



News Bulletin

SANATORIUM

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BOARD

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AT THE NEWLY OPENED PEMBINA HOUSE at Manitoba Sanatorium, Ninette, an ambitious young man can up-grade his academic standing considerably and thus prepare himself for further pre-vocational and vocational training. Pembina House has been established as an extension of the Sanatorium Board's special rehabilitation unit at Brandon to provide guidance and counselling to the socially and vocationally handicapped. Jack Ferguson, left, supervisor of Special Programs, Department of Education, and Robert Golinski, teacher-counsellor at the unit, inspect the work of students: Left to right—Robert Tait, Stanley Bunn, Roy Daniels, Stanley Spence and Stanley Dorie. See story next page. (Photo by T. E. Wilkins, The Killarney Guide).

New Cases Among Children A Chief Concern in TB Fight

It is perhaps ironical that as the tuberculosis rate declines, Christmas Seal-financed tuberculin and x-ray surveys are becoming more important than ever. The reason is that as infection becomes less prevalent, large segments of our population have no protection against a sudden massive

invasion of TB germs. The person with undiscovered active disease, therefore, is a real menace to others.

There is the recent case, for example, where seven young people, ranging in age from 13 to 19 years, were found with new disease in the St. Laurent area.

At one time St. Laurent had the highest incidence of tuberculosis, but gradually through surveys and other preventive measures, infection was reduced until in 1963 no new diagnoses were made in the area.

Then in 1964 two new cases suddenly appeared, and this year, five more.

The infected spread the disease wherever they go — and children especially are vulnerable. During the past year four new cases were admitted to sanatorium from Roseau River. Three of them were children . . . all infected by an adult relative.

The discovery of far advanced, active, bacillary disease in two children, aged 12 and six, led to the immediate scheduling of tuberculin skin testing and chest x-ray surveys of the staff and pupils at two Winnipeg schools this month. Again, an older person is suspected of having given them the disease.

The Sanatorium Board cannot stress too strongly the importance

of tuberculin and x-ray surveys, and the need for everyone in all age groups to take part in them.

Usually 20 per cent or more of our population decline to take free tests for tuberculosis because they have the attitude, "It couldn't happen to me."

It is time the public realizes that *anyone* who is infected with the germs that cause tuberculosis can develop active disease at any time during his life. Last month 18 new active cases were uncovered in Manitoba, bringing the year's total so far to 188 new active cases.

Around one-third of the patients now receiving treatment for tuberculosis in Manitoba are 19 years of age and under. More than a third are over the age of 50.

And significantly, it is still found that close to 40 per cent of the new cases have moderately advanced or far advanced disease before the patients realize they are ill.

Tuberculin skin tests and chest x-rays, paid for by contributions to the annual Christmas Seal Campaign, are among the best screening tools for tuberculosis. They uncover disease in the early stage, long before the patient feels ill, and before he can infect others.

Help Fight TB. Use Your Christmas Seal Services.

TB Surveys May Include Blood Tests

In accordance with a recommendation of our Medical Advisory Committee, the Sanatorium Board of Manitoba is exploring the possibility of incorporating into our tuberculosis preventive surveys free blood tests to determine blood sugar levels, haemoglobin and blood urea nitrogen (to test kidney function).

If the program is started, the tests will be provided in the form of a pilot study in the western part of the province, using the Board's Christmas Seal mobile unit facilities to administer the tests, and special electronic equipment for analysis.

The Board of Directors of the Associated Canadian Travellers, Brandon Club, has indicated an interest in financing this new project which at the earliest would begin in the summer of next year. It has been approved by the Executive Committee of the Manitoba Medical Association, the provincial Department of Health and the Manitoba Branch of the Canadian Diabetic Association.

The procedure for the tests is very simple and relatively inexpensive. Each individual's finger would be pricked and a small drop of blood removed and sent back to Winnipeg for the electronic analysis.

Such a project, incorporating three tests, would be the first of its kind in Canada and would, medical authorities feel, open up a new

and challenging field of preventive medicine.

The idea is largely the outcome of an experiment conducted in Central Winnipeg last spring when, in addition to free chest x-rays, 967

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WE NEED MORE RESEARCH . . . WE NEED YOUR HELP!

Research is a vital function of modern medicine, and at the Manitoba Rehabilitation Hospital a Research Fund has been established to finance important investigation into basic problems related to major disabilities.

