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News Bulletin

SANATORIUM *The* **BOARD** **OF MANITOBA**

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For Patients, Staff, and Friends of the Sanatorium Board

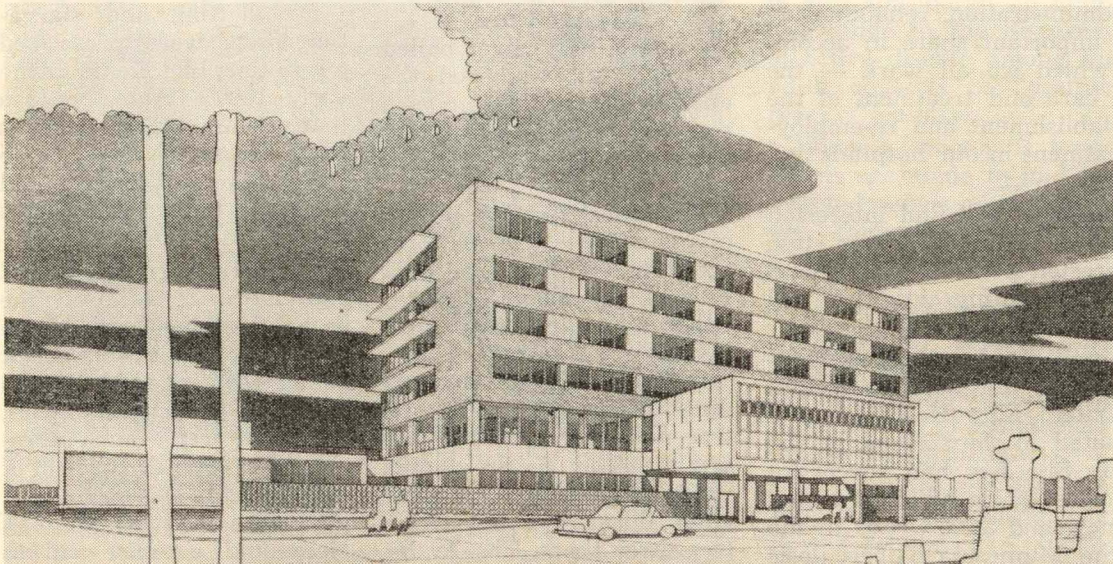
TB Deaths in 1958 Lowest Ever Recorded

New Hospital Planned For Central Area

A two million dollar rehabilitation hospital will soon be constructed in the Winnipeg General Hospital area.

The Sanatorium Board of Manitoba announced recently that land adjacent to the General Hospital and the Children's Hospital has already been purchased by the provincial government who will finance the project.

The hospital will be operated by the Sanatorium



Present Reports At Annual Meeting

During 1958, 41 people in Manitoba died of tuberculosis. This number, 4.7 per 100,000 population, is the lowest ever recorded annually in Manitoba, and is one of the lowest death rates for the provinces of Canada.

According to the medical director's report at the annual meeting of the Sanatorium Board April 10, anti-tuberculosis drugs were mostly responsible for the reduction in TB deaths. No new ones were introduced, but there has been a greater

dicapped people of all ages.

Besides physical restoration, the program will include fitting patients with artificial limbs and training them in their use, physical re-training, rehabilitation assessment, and treatment of long-stay patients.

Plans are to accommodate 150 in-patients and 200 out-patients daily, according to reports. Patients will be admitted by transfer from general hospitals, out-patient services or direct from home at their doctors' request.

Costs of all care and treatment will be paid under provisions of the Manitoba Hospital Services Plan.

A School of Physiotherapy will be included in the plan. It will offer a three-year course in conjunction with the University of Manitoba.

Facilities for the pre-hospital training of practical nurses will also be included. Other features will be a department of physical medicine, clinical laboratories and X-ray services.

The Central Tuberculosis Clinic, which now occupies part of the new building, will be incorporated in the new hospital.

