



Doctor Urges More Support for Respiratory Research

In Canada—just as in other western countries—chronic respiratory disease has become a major health problem, and its increasing steadily.

But in the opinion of Dr. Reuben M. Cherniack, professor of medicine at the University of Manitoba, Canadian support for respiratory research is lagging.

More research is vital if health workers are to make headway with this problem, Dr. Cherniack said in a recent interview. But investigations are being held back by inadequate assistance from both government and voluntary agencies.

The Canadian Tuberculosis and Respiratory Disease Association—the only voluntary agency in Canada that confines itself to respiratory disease—has a too low budget (around \$100,000 yearly) for its national research program, Dr. Cherniack feels.

The reason it is low, he says, is that most of the \$3 million raised by annual Christmas Seal contributions in Canada is held back by the provinces for programs of their own. In some cases, provincial associations use part of this money for local research; but in other cases, such as in Manitoba, most of the funds are used for the prevention of disease which, although professed to be an active part of provincial government health programs, is yet unsupported by tax refunds. "There just isn't enough money left over

for the associations' other objective, which is to foster research and the training of physicians interested in respiratory disease."

Dr. Cherniack urges increased support for respiratory disease teaching and research, both from the government and the voluntary associations.

"At present there are only seven areas of the country doing respiratory disease research, and two-thirds of the investigators are located in two areas (Montreal and Winnipeg)," he said.

"There is a tremendous need for more investigators and teachers

across the country. But to get them, there will have to be a big increase in the amount of money available to support current research in these areas and to train more investigators for other areas of the country and set them up when they go to these areas."

Important Meeting

To call attention to the situation, Manitoba's respiratory disease experts are summoning some 50 investigators from across the country to participate in the combined annual meetings of the Canadian Thoracic Society and the Canadian Tuberculosis and Respiratory Disease Association.

This assembly—to take place at the Hotel Fort Garry June 1 to June 3—has been made possible by a special CTRDA grant to the Thoracic Society, and it will feature 22 papers by investigators in training at McMaster, Dalhousie and McGill Universities, as well as at the universities of Manitoba, Toronto, Alberta and Western Ontario.

Senior investigators from these centres and from Kingston and Vancouver are also coming to take part in the discussions.

Dr. Cherniack, who is an elected director of the CTRDA, believes that the national association's support of this project is a major forward step towards directing attention to a mounting health problem.

For the first time ever, he said, a forum is being provided which will enable Canadian physicians to exchange information and update their knowledge about chronic respiratory disease.

H. L. McKay Elected Chairman of the Board

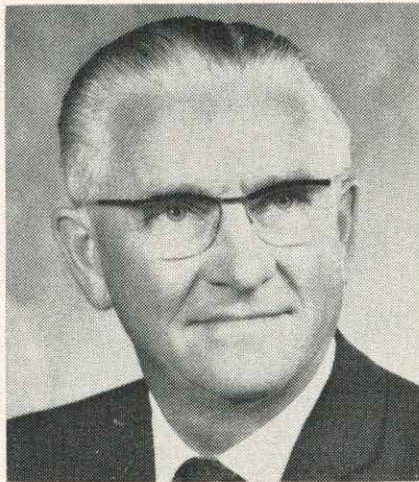
The reins of command changed hands and three new members were welcomed at the 59th annual meeting of the Sanatorium Board of Manitoba last month.

After giving us four years of fine leadership, Frank Boothroyd stepped down from the chairmanship of the Board, and Harold L. McKay, a Board member for the past six years, was elected his successor. John F. Baldner was named vice-chairman.

Newly elected members of the Sanatorium Board are W. M. Coghlin, Winnipeg barrister and solicitor, H. C. Maxwell, manager of Apex Purchasing Service, Winnipeg, and J. R. McInnis, a civil service veteran who formerly served as executive director of the Metropolitan Corporation of Greater Winnipeg and before that, as finance commissioner for Winnipeg.

Re-named Board members are R. S. Allison, Frank Boothroyd, S. M. Davison, G. W. Fyfe, Dr. T. W. Fyles, Dr. J. A. MacDonell, J. G. McFee, D. S. McGiverin, E. B. Pitblado Q.C., S. Price Rattray, Dr. H. H. Saunderson, Dr. E. Snell, H. T. Spohn and L. P. Stephenson, all of Winnipeg; J. B. Craig, F. O. Meighen Q.C., and W. A. Paton of Brandon; E. Dow of Boissevain and John Gardner of Dauphin.

