



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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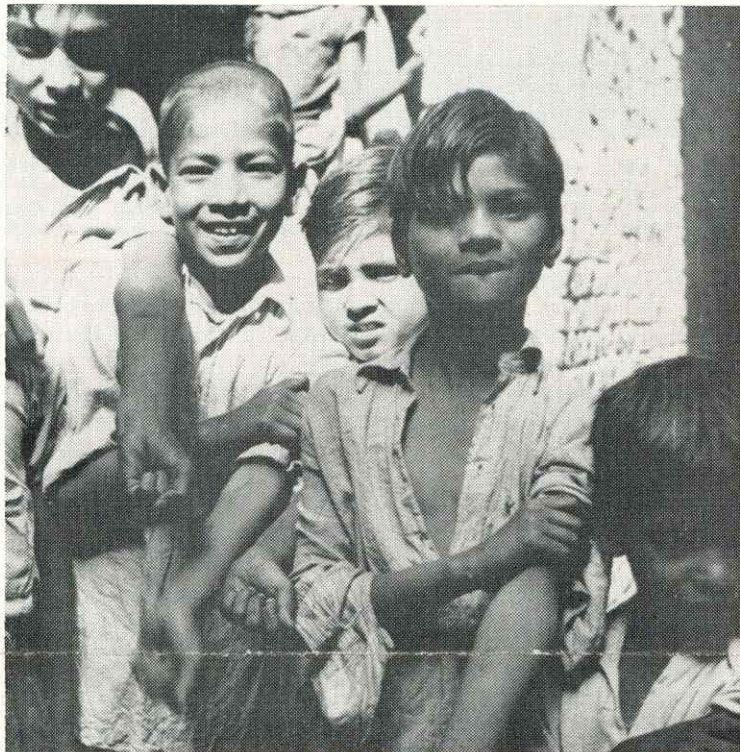
Christmas Seal Returns Are Highest Ever

Manitoba's 1963-64 Christmas Seal Campaign has set a history-making high with a return of \$182,287.31. This is an increase of \$6,696 (nearly 4%) over the amount raised in the 1962 campaign, reports Christmas Seal Supervisor Miss Mary Gray — and about \$1,200 more than the previous record return in the 1958 campaign.

For the Sanatorium Board it was like celebrating Christmas all over again when the final figures were added up on March 2. Our heartiest thanks are extended to the thousands of Manitobans who helped make the Christmas Seal campaign a wonderful success. Through their contributions they have made it possible for the Sanatorium Board to continue a year-round, province-wide program of tuberculosis prevention.

In particular we'd like to thank the some 500 volunteers who gave over 2,000 hours of their time to help with the campaign preparations. The groups who helped out included the Ladies Auxiliary to the Associated Canadian Travellers of Winnipeg, the Inner Wheel of Winnipeg, West Winnipeg and St. Boniface; P.E.O. Sisterhood, Chapter D; Calvary Temple Mission Circle; Professional Engineers' Wives of Winnipeg; Junior B'nai B'rith; women's curling groups and business girls from various Winnipeg firms.

The Sanatorium Board is also grateful to the press, radio and television stations in Manitoba who again gave such free space and time to publicize the campaign. We are indebted, too, to the clubs and church groups in the province who raised Christmas Seal money as a special project.



In India, where tuberculosis is a tremendous health problem, a group of Delhi school children proudly show off their tuberculin reactions. In the underdeveloped countries up to 70 percent of the children may be infected with TB before they reach the age of 14.

Need World-wide Support

World Health Day, observed each year on April 7, marks the 16th anniversary of the coming into force of the constitution of the World Health Organization. Its purpose, however, is not one of celebration or propaganda for WHO. Its object is to call world attention to one main problem of public health and to stimulate action in a field where, it is felt, full advantage has not been taken of the existing facilities and resources.

Such is the case with tuberculosis in the world today, said Dr. M. G. Candau, director-general of WHO. Although it is true that there has been a spectacular decline in tuberculosis deaths in nearly all economically developed countries, the number of tuberculosis sufferers has not declined nearly as rapidly.

