

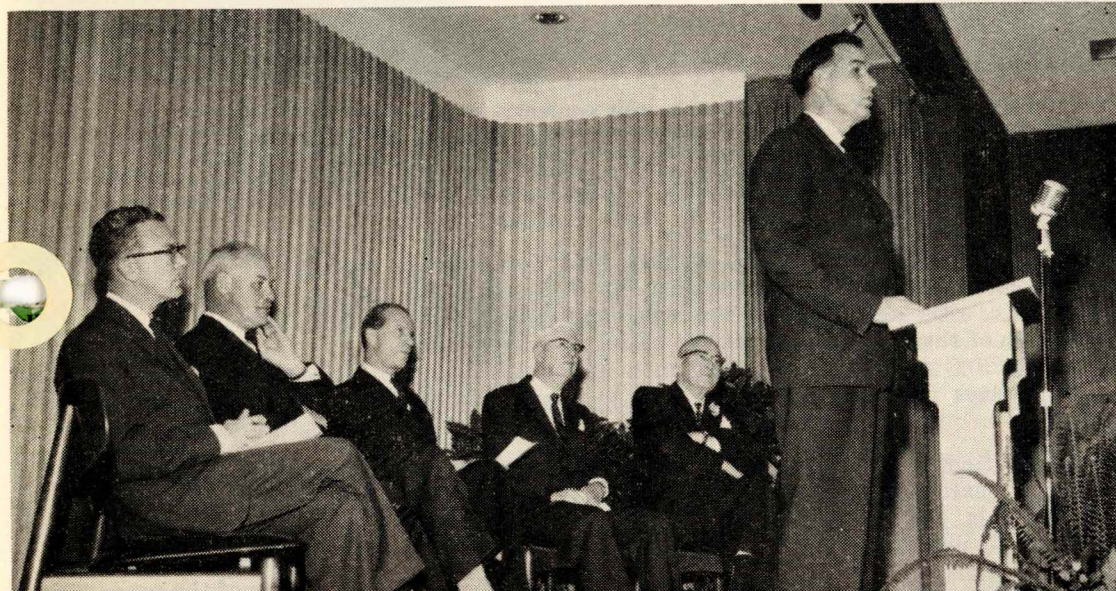
# News Bulletin

## SANATORIUM *The* BOARD OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

OCTOBER, 1962



## Medical Rehabilitation School Officially Opened by Premier

•Premier Duff Roblin welcomed it as a significant part of a new health scheme to take long-stay patients out of acute general hospital beds and restore them as "tax-paying citizens" of the community.

•Dr. Leslie H. Truelove, director, said that it will help considerably to provide physiotherapists and occupational therapists to a province which badly needs two or three times the number it presently has.

•And Dr. L. G. Bell, Dean of the University of Manitoba Faculty of Medicine, noted that it will contribute greatly to the "third phase of medi-

years and until recently was housed in temporary quarters at the Children's Hospital in Winnipeg. This summer it was moved into new permanent quarters occupying the entire third floor of the Sanatorium Board's rehabilitation hospital.

The purpose of the school is to provide intensive courses leading to a diploma in either physiotherapy or occupation

The Official Party, who took part in the opening of the School of Medical Rehabilitation at the Manitoba Rehabilitation Hospital on October 10, were left to right: Premier Duff Roblin, who performed the ceremony; Dr. H. H. Saunderson, president of the University of Manitoba, who acted as chairman; Dean L. G. Bell, who spoke on behalf of the University Faculty of Medicine; J. W. Speirs, chairman of the Sanatorium Board of Manitoba; Dr. Hartley F. Smith, chairman of the Sanatorium Board's Medical Advisory Committee; and, standing, Dr. Leslie H. Truelove, director of the school.