(Of these, Mr. Allison, Mr. Boothroyd, Mr. Craig, Mr. Davison, Mr. Rattray and Mr. Spohn will serve with Mr. McKay and Mr.



HAROLD L. MCKAY

Baldner on the Board's executive committee.)

On taking over as 12th chairman in the 66-year history of the Sanatorium Board, Mr. McKay paid tribute to outgoing chairman Frank Boothroyd.

Mr. Boothroyd (president of Moore's Taxi Ltd.) has been a member of the Board for 19 years, and his contributions during that time serve as an outstanding example of the role private citizens can play in promoting better health services for the people.

The Sanatorium Board feels fortunate, Mr. McKay said, that Mr. Boothroyd plans to continue this long association with its work.

Mr. McKay himself has contributed a great deal to the Board. He became a member in April, 1964,



FRANK BOOTHROYD

while serving as senior vice-president of the Bank of Montreal, and on his retirement from this post four years later, he devoted even more time to the Board's work as its representative on the Health Sciences Co-ordinating Council.

Address all communications to:

THE EDITOR, SBM NEWS BULLETIN
800 Sherbrook Street, Winnipeg 2, Manitoba
Second Class Mail Registration Number 0324.

Chairman Announces Expansion of Respiratory Services

Plans for the immediate expansion of some treatment facilities, hopes for enlarging others, and concern about the future financing of preventive work . . . all figured highly in reports to the annual meeting of the Sanatorium Board of Manitoba on April 24.

The most exciting news came from the chairman of the Board, Frank Boothroyd, who announced that both the Health Sciences Co-ordinating Council and the Manitoba Hospital Commission have approved the expansion of the D. A. Stewart Centre in Winnipeg, as well as certain modifications in treatment departments at the Manitoba Rehabilitation Hospital.

The project, which is expected to get under way this year, will primarily involve the Board's facilities for the study and treatment of long-term respiratory disease (including tuberculosis). In-patient accommodation will be increased from 64

beds to about 140, and diagnostic, treatment and teaching facilities will be enlarged.

Structural changes include one new floor and additions to the north and west walls of the Stewart Centre.

It is hoped that the modifications in the Manitoba Rehabilitation Hospital will help alleviate pressing demands for increased services, Mr. Boothroyd said. Treatment departments were overloaded in 1969. A record 1,190 patients were admitted to the wards during the year, and 8,275 patients were seen in the out-patient department. Out-patient visits numbered about 175 per day.

Future Developments

Proposed developments for the future include the addition of two floors, plus necessary treatment space at the Manitoba Rehabilitation Hospital; and expansion of the

special rehabilitation services at Pembina House, Ninette.

Operated by the Board in co-operation with the Social Services Division of the provincial Department of Health and Social Development, Pembina House last year provided detailed assessment and counselling and social and educational up-grading for 204 disadvantaged people.

Waiting lists for the Pembina House program are long, however, and it is hoped that service can be expanded shortly to accommodate 100 rehabilitants at one time. Current capacity is 57 persons.

Keeping Costs Down

In another report, Executive Director T. A. J. Cummings noted that despite a substantial rise in hospital costs, the Sanatorium Board has been able to reduce the per capita cost of tuberculosis treatment from \$1.17 in 1955 to 52 cents in 1969. For comparison, he said, the Dominion Bureau of Statistics quotes the 1967 per capita cost in Canada as \$1.32 for tuberculosis treatment.

Also according to D.B.S. figures for 1967, the lowest per diem cost for tuberculosis treatment was Manitoba at \$17.15. The highest, in another province, was \$37.86.

Prevention

The rising cost of health services, however, are having an effect on the amount of preventive work that can be undertaken by the Board. Surveys and other preventive programs do not get much support

from tax funds, but are financed in the main by voluntary contributions to the annual Christmas Seal Campaign.

Because the amount of Christmas Seal money raised each year remains much the same, and because the cost of fund-raising and providing service has increased, the financing of prevention becomes increasingly difficult.

Community chest x-ray surveys, therefore, will be further reduced this year to only those areas where the greatest number of tuberculosis cases are found. But the screening of high risk segments of the population (such as the Indians and Metis, nursing homes and hostels) will be continued; and teachers, barbers, foodhandlers, etc., will be examined, as sound public health practice.