Construction of the hospital is the result of a new trend to develop rehabilitation services apart from

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Pictured here is the artist's conception of the new Rehabilitation Hospital planned for the central Winnipeg area. The building which will face on Sherbrook street, will be bounded by Bannatyne avenue on the north, McDermot avenue on the south and Olivia street on the west. It will accommodate 150 in-patients and up to 200 out-patients a day and will include a School of Physiotherapy and Occupational Therapy as well as the Central School for Licensed Practical Nurses. Architects are Moody and Moore.

Assiniboine Hospital To Be Extended Treatment Centre

All, or nearly all, beds at Assiniboine Hospital in Brandon will eventually be used for patients with long-term illness and for certain respiratory and orthopedic cases.

According to the annual report of the Sanatorium Board, the reduction in treatment days for tuberculous patients results in a continued increase in vacant beds in the sanatoria.

Consequently more Eskimo and Indian patients, now being treated for tuberculosis at Assiniboine Hospital, will be treated at Manitoba Sanatorium at Ninette, and it is planned that Assiniboine Hospital be eventually used for patients with non-tuberculous, long-term illness.

It is pointed out that the Extended Treatment Hospital Sections already established at Assiniboine Hospital provide medical care for approximately 60 patients.

Most of the necessary facilities for treatment of long stay cases are already there. Now it is just a matter of expanding bed

capacity for the non-tuberculous patients and consolidating tuberculosis treatment facilities elsewhere.

Bed Shortage

The problem of caring for long stay patients in Manitoba has been discussed in a number of Sanatorium Board reports. These reports stress the acute bed shortage in general hospitals and the need for providing quarters for long term patients at a lower cost type institution.

"The care of long stay patients requires special facilities for which general hospitals are not designed," according to reports. "In addition, the capital cost and operating cost of the general hospital beds are so high that it is not economically

sound to treat long stay patients in general hospitals."

Saskatchewan Report

A 1957 report from the Saskatchewan Hospital Services Plan states that long stay cases, although representing one-twentieth of total patients, require almost one-third of the total general hospital bed accommodation in the province.

Cases staying 10 days or less represented about three-

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for more prolonged drug treatment.

Tuberculosis has become more serious for older people, particularly men. Of the 41 deaths, 30 were males and 20 of them were over 60 years of age.

New Cases

Other highlights of the report for 1958 include:

•New active cases discovered during the year totalled 331. This figure shows little change during the past four years.

•There were 119 patients at home whose disease became reactivated.

•There were 151 new diagnoses of inactive disease. These people do not require
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Address all communications to:

THE EDITOR, SBM NEWS BULLETIN,
668 Bannatyne Avenue, Winnipeg, Man.



A Message from The Executive Director

This is the first issue of a monthly publication designed to bring news and information to members of the staff, patients, and friends of the Sanatorium Board of Manitoba.



T. A. J. Cummings

In these times, when there are so many new developments, it is especially important that all members of the Board's staff have accurate knowledge of events as they occur, and that they know something of the reasons for changing emphasis in our program. This is designed to continue and expand the service of the Sanatorium Board in meeting health and hospital needs in Manitoba.

Any large organization can achieve success only to the extent that it has the understanding and loyal support of a well-informed and able staff. Everyone, whether in medical and nursing maintenance, housekeeping, laundry, administration, rehabilitation or preventive services, has an important share in accomplishing the sole purpose for which we all work — the prevention of tuberculosis, the care and treatment of the sick, and the restoration, re-establishment and re-employment of those who have had treatment in our hospitals and sanatoria.

We hope that this monthly bulletin will find interested readers among all the five hundred members of our staff, their families, patients, and interested persons everywhere. Your letters, or brief reports of interesting activities, will be welcome.

