News Bulletin
The SANATORIUM BOARD OF MANITOBA

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RECEIVE CERTIFICATES — The eighth class to graduate from the Manitoba Rehabilitation Hospital Nurses, Assistants and Nursing Orderlies Training Program are pictured following graduation ceremonies on March 25. In the back row, left to right, are: John Harper, Darwin Darker, Barry Fleming, Brendon McRoberts, Ralph Rampersad, Peter Siemens, John Grolyo. Seated are Christena Anne Cowan, Alice Lindsay, Mrs. D. J. Setter, clinical instructor, Ellen Nolan and Zoubeida de Beer. (Photo by David Portigal)

1965 Travelling Clinic Program

On April 12 the Sanatorium Board's Consultant (Travelling) Chest Clinics began the spring and summer rounds of Manitoba communities.

These special tuberculosis clinics, conducted this year by Dr. D. L. Scott, chief of medical services of the Central Tuberculosis Clinic, are designed for the examination of persons in the community who are referred by their doctors, for those who have had tuberculosis and those who are tuberculosis contacts.

The schedule for the spring and summer is as follows: Slawna School, Trentham, April 12; Eriksdale, May 4; Thicket Portage, May 26.

Dauphin, June 8; Portage La Prairie, June 9; Roblin, July 6; Ste. Rose, July 7.

The tentative program for the fall months is: Swan River, October 5; Duck Bay October 6; Camperville, October 6; Dauphin, October 12; Portage La Prairie, October 13; Thicket Portage and Sheridon, the December dates have not yet been set.

Dauphin, Portage la Prairie and Thicket Portage will be visited three times this year. The first clinics were held in these centres in February.

Community Surveys

In the community survey program, the Sanatorium Board's tuberculin and x-ray teams have completed the first phase of a big tuberculosis survey in Central Winnipeg.

Between February 23 and March 12, a total of 2,668 school children and employees of the Royal Alexandra Hotel had lined up for free tuberculin tests. And by April 9, a total of 4,769 employees of over 100 industrial and business firms in the area had received chest x-rays.

Hundreds of other businesses will take part in the survey during the next few weeks and on April 27 the Sanatorium Board will begin a month-long house-to-house campaign, offering free chest x-rays to the some 15,000 residents in the district.

This survey, like all other aspects of the Board's tuberculosis preventive program, is financed by the sale of Christmas Seals.

Mutual Assistance Answer To World-Wide TB Problem

Each year throughout the world between three and five million people die of tuberculosis. So many tens of thousands never see a doctor, never have their deaths recorded, that an accurate count is impossible. In India alone, it is believed that there is at least one death from T.B. every minute.

These are the facts that must be faced by all nations who have set their sights on the eradication of tuberculosis. The disease can no longer be considered a community problem only. It is an international problem which must be solved on a world-wide basis. Even the few countries which are gradually nearing the final stages of control cannot hope to be safe as long as tuberculosis is rampant elsewhere. Increased travel and large migrations across national boundaries intensify the risk of infection.

It was to meet this international challenge that Dr. Johannes Holm, executive director of the International Union Against Tuberculosis, proposed in 1961 that member nations take a more decisive part in the war against tuberculosis throughout the world. The keystone of the Union's work for the coming years, he said, would be a Mutual Assistance Program in which the richer nations, would help the poorer nations create and develop effective anti-tuberculosis programs of their own.

In the years following, the challenge was picked up by several countries. Canada, for example, gave $30,000 for two special projects: the setting up of local voluntary associations in Ceylon, and the provision of out-patient treatment centres in the Ivory Coast.

The United Kingdom decided she could best help by training workers, particularly nurses, from Africa, while the National Tuberculosis Association in the United States directed its efforts toward establishing a demonstration program in a rural area of India. Known as the Tumkur project, the aim is to recruit voluntary workers who will help in an education program designed to get a better understanding throughout the community of how tuberculosis can be treated and prevented.

At the meeting of the IUAT Council in Paris last September, the Swedish delegation announced that their country had set aside funds to set up a voluntary association in Tunisia. The Norwegians also got into the act by offering to staff a clinic in Korea and operate a training school for doctors and nurses.

But all these efforts still represent a very small beginning.

