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SANATORIUM BOARD OF MANITOBA
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MANITOBA SANATORIUM

NINETTE

The Story of the Year 1929-1930

With the Nineteenth Annual
Financial Report for the Year
ending 31st December, 1929



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

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FIFTY BRITISH "TUBERCULOSISTS" WHOM MANITOBA SANATORIUM HAD THE GREAT PLEASURE AND HONOR OF HAVING AS WEEK-END GUESTS, AUGUST 23-25, 1930

The Sanatorium Board of Manitoba, 1930

Chairman: JOHN McEACHERN
 Vice-Chairman: ALLAN S. BOND
 Chairman, Administration Committee: J. C. WAUGH
 Chairman, Finance Committee: ALLAN S. BOND

Honorary Member: E. L. DREWRY

Statutory Members:

Representing the Provincial Department of Public Health:
 HON. E. W. MONTGOMERY, M.D., DR. T. A. PINCOCK, DR. D. H. MCCALMAN.

As Municipal Commissioner: HON. D. L. McLEOD

Representing Union of Manitoba Municipalities:
 D. L. MELLISH, President, F. H. DAVIDSON, REEVE E. POWER.

Representing the King Edward Hospital: DR. A. B. ALEXANDER.

Elected Members:

ALLAN S. BOND,	A. M. McFADYEN,	LT. COL. J. Y. REID,
DR. E. J. BOARDMAN,	DR. N. K. McIVOR,	JAMES RICHARDSON,
REV. R. BRODEUR,	DR. C. A. McKENZIE,	DR. R. M. SIMPSON,
HON. CHARLES CANNON,	DR. J. C. McMILLAN,	C. E. STOCKDILL,
MAYOR H. CATER,	G. W. NORTHWOOD,	A. E. WARREN,
D. C. COLEMAN,	MAJOR J. P. OLIVER,	J. C. WAUGH.
JOHN McEACHERN,	DR. S. W. PROWSE,	

Secretary: E. M. WOOD

Staff as at August 23rd, 1930

Medical Superintendent:
 DAVID ALEXANDER STEWART, B.A., M.D., LL.D.

Assistant Medical Superintendent:
 EDWARD L. ROSS, M.D.

Medical Assistants (for Sanatorium and Clinic)
 DONALD L. SCOTT, M.D., W. B. TUFTS, M.D.,
 L. G. MONTGOMERY, M.D., ARGYLE McMURCHY, M.D.
 J. M. SIGVALDASON, B.Sc., M.D.

Lady Superintendent: MISS JEAN HOUSTON, R.N.

Dietitian: MISS VERA C. FLEMING

Chief Engineer: J. R. SCOTT

Accountants: W. M. GARLAND AND JOHN MACK

Chief Radiographer: WILLIAM DOERN, R.T.

