



Two Special Symposia in October

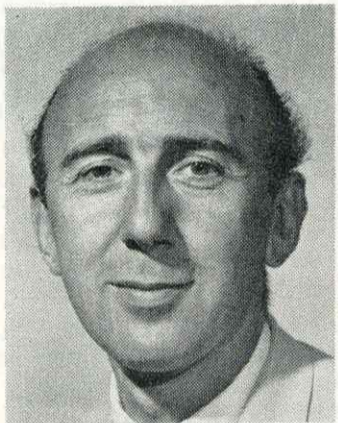
Intensive Management of Respiratory Disease

"It ain't what you do — it's the way you do it!"

In uttering these catchwords, chest specialist Dr. Reuben M. Cherniack was referring to the management of lung failure — which, he says, will be the chief concern of a postgraduate course on respiratory disease to be presented in Winnipeg on October 16, 17 and 18.

Sponsored by the University of Manitoba and the Sanatorium Board of Manitoba as part of the Continuing Education Program of the American College of Chest Physicians, the symposium will feature six eminent authorities on respiratory and heart disease from England, the United States and eastern Canada, as well as seven experts from our own community. Their aim, according to Dr. Cherniack, will be to explain to physicians — "and by this I mean chest physicians, general practitioners, internists, surgeons and anaesthesiologists" — the *how* and the *why* in the treatment of both acute and chronic respiratory insufficiency.

Many doctors know the key words necessary for the treatment of respiratory disease patients, but they may not be aware of all the principles behind this treatment, he says. Despite the pessimism that surrounds



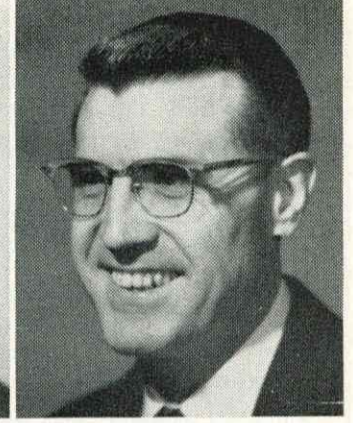
DR. E. J. M. CAMPBELL



DR. W. F. MILLER



DR. B. FAIRLEY



DR. G. G. JACKSON

chronic obstructive lung disease, it ordinarily responds quite well to therapy if the proper technique is used and instructions to patients are adequate.

Dr. Cherniack, a professor of medicine at the University of Manitoba (and also medical director of our Tuberculosis and Respiratory Disease Service) is chief organizer of the three-day meeting, and he will chair the opening session in the Faculty of Medicine auditorium. On the following day these sessions will move to the Fort Garry Hotel.

Doctors from many parts of Canada and the United States are expected to register. Between 100 and 125 physicians can be accommodated; and to those sessions which have a particular interest for them, the organizers will allow as many residents, nurses and physiotherapists as can be squeezed in.

Dr. Cherniack feels that the symposium has much to offer to many people. "Here in Winnipeg, in our own intensive care unit, we have 15 years of experience in the management of acute lung failure — and

more than 10 years experience in the home care of patients with chronic lung failure. So, along with the excellent presentations of the visiting lecturers, we plan to explain the programs of Manitoba chest physicians in these areas," he says.

The guest speakers at the symposium are:

Dr. Peter Harris, director of the Cardiology Institute, London, England, who will explain how treatment of the lungs affects the heart, and vice versa. The subjects of his papers are *Disturbances of the Pulmonary Circulation and Management of Cor Pulmonale*.

Dr. John Downs, associate professor of anaesthesiology at the University of Pennsylvania. A specialist primarily interested in the treatment and prevention of respiratory disease in children, he will talk about *The Airway and Respiratory Failure in Children*.

Dr. Barry Fairley, formerly of the University of Toronto Faculty of Medicine and currently professor of

Prostheses—Internal and External

Four distinguished orthopedic surgeons will wing in from Australia and Scotland, from Canterbury, England, and Pittsburgh, Pennsylvania, to address the 1969 Symposium on Orthopedic Disabilities and Rehabilitation at the Manitoba Rehabilitation Hospital, October 23 to 25.

Prostheses—Internal and External is the subject of this year's meeting, which is arranged by the University of Manitoba Department of Continuing Education and sponsored by four provincial health organizations, including the Sanatorium Board of Manitoba. Dr. Peter P. Porritt is the chairman.

