

J. W. Speirs, left, chairman of the Sanatorium Board of Manitoba since 1958, is pictured with the new chairman Frank Boothroyd following the annual meeting of the Board on April 29. Mr. Speirs, who was first elected to the Sanatorium Board in 1942, has been made an honorary life member. (Photo by David Portigal).

Board Pays Tribute to J. W. Speirs

When James W. Speirs announced his retirement as chairman of the Sanatorium Board of Manitoba at the annual meeting last month, a wave of sadness swept the staff. Mr. Speirs has become something of an institution at the Board; for over two decades we have delighted in his regular appearance at our executive office, in the warmth of his greetings, and in the deep interest he always took in Sanatorium Board affairs and Sanatorium Board employees.

Everyone knew that Mr. Speirs was proud of his association with the Board, and we are left with many wonderful memories of the intensity of his feeling. Some of us, for example, remember a certain time when workmen were putting the finishing touches to the exterior of the Manitoba Rehabilitation Hospital. Mr. Speirs arrived for a Board meeting just as the men were attaching the modest black letters of the hospital's name to the white expanse of the projecting auditorium. He studied the letters with concern. "Why don't you take them all down," he suggested to the astonished workmen. "They're not big enough."

Mr. Speirs might have preferred a huge neon sign to announce to one and all that Manitoba had a shining new hospital . . . the very first of its kind in the province. In his final annual report, he indicated his feelings when he said that it had been a great privilege during his tenure to see the work of the Sanatorium Board considerably expanded to take on many new responsibilities: first, the provision of extended treatment facilities for long-term patients; then the opening of the Manitoba Rehabilitation Hospital and the organization and operation of such other special services as the Prosthetics and Orthotics Research and Development Unit and a program of rehabilitation for socially and vocationally handicapped Indians and Metis.

The people of Manitoba owe a lot to men like Mr. Speirs, who so willingly and gladly have taken time out of their busy lives to serve the needs of their fellow men. There is little glory for them in the way of public recognition; few people ever learn of their contributions. But it is a fact that the

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Frank Boothroyd Becomes The Board's New Chairman

Frank Boothroyd of Winnipeg was elected chairman of the Sanatorium Board of Manitoba at the annual meeting of the Board on Friday, April 29. He succeeds James W. Speirs who has retired from active membership after 23 years of distinguished service and seven years as chairman.

Mr. Boothroyd, president of Moore's Taxi Ltd., was first elected to the Sanatorium Board in 1951 and has been a member of the executive committee since June, 1954, when he was named vice-chairman of the Administration and Finance Committee. In 1958 he became chairman of this committee; three years later he stepped into the chairmanship of the Manitoba Sanatorium and Tuberculosis Preventive Services Committee, a post he held until last year when he was elected vice-chairman of the Board.

Mr. Boothroyd was born in England and came to Winnipeg with his parents as an infant. He attended John M. King and Daniel McIntyre Schools, then took a course in business law at the University of California before going into business on his own in 1933 as a service station operator in Winnipeg. A few years later he expanded his operations considerably to include the taxi, rent-a-car and the bus and trucking fields.

With the outbreak of World War II, Mr. Boothroyd interrupted his career to serve in the Canadian Army overseas rising to the rank of major in the Fourth Division Supply Company and the First Infantry Brigade. Following his discharge in 1945 he returned to his Winnipeg operations, becoming president of Moore's Taxi Limited of Winnipeg and Regina in 1948.

Mr. Boothroyd, who is married and has one son, relaxes at fishing

and bowling and the occasional game of golf. Somehow he also finds time for other community organizations such as the Chamber of Commerce, the Shriners and the Canukeena Club.

MEMBERS RE-ELECTED TO SANATORIUM BOARD

R. L. Bailey, a member of the Sanatorium Board since 1951, has been elected vice-chairman of the Board, succeeding Frank Boothroyd who is our new chairman.

John F. Baldner in turn succeeds Mr. Bailey as chairman of the Manitoba Sanatorium and Tuberculosis Preventive Services Committee. S. Price Rattray remains chairman of the Manitoba Rehabilitation Hospital Administration Committee. Other executive committee members are J. B. Craig of Brandon and R. H. G. Bonnycastle.

