



News Bulletin

SANATORIUM

The
BOARD

OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

AUGUST, 1959

New Recreation Centre Planned For Clearwater

Thousands of Rural Residents Attend Tuberculosis Surveys

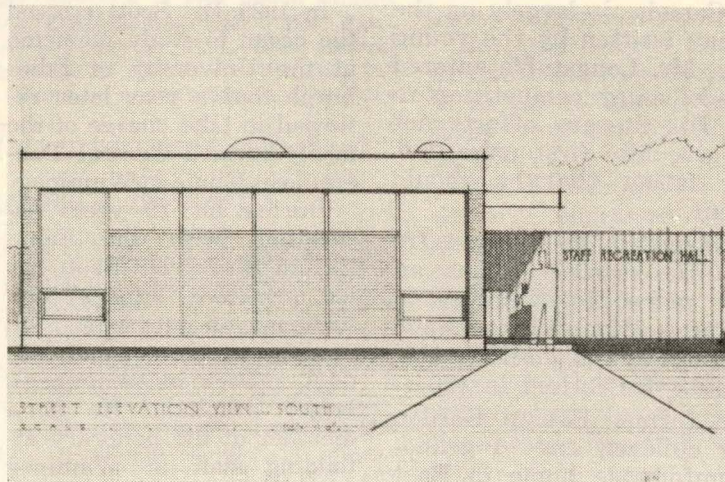
The Sanatorium Board's TB mobile units moved into Manitoba rural municipalities last month to begin one of the busiest summers of tuberculosis testing.

This summer marks the first time tuberculin skin tests have been administered along with chest X-rays to Manitoba's rural residents and, according to the Surveys Office, the turn-out so far has surpassed expectations.

A total of 8,474 residents received the simple skin tests during the month of July. This makes a grand

well as all persons over 40 years of age.

Municipalities tested during July were Grahamdale, Siglunes, Eriksdale, Coldwell, St. Laurent, Labro-



Pictured above is a sketch of the new, one-story recreation centre

A modern, one-storey Recreation Centre will be constructed this fall for the staff members of Clearwater Lake Hospital, the Sanatorium Board announces.

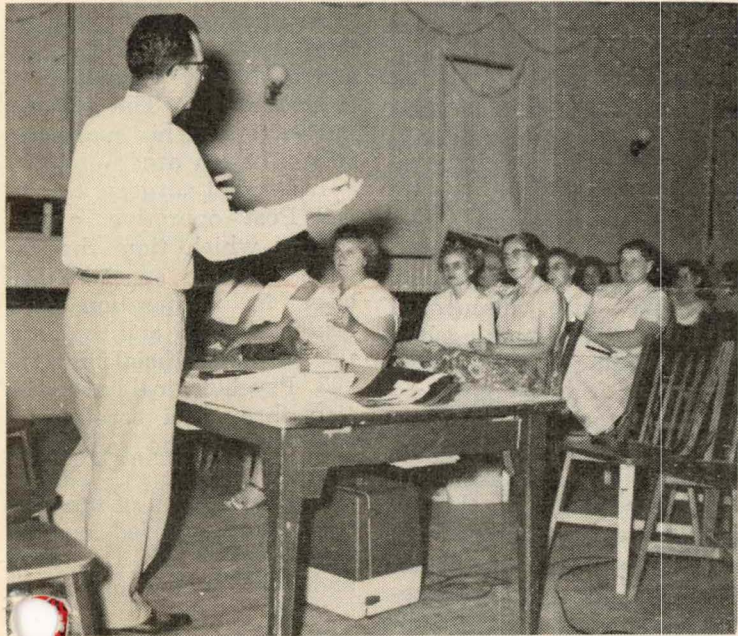
The centre, which may be ready for opening by Christmas or early next year, will have a cement brick exterior and will be approximately 2,560 square feet in size.

It will include space for a staff lounge, a canteen, and billiard room, and will have a special entertain-

ministered to Manitoba residents since the surveys were begun on April 20.

