



Hospital Benefits from Teenage Help



Junior Volunteer Penny Steitzer, a student at Miles Macdonell Collegiate, finds pleasant duties in the hospital gift shop. (Photo courtesy of The Winnipeg Tribune)

Pretty Penny Steitzer of East Kildonan was one of 65 high school students who worked with the junior volunteer service at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre this past summer.

During the hot sunny months when our senior volunteers are away on vacation or tending their families, the teen-agers step in to take over a myriad of tasks . . . such as managing the hospital gift shop . . . answering questions at the information desk . . . filing for Medical Records and assembling patients' charts . . . bringing sunshine into patients' wards when they look after the flowers and carry ice water to the bedsides . . . and cheerfully stuffing thousands of envelopes in preparation for the Christmas Seal Campaign which begins in mid-November.

From mid-June until the beginning of September, the junior volunteers gave 4,807 hours of their time to our hospital and Christmas Seal services — and throughout the rest of this year and next, six are turning up at the hospital for three hours each Saturday morning to assist the nursing staff.

We're grateful for the many contributions of our young helpers . . . and we're especially proud when, as a result of their contact with us, some go on to make lifetime careers out of hospital and health work.

New Weekly Topics On Chest Diseases

Laugh and be fat . . . but don't expect to breathe easier as the pounds go on.

This was the message to several score physicians, therapists and other health science people who attended a discussion on "Cardio-pulmonary Complications of Obesity" at the weekly chest conference at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre on October 6.

As weight increases, the lungs get smaller as the diaphragm is pushed up against them. The work of breathing becomes harder . . . there is a reduction in the amount of ventilation reaching the alveoli of the lungs, leading to insufficient oxygenation of the blood . . . the right side of the heart has to work harder to produce more blood . . . excessive lethargy and drowsiness develops . . . and . . .

Eventually the obese person may reach the stage where he can't get enough air into the lungs, and he

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Honor TB Nursing Consultant

When Janet Smith retired from her supervisory post in the Central Tuberculosis Registry on August 31, she could look back with contentment on 40 years of distinguished service in public health nursing.

For the past 15 years, Miss Smith has held a heavy responsibility as nurse consultant in tuberculosis for the Province of Manitoba, with the complicated task of maintaining TB records and guiding the nursing supervision of patients and contacts in the community. For some 25 years before that, she herself worked in the field — first with the Board of Health in St. Thomas, Ontario, and later with the Manitoba Public Health Nursing Service.

As a consequence, Miss Smith acquired a broad knowledge of the intricacies of tuberculosis control and of the psychological and social implications of illness — all of which has been of great importance to the effectiveness of the Board's programs.

Miss Smith has spent most of her life on the prairies. She was born in Tavistock, Ontario, the oldest of four children, and at the age of four she came west with her parents to Neudorf, Saskatchewan, where her father operated a general store. Later she moved to Winnipeg where she attended Kelvin High School and after graduation trained as a nurse at the Winnipeg General Hospital.

In the early 1930's Miss Smith earned a certificate in public health nursing at the University of Western Ontario; then took a position for six years as a public health nurse in St. Thomas. In 1938 she returned to Manitoba to join the provincial public health nursing staff, and prior to taking over direction of the Central Tuberculosis Registry in 1956, she served as senior nurse at the Flin Flon, Brandon, Portage and Steinbach Health Units, and took further post-graduate study at the University of Minnesota.

Although the Central Tuberculosis Registry is administered by the Department of Health and Social Development, its work is so indispensable to the Sanatorium Board that it is housed in our D. A. Stewart Centre. It was set up in 1937 to collect statistics on tuberculosis in Manitoba and to serve as a central agency from which information could be channeled back to the Board and to other health organizations for the appraisal and planning of control programs.

Since then, the Registry has earned international fame for its efficient contributions to the anti-tuberculosis campaign and has been the model for similar services in other parts of Canada and other countries. Today, from information passed on by the Sanatorium Board, it keeps data on close to 8,000 (active and inactive) patients in Manitoba, it has reports on preventive programs dating as far back as 1926, it collects information on all known tuberculosis contacts —

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Miss Janet Smith, right, is pictured at staff party with Miss Gladys McGarrol, senior statistical clerk in the Registry for many years.