Also re-elected to the Board were Dr. L. G. Bell, W. C. Bowra, George Collins, G. W. Fyfe, H. L. McKay, E. B. Pitblado Q.C., Howard T. Spohn and D. M. Dunlop, all of Winnipeg; W. B. Chapman, The Pas; R. J. Robinson, Dauphin; Ed Dow, Boissevain; W. A. Paton, F. O. Meighen Q.C., S. A. Magnacca and R. K. Armstrong, all of Brandon.

Members appointed by the provincial Minister of Health are John Gardner of Dauphin and Dr. J. A. MacDonell, Dr. E. Snell and George Iliffe, Winnipeg.



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Named President



EDWARD DUBINSKI

Edward Dubinski, Sanatorium Board executive assistant, was formally installed as president of the Upper Midwest Hospital Conference at the annual meeting of members in Minneapolis this month. More than 6,000 administrators and technical hospital personnel from Minnesota, North and South Dakota, Montana, Iowa and Manitoba attended the installation ceremony which took place at the annual banquet on May 4.

Mr. Dubinski has been a delegate to the conference for the past six years and a member of the Board of Trustees since 1963. The purpose of the conference, he said, is to conduct an educational program in all phases of hospital administration and its allied groups.

HONOR MR. SPEIRS

(Continued from page 1)

success of a voluntary organization such as ours has always depended heavily on the guidance of astute businessmen.

Mr. Speirs is president and general manager of Modern Dairies Ltd., the largest and most diversified privately-owned milk distribution company in western Canada. He is also a self-made man who as a child emigrated with his parents from Glasgow to Winnipeg and left school early to help his father run a small dairy. Later he took a menial job at Crescent Creameries. Today that company is part of his vast dairy network.

Over the years Mr. Speirs has taken part in many community activities. Among other things he served for years on the Advisory Board of St. Boniface Hospital, acting as chairman of the Board in 1956.

In recognition of his many fine contributions to the Sanatorium Board since 1942, members at the annual meeting unanimously voted him an honorary life membership. It was the only gesture of thank-you they could offer.

Board Extends BCG Vaccination Program

BCG — the only effective vaccine against tuberculosis — was administered to 287 children and teenagers last month in the Duck Lake-Camperville area. The project, carried out by Dr. D. L. Scott and Miss Rikka Guttormson of the Central Tuberculosis Clinic, represents an extension of

the Sanatorium Board's program to give extra protection to young people in certain areas of the province where infection rates are higher than average.

Duck Bay and Camperville, located on the west shore of Lake Winnipegosis, are predominantly Metis communities which over the years have acquired a somewhat notorious record for tuberculosis. In recent times, however, the situation has improved, due primarily to yearly surveillance of the inhabitants, speedy isolation of new active cases and close follow-up of contacts and ex-patients.

An indication of this improvement is seen in the results of the tuberculin testing which had to be carried out prior to the administration of the vaccine. The tuberculin results among the children six to nine years of age, for example, showed that only 1.3 percent reacted positively to the test — that is, were infected with tuberculosis. The percentage for this age group in the whole province, according to our 1965 surveys, was 1.2 percent.

The reaction rates for the other age groups have improved since the last BCG program was carried out at Duck Bay and Camperville in 1957, at which time the average positive rate for a comparable age group of children was 42.8 percent. This last project showed that the average rate was down to 12 percent.

Nevertheless the following table shows that the reaction rate among the older children in the area is still considerably higher than that for the whole province:

Rate of Positive Reactions		
Age Group	Duck Bay - Camperville	Whole Province
6 - 9 yrs.	1.3%	1.2%
10 - 13 yrs.	19.2%	4.18%
14 yrs.	24.1%	7.56%
15 - 16 yrs.	28.0%	12.1%

These figures show that it is only within the last 10 years that tuberculosis infections seems to have become more effectively controlled, as witness the big difference in the infection rates after the age of 10. These older children were exposed to more infection as infants.

