The SANATORIUM BOARD OF MANITOBA News Bulletin

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For Patients, Staff, and Friends of the Sanatorium Board

APRIL, 1962

Executive Offices Will Move Into New Home on April 27

The date has been set! On April 27 the remaining members of the Sanatorium Board's head office staff will move from their temporary quarters in St. James into the newly completed Manitoba Rehabilitation Hospital.

From dark, cramped (but oh so cosy!) surroundings our members will enter a gleaming new six-storey structure, with air-conditioned comfort, automatic elevators and big, bright widows for nearly everybody.

The Manitoba Rehabilitation Hospital bears little resemblance to our beloved old Central Tuberculosis Clinic which once stood on the new hospital's site and housed the executive offices. Built of reinforced, fireproof concrete with exterior walls of polished granite, ceramic tiles and marble, the hospital occupies an entire block in the Manitoba Medical Centre area. It comprises a large open courtyard in the centre, surrounded by the six-storey hospital and office section, the four-storey Central Tuberculosis Clinic wing, and single storey treatment areas.

Upon entering the main door on Sherbrook street, the first view one gets of the hospital is of a spacious lobby with terrazzo floor and Italian marble front wall. To the left are the Board's executive and business offices (T. A. J. Cunnings, Edward Dubinsky and company); to the right, the hospital's business offices, doctors' offices and examining rooms (Dr. L. H. Truelove and company).

Proceeding straight ahead . . . due west . . . one encounters three elevators, behind which to the left is the Board Room and to the right, medical records.

We then come out into the Manitoba Room, or the out-patients' waiting lounge. Glancing to the right one can see the out-patients' entrance and reception desk. (The entrance, which is off Bannatynne avenue, has electrically operated doors for wheelchair patients or patients on crutches.) To the left of the lounge is the swinging door entrance to the large physiotherapy department with its gleaming hydrotherapy rooms, special treatment room, group exercise and heavy resistance exercise rooms, and beautiful, large gymnasium, which has sky domes for natural light.

The out-patients' lounge (or Manitoba Room) is outfitted with a canteen and contains sleek, modern furniture arranged in intimate groupings. Like the main entrance lobby and out-patients' reception room, it also has a number of planters bursting with live flowers and foilage.

The lounge looks out onto the tiled courtyard which contains a large planter and circular pool. This court is designed to be both beautiful and functional, one side to provide an outdoor waiting area for out-patients (where they can sit at umbrella tables and sip coffee or pop), the other side to serve as an open air working space for the occupational therapy department.

The O.T. Department is situated on the north and west side of the courtyard and contains three main areas . . . for heavy crafts, for light crafts, and for activities of daily living.

The intricate arrangement of the various departments in the new hospital is almost impossible to describe without supplying maps and compasses. The Central TB Clinic, for example, is behind the O.T. Department . . . on the north side of the building . . . facing onto Bannatyne avenue. A separate entity, it contains on the ground floor the general offices, the survey office, the Central TB Registry, Christmas Seals Department, admitting area, examining rooms x-ray and laboratory departments, and offices of the medical director. (Dr. E. L. Ross, Dr. D. L. Scott and company). The next three floors in this section are devoted to TB patients.

In the main hospital section (where we came in) the upper floors are devoted to sundry things, including the four-bed patients' wards on the fourth, fifth and sixth floors . . . which are arranged on a double corridor plan with the wards on the outside and the service facilities in the middle.

On the second floor are located the speech therapy department, the operating room (designed for minor surgery only), research laboratories and prosthetic appliances department where the fitting of artifical limbs, braces and other appliances is carried out. The second floor also contains: the patients' cafeteria, which has an outside walkway where patients can take their after-dinner constitutional and admire the view; an auditorium (situated over the hospital's main entrance), which seats 200 and can be separated by folding

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Riverside Lions Will Equip Hospital Room

The Riverside Lions Club have announced plans to furnish a patients' day room at the Manitoba Rehabilitation Hospital. Located on the sixth floor, the day room will be furnished at a cost of $1,170 and will be known as the Riverside Room. Looking over the list of the furnishings with Mrs. Theresa Faso, member of the SBM nursing staff, are left to right: J. W. Speirs, chairman of the Sanatorium Board; Jack H. Shaver, president of the Riverside Lions, T. A. J. Cunnings, SBM executive director, and Charles Moon, treasurer of the Riverside Lions. (Photo by David Portigal).