Editor of the News Bulletin will be Mrs. Patricia Holting, who was recently appointed to our staff as Health Educator and Informational Writer. Mrs. Holting was a gold medalist when she graduated in Journalism at the University of Western Ontario. She has had successful experience as a newspaper reporter, as an editorial assistant for a large advertising agency, and as a writer in the Health Education Service of the Minnesota Tuberculosis

Old TB "Cures" Make Interesting Anthology of the Old Wives Tales

If Cleopatra suffered from tuberculosis it is quite possible that her physician prescribed "mummy powder" for a sure and quick recovery. If her friend, Julius Caesar, had it, the attending doctors would have whipped up a concoction bizarre enough to make Shakespeare's witches screech with approval.

Tuberculosis is a very old disease, so old that it is known to have existed as long ago as 5000 B.C. Through the ages the wasting nature of the malady fascinated learned men who studied it, debated it, and drew some amazing conclusions about curing it. Indeed, the bulk of their writings would make an interesting anthology of old wives' tales.

Mighty Cure

"Take a sow's liver boiled in thin wine," advised the ancient Roman. "Bacon of a sow fed on herbs, and the flesh of a she-donkey. Eat with the broth."

The Greeks added a dash of the esthetic to their prescription. On a vine log they burned a vulture's lung, which was later mixed with lily blossoms in wine.

Old superstitions surrounding tuberculosis can be traced to all parts of the world. The Hindu people used to pass a tubercular child through a hole in a tree three times. The Arabs,

sumptives take baths and breathe into a hole cut in wet earth. Joseph Priestly believed his daughter had been cured of TB by inhaling the fumes of cowhouses.

Eighteenth Century

Bloodletting and starvation diets were prescribed for victims like Keats in the early 1800's. And the idea that warmth would weed out the nasty germs sent people like Stevenson, Chopin and Paganini to sunnier climes a few years later.

Several forms of physical exercise have, at one time or another, had their vogue — such as skiing, horseback riding (continued days at a time), and swinging. These, of course, aren't much stranger than fresh-air faddism of only 50 years ago, when people were advised to eat, sleep and exercise out-of-

door to most of us as the scientific means of treatment and preventing tuberculosis. These, we know, are relatively new methods — the X-ray and tuberculin test have only been around for about 50 years, and many of the drugs for less than 10.

The amazing thing is that they are the first effective methods of combating TB in 7000 years.

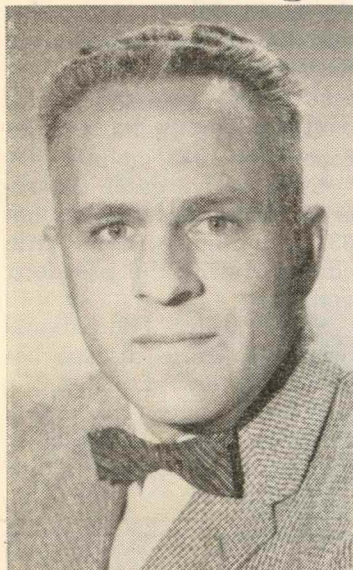
TB DEATHS

(Continued from page 1)
treatment, but are examined periodically along with family contacts. This group decreased by 15 percent in 1958.

•On December 31, 1958, patients in sanatoria numbered 799, a decrease of 141 compared to December 1957.

•788 tuberculous patients were admitted to sanatoria in 1958. Of the first admissions (380), 22 percent were in the far advanced stage and 44 percent had minimal disease. About one-third of re-admissions had advanced disease.

New Manager



R. B. McIVOR

There is much excitement and happy anticipation in the Winnipeg household of Robert B. McIvor. In fact, there are three girls who can hardly wait for school to end.

On April 1, Mr. McIvor was appointed new business manager of Clearwater Lake Hospital, The Pas, and the whole family, all outdoor enthusiasts, is looking forward to some good family sessions of hunting and fishing.

"We're a family who believes in doing things together," says Mr. McIvor.

T. A. J. CUNNINGGS,
Executive Director.

"Why my girls could fish almost before they learned to walk."

Mr. McIvor comes to the Sanatorium Board from the Manitoba Hospital Services Plan where he was hospital relations representative.