Tuberculosis Hospitalizes 332, Kills 33 Not Under Control Says Dr. E. L. Ross

To a great many Canadians, living in an age of "miraculous drugs", tuberculosis appears to be a disease of the past. Yet TB last year hospitalized 332 persons in Manitoba and took the lives of 33. Among the victims were a mother and her baby. The child was born with disseminated tuberculosis and lived six days. The mother died a few weeks later; seven months before she had no evidence of TB.

In his annual report to the Sanatorium Board, Dr. E. L. Ross said the fact that there are fewer tuberculosis patients in hospital today does not necessarily mean that there are fewer new cases. More and more patients are being discharged from hospital earlier to continue drug treatment at home. All require close supervision for at least two years.

In recent years the tuberculosis death rate has settled into a plateau, and there is a tendency for the rate of new active cases to follow a similar trend. In 1965 new active cases of tuberculosis in Manitoba totalled 214. In 1964, 231 new active cases were reported.

Across Canada the number of new, active cases of tuberculosis has actually increased in the last two years. For the first 11 months of 1965 there were 4,116 cases, compared with 3,918 for the same period in 1964. This represents a five percent increase, and there was also a two percent increase in re-activated cases during the same period.

Who is getting TB now? Older people, particularly males over the age of 50, comprise a large percentage of our patients. But it should also be pointed out that one-third of all our new cases are 19 years of age or younger, and 23 percent of all the cases are under 10 years of age. Most of the children are Indians and Metis; in fact, 85 percent of the patients at Manitoba Sanatorium are Indians, Metis or Eskimo.

The World Health Organization has stated that a country can consider that it has tuberculosis under control when one percent or less of the children at age 14 are positive reactors to the tuberculin test. At Duck Bay and Camperville, we note, 24.1 percent of the 14-year-olds are positive reactors.

Administration of BCG

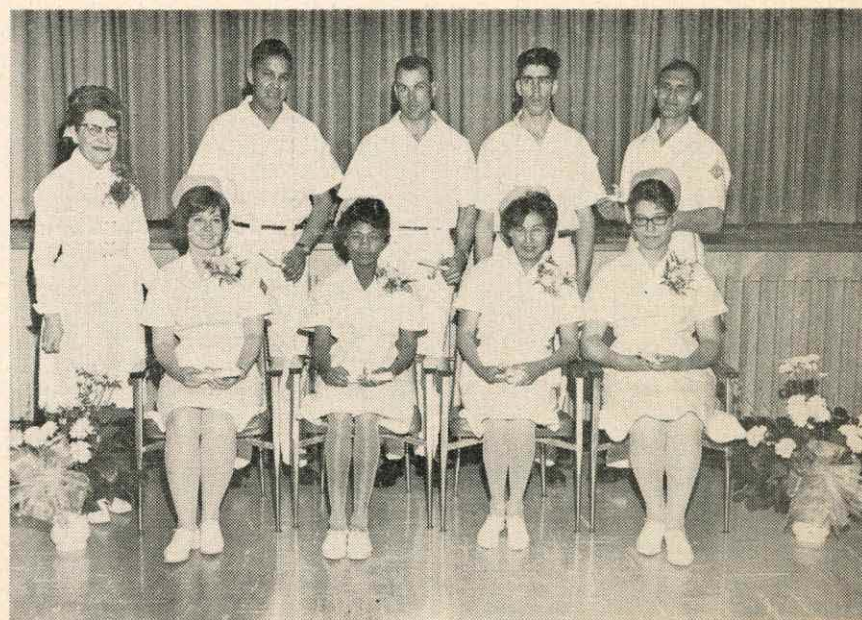
The children who reacted negatively to the tuberculin test were given BCG vaccine. Those who were positive have already been infected and therefore have as much protection against tuberculosis as the vaccine would give.

BCG stimulates the manufacture of antibodies against tuberculosis. It does not give total protection nor is it a life guarantee. It gives about 80 percent protection for five to 10 years, and it has been found to be particularly effective against the development of primary tuberculosis, miliary tuberculosis and tuberculous meningitis.