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Assistant Director



MISS DIANE LETWIN

In early September Miss Diane Irene Letwin assumed the position of assistant director of nursing of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

Miss Letwin comes to her new post with over 10 years of teaching and clinical experience. She graduated from the Misericordia General Hospital School of Nursing in 1960, and in 1970 she obtained her Bachelor of Nursing Degree from the University of Manitoba.

Miss Letwin was born in Manitoba and prior to entering nursing attended St. John's High School. Following her nurses' training, she was employed at the Misericordia General Hospital— as assistant evening supervisor and clinical co-ordinator for three years, as clinical instructor in a post-surgery ward for one year, as head nurse of a male medical-surgical ward for three years, as a teacher in the practical nurse program from 1967 to 1968.

Prior to joining the Sanatorium Board, she served (since June 1970) as a first-year teacher in the diploma program at the Misericordia Hospital. She has also been affiliated with the Manitoba Association of Registered Nurses as a member of the nursing education committee.

We are happy to welcome Miss Letwin as a valuable addition to our nursing services.

CHEST CONFERENCE

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suffers hypercapnia (an undue amount of carbon dioxide in the blood).

* * *

For the past five years, formal chest conferences of this nature have been arranged each Wednesday noon by Dr. E. S. Hershfield, medical director of the D. A. Stewart Centre. The list of this fall's topics — presented by chest physicians and residents in the Manitoba Medical Centre area — include rheumatoid lung disease, bronchiectasis, the intensive care unit, pleural effusion and staphylococcal pneumonia in infants.

Physicians, residents, health sciences students, nurses and physical and occupational therapists are invited to attend.

Adequate Drug Taking Vital in World-wide Fight

In the world-wide fight against tuberculosis, time-honored drug routines and an effective framework for getting patients to take drugs should receive top priority.

This is the opinion of Dr. Wallace Fox, international tuberculosis expert who addressed 2,000 delegates (representing 87 countries) at the 21st annual meeting of the International Union Against Tuberculosis in Moscow, July 12 to 16.

Dr. Fox, who is director of the Tuberculosis and Chest Disease Research Unit at Brompton Hospital in London, England, has been involved in controlled trials of anti-tuberculosis chemotherapy at home and abroad for many years, and he feels that inadequate drug-taking is a more important cause of treatment failure than primary resistance to disease.

In the matter of priorities, he stated, sanatorium treatment and sensitivity testing for "the best drug combinations" are irrelevant considerations, particularly in the developing countries where the tuberculosis incidence is so high that hospital care is impractical, and laboratory work in many instances so poor that, as a result of sensitivity testing of germ cultures, clinicians switch to more toxic drugs "with no good results".

Delegates from all countries agreed with Dr. Fox that it is easier (and just as effective) to put out-patients on twice weekly (intermittent) drug therapy than on daily routines. Moreover, doses need not be significantly higher than the usual daily dose to get good treatment results.

Streptomycin, INH and PAS — the three major anti-TB drug combinations for the past two decades — are still good basic drug therapy, Dr. Fox strongly feels. Rifampicin — which is being hailed in the western world as the most important drug discovery since the introduction of INH in 1952 — has an important use in resistant cases. But the British doctor warned that it is more costly than INH, that it can have toxic effects and, like other drugs, it will fail if its administration is not well supervised.

Dr. Fox was chairman of the last conference session and he summed up the highlights of reports on controlled chemotherapy trials from Russia, Hong Kong, Turkey, India, the United States and other countries. All of the speakers were concerned with the failure of out-patients to take their drugs regularly (in Kenya, for example, only 37 percent stayed with drugs for 12 months); and all agreed that tuberculosis, above all, is a socio-economic disease that will be defeated only when the standard of living is elevated throughout the world.

Approximately 45 Canadians attended the conference, and the four official delegates included Dr. A. L. Paine, medical superintendent of the Manitoba Sanatorium at Nette and immediate past president of the Canadian Tuberculosis and Respiratory Disease Association; Dr. C. W. L. Jeanes, executive secretary of the CTRDA; Ewart Carberry, past president of the Ontario Tuberculosis and Respiratory Disease Association; and F. M. Bradley, 1971-72 president of the CTRDA.

