

DEPARTMENT OF COMMUNICABLE DISEASES

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SANATORIUM BOARD OF MANITOBA
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MANITOBA SANATORIUM NINETTE

The Story of the Year 1928-1929

With the Eighteenth Annual
Financial Report for the Year
ending 31st December, 1928



It is within the power of man to cause all germ diseases to disappear
from the earth.—*Pasteur*

A Health Education Service of the
CHRISTMAS SEAL FUND
MANITOBA LUNG ASSOCIATION
SANATORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
WINNIPEG, MANITOBA R3A 1P6

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1928/29

MANITOBA SANATORIUM

NINETTE

The Story of the Year
1928-1929


With the Eighteenth Annual
Financial Report for the Year
ending 31st December, 1928




Where there is no vision, the people perish.—BOOK OF PROVERBS

MANITOBA SANATORIUM


MEDICAL




M.B. PERRIN M.D.



D.A. STEWART B.A. M.D. LL.D.
SUPERINTENDENT




R.H. FRASER B.A. M.D.




J.M. SIGVALDSON B.Sc. M.D.


STAFF



D.L. SCOTT M.D.



E.L. ROSS M.D.
ASST. SURGT.



L.G. MONTGOMERY M.D.

1929

THE SANATORIUM MEDICAL STAFF—SUMMER OF 1929, INCLUDING "TRAVELLING CLINICS"

Manitoba Sanatorium

NINETTE, MANITOBA

Officers and Executive Committee for 1928-1929

JOHN McEACHERN, Chairman
 ALLAN BOND, Vice-Chairman
 GEO. W. NORTHWOOD COL. J. Y. REID
 C. E. STOCKDILL J. C. WAUGH

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E. M. WOOD

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Medical Superintendent: DAVID ALEXANDER STEWART, B.A., M.D., LL.D.
 Assistant Medical Superintendent: EDWARD L. ROSS, M.D.
 Medical Assistants: DONALD L. SCOTT, M.D.; M. B. PERRIN, M.D.;
 (to June 1929) H. V. MORGAN, M.D.; C. F. BENNETT, B.A., M.D.
 Visiting Dentist: H. C. HODGSON, D.D.S., L.D.S.
 Lady Superintendent: MISS JEAN HOUSTON, R.N.
 Dietitian: MISS V. C. FLEMING
 Accountants: W. M. GARLAND and CLARENCE G. SCOTT
 Accountant, Perpetual Inventory: JOHN MACK
 Radiographers: DAVID SOWDEN, W. DOERN
 Steward: JOHN REDMOND
 Secretaries: MISS L. B. BELL, MISS L. MacKENZIE
 Teachers: MISS MIRIAM NORTON, M.A., MISS EDNA CALVERLEY, B.A.
 Visiting Nurse (Prov. Pub. Health): MISS ELSIE WILSON, R.N.

Solicitor: J. A. MACHRAY
 Auditors: RIDDELL, STEAD, GRAHAM & HUTCHISON

He who has truth at his heart need never fear for the want of persuasion on his tongue.
—JOHN RUSKIN.

Report of the Superintendent

Dr. Robert Johnstone Blanchard, for ten years a member of the Sanatorium Board, died suddenly on the tenth day of September, 1928. The Board and its members individually, and the members of the profession he honored, will long remember gratefully his rare understanding of medical and social problems, his broad philosophical outlook upon life, his high ideals of service, and his unfailing kindness of heart.

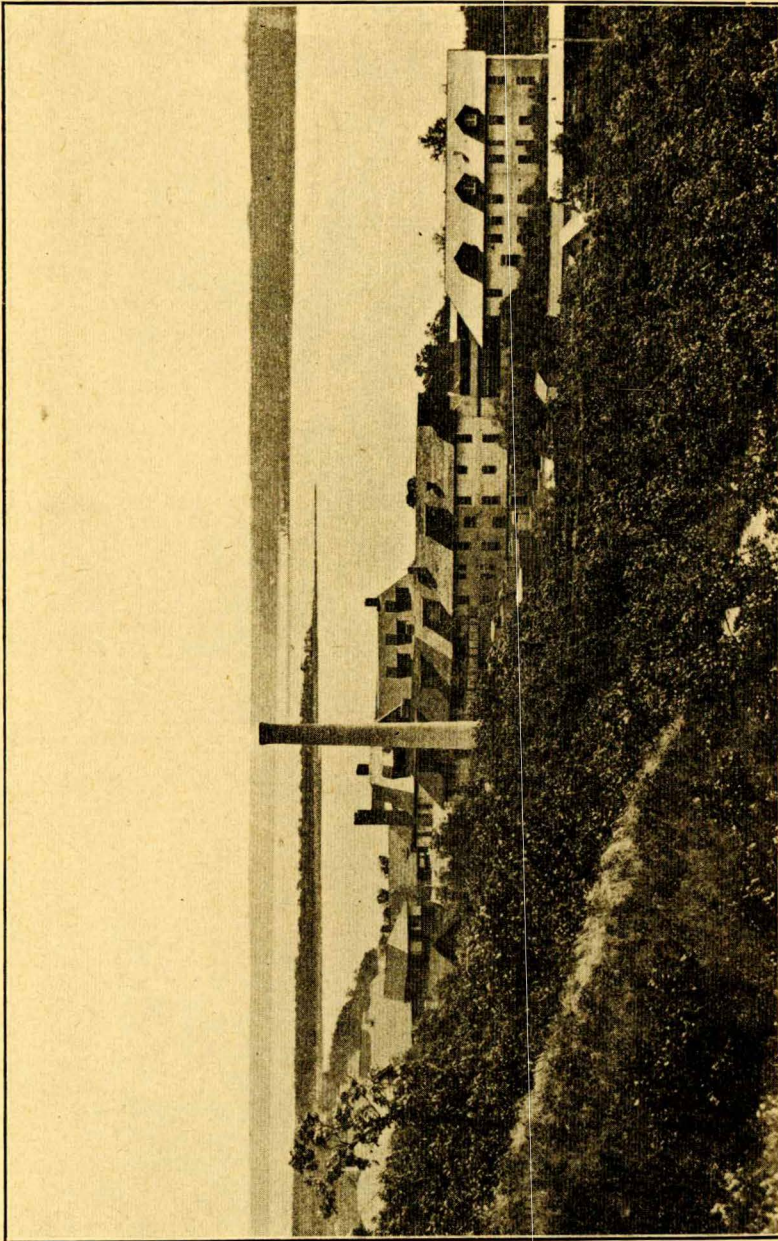
The Annual Report of the Sanatorium is usually published in May, giving the statistics and the auditors' statement for the previous year, and a summary of the general affairs of the Sanatorium up to the time of publication. This year's report, which for several reasons is later than usual, may well follow the same plan, and give a resumé of Sanatorium affairs from about June 1928, to the end of September 1929.

This year the "Twenty Years Ago" columns recalled the laying of the corner stone of the first principal Sanatorium building by the Honourable G. R. Coldwell, in August 1909. A few neighbors and campers stood around on the rough wooded hillside, among piles of gathered boulders beside a few yards of wall, to see this stone well and truly laid. The speaker, who was the Minister of Education and also one of the first members of the Sanatorium Board, spoke with courage and hope, and, as has been shown since, with prophetic vision also, of what might grow from such a small beginning.

Next May "Twenty Years Ago" may have a reference to the opening of the Sanatorium, if such an obscure event managed to get itself into the papers of 1910, crowded as they were with real estate deals and values and other things of great importance at that day.

* * *

*I am the cheapest thing in the world.
I give power to move mountains, to fly as a bird, to gain the wealth of Croesus.
I am Happiness. Without me the years are but sorrow and old age a tragedy.
I am the Sunlight of the Day, the Star-Dotted Heaven of the Night.
I am the Door of Opportunity—the Open Road to the Fairyland of Dreams.
I am GOOD HEALTH.*



THE SANATORIUM FROM THE HILL

THEN AND NOW

At the time of that foundation-stone laying in 1909 there were twice as many people ill with Tuberculosis, and twice as many deaths in Manitoba, in proportion to population, as there are now. We had just begun to think that something could be done about it. The Sanatorium was to do its part by gathering in people with early disease, treating them, curing them and sending them out to teach others that this age-old, almost universal disease could in very truth be cured, and, what was more, even prevented. A hospital was to be built somewhere to give kindly custodial care—which was all it was thought could be done for them—to those with far advanced disease.

What happened, as has often been told in these Annual Reports, and what always does happen, was that the only people who knew they had Tuberculosis, and would take a chance on the new Sanatorium, were those with disease already far advanced.

So, with many terribly ill and very few with early disease, with the bare essentials in equipment, and without the essentials for real sick people, the Sanatorium got its start, with a remarkable training for its staff in the art of doing without.

The plan, then, was to clear up Tuberculosis in the Province by caring for the individuals who were sick enough to be under doctor's care and so knew what they had. This work of caring for the tuberculous sick people of all stages has grown from year to year. At first not enough would come in to fill sixty beds. Now, we couldn't keep them out if we tried, and they overflow 285 beds. Much more can be done for the sick man, even for the very sick man, than was thought of twenty years ago. Kindly custodial care is not enough. The disease must be fought to a finish, and sometimes can be driven even from the last ditch, and beaten. New ideas, new methods, new facilities bring hope to many who twenty years ago would have had none. For instance, the collapsing of a badly diseased lung, to let it rest and heal, and stop poisoning the whole body, has saved many lives at Ninette and elsewhere. The work of giving the best possible conditions and treatment to those who are ill is, and always will be, an important part of the campaign against Tuberculosis.