"In the world as a whole, it can be estimated that between two and three million new cases still occur each year.

"In the less-developed areas of the world, morbid-

ity statistics are not so reliable, but special surveys have indicated that in some areas one person in every hundred may suffer from infectious tuberculosis," he said. "Even more serious, up to 70 percent of children may be infected before they reach the age of 14."

Dr. Candau noted that there may be as many as three million infectious cases of tuberculosis in India alone. In Latin America there are 600,000 known cases of active tuberculosis and probably 1,800,000 undeclared ones.

WHO's Expert Committee on tuberculosis has laid down a criterion by which a country can judge its progress towards the conquest of tuberculosis. Tuberculosis, it stated, cannot be considered to be eliminated as a public health problem unless the number of children who become infected before the age of 14 fall below one percent.

"Not a single country today satisfies this condition," Dr. Candau said. "Yet for the

"No Truce for TB" — Theme For '64 World Health Day

- Over 3,000,000 deaths annually.
- Around 3,000,000 new cases a year.
- More than 15,000,000 victims.
- Possibly 2,000,000,000 infected—more than half the world's population.

These figures spell tuberculosis around the globe — and they explain why the World Health Organization has chosen tuberculosis as the subject of World Health Day, April 7.

Under the slogan "No Truce for Tuberculosis", WHO will be joined in their anti-tuberculosis crusade by the 60-year-old International Union Against Tuberculosis and voluntary tuberculosis associations everywhere. The objective is to call attention to this disease as a tremendous, yet preventable, public health problem, and to mobilize the world's forces against it.

According to WHO, tuberculosis — on a world-wide basis — is second only to malaria as a cause of death among infectious diseases. In developing countries, which lack adequate medical systems and organized effort aimed at control, tuberculosis is rapidly becoming Public Enemy Number One.

Even in advanced countries, where the incidence has declined considerably over the past 50 years, the war

against tuberculosis is far from over. During the past year in Manitoba 286 people became ill with tuberculosis for the first time. Across the country nearly 7,000 new active cases are reported yearly.

World-wide effort against tuberculosis is a duty and a necessity because tuberculosis is a contagious disease which is not restrained by any frontiers. The battle ahead promises to be a long, hard one — but tuberculosis can be defeated if everybody takes a hand.

Here in Manitoba we can start in this most practical way to guard our homes and ourselves against TB:

— Have tuberculin skin tests to find out whether or not there is TB infection.

— If the test is positive have a chest x-ray to learn if treatment is needed or not.

— Accept treatment if it is necessary and follow the doctor's orders.

— Support your tuberculosis association and the world-wide crusade against tuberculosis.

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News Bulletin

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A Tremendous Problem

"If I were a poor man in Asia today and had tuberculosis, my morale would be lower than a duck's belly," wrote Sam Keeny in the first issue of the International Union Against Tuberculosis magazine "T".

"If I were living in city I would expect to have to go to a crowded centre, where I should have to fight my way among perhaps 1,000 others like me, losing a day's wages while waiting my turn. If I saw a doctor at all, it would be probably only for a minute or two . . ."

"If I lived in the country, I should probably never see a doctor at all, let alone an X-ray . . ."

In Asia . . . in Africa . . . in South America . . . tuberculosis is still a dreadful scourge. If in wealthy countries great gains have been made in the anti-tuberculosis campaign, in the developing parts of the world the fight has only just begun. And those who are dedicated to controlling the disease in these areas face the same handicaps everywhere: Poverty, hunger and overcrowding, a lack of trained personnel, of beds, drugs and doctors. Here, for example, are some of the situations:

India — In India, where millions of people live on an annual income of about \$70 per year, tuberculosis kills one person each minute of every day in the year. It is estimated that some five million are suffering from tuberculosis.

To treat an Indian patient in hospital costs from 10 to 20 times as much as treating him at home — that is to say, if you admit a patient to hospital for three or four weeks, it is equivalent to giving that patient good treatment at home for a whole year. In India alone, if it were decided to hospitalize all the infectious cases only, the number of beds required would be about 1,000,000 as against a total of 26,500 available.