The plenary sessions of the meeting were opened by Academician B.

V. Petrovsky, Minister of Public Health of the U.S.S.R., who outlined for delegates the organization of health services in the Soviet states — with specific reference to tuberculosis control measures.

He cited the big improvement in health care in the U.S.S.R., noting that whereas in 1940 the infant mortality rate was 182 out of 1,000, in 1970 the rate had dropped to 25. Life expectancy in 1913 was 32 years; today it is 70 years, he said.

No estimates on the mortality or morbidity of tuberculosis in the Soviets were given, Dr. Paine reported on his return. But the Russian Minister did point out that between 1950 and 1969, TB deaths were reduced by seven times and morbidity was reduced five times, with an especially sharp decline in rapidly progressing forms of tuberculosis.

Russia, Dr. Paine said, appears to be using most of the preventive and treatment measures now employed in Canada. Vaccination and chemopro-

phylaxis (to prevent the development of active disease) are used on a broad scale. In 1969 a total of 11.5 million people were vaccinated or re-vaccinated with BCG, and 138 million underwent examination for tuberculosis.

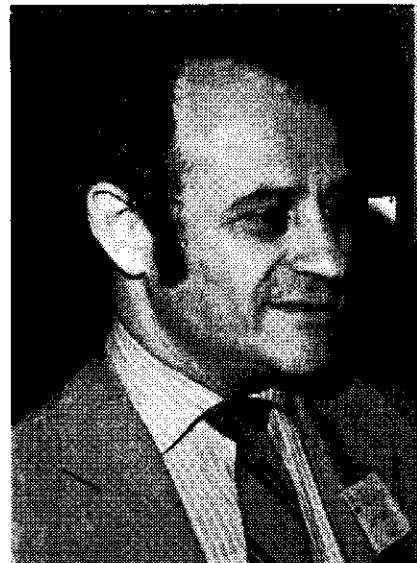
The puzzling aspects of the Russian program, Dr. Paine said, were the use of fluoroscopy for the early detection of TB (a method discarded in Canada some 30 years ago), and the tremendous number of hospital beds for tuberculosis treatment.

With an estimated population of 235 million people in the U.S.S.R., there are approximately 450,000 beds for tuberculosis treatment, Dr. Paine reported. This is about 20 times more than the number of TB beds in North America (Canada, for example, has about 2,000 beds for 21 million people) — and the figure, he added, seems even more extraordinary when one considers that the peak bed occupancy for tuberculosis in Canada in 1949 was 14,400 beds — only seven times the number we have today.

Thus, although the U.S.S.R. has a broad network of clinics for out-patient treatment, there is undoubt-

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MEDICAL APPOINTMENTS



E. S. HERSHFIELD, MD, FRCP, FCCP



R. M. CHERNIACK, MD, FRCP, FACP

The senior medical staff of the Sanatorium Board's Tuberculosis and Respiratory Disease Services was reorganized on October 14 with the appointment of Dr. Reuben M. Cherniack as Physician-in-Chief of Respiratory Disease Services and Dr. Earl S. Hershfield as Medical Director of the D. A. Stewart Centre and Tuberculosis Control.

Dr. Cherniack, widely known for many contributions to medical science (particularly the advancement of knowledge about respiratory disease), has been a member of our staff since August 1967. He is Professor of Medicine at the University of Manitoba and, among other things, he serves as director of the Joint Respiratory Program of the Faculty of Medicine — a unique program in Canada that aims to correlate basic science and

research with the diagnosis and treatment of acute and chronic respiratory disease.

Dr. Hershfield first joined the Sanatorium Board staff as a part-time physician in 1964, and in July 1967 assumed the post of associate medical director of our Tuberculosis and Respiratory Disease Service. A 1958 graduate of the University of Manitoba Medical School, he has done post-graduate work in internal medicine and chest diseases at the Albert Einstein Medical School in New York City and at the Mayo Clinic in Rochester, Minnesota.

He is an Assistant Professor of Medicine at the University of Manitoba, and serves as a chest physician with the university's Northern Medical Unit.

Public Serves As Willing Partners in Preventive Surveys

Whenever the Sanatorium Board's Christmas Seal unit carries preventive health services to the people of Manitoba, a major part of the work is taken over by local volunteers.