WHEN PEOPLE ARE ILL, THE PROVINCE IS ILL

But care, even good care, of the sick who come within our Sanatorium walls is not enough. When even a few people in a province have smallpox, *the province has smallpox*, and as long as even one person has it, the province has it. When typhoid fever is scattered here and there, *the province has typhoid fever*, and will have until every focus of disease in persons, or in milk or water supplies, has been cleared up. And when any people in the province have tuberculosis *the province has tuberculosis*.

* * *

It is easier, pleasanter, wiser and cheaper to turn off the tap than to mop up water from the floor, or re-plaster the ceiling below. Prevention is better than cure.

To merely gather the people sick with smallpox or with typhoid fever into hospitals and treat them would not rid the province of these diseases. We must treat the sick province by following the trails of infection, isolating the disease spreaders, and putting the whole population into a condition of resistance by vaccination or inoculation.

What we realize more fully year by year is that tuberculosis also must be dealt with in communities as well as in persons. It is an epidemic disease. Every person diseased got the infection from some other person. What the sick people want is to be made well. What the Province wants is to be made *safe*. The sick people of today were infected by the sick people of yesterday. That is done and cannot be helped. But the sick people today are infecting people who will be sick tomorrow. What can we do to prevent this?

We know fairly well what to do with any one person or any one family, but the difficulty is to reach the two hundred thousand families or the seven hundred thousand people of even a comparatively small provincial population.

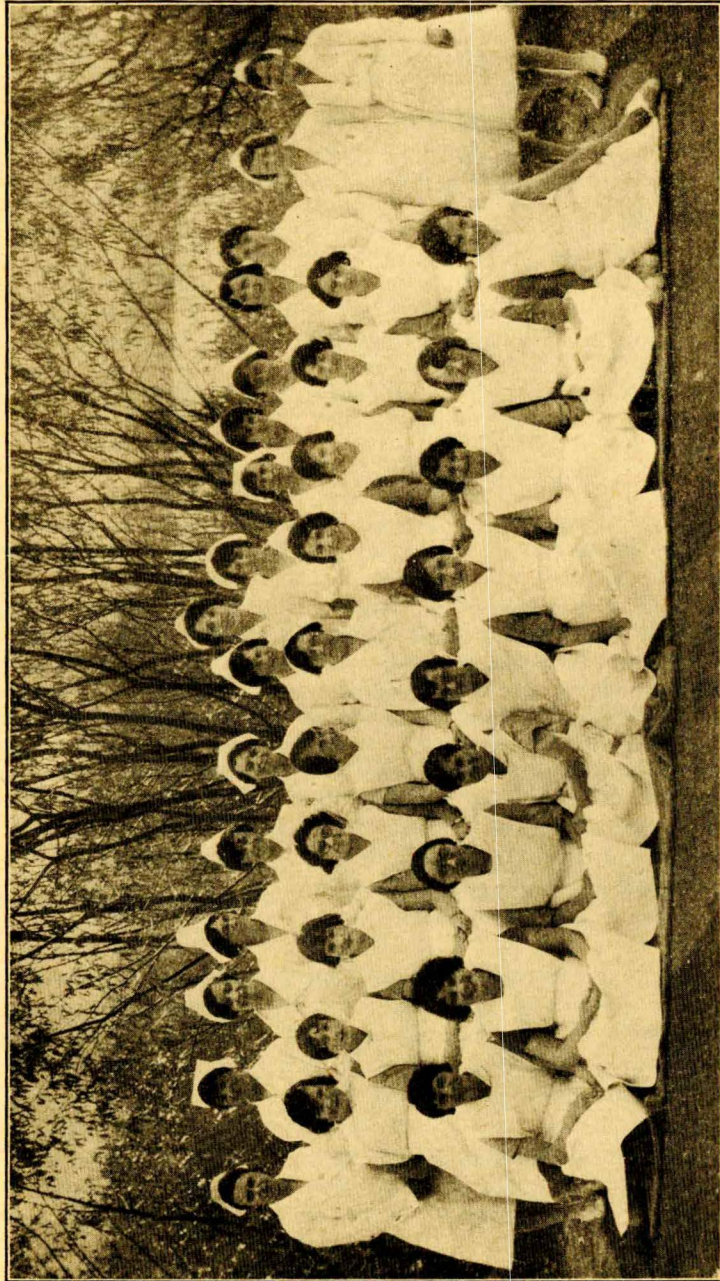
FOLLOW THE TRAIL OF DISEASE

For one thing, every spreader of disease should be found out and treated if treatment is needed, but in any case taught and encouraged to be safe, and given supervision and help.

A part of this work can, and indeed must, be done within Sanatorium walls, but a great part must be done outside. Hundreds of people who are in danger themselves, and many who are a danger to others, know nothing about it; their doctors have not been consulted, and so have no means of knowing either. How can they be found and helped? If it were smallpox, every known case would be followed up, and all who had been in contact with every diseased person, examined and kept under observation. Tuberculosis is not an occasional epidemic like smallpox, but is to some extent in every community year in and year out; so common, indeed, that practically no one gets even to the age of youth without infection. Much of this incidental, light infection is harmless; indeed, may have its uses. But close contact, especially of children, with gross, open disease is almost like the infection of smallpox. Many such centres of infection are known, because people have felt themselves ill, consulted doctors, and come to the Sanatorium. A few who have been in close contact with such spreaders can come to the Sanatorium to be examined, but most cannot. The Sanatorium must go them. Not being ill, they see no need of consulting anybody. We must supply not only the examination but the initiative to have it made. In short, this is something the individual will not work out for himself. It is health missionary work.

* * *

Hospitals are not merely repair shops for broken down humanity. Preventing disease may be as much a hospital duty as curing it.



NURSES AND ATTENDANTS AT MANITOBA SANATORIUM, NINETTE, OCTOBER, 1929

TRAVELLING CLINICS

This kind of health missionary work the Sanatorium has tried to do, as it has had the means to do it, for nearly twenty years, but in the past few years, especially since help has come from the sale of CHRISTMAS SEALS, travelling clinics have become well established and are steadily extending.

When a clinic can be arranged, local doctors and public health nurses by visits and interviews, and the Sanatorium by letter, arrange for the attendance—if they will come—of all known “contacts” and “suspects” and tuberculous people in the district.

In the past four years the Sanatorium staff has conducted *thirty-seven* clinics at *twenty-five* different centres, namely: Brandon, Portage la Prairie, Gladstone, Neepawa, Minnedosa, Shoal Lake, Russell, Roblin, Dauphin, Ethelbert, Swan River, St. Boniface, Selkirk, Stonewall, Beausejour, Teulon, Gretna, Emerson, Vita, Morden, Carman, Somerset, Melita, Reston, and Virden. Seventeen of this thirty-seven were held during 1929, and it is hoped that this number will be added to before the year is over.

The kind of work these clinics do, and their usefulness, may be indicated by an analysis of the seventeen so far conducted during 1929. Ten of this seventeen were at points visited before 1929 and seven were first visits this year.

At the seventeen clinics of this year, 2,104 were examined.

In these 2,104 examinations **2,592 X-Ray plates** were made—an average of nearly $1\frac{1}{4}$ per person.

Of those examined **1,131 (54 per cent.)** were known to have been in contact with active disease. Besides these “contacts,” who were mostly children or young people, most of those examined were in some way suspected of disease.

Of the 2,104 examined, **240 (11 per cent.)** were found to have definite tuberculosis. About 98 of these were already known to be tuberculous, this number including old Sanatorium patients who came to be looked over and advised. **But one hundred and forty-two had tuberculosis definitely diagnosed for the first time at the travelling clinics of this year.**

Among the 240 found to have tuberculosis there were, of course, many types and stages. Eighty-nine were thought to have active disease, 121 disease inactive or quiescent, and in 30 the activity was doubtful.

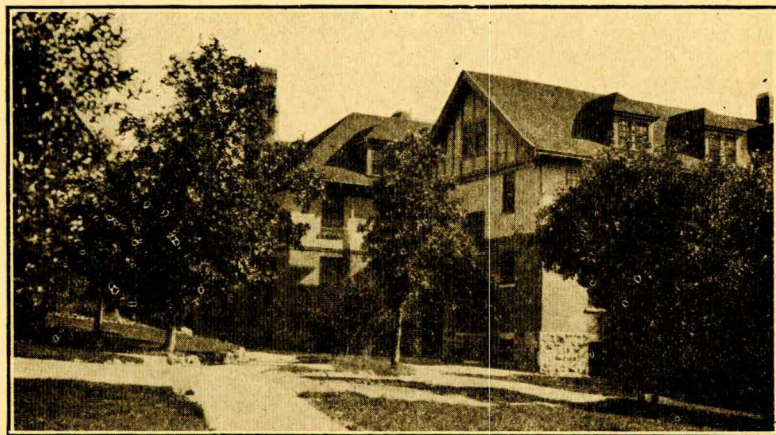
Of the people examined, 69 were advised to come to the Sanatorium. Already, by the middle of October, 24 of them had been admitted for treatment and 40 were on the waiting list. Of these, however, some had so improved on advice that they are able, in the meantime at any rate, to carry on at home.