Algeria — Disease is taking a dreadful toll among the underdeveloped population of this new nation. Out of 30 people applying for health benefits, 20 are tuberculosis cases. Prior to 1954 over 1,450,000 people had been immunized. Then the clang of arms replaced efforts to fight against the disease. The wretched living conditions of most Algerians, who usually live five to six in a single room, steps up infection. In the border zones, hundreds of thousands of refugees have no other shelter but tiny dugouts made of tin sheets or planks.

Africa — In every country in Africa tuberculosis ranks with malaria and malnutrition as a main cause of illness and death. The services for the sick are often ridiculously inadequate in relation to a country's needs. For example, one African country with a population of over three million has only 150 beds for TB.

Estimates of the tuberculosis situation in other countries on this continent are as follows: Kenya — 110,000 definite or suspect cases of pulmonary tuberculosis in a population of six million Africans; Congo (Leopoldville) — approximately 100,000 of a population of 13 million have tuberculosis; Nigeria — 70,000 to 100,000 TB cases, of whom only 6,000 are undergoing treatment.

Korea — It is estimated that approximately two percent of the 22 million people have tuberculosis in an active form. This means that about 440,000 require treatment.

"There are probably not more than 4,000 beds for tuberculosis patients in the whole country," said the Director of the Korean Church World Service Project, who found that the only practical solution was treatment on an out-patient basis, providing not only drugs, vitamins and free X-rays, but also food, clothing, fuel and in some cases cash, in order that the patient might obtain maximum benefit from treatment.

Singapore — According to a 1960 survey, one in 27 persons over 14 years of age has active tuberculosis. The incidence rises to as many as one in 20 persons in the most densely populated parts of Singapore city.

Eastern Mediterranean — In the Eastern Mediterranean Region the prevalence of tuberculosis is quite low in the 0 - 4 age group, the age when the child is still confined to the home, says a WHO report. The moment he emerges into the outside world, mainly to school, infection takes place very rapidly. From one, or a maximum of six, per 100 children infected before extra-household contact, there will be as many as 50 per 100 infected by the time they leave school at 15 years. Of these a certain number will be ill already, and those who are not ill remain potential cases at a later age.

In the Americas — Rates per 100,000 population of reported cases of tuberculosis in the countries of the Americas in 1960 varied from 27.3 in Cuba to 358.2 in El Salvador. Eight out of 20 countries reported rates of over 100 per 100,000 population.

M.R.H. Volunteers Furnish Ward



A \$1,600 cheque, which will be used to furnish a four-bed ward at the Manitoba Rehabilitation Hospital, was presented this month to Hospital Manager Arthur Atkins by Mrs. J. G. Speirs, a member of the hospital's volunteer service. Witnessing the presentation in Room 614 are left to right: Mrs. W. E. Barnard, director of volunteers, Mrs. C. Jeffery, Mrs. V. Marius and patient Miss Eileen Ateah. (Photo by David Portigal.)

The Sanatorium Board extends warmest thanks to the Volunteer Service of the Manitoba Rehabilitation Hospital who this month presented a \$1,600 cheque to furnish a four-bed ward on the hospital's sixth floor.

The formal presentation of the cheque to Hospital Manager A. H. Atkins on March 3 marked the completion of a major objective set by the volunteer organization when they began work 18 months ago under the direction of Mrs. W. E. Barnard.

The next goals, says Mrs. Barnard, proudly eyeing the special volunteers' plaque outside Room 614, will probably be the complete furnishing of two other wards on the fourth and fifth floors.

During the past year the volunteers have contributed 9,346 hours of free time to the rehabilitation hospital. Their many services include the operation of a gift shop, a patients' library, a beauty salon and barber shop, maintaining an inquiry desk for visitors, conducting hospital tours, and helping with the

work in the Christmas Seal offices, the occupational therapy and speech therapy departments, evening gym classes and the cafeteria and business offices.

The money for furnishing the patients' ward was raised chiefly during the past few months in the hospital gift shop and at a Christmas candle fair. Other money raised in the shop has been used to equip and maintain a beauty salon and barber shop.