Although final figures are not yet available, it is estimated that approximately 16 to 20 per cent of those tuberculin tested show a positive reaction to the test.

positive reactors receive a free chest X-ray, as



Despite sizzling summer weather, 85 residents of the Oakbank area turned out to Oakbank Community Hall, July 27, to help organize a tuberculin skin testing and chest X-ray survey of the rural municipality of Springfield. After viewing a film on tuberculosis, they received up-to-date information on tuberculosis control in Manitoba and instructions for carrying out a house-to-house canvass to sign up residents for the tests. J. J. Zayshely, surveys officer for the Sanatorium Board, outlines the survey scheduled for August 18 to 27.

over. At present surveys are being conducted in Tache and Springfield.

As in the Fort Garry survey, where approximately 70 per cent of the population turned out for the free tests, the exceptionally good attendance at all testing sites is largely credited to the work

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Lake Hospital, The Pas. The centre will have roomy facilities for many kinds of entertainment and will also include a staff lounge and canteen. It may be ready for use by Christmas or early next year.

Accreditation Certificates Issued To Sanatorium Board Institutions

Three Sanatorium Board of Manitoba institutions are now accredited by the Canadian Council on Hospital Accreditation.

Following an intensive survey of the institutions' administrative, medical and nursing staffs and facilities, Certificates of Accreditation were issued last month to Manitoba Sanatorium, Ninette; Assiniboine Hospital, Brandon, and Clearwater Lake Hospital, The Pas.

According to the findings of the Council, these institutions meet the requirements considered necessary to give the quality of Nursing Care which the Canadian Council can recommend to the public.

The survey of the Sanatorium Board institutions was conducted during June and July by Dr. D. D. Campbell of Hamilton. His findings were then reviewed by the executive staff of the Council and also individually by its directors.

The Canadian Council on Hospital Accreditation is

an independent, voluntary, non-profit corporation which has had the responsibility of accrediting Canadian hospitals since January 1 of this year. Its 12 Council members represent the Canadian Hospital Association, the Canadian Medical Association, the Royal College of Physicians and Surgeons, and

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dances and picture shows, with seating capacity for 125.

The recreation centre was one of the first major projects discussed by the Joint Conference Committee which was organized by Clearwater Lake Hospital staff last May.

Except for a curling rink the hospital staff has had no special facilities for recreational activities.

Since the formation of a Joint Conference Committee at Clearwater has met with such success, similar committees will be formed at Manitoba Sanatorium and Assiniboine Hospital.

Address all communications to:

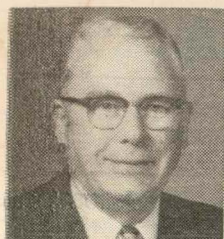
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Profiles

A. E. LONGSTAFFE

Tall, genial Albert E. Longstaffe, vice-chairman of the Sanatorium Board's Administration and Finance Committee, is a self-made man who has not only made a prominent name for himself in the world of business



and civic affairs, but has also the distinction of being one of Winnipeg's most popular personalities. Although retired from active business, Mr. Longstaffe, whose hearty, vigorous appearance belies his 70 years, still maintains an extremely busy pace in community life. Besides his executive work with the Sanatorium Board of Manitoba, he is associated with some 15 other clubs

and organizations in the city and is well known in Winnipeg sports circles.

Mr. Longstaffe was born in London, England, the oldest of nine children of Edwin and Lottie Longstaffe. In 1903 the family moved to Canada — largely as the result of an award-winning essay written by the young Longstaffe. Then a school boy, Mr. Longstaffe entered the late Lord Strathcona's school essay competition to get acquainted with Canada. His literary efforts not only persuaded the judges to give him first prize, but also convinced his inn-keeper father that he should join the big migration movement.

In Toronto, where his family settled, Mr. Longstaffe entered the baking business. He started out as an office boy in Toronto in 1903, moved to Winnipeg in 1910 where he joined the old Speirs Parnell Bakery and worked his way up to superintendent and later general manager of Weston Bakeries Ltd. He retired in 1954.

