervision.

The decision for this action is based on modern medical opinion that, after initial care in sanatorium, a growing period of home treatment for certain medically selected groups can be just as effective as continued sanatorium treatment, provided that patients take their drugs in sufficient doses for a long enough period of time.

Experiments conducted elsewhere have shown that closely supervised home treatment offers many distinct advantages.

First, it drastically reduces the cost of tuberculosis treatment. To treat a patient in hospital, for example, costs anything from 10 to 20 times as much as treating a patient at home.

By shortening the length of hospital stay from over one year to several months, there is not the complete disruption of a normal life. While still taking their drugs, men are able to resume employment, young children



Premier Duff Roblin was among the first of over 170,000 Manitobans to receive the new 1964 Christmas Seals, which this year depict nativity scenes and Canadian winter activities against a rich, gold background. —Photo by David Portigal & Co.

can be with their parents, and boys and girls can continue normal schooling — all without danger to themselves, their families or community.

It has been found that very often the best way to indoctrinate a patient about the importance of taking drugs regularly is to treat him in the bosom of his family and to indoctrinate the whole family. The failure of tuberculosis patients to adhere faithfully to the approximate two-year period of drug treatment has been a great problem in the past, even when many of these patients have spent a year of treatment and indoctrination in sanatorium. In certain circumstances it is now felt that by treating the patient in the home, the whole family learns about the importance of continuing chemotherapy and can offer their support.

To make sure that the Thicket Portage patients do

take their drugs for the required period of time, a Thicket Portage resident, who is a lay drug dispenser for the provincial Department of Health, has been engaged to administer the daily doses.

To make sure that the patients get adequate medical follow-up, Miss M. Betts, public health nurse working under the direction of Dr. A. Scott, acting director of the Northern Health Unit at The Pas, will visit each patient at least once a month.

Every three months Clearwater Lake Hospital staff under the direction of Chief of Medical Services Dr. S.L. Carey, will provide complete physical and x-ray examinations.

If successful, this co-operative venture at Thicket Portage could have a profound effect on the length of hospital stay for many other tu-

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LAUNCH 1964 CAMPAIGN

The Unmatched Power of the Christmas Seal

On a Christmas Eve some 60 years ago, a big, benevolent Danish postman thought of a unique scheme whereby men and women of goodwill could band together to combat a vicious disease. The target was tuberculosis, at that time the Number One killer of mankind; the plan, to rouse up people against the disease through an annual sale of special Christmas stamps.

The people of Denmark liked Einar Holboell's idea. So did millions of others around the world, and before long the bright, cheery Christmas Seal, with its famous double-barred cross, became an international symbol of more effective tuberculosis control measures and better community health.

In countries such as Canada, progress against tuberculosis has been dramatic. But even yet much needs to be done — and this month, as the Sanatorium Board embarks on their 54th annual anti-tuberculosis crusade, it is well to emphasize again the vital work Christmas Seals still do.

Ever since the first Christmas Seals went on sale in this province, a primary object of the campaign has been education. The fight against tuberculosis can be won only through the widest

possible enlightenment of the general public, and there can be no doubt that many lives have been saved by intensive education at Christmas Seal time. Every year the people are reminded to get regular TB check-ups, every year they are asked to guard their own and the community's health. The public learns about the dangers of tuberculosis; they learn, for example, that:

Tuberculosis is not an easy disease to control. Despite the fact that deaths from tuberculosis have fallen sharply, the number of new admissions to sanatorium have not declined over the past few years. Last year 286 new active cases were uncovered in Manitoba, a 20 per cent increase over the number reported in 1961.

People of all ages can and do get tuberculosis. Today in Canada there are about four million people with tuberculosis germs in their bodies. About 200,000 of them have actually been

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Six Noted Doctors Lecture At Rehabilitation Symposium

A doctor who discovered a new way to treat fractures, a radiologist who was the first to bring world attention to the "Battered Baby Syndrome", and an expert on hand surgery will be among six distinguished lecturers at the fifth annual Manitoba Symposium on Rehabilitation and Orthopaedic Disabilities in Winnipeg on November 20 and 21.