"The Mutual Assistance Program is perhaps the most worthwhile aspect of the whole Union program," said Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, in a letter to provincial associations. "Unfortunately this Mutual Assistance is entirely dependent on voluntary contributions from national associations. Canada has made by far the largest contribution of any association in the world . . . but all these funds have come from Ontario. (Continued on page 4)

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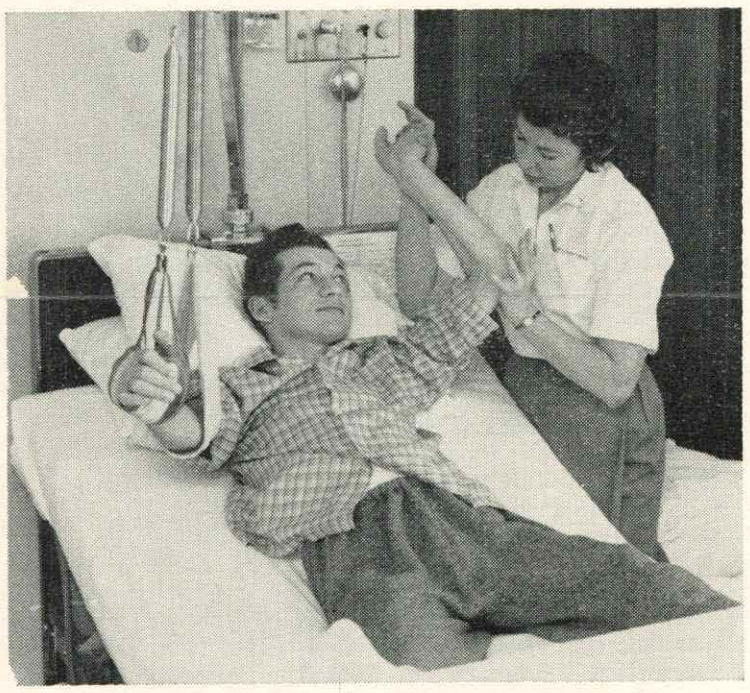
PARAPLEGIC UNIT – Six Big Ste

At 20 he was strong, healthy and vigorous. His schooling was behind him; the world was his to conquer.

Then on a November night, just before his 21st birthday, all his dreams were shattered. He was involved in a car accident and in one flashing second Robert X became a quadriplegic, paralysed almost completely from about the shoulders down. Control of his normal body functions was lost, together with most forms of feeling and awareness of his body.

What happened to Robert X befalls many Canadians every year. A bullet wound, a fall, a diving accident, a tumor or any other spinal cord injury from accident or disease may cause the conditions known as paraplegia (paralysis of the legs and part of the trunk) or quadriplegia (paralysis of all four limbs and the trunk muscles). And strange as it may seem today, these injuries, less than 30 years ago, were generally considered hopeless. Most patients did not live long enough to necessitate any rehabilitative measures.

It wasn't until after the Second World War that the picture changed. Through the pioneering efforts of such men as Dr. Ludwig Guttmann in England, Dr. A. T. Jousse and Dr. Harry Botteral in Canada and others in the United States, it was found that with proper treatment and enough encouragement, the majority of paraplegic patients and many quadriplegics could learn to master the movements necessary to lead independent productive lives. They could, in fact, live out their normal life spans as respected citizens in the community and in many cases carry on a full day's work side-by-side with the completely able.



Treatment begins when the patient is still in bed and unable to sit up. Physiotherapist Mrs. June Rankin-Wilson assists this patient to do active and passive exercises to maintain muscle strength and prevent stiffness of the muscles and joints.

