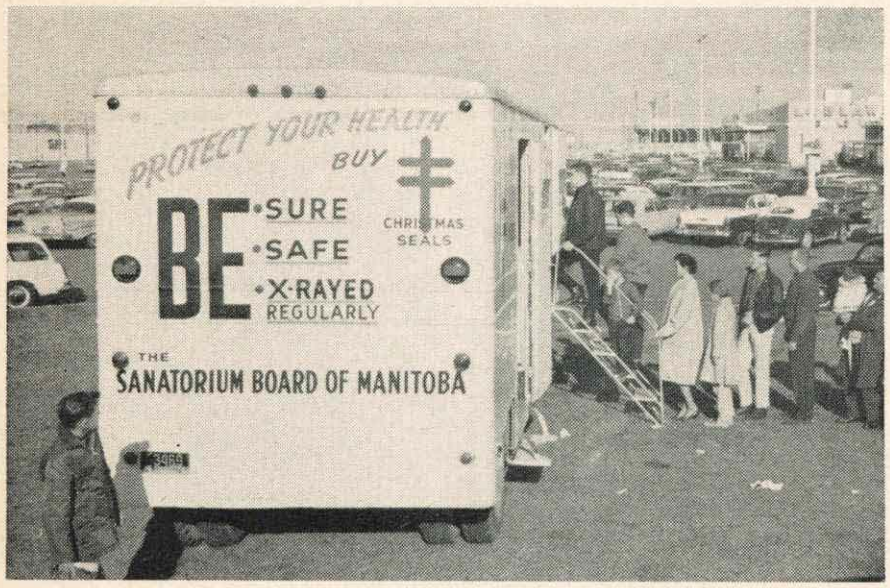
# news bulletin

The Sanatorium Board of Manitoba

VOL. 7, NO. 9 PUBLISHED BY THE SANATORIUM BOARD OF MANITOBA, WINNIPEG OCTOBER, 1966


Since 1926, when the first Christmas Seals were sold nationally to raise funds for tuberculosis prevention, they have helped pay for more than four million free TB examinations for the people of Manitoba. During the next few weeks, when we begin yet another campaign to raise funds for a year-round program of prevention, the Sanatorium Board reminds everyone that Christmas Seals still have a big job to do in clearing up sickness and disease in this province.

CHRISTMAS SEALS

## Volunteers Prepare for Campaign

Preparations for the annual Christmas Seal Campaign went into high gear this month with the holding of several "blitz nights" to stuff envelopes for the November mails. The opening of the campaign in mid-November marks the 56th year that the Sanatorium Board will appeal to the people of Manitoba for the funds to finance a year-round program of tuberculosis prevention. Some 200,000 householders will receive our Christmas Seal letter.

Preparations for the campaign began as early as last May when hospital volunteers and various other people began folding the Christmas Seals. At night, our switchboard operators folded great stacks of seals; even our man, Harold Davis, in the hospital parking lot has offered his services.

On November 4, members of the Professional Engineers' Wives of Winnipeg came to the rehabilitation hospital for a special stuffing session. They returned a week later, this time joined by 40 members of the Ladies' Auxiliary to the Associated Canadian Travellers, Winnipeg Club. Together the two groups stuffed 22,000 envelopes in a single evening.

On October 19, for the first time in our memory, some Winnipeg businessmen turned up to help prepare the envelopes. They were members of the South Winnipeg Kiwanis, who came with some 40 members of their Women's Auxiliary. They were also joined on this occasion by the members of the St. Boniface Inner Wheel.

On October 20, over 100 business women in Winnipeg (including members of the Sanatorium Board staff) held a fourth blitz. And throughout the daytime in October various other groups have helped again with the preparations.

We are very much indebted to the Calvary Temple Mission Circle, Winnipeg and West Winnipeg Inner Wheel, the West Winnipeg Rotary-Anns, the P.E.O. Sisterhood, the B'nai B'rith and the women members of the Victoria and Granite Curling Clubs.

