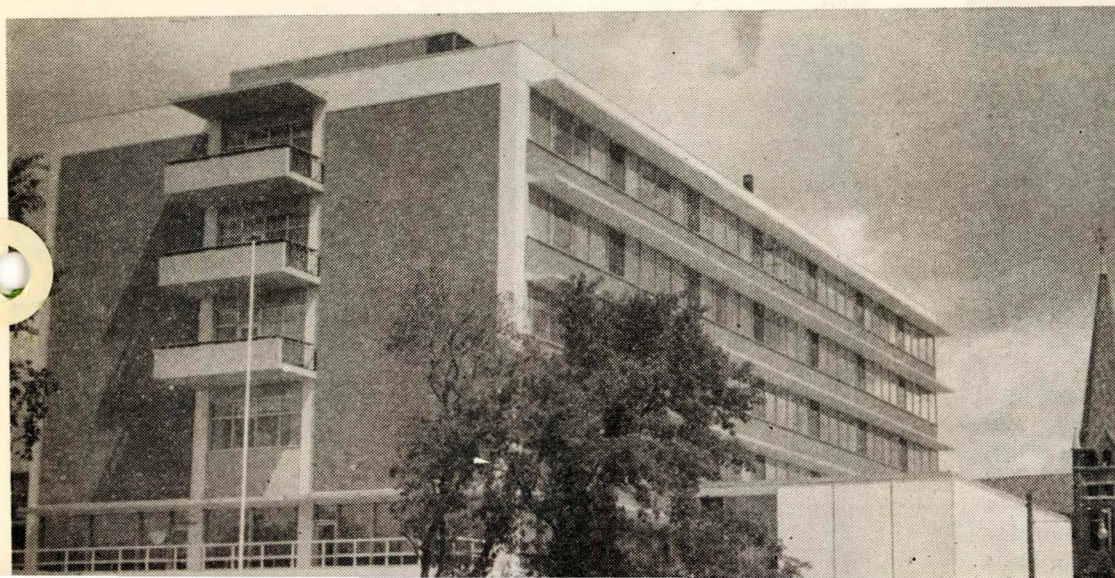


# *News Bulletin* The SANATORIUM BOARD OF MANITOBA

VOLUME 4—No. 9

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For Patients, Staff, and Friends of the Sanatorium Board

SEPTEMBER, 1962



## Minister of Health Opens New Rehabilitation Hospital

An important milestone in providing medical service to the people of Manitoba is observed this month with the formal opening of the Manitoba Rehabilitation Hospital in Winnipeg. On Friday, September 14, representatives from health and welfare organizations in the province, and friends and members of the Sanatorium Board of Manitoba, gather in the hospital's outdoor courtyard to watch the Hon. George Johnson, M.D., Provincial Minister of Health, perform the opening ceremony.

The Sanatorium Board is very proud of the beautiful new medical facility which it now operates for the people of Manitoba. The first of its kind in the province and one of the best equipped and best

The aim of the Manitoba Rehabilitation Hospital is to offer to those who are physically disabled, chronically ill or convalescing an intensive program of treatment to help





Situated on Sherbrook street at Bannatyne avenue, the \$4½-million Manitoba Rehabilitation Hospital is an essential part of the overall plan of the Manitoba Medical Centre. Its aim is to provide a program of treatment designed to enable persons who are physically disabled, chronically ill or convalescing to live and work to their utmost capacity. (Photo by Bente Hejlsted).

## Opening of Rehabilitation Facility Marks New Era for the San. Board

The opening of the Manitoba Rehabilitation Hospital in Winnipeg marks a high point in the 56-year history of the Sanatorium Board of Manitoba, and the beginning of another new era in providing wider health services to the people of our province.

The Sanatorium Board is a voluntary corporation which has been administering long stay hospitals for a long time. Organized in 1906 by a group of private citizens, it has operated Manitoba Sanatorium at Ninette since 1910, the Central Tuberculosis Clinic in Winnipeg since 1931 and Clearwater Lake Hospital and Assiniboine Hospital at The Forks and Brandon since the mid forties.

Until a few years ago the sole responsibility of the Board was for the treatment and prevention of tuberculosis in Manitoba. But by 1956 it became apparent that its work could be expanded considerably to include the treatment of persons sick or disabled due to other causes.