The Sanatorium Board of Manitoba received a special gift from the Riverside Lions Club this month when a cheque for $1,170 was presented to the Board to furnish a patients' day room at the Manitoba Rehabilitation Hospital.

Mr. Jack H. Shaver, president of the club, and Charles Moon, treasurer, presented the cheque at a special meeting held at the hospital on April 4. J. W. Speirs, chairman of the Sanatorium Board, accepted the cheque on the Board's behalf.

The day room to be furnished by the Riverside Lions is located on the sixth floor of the rehabilitation hospital. It will be known as the Riverside Room.

The contribution from the Riverside club is one of several gifts the Sanatorium Board has received for our new hospital during the past few months.

In March Charles E. Drewry, an honorary life member of the Sanatorium Board, announced plans to furnish the patients' waiting area on the ground floor of the hospital. This area is now known as the Manitoba Room and is furnished in memory of Mr. Drewry's father, the late E. L. Drewry, a founding mem-

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Institutional Reports Reflect Board's Changing Progra

During the past three years the role of the Sanatorium Board of Manitoba as a voluntary public health agency has expanded considerably. For half a century the sole obligation of the Board was for the treatment and control of tuberculosis in the province of Manitoba; but now with the decline in the number of beds required for tuberculosis patients — a decline which is largely due to shorter treatment periods — the Sanatorium Board has been able to put its skill in treating long-term patients to other uses. For the most part this has taken the form of providing rehabilitative care to those who are sick or disabled due to causes other than tuberculosis.

Just what has been accomplished in these new and old fields during the past year is reflected to some degree in the annual reports of five of our institutions: Assiniboine Hospital in Brandon, Clearwater Lake Hospital at The Pas, Manitoba Sanatorium, Ninette, the Central Tuberculosis Clinic in Winnipeg, and, finally, our new Manitoba Rehabilitation Hospital in Winnipeg.

Rehabilitation Hospital

The end of 1961 saw the Manitoba Rehabilitation Hospital nearing completion. Built at a cost of $4½ million in the Manitoba Medical Centre area, this hospital will provide a program of treatment designed to enable persons who are physically disabled, chronically ill or convalescing to live and work to the utmost of their capacities.

According to Dr. L. H. Truelove, chief of medical services, the hospital will provide accommodation for 158 in-patients and up to 200 out-patients daily.

The hospital will be ready for occupancy sometime next month; already it is providing treatment and assessment to a limited number of out-patients.

To accomplish total rehabilitation, the hospital provides a closely co-ordinated team of professional people, each specially trained in rehabilitation work. These include doctors and nurses, physiotherapists and occupational therapists, speech therapists, remedial gymnasts, clinical psychologists and medical social workers.

The hospital will also collaborate closely with vocational rehabilitation services, health organizations and other allied agencies in the community.

A school for the training of physiotherapists and occupational therapists is included in the hospital, as well as facilities for research in the field of physical medicine.

Assiniboine Hospital

Assiniboine Hospital, with a bed capacity of 198, has for the past three years fulfilled a great need for the treatment and rehabilitation of long term patients in Western Manitoba. During the past year this service was firmly established, particularly with the addition of a modern, well-equipped physiotherapy and occupational therapy unit, which is directed by a specialist in physical medicine and rehabilitation, two physiotherapists and an occupational therapist.

The majority of the 805 admissions in 1961 (who came from all parts of western and central Manitoba) are middle aged or elderly people, many of whom suffer from multiple complaints, says Dr. A. H. Povah, chief of medical services.

In general, the 693 patients discharged from hospital last year fell into four main categories: Respiratory, 36%; nervous (including cerebral vascular accidents and the like), 21.2%; skeletal (including arthritis, fractures and the like), 18.9%; and cardiovascular, 12.7%.

The degree of restoration of the physical function of chronically and seriously ill patients is gratifying, Dr. Povah says. It is noteworthy that the average length of hospitalization was only about 87 days.