**CHRISTMAS SEALS FOR OVERSEAS MAIL**

**If you need Christmas Seals now for your overseas mail, please contact the Sanatorium Board of Manitoba Christmas Seal Department at 668 Bannatyne Avenue, Winnipeg 3. Or telephone SP 5-0181.**

# Prevention and Education Major Aims of TB Seals

In a few weeks the Sanatorium Board of Manitoba will embark on the 57th annual campaign to raise funds for the fight against tuberculosis. Over 200,000 letters will go into the November mail, each containing several sheets of gay Christmas Seals and a request to use them on the back of holiday cards and letters. The money returned will be used to help finance a year-round program of tuberculosis prevention—that is, community and industrial tuberculin and x-ray surveys, travelling consultant clinics, an expanding BCG vaccination program, a research program and health education service.

The first Christmas Seal was sold in Manitoba in 1911, as a means of raising funds for the new, struggling sanatorium at Ninette. In 1926, the Christmas Seal Campaign was established nationally, the funds to be used soley for tuberculosis prevention in each province.

Since 1926, Christmas Seal contributions have helped pay for more than four million free tuberculosis examinations for the people of Manitoba. In the early days practically all of this preventive work was carried out by our TB physicians who, accompanied by an x-ray technician and a public health nurse, would go out to remote areas of the province and round up and examine suspects, contacts and ex-patients. In the early 1940's the program was expanded tremendously with the introduction of mass x-ray surveys, and in 1958 tuberculin testing of the public was included. In the past few years, the Sanatorium Board has also embarked on a stepped up vaccination program.

The financing of these preventive services remain a major aim of the Christmas Seal Campaign. Yet, equally important, is the Seal's educational value.

From the very beginning the idea has been to use colorful Christmas stamps as a means of reminding others that tuberculosis is a preventable communicable disease and that only with full public co-operation can the disease be brought and maintained under control.

But as new cases slowly dwindle and few people now die of tuberculosis, persuasion has become much more difficult. It is not easy to convince others that as long as the tubercle bacillus hangs on in human bodies (and it does, in 20 percent of our population), tuberculosis is a problem. Once the bacilli gain entry into the body, they remain there and that individual becomes a carrier and possibly at some future date, a source of new infection.

At present there are about 700 people in the province who are receiving treatment for tuberculosis. Over 200 patients are in sanatorium, and among them are 14 people from one small community. Ten of these 14 patients are children, and seven of these children come from one family.

Tuberculosis is a very big problem to that one community, and so is it to other patients and their families. And finally, as long as infection hangs on in any corner of the province, tuberculosis remains a problem for all of us. Without continued preventive work, serious outbreaks can and will occur . . . anywhere.

Christmas Seals have a unique job. They sell people on the idea of preventive medicine, and on the idea that individuals, banded together,

(Continued on page 4)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# A Tour of Our Occupational The

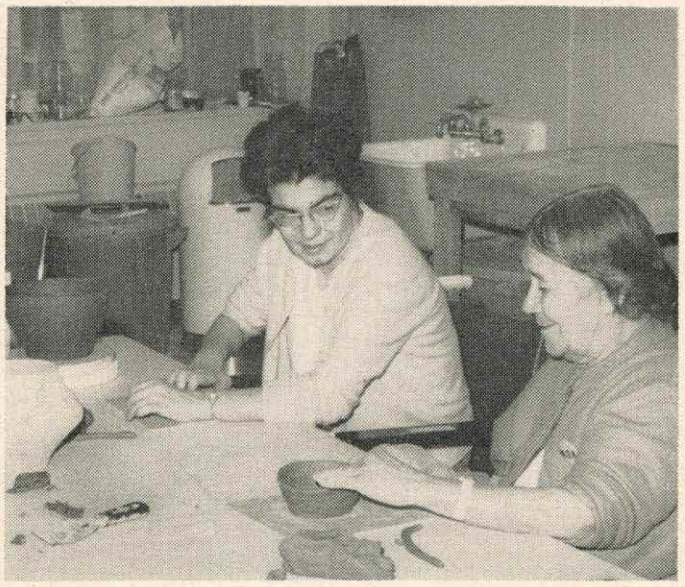
**By Mrs. Joy Huston, M.A.O.T., O.T. Reg.**