When accepting the cheque on the hospital's behalf, Mr. Atkins commended the 160 volunteers for their outstanding contribution to the welfare of the patients and the work of the staff, and extended personal thanks to each of the groups who make up the M.R.H. Volunteer Service.

NEED SUPPORT

(Continued from page 1)

first time in man's history we now possess effective weapons with which to fight tuberculosis.

"This is why the theme for World Health Day this year is 'No Truce for Tuberculosis'."

Anti-tuberculosis weapons are both powerful and relatively cheap, but they must be properly used, he continued. "If BCG vaccination is to serve its purpose fully, it must be given to a high proportion of young people before they are exposed to any serious risk of infection.

"Drug treatment can succeed in reducing the tuberculosis problem only if the majority of infectious cases are detected before they spread the disease, and if those under treatment actually take their pills."

According to the director-general, the discrepancy between what could be achieved with the knowledge and tools available today and what is actually being done is both a national and international challenge.

Bodies like the World Health Organization and the International Union Against Tuberculosis are ready to face the challenge, but the main effort must come from within the countries themselves, he said.

"It is the duty of every national health service to take advantage of all possibilities and join in a worldwide drive to conquer this scourge which continues to kill millions each year and is a drag on economic progress by weakening and immobilizing tens of millions."

These include: Ladies Auxiliary to the Associated Canadian Travellers of Winnipeg; the Pi Beta Phi Society; the Inner Wheel of Winnipeg; Boniface and West Winnipeg Ladies Curling Clubs, Hurty Dumpty Club, Grade 7 and 11 students of Miles Macdonell High School and numerous individuals who have volunteered their services on their own.

Ninette Curlers Host Competition

Sunday, February 23, was a memorable day for some 18 Sanatorium Board curlers who met for a special competition at Ninette. This was the first time that such a match has been held between our Sanatorium Board hotels and the staff at Manitoba Sanatorium. The participants are to be congratulated for arranging a highly successful event.

Taking part in two matches were rinks from: Assiniboia Hospital, Brandon, composed of: Carl Christianson, Joe Higgins, Chuck Polnik and George Lennox, with Jim "Beatle-wig" Yarmy coach, general manager as spare.

Manitoba Sanatorium office Winnipeg, comprising: Ed Dubinsky, Bill Evans, Jim Zayshley and Bob Marks.

Manitoba Sanatorium, composed of: Wendell Bradford (who later entertained the curlers at his home), Ed Page, Bill Amos, Charles Stinton, Russ Stinton, Gordon Stinton, Lloyd Lamb and Willard Struth, with Jim "Stick" Kilburg as spare.

The curlers will not declare a winner until reciprocal matches are held in Winnipeg and Brandon. Plans for the return visits are already underway.

Staff Notes Community Testing Program Opens with Flin Flon Survey

During the past month the staff of the Central Tuberculosis Clinic said farewell to two highly esteemed members, Mrs. Anne Arguin and Ernie Zemianski. In honor of Mrs. Arguin, a licensed practical nurse at the clinic for 12 years, the nursing and office staff held a party February 27 at the Town and Country. A special presentation was made.

Ernie Zemianski, who this month takes a new post as x-ray technician at the Medical Arts Building, was honored by the staff on March 13. He served for three years at Clearwater Lake Hospital before coming to our Winnipeg clinic in September, 1959.

* * *

Our very best wishes are extended to Bob Wilson, of the Sanatorium Board, and his new bride, the former Dale Morton of the School of Medical Rehabilitation secretarial staff. They were married at Norwood United Church on February 29.

* * *

An attractive arrangement of cupid and heart cut-outs formed the background for a St. Valentine's Dance for patients and staff at Manitoba Sanatorium last month. The evening featured dance music by the sanatorium orchestra and a delectable lunch.

* * *

The Sanatorium Board warmly welcomes Miss Pamela J. Dodd to the nursing staff at Thicket Portage. Miss Dodd, who formerly served as a trained nurse with the British Army, drove up to Manitoba last month from Galveston, Texas, where she had nursed since 1952.

