



CHRISTMAS SEALS! They add a gay touch to holiday mail . . . but most importantly, they help to improve the health of the province by supporting year 'round programs to prevent the spread of tuberculosis and fight other chronic respiratory disease. Pictured in the centre, a young patient from the D. A. Stewart Centre — one of over 225 cases of tuberculosis reported in Manitoba during the first 10 months of this year — meets Mr. and Mrs. Murray Lawson and their children David and Nancy, who joined other members of the South Winnipeg Kiwanis, their wives and children for a "Family Christmas Seal Blitz" in late October. About 69 people participated in this letter stuffing operation.

(Photo by David Portigal)

In The North: Operation Pill Pop

Across the north a steadily increasing number of Eskimos are "popping pills" in a vigorous program to bring down an old foe.

The enemy is *puvulluttug* — the Eskimo name for tuberculosis. The pill popping is preventive treatment (drug prophylaxis), which in recent times has been given high priority in the control of this communicable disease.

During a visit to Winnipeg in early November, Dr. J. D. Galbraith, chronic disease consultant to the Medical Services of the Department of National Health and Welfare, discussed the proposed attack with the University of Manitoba Northern Medical Unit, which is assisting with the health needs of the people in Churchill and the Keewatin District of the Northwest Territories.

In the Northwest Territories, he said, the TB rate is 26 times higher than the national average and among Eskimos it is nearly 40 times higher.

There is, however, a sharp contrast in the number of cases reported in different areas. In the Keewatin District — which experienced an ugly outbreak of disease at Eskimo Point in 1963 — new and reactivated cases are now less than half the number reported four years ago.

But on Baffin Island, said Dr. Galbraith, the tuberculosis rate hovers at about 2,000 per 100,000 population — compared to the national average of 24 per 100,000 and the Eskimo average of 948.

The difference between these two areas is that many of the Keewatin people have benefited from preventive drug treatment — and in the wake of this and other chemoprophylaxis

laxis trials, the federal government is now prepared to push "Operation Pill Pop" to other northern communities.

As a first step, nearly 30 percent of the population at Frobisher Bay is gradually being put on preventive treatment. The project began in early November, according to Dr. Galbraith, after an intensive health education program and screening surveys to disclose the highest risk groups.

For the first time, the 18-month course of treatment will combine the newer drug Ethambutol with the time-honored INH. These will be administered three times a week under the supervision of 12 trained Eskimo workers.

For study purposes, a control group that does not receive drugs but are also at special risk has been established, and the results will be carefully analysed by case registries set up on computer tape at the Northern Health Services headquarters at Edmonton.

Dr. Galbraith concluded his discussion with the remark that one in 10 Eskimos throughout the north have now received anti-tuberculosis drugs

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More Work for Christmas Seals

If the present situation continues, the year 2000 will see tuberculosis as a continuing threat to health . . . and a large segment of the population slowly choking to death as a result of chronic obstructive lung disease.

At the opening of the 45th annual Christmas Seal Campaign on November 5, the Sanatorium Board of Manitoba announced that funds are needed now more than ever to fight the rising incidence of respiratory disease.

"The tubercle bacillus is so firmly embedded in parts of the province that it has caused 533 active cases in the past 22 months and a 22 percent rise in the incidence in 1970," Board chairman H. L. McKay said.

"To combat the problem in the coming year, our voluntary organization — which has full responsibility for tuberculosis control in Manitoba — will depend heavily on public contributions to finance screening programs in high incidence and high risk areas and such protective measures as drug prophylaxis and vaccin-

ation for those in danger of developing active disease."

Christmas Seal funds are also needed to help curb the steadily increasing morbidity and mortality rates of other lung disease.

Illness brought on by all respiratory diseases is now the chief cause of hospitalization in Manitoba, and second only to heart disease in forcing early retirement. The number of new emphysema and chronic bronchitis has more than doubled in the past five years; in the last 20 years the death rate from these two slowly crippling lung conditions has increased faster than that for lung cancer or any other leading cause of death.

"Education and research to promote early discovery, prevention and more effective treatment offer the best hope of fighting these breath-robbing diseases," Mr. McKay stated.