Over the years great progress had been made in the control of tuberculosis. As a result of province-wide x-ray programs and of improved treatment methods, the length of hospitalization required for TB patients gradually became shorter. This, in turn, resulted in an increasing number of empty tuberculosis beds.

At this time the Sanatorium Board proposed to the provincial government that these empty beds be used as quickly as possible for other health services. It seemed evident that with prepaid hospitalization in effect there would be an increasing need for facilities for patients requiring lengthy hospital care, and because the Board had considerable experience in providing rehabilitative care to long-term patients, it seemed logical that this was the area it could best serve.

Consequently, in early 1959, at the request of the provincial government, our sanatoria at Clearwater Lake and

Brandon were gradually converted into extended treatment centres for patients requiring hospital care for more than 30 days.

At the same time the Manitoba Government, on the advice of the Manitoba Medical Association, asked the Sanatorium Board to begin planning a rehabilitation hospital in Winnipeg — a hospital which would be financed in part by hospital construction grants from the Federal and Provincial Governments, and in part by the issue of debentures by the Board.

A committee was established to give extensive study to the services and facilities to be incorporated in the building and to make a tour of other rehabilitation centres in Canada and the United States.

Following these studies, the architects Moody, Moore and Partners, drew up sketch plans for the \$4½-million Manitoba Rehabilitation Hospital. A site was chosen in the block of land formerly occupied by the old Central Tuberculosis Clinic, and in June, 1960, G. A. Baert Construction Company began work on the project.

tals on the North American continent, it will fill a great need in our communities for a centre to provide special care to the sick and disabled.

The hospital is an impressive structure occupying a full city block in Winnipeg's complex Manitoba Medical Centre. It comprises a six-storey main hospital section, containing accommodation for 158 in-patients and 200 out-patients daily, a separate, four-storey, 64-bed tuberculosis treatment and diagnostic wing, and single storey treatment areas.

The hospital also houses the University of Manitoba's new School of Physiotherapy and Occupational Therapy, and the Sanatorium Board's executive offices.

utmost capacity.

To carry out this objective it provides services and facilities which cover the entire spectrum of physical medicine and rehabilitation. These include physiotherapy and occupational therapy, speech therapy, psychotherapy and medical social services, brace making and the fitting and training in the use of prosthetic appliances. It also has a department to evaluate a person's rehabilitation potential.

The hospital will have an important function as a teaching centre for persons interested in rehabilitation work, as a centre for research in the field of physical medicine, and as a centre where other allied agencies can work together with our hospital staff.

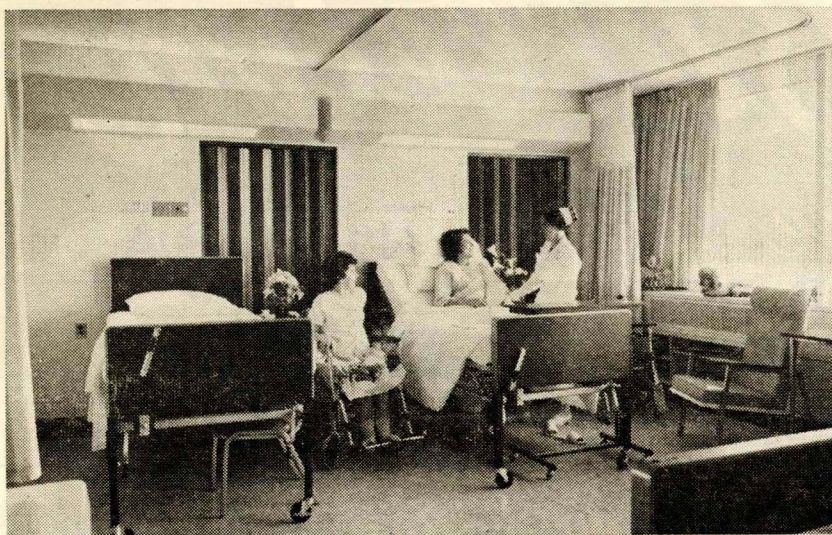
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# Manitoba Rehabilitation Hospital -- Patient-Cent



In structure and design, the Manitoba Rehabilitation Hospital is intended to give an impression of spaciousness and comfort with a bright, cheerful atmosphere. The philosophy behind its design takes into account the type of patients who are treated here. Many have severe disabilities and deep emotional problems; their stay in hospital is a comparatively long one, ranging anywhere from 40 to 60 or more days. For this reason the Sanatorium Board desired a hospital that would give patients a psychological up-lift, one that would be aesthetically pleasing as well as efficient, one that would not have a cold institutional appearance.