In isolated northern settlements federal and provincial health services usually assume responsibility for alerting and bringing in residents for chest examinations — but in the more densely populated areas of the province anywhere from 90 to 98 percent of the work is shouldered by private citizens and civic officials.

For example, according to J. J. Zayshley, surveys officer for the Sanatorium Board, close to 600 volunteers were involved in a chest disease and diabetes survey of the Portage la Prairie district from September 10 to 22.

Prior to the opening date an army of men, women and youngsters (many representing local service organizations) spent hundreds of hours of their time conducting a house-to-house canvass of Poplar Point, Oakville and Portage city. Later, while seven technicians administered the blood tests, chest x-ray examinations and lung function studies, other voluntary workers looked after such essential details as serving as receptionists and guides, filling in x-ray cards, recording and numbering blood samples, and assisting participants to complete the respiratory questionnaire that accompanies the breathing tests.

In Manitoba, as elsewhere in the country, attendance at early detection surveys has gradually dropped in recent years — but the willingness of individual citizens to help organize, publicize and conduct them has not diminished.

In the town of Morris earlier this year, Mayor D. E. Burke and his entire town council went about knocking on doors to tell people about a lung function survey. Later at Sperling, volunteers went beyond the call of duty and organized a special supper for the survey crew; and up at Lynn Lake in late September Mrs. Ann Rawlings, a member of the local health board who served as chairman of an x-ray and lung function survey, organized one of the smoothest operations of the year.

In preparation for a survey of

Thompson in October, city alderman Mrs. A. J. Denby and Mrs. G. B. Hambly divided the city (population, 21,000) into 10 districts and recruited 162 people to make a house-to-house canvass; while city manager Tom Suchy helped Mr. Zayshley to locate a survey site and made special arrangements to receive and transport fragile x-ray equipment to that site.

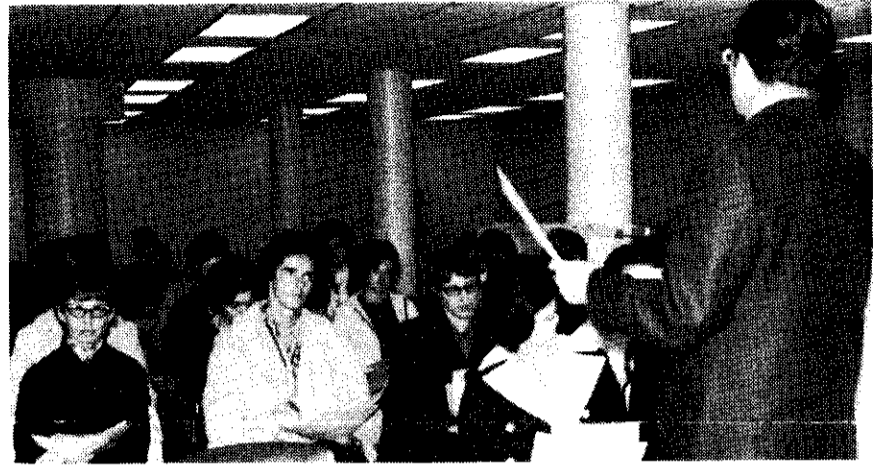
On occasion — as was the case at several survey sites in Portage la Prairie — not enough volunteers show up to handle all the work. Yet even then there always seems to be someone to avert a crisis.

At Portage, two retired residents — Bill Beam and Albert Kelly — have been long time helpers at our screening surveys, and when it appeared that voluntary assistance would fall short at several testing sessions, they scurried from one woman to another, making a list of those who would give a little extra time.