The attack against other chronic respiratory disease (such as bronchitis and emphysema) will also be continued—even though the support for much of the program is temporary. In collaboration with the University of Manitoba, the Sanatorium Board plans to conduct lung function surveys this year among the general populations of the municipalities of Edward, Arthur, Brenda, Winchester, Roland, Thompson and Cartier.

The object is to promote early discovery of obstructive airway disease and to learn more about its incidence, natural history and factors that influence it.

So far, during the past 18 months, over 30,000 of these lung function studies have been completed.

Congress Gets World-wide Attention



T. A. J. Cummings, executive director of the Sanatorium Board, and Mrs. Cummings (right) chat with His Excellency The Right Honorable Roland Michener, Governor General of Canada (left), and Dr. Paul H. T. Thorlakson, president and chairman of the First International Congress on Group Medicine. The Governor General, who agreed to serve as honorary president of the congress, officially opened the congress at a ceremony in the Manitoba Centennial Concert Hall on the evening of April 26.

Photo by David Portigal.

Although beset with a million things to do, senior staff members of the Sanatorium Board could not pass up the attractive program of the First International Congress on Group Medicine at the Centennial Concert Hall, April 27 to 30.

At different hours they sneaked away from their desks to hear physicians and scholars from Canada and other lands expound their views on future preventive and curative health services for the community. The organizers ran the gamut of health topics: they included the socio-economic aspects of health care, group practice and health care, the role of allied health professions in group care, the use of automated and computer equipment, and multiphasic screening programs.

On the evening of April 30, the meeting was also thrown open to the public, and hundreds thronged

into the concert hall to listen to Dr. Dwight L. Wilbur, past president of the American Medical Association, and others discuss such subjects as *The Physician, The Public and Medicine*.

The Congress was the first of its kind and attracted well over 500 delegates from some 20 countries. According to the president and chairman, Dr. Paul H. T. Thorlakson of Winnipeg, it was not a medical convention, but rather a forum which would bring physicians and other health workers together to discuss the philosophy and means of providing the best possible health care to people everywhere.

The sessions were not only informative; they were fascinating. A fitting way, staff members decided, to celebrate Manitoba's centennial.

SUMMARY OF SERVICES TO INDIVIDUALS

Sanatorium Board of Manitoba

	1969	1968
Admissions for treatment	1,824	1,803
Out-patient visits	65,819	62,963
Special Rehabilitation Services (Pembina House, Ninette)	204	154
Preventive Services (Examinations)	76,747	129,473
Brandon Tuberculosis Clinic (Examinations)	1,449	1,398
Treatment days for in-patients	124,918	121,434

Ninette Bowlers Awarded Trophies

The Manitoba Sanatorium Bowling League held its spring wind-up on May 8 with the presentation of trophies to the winners, crying towels to the losers, and a game of bingo followed by lunch.

According to Bowling Committee Chairman Alok Hallem, the Sanatorium Board trophy winners this year were Charlie Sharp, Helen Sharp, Vada Miller and Vi Evans, all of Ninette.

The consolation winners were Bud Harder, Diane Harder, Rita Hyrich and Dan Hyrich, all of Belmont.

Other prizes went to: Marion Hine, Ninette, for the Ladies' High

Average (179); Murray Maxwell, Ninette, Men's High Average (200); Rita Hyrich, Belmont, Ladies' High Single (281); Ray Mullin and Royce Budd Belmont, Men's High Single, (tied at 338).

A highlight of the evening was the presentation of the Men's High Double trophy to Hospital Manager "Stick" Kilburg. This was M. Kilburg's first trophy in 20 years of bowling; and the presentation, by Chief Radiographer Bill Amos, was planned to be very special.

Ramona Wanless, Belmont, won the trophy for the Ladies' High Double. Her total score was 430; Mr. Kilburg's was 523.

Orthotic Seat Provides Comfort, Safety and Easy Care

A wheelchair is a wheelchair is a...

Most people would think so. But how would *most people* know about one special wheelchair that has changed the life of an East Kildonan family?

For its user, 17-year-old Barry Boden, this chair has given him comfort and stability that he never had before. And for Mr. and Mrs. Robert Boden it has meant, quite simply, the difference between giving up and holding on to the care of their son.

Designed by the Prosthetics and Orthotics Research and Development Unit of the Sanatorium Board of Manitoba, the Boden wheelchair primarily incorporates a detachable orthotic seat to lighten care and prevent scoliosis in a cerebral palsy child. It is the only one of its kind, and in the estimation of PORDU, it is an outstanding example of the

good things that result when families collaborate with the designers of special devices.