The symposium, which annually attracts some 150 physicians and surgeons from all parts of Canada, is arranged by the Orthopaedic Section of the Manitoba Medical Association as a means of improving standards of patient care. It is sponsored by the Sanatorium Board of Manitoba and the Manitoba divisions of the Canadian Arthritis and Rheumatism Society, the Workmen's Compensation Board and the Society for Crippled Children and Adults. It will be held at the Manitoba Rehabilitation Hospital and the University of Manitoba Medical College.

The six guest doctors who will be giving lectures and taking part in this year's clinical sessions are:

Prof. Dr. Gerhard Kuentscher, medical director of Harbour-Hospital in Hamburg, Germany. Dr. Kuentscher, whose special interest is bone surgery, will speak on "The Practical Uses of the Kuentscher Nail". This method of intermedullary nailing was developed by Dr. Kuentscher for the treatment of fractures during the last war and was first practiced on the German military. It involves the use of a metal nail to hold fractured bone pieces together. As a result, moving and weight-bearing is possible a couple of days after the introduction of the nail without any need for plaster casts, external splints or any after-treatment.

A former professor of surgery at the University of Kiel (1942 to 1958) and winner of a special award from the International Society of Surgeons, Dr. Kuentscher is also the inventor of the intermedullary osteotome, an instrument which cuts the bone from the inside so that all kinds of bone operations, including shortening and lengthening, may be performed by only a very small incision.

Dr. Frederick N. Silverman, director of the Division of Roentgenology at Children's Hospital, Cincinnati, and professor of pediatrics and of radiology, University of Cincinnati College of Medicine, will speak on "Unrecognized Trauma".

Of special interest are Dr. Silverman's investigations into the physical abuse of children. Now a member of the Board of Directors of the Children's Protective Service Inc. (Ohio Humane Society), Dr. Silverman was the first to discover the "Battered Child Syndrome" in x-ray plates and to get people interested in his findings.

Dr. L. D. Howard, Jr., a San Francisco surgeon noted for his work in plastic and reconstructive surgery, will give a lecture on "Fractures of the Bone and Hand".

For 20 years Dr. Howard was associated with the late Dr. Sterling Bunnell, a San Francisco surgeon who revolutionized surgery of the hand, and during five years in the United States military service, he spent over a year at a Hand Centre at Wakeana. Today he is a member and past president of the renowned American Society of Surgery of the Hand and is consultant in hand surgery for the U. S. Navy at Oak Knoll in Oakland, California, the U. S. Army at Letterman's General Hospital, San Francisco, and the U. S. Public Health Service in San Francisco.

Dr. John H. Moe, clinical professor and director of the Orthopaedic Surgery Division of the University of Minnesota Medical School and chief of staff of Gillette State Hospital For Crippled Children, St. Paul, will speak on the "Non-operative Treatment of Scoliosis." And *Dr. Walter P. Blount* of Milwaukee will talk about the "Use of the Milwaukee Brace in Scoliosis". Dr. Blount is professor and head of the Department of Orthopaedic Surgery at Marquette University School of Medicine, is a past president of the American Academy of Orthopaedic Surgeons, and is presently vice-president of the International Society of Orthopaedic Surgery and Traumatology.

The fifth topic on the symposium program will be "New Findings of the Pathogenesis of Rheumatoid Arthritis". The lecture will be delivered by *Dr. Joseph L. Hollander*, professor of medicine, Hospital of the University of Pennsylvania, and one of the world's leading authorities on arthritis.

Appoint Pharmacist, Rehab. Co-ordinator

A warm welcome is extended to Theodore Sims who on October 1 assumed the position of Director of Pharmacy Services for the Sanatorium Board of Manitoba.

A 1959 graduate in pharmacy from the University of Manitoba, Mr. Sims comes to his new job with fine experience in his field. For the past year he has been assistant chief pharmacist at Winnipeg Municipal Hospitals and for nearly five years prior to that he was engaged in industrial pharmacy as a medical services representative with the Hoechst Pharmaceutical Company in Vancouver and later for three years with the A. H. Robins Company in Winnipeg.