ED. NOTE: *Since the Manitoba Rehabilitation Hospital was opened by the Sanatorium Board of Manitoba in early 1962, over 9,000 physically disabled persons have been admitted, as in-patients or out-patients, for intensive programs of treatment. The hospital is the only one of its kind in Manitoba and has been laughingly referred to as "The Belsen of Winnipeg." Patients soon discover that it is unlike any other hospital they know; for most of them, it means up out of bed early in the morning and a full day of "workout" in the treatment departments. This continues, day after day, until maximum function is restored. Occupational therapy — described most simply as treatment through activity — has a vital part in the rehabilitation process. We are pleased to present the following description of our Occupational Therapy Department, which was taken from a paper presented by Chief Occupational Therapist Mrs. Joy Huston at the 1965 annual conference of the Canadian Association of Occupational Therapists in Toronto.*

Advancing medical knowledge has changed many of the demands made by doctors on our profession. Past is the time when our chief function appeared to be to relieve boredom in the patient confronted with lengthy periods of inaction or illness, or to give the nursing staff of a hospital a much needed break from bell-ringing. Having taken some years to learn from qualified authorities the courses of many diseases and how the body can survive the often severe punishments inflicted upon it, we have had to raise our sights and find an answer to the many problems and limitations of function which appear in our occupational therapy department, and to be more specific and scientific in our approach.

Occupational therapy is a necessary service in a rehabilitation hospital. At the Manitoba Rehabilitation Hospital, our patient load is now 200 to 300 patients daily, most of whom have passed the more acute stage of their illness in some other place.[1] About one-third of our patients are in-patients, who are accommodated on three floors of the hospital, mainly grouped as follows: arthritic floor, neurological floor, and orthopaedic and traumatic floor.

We have two occupational therapists assigned to each floor of the hospital: one senior with experience and one junior to learn the ropes. These therapists change from one floor to another every three months to get more all-round experience. They rarely work only on the floors; they are responsible for treatment of their patients in the department. For patients who require special help with their personal care problems, the therapists are on the floors when the patients are rising, so as to guide and assist at the



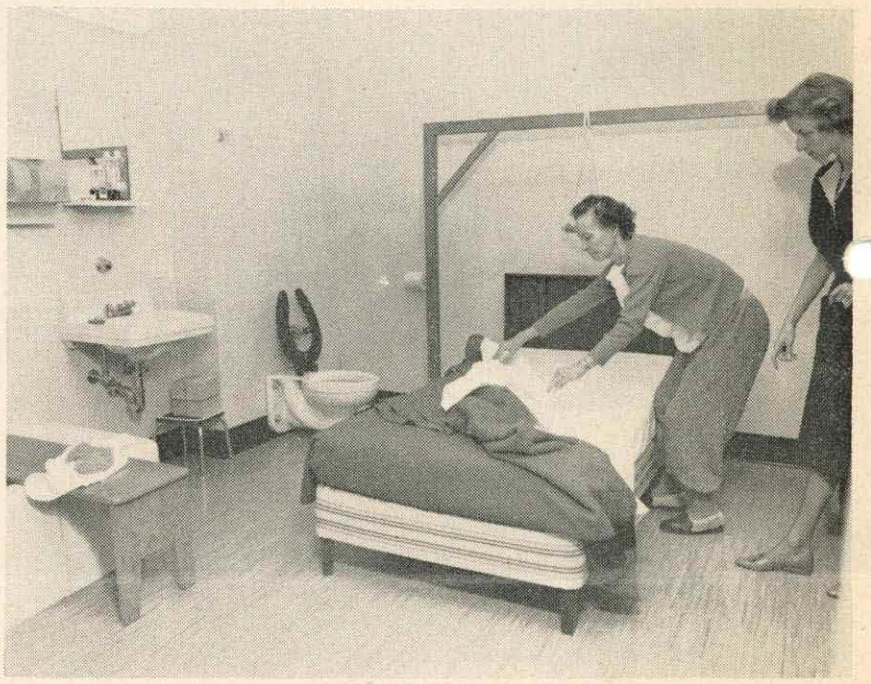
In the Ceramic Section, two patients roll and shape clay as a means of exercising their hands. A technician, a potter by trade, is responsible for preparing the clay and planning new projects in clay to meet the demands of the therapists.