The members of the Sanatorium Board played an important part in designing our rehabilitation hospital. Armed with yardsticks and bits of paper cut-outs, and spending many long hours in consultation with the architects Moody, Moore and Partners, the department heads meticulously reviewed the plans—room by room, floor by floor—to ensure maximum comfort for patients and maximum efficiency for the staff. In some instances, such as in the kitchen where emphasis

**TOUR OF THE HOSPITAL** — Approaching the hospital's main entrance on Sherbrook street, one's first view is of a huge mosaic tiled columns on the exterior which support an elevated auditorium, protruding in canopy-like fashion from the main building. Inside in the main lobby traffic divides in three ways: left to the Sanatorium Board's executive offices; right to the hospital's business and admitting offices; straight ahead to the elevator lobby.

Proceeding through the elevator lobby one comes out into the main waiting lounge or Manitoba Room. This looks out onto a tiled courtyard, which is designed to be both beautiful and functional—one side providing an outdoor waiting area, the other side serving as open-air working space for the treatment departments.

Off the Manitoba Room is the Out-Patients' Department, the main entrance to which is on Bannatyne avenue. Flanking the rest of the court are the Physiotherapy Department and the Occupational Therapy Department. The Physiotherapy Department comprises a hydro-





ment or specimen what they desired.

The hospital is designed on functional, modern lines with three main subdivisions: the six-storey main building, the two single storey therapy wings, and the four-storey Central Tuberculosis Clinic. It is made of fireproof, re-inforced concrete with exterior walls of grey brick, polished grey granite from Quebec and white marble from New Hampshire, attractively set off by white and blue mosaic panels.

The main structure is built according to the double corridor plan, with the patients' rooms located in the two wings around the outside of a rectangle and the services in an inner core. Inside the hospital, maximum use is made of daylight which streams into the rooms from banks of high, wide windows. The color scheme employs relaxing, muted background combinations with gay accent on furniture and isolated wall and floor areas. The wards, which in the rehabilitation section generally contain four beds, are finished in pastel shades of turquoise, beige and grey, with mahogany doors and built-in closets and off-white casement drapes. In the main lobbies and waiting areas, the setting is further enhanced by a number of planters bursting with live flowers and foliage.

The floors are either of a non-slip quality or of a material that requires little or no waxing. The walls in the general traffic areas are covered with durable, easy-to-wash sheet vinyl, and the ceilings in most places are of "Fibreglas" acoustic tile.

The furniture, which for the most part is either Manitoba or Canadian made, is sturdy and designed in such a way that chairs and tables will not tip or slip if patients are forced to use them for support.

The hospital is fully air conditioned, a feature which is still uncommon in hospitals but which is considered a comfortable asset and is recognized to have a definite therapeutic value. All the rooms bordering on the exterior of the building (e.g. the patients' wards) are thermostatically controlled and the temperature may be adjusted to suit individual preferences. Heating is supplied by means of hot water piped to the hospital through the tunnel from the Winnipeg General Hospital's steam plant.

Other notable features of the hospital's equipment include a central radio and distribution system which can be used for paging or for radio or hospital broadcasts to the waiting and treatment rooms and to the patients' wards by means of pillow speakers.

The doctors' in-out system is a relatively new concept. This system provides a means whereby a doctor may be registered in electronically from any one of numerous entrances.

A view of the Out-Patient Department with electric doors and examining rooms in the background.