"To accomplish this, the support and active participation of private citizens in Christmas Seal work is vitally needed."

SYMPOSIUM SPEAKER STRESSES

Age Is Important In Treating Stroke

Approximately two percent of our population have suffered stroke; and approximately 80 percent of the victims, at the time of onset, are in the 65 or over age bracket, which now constitutes about 10 percent of the population.

This statement was made by Dr. R. H. Jebson, professor and director of the Department of Physical Medicine and Rehabilitation at the University of Cincinnati General Hospital, when he addressed the annual Symposium on Orthopaedic Disabilities and Rehabilitation in Winnipeg in October.

The average age of stroke patients (72 years) should have an important bearing on overall rehabilitation goals, Dr. Jebson told the 75 physicians attending the meeting. Only 20 percent of stroke patients are under

the age of 65, and only eight percent have full-time jobs when they become ill.

Consequently, after the initial 30-day period of preventive care, the aim of the rehabilitation program for those who survive should be geared primarily to the home environment, avoiding as far as possible "the artificial hospital setting".

Dr. Jebson discussed the physical and mental problems associated with stroke. The grief that patients suffer over the loss of function and the ability to communicate and remember is natural, he said.

Most laymen think that disability is uncommon, and many have feelings of guilt when illness strikes. "They aren't aware, for example, of the 10,000 stroke patients who at this

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JOHN GARDNER



John Gardner, a noted Dauphin clothier who throughout his life, made many splendid contributions to his community and for over seven years served as a member of the Sanatorium Board of Manitoba, died in Dauphin on November 22.

Mr. Gardner was a self-made man, a stout-hearted, genial Irishman who emigrated from Belfast to Winnipeg in 1913 and in 1917 opened a tailor's shop in Dauphin, extending this into a fine retail clothing store nine years later.

Beyond his business enterprise, Mr. Gardner was deeply interested in the welfare of the Dauphin community, and for about 40 years he served on the Dauphin General Hospital Board, holding at various times nearly every office on the Board, including the presidency. He was also a past president of the Manitoba Hospital Association and the Western Canada Institute for Hospital Administrators and Trustees; and he was honored with life memberships in various organizations, including the Dauphin General Hospital, the Manitoba Hospital Association, the Masonic and Elks Lodges, and the Order of the Eastern Star. He was a Shriner and a long time member of the Dauphin United Church Board.

During his association with the work of the Sanatorium Board, Mr. Gardner faithfully attended meetings, despite the distance he had to travel, and he offered assistance and good counsel in many ways. When failing health forced his retirement last year, the Sanatorium Board gratefully awarded him an honorary life membership.

Mr. Gardner's friendship and contributions will long be remembered and prized. Our deepest sympathy is expressed to his wife Lily and sons John and Robert.

OPERATION PILL POP

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at home under supervision — and that roughly one-half of these have taken drugs to prevent the development of active disease.

With 400 Eskimos at Frobisher Bay popping pills and with plans to extend the program even further, preventive treatment is well on its way to becoming an established control measure in the north, which will rank in importance with the chest x-ray, tuberculin skin testing and sputum surveys that find the hidden spreaders of tuberculosis and those who have been infected with the TB germ.

Donations Enable Hospital To Upgrade Patient Services

Thanks to the generous assistance of a private individual and three women's organizations, the Manitoba Rehabilitation Hospital-D. A. Stewart Centre has recently purchased some important equipment for several patient services.