A contribution or bequest to the Research Fund offers an opportunity to provide tangible support to the search for greater understanding of the means of preventing and treating disabling illness and injuries. Contributions or inquiries should be directed to the Executive Director, Manitoba Rehabilitation Hospital.



Address all communications to:
THE EDITOR, SBM NEWS BULLETIN,
800 Sherbrook Street, Winnipeg 2, Manitoba
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and for payment of postage in cash.

Rehabilitation Unit Opened at Ninette

For the Indian and the Metis (or for that matter, the white) who moves into the city from remote bushland, life can become a nightmare. Unused to the bustling pace of urban living and the social graces which most of us learn from childhood; unschooled, unskilled, misunderstood and very often unwanted, he is indeed a bewildered, lost soul.

To help cope with this very big social and economic problem, the Sanatorium Board of Manitoba, at the request of the federal and provincial governments, has set up two rehabilitation units for socially and vocationally handicapped persons (of any race) at Assiniboine Hospital in Brandon and at Manitoba Sanatorium, Ninette. The Brandon Unit has been in operation since 1958; the one at Ninette since the beginning of last month.

Ninette's new unit — named Pembina House after the lovely valley in which our sanatorium is situated — has the same sort of program as that of Brandon, providing a home-like atmosphere in which the individual may take stock of himself, gain confidence and learn about the demands which will be made on him when he is on his own.

At present 16 young men from all parts of the province are living in the unit. Initially the applicants have been limited to males 17 years of age or over, but eventually, it is planned that women will also be accepted.

Pembina House is the building formerly known by tuberculosis patients as Number 2 Pavilion. With the declining patient population at Ninette — due mainly to the fact that many patients are now being discharged from hospi-



An important part of the rehabilitation program at Pembina House is the ceramic workshop, which was set up mainly to assess the students' work potential. Murray McCausland, counsellor and ceramics instructor, demonstrates the method of cleaning the fired pieces of clay in preparation for glazing to a group of students: Left to right, Peter Henderson, Stanley Bunn, Gabriel Elk, Jonas Chartier and Roy Daniels. (Photo by T. E. Wilkins, The Killarney Guide)

tal earlier to continue treatment at home — the building has been standing empty for some time.

Now, newly renovated, it comprises mainly two dormitories, recreation rooms and lounge for group activities, counselling and interviews, a classroom and a kitchen for the preparation of evening simple meals.

The rehabilitant begins the day as any other student or working man, rising early to get his breakfast and tidy up his bed area. The day's classes are held from 8:30 to 4:30 and, in addition to academic up-grading, they include a great deal of group and individual counselling on social courtesies, grooming, responsible citizenship, job

hunting and various other related subjects. To give the students work experience, as well as to assess their working potential, a workshop known as Mansa Products has been set up. The products so far are limited to ceramics which are marketed in Winnipeg and the profits used to pay the students a salary and to cover the cost of operating the workshop.

Films, guest lecturers and tours are also an important part of the program. On December 9, for example, the Ninette rehabilitants were brought into Winnipeg for a tour of industries, training schools and such places of interest as the Manitoba Legislature.

Lynn Kuzenko, who formerly supervised the unit at Brandon, is supervisor of Pembina House. He is assisted by Bob Golinski, a teacher-counsellor, and Murray McCausland, a counsellor who also supervises the workshop.

At the Brandon Unit, Harold Weitman has succeeded Mr. Kuzenko as supervisor. Lorne Berg is the teacher-counsellor.

The students take an active part in planning activities. An indication of how quickly and enthusiastically they are learning their responsibilities was indicated recently when they decided to purchase some sports equipment. They borrowed the money from the Sanatorium Board and are now busily making arrangements to pay it back by holding fund-raising film nights, bingos and dances.

The unit, however, is just the beginning of the rehabilitation process. But, because of the program, it is now possible for the ambitious individual with as little as four or five years of schooling to think in terms of training for a trade. At the unit, for instance, he can achieve Grade Seven standing in such subjects as mathematics, English and science in a matter of three or four months. From there he can go on to the provincial pre-voca-

Pembina Notes

Beginning this month, the News Bulletin is pleased to include this news column submitted by our Special Rehabilitation Unit at Ninette. Except for some minor editing, the column is presented just as the rehabilitants wrote it.

Over 100 visitors from as far away as Carlyle, Saskatchewan, The Pas and Churchill signed the guest book when Pembina House held an open house on Thursday, November 25. The numerous questions and comments during the guided tours of the unit indicated the interest of the guests. Refreshments were served by the sanatorium's kitchen staff.