Born in Sioux Lookout, Ontario, he spent over five years as Chief Petty Officer in the medical branch of the Royal Canadian Navy during World War II.

When construction began on the Sioux Lookout Indian Hospital in 1949, Mr. McIvor became zone administrator and business manager for the Indian and Northern Health Services, a position he held until 1954 when he came to Winnipeg as zone administrator for Fort Alexander and Fisher River Indian Hospitals.

Mr. McIvor will take up duties at Clearwater Lake Hospital with considerable knowledge of hospital services and administration. He has taken courses in X-ray and laboratory work, business accounting and operating room procedure.

He and his wife, Doris, will celebrate their 18th wedding anniversary this month . . . along with their three children: Carolyn, 13, Shawn, 11, and Holly, 4.

exotic, used either sugar of roses or a combination of oak, pomegranate, mimosa, and acacia. In some countries people spat in the mouths of tree frogs, firmly believing that the disease was thus transferred. Others ate the "middle of a snake" and ran like the dickens for an hour afterwards.

Mummy Powder

But the "cure" in Alexandria wins first prize hands down. The mummy powder mentioned was obtained by feeding fruits to a red-haired woman for 30 years, then drowning and preserving her in honey and aromatics for another 120. The cask was then opened and "prescriptions" doled out.

In medieval France and England, those who put a lot of faith in witchcraft drank, among other things, the milk of cows fed in church yards.

Later, during the reign of the Stuarts, desperate sufferers sought audiences with the king who was believed to have divine healing powers. His touch was considered particularly effective for those suffering from "the king's evil", a fancy title for tuberculosis of the neck glands.

Even noted theologians had something to say on the subject. In the 1800's John Wesley suggested that con-

Today, drug and surgical therapy, tuberculin testing and chest X-rays are famil-

NEW HOSPITAL

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general hospitals but in a central location.

It is now thought that long term or severely disabled patients needing prolonged physical-medical therapy should not be kept in general hospitals for long. By transferring them to the rehabilitation hospital it saves money and frees general hospitals of acute bed shortage. Transfer also saves the expense of establishing recreational and occupational facilities which are not required for short term patients.

At the same time, the rehabilitation hospital will be in the medical center of the metropolitan area, making it convenient for doctors to see their patients and providing ready access to surgical and other services.

1958 SEALS SALES RAISE \$181,048

Sale of 1958 Christmas Seals netted \$181,048.16 for the fight against tuberculosis.

This is a \$16,548 or 10 per cent increase over last year.

Proceeds from the sale will be used to help finance tuberculin testing surveys, chest X-rays, and rehabilitation of ex-tuberculous patients.

culosis were reported in 77 of the 147 Manitoba municipalities. (These municipalities are apart from the cities.)

•Chest X-ray and tuberculin testing examinations totalled 234,436.

Miss M. Lovell Appointed Head Of Nursing Staff

Miss Marjorie Lovell, a British nurse noted for efficiency and unswerving ideals, recently was made superintendent of nurses at Clearwater Lake Hospital, The Pas. She succeeds Miss Bente Hejlsted, now director of nursing services for the Sanatorium Board of Manitoba.

Miss Lovell came from England to Clearwater Lake Hospital in November, 1957. She joined the staff as charge nurse and later became day supervisor.

She was born in Sheffield, England, and, before coming to Canada, was a staff nurse at King Edward VII Hospital in Midhurst and Metropolitan Hospital in London. Besides her British and Canadian nursing degrees, she holds a certificate from the British Tuberculosis Association and is a state certified midwife.

X-Ray Danger 'Exaggerated' Says Dr. Ross

Too much distorted publicity is arising out of this business of X-ray radiation, comments Dr. E. L. Ross, medical director of the Sanatorium Board of Manitoba.

"The danger from chest X-rays is extremely minimal," Dr. Ross said. Insofar as the health of the public and the individual is concerned, the advantages far outweigh any possible disadvantage.