* * *

Speak up! Truth must be told ten thousand times before it is heard. If you have truth in you, speak up!

Besides the 240 found definitely tuberculous, 174 were considered suspicious. who should be watched. Indeed, all who had good reason to come once on account of contact or suspicion, even if found fairly clear, have good reason to come again. So the work of a travelling clinic, like a woman's work, is never done. Each clinic could very well be repeated every six months.

The definitely tuberculous or the suspected, therefore, numbered in all **414, or about twenty per cent.** of those examined. It must be kept in mind that so many would not be found in the general population, for those examined were not general population but chiefly "contacts" and "suspects."



ADMINISTRATION BUILDING FROM THE NORTH WEST

EXAMINED AT THE SANATORIUM

Besides these clinics away from home, the Sanatorium itself is, and has been for twenty years, an all-the-year-round clinic, where in recent years fully one thousand people a year are examined, besides admitted patients. Up to the end of September, the number examined here this year was 744. An analysis of these examinations at the end of the year will likely show percentages similar to the travelling clinic percentages.

Up to the end of September, then, the Sanatorium has examined, besides patients, 2,848 people so far this year, with three months of the year still to go. I do not know of any Canadian Province where more examinations are made by travelling clinics per year than in our comparatively small Province this year.

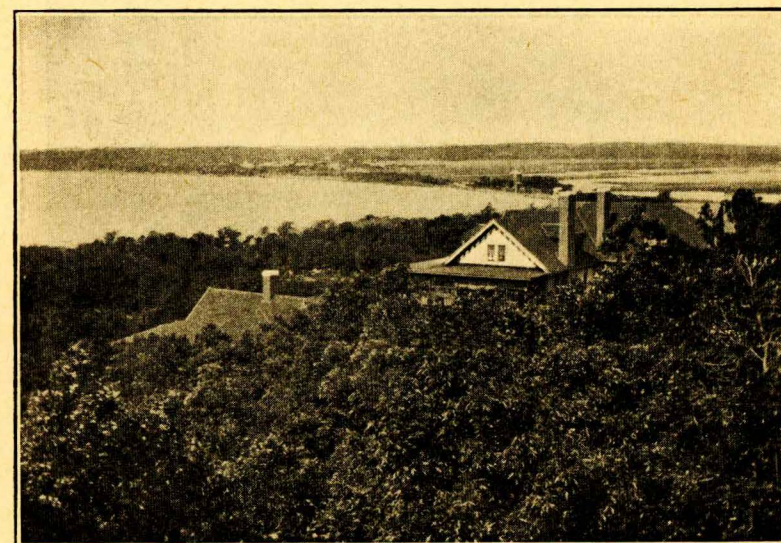
* * *

Now abideth faith, hope, charity, these three. but the greatest of these is charity.
—SAINT PAUL.

OTHER ILLS BESIDES TUBERCULOSIS

Such clinics, while they are tuberculosis clinics in particular, are health clinics in general also. When people come in because suspected of tuberculosis many other things are found.

Of the 2,104 examined, 175 were found to have infections of the chest not tuberculous but classed as "septic." Real bad conditions of teeth and gums, needing repair, treatment and care were found in 613 (29 per cent.), 459 (22 per cent.) had tonsils or adenoid growths considered to be doing harm, and 114 (5½ per cent.) harmful infections of nose or sinuses. Other disease conditions found were: cardiac 41, digestive and gastro intestinal 23, eye difficulties 30, enlarged glands 114, and various others 145.



ADMINISTRATION BUILDING WITH LAKE AND VILLAGE IN DISTANCE

With seventeen clinics already this year at carefully chosen centres, besides all-the-year-round clinics, our own and others, we are getting along, with the help of the Public Health nurses, toward a fairly adequate covering of the Province for diagnosis and supervision. We haven't reached it, but we are near enough to know that it is manageable, and we're out after nothing short of it.

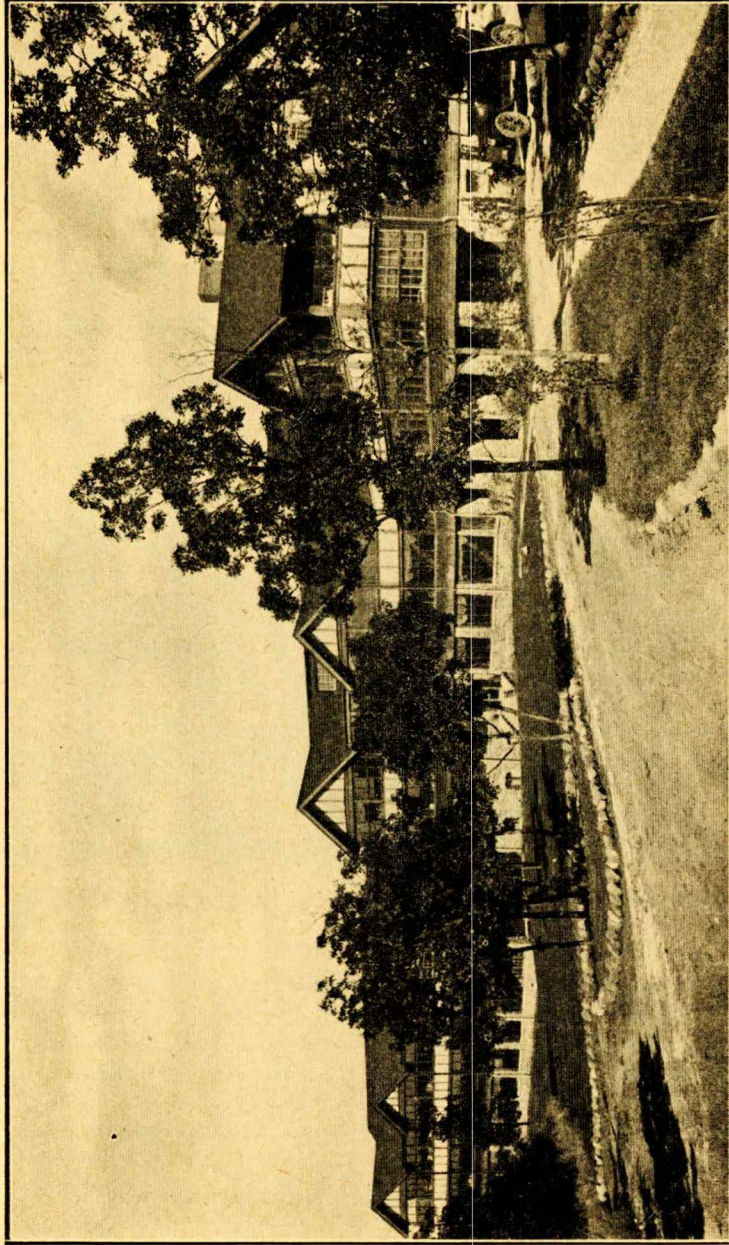
* * *

Behold how great a matter a little fire kindleth.—SAINT JAMES.

* * *

Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report: if there be any virtue, and if there be any praise, think on these things.

—SAINT PAUL.



THE INFIRMARY BUILDING, EAST AND WEST WINGS

OLD NEEDS, NEW PLANS

The growing work of the Sanatorium and its increasing needs, especially the need of more beds, were presented to the Minister of Health and to the Government early in 1927. The Government appreciated alike the work done and the need of more facilities. In order to be quite sure just what would be the best way of helping, it was thought well to have a survey of the tuberculosis situation in the Province by a special commission.

This commission made extensive investigation as to the amount of tuberculosis in Manitoba, studied existing anti-tuberculosis agencies, and prepared a well-considered report. Their recommendations were as follows:—

RECOMMENDATIONS

1. That two hundred and fifty (250) additional beds be provided for Tuberculosis patients, one hundred (100) of these beds to be allocated to the care of tuberculous children.

- (a) These additional beds to be in the Winnipeg District.
- (b) The new sanatorium should be designed to allow for expansion.

Note: The Committee does not feel that all future expansion should be in the Winnipeg District. If the need manifests itself one or more sanatoria should be established adjacent to districts which have the largest incidence of Tuberculosis.

2. That all the Tuberculosis activities of the Province be co-ordinated under a central authority, with power to:—

- (a) Allocate patients to institutions.
- (b) Co-relate the clinical facilities of all agencies caring for Tuberculosis.
- (c) To be responsible for maintaining the Tuberculosis Registry.
- (d) Enquire into the desirability of certain general hospitals, particularly those far distant from a sanatorium, providing accommodation for and being prepared to accept suitable cases from their own districts who, for public health and other reasons, cannot be cared for in their own homes.

3. That consideration be given to the extension of Visiting Tuberculosis Nursing Services, to follow up the treatment in the homes of patients who have had a period in a Sanatorium, thus shortening their stay there, or those who have not been considered suitable for Sanatorium admission.

4. That the records obtained by this Committee be continued as a permanent Tuberculosis Registry and kept up-to-date. This

* * *

*King Hassan, well beloved, was wont to say,
When aught went wrong, or any labor failed,
"Tomorrow, friends, will be another day!"
And in that faith he slept, and so prevailed.*

would imply placing Tuberculosis in the list of diseases for which compulsory notification is required. Such a Registry would:—

- (a) Obviate the necessity of a future survey.
- (b) It would enable the exact situation in the Province to be known at any time.
- (c) It would assist in determining what results were being obtained by any particular method of handling.