Mr. Longstaffe married the former Evelyn Gordon in 1914. The couple has four children and 11 grandchildren and live in a big comfortable home in East

Growing Disabled Population Makes "Third Phase of Medicine" Essential

The medical practitioner has always been interested in the total welfare of his patient — in his social, mental and vocational recovery as well as in the restoration of his physical well being.

As long ago as 460 B.C. Hippocrates, the Father of Medicine, wrote a great deal about physical deformities and disabilities. He was interested in both the prevention and correction of deformities, and his statement that "exercise strengthens and inactivity wastes" is one of the basic principles behind our modern concept of rehabilitation.

But for many centuries physicians have had all they could do to treat the acute

In 1929 Dr. Scott crossed the ocean to study medicine at the University of Edinburgh, but a year later returned to take charge of the newly formed Central Tuberculosis Clinic in Winnipeg.

During his 29 years association with the Sanatorium Board, Dr. Scott has led an active "outside" life, lecturing on tuberculosis to medical students and student nurses at Winnipeg's larger hospitals. He is a member of the honorary attending staff at Winnipeg

within the limits of their abilities.

Rehabilitation begins when a physician, after treating his patient for any acute illness or injury, arranges for a complete evaluation to determine his physical and vocational potential.

If transfer to a rehabilitation unit is indicated, both the referring physician and the rehabilitation specialist decide on the services necessary to achieve an agreed-upon goal. The rehabilitation doctor then directs the rehabilitation treatment of that patient, while the referring physician continues to give any necessary medical care.

A patient's potential is determined by putting through a series of tests which include the activities of normal daily living. Once his rehabilitation potential is known, the doctor confers with the therapists and the medical consultants on his team, and prescribes a full day's program for the patient.

stages of illness and injury, and they have had neither the time nor the resources to practice this "third phase of medicine" to the hilt.

Only during the last two or three decades has the problem of disabling diseases and injuries had special significance in the practice of medicine. The rise in the standard of living and the introduction of new surgical techniques, antibiotics and chemotherapy enable people to live longer than in the past. The age old killers — tuberculosis, pneumonia, meningitis and typhoid fever — no longer take the toll of lives they did in the past. Infections and communicable diseases, once rampant, have gradually been brought under control.

With our increased, aging population we have seen the problem of acute illness re-

gardening, playing golf, and attending football games. A long-time executive member of the Winnipeg Rugby Football Club and an honorary life member, he attends the Blue Bomber games regularly.

Mr. Longstaffe has been an executive member of the Sanatorium Board for six years and along with T. A. J. Cunnings, executive director of the board, serves on the Manitoba Medical Centre Council.

Mr. Longstaffe is a past president of the Winnipeg Kiwanis Club and a past lieutenant-governor of the Western District of the Kiwanis Club. He is also a past president of the Winnipeg Executives Club, the Winnipeg Chamber of Commerce, the Winnipeg Caterers Association, the Manitoba Lawn and Bowling Club and the Carleton Club. Other activities include membership on the Advisory Board of the Winnipeg Salvation Army, chairman of the Winnipeg Unit of the Canadian Cancer Society, and honorary secretary of the local branch of the Canadian Save the Children Fund.

DR. D. L. SCOTT

Dr. D. L. Scott has been medical superintendent of the Central Tuberculosis Clinic since the clinic was first opened in October, 1930. He has been assistant medical director of the Sanatorium Board of Manitoba and superintendent of Preventive Services since 1946.

A tall, lean man with ruddy complexion and blue-grey eyes, he runs the Central Clinic with kindly patience and good humour. His few attempts to be gruff are never quite convincing, and patients and staff who know him well describe him as "tops"—both professionally and as a man.

Dr. Scott was born and raised in Morden, Manitoba, the son of a businessman father and school teacher mother. After completing high school at Morden he entered the University of Manitoba Medical School, graduating in 1926. He interned at Winnipeg General Hospital and the Children's Hospital and in 1928 joined the medical staff of Manitoba Sanatorium at Ninette.



chest consultant at Deer Lodge Hospital. He has contributed articles to the Manitoba Medical Review and last June presented a report on Hospital Admission X-rays to the Canadian Tuberculosis Association meeting in Halifax.

