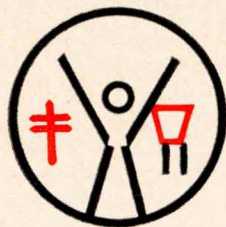


NEWS BULLETIN



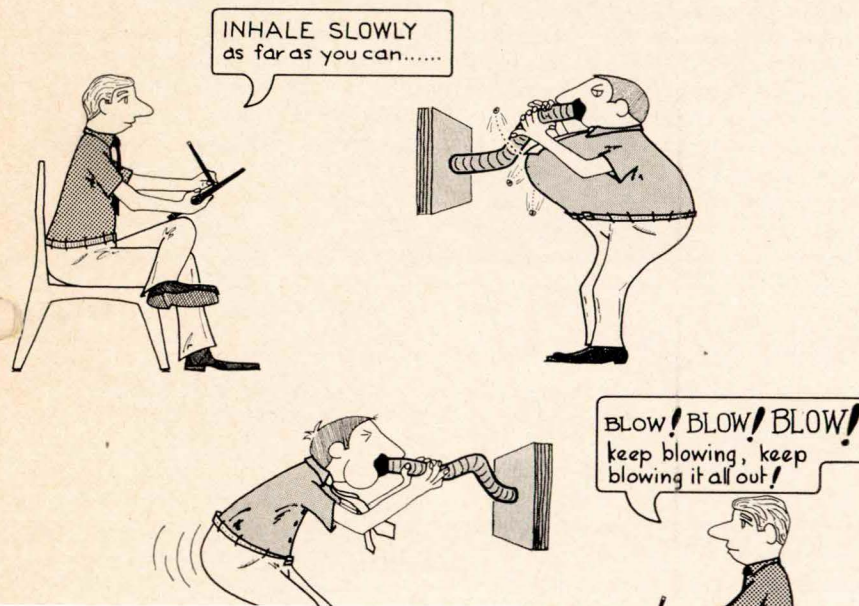
The Sanatorium Board of Manitoba

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AUGUST, 1970

20 Percent — Out of Puff?



Respiratory Disease Seminar Attracts Wide Nursing Interest

The response to a fall seminar on respiratory disease nursing has been so enthusiastic that organizers are concerned about an overabundance of applications.

Largely because of limited space, enrollment in the two-week course is being restricted to about 30 registered nurses from Manitoba and other parts of the country, said Miss E. L. M. Thorpe, Sanatorium Board nursing consultant who serves as the course chairman.

However, because of the high interest in this field and the mounting problem of respiratory disease in the population, it is expected that other similar courses will be scheduled over the next several years.

The initial seminar — arranged by the Sanatorium Board for the Nurses' Section of the Canadian Tuberculosis and Respiratory Disease Association — will be held at the Manitoba Rehabilitation Hospital — D.A. Stewart

ventive Services, and Miss Janet Smith, public health nursing consultant, Manitoba Department of Health and Social Development; Miss Edith Svanhill, VON, nursing coordinator of the Home Care Program, Winnipeg General Hospital; and Miss Joan Edwards, chief physiotherapist, Manitoba Rehabilitation Hospital — D.A. Stewart Centre.

Guest lecturers from the University of Manitoba include Dr. J. C. Williams.



In Manitoba, pilot surveys to promote the early discovery of obstructive lung disease — and to learn more about its incidence, nature and factors that influence it — have been undertaken jointly by the Sanatorium Board and the University of Manitoba. Through these surveys — the largest to be organized in Canada — physicians are discovering that obstructive airway disease is a mounting problem in Manitoba, affecting between 15 and 20 percent of the adult population. As a result of one survey, for example, 656 out of 3,814 people tested were advised to consult their physicians.

— Artwork by Doug Lane.

Do you usually cough first thing on awakening?

Do you usually bring up phlegm from your chest during the day or night?

Do you get short of breath on severe exertion — or when hurrying on the level or walking up a slight hill?

A lung function survey — conducted jointly by the University of Manitoba and the Sanatorium Board among the general adult population of Manitoba — is turning up a disquieting number of "yes" answers to questions such as these. The questions are included in a comprehensive questionnaire concerning symptoms and factors involved in chronic obstructive lung disease; and the questionnaire is accompanied by simple breathing tests to measure lung function.

Over 35,000 volunteers have been tested since the study began two years ago. They include people of all ages, in many occupations, in both urban and rural areas.