5. That the Travelling Clinics be continued.

6. The Committee feels there should be more of an equalization between the direct charge made to city and to country patients for their Sanatorium treatment.

7. The Committee also feels that further consideration should be given to the re-establishment of convalescent patients following their discharge.

It is suggested that the unskilled and homeless labourer should be given an opportunity of working under favourable conditions for a short period after his discharge. This would give him the means of building up his health and powers of resistance, and acquiring improved physique until such time as an opening for independent employment presents itself.

NEW LEGISLATION—GOVERNMENT GRANT

Following upon the report of this Commission, and with a view to carrying out its recommendations, the Government introduced two bills, which were enacted into law by the Legislature.

The first provided A GRANT of \$250,000 to help with the increase of accommodation for patients, and facilities generally for dealing with tuberculosis.

The second aimed to unify anti-tuberculosis effort by creating a SANATORIUM BOARD OF MANITOBA. This Board is a continuation of the Manitoba Sanatorium Board, and takes over its full work and responsibilities, but it has also statutory representatives from the Government, the Union of Manitoba Municipalities, the University, the Manitoba Medical Association, and each tuberculosis hospital within the Province, of one hundred beds.

Considering the many and various needs of the Province and the urgency of many claims made upon the Government, the grant is a very generous one, and, while it is of course not enough to carry out at one time the full program recommended by the Commission, it can by good management be made to increase present facilities very substantially.

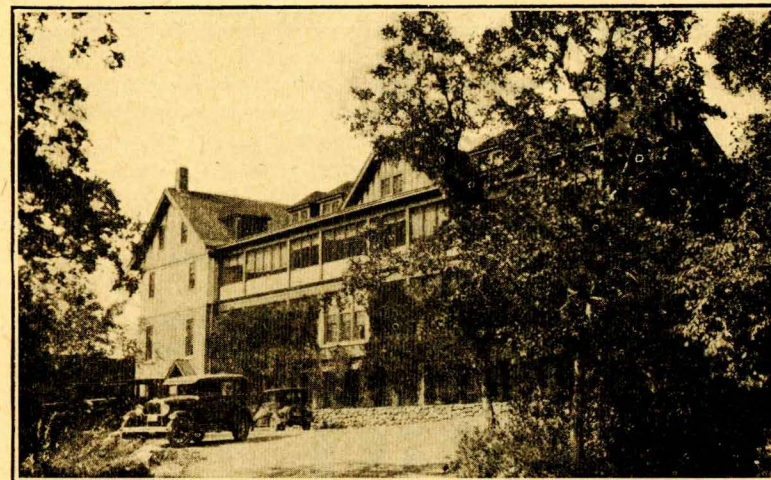
The most careful consideration has been given to the uses this money should be put to in order that it may accomplish the greatest good for each dollar expended; that what is done, while doing most to meet needs now, should also fit in with future development; and that it should not interfere with institutions or facilities already existing, or with any that are proposed.

* * *

There is more concern today for the health and welfare of children than ever before in the history of any people.

NEW AGENCIES

The Sanatorium Board agrees entirely with the Commission in the emphasis laid upon the need of diagnosis, observation, oversight and registry of all who have, or are suspected of disease. A centre for such functions in the railway and population centre of the Province has long been considered essential. By adapting an existing building, such a centre is being provided near the Medical College and the Winnipeg General Hospital, under conditions that reduce capital and maintenance cost to a minimum. This



ADMINISTRATION BUILDING, MAIN ENTRANCE TO THE SANATORIUM

is intended to be A TUBERCULOSIS CENTRE FOR THE PROVINCE, a place for diagnosis, a registry or clearing house, and a centre for co-ordination and administration. Fortunately, a number of beds can be provided for patients so it can be also a place for observation and the care of emergencies. It is an ideal situation also for the teaching of medical students and nurses.

A second most urgent use for the funds provided by the Legislature, we consider, is the building of a comparatively small, but well equipped CHILDREN'S SANATORIUM. This should be also near the chief centre of population and railway systems, but in a pleasant suburban location. Plans for this Santorium are practically completed, and *as soon as the project is definitely sanctioned work will begin.*

* * *

The race marches forward on the feet of little children.

* * *

He who helps a child helps humanity with a distinctness and an immediateness which help to any other human creature cannot give.

No home is safe until every home is safe.

CHRISTMAS SEALS

This report has had a good deal to say about the Travelling Clinics, the need for them, and the kind and amount of work done by them. No matter how essential they were, they could not be properly carried by ordinary Sanatorium revenues. One reason is that such funds were not provided for that purpose. A second, and very good reason, is that the ordinary revenue has always had more than enough to cover without any extras. Indeed, year by year it has always been like last year's shoes for a growing boy. And the more clinics, the more disease is discovered; the more disease discovered the more people are sent to the Sanatorium; the more people sent to the Sanatorium the more pressure is put on ordinary revenues, and the sooner we grow out them.

Two years ago, and again a year ago we sold Christmas Seals, chiefly for revenue for Travelling Clinics.

Away back in 1911 the Manitoba Sanatorium had its own characteristically Manitoban Christmas Seal, a picture of which, for its historic interest, is given below.

But special Christmas Seals for small areas like single Provinces are too costly to be profitable. Mass production belongs to



MANITOBA SANATORIUM CHRISTMAS SEAL IN 1911
(The Seal for this Christmas is on page 24)

our age. When the various Provinces of Canada, including our own, took up the Christmas Seal unitedly in 1927, with one seal for the whole Continent (though Canadian seals are all made in Canada), it could be actually on a carload production basis, and the cost thus became negligible.

SEAL SALE GENERAL — OBJECTS LOCAL

This year it is hoped that throughout Canada \$250,000 will be collected by this means for various phases of anti-tuberculosis work. In all cases these funds are for use *within the Province in*

* * *

Be charitable before wealth makes thee covetous, and lose not the glory of the mite.

—SIR THOMAS BROWNE.

which they are collected. In all cases the purposes are special, usually educational. In no case are the funds used as ordinary revenues for maintenance. In Manitoba, as has been stated, the chief purpose has been the covering of the Province by Travelling Clinics.

The responses to our letters have been remarkable. Many enclose good wishes, which we can almost say we value more than the coin of the realm which is enclosed also. Until we sent out these letters we had no idea how many friends we have, nor how warm their friendship is, in all corners of the Province. It all makes us feel doubly the responsibility to use the Sanatorium to its utmost for the better health and general weal of the Province.

We wish to make a very special acknowledgment of the enthusiastic help of the members of the Junior Club in the sale of Christmas Seals in Winnipeg.

This year again we are sending out letters. Again we undertake to put to the best uses we know of what we receive. It will be used again in providing for Clinics, and likely in part to help to provide *care for children*, as the Travelling Clinics are largely providing for the *examination and diagnosis of children*.

WHAT WE WANT AND WHAT WE DON'T WANT

We know very well that in many parts of the Province the crops were real poor, in some a failure, and that the prices are not so very satisfactory either. We cannot send out letters this year without one very definite statement. It is this: we do not want our Christmas Seals to impose a burden on one single person. We would a thousand times rather have all the seals sent back to us than think they had been an imposition upon people they were sent to. We are no high pressure salesmen. We just offer for sale what has come to be almost a Christmas necessity, a bit of color for Christmas letters. Our profits will help us to help you who buy, and the rest of the Province with you.

About one letter in a thousand, actually not more, has expressed a mild grouch, as though we were imposing a tax. When we want to be tax-gatherers we will quit Sanatorium work. We want to sell our attractive commodity exactly to the extent to which people are willing and anxious to buy it, but not one cent's worth beyond that. We are not after business, but after friendship, co-operation and a better understanding of certain social problems. If any one knows where we should give away some seals to people who would like to have them, but can not buy them, please let us know.

SO ARE WE OUT TO SELL MANITOBA SANATORIUM CHRISTMAS SEALS AGAIN THIS YEAR, TO ALL THE FRIENDS WE CAN DISCOVER IN MANITOBA.

* * *
*Life is mostly froth and bubble;
Two things stand like stone:—
Kindness in another's trouble,
Courage in our own.*

—LIONEL GORDON.

The YEAR AT THE SANATORIUM

The Sanatorium itself has done a good and useful year's work.

We have always been fortunate, and never more than at the present time, in the personnel of all sections of the staff, and in their unvarying loyalty to the Sanatorium, its spirit and its work. If I were to write all I wished to about the wise general administration of the Sanatorium, which has, during the past year, for several reasons, been chiefly in charge of Dr. E. L. Ross; or about the untiring work of the medical staff, by night and day; or of the spirit and quality of the nursing care of patients given under Miss Houston's supervision; or the efficiency of the work, or the esprit de corps of the staff under Miss Fleming's direction; or of the power house staff of Mr. Scott that can meet every emergency cheerfully and make or fix anything from needle to anchor; or of other members of staff who have in special charge the business and accounting, office work, repairs to plant, gardening, Christmas Seal selling and various other duties—I could very easily fill all the pages of this whole report. A hospital or sanatorium has reached a happy state when good work in all departments and by all workers is a matter of routine and a thing taken for granted, but it certainly does deserve mention at least once a year. I will refer to a few phases of the year's work only, giving special attention to one of the newer ones, the Sanatorium School.