Dr. Scott received his Certification in Internal Medicine in 1947. He is a member of the Canadian Medical Association, a past president and honorary secretary of the Manitoba Medical Association, and secretary of the Manitoba Branch of the Canadian Thoracic Society. He is also a member of the American Trudeau Society.

Dr. Scott has little time for hobbies or sports except perhaps for curling in winter. When he is through his long day at the clinic he likes nothing better than to relax with his family in his spacious home on Cambridge street. He and his Icelandic wife, Esther, whom he married 25 years ago this summer, have two sons, Donald John and Stuart. Daniel McIntyre, named after a famous uncle, the late Dr. Daniel McIntyre, Winnipeg educator. They are also the doting grandparents of a four months old baby girl, Linda Marie.

and disabilities arising out of congenital malformations and accidents. This growing number of disabled persons has made it imperative that medical practitioners today broaden the scope of their practices and include total rehabilitation as a vital part of treatment.

The rehabilitation of World War II veterans taught us that a handicapped person can have a useful role in society even though his disability be the loss of a limb, partial paralysis or arrested tuberculosis. We discovered that by providing him with special services and facilities, he could be made either partially or totally self-supporting. We also discovered that the cost of making him self-supporting is a great deal less than the amount required to maintain him as a helpless burden on society.

The natural outgrowth of these discoveries is the rehabilitation hospitals or unit. Here, under the direction of a rehabilitation specialist or physiatrist, handicapped people may undergo an intensive program of diagnosis, physical and occupational therapy, job placement, psychological adjustment and re-socialization—all designed to restore them to maximum usefulness

tional and physical therapy, speech therapy, fitting of prosthetic appliances and training in their use, and other special treatment.

After the routine is established, both the referring physician and the rehabilitation doctor check the patient's progress, re-assess his disability and, if necessary, direct new medical or prosthetic therapy measures.

An example of the step by step rehabilitative process can be briefly illustrated in the amputee. The important factors in his successful rehabilitation are:

1. Correct surgery.
2. Post-operative care, during which time the patient is given special exercises in preparation for crutch walking and the later use of the artificial limb.
3. Psychological preparation through a careful explanation of the rehabilitation process.
4. Prescription of the artificial limb, carried out by the orthopedist, therapist and prosthetist working as a team.
5. Prosthetic training.
6. Social investigation and job placement.

Following the training period the amputee is again checked to be sure he can accomplish all the necessary

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Improved Education Is Needed for Indians Says Visiting Minister



Minister of Citizenship and Immigration Ellen Fairclough, who this month toured Indian reservations in northern and central Manitoba, took time out Thursday evening, August 6, to visit Indian patients at Assiniboine Hospital in Brandon and to tour the hospital's Indian Rehabilitation Unit. Mrs. Fairclough is pictured here chatting in the hospital lounge with (left to right) Dr. E. L. Ross, medical director of the Sanatorium Board; Dr. A. H. Provah, medical superintendent of Assiniboine Hospital, and Edward Locke, Indian Rehabilitation Officer for the Board. (Photo by Larry's Studio, Brandon).

Winnipeg Doctor Awarded \$2,500 For Research

A \$2,500 fellowship to provide research work in respiratory diseases and treatment was awarded last month to Dr. Morley Lertzman of Winnipeg.

The fellowship was provided by the Sanatorium Board of Manitoba.

Sanatorium Board Employees To Get Increased Life Insurance Benefits

A revised life insurance scheme which will provide increased benefits for Sanatorium Board of Manitoba employees at no extra cost is announced by J. W. Speirs, chairman of the Board.

Under the new scheme, underwritten by Great West Life Assurance Company,

In case of accidental death the principal sum is doubled.

Under the former schedule life insurance benefits or Sanatorium Board employees ranged from \$1,000 to \$6,000, with all female employees receiving \$1,000 benefits.

The importance of improving formal and social education for Canadian Indians was stressed last week by Citizenship and Immigration Minister Ellen Fairclough.

Mrs. Fairclough, who this month toured Indian reservations in northern and central Manitoba, took time out to make this point when she paid a visit to Indian patients at Assiniboine Hospital in Brandon on August 6th.