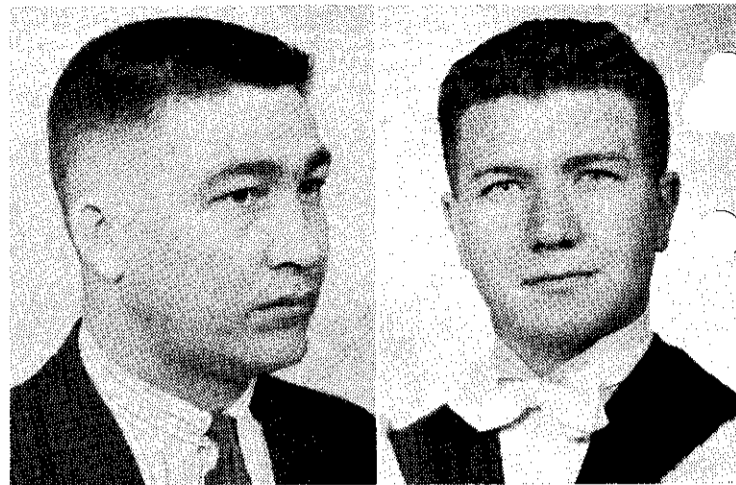
It is interesting to note that prior to his interest in pharmacy, Mr. Sims was an outstanding hockey player. Born in Winnipeg he played minor league hockey in this city in the forties, then graduated immediately to senior hockey in 1948 when he played overseas with an all-Canadian team. In France the team played for the Racing Club of Paris (a professional athletic club who wished to revive hockey interest in the country) and later they put on exhibition games in Switzerland, Czechoslovakia and England.

In the years following Mr. Sims also played hockey with the Nottingham Panthers in England, with the Troy Bruins in Ohio, the Pacific Coast Hockey League in Vancouver and the Okanagan Senior Hockey League. At the University of Manitoba in 1957 and 1958 he captained the Varsity Bisons and was named centre in the Inter-collegiate All-Stars team.

Mr. Sims began his five-year training in pharmacy as an apprentice in Vancouver because, as he pointed out, there comes a time in every hockey player's life when his skills wear down and he needs to think of doing something else. "I also wanted to make a contribution to society other than just entertainment," he said.

Just for fun, however, Mr. Sims still plays hockey every Sunday morning with other "retired" players.

Married to another pharmacy graduate of the University of Manitoba (his wife Geraldine was formerly employed at St. Boniface Hospital) and the father of an 11-month-old boy, Mr. Sims also maintains a keen interest in community affairs and during the summer of 1958 he served as recreational director of the Cres-



RODERICK MCKENZIE

THEODORE SIMS

centwood Community Club. He has a certificate in the one-year course offered at the University of Manitoba by the Canadian Association for Health, Physical Education and Recreation.

* * *

The Sanatorium Board is happy to announce the appointment of *Roderick McKenzie* as Co-ordinator of Rehabilitation and Social Services at Manitoba Sanatorium, Ninette.

Mr. McKenzie is stepping into a newly created post at Ninette this month. He will be concerned with all matters relating to rehabilitation and the re-establishment of discharged tuberculosis patients, and will work under the supervision of Edward Locke, supervisor of special rehabilitation services for the Sanatorium Board.

Mr. McKenzie, who was born at Lac La Ronge, Saskatchewan, has past experience in counselling. He was boys' supervisor at Indian Residential Schools at Dauphin and in Northern Alberta and, while furthering his own education, he operated a boarding school for Sanatorium Board rehabilitants in Winnipeg.

Prior to assuming his new post he was employed at the Manitoba Rehabilitation Hospital as an operating room technician. He was also an operating room technician at the Dauphin and Swan River General Hospitals.

The Ninette program, which Mr. McKenzie will guide in close collaboration with the medical staff and other members of the Sanatorium's senior staff, will be aimed at preparing patients for discharge as soon as they are admitted to hospital. It will include counselling with individuals and groups, the development of social adjustment through planned study and recreation activities and the establishment of a patients' council.

The coordinator will make field visits to the patients' homes and he will work closely with other agencies such as the National Employment Service, the Indian Affairs Department and welfare services.

* * *

Two more nurses from India have arrived in Manitoba to assume posts as general staff nurses at Clearwater Lake Hospital. They are *Miss Mary Varghese*, who recently completed training in general nursing and midwifery at Lady Harding Hospital, New Delhi, and *Miss P. Hymavathy*, who is a general nursing graduate of Safdarjang Hospital, New Delhi, and who also holds her midwifery certificate.

Dr. Young Wook Kim, *Dr. Joseph Wong* and *Dr. Jela Ahdiyyih* are the new residents at the Manitoba Rehabilitation Hospital. Dr. Kim studied medicine at Seoul National University in Korea and Dr. Wong is a graduate of South China Medical College, Hong Kong. Both were resident internes at the Grey Nuns Hospital in Regina.