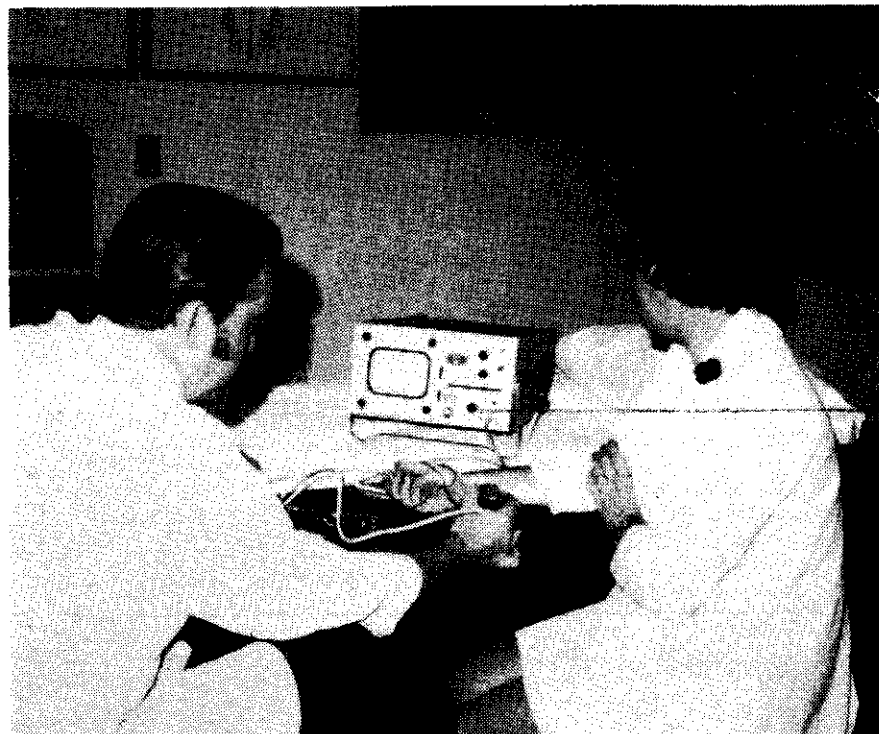
The new machinery—which would not have been acquired without this special outside support—includes a portable electromyograph, donated by N. J. Reoch of Smith's Parish, Bermuda, and our hospital's Volunteer Services . . . a stereo tape recorder, presented to the clinical psychology service by the Manitoba Society of Medical Assistants . . . and a View-Com message panel, contributed by the Ladies Auxiliary to the Associated Canadian Travellers, Winnipeg Club, to aid patients who have trouble conveying their thoughts and wants.

The acquisition of portable, single channel electromyography equipment (valued at \$2,400) will enable our EMG laboratory to extend its service not only within the Manitoba Rehabilitation Hospital-D. A. Stewart Centre, but also to other areas of Winnipeg and the province where our medical staff has consulting appointments.

Up until now there have been instances where patients have had to travel some distance in the province for investigation of neuro-muscular disorders — and many cases where acutely ill people in central Winnipeg hospitals have had to go without this service, says Dr. J. F. R. Bowie, head of the Electromyography Laboratory.

The new portable equipment — which weighs only 24 pounds and can be easily carried by hand — will now permit the physician to conduct a wide range of nerve and muscle studies outside the hospital. It will benefit patients in the intensive care units or acute medical services of the Winnipeg General and Children's Hospitals, on whom electromyographic studies are necessary for their immediate management; and it will be used at monthly consulting clinics at Dauphin, Swan River and Portage la Prairie.

Within the MRH-DASC complex, the portable equipment will be used



Using the new portable electromyograph, Dr. J. F. R. Bowie, head of the electromyography laboratory at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre, demonstrates a motor conduction test on his assistant, Mrs. Pat Brown.

on the wards and in the treatment departments when on-the-spot investigations are wanted. It will especially aid physicians in determining the type and level of lesions in spinal injury patients on total bed care, and in assessing peripheral nerve and muscle disease in patients who cannot be transported easily to the central laboratory.

Dr. Bowie also notes that the machine will soon be put to use in the hospital's teaching programs.

The \$325 stereo recorder — now in use in our hospital's newly organized Clinical and Counselling Psychology Service — is a slick machine that offers easy transfer from open reel to cassette, or cassette to open reel, and permits the finest monitoring through either speaker or stereo headphone.

The instrument will have a special use in evaluating speech perception and tracing other neuropsychological problems in the patient whose behavior has been affected by a dis-

order of the central nervous system. It will also be used to tape interviews and group therapy and family sessions for general psychological evaluation.

"ViewCom" is proving to be a valuable communicative aid for a number of hemiplegia patients who — while they can comprehend spoken or written language — are unable to express their thoughts.