(Photo by David Portigal)

## Over 400 Attend Opening of New Hospital

The formal opening of the Manitoba Rehabilitation Hospital—the day for which so many Sanatorium Board members spent four years of hard work and planning—is over. It was a happy, triumphant occasion for everyone, leaving us with pleasant memories of a few sunny hours spent in the hospital's courtyard and cafeteria with some 400 friends and fellow staff members.

The official opening ceremony on September 14 was marked by a number of speeches in which prominent representatives from the fields of health, medicine and education paid tribute to those who had taken part in the hospital's planning and construction, and outlined the aims this beautiful new medical facility is expected to fulfill for the people of our province.

In his address, at the end of which he pronounced the hospital officially open, Dr. H. H. Johnson, Provincial Minister of Health, said that the Manitoba Rehabilitation Hospital ("the finest and most modern in Canada") will serve as a constant reminder to the people of the province that "only with the concept of rehabilitation can the full force of modern medical science be put in actual

practice and total care realized."

The construction of the hospital, he continued, represents one big step which the Manitoba government felt could be launched to relieve a bed shortage in our general hospitals.

"It is designed to complement the services of the general hospital by providing—either on an in-patient or out-patient basis—a program of treatment to those who have passed the acute stage of illness or disability and require further treatment."

In the general scheme of hospital services in the province, he said, the rehabilitation hospital will stand between the general hospital, which is designed specifically for acutely ill patients requiring care for short periods, and the extended treatment hospital, which provides rehabilitative treatment to severely disabled persons who require a very high degree of care for 30 days or more.

Other speakers at the ceremony were Dr. K. I. Johnson of Pine Falls, vice-president of the Manitoba Medical Association; W. J. Condo, vice-president of the University of Manitoba; Dr. Hartley Smith, chairman of the Sanatorium Board's Medical Advisory Committee; and J. W. Speirs, Chairman of the Sanatorium Board.

Dr. Johnson and Dr. Smith also spoke of the contribution the rehabilitation hospital will make toward improving medical care for Manitoba residents. There is a great need for rehabilitation facilities of this type, Dr. Smith said. According to a Canada Sickness Survey in 1956, over one-half million people in the country are either seriously or totally disabled.

Mr. Condo stressed the valuable role the School of Physiotherapy and Occupational Therapy (on the hospital's third floor) will fill, by providing to medical facilities throughout Manitoba urgently needed physiotherapists and occupational therapists.

Chairman Mr. Speirs, who opened the ceremony, briefly

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bed and job" — which, he admitted, had heretofore often been neglected in the thinking of doctors and medical students.

All these remarks were directed to an audience of some 300 persons who gathered in the auditorium of the Manitoba Rehabilitation Hospital on Wednesday evening, October 10, to hear Premier Roblin officially open the university of Manitoba's School of Medical Rehabilitation.

The school, the first in the province and the fifth of its kind in Canada, is part of the University of Manitoba's Faculty of Medicine and is under the direction of Dr. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital. It has been in existence for the past two

have completed their senior matriculation or their first university year in arts and science. The courses consist of two years academic study followed by a six-month period of internship in a hospital and a final revision course.

Students who enter the physiotherapy division learn to employ physical aids — such as exercise, heat, light, water and massage — to help disabled persons regain the highest degree of physical function. Occupational therapy students, on the other hand, learn to employ various activities to achieve the same aim. These activities may be creative, or they may take the form of manual arts and games or the retraining in those activities which are a

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## Around Our Institutions

"A little time for work and a little time for play" makes Jack a not-so-dull boy—indeed sets him squarely on the road to good "physical and emotional health."

Taking this "old adage" to heart, some 65 employees of the Manitoba Rehabilitation Hospital, the Central Tuberculosis Clinic and the Sanatorium Board executive offices drew a dollar out of their pockets this month and signed up as new members of the Manitoba Rehabilitation Hospital Recreation and Social Club. In doing so, some of the "old timers" have finally caught up to staff members of other Sanatorium Board institutions who for many years have been enthusiastically active in all sorts of hospital-organized sports.