In high incidence areas such as Duck Bay and Camperville, the vaccine is given to the young people because it has been found that in individuals between the ages of 13 and 30 there is a sharp increase in the risk of infection and of breaking down with the disease.

In 1965 a total of 8,397 persons in Manitoba received BCG vaccinations. The largest and most important group are the Indians and last year close to 6,000 were vaccinated by the Medical Services branch of the Department of National Health and Welfare.

Others who received the vaccine were tuberculosis contacts, hospital personnel and nursing students as well as 1,414 high school students in the Dauphin Health Unit area who, like the young people at Duck Bay and Camperville, are being given this extra protection.



M.R.H. NURSES' ASSISTANTS AND ORDERLIES GRADUATE — The latest group to complete the Nurses' Assistants and Nursing Orderlies Training Program at the Manitoba Rehabilitation Hospital are pictured with their instructor Mrs. Doris Setter (standing left) following a graduation ceremony in the hospital auditorium on April 14. The graduates are: Seated, left to right — Miss Judith Allen, valedictorian, Miss Sylvia Henry, Miss Carole Pinnay and Miss Ingrid Wagner. Standing: Melville Pinay, Andrzej Kaczowski, David Davis and Kalman Jambor. (Photo by David Portigal).

Occupational Therapy: Treatment through Activity

What is occupational therapy?

Unless you are foolhardy, don't ever invite the wrath of an occupational therapist by thinking of it in terms of a game or pleasant craft work solely designed to help people forget how sick they really are.

Literally and simply, occupational therapy means treatment through activity. It is an integral part of physical rehabilitation, closely related to physiotherapy, and like all other forms of treatment, it is prescribed by a doctor.

But where the physiotherapist relies chiefly on pure exercising to achieve the treatment aims, the occupational therapist makes use of body movements involved in various activities. These activities very often do include light crafts and games, or they may take the form of heavier industrial arts such as carpentry or metal work. Whatever they are, they are selected primarily for their value in helping a patient to increase muscle power, joint mobility and co-ordination — in all, to regain the fullest possible physical function.

The occupational therapist is also called on to retrain patients in the activities of normal daily life, and to assess their work tolerance and their ability to do certain types of work. It is not unusual when visiting an occupational therapy department to see a patient carrying heavy bags or climbing a scaffold to reassure himself and his therapist that he is able to return to his trade.

From all this it must be obvious that to be good at her work, the occupational therapist must not only have a sound knowledge of techniques but she must also be well versed in human anatomy, human movement and psychology. It takes three years of university training to become a qualified occupational therapist in Manitoba. It takes many more years of experience to become a really good one.



Close-up of Mrs. Korsunsky's splints.

To find out how occupational therapy fits into a patient's treatment program at the Manitoba Rehabilitation Hospital, we talked one day to Mrs. Rita Korsunsky, a mother of three who has suffered from arthritis for some 14 years.

As Mrs. Korsunsky remembers, the disease struck her first in the left leg and hip. Four years ago it



A program that includes weaving

progressed throughout her entire body, gradually forcing her into the life of an almost total invalid. "Sometimes I could walk for about 15 minutes," she recalls. "After that I'd be worn out by the pain and the effort."

On March 18 of this year Mrs. Korsunsky was admitted to the Manitoba Rehabilitation Hospital for the six stage arthritis treatment program, which is geared to bring the patient up from the stage of bed rest to maximum functional capacity.

To Mrs. Korsunsky, this meant complete bed rest for one week (using resting splints for her limbs to relieve pain and prevent or correct deformity) and exercising in bed for a short time each day under the guidance of a physiotherapist. She did not begin occupational therapy at this stage, but an occupational therapist visited her on the ward to determine what sort of help she would need from her department.

One week later, at Stage 2 of her treatment program, Mrs. Korsunsky added twice weekly exercising in the hydrotherapy pool to the regimen of bed exercises and rest. She is not badly deformed by arthritis, but for those who do need special assistance the occupational therapist will step into the treatment program at this point, giving instruction on the wards in such activities of daily living as eating, dressing and getting in and out of bed. These are the actions that we perform without thinking; to the severely disabled even the simplest of them can be frustratingly difficult and they can often benefit from self-help devices and various kinds of splints.