normal time of getting dressed. We find that there are many personal care problems that cannot be dealt with on the floors, so we have set up a Home Unit section in the occupational therapy department, which consists of a "higgilty-piggilty" kitchen and a bedroom-bathroom. Here, under a therapist who does nothing else, patients get lessons in labour-saving methods in the kitchen, their needs are discussed and clothing adapted, utensils are planned and made and their uses taught. This approach has been so successful that doctors with out-patients have referred them for "home unit assessment." And the whole program has grown in concept to include a "Back Unit," with specific reference to women who often have no other symptoms than prolonged backache due to faulty levels of work in their homes or business. First they show us how they make their beds and carry out their work; then we teach them how to do the same things with less effort and more postural control. Altogether this has been a most successful venture and a service we now could not do without.

## *THE LIGHT WORKSHOP*

For patients with upper limb disabilities, we have a light workshop. Here we have tried to plan for finger, wrist, forearm, elbow and shoulder activiti using weaving, basketry, sewing, mosaics and making seats for stools. There is also a ceramic section, with power wheel, kick wheel and tables for slab work. A technician, a potter by trade, is responsible for the preparation of the clay and planning new projects in clay to meet the demands of the therapists. He is also responsible for glazing and firing. What a relief! I decided to fire a kiln when he was on holiday and found that the staff had pinned a paper above the kiln depicting "Gemini 6" going into orbit and the staff taking shelter!

Three other aides help in this department, their function being to get patients to work and to assist in some of the modalities which have been started by a therapist. This allows the therapist more time to analyse the loss of function in her patient, to plan activities, position patients and start new patients on suitable treatment.



In the Occupational Therapy Department's Home Unit, patients learn how they may achieve maximum independence in the home by using labor-saving methods, special utensile and clothing. The unit consists of a "higgilty-piggilty" kitchen, a bedroom-bathroom and a laundry area. Assessment and re-education is under the direction of a trained therapist.

## *THE MEDIUM WORKSHOP*

The medium workshop is a much noisier place. Here we have machines for lower limb re-education, treadle fret-saws for building up the gast and increasing dorsi and planter flexion of the ankle. We are equipp with two Oliver Rehabilitation Machines with bicycle action and fret-saw attachment, which can have resistance added in a brake. A mileometer and speedometer assist in gauging effort and output. We have close to 10,000 miles registered on one, and over 8,000 on the other, which gives some indication of the use to which they are put. Seat distance from work is adjustable, as are the pedals. The machines are excellent for hip and knee restoration, and for getting a good walking pattern in hemiplegic patients and for using with limb-fitted amputees.

The Farnham Lathe is another machine of great value to us. Based on the old-fashioned wood-turning lathe, it has been modified to include an adjustable foot plate and hook for sling suspension in cases of non-weight bearing limbs. The machine is excellent for building up good standing posture in patients with hip and knee problems and with spinal lesions, and it is used a lot in retraining amputees fitted with instant limbs and in stump training. To further help patients with lower limb disabilities, we made an "ankle machine", which has a rotary motion foot plate and knee bar. It is fitted with a sanding disc, and work cut out on the fret-saws may be sanded on it. It assists inversion and eversion of the foot, and somehow seems to help in re-establishing the long arch of the foot.

A "wiretwisting" brush machine has also been set up in the medium workshop. It has interchangeable handles and gives assistance in functional return from fingers to the shoulder.

Some light woodwork is done in this area: wooden toys, garden orna ments and assembly of work cut on the fret-saws. In this area, an orde helps with the transfer of patients onto the machines, prepares the wood to be cut and looks after the paints and tools. Two aides assist patients on the machines, chart their mileage, get the charts out and file them away and keep track of the patients' progress. Two therapists look after patient schedules on the machines, plan the work and measure and chart the patients' progress. Throughout the day there are bookings on these machines every 15 minutes — so you have an idea how busy this section is!