Winnipeg members are particularly fortunate in having at their disposal some of the finest recreational and sports facilities in the city. Among the many activities they will enjoy are darts and table tennis in the M.R.H. Occupational Therapy Department, and badminton, volley ball and gymnastics in the M.R.H. gym. A curling team has also been organized, as well as a bowling team which is already making use of a Windsor Park alley. Other activities considered are basketball and square dancing.

Thursday; curling, Ken Rowsell.

Upon payment of one dollar, members receive a membership card which entitles them to take part in the sports activities and to bring along one guest.

Two nights have also been set aside at the hospital for any groups outside the hospital who may be interested in making use of the facilities.

### No Crisis

Among the Sanatorium Board members who turned up for the Eleventh Annual Manitoba Hospital and Nursing Conference at the Royal Alexandra Hotel, October 2 to 4, was Executive Director T. A. J. Cummings, who took part in a panel discussion on "The Crisis of our Crowded Hospitals".

Mr. Cummings led off the hour-long discussion by declaring that, as far as he could see, crisis is too strong a word with respect to the high use of our hospital accommodation.

There are some problems



THE LIONS CLUB OF ST. JOHN'S paid a visit en masse to the Manitoba Rehabilitation Hospital Thursday evening, October 4, to have a look at our new facility and present the Sanatorium Board with a cheque for \$1,000. The cheque represents the club's first payment on a \$1,978.20 pledge to furnish a four-bed patients' ward on the hospital's fourth floor. Pictured receiving the cheque from club president J. A. W. McIntyre (right centre) is SBM Chairman, J. W. Speirs (left centre). Refreshments were served afterwards in the hospital cafeteria. (Photo by David Portigal.)

ber of patients who stay a long time," he continued. "In 1960 it was estimated that about 4.4% of these patients took about 25% of the total treatment days in general hospitals."

If these patients are moved to special "extended treatment hospitals, the facilities for acutely ill persons in our general hospitals could be ex-

the country, join our permanent staff, but there are a few others who come only as temporary visitors — ambitious young men and women who are eager to learn and to teach, to see new places and, for our purposes, to help relieve for a while a chronic shortage in professional staff.

The result is that in recent years we have seen our Sana-

move on to Columbia University to take a course in public health nursing.

\* \* \*

It was the flip of a coin that brought pretty Molly Van Kempen across the Atlantic to Manitoba Sanatorium. "I was getting a little restless doing tuberculosis nursing in England and I decided to see how the disease was treated in other parts of the world" she

dial gymnast, has been elected chairman of the club, and Miss Sue Leaper and Gordon Hurley have been named secretary and treasurer respectively. In addition there are six sub-committee chairmen with the following schedules: Badminton, Patricia Quinn, Tuesday and Friday evenings; gymnastics, Mrs. Marjorie Boorman, Friday evening; volleyball, Mr. Williamson, Monday evenings; table tennis, John Biro, and darts, Rudy Trnka, any evening when other activities are held; bowling, Bill Scorapata,

said, such as adequate use of the facilities we now possess. But even in this area the province has been doing fairly well.

He pointed out that the number of beds per 1,000 population in Manitoba has risen from 4.7 in 1948 to 6.6 when the full recommendations of the Willard report have been implemented.

"This is substantially better than the situation in Ontario which has only about 4.1 or 4.5 per 1,000 population.

"The bottlenecks in our general hospitals are the num-

Yet much has been already done in this area. The number of long-stay beds in the province rose from 356 in 1958 to 844 in 1961. (200 of these are located at our Assiniboine Hospital in Brandon and about 75 at Clearwater Lake Hospital, The Pas. St. Boniface Sanatorium has also converted its facilities to care for long-stay patients.)

Also taking part in the panel was Dr. Fletcher D. Baragar, medical director of the Manitoba Branch of the Canadian Arthritis and Rheumatism Society and a member of the Manitoba Rehabilitation Hospital medical staff.