In addition to the therapy unit, the hospital also has complete x-ray, laboratory and operating room facilities, and consultation services in many medical specialties, including neurosurgery, orthopedic surgery and psychiatry.

The Out-Patient Department has been enlarged to accommodate patients who must continue treatment after discharge. In June of last year a Welfare Co-ordinator was appointed to the hospital staff.

She has helped immensely to brighten the patients' outlook, Dr. Povah notes. Acting as the link between the patient's home and hospital life, she brings to him all the social and financial assistance available in the community. Since the establishment of the department, 174 persons were helped by this department in 1961.

Assiniboine Hospital is an open hospital with a resident staff of three. The physicians and surgeons in the surrounding area serve on the hospital's active staff and are free to admit and care for their patients in hospital.

Despite this fact, says Dr. Povah, about 75% of the patients admitted in 1961 were cared for by the resident medical staff.

Clearwater Lake

Clearwater Lake Hospital serves a dual function as both a centre for the treatment and control of tuberculosis in the North, and as an extended treatment hospital providing care for the chronically ill and for patients with all types of respiratory conditions. The hospital also offers a compact, well equipped physiotherapy department which serves as an invaluable aid in the treatment of many patients with arthritic, hemiplegic and bone and joint conditions.

A total of 319 persons were admitted to the 71-bed Extended Treatment Section in 1961, says Dr. Stuart L. Carey, chief of medical services. The admissions, composed of both adults and children, were drawn from a vast area bordered by Churchill in the North, Swan River in the South, Flin Flon in the East and Norway House to the West.

The average length of stay was 56.1 days, he says. And it is significant here too that of the 319 persons discharged from hospital, 242 were released in either a cured or improved condition.

A total of 3,393 treatments were administered in the physiotherapy department during the year, and 84 patients received treatment at the monthly physical medicine clinics conducted by Dr. L. H. Truelove, chief of medical services of the Manitoba Rehabilitation Hospital in Winnipeg.

Clearwater Lake Hospital also operates a fairly large Out-Patient Department, and it is particularly proud of the emergency service it operates for accident cases in the North. Indeed, the year was not without dramatic incident, Dr. Carey points out, and on several occasions the staff took part in rescue operations in the North.

TB Section

In the 50-bed tuberculosis section of Clearwater Lake Hospital, 282 persons were admitted for treatment in 1961. Of these, 65 persons had advanced tuberculosis, and it is a distressing revelation, says Dr. Carey, that 12 showed far advanced cavitary disease and five showed evidence of severe lung destruction.

Tuberculosis meningitis is considered rare nowadays, he continued, and yet five cases have received treatment at the hospital during the past two years. Of those admitted in 1961, one died within a few days.

The tuberculosis admissions in 1961 were an increase over the preceding year . . . but this was largely occasioned by the transfer of 58 Eskimos from Mountain Sanatorium in Hamilton.

In addition to its treatment services, Clearwater Lake also operates an active tuberculosis preventive program in the surrounding area, which includes TB surveys of local Indian reservations, the Hudson Bay Line and Fort Churchill.

Hospital admission x-ray films were also interpreted regularly for hospitals at Fort Churchill, Norway House, The Pas, Chesterfied Inlet and Rankin Inlet.

Manitoba Sanatorium

In 1961 Manitoba Sanatorium at Ninette entered a second half century of service as an institution dedicated to the treatment and control of tuberculosis. The most significant development of the year was the centralization of provincial TB treatment at this hospital, following the conversion of St. Boniface Sanatorium and Assiniboine Hospital to other types of treatment.

Through transfers and accelerated admissions from other sources, the average patient occupancy increased from 179 in 1960 to 213 in 1961, says medical superintendent Dr. A. L. Paine. Total patient days rose from 65,241 to 77,785.

The patient population showed these characteristics:

—Patients of native blood (Treaty or Metis) dropped from 65 to 55%.

—Conjugal tuberculosis has become more common, there being five married couples on treatment in 1961.

—Men still out-number women two to one.

—In each sex the number of older patients continued to increase. (Admissions of those over age 60 increased from 35 in 1960 to 68 in 1961; in others over 70 from 13 to 36).