"I feel keenly that we must offer Indians a better opportunity for education and integration," she said. "Only through improved formal and social education can they become better integrated with other Canadians."

The minister said that until this is achieved the Indian Affairs Department has no thought of doing away with Indian reserves.

But, she added, the department will shape its policy so as not to discourage Indians from leaving the reserve.

Mrs. Fairclough was particularly impressed by the work of the Rehabilitation Evaluation and Social Orientation Unit at Assiniboine Hospital.

The unit, which is operated jointly by the Indian Affairs Department and the Sanatorium Board of Manitoba, offers special social training to young disabled

Miss M. C. Hoey, her secretary; Lt. Col. H. M. Jones, head of the Indian Affairs Branch from Ottawa, and Harold Sprott, Indian Affairs Superintendent from Winnipeg.

Also present were Dr. E. L. Ross, medical director of the Sanatorium Board; Dr. A. H. Povah, medical superintendent of Assiniboine Hospital, and the heads of staff at the hospital. Edward Locke, Indian Rehabilitation Officer for the Sanatorium Board of Manitoba, and Miss Ruth Snuggs, supervisor of the Rehabilitation Unit, explained details of the rehabilitation program to the minister.

DISABLED POPULATION

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activities. After he has returned to work, he undergoes follow-up examination in the out-patient clinic to make sure the artificial limb is in good working order.

The same general pattern holds true for other medical and surgical cases, whether

Sanatorium Board of Manitoba and the American Trudeau Society, with the Sanatorium Board assuming half the cost. Its purpose is to promote more aggressive medical research in Canada.

Dr. Lertzman will conduct his research work for a period of one year in the Respiratory Division of Winnipeg General Hospital's Clinical Investigation Unit.

He will work with Dr. R. M. Cherniak, a member of the Faculty of Medicine, University of Manitoba.

ACCREDITATION CERTIFICATE

(Continued from Page 1)
l'Association des Medecins de Langue Francaise du Canada.

The Council is concerned with the medical staff organization, medical practice in the hospitals, the quality of medical records, and those departments which contribute directly to the quality of patient care.

The Canadian Council on Hospital Accreditation is an outgrowth of the Joint Commission on Accreditation of Hospitals, primarily an American organization to which a number of Canadian medical representatives were appointed. Until this year hospital accreditation in Canada was given by this joint commission.

female employees of the Board will receive life insurance coverage to the even \$500 next above their annual salary.

Male employees will be covered to the \$500 next above one and a half times their annual salary.

This means that a female employee earning an annual wage of \$2,100 will receive life insurance protection for \$2,500. A male employee earning \$3,100 will receive coverage for \$5,000.

TB SURVEY

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of voluntary organizational committees.

These committees meet with J. J. Zayshley, surveys official for the Sanatorium Board, a few weeks prior to the survey. They receive all the latest facts on tuberculosis and plan a house-to-house canvass of the entire area to sign up families for the tests.

The voluntary workers are told that tuberculin skin testing is effective as a preliminary screening for TB infection. Although in perhaps 95 cases out of 100, infection will never develop into active disease, it is only by checking and re-checking positive reactors that the chains of TB infection are broken.

Although the additional protection will be provided at no additional cost to the employees at the present time, the Sanatorium Board reserves the right to withdraw this new benefit or revise the employees share of the premium should there be unfavorable experience with claims in the future.

Province Amends TB Control Act

Recent amendments to the Tuberculosis Control Act of Manitoba gives official authority to the Sanatorium Board of Manitoba to carry out a more extensive health and treatment program in this province.

Amendments to the Act were passed by the legislative assembly late last month. They will be retroactive to January 1, 1959.

Under the amended act, the Sanatorium Board will be allowed to provide care, accommodation and treatment for sick, injured and disabled persons as well as for tuberculosis patients.

The Board will also be permitted to enter into agreements with the Governments of Canada and Manitoba to extend these health and treatment services.

wish to live off the reserve. "I don't think there is any other group in Canada with a more latent artistic talent than the Indians," the minister said.