THE SANATORIUM SCHOOL

Early in 1929 a survey of the School showed the morning school with an attendance of 22 patients, 81 patients in bed being taught in their wards, and a night school with an enrolment, chiefly of staff, of 37—140 students in all.

Of these, 61 were doing regular school grades from one to twelve, an increase from 45 last year, one first year University, two second year University, and 32 were non-English speaking people, improving their knowledge of the language of the Country. Others were improving their general education with practical and cultural aims.

The two full time teachers had some help from four patients, two of whom were in bed. Sixteen students of the Provincial Normal School had also come each for a two weeks' stay, to add to their training the experience of the Sanatorium School.

The School was kept open in both 1928 and 1929 for eleven months. There is no lack of enthusiasm and, what is more important, no lack of earnestness and perseverance. The work is a real contribution to the educational impulse of the Province, a very great help to patients, and a very good and useful element

* * *

It ought to be a capital crime to be idle.—BERNARD SHAW.

in Sanatorium life. We simply could not get along without it. To have school interests pervading staff as well as patients, instead of idle hands and heads, for which Satan is supposed to find employment, is in itself a very big and worth while product of school effort.

POPULATION AND PAYMENT

On the last day of 1928 we had in the Sanatorium 285 patients, every bed filled. An analysis of these will give a very fair idea of the usual population and usual proportion of paying, part-paying and non-paying patients. Patients from the "levy" area in 1928 paid a little less than \$8,000, about 13 per cent. paying fully or partly.

| Patients | Paying Full Charges | Paying Part Charges | Paying No Charges | Total |
|--------------------------------------|---------------------|---------------------|-------------------|-------|
| Under Dept. Pensions and P.H..... | | | 21 | 21 |
| City of Winnipeg..... | 6 | 0 | 36 | 42 |
| City of Brandon..... | 1 | 0 | 7 | 8 |
| City of Portage la Prairie..... | 0 | 0 | 4 | 4 |
| City of St. Boniface..... | 0 | 0 | 0 | 0 |
| Unorganized Territory..... | 0 | 1 | 6 | 7 |
| Municipalities under the "levy"..... | 2 | 25 | 176 | 203 |
| | | | | 285 |

PERPETUAL INVENTORY

A perpetual inventory was begun on April 1st, 1928. It takes some time to establish such a system and get all departments out of old habits of handling supplies into new. It gives some elements necessary in general accounting, such as monthly requisition analysis, monthly accounts analysis, monthly distribution of expenses, etc.

EDUCATIONAL

During 1928, fifty medical students spent at the Sanatorium a total of 880 days, an average of nearly eighteen days each. All but two were from the Manitoba Medical College, sent out under the auspices of the University, and most were in their third year. This instruction of medical students we consider one of the most useful of the Sanatorium functions.

REPAIRS AND IMPROVEMENTS

During the period covered by this report, a water softening plant was installed, X-ray dark room enlarged, a new refrigerator installed, more than one thousand feet of water pipe replaced, locker, lunch and toilet rooms attached to power house, a warehouse built, and many other repairs made and improvements effected, outdoors and in.

* * *

A duty each day drives the devil away.

THE WORK IN GENERAL

In a general way, the Sanatorium, like many another vigorous youth, has outgrown its clothes. All sections of the staff need more residence space. The medical staff needs a much more roomy "workshop" for the examination and treatment of patients. Not one bed where nursing care can be given was vacant for one day during the whole year, and even the beds for ambulant patients are all filled.

One unsolved problem is the man with widespread chronic tuberculosis, who still has cough and expectoration containing disease germs, but is in fair general condition, who, if he returns home, is unable to do the only kind of work he has learned, and has to live in narrow quarters in which he is infective to a family of small children. This problem of the chronic but not cured man is a very big and difficult one. The best solution will, I think, be a sort of Sanatorium annex, with cheaper type of accommodation and suitable, useful, remunerative work. Perhaps that can be considered in the not too distant future. In the meantime, the Sanatorium itself solves some such problems by employing as many as possible of those who could not carry on with safety to themselves or others at home. At present there are on the payroll thirty-two usefully employed who are or have been patients, and among them some of the most valuable of the Sanatorium staff.

PUBLICATIONS

Apart from the Annual Report, circular letters, bulletin notes, etc., the publications of the Sanatorium during the period covered by this report were the following five (150 pages in all) by the Superintendent:—

AN ADDRESS ON THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS, published in the Canadian Medical Association Journal.

HEALTH AND THE SCHOOL, published by the Department of Education.

ANTI-TUBERCULOSIS MEASURES IN RURAL DISTRICTS, PREPARED FOR THE INTERNATIONAL CONGRESS AT ROME, published also by the Canadian Medical Association Journal.

A REVIEW OF THE RECENT TRIP OF THE CANADIAN TUBERCULOSIS REPRESENTATIVES, published in the Canadian Medical Association Journal.

TRAVEL NOTES OF EUROPEAN TOUR OF CANADIAN DOCTORS (72 pages), published by the Canadian Tuberculosis Association.

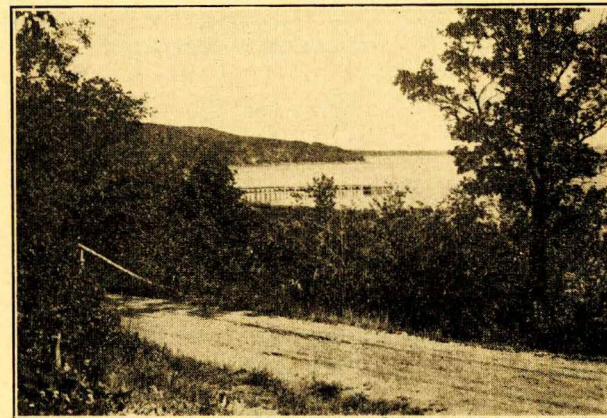
Besides these, a study by Dr. E. L. Ross upon NURSES AND TUBERCULOSIS, though not yet published, was awarded the annual prize of the Canadian Tuberculosis Association and also the annual prize of the Winnipeg Medical Association.

* * *
Courage mounteth with occasion.—SHAKESPEARE.

LESSONS FROM OVERSEAS

One event of the year was a visit of the Superintendent to Great Britain and a few points on the Continent with thirty other Canadian doctors engaged in anti-tuberculosis work. This was not only a series of visits to many men and many places, but a daily travelling Canadian conference as well, about all we had seen and heard.

No such thing was found anywhere abroad as a consensus of opinion, all ready to pick up and carry home, and if there had been any such thing it would likely not be applicable to conditions in Canada. We learned much more from the varying conditions we saw, the different ways of meeting conditions, and the differing views about them, than we would have done from uniformity or a consensus of opinion. At the same time, there was a pretty general agreement upon principles, especially principles of organization.



A VIEW OF PELICAN LAKE

Naturally, we all asked ourselves at every turn just how a comparison would go as between Canada and Europe, especially Great Britain. And, naturally also, this is the question that is being asked by everybody since we came back. So far as the tuberculous individual is concerned, and his treatment and general care, the farther we went and the more we saw the more we considered that the Canadian standards are good standards, and indeed considerably above the average of what we saw.

But when it comes to large plans for dealing with tuberculosis or other health problems throughout whole nations or provinces,

* * *
*I am a part of all that I have met;
Yet all experience is an arch where thro'
Gleams the untravell'd world, whose margin fades
Forever and forever when I move.* —TENNYSON.

departments or communities, Canada has much more to learn from all the countries visited. Their problems are greater than ours. They cannot focus attention on the individual as we can and do. They have to consider tuberculosis as a disease of the community rather than as a disease of the individual, and they are doing great things because of the systematic way in which they go to work.

The importance of having a plan of attack is very great and, while no one entire plan could be taken from one community and adopted in another, yet no plan or part of plan anywhere is without useful suggestions for every other community. Some of the common types and principles of organization are worth referring to.

SOME ANTI-TUBERCULOSIS PLANS

In Birmingham we found a well-balanced scheme as a part of the City Health Department, a civic centre for diagnosis and supervision, several associated sanatoria, plenty of enthusiasm and practically no over-lapping. They consider the essentials are—full civic authority, centralization and co-ordination, compulsory notification, early detection, early treatment, treatment at public cost, prolonged treatment in sanatorium or at home, and constant supervision.

In Wales, two large sanatoria, twelve local special tuberculosis hospitals, and clinics at various centres, all voluntary organizations, are all under one general control, and divide up the work without over-lapping, and also with some specialization of function. For instance, all chest surgery is done at one centre.

In France, state money is coming in liberally to back up voluntary effort. In some departments the state money is applied directly; in others, through existing voluntary organizations. What we were told, and what we saw, inclined us to favor the latter plan. The voluntary element is valuable. In the Nancy district, shown us as a model, the active head of the whole organization is also Professor of Public Health in the Medical School. The Nancy group believe that the necessary elements are the dispensary, the hospital, the sanatorium, the preventorium and the Public Health Department of the Medical School, and that all these should be fully co-ordinated and under one general control, though each unit may have its special Board. Their big principles are co-ordination, centralization, co-operation and education.