The average length of treat was 261.8 days, reports Dr. Paine. Although this is not a true indication of the average stay of the average patient, it is certain, he says, that the length of tuberculosis treatment is becoming shorter.

All tuberculosis chest surgery is now done at Ninette, and during the past year 72 major chest operations were performed.

Although the application of surgery has decreased, the sanatorium maintains an aggressive policy of doing elective resectional surgery certain patients who are pr to relapse. These include tients of native blood who r be returning too less fa able living conditions, a holics, drug addicts and so misfits.

In all, the year saw a siderable increase in t workload at Manitoba Sa torium, says Dr. Paine. increased patient load, only in actual numbers also in the types requiring ditional medical and nurs care, was perhaps the n outstanding influence treatment activities in 19

Central TB Clinic

A total of 269 people w admitted in 1961 to the wa of the Central Tubercul Clinic, reports Chief of M cal Services Dr. D. L. Sc Visits to the Out-Patient partment numbered 8,385 which 1,377 were new exa nations. A total of 507 pers attended the clinic for che therapy.

There were 129 new d nosis of tuberculosis, and age group that experien the highest includence w those between 30 and 39.

In 1961 the clinic also cessed over 60,000 chest fi for travelling clinics and veys, as well as 21,194 pital admission x-ray fi from 62 Manitoba hospit In the laboratory 10,166 t and examinations were do

The Central TB Clinic located on a small 18-bed w at the Winnipeg General H pital during 1960 and 1 Over the years it has ser primarily as a referral ce for the diagnosis of tube losis and other chest dise and for the periodic advic known tuberculosis, ex-sa torium patients and TB tacts.

The work at the clinic is pected to increase during next few years, for at the ginning of 1962 the clinic re-located in a new four-sto section of the Manitoba habilitation Hospital. The beds in this unit will now vide scope for more treatm at the clinic, although gical cases and patients n ing prolonged treatment still be transferred to M toba Sanatorium.

A Waiting Game

A waiting game — th what tuberculosis will pla long as we lack a full-p vaccine against the disease will wait until any one o becomes complacent eno to forego checks against It will wait until we ca our efforts to find every of TB. We dare not pla waiting game. FIGHT TB.

CTA Scholarship Is Awarded To Wm. Broadhead

The Sanatorium Board extends hearty congratulations to William Broadhead, nursing instructor and day supervisor at Manitoba Sanatorium, who is one of "Three Lucky Canadians" chosen to share in a Nurses' Scholarship from the Canadian Tuberculosis Association.

Mr. Broadhead was awarded $300 this month to take a course in Nursing Unit Administration at the University of Manitoba.

The course will begin around October 1 and end on or about May 1. It will consist of home study sessions, preceded in September by a five-day orientation workshop at the university and followed by another five-day workshop in May.

The course is designed to improve the head nurse's performance on the job. The home study sessions will include 12 lessons and a number of assignments which will be reviewed by an examiner.

At the final workshop after the seven-month study session, certain subjects covered in the written lessons will be dealt with in greater detail by experts in related fields. At this time there will be a final evaluation of students' achievements.

The Sanatorium Board's recommendation of Mr. Broadhead for the scholarship is its way of saying thank-you for a job well done, says Director of Nursing Services Miss Bente Hejlsted. Mr. Broadhead first joined the staff at Manitoba Sanatorium when he came to Canada from England in 1955. Later he joined the Indian Health Services at Miller Bay Hospital in Prince Rupert, then went on to do post-graduate work in tuberculosis nursing at Mountain Sanatorium in Hamilton. He returned to Ninette in 1956, fell ill with TB, and after his recovery was appointed to his present position.

Born in Barnsley, Yorkshire, he is a graduate of Halifax General Hospital in Yorkshire, and before coming to Canada held posts in several sanatoriums and hospitals, including one year at the London Chest Hospital.

During the last war, prior to taking up nursing he served with the British Army in the Far East.

Mr. Broadhead will return to England during his vacation this summer — the first time he has been home since 1955.