Work on this "family" project began last summer after Mrs. Boden visited the PORDU clinic to discuss the inadequacies of a plastic support jacket that had been designed for her son. His wheelchair was also posing problems of comfort, she said—and beyond this, both she and her husband were experiencing increasing difficulty in transferring Barry in and out of bed.

Why not devise a special seat for the chair? PORDU engineers suggested. The Boden's agreed that it

was worth a try, and before long specifications began to take shape. Believing that parents know best what their children need, the PORDU team held numerous conferences around the coffee pot in the Boden home. Back at unit's workshop, they tested ideas on a crude plywood chair, then on a metal one. A precision mechanic was brought into the act; so was a patient at the Manitoba Rehabilitation Hospital, who just happened to be a mechanical engineer looking for a challenge in "off-treatment" hours. By Christmas the project was completed.

The design, according to PORDU, was more successful than they expected—and as it turned out, the alterations were fairly simple. The frame (including the arm rests) is standard. The main modifications are:

1. A detachable orthotic seat that (a) folds down so that Barry can be strapped into it in bed and (b) can be attached to a Hoyer lift for easy transferring from bed to wheelchair and back to bed.
2. A special vest-type support (with velcro straps) to hold Barry's back firmly to the contoured back of the chair, thus reducing and helping to correct spinal difficulties. (Mrs. Boden has artfully concealed this support with a stylish, backless top vest of soft material.)
3. Two firm pads, projecting to the front of the knee and shank, to prevent Barry from slumping down in the chair. (These eliminate the discomfort of a safety belt around Barry's abdomen.)
4. Considerable packing in the seat and back to give extra comfort.
5. Slightly modified standard foot rests to take the downward pressure caused by spasm.

When Barry tested the chair, he pronounced it to his liking. "This is my Rolls-Royce!" he told his PORDU buddies.

"You can believe it," smiled his mother, who went on to relate that Barry preferred to stay in bed one day when the chair was taken away for a final adjustment. He couldn't face even a few hours in his old wheelchair, she said.

So perhaps to many people, a wheelchair is just a wheelchair. But to Barry Boden, his new wheelchair is a luxurious *Silver Cloud*.

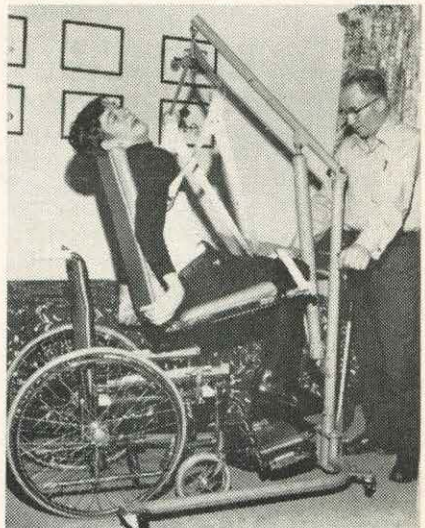
A *Rolls-Royce* tribute to rehabilitation engineers... and their role in the treatment services of a hospital.



Barry Boden demonstrates his modified wheelchair for its designers, Reinhart Dacher, right, mechanical engineer, and Jack Heath, research technician.



Mrs. Boden straps Barry into the orthotic seat while he is on the bed.



Mr. Boden uses a special hoist to transfer Barry from bed to wheelchair.



A close-up of PORDU's orthotic seat.

WHEELCHAIRS FOR THE OTHER DISABLED

Wheelchairs, like clothes off the rack, are designed to meet the needs of the greatest number of people. If they don't fit the requirements of certain disabled individuals, then the alternative—a custom-built device—can be expensive. Often too expensive.

In recent times, the special devices section of the Prosthetics and Orthotics Research and De-

velopment Unit has turned its attention to the transportation problems of certain types of disabled people. One of their projects—the design of a powered Murphy cart to provide indoor-outdoor mobility for a "thalidomide" child—is tailored for the needs of only one patient. But other designs—such as the orthotic wheelchair seat for a cerebral palsy child, described in the accompanying article—could be produced in larger numbers.



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So could an adjustable wheelchair "stump support", which PORDU has designed for lower extremity amputees.

New amputees spend considerable time in a wheelchair during the early stages of treatment, PORDU explains. If standard wheelchairs are used just as they

are, and the stump is permitted to hang down over the edge of the seat, body fluids collect at the amputation site, hampering wound healing and the early fitting of an artificial limb.