During the third week of her stay Mrs. Korsunsky came down to the Occupational Therapy three afternoons a week to play cards — a simple activity which the therapists considered a useful, easy, beginning exercise for her hands, and



And activities of daily living

a good means of mixing socially with other patients.

Gradually her treatment program was stepped up, and in the physiotherapy department she began exercising on the mats and taking part in a walking class. "I didn't realize that I had developed bad walking habits . . . to avoid pain, as I thought," she said. "So, all over again, I had to learn heel-to-toe walking."

Both the physiotherapist and the occupational therapist are concerned that arthritis patients learn good body mechanics, as improper posture and walking habits only add to disability. In Mrs. Korsunsky's case, a built-up shoe with arch supports has helped greatly to relieve pain and keep her foot in proper alignment.

As treatment progresses the patient builds up the tolerance to take on more activities. At Stage 4, for example, Mrs. Korsunsky was putting her affected fingers through more refined movements by working with mosaic tiles. At Stage 5, she began weaving — an excellent exercise for her whole arm and shoulder.

Physiotherapy was dropped from the program at the sixth and final stage, although she continued to exercise on her own using a list of exercises for her whole body given to her by the physiotherapist. She intends to follow the instructions faithfully at home. "I'll take the time for both exercising and rest each day," she said. "It makes a world of difference to the way I feel."

Mrs. Korsunsky's last week in hospital was given over entirely to the occupational therapy department's home unit. A resting splint, individually made for her by the Orthotics Department, has increased her ability to function in the kitchen. The splint keeps her wrist immobile, giving her enough support to lift fairly heavy objects and use her fingers without discom-



with the aid of wrist splints

fort. When we last saw her she was vigorously mixing ingredients for cookies. "These six weeks in hospital have given me a tremendous emotional boost," she told us. "I am positive now that I'll be able to carry on at home."

Mrs. Korsunsky was one of 248 rheumatoid arthritis patients admitted for in-patient treatment at the Manitoba Rehabilitation Hospital last year — and one of 2,140 treated in the occupational therapy department. We have mentioned only a few of the activities patients may be involved in; on any day of the week the department is a hive industry. Here a paraplegic is learning to transfer in and out of a car. There a woman with an injured leg is busily exercising on a bicycle fret-saw machine. Men with stiff shoulders are sanding a cabinet with wide circular movements; a woman with hemiplegia is learning how to use one-handed equipment in the kitchen.

The occupational therapist's facilities and techniques are limited only by her own ability and imagination. You can call it a game if you wish; but just remember that it's an earnest game that pays off huge dividends in better health.

THINK OF US THIS WAY

Imagine the world as a town with 1,000 persons living in it. There would be 303 white, 697 non-white. There would be 300 Christians, 700 non-Christians, 80 communists and 370 under communist jurisdiction.

There would be 65 Canadians and Americans, leaving 935 others.

These 65 would have a life expectancy of 70 years; the other 935, a life expectancy of 40 years.

These 65 would have one half the entire financial income of the town, the 935 the other half.

Half of the town would be illiterate.

—Canadian High News via MDH News

AROUND OUR INSTITUTIONS

200,000 Use S.B.M. Services

Some 200,000 people in Manitoba benefited directly from the Sanatorium Board's various health and hospital services in 1965. According to the annual report of T. A. J. Cunnings, executive director of the Sanatorium Board, a total of 2,431 patients were admitted for treatment at the Board's hospitals and 157,811 individuals took advantage of tuberculosis preventive services or the special rehabilitation program for the socially and vocationally handicapped. Out-patient visits to both the tuberculosis and rehabilitation hospitals totalled 53,549 in 1965.

Rehabilitation Hospital

A total of 1,016 persons were admitted for a program of treatment as in-patients at the Manitoba Rehabilitation Hospital. This figure, said Chief of Medical Services Dr. L. H. Truelove, is similar to that for 1964, the increased demands on the hospital being represented by a lengthening waiting list.