(Photos by Tony Gibson)

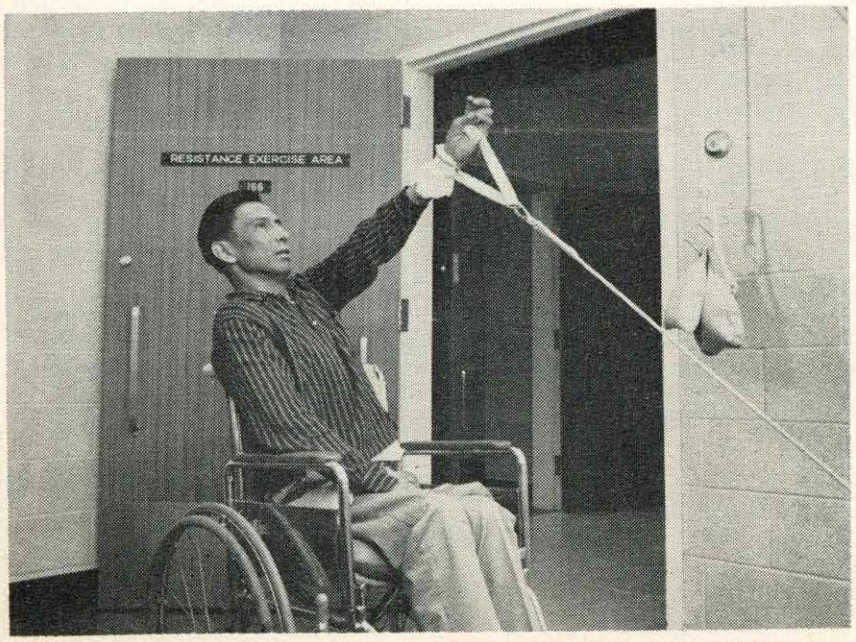
The first to benefit from these discoveries were, of course, the service men. But in post-war years more attention was focused on civilian c[illegible] and agencies and individuals sought to establish treatment programs for all types of paraplegic and quadriplegic patients, first in the veterans' hospitals and later in the newly emerging rehabilitation centres. In 1962, therefore, when the Manitoba Rehabilitation Hospital was opened in Winnipeg, a special unit for the treatment of spinal cord injuries became a natural and important part of the hospital's facilities. With the assistance of the Canadian Paraplegic Association and the co-ordinated efforts of doctors, rehabilitation nurses, therapists, social workers and counsellors, a program was worked out to meet the needs of patients in several important areas. It included an intensive physical development program with accommodation for 15 in-patients at any one time, a full range of out-patient services, a 24-hour emergency service and the provision of self-help devices and medical supplies.

Over the past two years several score men and women from all over the province have been helped back to self-sufficient lives through the enthusiastic efforts of the rehabilitation staff. The biggest challenge, according to the unit's medical director Dr. Basil J. S. Grogono, is to provide the proper motivation; to encourage and spur on each patient to m[illegible]t the series of difficult hurdles the rehabilitation program presents.

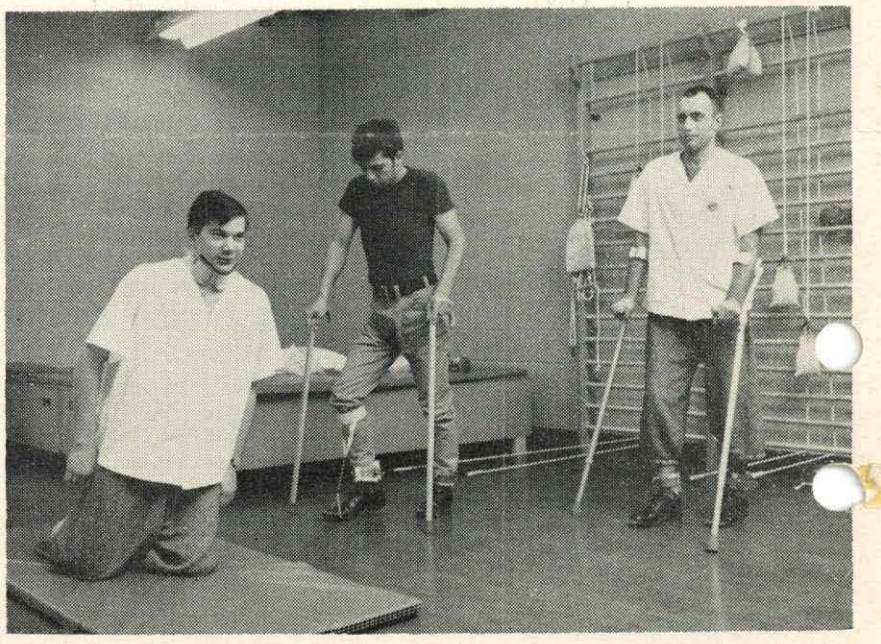
It is also important, staff members stress, that treatment begin as soon as possible in the rehabilitation hospital. If patients are held initially in hospitals not staffed with special spinal injury teams, much valuable time may be lost trying to correct such complications as pressure sores, m[illegible] atrophy and contracture and bladder problems.[1]