This machinery consists of a six-column panel with message chips in pictures and words and a hand control with levers that causes a light behind the panel to move step by step to the selected message.

"ViewCom" is not a cure-all for communication problems — but in addition to assisting patients to communicate, it occasionally helps the professional staff to determine the extent of certain communication problems, and to measure a patient's progress with respect to directional orientation, visual and muscular coordination and object recognition.



At left, Mrs. Richard Boyer, general staff nurse on the hemiplegic ward, shows how a 'stroke' patient is able to communicate by moving levers on a hand control to 'light up' messages on a panel. Right, Stan Kuc, interne in the Clinical Psychology Service at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre, explains the special features of a new stereo recorder to Mrs. James Spencer, first vice-president of the Manitoba Society of Medical Assistants who donated the machine to this new service.

New Provincial Nursing Consultant



JOANN MacMORRAN, RN, BN

When Miss Joann MacMorran stepped into the newly reorganized position of Nurse Consultant in Tuberculosis and Chronic Pulmonary Disease on November 8, she was handed an awesome list of responsibilities that will undoubtedly impose severe restrictions on desk-work . . . and possibly eliminate all hope of twice daily coffee breaks.

The third nurse to hold this provincial post since it was established at the Central Tuberculosis Clinic (now the D. A. Stewart Centre) in 1937, Miss MacMorran — according to her job description — will be out and about the province policing the tuberculosis control program, and “in all matters concerning tuberculosis and chronic obstructive lung disease”, coolly resolving problems that may arise between government and voluntary organizations — and perhaps more importantly, between these agencies and the physician and patient in the community.

Miss MacMorran will work under the general direction of the provincial government's Director of Preventive Medical Services and the day-to-day guidance of the medical and administrative staffs of the Sanatorium Board.

Specifically, she will take over the direct supervision of tuberculosis patients on home treatment and the tracing and examination of contacts.

She will also participate in the planning and organization of chest disease surveys and BCG vaccination projects; assist with the coordination of tuberculosis services at the Manitoba Sanatorium and Brandon; take an active role in patient and professional education, as well as in the formulation of nursing standards for the prevention and management of respiratory disease; and enter into planning control programs for the future, as outpatient treatment becomes firmly established.

Miss MacMorran is a native Winnipegger, who graduated from the Winnipeg General Hospital School of Nursing and earned a Bachelor of Nursing degree at the University of Manitoba. She has held various nursing positions at home and abroad, worked in the public health field for several years, and prior to this appointment, taught community health for the University of Manitoba Faculty of Nursing.

On the non-professional side, Miss MacMorran is a member of the YMCA Adult Education Committee and a director of the Royal Canadian Legion Athletic Camp.

NURSES GRADUATE

Eleven registered nurses completed the 17th Postgraduate Course in Rehabilitation Nursing at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre on November 5.

Graduates from this three-week intensive course — designed to teach nurses the philosophy and skills required for the restoration of the physically disabled — were: Miss Doris Baerg, V.O.N., Calgary; Miss Barbara Charter, V.O.N., Edmonton; Mrs. Corinne Wellsch, assistant director of nursing, Palliser Hospital, Swift Current; Miss Florence Lewis, Western Memorial Hospital, Cornerbrook, Nfld.; Miss G. Unruh, O. Hinds, Miss J. Sangster, Miss R. Dalupang, Mrs. M. Mathews and Mrs. R. Prodanuk, all of the Manitoba Rehabilitation Hospital; and Mrs. J. Myrah, D. A. Stewart Centre.

A Joyous Christmas To All!



“. . . and on earth peace, good will to men.” These innocents, representing various races and creeds, presented an exquisite pageant as their contribution to the 1970 celebration of Christmas at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre. There will be similar pageants this year . . . in Winnipeg and at the Manitoba Sanatorium, Ninette. There will be carol services and concerts and visits from Santa and various choirs. To the staff members and our friends in the community who help to brighten the holiday season for those in hospital, the Sanatorium Board expresses heartfelt thanks . . . and a Merry Christmas and a bright, prosperous and healthy New Year.

Cigarette Smoking — Now A Major Killer

Canadian physicians have wryly referred to cigarettes as coffin nails, but few have made as hard-hitting statements as a noted British doctor who said that disease caused by smoking has reached the death scale of tuberculosis and cholera at their height.

