

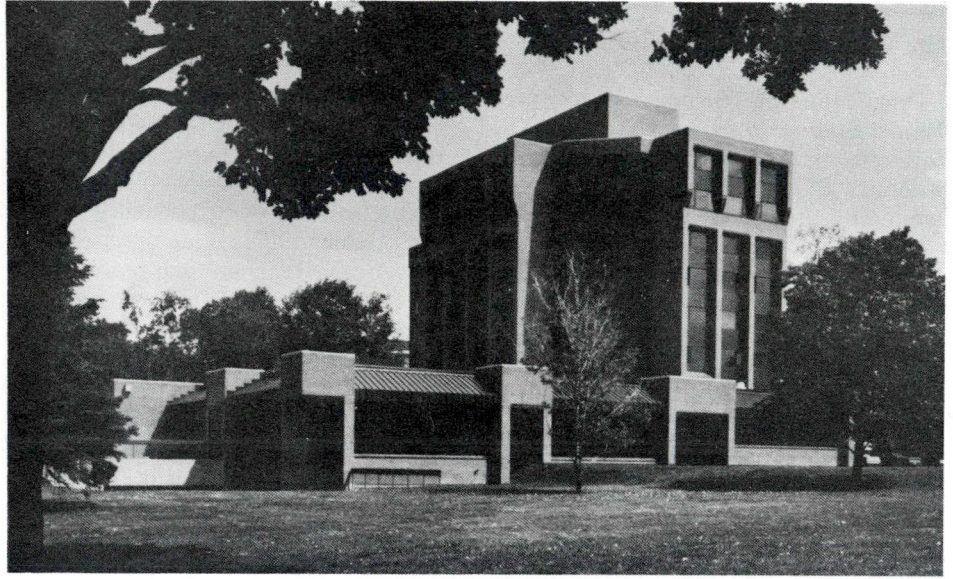
Police college a national institution

The opening of the Canadian Police College at Ottawa last November, fulfilled a long-time ambition to provide unified training facilities for executive and middle-management police forces across Canada.

The institution, funded by the Federal Government and administered by the Royal Canadian Mounted Police, is national in the sense that courses will suit the needs of all Canadian police forces – RCMP, provincial and municipal – and not, as previously, those specifically of the RCMP.

Courses range from five days to six weeks and cover everything from executive development and motivation of personnel to technical skills in the areas of drug investigation, fingerprint identification, counterfeiting, gambling and instructional methods.

“We are providing a federal leadership role in the areas of training and education, complementing those programs given at the provincial-municipal level,” says Chief Superintendent Roy



Moffatt, Commanding Officer of “N” Division, who has been working towards its development for more than 12 years. We have a federal-provincial advisory committee that ensures the needs of the total police community are met.

“As a result of policemen from all

the different forces being trained together, there is much better rapport among the forces.... Our ambition is to improve individual, as well as organizational, effectiveness, and to establish also some common philosophies and standards of policing across the country.”

Woman survives after four-hour heart-beat stoppage

A 20-year-old Winnipeg, Manitoba, woman whose heart stopped beating for almost four hours, has survived what is believed to be the longest recorded case of cardiac arrest, reports Canadian Press.

Jean Jawbone, who was found unconscious, coatless on a city street in -36C-degree temperatures, had a body temperature of 26.3C – about 11 degrees below normal. She was taken to the Winnipeg Health Sciences Centre, where Dr. Brian Pickering, a resident physician said her symptoms, no heartbeat, pulse or respiration, pupils dilated, were “incompatible with survival.”

Seven doctors, 19 nurses and several orderlies used external heart massage and manual ventilation. Finally, a rare technique known as peritoneal dialysis – injection of a warm solution into the abdominal cavity – was used. When the body temperature rose, a defibrillator gave the woman’s heart a jolt that established a regular beat.

Dr. Gerald Bristow, director of the centre’s emergency department, said the woman’s case far surpassed that

of 16-year-old Edward Milligan, who was revived there a year ago after being clinically dead for two hours. The boy collapsed and suffered hypothermia – lowered body temperature – during a snowshoe trek.

Dr. Bristow, who was the Milligan boy’s physician, said resuscitation procedure he recommended for Miss Jawbone was inspired by medical studies he made in the Milligan case.

He said in an interview the two cases should encourage doctors to continue resuscitation efforts despite clinical signs of death.

Miss Jawbone said in an interview she could recall nothing of the incident except that she had been drinking in a bar the night before.

For nearly two hours the medical team was unsuccessful in raising her body temperature significantly, a necessary procedure before heart movement can be resumed. They covered her with heating blankets and hot towels and poured warm saline solutions through a tube inserted in her mouth to her stomach.

Dr. Bristow then suggested peritoneal dialysis, which was used successfully in Kentucky, U.S.A., in 1968 to revive

a girl who had passed out and become hypothermic after an overdose of barbiturates.

The catheter was used to remove the barbiturates but “quite fortuitously” warmed her body as well, Dr. Bristow said. “There’s been no other case of this recorded since,” he said, “but it occurred to me it might be an effective method of warming her. The necessary equipment is available in most hospitals or can be easily improvised.”

A catheter was inserted into the abdominal cavity and the warm solution injected.

Between hours two and three of the resuscitation process her body temperature went up five degrees and after three-and-a-half hours was high enough to use the defibrillator. Dr. Bristow said all the warming techniques were instrumental in warming her but undoubtedly the peritoneal dialysis contributed the most.

He said Miss Jawbone was thought to have spent between 15 minutes and half-an-hour without oxygen, but showed no signs of brain damage. Her low body temperature slowed her chemical processes and reduced her oxygen requirements.