# apy Department

## *THE HEAVY WORKSHOPS*

On into the heavy workshops where the whole tempo of treatment changes. In this section, staffed by one trained technician with his trade papers and three untrained technicians with skill in carpentry, is the heavy equipment: power-driven saw-bench with eight-inch diameter blade, De Walt bench saw, band-saw, jig-saw, drill-press, planer and two electric lathes. For benches we started with an old kitchen table and gradually built our own, of which we now have eight in the heavy workshops and two in the medium workshop.

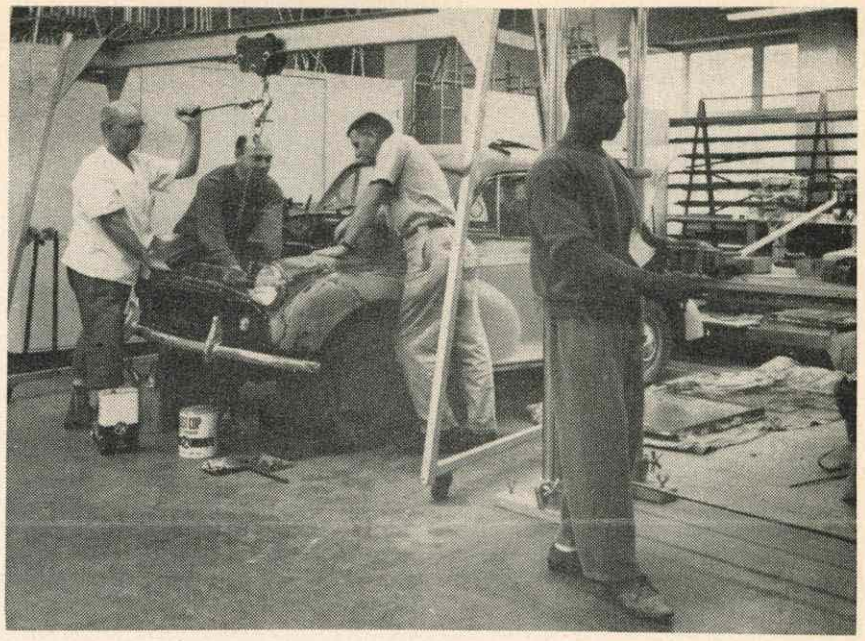
The work in this area must be up to industrial standard, with assembly work as part of it. Part is private projects, and part individual or hospital orders. On no order do we allow a time limit to be set, except by ourselves, so that no pressure is put on the patients. The therapists place patients in this section after discussing with the foreman what they require the patient to do: whether he is to work seated or standing, using a high or low bench, for how long he is to remain, and what is the aim of treatment. What he works at is planned by the patient and the foreman, and the results are often surprising. One out-patient succeeded so well that he daily finished and bought what he had made, went out and sold it at a profit, drank the proceeds, and sobered up in time to repeat the medicine each day. Another with a diagnosis of joint stiffness of doubtful origin, and with limitations of function in the lower limbs, was referred for a "workout" and was so successful in his rehabilitation that he is now in jail serving a sentence for kicking a policeman in the groin!

Hemiplegic male patients also work in this area, at two benches which allow for wheelchair clearance and are equipped with an overhead suspension rig to support their affected limbs when necessary. There are sanding blocks of various sizes and to gain big arm movements, patients sand all the material prior to painting or varnishing. In this section are made all the stools and wooden reachers, raised toilet seats and bath benches that are needed for our Home Unit. Stool frames are made and assembled as a bench job. We also make foundation trivets and teapot stands for the light workshop mosaic work, lap-boards for wheelchairs, bases for coffee tables, hospital foot boards and fracture boards. Thus we are assured of a steady flow of work and are able to supply the hospital with much needed commodities.