Other recent additions to the staff include: Miss Winnifred J. Smith, licensed practical nurse at Manitoba Sanatorium; Miss Janet A. Young, licensed practical nurse with Tuberculin Surveys; and Mrs. Lorraine J. Hill, X-ray technician, Central TB Clinic.

* * *

Fondest wishes for many years of happiness and health are extended to Surtis Anderson who this month retired from his post in the Housekeeping Department at Assiniboine Hospital. In honor of Mr. Anderson, who has served the hospital faithfully since April 1949, a special dinner was held for him and his wife in the hospital staff lounge by the other members of the Housekeeping Department. Mr. Anderson received a gift and his wife a corsage.

The Sanatorium Board's 1964 community skin testing and x-ray program opened on March 3 with a full-scale survey of Flin Flon and the neighboring town of Creighton, Sask.

The survey was formally opened at Willowvale School by Mayor J. R. Conner who urged all citizens to take the simple precautions to protect themselves and their families from this infectious disease.

"Tuberculosis causes more needless suffering and family financial worry and hardship than any other germ-spread disease," he said. "And it is needless, because the means are available for tuberculosis to be . . . wiped out as a serious problem."

Sanatorium Board Surveys Officer Jim Zayshley pointed out that the towns of Flin Flon and Creighton have given splendid support to the campaign against tuberculosis. During the last survey held in 1960 about 90% of the population turned out for the free tests, he said.

A great deal of credit must be given to the town council who provided the survey team with an office, a telephone and a secretary, and to the Flin Flon Graduate Nurses' Association who undertook the co-ordination of all the work necessary.

Under the chairmanship of Miss Carol McKenzie, the towns were divided into 20 zones with a member of the Graduate Nurses' Association acting as a Zone Leader. Other groups in the community, including 45 members of

the Business and Professional Women's Club, carried out a house-to-house canvass and addressed the appointment cards.

The Sanatorium Board also extends its thanks to Stan Kamienski, who is serving as publicity chairman, to Mrs. M. McGarry, survey secretary, and to the Flin Flon newspaper and radio station who have done an outstanding job of publicizing the campaign.

The Flin Flon survey will wind up on March 23, and from there the testing teams will proceed to Cranberry Portage and The Pas. Towards the middle of April the Board's portable x-ray machine will be taken to Sherridon, Wanless and Thicket Portage.

Industrial Surveys

In Winnipeg tuberculosis examinations of Eaton's employees and nursing home patients and staff have been completed. A total of 2,292 persons were x-rayed in the nursing homes, the Surveys Office reports. At the T. Eaton Company Ltd., 3,909 employees lined up for tuberculin skin tests and of these 1,190 or 30% were positive. Chest x-rays were given to 1,358 employees, and one case of active tuberculosis was uncovered.

Meanwhile the Winnipeg testing teams are continuing their industrial surveys of a number of Winnipeg firms. On March 23 they will move into Camp Shilo to conduct a tuberculin and x-ray survey there.

DR. CAREY REPORTS:

TB Outbreaks in the North

Despite our highly developed case finding, treatment and education programs tuberculosis remains a persistent threat to the health of Canadians. This fact is clearly demonstrated in the tuberculosis explosions described in the 1963 annual report of Dr. Stuart L. Carey, chief of medical services at Clearwater Lake Hospital.

"The year 1963 will long be remembered at our hospital as the year of the Eskimo Point epidemic," he wrote.

"Infectious fevers and viral diseases swept through this small northern community during the summer and winter of 1962 and the debilitating effects lowered resistance to the tubercle bacilli with devastating results.

"Spread of disease within households was catastrophic and led to the admission of entire family groups," he said. "It is almost unbelievable that this the 19th annual report from Clearwater should contain details of epidemics, as for more than a decade the most thorough preventive measures and case finding programs have been conducted throughout the Arctic."

Dr. Carey related that for almost 12 months the hospital staff worked at top speed, sorting, assessing and treating the 100 patients arising from this one outbreak alone. New cases, numbering 82, represented 25% of the Eskimo Point population, he said.