* * *

A student council has been elected to co-ordinate duties, activities and projects. Roy Daniels of Long Plains was named president. Other officers are: Secretary, Stanley Bunn, Scantebury; treasurer, George Boyer, St. Lazare; advisor, Lynn Kuzenko, unit supervisor.

Louis Campbell of Duck Bay was elected our first house captain and for two weeks it was his responsibility to see that the house rules were obeyed and duties performed. Zack Beardy has succeeded Louis as house captain for the next two weeks.

* * *

The members of the student council have responded to their responsibilities with eagerness and energy. As a first project they decided to purchase hockey and gym equipment, and to help finance the project the council organized a program of activities, including movies, bingo, games and dances. It was also suggested that we sponsor a winter carnival in the new year.

* * *

On November 20 the Brandon Club of the Associated Canadian Travellers held one of their Search for Talent radio broadcasts at Manitoba Sanatorium. Our Pembina House singing group, calling themselves "The Unknowns", placed sixth among 23 district contestants in the popularity contest.

* * *

Most of the boys have made plans to go home for Christmas after classes wind up on December 22. To everyone we wish a Merry Christmas and a Happy New Year!

tional training course (Basic Training for Skill Development) and thereafter into a trades training program. Or, on occasion, he may go directly from the unit into permanent employment, or he may return to a regular school.

The Sanatorium Board's Special Rehabilitation Services estimates that on the average a person qualifying for training will require five months of academic up-grading, 10 to 12 months of vocational training and follow-up services until he is considered well adjusted in community life.

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Brandon Travellers Fulfill Pledge

A cheque for \$6,000 was presented to the Sanatorium Board of Manitoba by the Associated Canadian Travellers, Brandon Club, when members held their annual President's Ball at the Prince Edward Hotel December 4.

The cheque represents the final installment on a pledge undertaken by the Brandon A.C.T. two years ago to purchase new x-ray equipment for our Assiniboine Hospital Bandon. J. B. Craig, Chairman of the Assiniboine Hospital Administration Committee, accepted the cheque on behalf of the Sanatorium Board from out-going A.C.T. president Jack Cook.

The money was raised during the past year through various A.C.T. projects, including the Search for Talent Radio Broadcasts, newspaper bingos and lucky tickets at the annual Provincial Exhibition. Through these projects during the past 20 years, the club members have donated to the Sanatorium Board \$242,000.00. The money was originally used to further the Board's work in tuberculosis prevention, but in recent years the



J. B. Craig, left, chairman of the Assiniboine Hospital Committee, accepts a \$6,000 cheque from Jack Cook, newly elected president of the Brandon A.C.T. (Photo courtesy of The Brandon Sun)

club's assistance has been directed to the Assiniboine Hospital.

Two years ago, the club completed an \$85,000 pledge to help pay for the Physiotherapy and Occupational Therapy Unit at Assiniboine.

"Lively Splints" Help Mobilize Disabled Hands

Consider the hands. All day long they perform a myriad of tasks. We pick up a telephone, dial a number, turn on a faucet or a light, grasp a spoon, thumb through a magazine, type a letter, scratch our nose. All of these motions require extensive use of the nerves and muscles in our hands,

and yet we scarcely notice how important they are until we lose their dexterity through illness or injury.

A major part of rehabilitation, therefore, is to assist patients who have lost function in the hand and arm to regain some measure of independence, and to augment this program at the Manitoba Rehabilitation Hospital, a special little workshop has been set up in the hospital basement to produce various kinds of hand and wrist splints.

The designs for the splints — all of which must be tailor-made — are largely worked out by our Occupational Therapy Department according to the physician's prescription. They are then fabricated by Wilhelm Barmeier, an occupational therapy technician who has considerable experience in metal work.

Over the past 13 months Wilhelm has made hundreds of splints for our patients: About 25 different types are more or less standard designs, known to rehabilitation workers everywhere, but many others are unique adaptations devised by Wilhelm and the department under the direction of Chief Occupational Therapist Mrs. Joy Huston.

In general the splints can be divided into two major categories: The *Lively Splints*, which are used to overcome contractures and deformities, and the *Supportive Splints*, which are designed to prevent increasing deformity by reinforcing the power of weakened muscles. An example of the latter are the plastic splints for arthritis patients which keep the hand and wrist in a comfortable position and help to prevent or correct deformity. To augment the results of surgery, for example, special splints are made for the arthritic hand to prevent the sideways pull of the fingers (known as ulnar drift). Consisting of stainless steel and aluminum, padded with felt, the splint has a wing nut which, when tightened, brings the fingers back to a normal position. It is a new splint, the first of its kind in the department, and was made by the

technician from a description in a medical journal.