The preliminary findings indicate that between 15 and 20 percent of the individuals tested have evidence

of obstruction to air flow in the bronchial tubes.

About one half of this group have symptoms of disease, such as chronic cough and sputum. The other half, who have no symptoms, could very well be early bronchitics, according to the project director, Dr. R. M. Cherniack.

And as suspected, the discovery of airway obstruction usually relates to cigarette smoking.

As the survey continues, the tests and questionnaires will undoubtedly yield more answers to the many questions about the incidence of respiratory disease and the factors that influence it.

But from these first findings it appears that chronic bronchitis is a significant health problem in the general Manitoba population.

tober 9.

It will cover all aspects of respiratory disease care — from the methods of prevention to medical and paramedical treatment of patients with acute and chronic respiratory insufficiency.

Miss Ruth Barstow, clinical nurse specialist in respiratory disease nursing at the Veterans' Administration Hospital at Livermore, California, will be a special guest. Her topics will include *Chronic Obstructive Disease Nursing with Warmth, Anatomy and Physiology of the Respiratory System, Nursing Care of Patients with Acute Respiratory Failure, Psychological Problems of the Patient with Chronic Obstructive Lung Disease and Rehabilitation of the Pulmonary Cripple.*

Other speakers will include Miss Lorette Morel, newly appointed health education and nursing consultant for the CTRDA; Miss Mona McLeod, assistant professor, University of Manitoba School of Nursing; Dr. Emmanuel Snell, director of Pre-

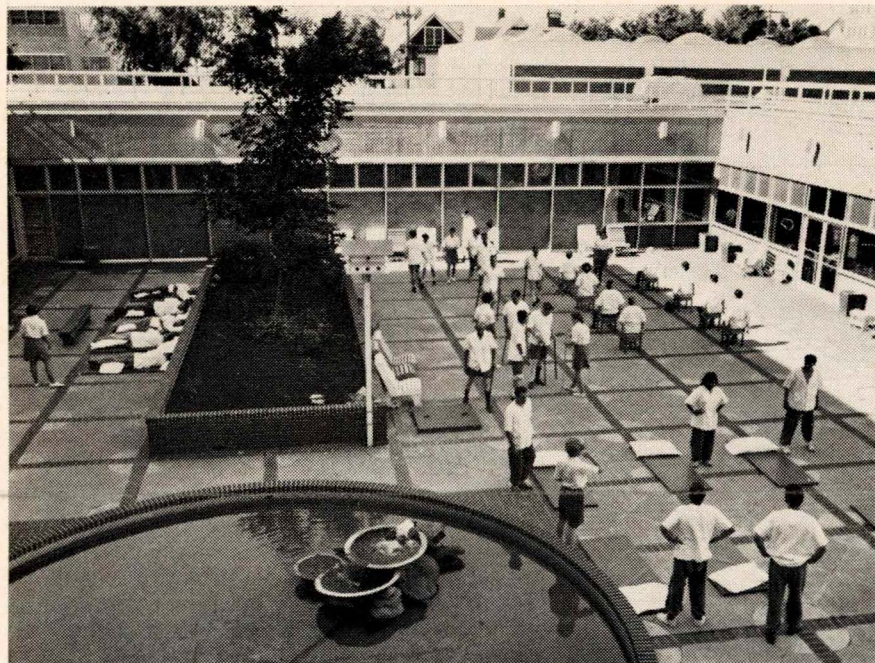
professor and head of the Department of Bacteriology and Immunology; Dr. L. L. Whytehead, Department of Surgery; Dr. Victor Chernick, Department of Pediatrics and Physiology; Dr. R. M. Cherniack, Dr. Louis Cherniack, Dr. E. S. Hershfield, Dr. C. B. Schoemperlen, Dr. D. S. McCarthy and Dr. J. A. MacDonell, Department of Medicine.

Among the topics to be covered are the intensive management of acute and chronic respiratory diseases, respiratory viruses, surgical chest procedures, environmental factors in respiratory disease, sociological implications of illness, pre- and post-operative nursing care, the terminal patient in hospital, inhalation therapy, testing of lung function, nuclear medicine and the respiratory disease patient, drugs currently in experimental use, exercise programs for respiratory disease patients, newer concepts of nursing responsibility.