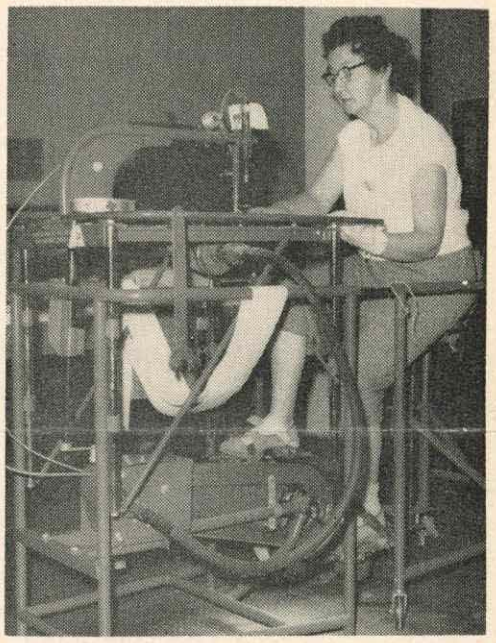
Through from the woodwork area is the metal shop. It is usually difficult to be constructive about metal. Yet people do work in this trade, so we had to get specific. Arc welding and spot welding were necessary, as was a technician. We added a trainee to help prepare the work. We make metal bookshelves, record player stands, magazine racks and wrought-iron ornaments. All these have to be cut, shaped, welded and painted or sprayed. We have also made a jig to form metal for walkers and walkerettes, and for the metal canes required by the physiotherapy department. We repair hospital wheelchairs and some of the metal equipment for the hospital kitchen and canteen.

In this section we have a sectional scaffold which can be rolled out into the courtyard and erected to 15 feet, and dismantled as a form of functional assessment. Some cement mixing is also done, and formed into patio bricks. This takes care of the heavier types of labour, and gives something to show for time spent.

In the Medium Workshop a patient is put to work on the "wiretwisting" brush machine. This machine, which has been equipped with interchangeable handles, "gives assistance in functional return from the fingers to the shoulders."



In the department's metalshop the patients make metal bookshelves, record stands and wrought-iron ornaments, or they may repair the hospital wheelchairs and sometimes kitchen equipment. In the background, two men work on a car.



A hemiplegic patient pedals the Oliver Rehabilitation Machine in preparation for "walking re-education." This bicycle fret-saw machine consists of a saw and pedal unit and a seat unit which is adjustable horizontally and vertically, according to the patient's range of movement, and it can have resistance added in a brake. It has great value for the treatment of persons with disabilities involving the lower limbs.

## *ORTHOTICS . . . OFFICE WORK . . . GAMES*

We started a small orthotic unit in the metal shop to make dynamic splints and to do some research into peripheral nerve lesions and their needs. But it grew to bounds beyond the shop and it is now housed in its own quarters with a very able young technician in charge, who has engineering papers from Germany. He has endless patience and ingenuity and works until he has a completely efficient device to answer an individual need.

Completing the Occupational Therapy Department is a small section containing typing desks for office work assessment and a games area with puff billiards and table tennis table that is seldom out of use. Table tennis is an excellent medium for sorting out one's upper and lower limb capabilities and one's ego; and for making bilateral weight-bearing a necessity, especially with amputees and persons with lower limb lesions. Many patients with arm limitations also improve instinctively when stretching to return a ball.

We still have many things to improve, and new mediums to work out before we find the answer to the many physical limitations and problems which find their way daily to the department. Only by planning, discarding and re-planning can one hope to achieve satisfactory results for patients in an Occupational Therapy Department.

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[1] **One exception, say Mrs. Huston, are rheumatoid patients, who are admitted at any stage of their illness, and are often on complete bedrest for the first three weeks. For this group a special program was set up with the other specialties (doctors, nurses, physiotherapists and dietitian) involved in their treatment. Although occupational therapists are involved in the early stages, e.g. in finding out the conditions they come from and what they will be going back to, their physical treatment in the occupational therapy department comes much later than for most of the other patients the department is asked to treat.**

# Paraplegics Will Hold Games

In 1967 Winnipeg will host the *very first* Pan-American Paraplegic Games. The announcement that sports events for paraplegic athletes from the Western Hemisphere will follow the big Pan-Am Games to be held here next summer, was made last month by Allan Simpson, chairman of the Winnipeg Wheelchair Sports and Recreation Club.