A total of 1,686 patients were registered as new out-patients during the year. This is a 35 percent increase over the work done in the out-patient department in 1964.

The average daily in-patient bed occupancy was 89 percent; the average length of stay for the whole hospital was 53 days.

The major groupings of patients treated were arthritis, hemiplegia and other chronic neurological disorders, orthopedic conditions, paraplegia and amputations.

Integration of Indian Subject of Display

As part of the Rotary Leisure Land show at the Winnipeg arena last month, the Sanatorium Board of Manitoba got together with Community Development Services and the Indian Affairs branch to put on a special display entitled "Togetherness".

The project was designed to show the public how Indians have been successfully integrated in the white community — in jobs, in training and in school. Colored slides were used for the demonstration, and many of the subjects were Sanatorium Board rehabilitants.

Also featured were displays of handicrafts from the Indian and Metis Friendship Centre in Winnipeg and from Mansa Products at our Manitoba Sanatorium. Mansa Products is a ceramics workshop which serves primarily as a work assessment centre for socially and vocationally handicapped people.

Murray McCausland, ceramics instructor, and two students George Boyer and Solomon Linklater, demonstrated their method of making pottery. They also took orders amounting to over \$100, money which will be used to help defray the expense of operating the workshop.

The organizing committee for the whole project included Rod McKenzie, of the Sanatorium Board's Special Rehabilitation Services, Marvin Marakuca, Indian Affairs, and Herman Burston, Community Development Services.

328 Employed Through S.B.M. Special Services

How many Indians and Metis have actually been successfully established in white society through the Sanatorium Board's special rehabilitation services?

According to the annual report of Roger Butterfield, supervisor, a total of 328 have been placed in permanent employment since the program was begun on April 1, 1958, when a small unit housing 14 rehabilitants was opened at Assiniboine Hospital, Brandon.

In the last few months the program has been expanded considerably to include a second unit at Manitoba Sanatorium and now at any one time between 50 and 60 young men and women are benefiting from the social orientation and work conditioning program.

In 1965, said Mr. Butterfield, 83 persons attended the units at Brandon and (towards the end of the year) at Ninette. Seventeen attended regular schools; 39 took the Basic Training Course for Skill development 38 attended vocational schools; three received training on the job.

A total of 98 persons were placed in employment.

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The first girls have arrived at the rehabilitation unit at Ninette, according to our student reporters.

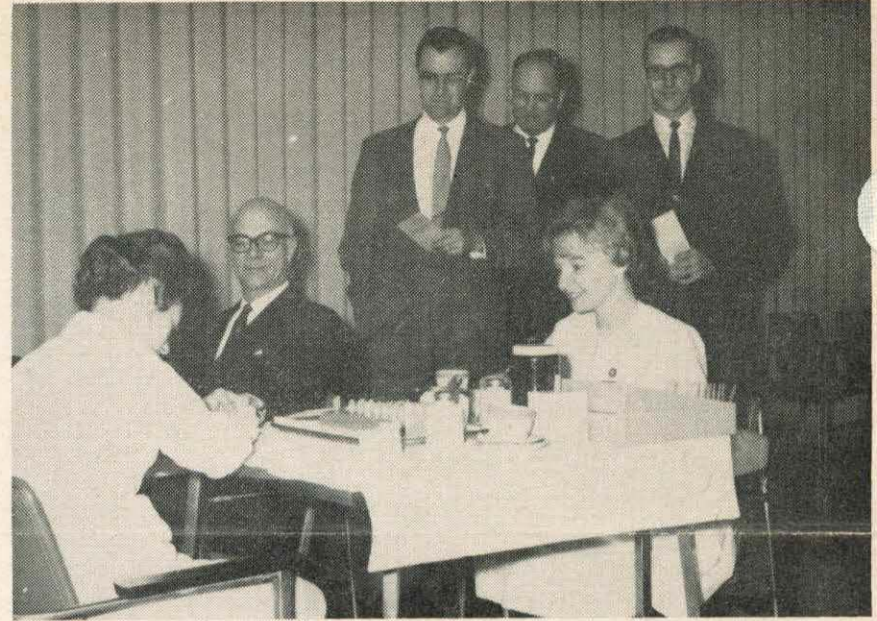
The former King Edward building has been renovated to accommodate women rehabilitants and Mrs. Gladys Priesinger, supervisor, was on hand to welcome the new group — Margaret Bowers and Marilyn Murdock, of Fisher River, Mary Jane Miller of Wabowden and Josie Francis of Winnipeg.