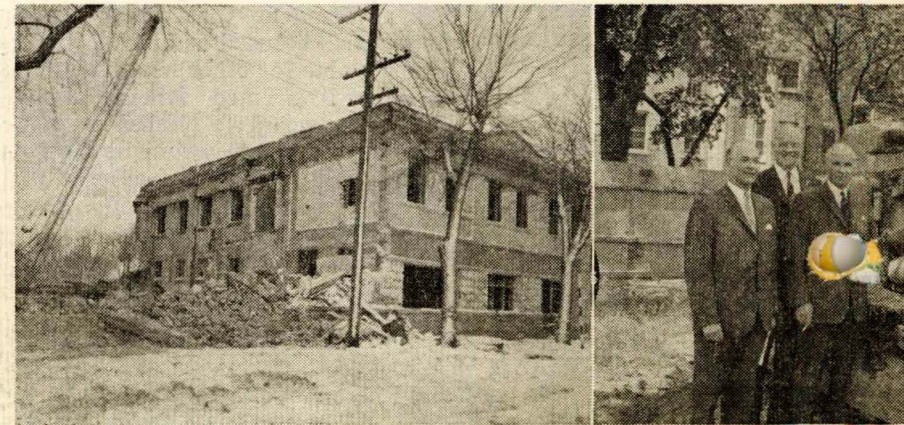
therapy section, a treatment area containing 14 treatment tables, a group exercise room, a heavy resistance exercise room and a gymnasium. The Occupational Therapy Department contains three main areas . . . a heavy workroom, a general department and an Activities of Daily Living section.

The Second Floor of the main building contains a speech therapy department, a prosthetic appliances department, a minor operating theatre and plaster room, the patients' cafeteria and auditorium, the patients' library and chapels. The Third Floor is occupied by the University of Manitoba's School of Physiotherapy and Occupational Therapy, and the Fourth, Fifth and Sixth Floors contain the rooms for 158 in-patients.

The basement includes the kitchen, pharmacy, central supply and store rooms, the 80-car underground parking lot and the entrance to the tunnels to other buildings in the Medical Centre.

The Central Tuberculosis Clinic wing contains on the main floor the Sanatorium Board's headquarters for tuberculosis treatment and control, and on the three upper floors, 64 beds for tuberculosis patients.

## Construction of the Manitoba Rehabilitation Ho



Our old Central TB Clinic was chosen as the site for the hospital. Demolition began in March, 1960.

On June 6, 1960, staff and the Minister of Health watch the demolition of the old Central TB Clinic.



# red, Staff Designed



*A niche of usefulness and self respect exists for every man, however handicapped, but that niche must be found for him. To carry the process of restoration to a point short of this is to leave the cathedral without a spire. To restore him and with him the future of our countries, that is the sacred work.*

—John Galsworthy, 1916

It is being recognized more and more that the rehabilitation hospital that serves best is the hospital which serves the whole person, not merely his physical condition. It is not enough to teach a man how to walk on an artificial leg. Before he leaves hospital he should have some understanding of how to deal with the emotional problems that may arise from his physical disability. He must be provided with the means of a living, with the means to carry on a normal, useful and happy life with the other people in his family and in his community.



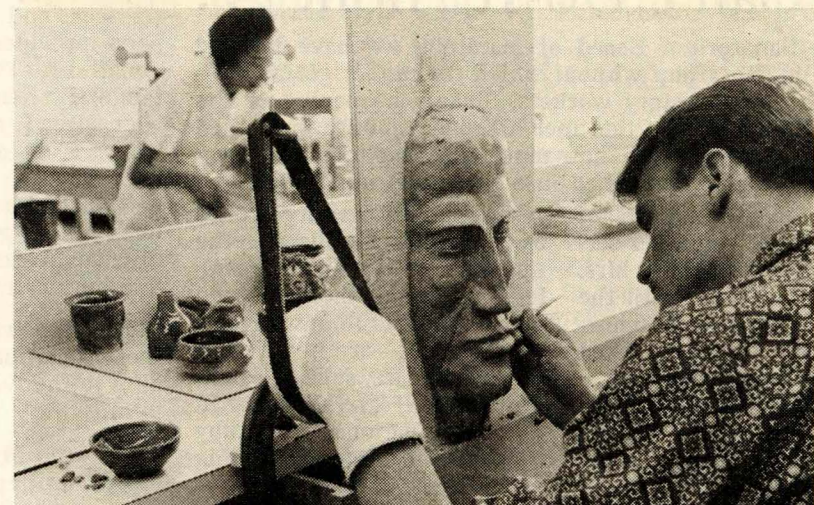
This then is the purpose of our Manitoba Rehabilitation Hospital—to meet the total needs of the patient—physical, emotional, social and vocational—through the combined efforts of the rehabilitation team.