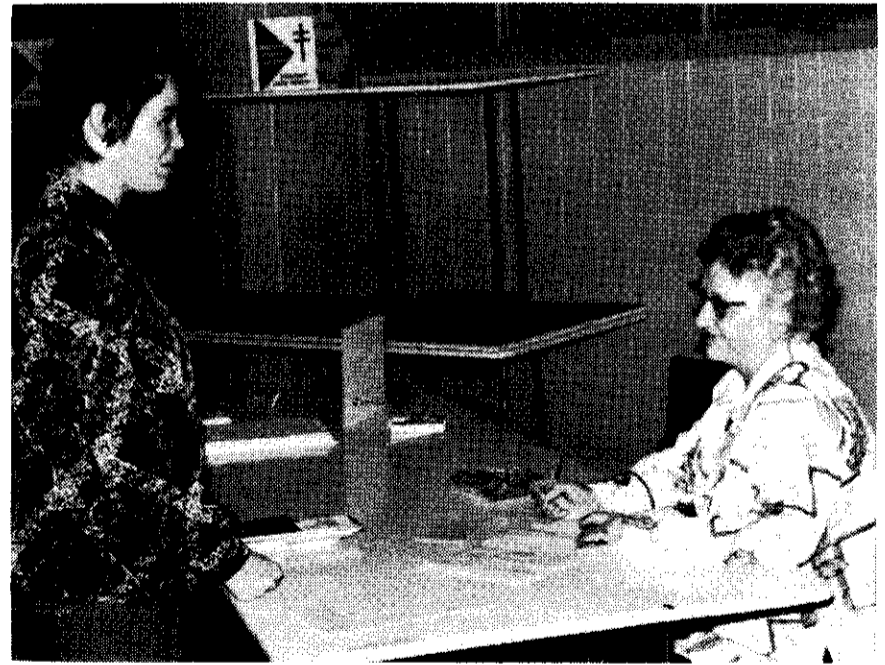
"It's okay," they reassured the hard-pressed surveys officer. "We're set for tonight and tomorrow . . . and we'll be back, too."

The friendship of people like Mr. Kelly and Mr. Beam, Mayor Burke and the good citizens of Lynn Lake, Thompson and a host of other communities is invaluable to the Sanatorium Board — not only in terms of efficiency and economics, but also in the good feeling we get when the public shows its desire to share in the work of preventing or minimizing illness . . . without any remuneration but our heartfelt thanks.

Such good will is the greatest asset of a voluntary organization . . . and it reaffirms our belief that, in spite of prepaid medical service, people still want to participate directly in the cause for better health.



At Thompson (top photo) 162 citizens turned up to help SBM Surveys Officer organize a chest x-ray and lung function survey for early November. At right, canvasser Mrs. Doreen Tyler tells Oakville resident, Mrs. Phyllis Grant, about free examinations in early September, and later at Lynn Lake, Mrs. Leo Foreman greets one of 1,400 participants in a screening program. Many volunteers (bottom photo) helped to fill in cards for x-ray, diabetes and lung function tests at Oakville.



TB Nursing Consultant

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and because of its close liaison with doctors and nurses in the community, it has an important assistive role in securing early diagnosis and treatment, in following up contacts of new cases, in arranging for patient discharges and more recently, in supervising home treatment and chemoprophylaxis.

As the director of this busy operation, Miss Smith has earned a wide reputation for the efficiency, dedication and quiet enthusiasm with which she has carried out her responsibilities. To honor her for these and other contributions, the Public Health Nursing Service of the Department of Health and Social Development held a dinner for her on October 22 . . . and in late August some 50 members of the Sanatorium Board staff and government representatives paid her special tribute at a party at the Pad-dock restaurant.

All of us wish Miss Smith a long and happy retirement, with lots of time for travel, handicrafts and spectator sports she has always enjoyed.

WORLD-WIDE FIGHT

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edly a stronger trend towards home care in Canada and other parts of the western world, Dr. Paine feels.

Dr. Paine was impressed with the excellent organization of the meeting (three meetings were held continuously in three rooms, with simultaneous and excellent translation in eight languages), and he was fascinated by the number of Russian women doctors who attended the conference. Out of approximately 1,500 Russian doctors who turned up at the meetings, he said, around 80 percent were females.