The principal speakers at the symposium are:

Mr. George Murdoch, orthopedic surgeon who heads up an excellent prosthetics unit in Dundee and serves as consultant in orthopedics for northeast Scotland. An active member of the prosthetics and orthotics committee of the International So-

ciety for the Rehabilitation of the Disabled, he often visits North America and is a popular speaker at meetings of the National Academy of Science Committee on Prosthetics Research and Development.

At the symposium he will speak on *The Below-Knee Amputation, Place of Amputation in Lower Limb Discrepancy*, and *The Application of Prosthetic Principles to Fracture Treatment*.

Dr. Patrick C. Laing, also a Scotsman, is a professor of orthopedic surgery at the University of Pittsburgh and an authority on metals used for internal prostheses and on the problems of insertion. The topics of his presentation are *Tissue Reaction to Metallic and Non-metallic Implants, The Place of Titanium Mold Arthroplasty and McMurray Osteotomy in the Treatment of Osteoarthritis in the Hip Joint*, and *Living Ligaments for the Knee, Ankle and Shoulder*.

Dr. A. F. Dwyer, orthopedic surgeon in Sydney, Australia, has devised a new method of correcting scoliosis and he will talk about this at the morning session on Friday, October 24. Another paper on Thursday will deal with *Arthrodesis of the Hip*.

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Address all communications to:
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BULLETIN BOARD

Dr. F. D. Baragar, rheumatic disease specialist at the Manitoba Rehabilitation Hospital, leaves for Czechoslovakia this month to present a paper at the 12th International Congress of Rheumatology in Prague, October 5 to 11. The paper, "The Social and Psychological Factors in Early Polyarthritis", is the joint effort of Dr. Baragar and Mrs. J. A. Vielgut of the M.R.H. Social Service Department, who conducted the patient interviews. Gordon Hurley, IBM supervisor, collated the data.

★ ★ ★

Dr. R. R. P. Hayter, director of physical medicine at the M.R.H., attended the annual meeting of the Canadian Association of Physical Medicine and Rehabilitation in Halifax August 21 to 23 . . . and Dr. E. S. Hershfield, associate medical director of our Tuberculosis and Respiratory Disease Service, flew to New York City this month to attend the 20th International Tuberculosis Conference.

★ ★ ★

A warm welcome is extended to Miss Sharon E. Dandy, new clinical supervisor in the M.R.H. Physiotherapy Department, and to Stephen C. Foster, speech pathologist in the Department of Communication Disorders.

Succeeding Mrs. Coral Brown (who resigned last month), Miss Dandy has just completed the degree course in physiotherapy at the University of Manitoba School of Medical Rehabilitation and she is the recipient of the university gold medal for obtaining highest standing in her class. She took her original physiotherapy training at the University of Toronto.

Mr. Foster obtained his B.A. and M.A. degrees in speech pathology at the University of Utah. He succeeds the former Lisa Smith who was married last month to James Breakey, clinical prosthetist with our Prosthetics Products Division. (Mr. and Mrs. Breakey are now living and working in Kingston).

★ ★ ★

Congratulations to Ron Thomas, SBM accountant, who successfully completed the Hospital Organization and Management Course sponsored by the Canadian Hospital Association . . . and to Miss Ethel Thorpe, SBM nursing consultant and administrative assistant, who was elected chairman of the Nurses Section, Canadian Tuberculosis and Respiratory Disease Association, at the annual meeting in St. John's in June. And our very best wishes to Mr. and Mrs. Lyle Johnston, who were married by the Rev. F. J. McKay (MMC Chaplain) on August 8. Mrs. Johnston is the former Mary Hamilton, supervisor, MRH Social Service Department.

Rita Rossier: Energetic Promoter of Prevention

Rita Rossier, in our opinion, has the biggest public relations job and toughest working conditions in the entire Sanatorium Board organization. Yet if you ask her how things are going, you'll always be rewarded with a shy smile and quick reply. "Fine!"

As field supervisor of preventive health surveys, Rita encounters large segments of the Manitoba population each year, and it is ultimately up to her to see that all get satisfactory service. Because the testing team is on the road so much alone, the surveys officer depends on her to act as a combined organizer, trouble-shooter and instructor; and because our surveys operate with a minimum staff, she must help administer the screening tests.