She pointed to the case of one Indian girl who arrived at Assiniboine Hospital last year with only her Grade V education. When the girl left hospital this year she had completed up to her Grade X English and Mathematics.

Mrs. Fairclough was accompanied on her tour by J. R. Moodie, her chief as-

victims of heart disease, arthritis or muscular dystrophy, orthopedic cases or cord injuries such as paraplegics.

Total rehabilitation is the aim for all. It begins as soon as the patient's disability is incurred or recognized and treated; it goes into full swing when the physician sends the patient to the rehabilitation unit for evaluation and re-training; and it finally culminates when that patient again assumes a useful happy place in his home and community.



On hand to greet the Hon. Ellen Fairclough when she visited Assiniboine Hospital were these attractively dressed young girls from the hospital's rehabilitation unit. Mrs. Fairclough seemed intensely interested in this unit which provides special training for disabled Indian and Eskimo boys and girls who wish to work off the reserve.

Auxiliary Nursing Staff Helps Solve Critical Shortage

As medical and nursing care has become increasingly complex during the past 20 years, hospitals have been faced with a critical shortage in their nursing services. A partial solution to this problem has been found in employing more non-professional nursing workers to take over many of the tasks of caring for the sick.

These young men and women are fulfilling a vital role in maintaining high quality nursing service in our hospitals, and it is well to appreciate their growing importance on today's health team.

Non-professional nursing personnel are divided mainly into two groups: Licensed practical nurses and nursing assistants. The biggest differences between them are in the type of nursing care they provide and in their job qualifications.

The licensed practical nurse is a person prepared by an approved practical nurse educational program to give comprehensive nursing care to selected patients and to assist as a member of the nursing team with the nursing care of other patients.

The nursing assistant, who assists the professional staff by performing routine duties in caring for the sick, is not usually required to

city hospitals and 11 rural hospitals (including Assiniboine Hospital, Brandon), offers a 17 week classroom course at Manitoba Technical Institute and 33 weeks of practical experience on hospital wards.

Requirements for admission are a minimum age of 17 years and a minimum Grade X in Manitoba schools or its equivalent as assessed by the Manitoba Department of Education. Males as well as females may take the course.

Big Demand

Practical nurses are in great demand in this province. At present there are over 900 licensed practical nurses engaged in our hospitals, nursing homes and private homes. Indications are that this number will considerably increase over the next few years.

For example, enrollment at the Central School for Practical Nurses last year was 25. When the school's



Clearwater Lake Hospital, The Pas, has engaged approximately 36 nursing assistants to help carry out the more elementary tasks of nursing. These young girls not only provide a valuable service in helping to maintain high quality nursing care at the hospital, but they also learn a great deal which may help them later on when they have families of their own. Here a couple of girls at the hospital are busily sterilizing equipment.

Portage la Prairie, Brandon Hospital for Mental Diseases and Selkirk Hospital for Mental Diseases.

The practical nurse stands occupationally next in skill to the general duty professional nurse. The core of her job consists mainly of duties in bedside nursing care. It includes such duties as the preparation and administration of drugs and hypodermic needles, making and applying simple dress-

thought is being given to standardizing a program of training.

This would likely be in the form of about 15 lectures to be given at the beginning of their period of service, after which they would write an examination.

Teamwork

As demands for nursing service increase, both the licensed practical nurse and nursing assistant will re-

Bulletin Board

New staff physician at Clearwater Lake Hospital, The Pas, is Dr. John Simon, formerly of Hungary. Dr. Simon was previously associated with the Sanatorium Board during 1957 and 1958 when he was senior interne at the Central Tuberculosis Clinic and Manitoba Sanatorium. He is a specialist in tuberculosis disease.

Dr. A. H. Povah, medical superintendent of Assiniboine Hospital, left for Montreal August 7 to study thoracic surgery at Royal Victoria Hospital. Dr. Povah will write his examinations for his certification in thoracic surgery before returning to Brandon on October 1.