At the Manitoba Rehabilitation Hospital, therefore, the training program for new patients begins if possible while they are still in the acute stage. The program comprises six stages in all, beginning with treatment on the wards and progressing to more and more activity in the physiotherapy and occupational therapy departments as the patients regain physical function. The paraplegic patient, for example, must first learn to turn over in bed, then sit up and maintain balance. Next he learns to transfer in and out of a wheelchair and to maneuver the wheelchair so that he may take his meals in the cafeteria with other patients and start his program of exercises in the gymnasium and pool and in the occupational therapy department. From the very beginning he is taught to master the activities of normal daily living. Throughout his hospital stay agencies such as the Canadian Paraplegic Association work closely with the hospital staff first to assist the patient in the psychological adjustment to his disability and later to get him trained for employment and established in the community.

The treatment goal and length of hospitalization depend on the l[illegible]tion and severity of the lesion. If the spinal cord is completely severed or extensively bruised, the parts of the body below the injury are separated from their connection with the brain and there is total paralysis below the injury. If, however, the cord is not divided entirely, the strength and sensation in the parts of the body below the injury may not be wholly l[illegible] A partial lesion in the lower or lumbar region of the spine, for exan[illegible], could mean that the patient will walk again, with or without special aids. A complete lesion at the fifth or sixth segment of the cervical or neck vetebrae will mean only limited mobility. The patient may be able to perform some dressing and bathing activities, feed himself by means of special appliances and wheel his wheelchair.



Following the initial bed phase, the patient begins treatment right in the physiotherapy and occupational therapy departments. This patient with quadriplegia does pulley exercises to strengthen his upper limbs.



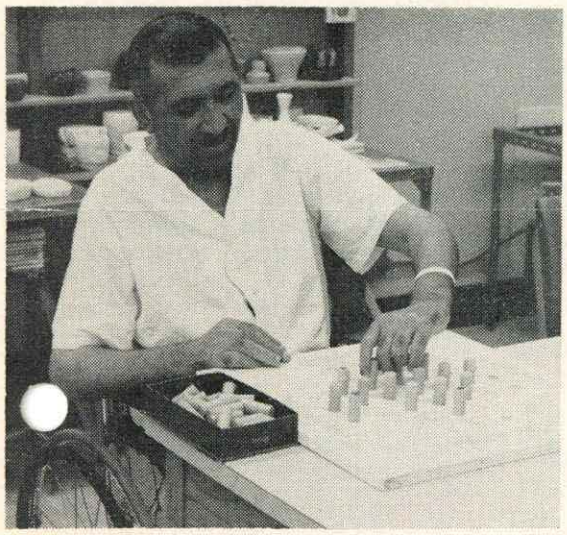
Ambulation is acquired slowly. First the patient practises balancing on mats, then between parallel bars and finally graduates to walking with crutches and/or braces. These patients, with incomplete cord lesions, do resisted walking exercises in the small gymnasium.

ps to Recovery

Thus it is seen that injuries to the spinal column between these two ...s will result in varying degrees of disability and different treatment goals. The treatment goal for Robert X, for example, is to make him as independent as possible in his wheelchair. Now at Stage Two of his rehabilitation program, he is doing exercises to strengthen the muscles he has left and to keep the joints mobile. Through these exercises he will overdevelop the unaffected muscles of his shoulders and arms, and strengthen, if possible, the few unaffected muscles remaining in his hands. It will probably take eight months or more before he attains the program aims. A paraplegic patient with less severe injury, on the other hand, would probably reach his treatment goal in a much shorter time.

Re-establishing the paraplegic or quadriplegic patient in his home, community and at work is the final step towards successful rehabilitation. Towards the end of his hospital stay, the therapists will often accompany him outside the hospital so that he may learn to cope with "real" situations. Getting on and off a bus, transferring from a wheelchair to a seat in the theatre, negotiating curbs and revolving doors and handling crowds present far different problems than those encountered in the staged situations in hospital, and all these challenges must be met and overcome if the ...atient is to live a full and happy life.