Dr. Ahdiyyih, who is trained at the Swedish Hospital in Minneapolis, took his medical training at the University of Tehran, Iran. He spent one year of post-graduate study at this university, has ten years experience as a general practitioner and served for three years with the Ministry of Health, Tunisia.

Other recent additions to our staff at the Manitoba Rehabilitation Hospital are *Miss Carole Joanne Kinnon*, general staff nurse, and *Miss Marjorie Copeland*, licensed practical nurse.

Three recent graduates from the Brandon General Hospital School of Nursing have joined the general nursing staff at Assiniboine Hospital. They are *Miss Jeraldine Vivian Zmetana*, *Miss Linda M. Gibson*, and *Miss Paulette L. Mikalchuk*.

Sanatorium Board Will Conduct TB Survey in Central Winnipeg

For the first time in its history, the Sanatorium Board of Manitoba will attempt a comprehensive TB skin test and chest x-ray survey in one of the most densely populated parts of Winnipeg. The survey will take place next spring and involves some 14,600 residents in the central Winnipeg district bounded on the west by Sherbrook street, on the south by Notre Dame avenue, on the north by the C.P.R. line and on the east by the Red river.

According to the Board's publicity office, this section of Winnipeg has had a higher incidence of tuberculosis than any other part of Southern Manitoba. During the past three years 31 new active cases have been uncovered—17 of them during the last year.

Epidemics Should Be A Warning

Over the last five years five of Canada's ten provinces have had "small" epidemics of tuberculosis. By "small" we mean they did not involve the number of people who broke down with TB in any year before World War II. The epidemic did not look "small" to the people involved. The most recent one reported centred about Holy Cross School, London, Ontario, which has a

TB IN THE U.S.

A total of 610,000 people in the United States are estimated to have tuberculosis or to be in special danger of contracting it, according to Dr. James E. Perkins, managing director of the National Tuberculosis Association.

This number, he said, includes known active cases on health department registers, cases that have become inactive within the past five years but under adverse conditions might become active again, and contacts of newly reported cases.

"Such facts, together with the fact of a 12 percent increase in New York City last year, should shake us out of any complacency in which we might want to indulge.

Recent figures for the country as a whole indicate a decline in the tuberculosis case rate during the past year, he said. More than 54,000 new cases were recorded in 1963, compared with 53,000 the previous year.

The total number of active cases at the end of 1963 was more than 100,000.

The survey, another project made possible by the annual sale of Christmas Seals, will begin in March with the administration of free tuberculin skin tests to all school children and to all employees of industries in the area.

During the month of May the residential section will be provided with free chest x-rays. This will be done on a block-by-block plan. A house-to-house canvass will be conducted and two mobile x-ray units will stand by to offer examinations on the same day.

The Winnipeg Medical Society and the Manitoba Medical Association have endorsed the project, and Dr. Roper Cadham, medical health officer of the City of Winnipeg, has assured the close collaboration of his department.

student population of 350. Thirteen children were admitted to sanatorium, seven more children and one teacher are receiving drugs on an out-patient basis.

The parents, school authorities and the health department don't feel this is a "small" affair.

It is true that the doctors, public health nurses and hospital nurses can say very reassuring things to the parents. Treatment today is such that with any reasonable luck all those children will recover their health — but there will be a threat hanging over them. On the law of averages some of them will break down again some time in the future. Should any of them develop diabetes, for example, they have a built-in ally for the disease. If they get 'flu (and who doesn't?) then there seems to be a more-than-average risk of a flare-up.

In the years when it is just natural that they would want to be on rugby, hockey or track teams they will have to be making periodic trips to the clinic for a check-up. Probably entrance to high school will have to be delayed a year for some of them.

Children are not born with tuberculosis. These children were infected by an adult or adults — and this in a city where free diagnosis was and is readily available.

Someone old enough to know better has been very negligent and other people are going to be paying up for a long time.

Canada to Help Ceylon Develop TB Association

A cheque for \$15,000 to help develop two district voluntary tuberculosis associations in Ceylon was presented by the Canadian Tuberculosis Association last September to the Mutual Assistance Program of the International Union Against Tuberculosis.