Dr. Baragar pointed out that provision of improved Home Care Programs could also considerably relieve overcrowding in hospitals.

Patients who are going to be discharge problems should receive attention from the rehabilitation team early after their admission so that their discharge later can be speeded up, he said.

The V.O.N. and public health nurse also have an important role in this program by providing follow-up services and assistance to the patient and his family.

#### A. U. N. Flavor

Each year we welcome to our Sanatorium Board hospitals a great many people from all parts of the world. Most of them, as new immigrants to

on a rich, ever-changing cosmopolitan atmosphere — a kind of "United Nations" flavor — that many of us are learning to treasure.

Take, for example, three young nurses who arrived during the past year at our Manitoba Sanatorium: Esmine Shand from Jamaica, Margaret Chau of Taiwan and Molly Van Kempen of England.

Miss Shand came to us because of a passion to learn as much as she can about all the different aspects of nursing. A graduate of Kingston Public Hospital, she wanted "an experience in nursing outside Jamaica." She saw an ad in a nursing journal and leaped at the chance.

A tall, slender and extremely capable girl, Miss Shand was born and raised in the Parish of St. Ann—the lush "garden parish" of this country of 2¼ million people. She is the daughter of a farmer (cattle, coconuts and bananas) and has three sisters and a brother—only one of whom, a dress designer, remains at home. For instance, another sister is presently taking an Arts course at the University of Manitoba, and her brother is working towards his masters degree in agriculture at Cornell University.

Some day Miss Shand expects to return to her country with the new skills she has learned on this continent. But first she will stay on at Ninette for a year or so, then

positions in Canada and Australia . . . so I flipped!"

Miss Van Kempen, who was born in Essex and educated in Derbyshire and Chelmsford, graduated from a science course at 18 and straightway entered a nursing course at London Hospital. Later she worked for a while in a Canadian government hospital specializing in children's diseases, then branched out into tuberculosis nursing and subsequently received a certificate in TB nursing from the British Tuberculosis Association.

She will leave Ninette this month to take a post-graduate course in nursing at the University of Texas.

\* \* \*

Pert, petite Margaret Chau comes from a large family who seems to have made travel a favorite pastime. Born and educated in Saigon, South Viet Nam, she emigrated years later with her family to Taiwan (Formosa). Now, out of that family of nine, only her parents and two young brothers remain on this tiny island fortress. One sister teaches in Hong Kong while another is studying for her master's degree in Winnipeg. A third married and lives in Indiana, and a fourth lives thousands of miles away in Singapore.

Miss Chau, a graduate of Taiwan Provincial College of Nursing, spent two years at the Massachusetts Eye and Ear Infirmary before coming

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Like many other Sanatorium Board institutions, Manitoba Sanatorium at Ninette sees the continual arrival and departure of people from all over the world. Among those who have joined the sanatorium's nursing staff during the past year are left to right: Miss Molly Van Kempen from England; Miss Margaret Chau of Taiwan; and Miss Esmine Shand, of Jamaica. (Photo by Bill Amos)

## Medical Director Notes One Hundred Percent Jump In New Tuberculosis Cases Among Indians

Over the past 15 years the provincial Tuberculosis Control Program conducted by the Sanatorium Board of Manitoba has been intensive—particularly with the incorporation of tuberculin testing in nearly all our chest x-ray surveys. But although there has been impressive progress—especially in treatment and the reduction of deaths—there were still 145 newly diagnosed cases of tuberculosis reported in Manitoba during the first six months of this year.

In his semi-annual report to the Sanatorium Board, Medical Director Dr. E. L. Ross notes that this number of new cases is a decided increase over the first six months of last year when 113 new cases were reported in the province.

And it is mainly due, he said, to the nearly 100% jump in the number of Indians found with active tuberculosis.

A total of 46 new cases were reported among Indians during the first six months of 1962. This is almost twice the number found at the end of

Among the Agencies which reported a higher than average TB incidence, he said, were Norway House, where 12 new cases were reported, and Nelson River and Fisher River, which reported nine each.