Many professions join together as a team in rehabilitation. First, of course, there are the doctors and nurses. Then there are the physiotherapists and the occupational therapists, who use physical aids and activity to help the patient regain maximum function. Next are the speech therapists, the psychologists and medical social workers, the vocational guidance counsellors, public health personnel and the family—all with separate jobs but having one common goal.

And finally there is the patient himself. He is the most important



In the gymnasium a remedial gymnast leads patients in group exercises.



In the Occupational Therapy Department a man tries sculpture.



how much he is going to participate in the program of treatment. Other people can show him how he may rehabilitate himself, but only he can do the job.

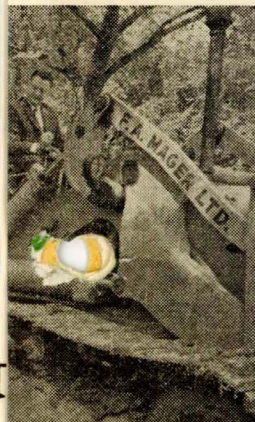
To help the patient obtain his objective the hospital staff strives to combine with their technical knowledge and treatment skills an atmosphere of encouragement and hope. Through special devices and techniques they promote mobility and self-care. All patients who can, are urged to go everywhere in the hospital on their own—to the treatment departments, to the cafeteria and to the recreational areas and the lounges. They are placed in four-bed wards in hopes that they will be able to compete with and help each other; they are encouraged to gather in sociable groups in the auditorium, courtyard and day rooms. Special baths and other facilities promote self care, and doors, closets, light switches and telephone stations are all designed with the disabled person in mind.

That it requires great effort on the part of the hospital staff to let patients help themselves, no one can doubt. Nurses and therapists are trained to be firm with patients, but it is often difficult, especially for non-professional personnel, to stand idly by while a patient struggles to open a door or board an elevator. But it pays off in the end—for there is probably no greater satisfaction than to see a man arrive at our hospital in a wheelchair and leave here weeks later, a happy individual walking out on his own two feet.

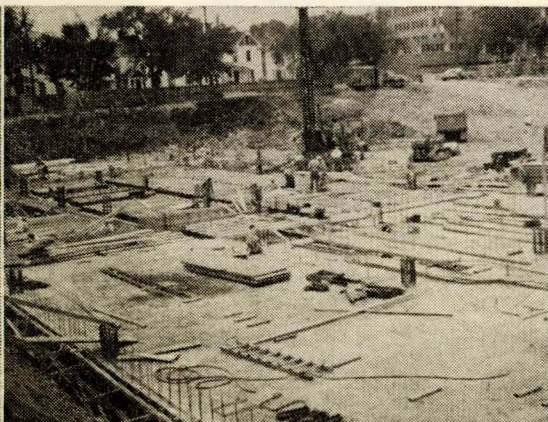
Physiotherapist Patricia Quinn with patient in the hydrotherapy pool. Here the patient will exercise with the soothing, supporting and relaxing aid of warm water.



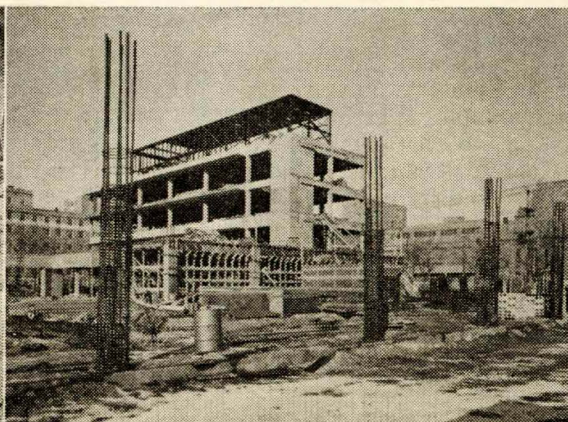
## Hospital Began Two Years Ago . . .



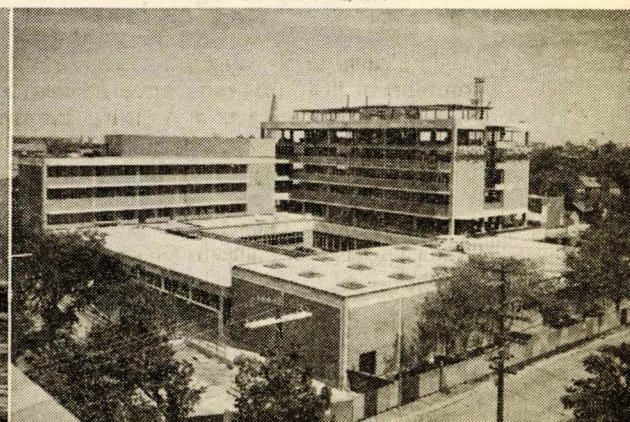
Friends gathered to turn the first sod.