When the League of Nations' Health Department is asked for advice about anti-tuberculosis measures in European countries where little money is available, for instance, in Jugo-Slavia, it recommends efficient local clinics, travelling clinics, the protection of young children, the isolation of the active cases in hospitals, and the use of existing hospitals where available for this purpose. These measures give most for the money invested. When more money is available, the League considers that sanatoria should be built, for

* * *

The great city is that which has the greatest men and women.—WALT WHITMAN.

the greater benefit of the state, which is the first consideration, and the greater good of the individual, which is the second consideration.

In Edinburgh, the hub of the tuberculosis wheel, the centre for diagnosis, observation, teaching, distribution, supervision and much else, is the dispensary, with hospitals, sanatoria, farm colony, etc., all co-ordinated.

In Glasgow, the centre of all things in tuberculosis, as in all other public health matters, is the City Hall. There are voluntary phases to the work, but the main scheme is municipal. Dispensary centres are scattered throughout the City and various types of sanatoria and hospitals in the adjacent country. All are under one control. There is no over-lapping.

In Italy, where anti-tuberculosis effort has been backward, a new scheme is under way for a tuberculosis insurance which will take in about fifteen millions of people.

Anti-tuberculosis effort in Britain is a part of public health work, but with some special machinery. According to law, each county must have a special tuberculosis officer, a dispensary for diagnosis, and beds for treatment, and all cases must be notified. Both capital and current expenditures are shared on a half and half basis between the local authorities and the central government. There is still room for voluntary effort and many of the special institutions, perhaps the best of them, are still voluntary, but are woven into the general state plan.

THE CARE OF CHILDREN

In one phase of tuberculosis work we, in most parts of Canada, are behind the older countries, and that is in planning and caring for children. The whole new campaign against tuberculosis in France centres on the child and on preventing even more than on curing the disease. When an infant is born into an infected home he is as a sheep among wolves, and both the immediate death rate and the delayed death rate are high. In France, a start has been made in the plan of taking such infants to foster homes in farm houses, grouped around supervision centres. High hopes are entertained also of the B.C.G. vaccine, which may possibly be found useful in protecting exposed infants from acute tuberculosis. In Britain, some of the best of the institutions are those dealing with children.

It is true that there is much more tuberculosis among children in Britain than in Canada and true also that some very fine work for children is being done in Canada, but abroad, in dealing with tuberculosis, the child is thought of first and cared for first; in Canada, usually, the child is thought of last and cared for last.

We were all tremendously impressed by the place given to public health in all the countries visited. Certainly, in Britain at

* * *

Yesterday is dead; forget it. Tomorrow has not come; don't worry about it. Today is here; use it.

any rate, among the responsibilities of governing bodies, larger and smaller, and among their enthusiasms also, the health of the people is coming pretty much to its right place. Expenditures of money for better health in Britain are without precedent, especially expenditures on housing. Birmingham, with less than a million people, has built, as a municipality, with government aid, 27,000 new houses to house more than one-tenth of her people, and still keeps right on building. London has built 56,000 houses, and there will soon be a quarter of a million people whose landlord is the London County Council. In all, since the war, two million houses have been built in Britain by municipalities, with government assistance, and the houses are all away beyond pre-war standards.

The efforts Great Britain has put forth in these hard, worrying post-war years amid strikes and unemployment to bring the C3 elements in her population up to something like A1 standards is perhaps the biggest, as it is the bravest, work going on in the world today.

On the whole, we were very greatly impressed by the high and right place public health is taking as one of the biggest of government responsibilities; by the generally accepted full-time principle of health officership; by the general co-operation in health matters in Britain, for instance, between health and education departments; and, most of all, by the courage and capacity and sacrifice with which Great Britain has entered upon the task of improving the living standards of her people at all costs.

Buy Christmas Seals AND SET THE CHRISTMAS BELLS A-RINGING



Ring out the grief that saps the mind.
Ring in redress to all mankind.

Ring out the want, the care, the sin.
Ring out old shapes of foul disease.

Ring in the nobler modes of life,
With sweeter manners, purer laws.

Ring in the valiant man and free,
The larger heart, the kindlier hand;
Ring out the darkness of the land,
Ring in the Christ that is to be.

The flighty purpose never is o'er took unless the deed go with it.—SHAKESPEARE.

DONATIONS DURING 1928

A very large, useful and much appreciated gift was that of three complete ultra violet quartz treatment lamps, presented by the Kiwanis Club, of Winnipeg.

The Junior League of Winnipeg collected and presented to the Sanatorium Library over six hundred books.

Five hundred dollars was received from the estate of the late F. W. Drewry.

Mr. Thomes Bruce, of Winnipeg, gave two fully equipped beds, and the Winnipeg General Hospital an operating table.

Other gifts were as follows:— Treherne I.O.O.F., \$50.00; J. S. Duncan, \$5.00; Estate of N. Holyk, \$126.00; Winnipeg Paint & Glass Co., \$10.00; Red Cross Society, Ninette Branch, \$25.00; Miss Proctor, \$5.00; Mrs. Langrell, \$5.40; Mrs. J. F. Campbell, \$2.00; Mrs. C. C. Whiting, \$25.00; R. E. Jackson, \$10.00; A. A. Cameron, \$25.00; Sir John Franklin Chap., I. O. D. E., Le Pas, \$50.00; J. S. Hunter, \$1.00; Dr. Hugh MacKay, \$20.00; Mrs. Burge, \$10.00; Herbert Hunter, \$5.00; Nine Little Killarney Girls, per Mrs. Best, \$25.00; Winnipeg General Hospital Nurses' Alumnae Association, \$10.00; Manitoba Graduate Nurses' Association, \$25.00; Swan Lake Women's Institute, \$5.00; The Smith Fess Company, \$25.00; G. P. Morse, \$5.00; Miss McPherson, \$5.00; M. Haid, \$8.00; C. C. Fields \$50.00; Brandon Hills Busy Bees, \$10.00; Mrs. O. Hollson, \$5.00; J. McEachern, \$25.00; D. K. Kristjanson, \$5.00; S. E. Rigby, \$20.00; Mrs. C. W. Goodwin, \$5.00; Rock Lake Loyal Workers' Club, \$20.00; Mrs. Lea, \$50.00; H. H. Hicks, \$15.00; Mrs. S. M. Russell, \$20.00; Dr. Henderson, \$10.00.

BOOKS, PAPERS AND MAGAZINES:

Messrs. C. E. S. Pentland, G. W. Northwood, Harry Champelovier, Jackson Dodds, A. Burton Gresham, A. E. Hoskins, R. M. Thomas, Mrs. George Hill and Mrs. T. Robinson, of Winnipeg; Mrs. Harrower, Baldur; Father D. M. Beauregard, Dunrae; Mr. J. B. Curran, Brandon; Miss Bell, Ninette; Mr. George Sharp, Elm Creek; and Miss G. McPherson, R.R.4, Brandon.

GRAMOPHONE RECORDS, MUSIC, DECORATIONS, GAMES, ETC.:

Order de Molay, Masonic Temple, A. E. Hoskins, Mrs. A. Sewell, Harry Champelovier, of Winnipeg; Teck Chapter, I.O.D.E., Brandon; and Grade IX., Newdale.

PLANTS, CUT FLOWERS, ETC.:

Messrs. Robt. Moffat, Elgin; The Patmore Nursery Co., Brandon; A. Fowler, Baldur; Ladies of the United Church, Belmont; St. John's Church, Stockton; Mrs. F. A. Warner, Killarney; and Mrs. Grieve, Minto.

CLOTHING:

De Winton Chapter, I.O.D.E., Carberry; Genevieve Irwin Auxiliary of Knox Church, Miss Florence Windatt and Geo. W. Butte, Winnipeg; and Killarney Women's Institute.

OTHER GIFTS:

Mounted Moose Head, Messrs. R. W. Frank and David Sayer, Minto; Christmas Gifts to Sanatorium Children from Nine Little Killarney Girls; New Laid Eggs, Mr. Goff and Mr. Cumming, Lockport; Christmas Gifts from Women's Service League, Brandon, and National Council of Jewish Women, Winnipeg; Barrel of Pepper, Mr. G. W. Thompson, Dept. of Health; Radio Equipment, Mr. Lowry; Twelve Christmas Cakes, Mr. E. J. Brownlee; Dolls, Mrs. E. Hughes; and gifts from W. F. C. Brathwaite and Fisher & Burpe, all of Winnipeg.