During the month the boys bade farewell to two of their fellow students: Jonas Chartier, who is taking the Basic Course for Skill Development in Winnipeg, and George Boyer, who is learning the upholstery trade in Winnipeg.

* * *

Both the students at Ninette and Brandon took in the Shrine Circus in Brandon on May 1 and 2. Another highlight of the month, according to our Brandon reporter Clementine Sinclair, was a visit to a meat-packing industry and a tour of places of interest in Winnipeg.

The students were also very proud of fellow rehabilitant John Bondoni who won a prize at a talent competition held at a reception party for the Canadian Council of Christians and Jews at the Indian and Metis Friendship Centre.



FREE BLOOD TESTS FOR STAFF — Last month a total of 236 staff members of the Sanatorium Board executive offices, the Central Tuberculosis Clinic and the Manitoba Rehabilitation Hospital received free blood tests for diabetes . . . and among the first to receive them from Licensed Practical Nurses Miss Mavis Harding, left, and Miss Noreen Hall were T. A. J. Cunnings, executive director, and behind him Robert Marks, Eddie Dubinski and Ron Thomas. Beginning June 1 these diabetes tests will be offered to adults in Western Manitoba in conjunction with the Sanatorium Board's tuberculosis surveys. They will be financed by the Associated Canadian Travellers of Brandon. (Photo by Jim Zayshley).

Our Thanks to Aviva

The Sanatorium Board expresses appreciation to the Aviva Chapter of the B'nai B'rith who on April 20 wound up a season of outstanding entertainment for the patients at the Manitoba Rehabilitation Hospital. The last event was a concert in the auditorium.

Starting last October, the members have been responsible for bringing entertainment twice a month for all patients. They have baked cookies and cakes and have provided a huge birthday cake once a month at which time the names of patients who celebrated birthdays during the month were read.

At the bingo games, which alternated with the variety concerts, door prizes and game prizes were awarded. The average attendance at these affairs was 80.

An average of 12 Aviva Chapter members attend the entertainments and spend about three hours at the hospital. Altogether during the year they gave 362 hours of their time to the hospital.

A hearty thank-you is extended to these members, to the chapter president Mrs. S. Rosenhek and to Terry Morris of Mid-western Theatrical Agency, who was responsible for bringing professional talent to the hospital for the concerts.

Welcome New Nurses

Two nurses from India arrived in Winnipeg last month to take on their new duties at the Manitoba Rehabilitation Hospital. A warm welcome is extended to Miss Rosalind Joyce Broughton and Miss Monica Margaret Nair who received their nurses' training in Bangalore, India, and for the past two years have been working in Saudi Arabia.

The Central Tuberculosis Clinic also welcomed a new member to their general nursing staff: Miss Arlene Sutherland, a graduate of St. Boniface General Hospital School of Nursing.

A Glimpse of the "Good Old Days"

Modern nurses, count your blessings! Look at these regulations for a bedside nurse in 1887. Besides caring for her 50 patients, her routine went like this:

Daily sweep and mop floors of the ward, dust the patient's furniture and window sills.

Maintain an even temperature in the ward by bringing in a scuttle of coal for the day's business.

Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys, and trim wicks. Wash the windows once a week.

Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on Sabbath on which day the nurse may be off from noon to 2 p.m.

Graduate nurses in good standing with the director of nursing will be given an evening off each week for courting purposes, or two evenings if you go regularly to church.

Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years, so that she will not become a burden. For example, if you earn \$30 a month, you should set aside \$15.

Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nursing good reason to suspect her worth, intentions and integrity.

The nurse who performs her labors, serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of five cents a day, providing there are no hospital debts outstanding.