Her working hours (which, of course, apply to the rest of the surveys team) may stretch anywhere from six or eight in the morning until 10 or 12 p.m. or after. She never gets a summer holiday, and during the summer months she is rarely at home.

But Rita likes her job and feels very conscientious about the type of service her crew provides. "If prevention is worth doing, it's worth doing well — no matter what the cost to the personnel," she states simply.

Rita has a small, wiry build (she stands only about five feet), but according to Surveys Officer Jim Zayshley, she has the energy and ability of a dozen of her kind. "During the hectic summer months, when we must squeeze in the bulk of our screening program, she's out in the field giving diabetes tests, taking charge of the diabetic follow-ups, supervising the team, keeping records and instructing volunteer workers."

At other times in the year, she handles the Board's BCG vaccination program in the Dauphin area and among health science students, she works with health units in the tuberculin testing of school children, and she takes charge of the testing of residents of nursing homes, university students, employees and other groups. In one day, Mr. Zayshley recalls proudly, Rita and three other licensed practical nurses administered tuberculin tests to 2,600 university students in about seven hours.

A French-Canadian, Rita grew up on a farm at Laurier, Manitoba, and after finishing high school she entered the LPN course at Ste. Rose du Lac General Hospital, graduating in 1948. Bent on getting as much experience as she could, she took a number of hospital positions during the next few years at Carman, Arborg, The Pas and Fort Frances, and later in Winnipeg at the Deer Lodge and Victoria hospitals and at the St. Boniface Sanatorium. She also worked in several nursing homes.

Rita joined the Sanatorium Board staff in July, 1961, because she likes to travel . . . and wanted a change.

She gets a full measure of both. During the past eight years, she has visited just about every city, town and hamlet in the province and is now on "the second time around". She knows every inch of the high-



Field supervisor Rita Rossier at work.

ways and by-ways, by day and night, and in the course of a working day she may cover several hundred miles. During a survey at Inglis last month, for example, the team packed up the day's work at about 11 p.m., then she and her LPN assistant, Joyce Crawford, drove about 100 miles to Swan River, thence on to Minitonas where at 8 o'clock the next morning they began the second screening of people

who, in an earlier survey, had been positive to the diabetes blood test. They wound up this work just before lunch, then jumped in the Sanatorium Board station wagon and drove all the way back to Inglis to continue the survey there. The next day they set up testing headquarters at Russell.

Confused? Rita isn't. The only important thing to her is that the operation went, "Just fine!"

What You Should Know About TB

Just how infectious is tuberculosis?
How permanent is the cure?

Who should receive preventive treatment?

According to Dr. A. D. Chaves, commissioner of preventable diseases and director of TB control, New York City, these are the messages that must get through to patients, physicians, public health personnel and the general public;

—Once it has been discovered and treatment has been started, tuberculosis is not a highly communicable disease.

—Only TB patients with active disease and who have symptoms are a source of contagion. The source of contagion is the germ-containing droplets that they discharge into the air. Only by inhaling droplets containing tubercle bacilli can a person become infected.

—Tuberculosis is a highly curable disease. If treated properly, it rarely reactivates. Tuberculosis need not interfere with a person's normal life.

—Drug treatment is the key to healing. The average duration of treatment is two to three years.

—Hospitalization is still required for acutely ill tuberculosis patients. However, once the acute phase of illness has passed, patients can be treated outside the hospital if there are no other medical or social problems which require institutionalization. The average period of hospitalization for the newly diagnosed case

of active cavitary tuberculosis should be two to three months.

—Bed rest, long periods of convalescence, special diets, separation from family and friends, and avoidance of work, stress and strain are not necessary once effective treatment has been started.

—Persons who have quiescent or inactive pulmonary tuberculosis, active or inactive non-pulmonary tuberculosis, or tuberculosis infection (as determined by a positive tuberculin test) are not a menace to others. They may do any type of work, attend any school, associate with children.

—Persons who have been infected with the tubercle bacillus (as determined by a positive tuberculin test) do not have tuberculosis as a disease, but they run a higher risk than the uninfected of developing clinically active tuberculosis. Preventive treatment with INH can minimize the risk.