Dr. E. M. Found, of Newfoundland, president of the CTA, presented the money at the annual meeting of the Union in Paris. Also present for the occasion were Dr. C. W. L. Jeanes, CTA executive secretary, Dr. Roland Guy, president of the Quebec Provincial Committee for the Prevention of Tuberculosis, and F. D. Beauchamp, president of the Ontario Tuberculosis Association.

Financing the Ceylon project is Canada's second major contribution to the IUAT's Mutual Assistance Program. A \$17,000 cheque was also recently provided by the CTA to construct a tuberculosis treatment centre in the Ivory Coast.

Canada first became interested in developing a voluntary tuberculosis association in Ceylon following a visit there two years ago by E. J. O'Brien, executive director of the Ontario Tuberculosis Association.

Ceylon, he noted, is one of many developing countries with a tremendous tuberculosis problem. Out of a population of some 10 million, there are at least 10,000 new cases diagnosed yearly.

He suggested that the Canadian Tuberculosis Association, with some 50 years of valuable experience in voluntary health work, could help to ease the tuberculosis situation in Ceylon by assisting her to organize provincial tuberculosis associations which, in turn, would organize local groups to administer and supervise a chemotherapy program in villages and rural areas and to establish preventive programs, such as B.C.G. vaccination of infants.

"The voluntary association," he reported, "has an extremely important role to play here until such time as the official agency can provide essential public health service.

"Adequate . . . services in Ceylon could produce a miracle in five years and would be a shining example of what a world-wide voluntary organization can accomplish in a developing country's public health program."

Prosthetic Researchers Hold Winnipeg Meeting

Representatives from prosthetic and orthotic research and development centres in central and eastern Canada met in Winnipeg November 14 to review activities of their units and exchange technical data.

Attending the one-day meeting at the Manitoba Rehabilitation Hospital were some 12 research engineers and medical directors of units in Winnipeg, Montreal, Toronto and Fredericton, N.B., as well as Dr. O. Hoffman, chief of medical rehabilitation for the Department of National Health and Welfare, Ottawa, Provincial Minister of Health C. H. Witney and the deputy minister, Dr. M. R. Elliott.

The program was divided into 45-minute lecture and demonstration periods followed by discussions. James Foort, C.E., technical director of the Biomechanics Laboratory at the Manitoba Rehabilitation Hospital, concentrated his talk on some recent developments in lower limb prosthetics. Of particular interest is the work here on an artificial limb which will have component parts that are both adjustable and replaceable. These include artificial limbs for children which permit lengthening of the shank and thigh segments as the child grows.

Professor R. N. Scott, associate professor of electrical engineering at the University of New Brunswick and president of the Technical Assistance and Research Group for Physical Rehabilitation, Fredericton, talked about recent research in muscle electrical control of prosthetic and orthotic appliances. The New Brunswick centre recently received a \$25,000 research grant from the Department of National Health and Welfare to study the possibilities of using minute voltages generated in human muscles to control artificial limbs and braces.

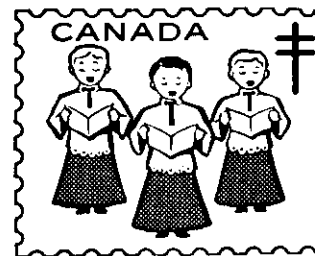
From prosthetics research engineer Colin McLaurin of Toronto, and C. Corriveau, consultant in prosthetics at the Montreal Rehabilitation Institute, the group learned about recent efforts in developing upper limb appliances. The Prosthetics Department at the Montreal Institute, for example, has recently purchased a license to work with a new Russian artificial arm which is actuated by the wearer's own nerve impulses.

As a result of the Winnipeg meeting, engineers and doctors will be able to plan and co-ordinate further research in the prosthetic and orthotic field. In all aspects of their work, the engineers point out, the aim is to develop equipment which will not only replace as much lost function as possible but which will also be as simple and comfortable as possible.

The three prosthetic and orthotic units in Montreal, Toronto and Winnipeg were established by the federal and provincial governments as a direct result of the thalidomide problem. However, although helping thalidomide victims is a major concern of the units, their activities are also aimed at improving the standards of all prosthetic and orthotic care in Canada.

At each centre the skills of engineering and medicine are brought together, with biomechanical and chemical engineers working closely with the orthopaedic surgeon and other medical specialists to develop and assess new appliances and techniques. TARGPR in Fredericton, for example, was formed in 1962 by persons in industry, government, medicine and the University of New Brunswick.