Training and employment are other big problems. The greater percentage of paraplegics and quadriplegics require further schooling and training to obtain the special skills they will need to compete successfully in the employment market. Training schools such as the Manitoba Institute ...chnology will accept wheelchair students, but in order to get them started in this direction as soon as possible, both the hospital staff and the Canadian Paraplegic Association hope to establish an education program for patients while they are still under treatment.



A patient with incomplete quadriplegia puts pegs in holes to improve the accuracy and control of his fingers and hands. Traumatic accidents account for most paraplegia and qudriplegia, but the conditions may also be caused by tumors, congenital defects or diseases.

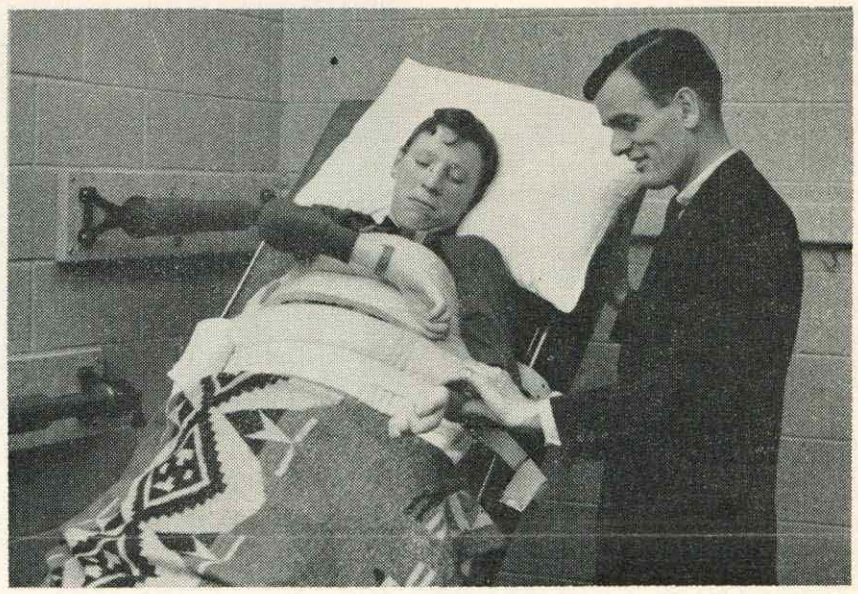
...st how successful is the program for these patients? In a review of 309 cases who have received substantial rehabilitation services in Manitoba over the past 20 years, the Canadian Paraplegic Association has come up with these interesting facts. Excluding those still under treatment or in training, says the association, 142 out of 252, or 56 percent, have found employment in a great range of trades and professions. The record for paraplegics is 55 percent, for quadriplegics, 37 percent and for polio cases, with problems and paralysis related to paraplegia, 78 percent. Almost all of those who completed vocational training courses, the association noted, are now employed.

Of the 309 cases, 129 own their own homes, 26 others live in rented homes or suites, 20 live in boarding homes, 53 live with their families and only 14 are in institutions. A total of 258 are either totally confined to a wheelchair or are performing most of their activities from a wheelchair. The remainder are ambulant in varying degrees. More than half are married. And a substantial number drive their own cars, which is considered a significant factor in getting the paraplegic out into the world again and back to remunerative employment.