—Persons who have been found to have apparently inactive tuberculosis on the basis of a chest x-ray and suitable tests and who have never received drug treatment for tuberculosis run a higher than average risk of developing manifest active tuberculosis. Preventive treatment with INH can minimize the risk.

—Persons who are taking anti-TB medication do not necessarily have active tuberculosis. More often than not they are on preventive therapy.

The Changing "Big Three"

Para-amino-salicylic acid — a major anti-tuberculosis drug traditionally described as a *good companion* to streptomycin and INH — is gradually being replaced in the primary treatment of tuberculosis by a drug known generically as *ethambutol*.

And perhaps two years from now, if predictions of a number of clinicians come true, ethambutol may be joined (or possibly replaced) by another outstanding drug called rifampin.

The appearance of these new anti-microbials is beginning to affect the 17-year rule of the "Wonder Drugs" or "The Big Three" in tuberculosis control programs.

Streptomycin, the first antibiotic to attack the tubercle bacillus, has been in general use for over 20 years. Administered by injections, it is usually given to patients once daily during the first part of treatment; thereafter twice weekly, and very often on an out-patient basis.

Para-amino-salicylic Acid (or *PAS*) was introduced in 1948. Although when used alone it has only a slightly inhibitory effect on the tubercle bacillus, *PAS* has had the excellent property of delaying resistant strains when used in combination with streptomycin and/or INH. The daily dose is 24 tablets each day, which over the traditional treatment period of two years, works out to something like 18,000 pills passing through the patient's stomach . . . causing, understandably, no few stomach-upsets.

Isonicotinic Acid Hydrazide, or *INH*, is the leading anti-tuberculosis drug and since its appearance in 1952 it has been more instrumental than any other treatment measure in speeding recoveries and cutting deaths. It is not only the basic treatment tool (used in combination with streptomycin or *PAS* or both), but it is also extremely valuable in the prevention of disease. Cheap to produce and causing only rare side effects, this drug is taken in the form of one small tablet daily.

Ethambutol, which has been undergoing clinical trials over the past few years in Britain, the United States and to a certain extent, in Canada, was licensed for general use in this country early this year, and at present it is included in the treatment regimen of over a dozen patients with advanced disease in our D.A. Stewart Centre.

ST. BONIFACE SURVEY

On the completion of a survey in Portage la Prairie municipality next month, the Sanatorium Board's Christmas Seal unit will move into the city of St. Boniface to conduct a 17-day multiple screening program among adult residents.

With the collaboration of University of Manitoba research groups and the St. Boniface Health Unit, the surveys team will provide free chest x-rays and lung function studies, as well as blood tests to detect diabetes and other conditions.

Hundreds of volunteers, under the direction of chief convener Mrs. J. A. McGurran, are now making a complete house-to-house canvass of the city.

The survey is the biggest offered in this year's Christmas Seal preventive program.

According to Dr. E. S. Hershfield, associate medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Program, ethambutol does the same job as *PAS* with better results. It has more therapeutic benefits, it is better tolerated by the patient (i.e. minimally toxic) and it is easier to administer, as it is given in the form of only three or four oral tablets a day.

Ethambutol means that large quantities of pills will be "out" for the future TB patient, Dr. Hershfield says. And according to reports, the newer drug *rifampin* will quite possibly mean that streptomycin needles will also be "out".

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Management of Respiratory Disease

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anaesthesiology at the University of California. His lectures will deal with *Respirators* and with the *Preoperative Preparation and Postoperative Care in Cardiorespiratory Disease*.

Dr. E. J. Moran Campbell, professor of medicine at McMaster University and formerly associated with Hammersmith Hospital in London, England. His topics are *New Methods of Studying Pulmonary Function* and *Oxygen Therapy*.

Dr. George Gee Jackson, professor of medicine, University of Illinois Medical Centre, Chicago. His main interest is infectious diseases and his presentations will be concerned with the *Management of Acute Respiratory Infections* and the *Role of Prophylactic Antibiotics*.

Dr. William F. Miller, professor of medicine at the University of Texas Southwestern Medical School, Dallas. He will speak on the *General Principles of Recognition and Management of Respiratory Failure* as well as on

Aerosols and Humidity and on the *Rehabilitation of the Patient with Chronic Respiratory Disease*.