T. A. J. Cunnings, executive director of the Sanatorium Board, will open the course with a talk on *Keeping People Well.*

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THE COURTYARD at the Manitoba Rehabilitation Hospital was designed as a pleasant retreat for patients and to admit lots of sunshine into the hospital's halls and wards. But in recent times, as this picture shows, the area is also being used for extra treatment space for our crowded physiotherapy department. Back classes, shoulder classes, respiratory classes and walking classes are almost daily courtyard attractions this summer — and in a few days workmen will also join the throng. The idea is to steal 20 feet along the south side for an extension to the general physiotherapy treatment department — then return the courtyard to its original quiet purpose.

— Photo by David Portigal.

Survey Ship Makes Last Voyage

The *M. V. Christmas Seal* has made her last voyage.

This news from our sister association in Newfoundland was received

“soul-less x-ray van, belching smoke and fumes into our relatively unpolluted atmosphere,” sighed executive director E. G. House.

SBM To Conduct Silicosis Survey

Beginning this September, the Preventive Health Services of the Sanatorium Board, will conduct a yearly survey of all Manitobans employed in mines or other industries where dust may be a health hazard.

The survey — provided under contract with the Manitoba Department

of Health — relates to the government's silicosis regulations. It will comprise chest x-ray examination, and breathing tests to measure lung function, plus a questionnaire concerning symptoms and factors related to chronic respiratory disease.

Results from the examinations will be reported to the health department, which will make the decisions about licensing workers. There will be a complete medical follow-up of those with significant findings.

The examinations will fit naturally into the Sanatorium Board's existing field survey operations. Our traveling clinic will carry the service to mines and foundries outside Winnipeg and to larger industries in the metropolitan area. Smaller Winnipeg firms will use the stationary facilities at the D.A. Stewart Centre.

About 40 companies employing some 10,000 people are involved in the silicosis control program.

The first survey will be held at Lynn Lake at the end of September.

DETECTION SURVEYS

In mid-July — after hanging back to x-ray some 1,500 Winnipeg postal employees and several hundred people attending Manisphere and the Brandon Provincial Exhibition — the Sanatorium Board's Preventive Health Services took to the highways and byways of rural Manitoba.

The Christmas Seal x-ray van — which now usually visits only those areas where the tuberculosis incidence is higher than average — moved into nine rural municipalities and districts this summer. They include Brokenhead, Whitemouth, Lac du Bonnet, Cartier, Alexander, McCreary, Ste. Rose, Lawrence, and the town of Wabowden.

At the same time, the pulmonary function testing team carried free breathing tests and respiratory questionnaires to residents in the rural municipalities of MacDonald, Cartier, Roland, Thompson, Brenda, Arthur and Edward.

So far this year, some 25,000 chest

MAGAZINES

(recent issues)

Before you throw them out, think of the **PATIENTS' LIBRARY** at the Manitoba Rehabilitation Hospital — D. A. Stewart Centre.

The **VOLUNTEER SERVICE** is

Canadian Tuberculosis and Respiratory Disease Association in June, because for 22 years the exploits of the 148-ton motor ship had become something of a legend.

Once a vessel for the U.S. Air Force Rescue Service, the M.V. Christmas Seal was purchased by the Newfoundland Tuberculosis Association in 1947 and turned into a floating health clinic. She was given a snowy white coat of paint, a white flag bearing the doubled-barred Cross of Lorraine, and a personable staff to carry out x-ray examinations, BCG vaccinations and diabetes tests.

Then every year she plied the coastal waters of Labrador and Newfoundland, visiting the folk of isolated fishing settlements. Music over a public address system would announce her approach, and at each place she docked all would come out to greet her.

But now that land connections have sprung up and health services are centralized, "our romantic symbol of health has been replaced by a

15th REHABILITATION NURSING COURSE

October 19 - November 6, 1970
Manitoba Rehabilitation Hospital

This intensive course is designed to teach registered nurses the special skills and philosophy involved in the rehabilitation of the physically disabled.

Further information may be obtained from Mrs. D. Setter, Director of Nursing Education, Manitoba Rehabilitation Hospital, Winnipeg 3.

with him.

Such is progress.

videa in our community surveys, and over 10,000 lung function studies have been completed.

books . . . and will welcome your contributions.

Patients Share In Manitoba Day Festivities

The excitement of the Manitoba Day celebrations on July 15 also reached patients and staff at the Manitoba Rehabilitation Hospital — D.A. Stewart Centre.

Early in the day Miss E. L. M. Thorpe, nursing consultant and administrative assistant, showed up to present special pioneer pins to those patients, 75 years of age or older, who had lived in Manitoba most of their lives.