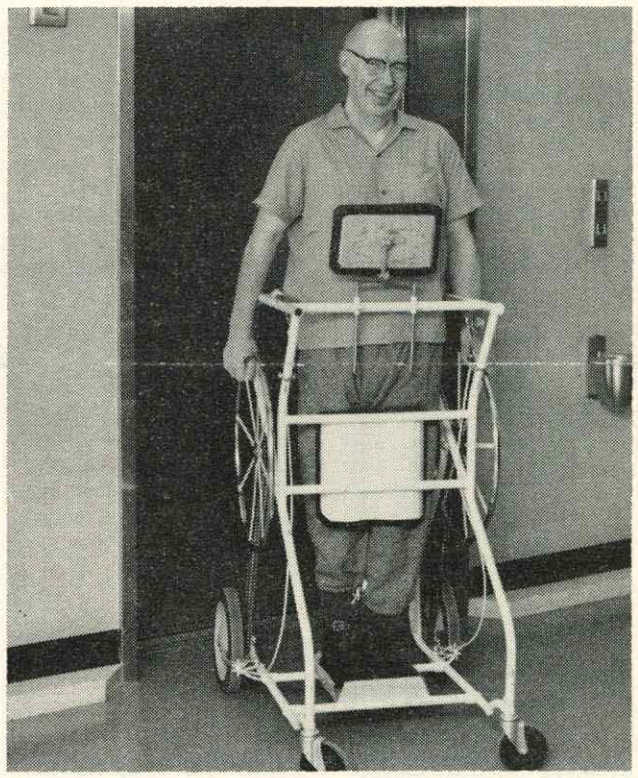
...isn't easy for paraplegics and quadriplegics to attain their rehabilitation goals. The greater the physical involvement, the harder they must ...strive, the more persistence and courage they must have. But these statis...cs are proof that such patients *can* work at income-producing jobs, or, ...l this be physically impossible, they can at least reach the point ... they are able to return to their homes and families instead of being confined to hospitals and institutions.

Though the road back is difficult, the world is still theirs to conquer—even if it must be from a wheelchair.

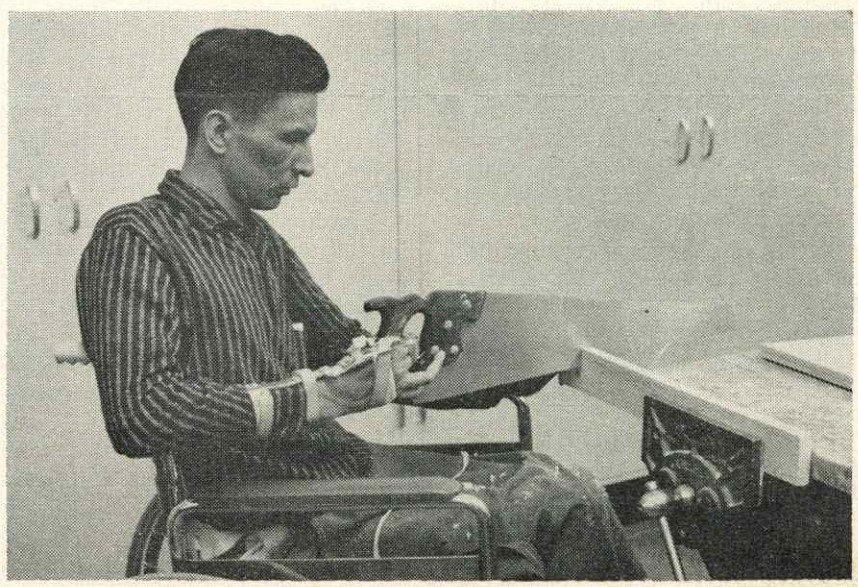
1. At Stoke-Mandeville Spinal Injuries Centre, England, and at the West Australia Spinal Injuries Centre at Perth, patients are transferred (by plane, if necessary) to the centres immediately following injury.



Dr. B. J. S. Grogono, an orthopaedic surgeon in charge of the paraplegic unit at the Manitoba Rehabilitation Hospital, checks the pulse of a quadriplegic patient who has been placed on a tilt table. The table is used for metabolic purposes and it helps the patient to become accustomed to the upright position. Many quadriplegic patients suffer from dizziness and blackouts when moved towards an upright position during these early stages, owing to changes in their blood pressure. The angle of tilt is gradually increased until the patient can tolerate the vertical position for a reasonable period.



A paraplegic patient uses a mobile unit for locomotion during certain periods when he is restricted from the use of the wheelchair. (Photos by Tony Gibson)



Special splints, such as this wrist-driven flexor hinge splint, have been devised to help the quadriplegic patient grasp things. The development of electronic equipment, better braces and surgical procedures are also improving the lot of the severely disabled.

New Personnel

A warm welcome is extended to all newcomers to the Sanatorium Board staff.