Members of the University of Manitoba Faculty participating as speakers are Dr. J. P. Wyatt, Dr. Arnold Naimark, Dr. Victor Chernick, Dr. Bryan Kirk, Dr. E. S. Hershfield, Dr. T. E. Cuddy and Dr. Cherniack. Their subjects will deal with such topics as the structural basis and current concepts of abnormal function, complications of intensive therapy, mycobacterial infection and home care for the patient with chronic respiratory disease.

The program also includes workshops, panel discussions and demonstrations, as well as an informal buffet supper, a dinner and luncheons.

The registration fee is \$60 for ACCP members and \$75 for non-members. Applications should be sent to the American College of Chest Physicians, 112 East Chestnut Street, Chicago, Illinois 60611.

WHEELCHAIR GAMES

Manitobans Carry Off 46 Shining Medals

A pretty 18-year-old Winnipeg girl, who was introduced to paraplegic sports only this summer, blithely broke three open records and walked away with the trophy for the best female athlete at the Second Canadian National Wheelchair Games in Hamilton last month.

Donna Wruth, who became a paraplegic in a car accident last fall and was discharged from in-patient treatment at the Manitoba Rehabilitation Hospital only a few months ago, attended the wheelchair games August 20 to 24 in the company of 12 other Manitoba contestants. Taking part in the class I events (the most handicapped grouping, involving persons with high level lesions), she broke the women's open records in the javelin, shotput and club throw competitions, and won five other gold medals in pentathlon, table tennis, discus, 50 meter dash and wheelchair slalom.

Contestants from eight provinces gathered for the games. The Manitoba contingent, placing second to British Columbia in overall standing, brought home a total of 21 gold medals, 12 silver and 13 bronze.

Lynne Humphreys, gymnast at the Manitoba Rehabilitation Hospital who coaches the team in track and field, accompanied the group to Hamilton and proudly kept score. Dr. B. J. S. Grogono, who recently resigned as director of our Paraplegic Unit at the M.R.H. to take up residence in Halifax, also showed up to serve again as medical officer.

All the Manitoba contenders made a "nice showing", according to Miss Humphreys — particularly in the paraplegics' riflery where Adam Salamandyk (with a score of 583 x 28)

walked off with the gold medal. George Dyck took the silver and Ed Toews, the bronze.

Irene Miller broke a Canadian open record in the Women's Columbia round archery and captured another gold medal in class II and III table



With the assistance of a physiotherapist Donna Wruth practises crutch-walking in the M.R.H. courtyard.

—Photo by David Portigal

tennis, as well as a bronze in the women's class II 50 meter back style free swimming event.

Alex Garnham broke the open record in lightweight weight-lifting (lifting 226¼ pounds), and Orene Bourne won first place in the feather-weight weight-lifting event (lifting 200 pounds). Mr. Bourne also took two other gold medals in men's class II shotput and men's class II slalom,

three silver in the pentathlon, 1500 meter dash and 100 meter dash, and a bronze in the class II club throw and the 400 meter dash.

David Grey set three "native records". In three class IIIA swimming competitions, he won gold medals in the 50 meter front free style, the 100 meter free style and 50 meter back stroke.

In the women's class III events, Diane Pidscalny won first place in the discus throw, five silver medals in the shotput, club throw, javelin, wheelchair slalom and 60 meter dash, and a bronze in the women's precision javelin open.

Ben Reimer, who three years ago was Canada's lone representative at the Commonwealth Paraplegic Games in Jamaica and took a bronze medal there in the javelin throw, this time carried away gold medals in the men's class I pentathlon as well as the javelin throw and third place in the 50 meter back stroke, discus throw and 100 meter dash.

Joe Smithson won a gold medal in class I table tennis singles, a silver in the 50 meter back stroke and a bronze in the men's wheelchair slalom. George Dyck, in addition to his silver medal in riflery, received a bronze in the Albion round archery event. Sheila Sims received the silver medal in class I women's javelin, and three bronze medals in the shotput, club throw and discus. Gary Neault captured third place in Class III men's club throw.

As a result of their fine achievements, Irene Miller, Orene Bourne, Joe Smithson and Donna Wruth were chosen to participate in the second Paraplegic Pan-Am Games in Argentina this winter.

About That Rock Music

An evening of dining and dancing can result in more hardship than pleasure for people who fail to arm themselves with a good set of ear protectors.