EXECUTIVE

(Continued from page 1)

doors to form a staff lounge on one side; a patients' library, to contain about 500 books; and two simply furnished chapels, one for Roman Catholics, the second for "other denominations."

The third floor is completely occupied by the School of Physiotherapy and Occupational Therapy and contains a complete reproduction, for training purposes, of all the facilities in the rehabilitation hospital's treatment areas. This floor also has a staff reference library.

The basement of the hospital contains an 80 car underground parking lot and a myriad departments, including the kitchens, stores, maintenance, purchasing offices, pharmacy, barber shop and hairdressing salon, mailing room, Central Supply, morgue, nurses' lockers, and, under the TB section, x-ray and film storage departments.

It's all pretty confusing for the head office staff who for two years have been living in sweet simplicity . . . on top of each other . . . in the St. James quarters. No longer shall members be able to sit at their desks and shout greeting or questions to the Central TB Registry and Christmas Seals office. To visit other departments may involve major expeditions down long corridors, through endless departments. For many it will be a test of endurance . . . for others a test of one's confidence in oneself that the right turn will be made, the right door found. It will, in fact, be an exciting challenge. Good luck to us all!

One cannot get nearer the gods than by giving health to his fellow men.

—SOCRATES

"Uniting Science and Patient Care" Theme of National Hospital Week

The doctor's little black bag — a traditional symbol of medicine — follows a different path today than it did 50 years ago. Then it made most of its trips between the doctor's office and the patient's home; today it travels most frequently between the office and the hospital.

The little black bag's altered path illustrates the changing patterns of medical practice — the trend toward centralizing medical care in the hospital. And with this shift from the home to the hospital, a new ingredient has been added to patient care — the highly technical methods resulting from a scientific revolution in the 20th century.

This combination of science and individual patient care is the theme of National Hospital Week, which begins on May 6 and culminates on Florence Nightingale's birthday on May 12.

Over the years the hospital has indeed become the centre of community health. In the last half century it has added laboratories, diagnostic x-ray machines, cobalt units, physical therapy units, pharmacies and a host of other facilities necessary for the patient's recovery. As new scientific equipment is developed and proven effective, all these are added to help save lives and combat disease.

And just as every medical service provided in the patient's home was accompanied by the individual care and attention of the doctor, every hospital service is administered individually, by a team of professionally trained personnel whose uppermost thought is to administer to the physical, spiritual and emotional needs of each patient.

The care provided in today's hospital scientifically exceeds that provided from the little black bag of 50 years ago, but the "tender loving care" which accompanied the doctor's visit is still there.

The Sanatorium Board of Manitoba joins other hospitals throughout the continent in observing National Hospital Week and its theme, "Your Hospital . . . Uniting Science and Patient Care."

RIVERSIDE LIONS

(Continued from page 1)

ber of the Sanatorium Board and of Manitoba Sanatorium.

Mr. Drewry and his wife have also furnished a two-bed patients' ward in the Central Tuberculosis Clinic Section of the rehabilitation hospital.

The Ladies' Auxiliary of the Associated Canadian Travellers, Winnipeg Club, have furnished a two-bed ward in the new Central Tuberculosis Clinic. This month they announced their intention to furnish the entire three-room Activities of Daily Living area of the rehabilitation hospital.

The Winnipeg Club of the Associated Canadian Travellers, who have pledged $100,000 to purchase special equipment for the rehabilitation hospital, have already contributed a substantial part of that amount.

In raising their contribution the Club has received a number of special gifts from various Winnipeg business firms. These include Labatt's Manitoba Brewery Ltd., who donated $1,000; Great-West Life Assurance Company, $500; and the Paddock Restaurant, $25.

R. M. Spicer Retires

The Sanatorium Board extends sincere good wishes to Ralph M. Spicer who recently retired from his position as manager of the Piano and Organ Department at the T. Eaton Company.