**USE
CHRISTMAS
SEALS**



Fight TB

AROUND OUR INSTITUTIONS

Rehabilitants Tour City

On a brisk morning in late October the CPR transcontinental flyer whistled into Winnipeg and let off 17 neatly dressed Indian men and women. As they filed shyly onto the platform, their faces shone with anticipation--for, fresh from Manitoba's wilderness reserves and, more recently, from the Sanatorium Board's special Rehabilitation Unit at Brandon, most of them had never seen the "big city" before, and the whirlwind visit they were about to make promised many exciting "firsts".

With rehabilitation supervisor Ted Locke, and his assistant, Roger Butterfield, as guides, the group was taken on a carefully arranged 12-hour tour designed to show them how people in the city live and work. All intended to make a new life for themselves in "southern white" society -- and all had been admitted to the Brandon Unit to prepare just for that, through an intensive, three-month course of counselling, schooling and prevocational and social training.

The tour of Winnipeg is now a standard part of the unit's program, and on this particular day it included everything from an introduction to our parliamentary form of government to dinner at a fine restaurant and a visit to the International Airport where the rehabilitants had their first good look at a jet-liner and were treated to such thrills as a ride on the escalator. None of the group had seen escalators before, but they had heard about them and looked forward to trying them out. And try them out they did -- backwards and forwards, many times. One lame girl, who had struggled all day to keep up with her fast-moving friends, managed to make it up the airport stairway six times in order to ride down the escalator six times.

To get some knowledge of training and employment opportunities in Canadian cities, the group spent a happy hour observing and talking to students and instructors at the Manitoba Institute of Technology. And to understand working conditions and the demands, responsibilities and rewards of holding a job, they toured the business offices of the Manitoba Telephone System. The complexity and tempo of the work here impressed, but did not frighten, the students. Said one Indian girl, watching an employee handle a complicated array of forms: "This sort of work wouldn't be bad at all. Once

you learned how to do it, it wouldn't be so hard - and how the time would fly!"

Until now, time probably hadn't been a very important factor in the lives of these young men and women. On the reserves in Manitoba's bushlands, life usually passes slowly and one lives only from day to day, filling in the hours with trapping or fishing, helping out around the home or just plain loafing. There is little encouragement and sometimes little opportunity to get a good education (the average schooling of this group, for example, ranged from illiteracy to Grade 9)--and it is not until the boys and girls leave the reserve that they discover what life really has to offer.

It is difficult to assess immediately the results of the unit's tours to Winnipeg, said Ted Locke. Possibly the group returned to Brandon a little bewildered by all they had seen.

"But while we know better than to over-estimate our rehabilitants, we have also learned never to underestimate their ability to adapt to the goals and behavior of others.

"And at least when we counsel them about such things as auto mechanics or practical nursing, they will now have an idea of what we are talking about."

Hallowe'en Parties

Hallowe'en is a great "fun night" for young and old -- and most of our Sanatorium Board hospitals took advantage of the ancient festival to hold special parties. At Clearwater Lake Hospital and the Manitoba Rehabilitation Hospital the staff recreation clubs arranged dinner-dances for staff members and their relatives and friends, while out at Manitoba Sanatorium, Ninette, the Hallowe'en festivities followed a traditional pattern, with both patients and staff joining in the merriment.

The Hallowe'en masquerade at Ninette was held early this year, on October 29. It began with a grand procession through the infirmary (so that patients who could not attend could see the costumes) and ended with dancing, contests and a luncheon in the decorated Assembly Hall. Music for the dance was provided by the sanatorium orchestra under the direction of Medical Superintendent Dr. A. L. Paine.

Prizes for the best costumes were awarded as



A procession through the infirmary followed by dancing and contests in the main assembly hall were the highlights of Hallowe'en at Manitoba Sanatorium. These little boys turned out for the big event in red soldier outfits.

—Photo by Bill Amos

follows: "Ladies" Fancy, Baptist Bendoni as "Grandmother"; "Men's" Fancy, Miss Gladys Drader as a "Russian"; "Ladies" Comic, Johnathan Amaslak as a "Primitive Native"; Men's Comic, Robert Baker, a clown; Fancy Couples, Mavis Catcheway and Joyce Edwards as a princess and prince; Comic Couples, Miss Margaret Hermanson and Miss Valerie Eggleton as vaudeville entertainers; Fancy Group, Winnifred Smith, Lillian Toporowski and Levia Pawlikewich as "Mice"; Comic Group, Dawn Livingstone, Elsie Detkavich, June Rittaler and Ellen McFarlane as the "Beverley Hillbillies".