"To reach a danger point, X-ray examinations would have to be done hundreds of times more often than is contemplated for one person."

The X-ray is still the most important means of diagnosing diseases of the lungs, he said. "We have modified our case-finding program by introducing the tuberculin test — but that does not mean we are worried about X-raying.



DR. E. L. ROSS

Winnipeg Students Line Up For Skin Test

In a large metropolitan high school a thousand teenagers gravely roll up their left sleeves and line up before a testing station. They move along rapidly for the test they are about to receive takes only a few seconds — a small amount of clear fluid quickly spread over a square inch of skin, a few simultaneous punctures, and it's all over.

The scene is typical of the tuberculin skin test surveys which are conducted every year in provincial high schools and colleges by the Sanatorium Board of Manitoba. It is these surveys which, over the years, have been partly responsible for the reduction of the tuberculosis menace in Manitoba.

During February and March of this year, 6,800 students in nine Winnipeg high schools received tuberculin tests. Of this number 567 or approximately nine

percent showed a positive reaction (i.e. have tuberculosis germs in their bodies.)

Reactors X-rayed

A positive reaction does not necessarily mean that the person has TB or will develop it, but it does indicate the need for a follow-up X-ray just to make sure the germs are doing no damage.

Effective Guide

The tuberculin testing program is not only a search to find tuberculosis in the schools, or to determine the incidence of infection, but it is also considered an effective guide to the discovery of active disease among the adult contacts of "positive reactor" children.

When a reactor is found efforts are made to find the infected person or persons in the community who are spreading the germ.

District Surveys

Tuberculin testing and chest X-ray surveys are also conducted in various communities and in business and industrial organizations.

In February and March of this year, 721 workers at Powell Equipment Company

Comptroller



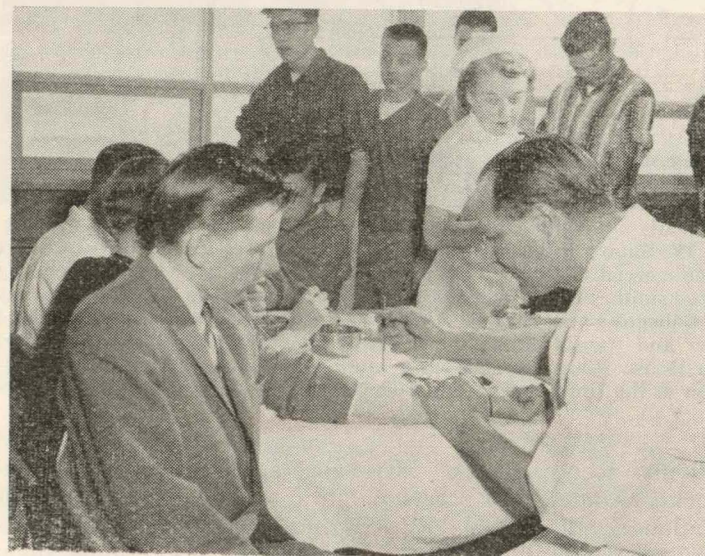
R. F. MARKS

Robert Frank Marks was appointed comptroller of the Sanatorium Board of Manitoba on April 1. He is the first to hold this position on the Board's staff.

A native of Winnipeg, Mr. Marks is a graduate of West Kildonan High School. He became a chartered accountant in 1958.

Before joining the Sanatorium Board Mr. Marks was associated with Riddell, Stead, Graham, and Hutchison, Winnipeg chartered accountants.

He and his wife, Kay,



Positive or negative? Students at Daniel McIntyre Collegiate were pretty anxious to find out when they lined up for a recent tuberculin skin testing survey. Pictured administering the test are Henry Daneleyko, laboratory technician for the Central Tuberculosis Clinic, and Miss Ruth Read, a licensed practical nurse with the Sanatorium

They are a screening method whereby the possibility of tuberculosis can be eliminated. If the test is negative, a chest X-ray is not necessary.