And at noon, Versafood Services served up generous helpings of Manitoba beef (with lots of trimmings) on trays appropriately decorated with placemats and napkins sporting the Manitoba tartan.

But the highlight, of course, was the visit of Queen Elizabeth and the Duke of Edinburgh to the Children's Hospital across the way. The usual sombre atmosphere in the Medical Centre area gave way to noisy excitement as crowds gathered on the street. And nurses and porters made sure that ambulant patients got to the street early to have a front-row view of the royal couple's arrival and departure. Other patients who couldn't move around so well were comfortably settled at the hospital's wide windows.

It was a happy day, reported one staff member. "I don't suppose many others had a better time than those of us forced to remain in hospital."



Crowds gather around Queen Elizabeth and the Duke of Edinburgh as they leave the Manitoba Medical Centre area on July 15.

— Photo by David Portugal.

Perhaps only two of our people fared better than patients and working staff. They were Marilyn Green, 16, and Patty Smigelsky, 15, who were among a number of hospital junior volunteers invited to join Prince Charles and Princess Anne at a luncheon at the Manitoba Centennial Concert Hall.

"They were so nice and normal . . . and they spoke to everyone," reported Marilyn, who wore an espe-

cially chic little dress for the event. "Princess Anne asked us if we had enjoyed the lunch . . . and Prince Charles, with a twinkle in his eye, asked me if I designed my dress."

Today, among the prized souvenirs of these two happy girls, are a miniature Red River cart presented to each guest, a sorry-looking carnation that had once graced a head table, and a handsome engraved invitation to a royal affair.

THIS 'N THAT

Youth Befriends Stewart Centre Patients

Although none of its members profess special qualifications or training, CRYPT will tackle almost anything.

As a *Committee Representing Youth Problems Today*, this Winnipeg group cheerfully organizes such things as feed-ins, drop-ins, billeting services, counselling and medical and legal aid for thousands of today's wandering society.

And because that doesn't seem enough to do, the young members also act as general helpers and advisers to hard-pressed welfare agencies, church and service groups — and such other conventional institutions as the Sanatorium Board of Manitoba.

A government subsidized organization — operating out of a former auto body shop with a loosely organized staff of 14 paid employees and an ever-changing army of volunteers — CRYPT recently became known to our Board when the Social Service Department proposed periodic outings for long-stay patients in the D.A. Stewart Centre.

The stumbling block appeared to be transportation. Who could provide it on a regular basis? Not us, said a welfare agency. Try CRYPT.

So the social workers called CRYPT and sure enough, a few days later, a bus and driver arrived at the Stewart Centre door.

Ten patients, ranging in age from five to about 50, climbed aboard with a staff attendant, and they all whizzed off for a fine afternoon at

The tour also turned on towheaded bus driver Don Maredon. It was a nice change, he (more or less) said, from hauling hippies to hostel or hospital, or operating the Crash (billeting) desk at CRYPT's quarters at 250 York.

So he'd be back for 10 more patients the next week, he promised. And if that also worked out, he'd return for 10 others the week after that.

And say, wasn't there some other job needing volunteer help?

CRYPT would be glad to oblige.

About Research

Although people may picture it that way, not all medical research is conducted in cluttered laboratories by dreamy, white-coated scientists, pursuing an idea on their own.

Usually lots of hospital people are involved in these investigations — not the least of whom are the therapists and patients in the treatment departments.

At the Manitoba Rehabilitation

and research engineers in designing special orthotic devices; and one senior member of the department is doing functional hand assessments on people with early polyarthritis. Using a battery of specific tests, she helps to sort out deformities in arthritic hands, to study the development of these deformities, and assess the results of treatment.

In another arthritis project, the Department of Communication Disorders offers its assistance to investigators assessing the effects of salicylates on hearing; and in still another area, the Social Service Department collaborates with doctors in a study on social and psychological factors in early polyarthritis.

Sometimes treatment departments undertake their own investigations — with assistance, as needed, from other professions. Several years ago, for instance, our physiotherapists decided to compare the value of two exercise techniques in the treatment of patients with certain significant shoulder limitations. The object was to determine whether routine exercises or the often favored PNF technique[®] would produce a greater increase in range of movement during the same time period.

After talking it over with the doctors, criteria for entering patients in the project were established, assessment forms worked out, and routines

BULLETIN BOARD

T. A. J. Cummings, executive director of the Sanatorium Board of Manitoba, will be advanced to Fellowship status in the American College of Hospital Administrators at a convocation ceremony preceding the College's annual meeting in Houston, Texas, September 13.