The Hallowe'en smorgasbord and dance held at the Highwayman Inn in Winnipeg on October 31 was also an optional masquerade and a number of our staff members did show up in costume.

After an evening of dancing to Len Mark's orchestra, prizes for the best costumes were awarded. Mr. and Mrs. Norman Inman, who came to the party as Zulu warriors, easily walked off with the prize for the most original dress, while Al Blizzard and John Bradley, who dressed as a devil and a monk respectively, won the prizes for the funniest costume. Mr. and Mrs. Ira Drysdale, as Beverley Hillbillies, were awarded the couple's prize.

Community Club Elects Committees

The Community Club at Manitoba Sanatorium held their annual meeting and election of committee members on November 2. Elected to office were:

Administration Committee: Dr. A. L. Paine, chairman; Nick Kilburg, treasurer; William Amos, activities

CHRISTMAS SEALS

(Continued from page 1)

ill with the disease. An estimated 200,000 more will likely develop the disease in their lifetime.

The future challenge, therefore, lies in preventing transmission of the germ, and this is where Christmas Seals have their second important job. Christmas Seals provide the funds for the province-wide search for early tuberculosis. The case-finding methods include mobile tuberculin and x-ray surveys, stationary tuberculosis clinics, travelling clinics to follow up former tuberculosis patients, and hospital admission x-rays.

Every year in Manitoba over 200,000 people receive free examinations through these Sanatorium Board services.

The annual Christmas Seal Sale is one of the oldest, most effective health campaigns ever devised: for not only does each buyer of Christmas Seals become a volunteer in the fight, but he also shares in the rewards of better health for himself, his family and his community.

THICKET PORTAGE

(Continued from page 1)

tuberculosis patients in this province.

It will also mean that, more than ever before, other health and welfare agencies and the community itself will be deeply involved in the fight against tuberculosis.

representative; and Miss Gladys Wheatley, secretary.

Recreation Committee: Terry O'Brien and Henry Enns.

Bowling Committee: Terry O'Brien, E. Harrison and Miss Gladys Drader.

Social Committee: Henry Enns, Brian Humeston and Miss Astrid Paulson.

Bulletin Board

The Sanatorium Board acknowledges the gifts this month of two wheelchairs and a walker for the use of patients at the Manitoba Rehabilitation Hospital. Our warmest thanks are extended to the Ladies Auxiliary of the Associated Canadian Travellers, Winnipeg Club, for the gift of one new wheelchair; to William Norrie of Winnipeg who donated the other wheelchair and the walker.

The Manitoba Rehabilitation Hospital also expresses appreciation for other donations made during the past months. These include gifts of money from the Point Douglas Social Club, the Winkler 4-H Club, the Humpty Dumpty Club, Winnipeg, the Army, Navy and Air Force Veterans' Auxiliary and Mr. R. G. Roberts.

* * *

The Rev. G. M. Joannis, pastor of Holy Rosary church, and the Rev. F. J. McKay, of the United Church of Canada, were formally installed Roman Catholic and Protestant chaplains of the Manitoba Medical Centre at a special service October 25 in the auditorium of the Manitoba Rehabilitation Hospital.

The induction service which was open to public, was conducted jointly by the Rt. Rev. O. J. McInerney, Vicar General of the Winnipeg Roman Catholic Diocese and the Rev. Grant Smith, chairman of the Winnipeg Presbytery of the United Church. Among those present were hospital board presidents and representatives of each of the hospitals making up the Medical Centre complex.

* * *

James Foort, technical director of the M.R.H. Biomechanics Laboratory flew to Hollywood Beach, Fla., to attend a workshop on the fitting of lower extremity prosthetics November 4 to 6.

* * *

Among the party who recently toured our facilities for tuberculosis and extended treatment at Clearwater Lake Hospital on November 6, were Manitoba Minister of Health C. H. Witney and deputy Minister, Dr. M.R. Elliott. They were accompanied by T. A. J. Cummings, executive director of the Sanatorium Board.