We recently discovered this fact when we attended a local night spot fondly remembered for its good food and relaxing atmosphere. But times change, of course, and so do managers. From the moment we entered that darkened dining room to the moment we stumbled out, we were continuously assaulted by flashing lights and enormously amplified sound that completely ruled out conversation, removed the taste of food, caused the floor and cutlery to vibrate and our heads to reel.

This was our first real introduction to rock music, which apparently aims for "total involvement". The idea, we were once told, is that the individual begins to believe objectively when he perceives through several senses . . . and when this philosophy is applied to pop music, we deduced, the harder the senses are attacked, the more one becomes involved and the more objective one's beliefs.

Unfortunately, this message didn't get through to us, for the only experience gained from that dreadful evening was distressingly subjective.

A couple of fogies? That's what we wondered until we spotted an article on "noise pollution" in the latest issue of the Canadian Journal of Public Health.

"Prolonged loud noise damages hearing, makes sleep difficult, causes irritability and interferes with thinking and communication," writes L. K. Smith, industrial hygienist with the Alberta Department of Health. "Very loud noise can cause pain, nausea, fainting, fits, psychosis and death."

Noise, he points out, is not a joking matter. It is a hazard to health. And the general noise levels we are subjected to are increasing each year.

Mr. Smith presents interesting information on the temporary and permanent effects of noise on the ear, notes the potential cost to industry and the methods of control. But what particularly interested us was his account of a Florida ear, nose and throat specialist who, when escorting his teen-age daughter from a dance, noticed that she couldn't hear what he was saying. An hour before the next dance he tested the hearing of 10 teenagers, then retested them when it was over. All had suffered temporary hearing loss, on average about 11 dB. One boy had

a 35 dB loss. "This isn't surprising since the sound levels were about 108 dB in the middle of the dance floor," the story ran. "Directly in front of the band the level reached 120 dB and the observers had to move 40 feet outside the building before the level dropped to 90 dB.

From this same article we discovered that 120 dB would be about the same as the noise level produced by pneumatic drills, and that 90 dB would be equivalent to the noise encountered inside a motor bus. Sound can cause pain at 130 dB, he said. Over 140 dB it can cause deafness in a very short time.

The author follows up his account of the Florida specialist's findings at a teen-age dance with references to other hearing tests among young people:

"Dr. Jerger of the Houston Speech and Hearing Centre tested a five-man group and found that one member had a 50 dB loss and three others had moderate permanent loss although none of them was older than 23. With the use of multiple microphones and speakers the sound is amplified many times up to intolerable levels. After doing some tests Dr. Lebo of California University estimated that 10 percent of young people attending these dances will not be affected, 30 percent would show temporary hearing loss of between five and 30 decibels and 10 percent would show a 40 dB loss. Twenty-five percent of the freshman of Tennessee University have hearing levels that have deteriorated to that of a person of 65. Now it's common to find the first signs of hearing loss in children aged 12 years."

Mr. Smith's article is very informative and, in our case, reassuring. We are thinking of sending it to the manager of this night spot we once liked.

The Big Three

(Continued from Page 3)

The subject of much discussion at the International Tuberculosis Conference in New York City this month, rifampin has been tested with excellent results in all parts of the world (except North America) and it will soon be undergoing clinical trials in Canada under the direction of Dr. Gordon Jessamine of Ottawa.

Rifampin, which is taken in the form of one tablet daily, is a powerful drug with few side effects and according to Dr. Hershfield, it may one day replace all current anti-TB drugs except INH and possibly ethambutol.

The "Big Three", two or more years from now, may very well be INH, Rifampin and Ethambutol.

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals and organizations who have recently made donations or bequests to our various health services.* According to the wishes of the donors, some of this money has been used to purchase special equipment for patients, or in other cases, to bolster our province-wide program for the early detection and prevention of illness, or to finance research into the means of preventing and treating disabling disease or injury.