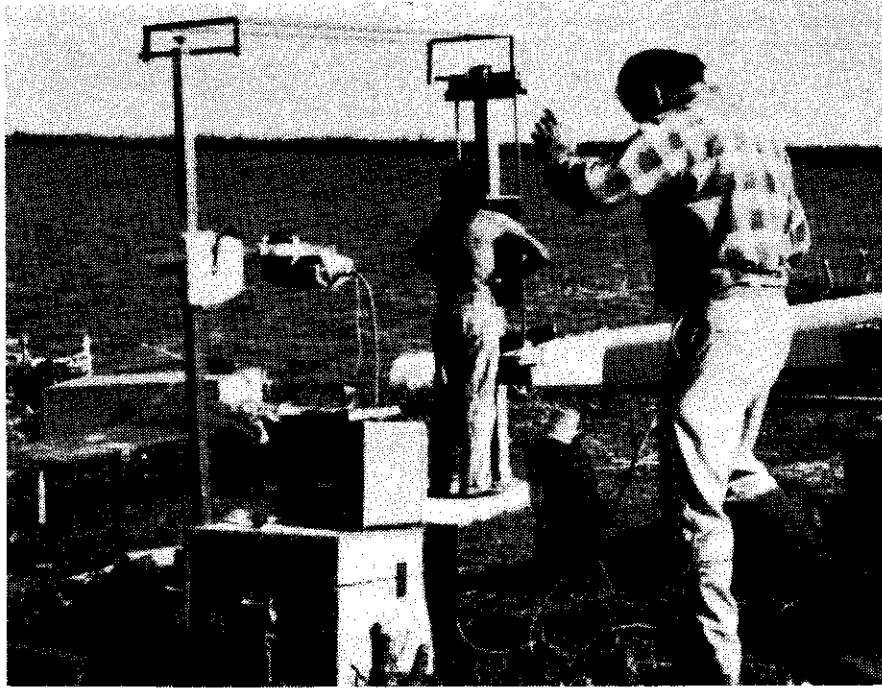
Physicians Stage Fly-in Medical Service

To what extent is an individual's health affected if he spends two winters in a tent in the scrubland of northern Manitoba, and through all the seasons lives chiefly off the land, doing without the "walk-in" conveniences of a corner grocery and medical clinic, and the advantages of band leadership?

This was the question in the minds of two Winnipeg physicians who, accompanied by a public health nurse and a medical student, flew to North Knife in mid-July to examine a score of Chippewyan "refugees" from the Dene Village at Churchill.

The answer, after three days of various investigative procedures, was, "They're all in excellent health!" — which to Dr. E. S. Hershfield, medical director of the Sanatorium Board's Tuberculosis Control Service, seemed rather impressive in view of the severity of northern winters, the flimsiness of the inhabitants' shelters (they live in five "single-sheet" tents and two log huts), and their isolation from practically all of the amenities of modern life.

Dr. Hershfield, who also serves as a chest consultant with the Northern Medical Unit of the University of Manitoba, landed on the western shore of North Knife Lake — 130 air miles southwest of Churchill — with 800 pounds of portable x-ray equipment on July 12. While he set up shop in a couple of tents, the single engine Otter returned to Churchill for the rest of the party: Dr. J. A. Hildes, director of the Northern Medical



Take a deep breath, hold it . . . Dr. E. S. Hershfield takes an x-ray "picture" of a young resident of North Knife.

Unit; Miss Alvira Petrinka, public health nurse at Churchill, and Richard Blouw, a student at the University of Manitoba School of Medicine.

During the next three days the party set to work giving physical examinations, blood tests for haemoglobin and selected antibodies, tuberculin skin tests and chest x-rays. The patients ranged in age from three to 75 years of age; and they included five children who had come to the settlement after completing the school

year at Dauphin, two former tuberculosis patients and several children who had been in contact with an active case of tuberculosis.

None of the group had been examined medically for the past 18 months, and most of them had lived at North Knife since late 1969 when, disgruntled with their lot at the Dene Village, they returned to their previous nomadic way of life.

Since that time, the population at North Knife has fluctuated from 40 to 60, as other Chippewyans came out from the Dene Village, then moved on or back, Dr. Hershfield said. Each individual (or family) has been left to his own resources, living on cariboo, moose, fish and small animals, and the few staples flown out from Churchill once a month.

The people of North Knife are only a few of many groups of people who have been surveyed by the Northern Medical Unit during the past nine months. In the same way that medical units from the University of Toronto, McGill and the Charles Camshell Hospital in Edmonton have undertaken to provide special health service to James Bay, the Eastern Arctic and Western Arctic respectively, the University of Manitoba Northern Medical Unit is assisting with the health needs of the people of the Churchill area and the Keewatin District of the Northwest Territories.