Medical Reports and Tables

January 1st, 1928 to January 1st, 1929

| | Male | Female | Total |
|---|------|--------|--------------|
| Patients in Sanatorium, Jan. 1, 1928 | 130 | 154 | 284 |
| Admitted for treatment during 1928 | 161 | 132 | 293 |
| Admitted for Diagnosis or Review during 1928 | 471 | 519 | 990 |
| Total for year of 1928 | | | 1,567 |
| Examined outside the Sanatorium | | | 1,723 |
| Grand Total for year | | | 3,290 |
| Discharged from treatment during 1928 | 133 | 160 | 293 |
| Discharged from Diagnosis or Review during 1928 | 471 | 519 | 990 |
| Remaining in Sanatorium Jan. 1, 1929 | 158 | 126 | 284 |
| Total for year | | | 1,567 |
| Examined outside Sanatorium | | | 1,723 |
| Grand Total for year | | | 3,290 |

ADMISSIONS YEAR BY YEAR

| | | | |
|------------------------|-----|------------------|-------|
| 1910 (May to December) | 97 | 1924 Treatment | 308 |
| 1911 | 168 | 1924 Examination | 429 |
| 1912 | 189 | | 737 |
| 1913 | 232 | 1925 Treatment | 278 |
| 1914 | 267 | 1925 Examination | 466 |
| 1915 | 306 | | 744 |
| 1916 | 329 | 1926 Treatment | 307 |
| 1917 | 475 | 1926 Examination | 638 |
| 1918 | 417 | | 945 |
| 1919 | 475 | 1927 Treatment | 398 |
| 1920 | 425 | 1927 Examination | 881 |
| 1921 | 332 | | 1,279 |
| 1922 | 336 | 1928 Treatment | 293 |
| 1923 | 291 | 1928 Examination | 990 |
| | | | 1,283 |

Total admitted since opening of the Sanatorium at the end of May, 1910 to December 31st, 1928 9,327

(People examined outside the Sanatorium and who were examined at the Sanatorium from 1910 to 1924 not counted in above total.)

ADMISSIONS—EX-SERVICE MEN

| | | | |
|------------------------------|-----|------|------------|
| 1914 | 1 | 1922 | 37 |
| 1915 | 13 | 1923 | 25 |
| 1916 | 72 | 1924 | 25 |
| 1917 | 181 | 1925 | 19 |
| 1918 | 162 | 1926 | 11 |
| 1919 | 208 | 1927 | 24 |
| 1920 | 134 | 1928 | 21 |
| 1921 | 61 | | |
| Total to December 31st, 1928 | | | <u>994</u> |

MUNICIPALITIES

The patients remaining in the Sanatorium on January 1st, 1928, and those admitted for treatment, diagnosis or review, were from the following Municipalities: (Examinations by Travelling Clinics not counted.)

| | Remaining Jan. 1, 1928 | Admitted for Treatment | Admitted for Examination | Total | | Remaining Jan. 1, 1928 | Admitted for Treatment | Admitted for Examination | Total |
|-------------------|------------------------|------------------------|--------------------------|-------|------------------|------------------------|------------------------|--------------------------|-------|
| Albert | 1 | 1 | 3 | 5 | Hartney Town | 1 | 1 | 1 | 1 |
| Alberta (Prov.) | | | 2 | 2 | Hillsburg | 1 | | | 1 |
| Archie | 3 | | 5 | 8 | Kildonan E. | 4 | 4 | 2 | 10 |
| Argyle | 1 | 1 | 26 | 28 | Kildonan N. | | 1 | | 1 |
| Arthur | 1 | | 3 | 4 | Kildonan W. | 3 | 1 | | 4 |
| Assiniboia | 1 | | 1 | 2 | Killarney Town | | | 7 | 7 |
| Beausejour Town | | 1 | | 1 | La Broquerie | | 3 | | 3 |
| Bifrost | 2 | 1 | | 3 | Lac Du Bonnet | 1 | | | 1 |
| Birtle Town | | 1 | | 1 | Lansdowne | 1 | 2 | 6 | 9 |
| Birtle Rural | 1 | 3 | 4 | 8 | Langford | | 2 | | 2 |
| Blanchard | 1 | 2 | 2 | 5 | Lawrence | | 1 | | 1 |
| Boissevain Town | | 1 | 1 | 2 | Lorne | 1 | 9 | 26 | 36 |
| Boulton | 1 | 1 | 4 | 6 | Louise | 1 | 2 | 11 | 14 |
| Brandon City | 9 | 7 | 63 | 79 | McCreary | | 2 | | 2 |
| Brenda | | 1 | 4 | 5 | MacDonald | | | 1 | 1 |
| Brokenhead | 1 | 2 | | 3 | Manitou Village | 1 | 2 | 6 | 9 |
| Brooklands Vil'ge | 1 | | 1 | 2 | Minnedosa Town | 2 | 2 | 1 | 5 |
| Cameron | | | 2 | 2 | Miniota | | | 1 | 1 |
| Carberry Town | | | 6 | 6 | Minto | | 1 | 1 | 2 |
| Carman Town | | 1 | | 1 | Montealm | | | 6 | 6 |
| Cartier | 2 | 1 | | 3 | Morden Town | 2 | | | 2 |
| Charleswood | 4 | 1 | 1 | 6 | Morris | 3 | 2 | 8 | 13 |
| Chatfield | 3 | | | 3 | Morton | 5 | 1 | 5 | 11 |
| Clanwilliam | | | 1 | 1 | Mossy River | 1 | | 3 | 4 |
| Coldwell | 1 | 4 | 3 | 8 | Neepawa Town | 3 | 1 | 7 | 11 |
| Cypress N. | 1 | 1 | 6 | 8 | Norfolk North | 4 | 5 | 7 | 16 |
| Cypress S. | | | 9 | 9 | Norfolk South | | | 6 | 6 |
| Daly | | | 2 | 2 | Oakland | 2 | 1 | 14 | 17 |
| Dauphin Rural | | 1 | | 1 | Oak Lake Town | | | 2 | 2 |
| Dauphin Town | 4 | 3 | 6 | 13 | Ochre River | 3 | 1 | 1 | 5 |
| Deloraine Town | 1 | 1 | 5 | 7 | Ontario Province | 2 | 1 | 5 | 8 |
| De Salaberry | 1 | 1 | | 2 | Pas Town | 3 | 5 | 2 | 10 |
| Dufferin | | 2 | 1 | 3 | Pembina | 2 | 1 | 8 | 11 |
| Edward | | | 2 | 2 | Pilot Mound | | | | |
| Elliee | | | 3 | 3 | Village | | | 2 | 2 |
| Elton | 1 | | 2 | 3 | Pipestone | 2 | 4 | 9 | 15 |
| Emerson | 1 | | | 1 | PortageLaPrairie | | | | |
| Ericksdale | 4 | 3 | 2 | 9 | City | 7 | 5 | 13 | 25 |
| Ethelbert | | 1 | | 1 | PortageLaPrairie | | | | |
| Fort Garry | 2 | | | 2 | Rural | 5 | 3 | 7 | 15 |
| Franklin | 4 | 1 | 7 | 12 | Rapid City | 1 | | | 1 |
| Garson Village | | 1 | | 1 | Rhineland | 2 | 7 | 5 | 14 |
| Gilbert Plains | 2 | | | 2 | Ritchot | | | 4 | 4 |
| Gimli Village | | 1 | | 1 | Rivers Town | | 1 | | 1 |
| Gladstone Town | 1 | | | 1 | Riverside | 3 | 1 | 41 | 45 |
| Grandview Town | 2 | 2 | 2 | 6 | Roblin Rural | | 3 | 23 | 26 |
| Gretna Village | 1 | 1 | 1 | 3 | Rockwood | 5 | 7 | 10 | 22 |
| Grey | | 1 | | 1 | Roland | | 1 | 1 | 2 |
| Hamiota | 1 | 1 | 9 | 11 | Rosedale | 1 | | 1 | 2 |
| Hanover | | 1 | 1 | 2 | Rosburn | 4 | 2 | 3 | 9 |
| Harrison | 1 | | 3 | 4 | Rosser | 2 | 2 | 1 | 5 |

MUNICIPALITIES—Continued

| | Remaining Jan. 1, 1928 | Admitted for Treatment | Admitted for Examination | Total | | Remaining Jan. 1, 1928 | Admitted for Treatment | Admitted for Examination | Total |
|-------------------|---------------------------|---------------------------|-----------------------------|-------|------------------|---------------------------|---------------------------|-----------------------------|-------|
| Russell Rural | 2 | 2 | 3 | 7 | Strathclair | 1 | 1 | 2 | 4 |
| St. Anne | 1 | 1 | 1 | 3 | Strathcona | 1 | 4 | 88 | 93 |
| St. Andrews | 1 | 6 | 1 | 8 | Swan River Rural | 1 | 2 | 2 | 5 |
| St. Boniface City | 4 | 4 | 5 | 13 | Swan River Town | 1 | 2 | 2 | 5 |
| St. Clements | 5 | 3 | 1 | 9 | Thompson | 1 | 2 | 2 | 5 |
| St. Francois | | | | | Transcona | 1 | 2 | 7 | 11 |
| Xavier | 1 | 3 | 4 | 8 | Turtle Mountain | 1 | 2 | 29 | 32 |
| St. James | 7 | 10 | 6 | 23 | Unorganized | | | | |
| St. Laurent | 1 | 1 | 1 | 3 | Territory | 13 | 14 | 15 | 42 |
| St. Rose | 4 | 2 | 1 | 7 | U. S. A. | | | 1 | 1 |
| St. Vital | 6 | 7 | 4 | 17 | Victoria | | | 4 | 4 |
| St. Paul E. | 1 | 1 | 1 | 3 | Victoria Beach | | | 1 | 1 |
| Sanatorium | 9 | 5 | 87 | 101 | Virden Town | 3 | 2 | 9 | 14 |
| Saskatchewan | | 2 | 2 | 4 | Wallace | 1 | | 1 | 2 |
| Saskatchewan | | | 9 | 9 | Wawanesa Village | 1 | | 16 | 17 |
| Province | | | 9 | 9 | Westbourne | 1 | 2 | 4 | 7 |
| Selkirk Town | 6 | 6 | 12 | 24 | Whitehead | 1 | 1 | 6 | 7 |
| Shellmouth | | 2 | 4 | 6 | Whitewater | 1 | 5 | 71 | 77 |
| Shell River | 1 | 2 | 2 | 5 | Winnipeg | | 49 | 8 | 57 |
| Shoal Lake | | 2 | 2 | 4 | Winnipeg City | 73 | | 120 | 193 |
| Sifton | | 1 | 1 | 2 | Winnipegosis | 1 | | 4 | 5 |
| Silver Creek | 1 | 2 | 9 | 12 | Village | | 4 | 5 | 9 |
| Souris Town | 1 | 1 | 1 | 3 | Woodworth | | | | |
| Sprague | | 1 | 1 | 2 | | | | | |
| Springfield | 1 | 2 | 3 | 6 | | | | | |
| Stanley | 1 | 1 | 5 | 7 | | | | | |
| | | | | | | 284 | 293 | 990 | 1567 |

People do not need to be informed so much as to be reminded about things.