On a lecture tour of eastern Canada, sponsored in October by the Ontario Thoracic Society, Dr. Charles Fletcher, chairman of the British Royal College of Physicians Committee on Smoking and Health, told newsmen that cigarette smoking in Britain is the cause of about one third of all deaths between the ages of 34 and 64, and added, “I understand it is much the same here”.

SYMPOSIUM

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moment comprise a sizeable but hidden segment of the Winnipeg population.

Dr. Jebson, who also lectured on certain aspects of electromyography, was one of five distinguished speakers who addressed the three-day meeting, October 21 to 23.

Other guest lecturers were Dr. A. R. Parkes, surgeon in charge of peripheral nerve injury and head injury clinics, Western Infirmary and Killearn Hospitals, Glasgow, Scotland; Dr. M. M. Hoffer, chief of the Children's Reconstructive Service, Rancho Los Amigos Hospital, Los Angeles; Dr. R. L. Samilson, associate clinical professor of orthopedics, University of California; and Dr. R. Young of the Department of Physiology, Massachusetts General Hospital, Boston.

The theme of this year's symposium was Neuro-Muscular Disorders. It was sponsored in part by the Sanatorium Board of Manitoba and the Workmen's Compensation Board of Manitoba.

Dr. Fletcher warned that the epidemic of heart and lung disease would be a good deal harder and more costly to control than tuberculosis or cholera because the problem of smoking demands difficult individual attention, not medication and sanitation.

He proposed smoking withdrawal clinics in hospitals, more research into ways to help people stop smoking, and the development of safer cigarettes.

Modifying the tobacco could cut the risk of smoking by 80 percent over a 10-year period, he said. The yearly cost for this research would be about \$10 million — a rather high sum to some, but “a piddling amount” to cigarette manufacturers in relation to their profits. “After all,” he observed, “why shouldn't the shareholders make a little less now to stay in business?”

Dr. Fletcher concluded his statements with a remark on the public's attitude to cigarettes.

“The layman does not relate smoking with death,” he said.

“King George VI was killed by smoking . . . but no one mentions that.”

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board is grateful to the individuals and organizations who have recently made gifts or bequests to our various health services. According to the wishes of the donors, these contributions have been used to provide special services or equipment for patients, or to finance research into the means of preventing and treating disabling illness or injury.

Bequest

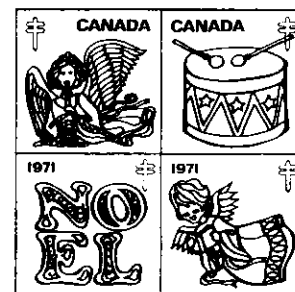
The late John F. Braun \$2,000.00

Gifts

Manitoba Society of Medical Assistants 325.00
 Manitoba Civil Service Charitable Donation Fund, Brandon 112.00
 John Rickard Clements Memorial Fund
 (Through the Winnipeg Foundation) 25.00
 Mrs. R. Reid, Winnipeg 110.00

Our appreciation is also expressed to the many people who contributed to the Respiratory Disease Research and Education Fund, or the Manitoba Rehabilitation Hospital Fund, in memory of the late Andrew I. Wojcik, Carman E. Moxley, Alvin E. McConnell, J. H. McEvoy, W. G. Kotchapaw, Nicholas Tesluk, William Plenty, Herbert Kent, Mike Dalebozic, and John Robertson.

USE CHRISTMAS SEALS.



**FIGHT TUBERCULOSIS
 EMPHYSEMA AND OTHER
 RESPIRATORY DISEASES**

Four Hundred Volunteers Join In Campaign Preparations



Deb Vertone, left, and Pat Carrigan of the Sixth Winnipeg Girl Guide Company contributed 16 hours of voluntary work as their final project towards earning a Gold Cord.

Through the years Christmas Seals have stood as a singular example of public participation in programs to prevent illness and the spread of disease. This has extended even to preparations for the annual campaigns . . . and in particular to the tedious and time consuming task of stuffing long grey envelopes with Seals and letters.