As part of this service Dr. Hershfield has held chest clinics at Churchill three times since early spring, and he has examined other patients at Rankin Inlet and Baker Lake.

Early in October he returned to Churchill, then headed further north to Eskimo Point. In November he will visit the Belcher Islands.

And while diseases of the chest are his specialty, it frequently happens that Dr. Hershfield ends up practising general medicine. "I like being a doctor," he said. "The public health nurses send in patients with a number of complaints . . . and they're all looked after."

BULLETIN BOARD

Our congratulations to Mrs. Marijke Vogel, speech clinician at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, who on October 19 chaired the first fall meeting of the Manitoba Speech and Hearing Association. Mrs. Vogel was elected president of the provincial association at their annual meeting last spring.

A warm welcome is extended to Stanley G. Kuc, our first interne in the new clinical psychology service at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. Mr. Kuc holds a B.A. degree from the University of Windsor, Ontario, and received his M.A. this year from the University of Manitoba.

Dr. C. B. Schoemperlen, associate medical director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, flew to Lyon, France, in July to present a paper at the Congress of the International Bronchoesophagological Society. The paper, heard by some 150 delegates from many parts of the world, was "The Use of the Image Intensifier in Transbronchoscopic Lung Biopsy".

Dr. A. J. Mehta, member of the active staff of the MRH - DASC for the past four years, paid a brief visit to Minneapolis in October to study a procedure for controlling spasticity in patients with hemiplegia, paraplegia, cerebral palsy and other neurological conditions. This simple procedure, known as Phenol Block, was devised by Dr. Daniel Halpern, associate professor of physical medicine at the University of Minnesota and it involves the injection of a solution of phenol around the peripheral nerves or in muscles where motor nerves enter them. Once mastered, says Dr. Mehta, the procedure can be carried out in our hospital's electromyography laboratory with the help of the technician.

As director of the Spinal Injuries Service of the MRH - DASC, Dr. H. Dubo attended a joint meeting of the International Medical Society of Paraplegia and the Spinal Cord Injuries Service of the U.S. Veterans Administration in Boston, October 5 to 7. He was accompanied by Dr. J. Wilson-Graham, the unit's consultant in urology.

With great regret, the Sanatorium Board records the death of Mrs. Isabel Wright, a member of our hospital volunteer services for the past five years. Mrs. Wright, who died on August 23 at the age of 62, made a valued contribution to the work of the Sanatorium Board. Our deepest sympathy is expressed to her husband James and family.

Heads Prosthetics Products Division

The prosthetics and orthotics department of the Sanatorium Board of Manitoba welcomed a new addition to its 15-member staff on October 18. His name is Wayne H. Bates, and he will take over the post of manager of the Prosthetics Pro-



WAYNE BATES

ducts Division, a fitting and supply service for people who require artificial limbs and other assistive devices.

Mr. Bates is a certified prosthetist and orthotist, who has been employed at Deer Lodge Hospital in Winnipeg for the past nine years, and prior to that served for over 14 years with the Royal Canadian Electrical Mechanical Engineers, attaining the rank of sergeant.

A native Manitoban who received his early education at The Pas and

Winnipeg, Mr. Bates has had a lifetime interest in "gadgets and doodling" and his main hobby, he claims, is gunsmithing. During his career with the army (he was stationed in many parts of Canada as well as in Korea and Germany), he was associated with numerous workshops and courses in gun mechanics and auxiliary trades; and following his discharge in 1962, he decided to apply his skills as an appliance maker in the prosthetics and orthotics department at Deer Lodge Hospital.

Apart from his training at Deer Lodge, Mr. Bates has taken courses in advanced prosthetics and below knee socket design at the Montreal Rehabilitation Institute, in lower extremity orthotics at New York University Medical Centre, and in the Milwaukee Brace at the Gillette State Hospital for Crippled Children in St. Paul, Minnesota.

The Prosthetics Products Division, which Mr. Bates will manage, was set up several years ago to apply on a clinical basis newly developed products of the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit. Its function is not only to fit Manitoba Rehabilitation Hospital patients with modular limbs and braces, but also to contract with local manufacturers for the production of component parts and supply these to other centres in Canada, the United States and overseas.