He had a grudge against TB

JEANNE INCH of The Leader-Post

PRINCE ALBERT — Dr. R. W. Kirkby was standing over an open photograph album filled with colored pictures of his flowers. Another half dozen albums were piled on the table within easy reach.

If it had been summer, Dr. Kirkby would have been working in his garden behind his Prince Albert home.

Dr. Kirky, born in 1895, is an active rnan, and not only in his garden. As he says, "this business of sitting around waiting for things to happen is malarky."

This month he celebrates his 56th year of work with the Saskatchewan Anti-Tuber-culosis League. He is still working, reliaving the Prince Albert staff doctor when she holds TB clinics in the north. "This is highly satisfactory to me because it proves I'm still of some use," he says.

His work with tuberculosis patients began in 1919 after he graduated in medicine from the University of Saskatchewan.

"Even in my days in high school in North Battleford, five of the boys I went to school with died of TB before they reached manhood. So I had a grudge against TB."

Dr. Kirkby was doing his internship in Vancouver when he received a letter from a man in the Fort Qu'Appelle sanatorium asking him to come back to help Dr. George Ferguson, the only doctor in the sanatorium there.

Dr. Ferguson was "in trouble" because of a flu epidemic which hit Saskatchewan in 1918. Dr. Kirkby says he went to Fort Qu'Appelle with the idea of staying three months.

"When I saw what kind of a man Dr. Ferguson was, I decided I was going to stick with him." He worked in Fort Qu'Appelle for 11 years before transferring to the Prince Albert sanatorium.

The TB problem was "very hot at the time," Dr. Kirkby said. The death rate was 46.4 per 100,000 in the province. Now, it is 2.3 per 100,000.

Dr. Kirkby attributes the drop in death rate largely to the work of Dr. Ferguson who influenced the construction of hospitals at Fort Qu'Appelle, Prince Albert and Saskatoon for the treatment of TB patients.

Dr. Ferguson also started survey teams travelling throughout the province, checking for new TB outbreaks and following up patients discharged from the TB sanatoriums.

Dr. Kirkby started monthly clinics at Meadow Lake, North Battleford, Lac la Ronge, Melfort and Tisdale.

Instead of patients coming to Prince Albert, the doctor "takes his bag of tricks" to treat them in their own hospitals, Dr. Kirkby says. Patients will come for treatment if they only have to go 10 or 12 miles. But if they had to travel 75 miles to Prince Albert, "a lot wouldn't turn up."

It is important that TB patients have a continuity of care because TB can recur, he said.

Dr. Kirkby has seen proof of the durability of this infectious disease. He saw the x-ray plate of an Egyptian prince, "known as the hunchback prince," taken before the munmy wrappings were removed. "The x-ray of that spine was so good you could make the diagnosis just as if he had walked in that afternoon." The erosion of the bone and the abscess formation was perfectly clear, and "it was over 2,000 years since he'd bit the dust," he said.

Native people are more susceptible to TB because their fore fathers did not have resistance to it, Dr. Kirkby says. Poor sanitary practices are another problem, he said.

The spread of TB began with the Roman armies carrying the infection to the countries they conquered, Dr. Kirkby said. Anglo Saxons, French, Spanish and German people have a high resistance to TB because they were exposed to it when the Roman armies invaded their countries. People from countries not conquered by the Romans—Ireland, the Scottish Highlands, Scandinavia and Africa — are more susceptible.

TB, once called consumption, usually affects the lungs in adults. In children, bones in the hips, knee, spine and ankles are infected. The TB infection travelling through the blood stream "takes over" those parts of the body injured during play.

The treatment of TB has changed considerably since the drugs effective in TB treatment were introduced about 25 years ago. When Dr. Kirkby first began practicing, treatment consisted mainly of bed rest and a good diet. If the elbow was infected, it would be put in a cast to restrict movement. Those with infected lungs often had air injected between the lung wall and the



Leader-Post photo Dr. R. W. Kirkby

chest to control lung movement. There was a considerable amount of surgery to take ribs out. Dr. Kirkby said. In some cases, the whole lung was removed. "A lot of them are still walking around with great scars on their chests."

Drugs used to immunize people against TB and clinics checking for new cases and following up existing cases have not eliminated TB entirely. Dr. Kirkby said two years ago a man in Fond du Lac infected 22 people who had to be admitted to the Saskatoon Sanatorium.

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pity or gloomy introspection. The people of Paskatchewan can beat tuberculosis with a smile, too, and make their Province the richest in Canada—in point of healthy communities, strong and straight children and happy homes.

Thus it is indicated in this final article, that the co-operation of the public—for its own good—must be given in several ways if this war on tuberculosis is to be carried on to victory. It is more than contributing to the Christmas Seal Fund; it is more than intelligent, healthy living; it involves the active interest of the people everywhere.

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