"But no matter how small these outbreaks, they serve as a graphic reminder that we must intensify our case-finding and treatment programs if we are to eliminate tuberculosis among Indians," he said.

Dr. Ross made a number of recommendations regarding future Indian surveys. The most important thing, he suggested, is that these surveys be continued as intensively as in previous years and that maximum effort be made to get full attendance to them, especially old cases known to have had the disease. (At present about 15,000 Indians are covered by these surveys every year, which is about two-thirds of the total Indian population.)

Dr. Ross also supported recent measures of the Indian Health Services who have revived their B.C.G. vaccination

should be hospitalized and treated immediately.

The gains made during the past 20 years in tuberculosis control among Indians have been remarkable and show what can be accomplished by organized, determined effort and co-operation between the voluntary agency and a government department, he said. But the time has come for even greater effort if we are to hold our ground—or make more progress.

This holds true for every other segment of the Manitoba population, since no segment is safe until all are safe. There is some satisfaction to note that the number of deaths (17) and reactivated cases (34) remain about the same for both Indians and whites during the six-month period.

"But there is still a considerable reservoir of active tuberculosis in the province, and it is our duty to discover all these unknown cases, to treat them or isolate them until they have been cured.

"We cannot afford to be complacent about tuberculosis and we should extend our case-finding programs no matter what criticisms are

### INSTITUTION

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structor at St. Boniface Hospital.

Newcomers to the staffs of our other Sanatorium Board institutions include: Mrs. Margaret Tyler, general staff nurse at the Central Tuberculosis Clinic; Raymond Francis Ross, institutional teacher at Clearwater Lake Hospital, The Pas; Miss Frances P. Dixon and Mrs. Margaret Grace Dickie, general staff nurses, and Peter Joseph Pupetz, first cook, at Manitoba Sanatorium.

Also joining the nursing staff at Manitoba Sanatorium is Miss Pi-Li Yen, former nursing supervisor from Tapei, Taiwan. Miss Yen came to this continent in 1959 when she took a position with the Massachusetts Eye and Ear Infirmary.

At Assiniboine Hospital in Brandon staff members bade a reluctant farewell to Mrs. M. J. Flack who is retiring from her position as Evening Supervisor. She is succeeded by Mrs. Jessie Bencowe.

Mrs. Beatrice Cipryk and Mrs. Frances Clark have been named head nurses at the hospital. New full-time members of the general nursing staff are Kenneth Edward Hawkins (the hospital's first male nurse), Mrs. Margaret

## Bulletin Board

T. A. J. Cunnings, executive director, of medical services, Manitoba Rehabilitation Hospital, spent a day in Dauphin to discuss the opening of a 35-bed extended treatment unit at Dauphin Hospital. The unit, to be opened in November, will have consultation service from the Sanatorium Board's medical staff so that the care provided there will be coordinated with extended treatment services at Assiniboine Hospital.

\* \* \*

September-October are traditionally convention months, and among the SBM staff members who attended conventions during this time was William Barnard, head of the Rehabilitation Hospital's Volunteer Service, who attended the five-day sessions for hospital auxiliaries at the annual meeting of the American Hospital Association in Chicago.

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same number found during the entire 12-month period of that year.

The startling point about these findings, he said, is that all of the new cases were discovered before the bulk of our summer surveys on Indian reservations got under way.

A break-up of findings among the new Indian cases shows other interesting points. For example, 12 of the new cases were under the age of 10 years and 24, or over half, were under the age of 20.

This, said Dr. Ross, shows a striking difference from the age pattern set by new cases of tuberculosis in the white population, where the higher proportion of disease is now found among elderly persons—particularly elderly males. Only five of the new Indian cases were over 60 years of age.

Tuberculosis meningitis—a terrible form of tuberculosis which is considered uncommon nowadays—was reported in six Indian children. But most of the other cases among Indians—in all age groups—were either minimal or only moderately advanced pulmonary disease.