Estate of the late Mr. Duke Bryson	\$5,043.07
Mr. J. M. Bernstein, Winnipeg	200.00
Pan-American, One Donation Club, Churchill Research Range, Fort Churchill	75.00
Old Crocks Bowling Team (for the purchase of a wheelchair in memory of the late R. L. Bailey)	95.95
Canadian Forces Base, Shilo (Community Chest Appeal)	150.00

Western Paint Co. Ltd., Winnipeg; Mr. and Mrs. W. H. Gillies, Portage la Prairie; Mrs. E. Dahling and Brian Dahling, Portage la Prairie; Royal Canadian Legion, Branch 65, Portage la Prairie; Mr. and Mrs. S. Price Rattray, Winnipeg; Mr. and Mrs. Art Wilkinson, High Bluff; Mr. and Mrs. Charles Murray, Edwin; Mrs. Jean Young, Portage la Prairie; Mr. and Mrs. G. Farncombe, High Bluff; Mrs. A. A. Bonar, Winnipeg; Mr. and Mrs. G. Nichol and Family, Bagot; Messrs. George, Dave and Albert White, Portage la Prairie; Mr. and Mrs. H. Tinling, Winnipeg; Employees of Shell Refinery, St. Boniface; Oil, Chemical and Atomic Workers, International Union, Local 9-600, St. Boniface; Bruce Mitchell, St. Boniface; Mrs. Marie Ferguson and Miss Joyce Sullivan, Winnipeg; Mrs. Iris Johnson, Winnipeg.

* These do not include donations to the Christmas Seal Campaign.

Bad Medicine in "Traviata"

The type of medicine practiced by Dr. Grenville in the last act of Verdi's opera *La Traviata* is likely to astonish the physician in the audience, says Dr. Allan C. Barnes of the Johns Hopkins University School of Medicine.

In an analysis of *La Traviata* in a recent issue of the Journal of the American Medical Association, Dr. Barnes looks with wonder at this nineteenth century doctor's rather appalling lack of professional ability.

In the final act, the buxom heroine, Violette Valery, lies on her deathbed, supposedly succumbing to the ravages of advanced tuberculosis. That's when her doctor arrives, presents her with flowers and settles himself comfortably on her bed.

"After these lapses in professional behavior," the critic continues, "Dr. Grenville fails to feel her pulse, or listen to her lungs, or even take her temperature."

Instead, he helps her out of bed.

"Finally, he kisses Violette on the forehead (questionable ethics and very bad hygiene), then he announces to the maid Annina — in a fine bass which easily reaches the back rows of the gallery and surely can be heard by the patient — that death is only a matter of hours away.

"To the physician in the audience, whose guarded prognoses are always issued in more guarded terms, this seems little short of crystal gazing.

"Nevertheless, the prediction turns out to be remarkably accurate. Before the end of the act, Violette — who has been singing powerfully about her lost loves and past life — collapses and takes eight measures of music to die, although a major pulmonary hemorrhage would have carried her away in two measures."

In spite of Dr. Grenville's shortcomings and the composer's rather romantic view of tuberculosis, the scene does underline the fact that in the mid-1800's, medicine was in-

deed relatively helpless against tuberculosis. And very often the physicians were "the custodians of disease processes, rather than the master of diseases", Dr. Barnes points out.

Modern medical treatment could have cured Violette Valery — and probably ruined a great opera.

Prostheses

(Continued from Page 1)

One of Britain's senior orthopedic surgeons, Mr. F. G. St. Clair Strange of Canterbury, will give two presentations on *Hip Prostheses — Past and Present*, and *Present and Future* and a third lecture on *Progress in the Treatment of Sub-Capital Fractures*. Mr. St. Clair Strange is the author of a famous monograph on the hip joint.

A Winnipeg physician-engineer and a chemical engineer complete the roster of speakers. James Foort, who as technical director of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit headed up the team that developed the Winnipeg modular system of prosthetics, has chosen the theme *Prosthetics — Where Doctor and Engineer Meet* for his presentation at the opening session. He will also discuss *Tinkertoys for Prosthetics* and *Prosthetics — Where Is It Going?*

Dr. F. Gunston, a graduate in both electrical engineering and medicine from the University of Manitoba, will speak on *Knee Prostheses*. Dr. Gunston, who is currently doing post-graduate work in orthopedics at the U. of M., recently spent 18 months at the Centre for Hip Surgery in Wrightington, Lancashire, to learn about the techniques and uses of total hip replacement operations. While there he devised a surgical procedure for a total knee replacement.

HOW LONG

Since you had your health checkup?
Make that appointment today!