Those most adversely affected were the young. Altogether 55% of the children at Eskimo Point were admitted to hospital. Among these were 44 cases of primary disease, and of the remaining 15

children, six had far advanced disease.

However, rapid evacuation of patients from Eskimo Point resulted in a low death rate. Only one patient died in hospital.

Thicket Portage

Before the year end, a second epidemic of major proportion was also reported at Thicket Portage, a small community of 200 people, situated in unorganized territory along the Hudson Bay Railway Line.

Over a period of ten years, the Sanatorium Board's x-ray teams had visited the Thicket regularly, and it appeared that tuberculosis was no longer a problem, Dr. Carey said. Then during the spring of 1963, two active cases — both residents of Thicket Portage, but employed elsewhere — were admitted to hospital with far advanced bacillary disease.

Despite the fact that an X-ray survey was held in Thicket Portage within a month after these two admissions, it wasn't until sometime later that three other cases were discovered. These emerged from the community's three-room schoolhouse. All were bacillary, and one was acutely ill with far advanced military disease.

A re-survey in December unearthed 25 active cases, all requiring Sanatorium treatment, Dr. Carey reported. The original source of infection was admitted at this time, with six other members of the family.

South Indian Lake

During the same month a man employed as a beer waiter consulted a doctor, complaining of severe headache and loss of weight. He was promptly admitted to Clearwater Hospital where his case was diagnosed as military tuberculosis complicated by meningitis.

Further, as a result of his admission, the Indian Reserve at South Indian Lake was surveyed, and four advanced open bacillary cases of tuberculosis were found.

All-Out Crusade

The discovery of these outbreaks will lead to an all-out crusade against tuberculosis in these areas during the next two years, Dr. Carey promised.

"National statistics show a reduction in tuberculosis mortality and morbidity during the past few years. But it is obvious from this report that this is hardly the time for relaxation or complacency.

"The 332 admissions to Clearwater Lake Hospital last year were the most numerous since 1958."



Pictured here are the Sanatorium Board curlers who took part in a special bonspiel at Manitoba Sanatorium last month. Back row, left to right, are: Bill Page, Charles Stinton, Lloyd Lamb, Chuck Polnik, Gordon Stinton, George Lennox, Bob Marks, Ed Dubinsky, Wendell Bradford and Carl Christianson. Front row: Russell Stinton, Williard Struth, Joe Yaromy, John Higgins, Jim Zayshley and Bill Evans. (Photo by Bill Amos.)

The People Against TB in Manitoba

This month, as we observe the World Health Day theme, "No Truce for Tuberculosis", the News Bulletin honors the many men and women who, with a vision of better health for the people of Manitoba, have devoted their lives to the crusade against tuberculosis in this province.

Leafing through old issues of the Messenger of Health and the News Bulletin, a great number of names leap to the eye and we'd like to mention as many as possible.

First, of course, there were the 24 prominent Winnipeg citizens who sixty years ago banded together to launch the first anti-tuberculosis campaign in Manitoba. With *Dr. R. M. Simpson* as chairman and *Dr. Gordon Bell* and *Mr. E. L. Drewry* as very active members, they formed the Sanatorium Board of Manitoba and set as their first goals the building of a sanatorium on Pelican Lake and the education of the public regarding this dread disease.

Tremendous Problem

Tuberculosis was a formidable problem in those early years. The provincial death rate was vaguely estimated to be anywhere from 100 to 200 deaths per 100,000 population; indeed, one early report cites 23 deaths from this disease in three neighboring farmhouses over a period of 21 years.

So there was much work to do when *Dr. David A. Stewart* opened the tiny sanatorium at Ninette . . . but accomplish it he did with great gusto, despite a tremendous shortage of cash, facilities and staff. Under the inspired leadership of this famous physician and scholar, Manitoba Sanatorium soon began to enjoy wide renown for its pioneering efforts in TB control. New buildings sprouted up around the old, and new programs were begun.

One of these programs involved the training of undergraduate medical students in tuberculosis work. The purpose was to give doctors, going out into practice in Manitoba, a basic understanding of the diagnosis and treatment of tuberculosis, since it was realized that most new cases are always referred by the private physician. The program — one of the first of its kind in the world — was highly successful and helped to establish a fine spirit of co-operation between the Manitoba doctors and the Sanatorium Board.