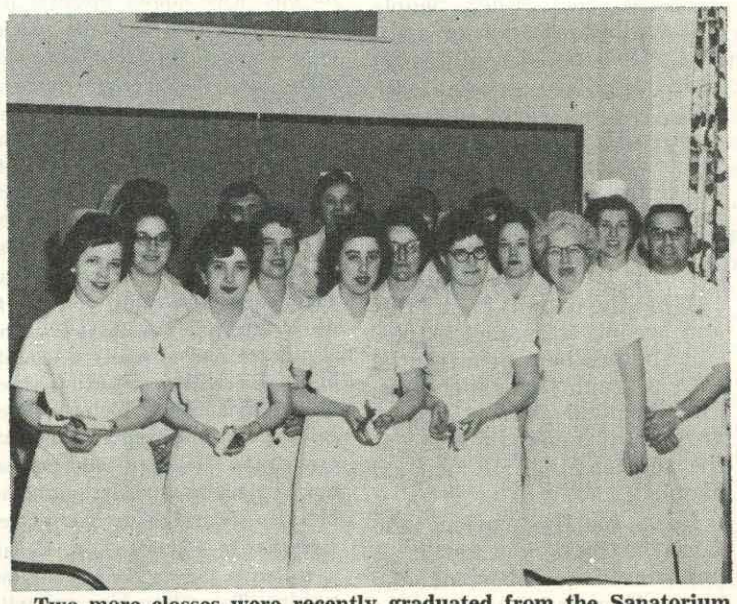
Mr. Spicer was a patient at Manitoba Sanatorium on and off for a number of years, but he is in good health now and has carried on a most productive life in several managerial positions at Eatons.

An ardent friend of Manitoba Sanatorium, he was one of the moving forces behind the patients' reunion at the sanatorium's 50th anniversary celebrations in 1960 and last year took part in the erection of a sundial at the sanatorium, as a symbol of gratitude of the ex-patients to the staff over the years.

Our best wishes to Mr. Spicer for a long and happy retirement, blessed with good health.

Eat a Good Breakfast

In a carefully controlled, scientific study conducted jointly by a group of psychologists and nutritionists, it was shown that the habit of eating a good breakfast every morning results in greater maximum work output, in better maintained mental alertness, and in lessened muscular fatigue during the prenoon hour, than can be achieved when breakfast is habitually omitted or consists of a cup of coffee with cream. There is a sound scientific basis for the advice, "Eat a good breakfast."



Two more classes were recently graduated from the Sanatorium Board's Nurses' Assistants' Training Program. Among those who took part in the ceremony at Manitoba Sanatorium on March 28 were R. F. Marks, SBM Comptroller, and Dr. E. L. Ross, Medical Director of the Board. Graduates, pictured left, are: Back Row, left to right—Miss E E. Wannop, Kalman Jambor, Miss Bente Hejlsted, SBM Director of Nursing Services, Miss D. M. Geary, Miss S. D. Hansen; Second Row—Miss G. M. Stewart, Miss C. C. Ratch, Miss L. M. Lewis, Miss Faye Thompson; Front Row—Miss C. J. Faubert, Miss M. E. Melton, Miss R. Ecarnot, Miss J. I. Schock, Miss D. Ellis, Director of Nursing, and William Broafhead, Nursing Instructor. T. A. J. Cunnings, Executive Director of the Board was guest speaker at the ceremony held at Assiniboine Hospital, April 6. Graduates, right, are: First Row—Mrs. Ora Martin, Mrs. H. M. Dann, C. H. Dinsdale, Mrs. W. I. Field, Mrs. A. F. Stroud, Mrs. M. J. Simpson; Second Row—Mrs. I. A. Cruikshank, Director of Nursing, Mrs. L. C. Boles, Mrs. Mary Pungente, Mrs. K. A. M. Bridger, Mrs. B. A. Addison, Mrs. M. Klimczak, Day Supervisor; Third Row—Mrs. E. A. Hovind, Mrs. W. Worthington, M. E. Davis, Mrs. I. M. Hine, Mrs. M. Matwick, Miss B. Allison, and Miss Hejlsted. —(Photo by S.B.M. Staff Members)

Rehabilitation: One Person's Point of View

By Bente Hejlsted

From an address given by Miss Hejlsted, director of nursing services for the Sanatorium Board, at the annual meeting of District 1, Manitoba Association of Registered Nurses, March 15, 1962.