"Tuberculin testing determines infection rates — we cannot do this with X-ray," Dr. Ross added.

Dr. Ross also pointed out that the X-ray is of considerable value in the diagnosis of conditions other than tuberculosis. Most of the abnormalities found are of a non-tuberculous nature, he said.

ASSINIBOINE HOSPITAL

(Continued from page 1)

quarters of all cases but were provided with one-third of the hospital bed capacity.

Situation Worse

"Since Saskatchewan already has separate extended treatment centers at Regina and Melfort, and Manitoba has none, the problem appears to be even more acute in this province," according to Board reports.

"In Manitoba the only beds above the nursing home level designed specifically for the care of long term patients are 320 beds at Municipal Hospitals, Winnipeg, and about 120 beds at Assiniboine Hospital, and Clearwater Lake Hospital, The Pas.

Brandon Club To Share Cost Of New Center

The Associated Canadian Travellers, Brandon club, will share in the construction and equipment of a new physiotherapy and occupational therapy unit for the Extended Treatment Center at Assiniboine Hospital.

Plans for the new unit were discussed at a dinner meeting of the executive of the Brandon Club and members of the Sanatorium Board of Manitoba, Friday, April 3, at the Prince Edward Hotel in Brandon.

It was explained that with the development of Assiniboine Hospital as an extended treatment center for long stay patients in western Manitoba, it is essential that occupational and physiotherapy services be improved.

A physiotherapy department has already been established, but there is still a lack of equipment, space and full-time service.

Among those present at the Brandon meeting were Fred Downie, president of the Brandon club, and representatives of the Sanatorium Board: J. W. Speirs, chairman, and J. N. Conacher, vice-chairman.

Former Matron Dies in B.C.

Miss Jean Houston, former superintendent of nurses at Manitoba Sanatorium, Ninette, died March 18 at Shaughnessy Hospital in Vancouver.

Miss Houston was matron of Manitoba Sanatorium from 1924 until her retirement in June, 1943. She had since lived in Vancouver.

Miss Houston came to Winnipeg from Scotland in the early part of the century, where she trained as a nurse at Winnipeg General Hospital. Following graduation in 1915 she served as a nursing sister both in military hospitals in England and on the hospital ship, Essequibo.

After the war she studied public health teaching at Columbia University, and worked for several years as a public health nurse in New Jersey.

Miss Houston's high nursing ideals and devoted service made a lasting imprint on the spirit and growth of Manitoba Sanatorium, and on nursing in general throughout the province.

She was a past president of the Manitoba Association of Registered Nurses, and vice-president of the Manitoba Hospital Association.

Rolling Mills in Selkirk were tested. At Manitoba Teachers College in Tuxedo 588 students lined up for the tests.

Next on schedule is a mass survey in the Fort Garry area when, beginning April 24, local canvassers will start a house-to-house campaign to sign up whole families for tuberculin tests and chest X-rays.

J. J. Zayshley, surveys officer for the Sanatorium Board, organizes the testing program in each of these areas as well as in all the schools and colleges and in businesses and industries.

street. Mrs. Marks, the former Kay Shearer, is a registered nurse and is well known to staff and patients at Manitoba Sanatorium, Ninette.

Both Mr. and Mrs. Marks share a "spectator" interest in football and other sports —although Mr. Marks admits a certain "active" fondness for curling in winter and "dabbling at" golf in summer.

As comptroller, he will be responsible for the accounting records and procedures in all the hospitals and departments of the Sanatorium Board of Manitoba.

Tuberculosis is Still a Menace

To a good many people tuberculosis is as obsolete as the Model T and tax-free pay checks. It is something that happened to people years ago, but does not happen very often nowadays because modern medicine has practically wiped it out.

Ignorance and complacency can and will slow down eradication of the disease. Although the TB death rate has dropped considerably in the last few years, a brief glance at a few figures clearly shows that tuberculosis is still a very real menace.

Twenty-six new active cases of TB were found in Winnipeg during the first three months of this year. Sixteen of these were bacillary.