By mid-summer the main floor slab was in place and preparations were made for the next floor.

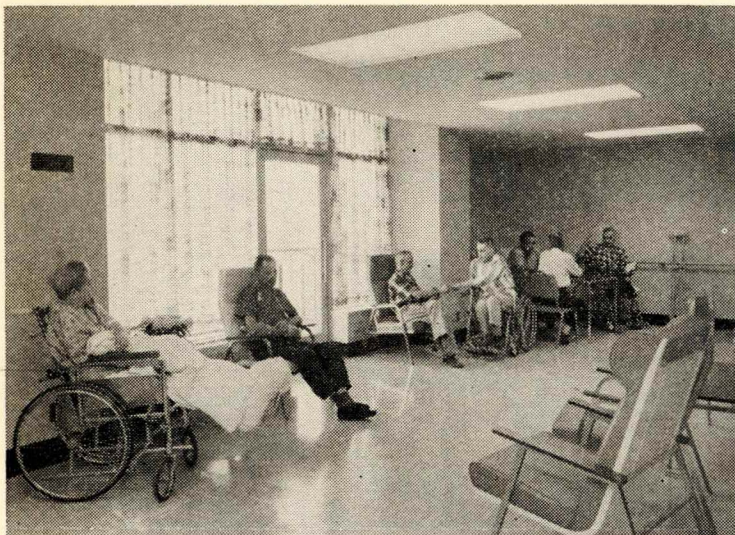


By February, 1961, the four floors of the Central Tuberculosis Clinic wing had been installed.



In the summer of 1961 a visit to the construction site showed a beautiful hospital taking final form.





Patients relax in one of the hospital's four day rooms.

## We Can't Do It Alone . . .

At the Sanatorium Board of Manitoba we have learned that there is one group without which we cannot get along—and that is our voluntary workers. Since the opening of the Manitoba Rehabilitation this fact has been doubly impressed upon us when we see just how much the hospital's voluntary organization has accomplished in a few short months.

From the beginning of June, when the volunteer service was organized under Mrs. William E. Barnard, until the end of August the 78 members of this group worked 1,052 hours for our hospital.

On duty mornings, afternoons, evenings and even over weekends, they have set up many special services for our patients and visitors, organized recreational activities,

resent such other city groups as the Ladies Auxiliary to the Associated Canadian Travellers and the mothers and teachers at St. John's Ravenscourt School—are involved in other activities, such as assisting the staff and patients in the Occupational Therapy Department, doing typing twice weekly for the secretarial staff, sorting cards for the Central Tuberculosis Reg-

## Many People Contributed To The Equipping of Our Hospital

The Sanatorium Board is grateful to the service clubs, business firms and private individuals in Manitoba who have contributed so generously towards the equipping of the Manitoba Rehabilitation Hospital.

Although the major cost of the hospital has been met by Dominion-Provincial Hospital Construction grants and by subscriptions to the Sanatorium Board's bonds, it is a great point of pride with us that many of our hospital's services and facilities have been provided by voluntary donations. This, to us, is a tangible demonstration of wide-spread support of our work. It is a great inspiration and it re-affirms our belief that enthusiastic voluntary assistance is the most precious asset organizations like ours can have.

The following are among those who have contributed gifts to the rehabilitation hospital:

**Mr. and Mrs. C. E. Drewry, Winnipeg** — \$2,788 to furnish the Manitoba Room and a patients' ward in the

**Associated Canadian Travellers, Winnipeg Club** — \$100,000 pledge to provide special equipment and furnishings. (The club has already donated over a quarter of this amount.)