Dr. Ross said that the upsurge of tuberculosis among Indians this year may have been due in part to small outbreaks of the disease on a few reservations last spring.

tion to those who may become infected with tuberculosis. He also suggested that no Indian TB patient should be discharged from sanatorium until doctors are satisfied that his disease is arrested.

And every Indian child found to have primary disease

“Any victory over tuberculosis or, for that matter any infectious disease, is never permanent, for with any reversal in living conditions, or slackening of preventive measures, these diseases can very easily return and ravage our people.”

## Christmas Seals Do a Big Job

In a few short weeks the 1962 Christmas Seal Campaign will be on again to remind people everywhere that we each can have a part in the defeat of an infectious disease that has preyed on mankind from the beginning of time.

The Christmas Seals, which this year depict chubby angels on a stained glass window, have two important purposes in the worldwide crusade against tuberculosis; first, to appeal directly to the people to provide funds for community tuberculosis prevention; second to appeal to people indirectly to learn more about the disease and how it can be prevented.

Public indifference toward tuberculosis is the greatest single problem facing tuberculosis workers today. Tuberculosis lost its distinction as a chief killer in the 1920's, but far from being on the way out as many people believe, thousands of Canadians still become seriously ill with it every year. (5,784 to be exact!). Nearly nine thousand Canadians went into sanatorium last year, and 769 died. An estimated five million are

infected with the germs that cause tuberculosis, and of this number probably five out of 100 will develop active disease sometime in their lives.

These figures should convince anyone that there is still a considerable amount of tuberculosis afloat in our population—and that much preventive work remains to be done before we can consider the disease under complete control.

If during the campaign ing the forthcoming campaign we can all join in to convince ourselves and others that tuberculosis is a public health problem — an unnecessary problem that *can be prevented* — we will have gone a long way towards its final defeat.

Lormier, and Mrs. Marguerite Rourke. Miss Sonia T. Lamb has been appointed to the practical nursing staff.

Mrs. Sandra Dianne Karpenic has assumed her post as the hospital's medical records librarian. A graduate of Brandon College, she was formerly librarian at Lapeer County General Hospital in Michigan.

### Caravan Players

The stage in the Manitoba Rehabilitation Hospital's auditorium received its official “christening” on Friday evening, October 12, when some 85 patients and Sanatorium Board staff members and friends attended the Caravan Players' performance of “Edwina Black.”

The play, a mystery written by William Dinner and William Moram, was ably performed by the group, and enthusiastically received by the audience who laughed, wept and gasped in anticipation during the hour and 40-minute period.

The Sanatorium Board is extremely grateful to the Caravan Players for taking the time and effort to appear at the hospital, and we are happy to announce that they will return on November 1 to put on their special theatre-in-the-round production of Noel Coward's “Blithe Spirit”. Mrs. Marjorie Boorman, a member of our secretarial staff, has a leading role.

Medical Advisory Committee held a meeting on September 11 at the Cambrian Hotel, The P a s. Among those who appeared at the meeting to review the services performed by our Clearwater Lake Hospital there were Dr. Morley Elliott, Deputy Minister of Health, Dr. O. J. Rath, regional superintendent, Indian Health Services, and other doctors from the community. T. A. J. Cummings and Dr. S. L. Carey, chief of medical services of the hospital were also present.

Wedding bells rang out for the former Trudy Morrel, switchboard receptionist at the Manitoba Rehabilitation Hospital on September 29 when she became the bride of Peter Gylywoychuk. Prior to her marriage Trudy was entertained by staff members of our Winnipeg institution at a dinner in the M.R.H. cafeteria.

The Canadian Tuberculosis Association has awarded a further grant of \$2,500 to Dr. Peter Warner, director of the Winnipeg General Hospital Bacteriological Department. The grant enables Dr. Warner to carry on a research project in which he is investigating the use of mice in diagnosing TB.