Last June I attended a two-week course in Rehabilitation Nursing at the University of Syracuse, and ever since I have found that people think of me as an "expert" in rehabilitation! I admit, however, that when I returned from Syracuse my one comment was: Now I know *something* about rehabilitation. But, like any other new field one studies, the more you read and think on the subject the more you realize how little you know.

In working for the Sanatorium Board I have had the opportunity to think in terms of rehabilitation. The practical planning, the listing of equipment, the setting up of a nursing staff quota, the discussions with other members of the Sanatorium Board staff in relation to the Manitoba Rehabilitation Hospital have all necessitated further thinking on the subject.

So now I shall try to share with you some of the results of this thinking and also briefly explain what our two week course was about. First, there appears to be some confusion as to what rehabilitation means. The word is used rather loosely by many persons and often refers to physical rehabilitation only. The following definition as adopted by the Sanatorium Board should rule out some of these misconceptions:

"Rehabilitation is a PROGRAM designed to enable the individual who is physically disabled, chronically ill or convalescing to LIVE and to work to the utmost of his capacity."

I hope that you can see that the idea of rehabilitation is a great challenge to everybody involved in it.

And who are involved?

First we should remember that an individual is very complex. In other words any person is multi-facted, and in rehabilitation we must recognize this by using a multidisciplinary approach. So we have the rehabilitation team.

The most important member of the team is the patient. He is she is the one who determines how much he is going to participate in the rehabilitation program. A l l other members — the family, doctors and nurses, physio and occupational therapists, speech therapists and social workers, public health nurses, vocational guidance officers a n d psychologists, bracemakers and prosthetists —must work together to provide a program of treatment the patient can and will accept.

Where does the nurse fit in? Where lies her special contribution? I would like to remind you of the definition of nursing by Virginia Henderson:

"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible."

By tradition, and in fact, the nurse is nearly always the first person with whom the sick person comes in contact, in or out of the hospital. The public health nurse is in the front line of contact before and after admission to hospital. She is often the one called upon to assess the home facilities and the family's attitude.

Rehabilitation nursing is the one field of nursing where it is perhaps most important to care for the total patient. May I stress again that it is essential for the nurse to work with other members of the team. The patient must not be "taken apart", and most times it will be the nurse who coordinates the program of treatment. Certainly for inpatients this is so. During the evening hours and during the week-end the program of treatment must continue — and who is there but the nurse?

Thus, to care for rehabilitation patients, the nurse must have a knowledge of the aims of the treatment program, of the exercises given by physiotherapy, of the activities stressed by the occupational therapists, of the level of the patient's ability in activities of daily living, of the contributions made by all other members of the team.

One of the hardest things for a nurse to learn is to allow the patient to do for himself. He may often need encouragement and guidance, and the nurse must give this. But he is the one who must make the effort.

The individual decides if he will be rehabilitated, or to what extent he can and will accept the treatment program. There is a danger in all rehabilitation work of expecting the individual to have the same values as you and I —and a danger even of "selling" our values to him. We think it is right to earn a living by work; but perhaps the rehabilitant feels it is a waste of good time to work. His way of living perhaps gives more time for what he thinks is important. And who can argue against another way of life? Surely it is one of the privileges in a democracy that the individual may choose his own way of life.

I remember a lecture at the University of Syracuse, given by a sociology professor (who, by the way was a negro) entitled, "The needs of those who care for long term patients." He reminded us of several fundamental truths. One was that we react differently to different people — for example, overbearing with "low-class" people, with a feeling of equality with our own socio class, with awe when confronted with people of a higher class.

Another truth is that there are some people we do not like, and that it can be difficult for a nurse to accept a dislike toward a certain patient.

But best of all I remember what Dr. Willie said was all-important: "We must recognize and accept the uniqueness of the individual." This can be difficult in everyday life, but it is even more difficult when you are in contact with a person with a disability. We all react in some way to people who are "different". Even a minor disability makes a person different to the so-called normal. The disabled, the chronically ill or the convalescent belong to a minority group — the same as people of other races living in our society. Do we always accept them as unique individuals? No, we class them together, often judging the group by our personal experience with one of the group.

We as nurses give care regardless of creed, color or race, but we are also influenced by the prejudices existing in our environment.