This is twice the number of new cases compared with the same three months' period in 1958.

There was no particular residential or occupational pattern in the new cases found, and ages ranged from 11 to 79 years.

Rehabilitation Unit Reports Outstanding Success

When a special rehabilitation unit for Indians and Eskimos was opened at Assiniboine Hospital last spring, even the most optimistic onlooker expected a 50 percent casualty list.

Now, with the first anniversary just over, Edward Locke, Indian rehabilitation officer, Sanatorium Board of Manitoba, reports surprisingly successful results.

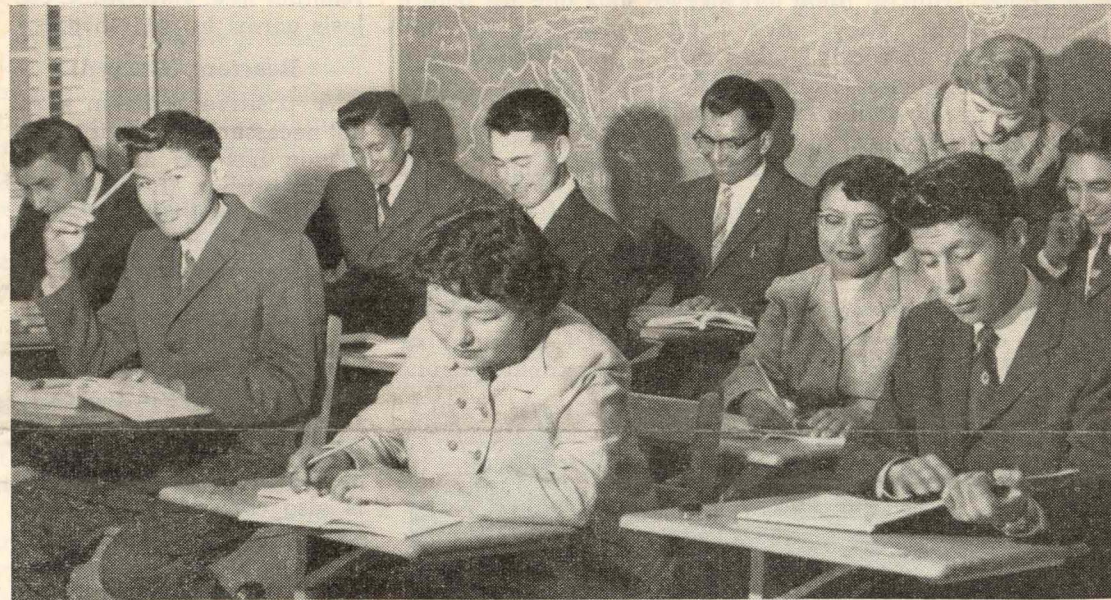
"Of the 30 boys and girls who enrolled in the unit during the first year, only five failed to complete the training program", he said.

"All the others have been placed in suitable jobs, or are continuing vocational training elsewhere."

Unit's Purpose

The Brandon Evaluation and Social Orientation Unit was established in April, 1958. Its purpose is to introduce interested ex-patients to a satisfying role in urban society.

"Potential enrollees must be sufficiently motivated to enter the unit", Mr. Locke



At the Brandon Rehabilitation Unit students are given the opportunity to continue academic training. Classes range from Grade III to Grade IX. Shown in the classroom left to right are: Front row—Lambert Nepinak, now a student at Manitoba Commercial College in Winnipeg; Noah Moody, who is attending McLaren School in Brandon; Marie Blacksmith, now at Wheat City Business College in Brandon; Barney Franklin, also at Manitoba Commercial College. Back row — Abraham Mason, who now lives at Island Lake; Simeon Aklunark, an interpreter and translator for the Department of Northern Affairs at Fort Churchill; Solomon Nicholas, of Nelson House; Charlotte Mason, a nurses' assistant at Assiniboine Hospital; Mrs. Sandra Kent, a former teacher at the Unit; and Henry Spence, a parts clerk at Gillis and Warren, Winnipeg.