Among the medical students who turned up at Manitoba Sanatorium during the summer of 1923 was *Edward Lachlan Ross*, who this year will celebrate his 39th anniversary with the Board. *Dr. Ross* was so inspired by the work being done at Ninette that following his graduation

from the University of Manitoba Medical School, he returned to the sanatorium as a resident physician. The following year he was appointed assistant medical superintendent, and over the next 10 years he was an enthusiastic disciple of *Dr. Stewart*, turning out prize-winning studies on tuberculosis and gaining a wide reputation as a noted tuberculosis authority.

Travelling Clinics

To stay the ravages of tuberculosis throughout the Manitoba countryside, *Dr. Stewart* and *Dr. Ross* organized the first travelling tuberculosis clinics in 1926. Over the years it was found that most of the patients who turned up at the sanatorium for treatment had far advanced disease. The sanatorium doctors laid their hands on as many TB suspects as possible, "but it was soon realized," *Dr. Ross* later wrote, "that to find tuberculosis early, before infection spread to countless others, it would be necessary to go beyond the sanatorium walls to educate, to follow trails of infection, and to search for disease."

In "following the trails of infection" the travelling clinics covered thousands of miles each year, hunting down disease along every highway and lane in Manitoba. Among those who served on these clinics were the scholarly *Dr. Duncan McRae*, the highly popular *Dr. J. M. "Sig" Sigvaldason* and *Dr. A. L. Paine* who later helped organize the first Indian clinics and went on to become medical superintendent of the Ninette sanatorium and one of Canada's leading tuberculosis surgeons. *Wally Anderson*, chief radiographer for the Sanatorium Board, got his start with these clinics after "chasing the cure" at Ninette for several years. Other stalwarts who served with him were *Bill Amos*, *Ernie Ackroyd* and *Bill Doern* who later became chief x-ray technician at the Winnipeg General Hospital and one of Canada's outstanding radiological technicians.

Christmas Seals

Just as they are today, the early travelling clinics were supported by the province-wide sale of Christmas Seals. During the thirties the seals were sold directly from Ninette under the very able direction of *Nick Kilburg*. As head of these operations, the story goes, *Mr. Kilburg* used

to lick so many seals in the course of a campaign that people began to call him "Stick" — and though he has now been hospital manager at Ninette for many years, his nickname has "stuck".

Many other ex-patients got their start in the Christmas Seal Department. One of them was a big, cigar-puffing Icelander, *Carl Christianson*, who in succeeding years rose to the position of business manager of Clearwater Lake Hospital and later hospital manager of our Assiniboine Hospital.

More and More Patients

The travelling tuberculosis clinics performed their job so diligently that soon there were not enough beds at Ninette to handle the increasing number of new patients. So new treatment facilities were opened in Winnipeg — and one of these was the Central Tuberculosis Clinic which threw open its doors in 1930 under the medical direction of *Dr. Donald L. Scott*, who had formerly served at Ninette.

A year later the Central Tuberculosis Registry was established. The first of its kind in Canada, this invaluable record-keeping agency was set up by *Miss Elsie Wilson* and is now run by *Miss Janet Smith*. Like *Miss Smith*, *Miss Wilson* was a public health nurse who had served on the Board's early travelling clinics. She was devoted to the tuberculosis cause in what old-timers remember as "the old-fashioned, dedicated way" and it was to everyone's constant amazement that she knew the names of practically every tuberculosis patient (and ex-patient) in the province.

Expanding Program

The 1940's saw many changes in the Board's administrative, treatment and preventive programs. In 1937 *Dr. Ross* succeeded *Dr. Stewart* as medical superintendent of Manitoba Sanatorium and under his leadership the first mass surveys as we know them today were started in 1941. In 1942 the first successful rehabilitation program for tuberculosis patients was organized almost overnight by *T. A. J. Cunnings* who is now executive director of our Board.