The College — founded some 35 years ago to honor hospital administrators doing outstanding work — today comprises more than 9,000 leading hospital and health care administrative personnel in the United States and Canada.

Mr. Cummings became a nominee of the College in 1963 and was admitted to membership in September, 1965.

★ ★ ★

Reinhart Daher, bio-mechanical engineer in the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit, flew to Chicago on August 10th to attend a three-week course in below-knee prostheses at Northwestern University Medical School.

About a month earlier, PORTU's Technical Director James Foort embarked on a three-month teach-

For all of the patients, this three-hour excursion on August 12 meant a wonderful chance to taste some excitement and lots of sunshine and fresh air. And for one five-year-old — saddled with leg braces as well as pulmonary disease — it also meant a marvellous romp in the grass, her first close-up view of a cow, and a wilted bunch of dandelions and clover to place by her bed.

tional therapy department is working alongside physicians in the clinical testing of L-dopa, the promising experimental drug for treating Parkinson's disease. The therapists help to assess the drug's benefits by conducting daily tests for dexterity and coordination on certain patients who have volunteered for the study.

Occupational therapists and technicians also work with the patients

therapists, were set up.

Two groups of patients with closely matched shoulder conditions were entered in the four-week studies, and two years later, after 29 patients had completed the intensive routines, the therapists had some significant information.

Routine and PNF techniques complement each other in the treatment of shoulder conditions, they discovered. Each method has a useful purpose, which can be used to great advantage when prescribing treatment.

The physical therapy service plans more investigative projects in months to come — as do members in other departments. Not one of these, however, is likely to be a one-man effort. It will be a matter of collaboration — with the star collaborator, the patient.

1. Proprioceptive neuromuscular facilitation.

INDIAN PRINCESS

Our congratulations to Pauline Wood, clerk typist in the Department of Communication Disorders, who was recently named Miss Manitoba Indian Princess.

After winning the contest in Winnipeg on June 27, Pauline took part in a number of summer festivities, including the Miss Canada Indian Princess pageant at Yellowknife.

Pauline — who was born at St. Theresa Point at Island Lake — has been a member of our staff for four years. She models in her spare time, and somehow also manages to find a few hours each week to help young Indian girls in Winnipeg, through her volunteer work with Operation Opportunity.

Mr. Foort will teach Scottish prosthetists techniques developed by the PORTU group over the past few years, and he also plans to do further research on the electrical alignment of artificial limbs. He is expected back in Winnipeg in mid-October.

★ ★ ★

Dr. F. D. Baragar, internal medicine consultant, and Dr. S. Naik, assistant physician at the Manitoba Rehabilitation Hospital, attended the annual meeting of the American Rheumatism Association Section of the Arthritis Foundation in Detroit June 19 and 20. Mrs. Judy Veilgut, Social Service Department, attended the sessions of the Allied Health Professions Section.

MRH delegates to the annual meeting of the Canadian Association of Physical Medicine and Rehabilitation in Saskatoon this month were Dr. R. R. P. Hayter, director of physical medicine, Dr. J. F. R. Bowie, Dr. H. Dubo and Dr. A. J. Mehta.

Also this month Dr. Dubo attended the Congress of the American Academy of Physical Medicine in New York City.

★ ★ ★

Mrs. Violet Dunsmore, food supervisor at the Manitoba Sanatorium, Ninette, recently returned from Guelph, Ontario, where she attended a Canadian Dietetic Association seminar in hospital food supervision, sponsored by the Canadian Hospital Association.

HONOR ROLL OF CONTRIBUTORS

The Sanatorium Board of Manitoba is grateful to the following individuals, business firms and organizations who have recently made donations to our various health services. According to the wishes of the donors, these contributions are used to provide special equipment for patients, to assist our province-wide programs to prevent ill health, and to finance research into the means of preventing or treating disabling illness or injury.

Associated Canadian Travellers, Brandon Club	\$3,000.00
Associated Canadian Travellers, Dauphin Club	100.00
Mrs. Annette Caplan, Winnipeg (a further donation)	100.00
Manitoba Society of Medical Assistants	250.00
Canadian Forces Base, Shilo (Community Chest Appeal)	100.00
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Mr. and Mrs. J. M. Davis, Dugald	Wheelchair
Andrew Stephen, Winnipeg	Wheelchair

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Rural Municipality of Tache; J. D. Hughes, Calgary; Mrs. C. H. Reeve, Brandon.