Members of the club were elated when they heard the news. The Pan-American Sports Organization's approval of this second competition, said one spokesman, "marks a new era for paraplegics throughout the country and this hemisphere. We are now able to offer paraplegic athletes competitive goals . . . to provide international competition and contacts which up until now have been virtually impossible."

Even before the announcement was made a group from the 200-member sports club were practising various field events at Sargent Park; among them, Ben Reimer who first sparked interest in international paraplegic competitions when, through the offices of the Sanatorium Board of Manitoba, he attended the Second Commonwealth Paraplegic Games in Jamaica last August. Ben was the first Canadian to enter the games, and, much to Winnipeg's delight, he returned home with the bronze medal for the javelin throw.

The javelin throw, shot put, discus throw, archery, wheelchair basketball and wheelchair racing are among the some 10 major events planned for the competitions which will be held following the Pan-Am Games here next July. The Winnipeg group expects a strong response from other countries. Mexico has already indicated a special interest in meeting our Wheelchair basketball team in competition; the United States, Brazil, Uruguay and Jamaica have well-developed sports programs and highly skilled athletes.

The paraplegics here plan to catch up fast. Already some can be called "wheelchair artists". Alan Nordal, who wheeled five miles to the Rehabilitation Hospital every day and scooted around the corridors at a clip that left staff members trembling, is — in our opinion — a cinch for a gold medal in racing.

# Travelling Down Memory Lane

We think we live in a miraculous age — but chances are grandfather thought he did, too, when he saw the first automobiles. Until then he had been used to a rate of travel of about four miles an hour—by walking or by wagon. A buggy or carriage, with a spirited team of horses, was a little faster.

The first automobiles must have greatly impressed grandfather, although they didn't set much of a speed record at first, and they weren't the easiest things to operate. The first Model T's, for example, were hand cranked. In case the car didn't start readily with the crank, a rear wheel was raised up to clear the ground and the transmission was put in high gear. The car was then easier to crank.

But if the car fell off the jack when it started, the person cranking it had to jump to one side, catch the steering wheel as the car came by and climb in. (There was no door on the driver's side.)

The Model T also had a gravity-fed fuel system and the gasoline tank was under the front seat. When the tank was less than half full, the carburetor would run out of fuel on a long climb up a hill. At that point the driver would turn the car around and back the rest of the way up the hill.

Today we can cover four miles in three or four minutes in a car. In a jet plane four miles takes about one-third of a minute. A rocket-propelled vehicle travelling at orbital speed covers four miles in less than a second.

All this seems remarkable to us. But we wonder what our grandsons will have to say about it!

## AIMS OF TB SEALS

(Continued from page 1)

can do a lot to improve the health of this province. It is even quite possible that in years to come, Christmas Seals could take on a bigger job in the life of our people by financing even wider public health services. If our mobile facilities and surveys staff can fairly easily and efficiently perform an additional service of providing blood tests for diabetes (as was the case last summer), why not other detection services to seek out unsuspected hazards to health.

Christmas Seals can do so much. Use them on all your December mail.

*Come! Bring Your Friends to —*

**THE CANDLE FAIR AND GIFT COURT**

Wednesday, November 16, from 9 a.m. to 4 p.m.
Auditorium, Manitoba Rehabilitation Hospital

- Candles
- Gift Wrap
- Christmas Cards
- Gift Items
- Patient Handicrafts

*Arranged by the Volunteer Services, Manitoba Rehabilitation Hospital*

**Proceeds will be used to help cover the cost of equipment for the hospital's new Hearing Rehabilitation Service.**

# TB — Diabetes Survey Winds Up

The tuberculosis and diabetes detection program in western Manitoba winds up this month with the screening of residents in the city of Brandon and Cornwallis municipality. The free survey, conducted by the Sanatorium Board of Manitoba, includes tuberculin skin tests and chest x-rays for tuberculosis and fingertip blood tests for diabetes — the latter given in co-operation with the University of Manitoba Metabolic Laboratory and with the full approval of the Canadian Diabetic Association and the Manitoba Medical Association.