Particularly notable among the recent additions are three nurses and a speech therapist from overseas: *Miss Frances Fu-Mei Tung and Mrs. Dorcas Lin, of Taiwan, Miss Mundakkal P. Bhavaniamma of New Delhi, India, and Miss Annke Pogge of Holland.* Mrs. Lin and Miss Bhavaniamma have joined the nursing staff at Manitoba Sanatorium and Miss Tung is a general staff nurse at the Manitoba Rehabilitation Hospital. Miss Pogge has been appointed to the speech therapy department at the rehabilitation hospital.

We are especially happy to welcome *Miss Joan Lindsay and Maximilian Ulm* to the Sanatorium Board staff in Winnipeg. Miss Lindsay, who formerly served as secretary to Hospital Manager, Hilary Davies at Clearwater Lake Hospital, has been appointed secretary to the Sanatorium Board nursing consultant and the director of dietary services. She succeeds *Mrs. Maxine Lazaruk* who resigned to await the arrival of her first child.

Mr. Ulm will assist Rudy Trnka in the Sanatorium Board mailing room and print shop. A native of Austria, he was club steward for the past five years at Clearwater Lake Hospital's Northwood Hall.

Other new staff members include *Richard Bangart* and *Fredrick Desmond Nock,* x-ray assistants in the Surveys Department, and *Miss Marlene Louise Trevellyan,* who has been appointed medical record technician at the Manitoba Rehabilitatiin Hospital.

Miss Trevellyan's appointment, we feel, is of particular interest because she was among the first graduates of a newly established extension course for the training of medical record personnel, sponsored by the Canadian Hospital Association and the Canadian Association of Medical Record Librarians.

The course was established because of a growing demand for trained persons to staff medical record departments in hospitals. It comprises a first stage home study session of nine months and a second stage program which includes three weeks of training and instruction in the medical record department of a selected hospital. Those who complete both stages receive certificates as medical record technicians.

Miss Trevellyan, who took her studies at Swan River General Hospital, will be a most valuable assistant to Miss Ethel Brown, medical record librarian.

The men curlers at Sanatorium Board hospitals took time out during the regular season to hold a series of inter-hospital games. Pictured at the Grain Exchange Rink in Winnipeg on March 27 are: Standing, left to right, Bob Marks, Roger Butterfield, George Lennox, A. H. Atkins, Ken Rowswell, Doug Findlay, Chuck Polnik and Lynn Kuzenko. Front row: Jim Zayshley, Willard Struth, Russ Stinson, Bill Page, Gordon Stinton and Joe Yaromy.
(Photos by Clarence Baker)

SBM Curlers Hold Special Competitions

Among the many recreation activities enjoyed by staff members in Sanatorium Board hospitals, curling is perhaps the most popular. During the past season numerous competitions were held between the various rinks in each hospital, and, as an extra feature again this year, a series of inter-hospital matches were held by the men.

Manitoba Sanatorium was host for the first game at Ninette on February 28. Rinks from Brandon and Winnipeg attended the event and afterwards were royally entertained at the home of Hospital Manager Stick Kilburg.

On March 21 the competitors met in Brandon and later gathered at the home of Carl Christianson, Hospital Manager of Assiniboine Hospital, and on March 27 a third and final match was held at the Grain Exchange rink in Winnipeg. Sanatorium Board Purchasing Agent Ken Rowswell hosted the post-game party.

The curling may not have been top calibre, said one of the competitors later. But the fellowship and hospitality were "par excellence". (He was reluctant to declare the winners, but the word is out that curlers at Ninette are looking pretty smug these days.)

* * *

While all these events were going on, the women curlers at Assiniboine Hospital were quietly enjoying a few competitions of their own. Between March 8 and 12, they entered two rinks in the Brandon Ladies Open Bonspiel, in which 96 rinks entered six events.

The bonspiel proved a lot of fun for all who took part and many good games were played. Mrs. R. S. Erskine skipped one of the rinks from Assiniboine. Mrs. L. F. Foster was her third, Miss Jeraldine Zmetana was second and Mrs. G. R. Grainger was third.

Mrs. W. Nicholson's rink played 10 games and went on to win third prize in the Federal Grain Event. Mrs. W. H. Riege was her third, Miss Norma Cooper was second, and Mrs. C. C. Field was lead.