The Lively Splints are designed to gradually change the hand from a non-functional position into a functional one by the application of gentle, even pressure supplied by springs or ordinary elastic bands. Such are the splints with the intriguing names — Knuckle-benders, Cock-up splints, Flexor-hinge Splints.

Knuckle-benders, for instance, are made for patients who require assistance to bend or straighten stiff joints of the hand after injury. With the use of simple, plastic supports and a connecting elastic band, the Cock-up Splint brings a weakened wrist up to a functional position. The Flexor-Hinge Splint, on the other hand, is designed for patients who have muscle power in the wrist but have lost function of the fingers. By means of a plastic connecting piece, the patient transfers power from the wrist to the fingers, thus enabling him to grasp, or move his fingers up and down.

Other splints have special attachments to enable patients (such as quadriplegics) to hold and use a pencil, spoon or other utensil. A universal joint permits the patient to hold the tool in any position; he moves it by using what muscle power he has in the upper limb.

Almost all patients have individual problems which have to be considered when planning a device for them, and as there are no set rules which can be followed or patterns which can be obtained, the designer and fabricator must be endlessly patient and ingenious.

The successful hand splint, according to the department, must be acceptable to both the patient and the physician, comfortable and lightweight, easy to fit and to adjust, practical in use, and so designed that any normal portions of the hand are still allowed complete freedom of movement. Such exacting requirements present constant challenges to our staff — and very often involve many long hours of hard work.



Wilhelm Barmeier, occupational therapy technician works on a plastic resting splint for an arthritis patient, shaping it to fit a plaster model of the patient's hand. Mr. Barmeier served a 3½-year apprenticeship as a metal worker and electrical maintenance man in the mines of the Ruhr Valley before emigrating to Canada in 1962. He joined the staff of the Manitoba Rehabilitation Hospital three days after he arrived in the country.

SURVEYS INCLUDE BLOOD TESTS

(Continued from page 1)

residents in the area were given blood sugar level tests for diabetes in the Board's Number One Mobile Unit.

Findings from this survey indicated that one per cent of those tested (10 persons) were diabetics and five per cent were possibly diabetic.

The possibility of incorporating the blood tests in other tuberculosis surveys was suggested afterwards in a scientific report by Dr. J. A. Moorehouse, director of the metabolic laboratory in the Winnipeg General Hospital and D. R. Grant of the University of Manitoba physiology department.

REHAB OPENED AT NINETTE

(Continued from page 2)

In 1964 a total of 51 persons were accepted into the Assiniboine Rehabilitation Unit and at one point during the year 42 rehabilitants were in training in Brandon. They ranged in age from 16 to 40. Five were married men with families.

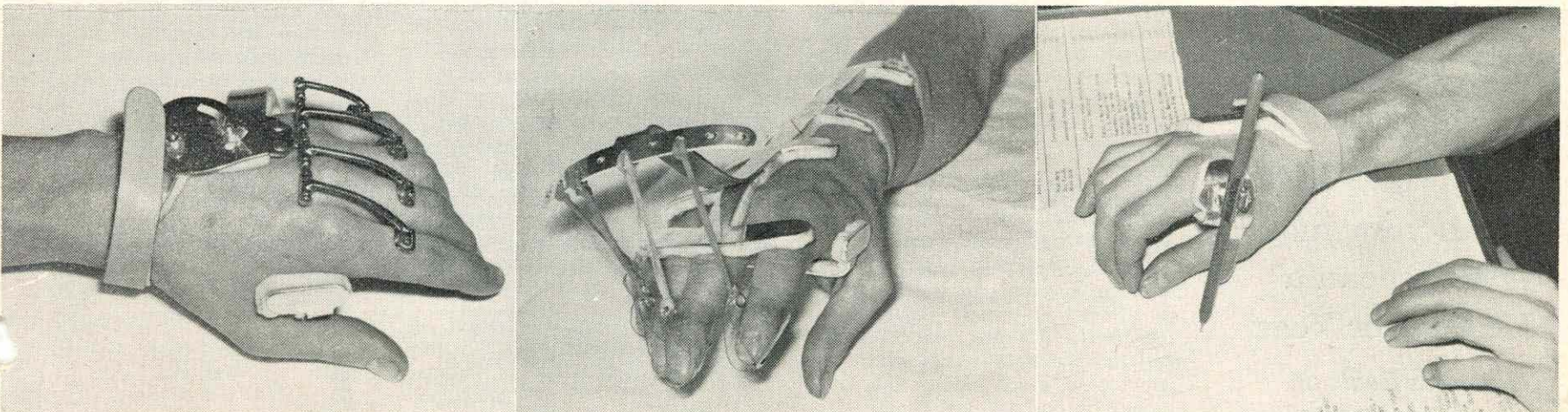
But the key to the rehabilitation of these people is not the facilities, the department stresses. It is a matter of people working with people.