"It's uphill all the way," Mr. Locke said. "The boys and girls are caught between an altogether new way of life and the old traditions of their homes. Often they must buck 'the old folks' who don't encourage them to

constant contact with a preferable element of non-Indian society. Situated in a small city, it also helps them develop 'social awareness'.

Cheerful Quarters

"Hospital facilities are used to simulate job situations. Also, through field

Bulletin Board

Dr. Hartley Smith, chairman of the Rehabilitation Hospital Advisory Planning Committee, Dean L. G. Bell, of the Faculty of Medicine, University of Manitoba, Walter Boyd, co-ordinator of rehabilitation for the Province of Manitoba, and T. A. J. Cunnings, executive director of the Sanatorium Board, spent April 1 in Minneapolis in conference with Professor F. G. Kottke, head of the physical medicine department at the University of Minnesota Hospitals.

* * *
Student nurses from Victoria General Hospital leave Winnipeg by bus, April 27, to tour Manitoba Sanatorium at Ninette. Highlight of the visit will be a lecture by Dr. A. L. Paine, medical superintendent.

* * *
Congratulations to the staff and patients at Assiniboine Hospital who have started a monthly news publication, "Assiniboine Gleaner". Editor is

a reasonable chance of gaining some economic independence are accepted.”

In order to take vocational training or find suitable employment, rehabilitants must move into non-Indian society. The unit must therefore provide an intermediate adjustment period which will offer the students a chance to get used to the environment in which they will live.

Basic Training

The period of social adjustment and assessment takes three or four months to complete. During this time each student is taught such basic things as good grooming, good work habits and self-discipline. In all he must learn how to behave in urban society.

Direct supervision within the unit is kept to a mini-

date 10 boys and six girls. Although they are located at the hospital and use hospital facilities, they are designed to approximate a normal home environment.

“The location of the unit is exceptionally advantageous for rehabilitation,” Mr. Locke pointed out. “Situating at the hospital it affords the students a good opportunity to associate with the hospital staff, and thus have

informal talks by local businessmen, the students gain a better understanding of the nature of business and industrial employment.”

If the rehabilitant shows the ability, he may take some vocational training course under the provisions of “Schedule R”, a federal-provincial agreement.

Under “Schedule R”, a rehabilitant can also take training-on-the-job.



After completing a three or four month assessment and evaluation period at the Rehabilitation Unit rehabilitants may take vocational training or immediately enter jobs. Some go to work in hospitals as in the case of William Muswagon and Jemima Wood, pictured left making a snack in the unit. Bill is now an orderly at Winnipeg General Hospital and Jemima is on the kitchen staff at Assiniboine Hospital. Marie Blacksmith, right, worked part-time as a switchboard operator at Assiniboine Hospital while she lived at the unit. She is now at Wheat City Business College in Brandon.

* * *
A. E. Longstaffe, executive member of the Sanatorium Board, was appointed to the executive council of the Canadian Tuberculosis Association.
 * * *

First chairman of the Rehabilitation Hospital Committee is **S. Price Rattray**, executive member of the Sanatorium Board.
 * * *

Miss **Dorothy Susan Caldwell**, who recently arrived in Canada from Christchurch, New Zealand joined the nursing staff at Manitoba Sanatorium on April 6.
 * * *

In addition to the Hon. **George Johnson**, **Dr. Ross Creighton**, and **George Iliffe**, the following have been appointed as representatives of the Province of Manitoba on the Sanatorium Board: **The Hon. Sterling Lyon**, Attorney General; **G. L. Pickering**, commissioner, Manitoba Hospital Services Plan; and the Hon. **John Thompson**, Minister of Municipal Affairs.
 * * *

Miss **Bente Hejlsted**, director of nursing services, was Danish counsellor at the Model United Nations Assembly at Daniel McIntyre Collegiate.