Don't Miss

THE ANNUAL SPRING FROLIC

Sponsored by the Manitoba Rehabilitation Hospital and Central Tuberculosis Clinic Recreation Club

at the ELKS CLUB, April 30

Smorgasbord at 7:30 p.m.—Dancing to Mrs. Frank Whitehead's Orchestra—Presentation of Awards for Curling, Bowling and Table Tennis.

Dr. J. Holm Guest At CTA Meeting

Discussions on the use of BCG vaccine in tuberculosis control will highlight the program of the 65th annual meeting of the Canadian Tuberculosis Association in Toronto June 8th to June 11th.

Two speakers with a world-wide view of BCG, Dr. Johannes Holm and Dr. Raymond H. Andrews, will be among the distinguished guest speakers. Danish-born Dr. Holm, who is now executive director of the International Union Against Tuberculosis, was chief of the Tuberculosis Section of the World Health Organization from 1952 to 1959, and during those years he was involved in BCG vaccination programs carried on through the joint efforts of WHO and UNICEF. Since World War II these programs have been conducted among at least 150 million persons in 61 countries.

Dr. Andrews, of Ramsgate Chest Clinic, England, has had considerable experience with BCG programs which are being conducted in England for school-leavers in industrial centres. He is now visiting Canada as this year's Chest and Heart Association Scholar.

Dr. George Canetti, chief of laboratories for the tuberculosis department of the Pasteur Institute in Paris, is another special speaker at the plenary and medical sections.

"MUTUAL ASSISTANCE"

(Continued from page 1)

"I hope provincial associations will consider contributing to the Mutual Assistance fund. There is no doubt that Canada's participation in the activities of the International Union is extremely important and we should do all in our power to continue this support for the Union and Dr. Holm in his valiant endeavours to deal with a world problem still of staggering proportions.

Bulletin Board

With regret the Sanatorium Board announces the resignation of Thomas A. Moore as chairman of the Assiniboine Hospital Administration Committee. Mr. Moore, who has moved to Vancouver, had been a very active and valuable member of the Sanatorium Board since 1960 and we shall miss him greatly.

* * *

The Sanatorium Board expresses deepest appreciation to the Canadian Ukrainian Catholic Men's Club of Brandon who donated a wheelchair for the use of the patients at Assiniboine Hospital. The presentation was made on April 4 by Peter Todoruk, president of the club, and J. C. Atamanchuk, secretary-treasurer.

* * *

Among recent visitors at the Manitoba Rehabilitation Hospital were four doctors from Moscow who came to Winnipeg to attend the ninth annual scientific assembly of the College of General Practice of Canada. They included Dr. Nadezda Grigoreyeva, president of the 4,000,000-member Medical Workers Union of the U.S.S.R., Dr. Natalia Vorobyova, head of the Union's International Department, and Dr. Constantin Zubkow and Dr. Sergei Zatsepin, who hold leading positions in orthopaedics and general practice as well as hospital administration in the Soviet Union.

Dr. W. R. Barclay, professor of the department of medicine at the University of Chicago, also paid a visit to the Sanatorium Board's head offices and the Central Tuberculosis Clinic this month. He was in Winnipeg to address the College of General Practice about the problem of tuberculosis.

* * *

Several Sanatorium Board staff members have been busy lately writing articles for a number of professional publications. Appearing in the March issue of the British periodical "Physiotherapy" is an article on "Starting a Physiotherapy Department" by Miss Joan K. Edwards, chief physiotherapist at the Manitoba Rehabilitation Hospital.

Miss E. L. M. Thorpe, Sanatorium Board nursing consultant, contributed an article on the "Factors Affecting the Nursing Management of Hemiplegia" to the spring issue of the Canadian Journal of Occupational Therapy. Appearing in the same issue are two other articles, "Functional Disorders Due to Cerebrovascular Disease" and "Rehabilitation in Patients with Strokes", by Dr. M. Newman and Dr. L. Michaels respectively, members of the Manitoba Rehabilitation Hospital Consultant Staff.

A story prepared by Sanatorium Board staff members on rehabilitation nursing appeared in the recent issue of "Rehabilitation in Canada".