Bits from Seal Sale Letters

"I was under your care in the spring of — for five weeks, and never forget the kindness of the Sanatorium.

"We wish you a very successful year in your great work.

"I am very glad to do a bit for such splendid work.

"I am very thankful to you for sending me seals, the least I can do for the Sanatorium is to buy Christmas Seals.

"With very best wishes for this wonderful work."

BALANCE SHEET AS AT 30th NOVEMBER, 1928

| ASSETS | | | | LIABILITIES | |
|--|--------------|--------------------------|---------------|---|--------------|
| | Cost | Depreciation Reserved | Book Value | | |
| Land, Buildings, Plant and Equipment: | | | | Bank of Montreal: | |
| Land and Improvements..... | \$ 10,752.71 | | \$ 10,752.71 | Overdraft—General Account | \$142,404.45 |
| Buildings | 549,936.42 | \$292,249.07 | 257,687.35 | Insurance Premiums Payable | 9,702.00 |
| Plant and Machinery: | | | | Patients' Entertainment Fund | 914.10 |
| Heating, Lighting,, Water and Sewerage | 85,724.72 | 85,724.72 | | Reserve Fund | 6,197.95 |
| Furniture and Equipment... | 58,282.49 | 58,282.49 | | Christmas Seals Fund | 11,057.46 |
| Furnishings and Miscellaneous Equipment | 17,325.93 | 10,001.30 | 7,324.63 | | \$170,275.96 |
| Automobiles | 5,870.00 | 3,590.56 | 2,279.44 | Surplus: | |
| Horses, Harness, etc. | 1,572.39 | 1,280.35 | 292.04 | Balance at Credit 30th November 1927 | \$361,763.44 |
| Spur Track | 700.85 | | 700.85 | Less: Adjustment of prior years' Maintenance | |
| Fire Equipment | 3,911.82 | 3,911.82 | | Charges | \$ 750.49 |
| Fire Protection Reservoir ... | 12,304.27 | 984.36 | 11,319.91 | Depreciation Reserve | 29,644.58 |
| | \$746,381.60 | \$456,024.67 | \$290,356.93 | Excess of Ordinary Expenditure over Income..... | 9,955.75 |
| Bank of Montreal: | | | | | \$ 40,350.82 |
| Special Account | \$ 6,197.95 | | | | \$321,412.62 |
| Fire Protection Account | 1.89 | | | | |
| | | | \$ 6,199.84 | | |
| Petty Cash | | | 1,500.00 | | |
| Accounts Receivable: | | | | | |
| Patients' Balances Outstanding | \$ 15,072.85 | | | | |
| Provincial Government Levy 1927-28 | 111,571.35 | | | | |
| Provincial Government Per Capita Grant Accrued | 29,169.00 | | | | |
| Kennedy Estate Legacy | 66.03 | | | | |
| Other Accounts | 895.82 | | | | |
| | | | \$156,775.05 | | |
| Inventories and Deferred Charges: | | | | | |
| Supplies on Hand | \$ 27,902.01 | | | | |
| Unexpired Insurance | 8,954.75 | | | | |
| | | | \$ 36,856.76 | | |
| | | | \$491,688.58 | | |
| | | | | | \$491,688.58 |

We report that we have examined the Books and Accounts of the Manitoba Sanatorium for the year ended 30th November, 1928, and have received all the explanations and information we have required. In our opinion, the balance sheet is properly drawn up so as to exhibit a true and correct view of the state of the Sanatorium's affairs as at 30th November, 1928, according to the best of our information, the explanations given to us, and as shown by the Books of the Sanatorium.

MAINTENANCE ACCOUNT FOR THE YEAR ENDED 30th NOVEMBER, 1928

DEBIT

| | |
|---|---------------------|
| Expenses: | |
| Commissariat—General (Schedule No. 2) | \$57,577.08 |
| Commissariat—Infirmary (Schedule No. 2) | 36,090.68 |
| Housing of Patients (Schedule No. 2) | 8,756.71 |
| Professional Care of Patients (Schedule No. 2) | 56,508.30 |
| Administration (Schedule No. 2) | 25,409.58 |
| Heat, Light and Water (Schedule No. 2) | 37,782.10 |
| General Repairs and Maintenance (Schedule No. 2) | 33,329.74 |
| Laundry (Schedule No. 2) | 11,977.42 |
| Farm and Garden (Schedule No. 2) | 543.78 |
| Total Expenditure for Administration and Maintenance | \$267,975.39 |

Other Charges—Depreciation:

| | | |
|---------------------------|-----|---------------------|
| Buildings | 5% | \$27,496.82 |
| Furniture | 10% | 872.13 |
| Horses, Harness, etc. | 10% | 157.24 |
| Automobiles | | 872.31 |
| Fire Protection Reservoir | 2% | 246.08 |
| Out-Door Clinics | | \$ 29,644.58 |
| | | 3,553.85 |
| | | \$301,173.82 |

30

CREDIT

| | |
|---|--------------|
| Income from Earnings: | |
| Patients—Military, Private, Municipal and City (Schedule No. 5) | \$216,815.20 |
| Provincial Government Per Capita Grant 1927-28 | 51,027.00 |
| Medical Examinations and Diagnosis | 2,259.00 |
| | \$270,101.20 |
| Deduct: Charges for Patients treated out of Levy | \$132,730.45 |
| Less: Municipal Levy | 120,000.00 |
| | \$ 12,730.45 |
| Other Income: | |
| Subscriptions and Donations | \$ 318.55 |
| Discounts | 330.34 |
| Appropriations from Christmas Stalls Funds | \$ 648.89 |
| | 3,553.85 |

Total Income Available for Current Administration and Maintenance \$261,573.49

Balance:

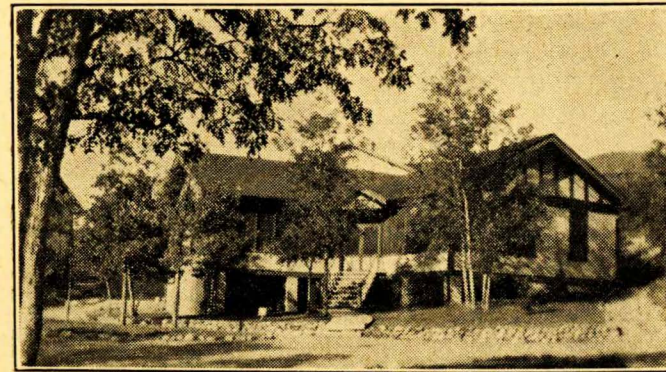
| | |
|--|---------------------|
| Being Deficit for year made up thus: | |
| Depreciation Reserved | \$ 29,644.58 |
| Excess of Ordinary Expenditure over Income | 9,955.75 |
| | \$ 39,600.33 |
| | \$301,173.82 |

FINANCIAL STATEMENT

Comparative Statement of Hospital Day Costs

| | 1927-1928 | 1926-1927 | 1925-1926 | 1924-1925 |
|--|--------------|--------------|--------------|--------------|
| Total Patient Days | 101,262 | 100,184 | 101,392 | 98,642 |
| Costs: | | | | |
| Commissariat | .925 | .903 | .923 | .911 |
| Housing Patients | .087 | .095 | .105 | .098 |
| Professional Care of Patients | .559 | .511 | .467 | .514 |
| Administration | .250 | .224 | .209 | .209 |
| Heat, Light and Water | .373 | .387 | .439 | .402 |
| General Repairs | .329 | .284 | .294 | .292 |
| Laundry | .118 | .109 | .103 | .082 |
| Farm and Garden | .005 | .005 | .008 | .007 |
| Depreciation | .293 | .346 | .422 | .444 |
| | <u>2.939</u> | <u>2.864</u> | <u>2.954</u> | <u>2.945</u> |
| Capital Expenditure | .019 | .013 | .055 | .033 |
| Total Costs | 2.958 | 2.877 | 3.009 | 2.978 |
| Total Income from all Sources | 2.606 | 2.470 | 2.593 | 2.437 |
| Deficit per Hospital Day | .352 | .407 | .416 | .541 |

* * *
There are some defeats more triumphant than victories.—MONTAIGNE.



GORDON COTTAGE, MANITOBA SANATORIUM, NINETTE