To avoid this edema, PORDU designers have devised a special stump support that fits most wheelchairs without need for special modifications, and incorporates a variable friction adjustment to accommodate stumps with flexion contractures.

The device keeps the remaining limb elevated and extended during the seated position; and by means of a simple release mechanism, the support can be quickly lowered to permit easy entry and exit to and from the wheelchair. Quick release hinges also make it possible to convert a right support into a left; or two supports can be fastened to the same seat to accommodate a bilateral amputee.

The seat has had extensive patient testing and is now deemed ready for production in quantities. It should be a great boon to the rapid treatment of leg amputees.

Photographs by David Portigal

Therapists Try New Version of Weekend Treatment

OK folks. Everyone into a sitting position. Take your time R-6. Don't fall off the bed!

You fellows on R-4, roll over and do 10 push-ups while we wait for R-6.

Everybody ready? Let's go!

The voice, beamed through pillow speakers to patients at the Manitoba Rehabilitation Hospital—D. A. Stewart Centre, was that of physiotherapist Doug Calder. The time was 9:30 a.m., Saturday, May 9. And the event marked a new version of weekend treatment.

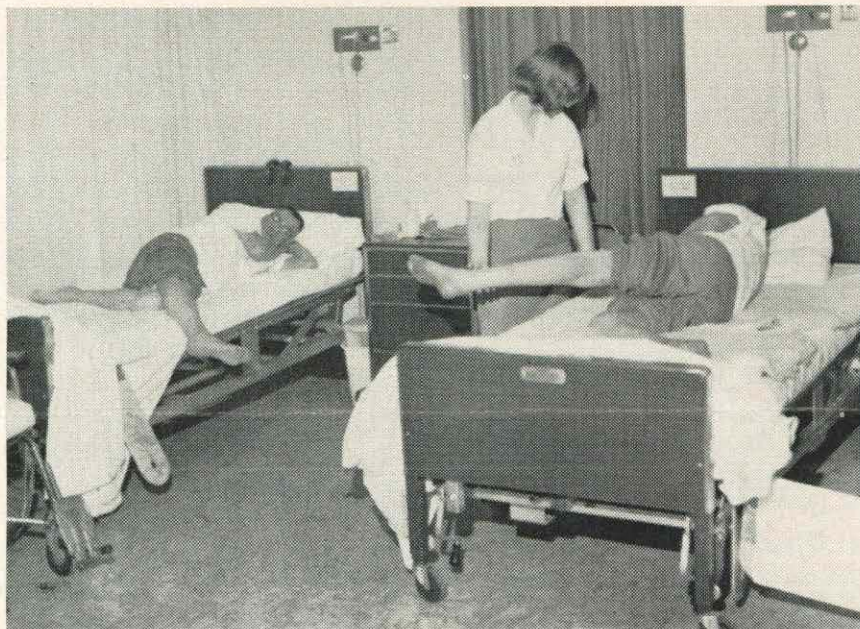
From the time our hospital complex was opened in 1962, patients have been attending Saturday morning "Keep Fit" classes in the gym. But as the numbers of patients grew, the problem of transporting them down from the wards became too much for the skeleton weekend staff. So, with the co-operation of the nursing service, it was decided to leave the patients in their rooms and have them exercise on their beds.

The first trial on May 9 went very well, according to Chief Physiotherapist, Miss Joan Edwards. The nursing staff assisted by turning back the bed clothes, removing foot-boards and getting patients ready. Two senior physiotherapists circulated through the wards to make sure the exercises were done properly. Another therapist sat in the hospital board room and broadcast instructions.

The program lasted one-half hour and followed much the same format as previous sessions in the gym. It began with deep breathing exercises, then launched into general mobilizing exercises for limbs and trunk and special exercises for certain groups of patients (such as hand and finger exercises for arthritis patients). It concluded with a game, in which patients exuberantly tossed their pillows into the air and clapped their hands. ("I'll buy coffee for everyone who catches the pillow," Mr. Calder rashly promised.)

During the next few weeks, other physiotherapists will take their turn at the microphone, and after that, if the experiment continues to go well, the instructions may be taped.

In that event, Mr. Calder will undoubtedly have the starring role.



Manitoba Rehabilitation Hospitals do "Keep Fit" exercises on the wards.

TB Down — But Hardly Out

For most people the fear of tuberculosis disappeared with the tax-free paycheck. It became no problem at all when the news carried stories about sanatoria closing.