**G. A. Baert Construction Company, 1960, Ltd.** — \$1,000 to furnish the Board Room on the main floor. (A donation made through the A.C.T. Equipment Fund)

**Labatt's Manitoba Brewery Ltd.** — \$1,000 (A.C.T. Equipment Fund)

**Carling Breweries (Manitoba) Ltd.** — \$1,170 to furnish the patients' day room on the rehabilitation hospital's fourth floor. (A.C.T. Equipment Fund)

**Associated Winnipeg Taxis** — \$1,000 to furnish the patients' day room on the fifth floor of the rehabilitation hospital. (A.C.T. Equipment Fund)

**Employees' Welfare Fund, T. Eaton Co. Ltd.** — \$700 for occupational therapy equipment. (A.C.T. Equipment Fund)

## Quick Facts

- The Manitoba Rehabilitation Hospital was planned and constructed by the Sanatorium Board of Manitoba, a voluntary non-profit corporation.

- Its aim is to provide a program of treatment designed to enable the physically disabled, chronically ill and convalescing to live and work to their utmost capacity.

- To achieve this aim it provides a co-ordinated team of professional people, including doctors skilled in rehabilitation medicine, nurses, physiotherapists, occupational therapists, remedial gymnasts, speech therapists, medical social workers and psychologists.

- It collaborates closely with vocational rehabilitation services, hospital organizations and allied agencies in the community.

- It accommodates 158 in-patients and 200 out-patients daily in the rehabilitation hospital section, plus 64 patients in a separate tuberculosis wing.

- It has an open medi-



countless tasks that hard-pressed staff couldn't find time to do.

Among their many achievements has been the opening of a gift shop off the hospital's main lobby, the setting up of an inquiry desk, and the showing of top quality movies on Saturdays in the patients' auditorium.

The Pi Beta Phi Sorority of Winnipeg operate a library for patients on the hospital's second floor and on Wednesday evenings take a library cart around the patients' wards. The sorority collected the wide variety of books while the hospital was being built—all 1,500 of them.

Our volunteers—who rep-

Seals, and conducting hospital tours.

One particularly talented volunteer has been of great assistance to the speech therapy department by playing the piano for group singing classes. Others have performed many personal services for patients, like taking a woman downtown to have corrective shoes fitted, or doing shopping for another.

To all of these women who have given so freely of their time and effort to the work of the rehabilitation hospital, who have given a personal touch to patient care and contributed to *everybody's* well-being, goes the warm thanks of the Sanatorium Board and of their fellow citizens.

**Dr. C. Jean McFarlane, Winnipeg** — \$100 for special equipment.

**George Zoppa, Winnipeg** — \$10 for equipment.

**Ladies Auxiliary to the Associated Canadian Travellers, Winnipeg Club** — \$1,206 to furnish a patients' ward in the Central Tuberculosis Clinic, and a pledge of \$1,300 to provide equipment for the Activities of Daily Living section of the Occupational Therapy Department.

**Riverside Lions Club** — \$1,170 to furnish the patients' day room on the sixth floor of the rehabilitation hospital.

**ance Company** — \$500 (A.C.T. Equipment Fund)

**Zol-Mark Industries** — \$683 (A.C.T. Equipment Fund)

**Reed, Shaw and McNaught** — \$683 (A.C.T. Equipment Fund)

**Community Hotels** — \$200 (A.C.T. Equipment Fund)

**Paddock Restaurant** — \$25 (A.C.T. Equipment Fund)

In addition, there have been other private citizens who have made very substantial monetary contributions, but who wish to remain anonymous. To these people the Sanatorium Board also extends its heartfelt thanks.



In the Occupational Therapy Department patients may learn anything from carpentry to cooking in the Activities of Daily Living Section.

chief of medical services.

● Any person may be admitted for a program of treatment if he will benefit from it. Conditions treated include industrial and other accidents, strokes, respiratory and heart diseases, bone and joint impairments, diseases of the nervous system, arthritis, rheumatism and neuropathies.

● It took two years to build and cost \$4½ millions. This cost is being met by Dominion-Provincial Hospital Construction Grants in the amount of \$1.6 millions, and the remainder by the issue of Sanatorium debentures and voluntary contributions.

● Architects for the hospital were Moody, Moore and Partners, the consulting engineers were H. H. Angus and Associates, the construction company was G. A. Baert Construction Co. Ltd.

● Members of the S.B.M. staff had an important role in designing the hospital. No hospital consultants were employed.

● The Hospital is an essential part of the Manitoba Medical Centre and is connected by a system of tunnels to other hospitals and teaching centres in the area.