These were indeed expanding times and by 1946 it became necessary for the Sanatorium Board to shift its centre of activity to Winnipeg. *Dr. Ross* gave up his post at Ninette to become medical director of all the Board's operations; new hospitals were opened up at Clearwater and Brandon; treatment became vastly improved with the appearance of new

"wonder drugs" and surgical methods.

During the forties and fifties many new faces also appeared among the staff: *Dr. S. L. Carey* was appointed in charge of the travelling clinic program in Winnipeg in 1946, and in 1952, as medical chief at Clearwater Lake Hospital, began an enthusiastic campaign against tuberculosis in the north; *Dr. A. H. Povah* joined the medical staff at Ninette in 1947 and a few years later took charge of medical services at the Brandon Sanatorium; *Miss Mary Gray* took over the supervision of the Christmas Seal Sale in 1952 and a year later *Jim Zayshley*, another expatients who had served with the Board's preventive staff since 1943, assumed command as surveys organizer for the whole province.

Miss Margaret Busch succeeded to the post of rehabilitation supervisor; and the genial, energetic *Eddie Dubinsky* graduated from a sanatorium bed to the accounting department at Clearwater and finally in 1952 to Sanatorium Board executive assistant.

The names are too numerous to mention all, but we would be remiss if we did not pay special tribute to *Joe Scott* who has so capably run the laboratory at Ninette for some 35 years; to *Miss Laura Delamater*, the late *Henry Daneleyko* and *Rikka Guttormson* who have manned the laboratories at Brandon and Winnipeg; and to *Mrs. Irene Cruikshank*, who this year marks her 28th anniversary with the Board and has directed the nursing services at Assiniboine since 1951.

Then there are the devoted secretaries: *Gladys Wheatley*, *Evelyn* and *Gladys McGarrol* and *Gertrude Bowman* who know the history of Sanatorium Board by heart — because they have lived through a very great part of it.

And finally, there are the members of the Sanatorium Board itself — the many private businessmen and doctors who have given so willingly of their time, their energy and their ability to carry on the task set by their predecessors.

Indeed, hundreds of men and women march through the pages of the Sanatorium Board's history — men and women who, through their energy and wisdom, their dedication and perseverance, have succeeded in moving this province far to the forefront of the world-wide fight against tuberculosis. We honor them all.

Bulletin Board

The Sanatorium Board joins the Saskatchewan Anti-Tuberculosis League and tuberculosis associations across Canada in mourning the death this month of *Dr. R. G. Ferguson*. *Dr. Ferguson* was general superintendent of the Saskatchewan Anti-Tuberculosis League for over 30 years and under his inspired leadership Saskatchewan moved far forward in the fight against tuberculosis.

Known throughout Canada — indeed, throughout the world — as "Ferguson of Saskatchewan", he served for a short period on our staff at Ninette. In the succeeding years he gained renown as a world-wide authority on tuberculosis, and his special studies of a BCG vaccination program among Indians still read as classics in their field.

* * *

The Sanatorium Board is pleased to announce the establishment of another new teaching program at the Manitoba Rehabilitation Hospital. Beginning February 26 a group of 10 student public health nurses from the University of Manitoba have been attending the hospital once weekly for field practice and experience in the specialty of rehabilitation.

* * *

The month of February was an exceptionally busy one for a number of our staff members. On February 16 Executive Director *T.A.J. Cunnings* flew to Ottawa to attend a two-day executive secretaries meeting of tuberculosis organizations across Canada.

From February 3 to 7, *Miss E. L. M. Thorpe*, MBE, nursing consultant for the Sanatorium Board, accompanied by *Miss M.R. Pemberton-Smith* and *Miss Vera Peacock*, Manitoba Rehabilitation Hospital nursing instructor and day supervisor respectively, took part in a seminar in the rehabilitation nursing of geriatric patients. The seminar was held at the University of Manitoba and was arranged under the auspices of the Jewish Council of Women.

* * *

The Canadian Association of Clinical Surgeons, Western Division, met at the Manitoba Rehabilitation Hospital March 6 and 7. Chairing the event was the president of the association, *Dr. J. T. MacDougall*, of Winnipeg.