And while the rehabilitant will gain a great deal through the program, it will really be his children who will benefit the most.

The Mistletoe

The mistletoe, like the holly, had an early religious significance. Among the ancient Druids it was venerated because of the belief that it had healing powers. A similar belief was carried over to the Christian era, and the mistle-

toe was adopted as symbolical of the healing power of our Lord. Beneath the mistletoe the Christians of long ago gave each other the sacred kiss of peace and good will before receiving the Holy Sacrament.



The splint, shown left, was made for an arthritis patient to prevent "Ulnar Drift" after surgery. By means of the wing nut, shown on the top piece, the fingers can gradually be brought into correct alignment. The Finger-Extension Aid, centre, was made for a hemiplegic patient who can flex his fingers, but not extend them. The bar under the palm keeps the

hand up; the finger tips, fitted into plastic pieces, are brought up by means of elastic bands. In the right photo is a writing aid devised for a quadriplegic patient who has limited movement in the upper limbs, but none in the fingers. A universal joint permits the pen to be held securely in any position. (Photos by Tony Gibson)

Doctor's Son Awarded Medal for Brave Conduct

Dr. D. L. Scott of the Central Tuberculosis Clinic is, understandably, on the point of busting a few of his buttons these days as he remembers with pride the presentation of the Queen's Commendation for Brave Conduct to his elder son.

A 100-man honor guard and the Winnipeg RCAF Training Command Band turned out to do full justice to the 30-year-old Surgeon Lieutenant-Commander Donald J. Scott when in a tri-service ceremony on November 24 he was awarded the Oak Leaf — symbol of a devotion over and above the call of duty — by Lieutenant-Governor Richard S. Bowles.

Before a packed gallery of army, navy and air force officers, and friends and relations of the Scott's, the Lieutenant-Governor's aide read the commendation describing the Lieutenant-Commander's dangerous night-time transfer to a tanker by whaleboat.

"On Saturday, March 20, 1965, at the request of the Air Sea Rescue Facility in Guam, HMCS MacKenzie rendezvoused with the tanker SS Point Montara . . . to give medical aid to a member of the crew.

"The night was very dark, with the swell running at eight to ten feet. The fully loaded Point Montara was rolling 15 to 20 degrees with each swell and the sea rushing across her well deck made it extremely dangerous to put a boat alongside.

"The tanker's crew were not well practiced in seamanship as they had great difficulty keeping the whaleboat at the boarding position where a small four-rung ladder had been placed.

"Notwithstanding these conditions, Lieutenant-Commander Scott prepared to board the tanker. On the first attempt he was unsuccessful as the tanker rolled the wrong way and the whaler had to withdraw or run the risk of being capsized. On the second attempt the position of the tanker and the boat



Surgeon Lt.-Commander Donald J. Scott, who was recently awarded the Queen's Commendation for brave conduct, is pictured with his wife Janice and children Sylvia, 5, left, and Linda, 6. Lieutenant-Commander Scott is the son of Dr. D. L. Scott, chief of medical services at the Central Tuberculosis Clinic. (Photo courtesy of Dept. of National Defence)

was just right and with only seconds for a decision Lieutenant-Commander Scott jumped the intervening space catching the ladder with one hand, then the other, and finding foot position quickly scrambled aboard . . .

"He immediately attended the stricken seaman, diagnosed the illness as a ruptured appendix . . . and elected to remain with the seaman until the Point Montara reached Guam some 36 hours later.

"Lieutenant-Commander Scott's fine display of seamanship and cool courage under hazardous conditions, and his devotion to the medical profession were no doubt responsible for saving the stricken seaman's life."

Christmas is Coming . . .

With the coming of Christmas the Sanatorium Board staff and volunteers are busy planning various holiday activities. One gala party — for patients at the Manitoba Rehabilitation Hospital — has already taken place. Arranged by the Aviva Chapter of the B'nai B'rith, the party took the form of a variety concert in the hospital auditorium on December 16.