Then comes the jolt: the unexpected outbreak in a community that thought itself tuberculosis-free. Old fears return, stirring the people to action.

Such was the case recently in a small community in central Manitoba. Infection had apparently been smouldering there, but no one was aware of it until six people found themselves in sanatorium with active disease.

Provincial public health nurses got into the act and began the long tedious business of investigating the patients' contacts. And, though committed to other projects, the Sanatorium Board's surveys department hastily organized an x-ray screening program.

There was only one free day available for the x-ray clinic, and no time at all to advertize the service or round up volunteers to assist with the registration.

The citizens, however, responded magnificently. They themselves spread the word about the survey and on the day it was held they

came from all over to get an examination and assist the hard-pressed surveys team. By the end of that day, some 600 chest films were on their way back to Winnipeg for reading; nearly everyone in the area had been examined.

Similar outbreaks have occurred in Manitoba—sometimes in unexpected places. In recent weeks, nine new active cases were admitted to sanatorium from another area, and investigations are now under way there, too.

Although disease breaks out with less frequency than in former years, and although it is easier to cure, tuberculosis continues to be a problem in Manitoba. There were 249 new active cases in the province last year; there were 69 additional cases during the first three months of this year.

Tuberculosis is particularly a problem among young Indians and Metis and in older whites.

But it also appears among other segments of our population and in other age groups.

That's why periodic health check-ups are important for everyone . . . check-ups that include a tuberculin skin test and chest x-ray.

GORDON THOMPSON

With regret, the Sanatorium Board records the death of Gordon Thompson, who had served for the past seven years as a nursing orderly at the Manitoba Rehabilitation Hospital.

Mr. Thompson died on April 17. He was a native of Northumberland, England, and had served with the Royal Navy during the Second World War.

Our deepest sympathy is extended to his wife, Jane, and sons, Douglas and Philip.

SEMINAR ON RESPIRATORY DISEASE NURSING

Arranged by the Sanatorium Board of Manitoba for the Nurses' Section, Canadian Tuberculosis and Respiratory Disease Association.

To be held at the

Manitoba Rehabilitation Hospital—D. A. Stewart Centre
September 28 to October 9, 1970

This intensive two-week course is designed for registered nurses who are interested in respiratory disease care. It will cover all aspects of the nurse's role in the prevention and treatment of acute and chronic respiratory insufficiency.

Further information may be obtained from the course chairman, Miss E. L. M. Thorpe, Sanatorium Board of Manitoba, 800 Sherbrook St., Winnipeg 2.

BULLETIN BOARD

Dr. D. A. Kernahan succeeds Dr. R. H. McFarlane as president of the Medical Staff of the Manitoba Rehabilitation Hospital.

Elections for the 1970-71 term took place at the annual meeting of the Medical Staff on April 20th. Others named to office were: Dr. R. R. P. Hayter, vice-president; Dr. M. J. D. Newman, secretary-treasurer; Dr. J. B. Frain, chairman of the Admission and Discharge Committee; Dr. J. F. R. Bowie, chairman of the Medical Standards Committee; and Dr. R. A. Davis, chairman of the Credentials Committee.

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Dr. F. R. Tucker was made a life member of the Canadian Rehabilitation Council for the Disabled at the first Assembly of the CRCD at the Hotel Fort Garry last month. A professor of orthopaedic surgery at the University of Manitoba and medical director of the Board's Prosthetics and Orthotics Research and Development Unit, Dr. Tucker has been deeply involved in the development of services for the physically disabled and, among other things, he has served as chairman of the National Consultation on Rehabilitation.

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The Sanatorium Board is proud of the staff members who take special courses to improve their skills. We note, in particular, the recent accomplishments of Miss Joyce Geib, senior laboratory technologist at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, Mrs. Gwen Morley, medical records librarian, and Mrs. Gertrude E. Peters, medical records clerk. Mrs. Morley and Miss Geib have successfully completed a one-year course in Hospital Supervisory Management (sponsored by the Manitoba Hospital Association); and Mrs. Peters has completed the extension course for training medical records personnel offered by the Canadian Hospital Association.

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The Canadian Physiotherapy Association will be celebrating 50 years of physiotherapy services in Canada when delegates meet for their annual congress in Toronto, May 31 to June 6. Among the Sanatorium Board staff members who will take part in the sessions are Miss Joan Edwards, chief physiotherapist, and Miss Sharon Dandy, clinical supervisor, at the Manitoba Rehabilitation Hospital—D. A. Stewart Centre.