The Western Canada Institute for Hospital Administrators and Trustees will be held in conjunction with the annual conference of Associated Hospitals of Manitoba in Winnipeg, September 8 to 11. Among the Sanator-

Since the last war the practical nurse occupation has undergone considerable change. The job itself has been defined in new terms by professional nursing organizations and there have been new developments in standards of work performed and in vocational preparation.

In Manitoba a practical nurse may obtain her license by taking a course at the Central School for Practical Nurses in Winnipeg or at St. Boniface School for Practical Nurses.

The Central School, which is affiliated with several

twice that. Since mental and tuberculosis hospitals experience the most critical shortage in nursing staff, special efforts are being made to supplement professional nursing service with auxiliary workers.

The Sanatorium Board offers \$200 bursaries to certain girls who wish to make a career of practical nursing.

Three year courses leading to a psychiatric nursing diploma and practical nurse license have been established at Manitoba School for Mental Defectives at

For women who are interested in hospital nursing but do not wish to take preparatory training, the job of nursing assistant offers a good employment opportunity.

The nursing assistant helps the registered nurse by performing under supervision the simpler, more elementary nursing tasks.

Her duties range from assisting with patient baths and feeding to taking and recording temperatures and making beds.

Nursing assistants are usually trained on the job in four to six weeks. Some

stand and appreciate the valuable contributions these people make in helping to maintain high nursing standards.

It is important that, under the direction of the doctor, the professional nurse be available to delegate duties to the auxiliary nursing staff and provide leadership and training. In effect, it is most important that all classes of nursing personnel be drawn together in a close team relationship so that they may effectively fulfill their prime obligation—providing good nursing care to the sick.

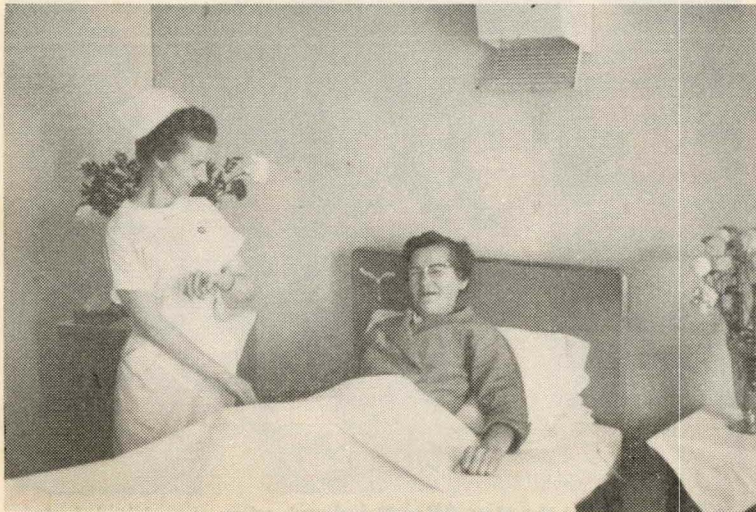
Hotel will be the business managers and superintendents of nursing.

Miss Nan Chapman, director of dietary services for the Sanatorium Board, sailed this month from Fort Churchill for a three week vacation at sea and in Europe.

Miss Lennet Louise Hamilton, a native of Jamaica, was appointed charge nurse at Clearwater Lake Hospital.

C. C. Christianson, business manager of Assiniboine Hospital, and N. Kilburg, business manager of Manitoba sanatorium, have successfully completed a two-year course in hospital organization and management. Both received certificates from the Canadian Hospital Association.

Wedding bells will ring out November 21 for Jerry Newton, secretary at the CTC, and Jim Lock, former member of the X-ray Department at Clearwater Lake Hospital and presently a student in the radiological course at Portage la Prairie General Hospital.



The licensed practical nurse stands occupationally next in skill to in bedside nursing care. One of the important duties of Miss Anne Trach, left, is to take the temperature and pulse of her patients at the Central Tuberculosis Clinic. The patient is Mrs. Stella Miklash. CTC, pretties up the hair of Elaine Michaleski, of Dauphin.



the general duty registered nurse. Her job consists mainly of duties Right, Mrs. Doris Tostowaryk, also a licensed practical nurse at the