This year — under the supervision of Christmas Seal Director Miss Mary Gray — some 400 people donated 1,700 hours of their time to preparing 240,000 Christmas Seal letters for the November mail. The first 100,000 letters were stuffed in the summer months by several score teenage girls wearing the mauve smocks of our hospital's Volunteer Services; the rest of the job was handled by members of church groups, youth and service organizations . . . and yes, of the Sanatorium Board staff . . . in a series of Christmas Seal "blitzes" in September and October.

The Ladies' Auxiliary to the Associated Canadian Travellers of Winnipeg, who have been assisting the work of the Sanatorium Board for 25 years, have the longest record of participation in these "stuffing" operations. The Professional Engineers' Wives of Winnipeg have volunteered nighttime help since 1954, and the women of the Granite and Victoria Curling Clubs and the Calvary Temple Missionary Council have been turning up for daytime work for 17 and 12 years respectively.

Again this fall the West Winnipeg Rotary-Anns offered other daytime assistance, and special blitz nights were arranged on two occasions for the Ukrainian Catholic Women's League of Winnipeg, and on one occasion each for the South Winnipeg Kiwanis, women staff of the Great-West Life Assurance Company, and members of the Zonta club and the Lutheran Church of the Redeemer.

Metering and tying sorted bundles of Christmas Seal letters is a big job during these blitzes . . . and every year since he took over the management of Modern Building Cleaning Services at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, Tom Pickering has assisted Rudy Trnka with this job. The Christmas Seal Director and Les Wilson and his porters have also welcomed the annual help of the hospital's Junior Volunteers, the 65th Venture Scout Troop and the 21st Scout Troop of St. Vital in the transport and distribution of supplies.

For a few Sanatorium Board members, these preparations have represented a big operation, which began with the drafting of a message in May and ended with a cheer when the last mail bags were trucked away in late October. From there on the Manitoba postal service took over . . . and the 45th annual Christmas Seal Campaign got under way.

Our warmest thanks to all of the volunteers who made this possible.



Miss Mary Gray, who has supervised the Manitoba campaign since 1952, works long hours in the fall months. She manages the Seals office herself, with part-time assistance at campaign time.



Tom Pickering, left, of Modern Building Cleaning Service, worked over 100 hours to help Mail Room Supervisor Rudy Trnka stamp and bundle letters.



For several years the 21st Scout Troop of St. Vital have assisted with the transport of supplies on blitz nights. The helpers here are, left to right, Jeff Belegus, Rick Smith, David Andrews and Pat Parker.



The Professional Engineers' Wives have turned out for blitz nights for 17 years. 'Round the table, left to right, are Mrs. T. H. Kirkby, a long-time volunteer, Mrs. Charles Hovey and Mrs. E. P. Fetherstone. Helpers in the background are Scouts Jim Ferguson, left, and David Brown, of St. Vital.



Members of the Victoria and Granite Curling Clubs have offered daytime assistance for many years. Among the Victoria Club curlers who came each Wednesday afternoon were, left to right, Mrs. Nora Leask, Mrs. Dorothy Ceretti and Mrs. Doris Shaw.



Eleven students taking business training at the Technical-Vocational School processed undelivered mail for the Seals Office. Around the table, left to right, are Gail Barr, Theresa Andrushak, Debbie Aitken, Shirley Page, Brenda Bendaler, and Christine Silvani.



On alternate Fridays in the fall, 20 members of the Calvary Temple Mission Council showed up at 8:30 a.m. for a full day's work. They have been industrious helpers since 1959.



Over 100 members (representing 14 parishes) of the Ukrainian Catholic Women's League turned out for two blitzes. Seated from left to right are members of the executive council: Mrs. Peter Warren, president, Mrs. Walter Lewycky, secretary, and Mrs. Peter Verdenik, treasurer. Standing is Seals Supervisor Miss Mary Gray.



The A.C.T. Ladies' Auxiliary began Christmas Seal work in the late 1940's. Pictured here, left to right, are Mrs. Edward Beringer (1959 president), Mrs. W. T. Walker, Mrs. I. F. Robertson and Mrs. Wilj Bardsley (1957 president).