It is the nurse's role to help the patient accept that he is different, that other people will see him as "not normal", that other people will react to his disability — some with pity, some with curiosity, some with disgust, some trying to ignore him, others trying to over-protect him, some thinking he is mentally retarded as well as physically disabled. It is extremely important that the patient knows this and accepts it as well as possible before being confronted with a traumatic experience. The disabled person has to grow mature enough to accept the shortcomings of "normal people".

Next to the patient the family is the only other "most important" member of the team. The influence of the family, their reactions to a possible change of functions within the family circle, their social and economic status, are all important in rehabilitation. The family can motivate the patient to work toward independence, or they can overprotect him and make him completely dependent. They may even give him tender loving neglect.

In or out of the hospital, the nurse has to assume responsibility for much of the education needed by t h e family. The family must learn to understand the problems encountered by the patient, they may have to learn certain skills and techniques, often they can suggest devices for self-care in the patient's home. Also, the family must be honestly and accurately informed about the aims of the treatment program. They, as well as the patient, must know that there is no "miracle" cure.

To conclude I would like to quote to you from a statement made by John Galsworthy in 1919 when he was speaking on the "After Care of Disabled Men"

"Restoration is at least as much a matter of spirit as of body and must have as its central truth that body and spirit are inextricably conjoined. To consider one without the other is impossible. If a man's mind, courage and interest be enlisted in the cause of his own salvation, healing goes on apace, the sufferer is remade. If not, no mere surgical wonder, no careful nursing, will avail to make a man of him again. Therefore, I would say: From the moment he enters the hospital, look after his mind and his will; give him food, nourish him in subtle ways; increase that nourishment as his strength increases. Give him interest in his future. Light a star for him to fix his eyes on so that when he steps out of the hospital you shall not have to begin to train one who for months, perhaps years, has been living mindless and will-less the life of a half dead creature.

That this is a hard task (and no one who knows hospital life can doubt), that it needs special qualities and special effort quite other than the average range of hospital devotion is obvious, but it saves time in the end and without it success is more than doubtful. The crucial period is the time spent in hospital. Use that period to recreate not only the body but the mind and will power and all shall come out right. Neglect to use it thus and the heart of many a sufferer and of many a would-be healer will break from sheer discouragement. 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."

With the help of other agencies and other workers we hope to achieve just this at the Manitoba Rehabilitation Hospital.

Bulletin Board

The annual meeting of the Sanatorium Board will be held Monday, April [illegible], in the auditorium of the newly finished Manitoba Rehabilitation Hospital at 800 Sherbrook street.

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T. A. J. Cunnings, executive director of t h e S.B.M., attended a 2-week course in executive development at t h e Banff School of Fine Arts from March 19 to 31. He was also one of several guest speakers at a meeting of the Health Division, Community Welfare Planning Council, on April 9. He gave a talk on the changing role of the Sanatorium Board as a voluntary health agency.

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Dr. E. L. Ross, S.B. medical director, w i l l speak on tuberculosis control and the role of the health units at the annual meeting of Health U Medical Directors Apri 25 and 26. Following his address on the 26, the directors will tour the Manitoba Rehabilitation Hospital and the Central TB Clinic.

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Among the recent guests at the Sanatorium Board's head offices were Dr. G. D. Barnett, director of medical services of the Saskatchewan Anti-Tuberculosis League at Fort San, and M. Callon, chief accountant.

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Hearty congratulations to Mrs. Jody Jackson, welfare co-ordinator at Assiniboine Hospital, who received an Award of Merit from the Canadian Girl Guide Association for organizing a summer camp for the Girl Guides of Southwestern Manitoba.

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With sad regret we note the deaths of two long-time good friends of the Sanatorium Board — Miss Mary "Birdie" Calverley and Miss Mabel Skinner. Miss Calverley, who retired from the nursing staff at Manitoba Sanatorium some 20 years ago, died March 16 in Vancouver. Miss Skinner, a for[illegible] public health nurse, [illegible] also dedicated to the anti-tuberculosis campaign and worked with our travelling clinics during the early years of seeking out TB in the province. She died in Winnipeg late last month.