The month-long survey is the biggest undertaken by the Sanatorium Board this year, and many service clubs and other organizations are helping to carry it out.

W. A. Paton, of the Associated Canadian Travellers of Brandon (who are financing the blood tests) is general survey chairman. Assisting him on the survey committee are Dr. G. T. McNeill, Herbert Hardy, president of the Brandon A.C.T., and W. E. Rees.

Prior to the opening of this health service a complete canvass was made of every home in the municipality. Hundreds of volunteer canvassers were recruited from the Brandon A.C.T., the Kinsmen Club, the Rotary Club, Elks Club, Lions Club, Ladies of the Royal Purple, DeMolay, Beta Sigma Phi, the Canadian Order of Foresters, United Commercial Travellers and the Brandon branch of the Canadian Diabetic Association.

## REACTIVATIONS

A substantial percentage of tuberculosis cases reported annually are due to known reactivated disease or to the development of disease in persons whose previous chest x-rays showed findings consistent with a diagnosis of inactive tuberculosis, but for whom there was no previously known history of active disease, according to the 1965 report on Epidemiology of Tuberculosis in Ontario by the Ontario Department of Health.

The department estimates that one-third of all cases reported annually are probably due to known and presumed reactivations.

Five-year follow-up of inactive tuberculosis cases is not enough, the report warns. In the recent experience of the department, over 70 per cent of the known reactivations had been inactive for five years or more before relapse.

Although information on the duration of the inactive interval was known for only 226 cases in 1965, 41 per cent of these persons reactivated between the 8th and 20th year of inactivity.

This report serves to strengthen the Sanatorium Board's view that there should be a diligent life-time follow-up of all inactive cases of tuberculosis. A similar study was conducted concerning reactivations in ex-patients. Most were found to have broken down 10 years or more after treatment.

# BULLETIN BOARD

One of the tuberculosis preventive services provided by the Sanatorium Board through the Christmas Seal fund is the administration of anti-tuberculosis vaccine to young people in areas where the incidence of tuberculosis is higher than average. Since 1963, all high school students in the Dauphin Health Unit area have been given B.C.G. vaccine; early this year the program was extended to the school children at Duck Bay and Camperville. Close to 300 were vaccinated at these small settlements last spring; some 50 more received the vaccine when Dr. D. L. Scott and Miss Rikka Guttormson (of the Central Tuberculosis Clinic) revisited the area this month. At this time, those who were vaccinated in the spring were given tuberculin skin tests to determine whether or not the vaccine "had taken".

* * *

Another health service provided by Christmas Seal funds is the travelling (consultant) clinics held each year in various parts of the province for the examination of former TB patients and tuberculosis contacts. Since September 20 the Central Tuberculosis Clinic doctors have conducted five of these clinics: at Duck Bay and Camperville and at Swan River, Portage la Prairie and Dauphin.

* * *

The Sanatorium Board again extends hearty congratulations to former patient Ben Reimer who last month was made an honorary life member of the Manitoba branch of the Amateur Athletic Union. The award was made at the Union's annual dinner meeting, and Ben was asked to display the beautiful bronze medal he won in the javelin throw at the Commonwealth Paraplegic Games in Jamaica last August.

* * *

We also express our thanks to Terry Hind, business manager of the Winnipeg Football Club, who on September 21 arranged for 36 students and staff of our Pembina House, Ninette, to see the football game between the Winnipeg Blue Bombers and the Toronto Argonauts. For many of the students Mr. Hind's kind gesture was a special thrill — they had never before seen a football game.

* * *

Among the recent visitors to the Manitoba Rehabilitation Hospital were six members of a Japanese Youth Goodwill Mission (North America Team). The team, headed by Prof. Nobuyoshi Hirai, of Ochanomizu Women's University in Tokyo, were taken on a tour of the hospital by Sanatorium Board Nursing Consultant Miss E. L. M. Thorpe.

* * *

In her capacity as president of the Manitoba Association of Occupational Therapists, Mrs. Joy Huston attended the annual conference of the Canadian O.T. Association in Edmonton this month.