The Young Men's Hebrew Association in Winnipeg provided refreshments and a gift for each patient; the exceptionally fine entertainment was provided by nightclub singer Roy Petty, folksinger and guitarist Eddie Laham (who also was master of ceremony), the Winnipeg Boys' Choir, and Sanatorium Board staff members, Marilyn Spargo, who gave a reading, and Margaret Emke, who danced.

The evening was truly an outstanding success and the Sanatorium Board is greatly indebted to the Aviva Chapter, the YMHA and the Winnipeg artists who contributed so much effort, time and money on our patients' behalf.

* * *

Many of the other Christmas activities at Sanatorium Board Hos-

pitals will follow much the same pattern of other years. For example, it is expected that Manitoba Sanatorium will again hold their annual Christmas Concert in which both patients and staff combine their talents to provide skits, vocal and instrumental numbers and the traditional Christmas pageant. On Christmas Eve they gather around a big tree in the assembly hall for a carol service, and on Christmas Day there is a big dinner for patients, staff, their relatives and friends.

In Winnipeg the highlight of the season will again be the special Carol Service on December 23 when, midst glowing candlelight, the staff choir, patients and members of all M.R.H. and C.T.C. departments gather to celebrate the birth of Christ.

Nurses Hold Dinner

To celebrate the holiday season, Mrs. I. A. Cruikshank, director of nursing at Assiniboine Hospital, Brandon, invited head nurses and supervisors to dinner in the Lamp-lighter Room at Barney's Motel. Also invited was Miss E. L. M. Thorpe, nursing consultant to the Sanatorium Board, who has been closely associated with the staff at Assiniboine Hospital for nearly three years.

The other dinner guests were Mrs. J. V. Blencowe, evening supervisor, Mrs. V. I. Dewar, night supervisor, Mrs. Vera Myers, day supervisor and assistant director of nursing, Miss Margaret Kinnear, Mrs. Myrtle McCabe, Mrs. Beatrice Cypruk, Ken Hawkins and Mrs. Wilma Green.

It was a happy celebration, if tinged with nostalgia, for this is the last Christmas the staff of Assiniboine Hospital will be associated with Sanatorium Board of Manitoba. At the dinner the nurses expressed appreciation for their long and happy relations with the Board.

Bulletin Board

The Sanatorium Board was very pleased and proud to learn that Arthur H. Atkins will take up a new post in Toronto next February as the consultant on rehabilitation for the Ontario Hospital Commission. Mr. Atkins formerly gave great service to the Board as hospital manager of the Manitoba Rehabilitation Hospital from the time it was still being built until August of this year when he left to become administrator of the Selkirk General Hospital.

* * *

Our very best wishes are also extended to Herb. Harvey who this month was elected president of the Associated Canadian Travellers, Brandon Club. Mr. Harvey succeeds the retiring president Jack Cook.

* * *

Dr. Fletcher D. Baragar, consultant in internal medicine at the Manitoba Rehabilitation Hospital, gave a lecture on the clinical aspects of A.S.A. (aspirin) in the treatment of rheumatic and arthritic illness at a special meeting of the Manitoba Branch of the Canadian Society of Hospital Pharmacists. Dr. Baragar and Dr. R. R. P. Hayter, the hospital's assistant chief of medical services, will also lecture at the Pharmacy Extension Course to be held at the University of Manitoba early next year.

Last month, Dr. Baragar gave a talk to the doctors in the Dauphin area on collagen diseases, and on December 6 he addressed the Brandon Medical Society on rheumatoid arthritis.

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Ted Sims, director of pharmacy services, has been appointed official delegate to represent hospital pharmacists at the provincial convention of the Manitoba Pharmaceutical Convention to be held in Winnipeg next June.

Mr. Sims will also take charge of the program and publicity for a special Hospital Pharmacy Institute to be held in the Manitoba Rehabilitation Hospital auditorium on April 16.

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Another staff member who has been particularly busy this month is Dr. Paul Mari of the Central Tuberculosis Clinic who took time to attend a Continuation Course in Pulmonary Disease, held in Minneapolis December 9 and 10 by the General Extension Division of the University of Minnesota.

To everyone—friends,
and staff and patients
— the warmest wishes
for a
very Merry Christmas
and a
Happy New Year!



Sing a song
of Christ-mas,
A stock-ing full
of cheer;
Christ-mas Seals
on all your mail
Will mean a
Health-ier Year!

Christmas Seals on
your holiday mail fight
tuberculosis and other
respiratory diseases