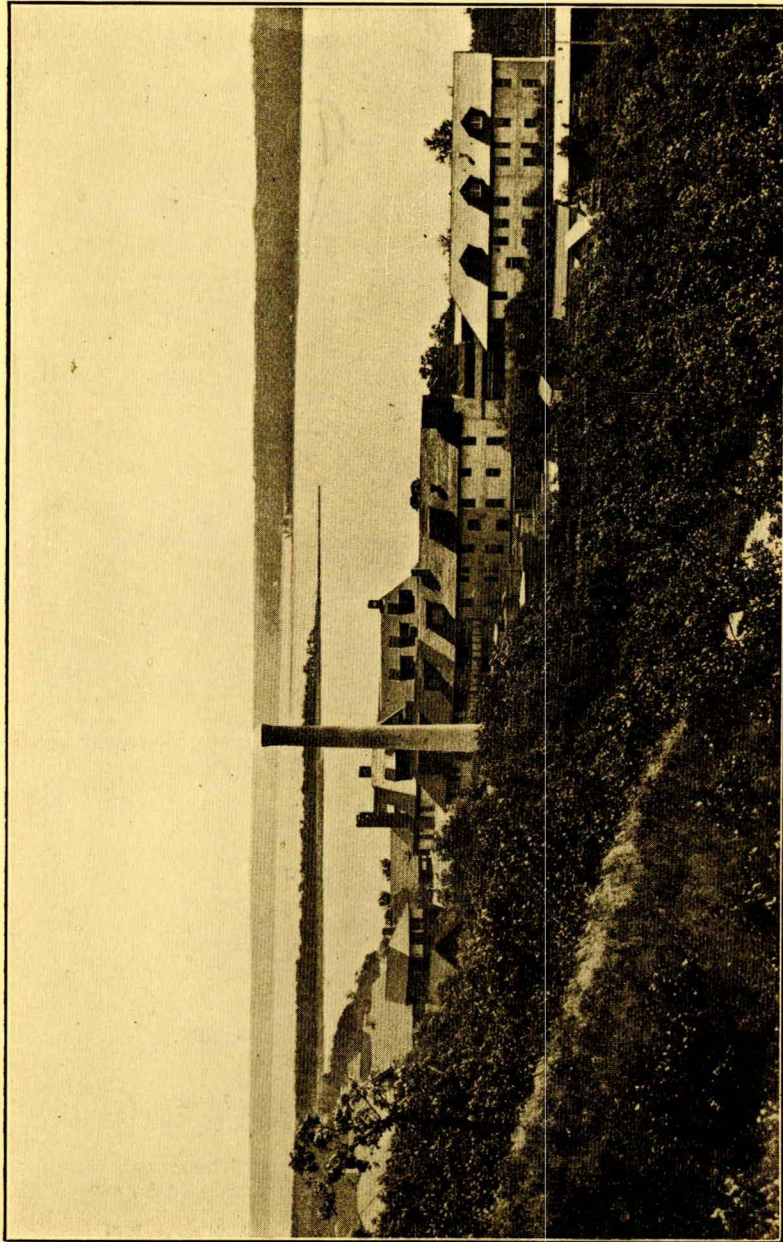
Steward: JOHN REDMOND

Secretaries: MISS L. B. BELL AND MISS G. M. WHEATLEY

Teachers (Full time, last term): MISS MIRIAM NORTON, M.A., AND
 MISS EDNA CALVERLEY, B.A.

Visiting Nurse (Prov. Pub. Health): MISS ELSIE J. WILSON, R.N.

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



THE SANATORIUM FROM THE HILL

We have not won our war; we have just been skirmishing for position. We are not done; we are just nicely ready to begin. We have not solved the problem; we have just tried a few experiments. We have spent millions in patching. Now we are about ready to begin preventing.

* * *

Report of the Superintendent

JOHN CALDER WAUGH, in whose sudden death on November 15th, 1930, the Sanatorium lost a sincere friend and wise counsellor, was for eight years a member of the Sanatorium Board, and for most of that time a member of the Executive Committee. He was the first chairman of the Administration Committee and was deeply interested in every phase of the Sanatorium work, as indeed he was in all movements for community betterment.

The report of last year told of new legislation by which the old Board of Trustees of the Manitoba Sanatorium, at Ninette, formed about 1906, had been broadened out into *The Sanatorium Board of Manitoba*, with the nucleus of the old board added to by statutory representatives of the Department of Health, the Department of Municipal Affairs, the Union of Manitoba Municipalities and present and future tuberculosis hospitals with one hundred beds or over. The personnel of the Board thus constituted, for 1930, is shown on an early page of this report.

This Sanatorium Board of Manitoba has specific responsibilities and also more general functions. It is the only responsible governing board of the Manitoba Sanatorium at Ninette and of the Central Tuberculosis Clinic in Winnipeg, and definitely directs the activities of both these institutions, including the travelling tuberculosis clinics, which were originated by the staff at Ninette five years ago, and, with the help of the Public Health Nursing Service, have ever since been broadening in extent and usefulness. It is a definite duty of the Sanatorium Board also, in connection with the Central Clinic, to gather from all sources data about tuberculous people and "contacts" and "suspects" throughout the Province, and to see that all who need examinations or re-examinations and

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Life comes from life, wheat from wheat, tares from tares, and tuberculosis from tuberculosis. If the springtime fields of a new generation show tares among good grain it is because the harvest fields of an older generation have scattered the evil seeds.

No part or class or race in any province is safe until all parts all classes and all races are on the way to safety.

* * *

observation are in touch with some agency about these. In a word, the Board is to be the *Clearing house for tuberculosis* as it is found throughout the Province.

These are the definite and specific duties of the Board. Its more general function is, as far as possible, to coordinate the work of all other independent anti-tuberculosis agencies. It is hoped that this federation of all anti-tuberculosis agencies of the province, with the Sanatorium Board acting in an advisory capacity, and as a central agency, will secure cooperation, perhaps even coordination, prevent overlapping, and greatly increase efficiency. In a word, the Sanatorium Board of Manitoba maintains and directs the Manitoba Sanatorium at Ninette, the Central Tuberculosis Clinic, the travelling clinics and a central agency, and it creates a federation of all anti-tuberculosis agencies of Manitoba.

THE CENTRAL TUBERCULOSIS CLINIC

This Clinic which is now in operation, is very well housed in the transformed Milton Bakery building, on the corner of Bannatyne Avenue and Olivia Street, Winnipeg. Downstairs are all the facilities necessary for examination of persons with chest disease; upstairs are some twenty-five to thirty beds in which patients can be kept under observation for diagnosis, or until beds elsewhere are available for them. This centre was thoroughly equipped and fitted up by the Departments of Public Works and of Health out of funds voted for such purposes at the session of 1928-29, and handed over thus equipped to the Sanatorium Board of Manitoba.

The "parish" of the new centre is the Province of Manitoba. Its functions may be enumerated briefly as:

1. A clinic for examination of, and consultation about, cases referred from all the doctors of the province.
2. Beds for emergencies, observation and short terms of treatment.
3. A central agency for the gathering of all possible data about tuberculosis, especially about centres of infection, in Manitoba.
4. A centre for the coordination of anti-tuberculosis agencies and for the study of tuberculosis, and teaching about it.

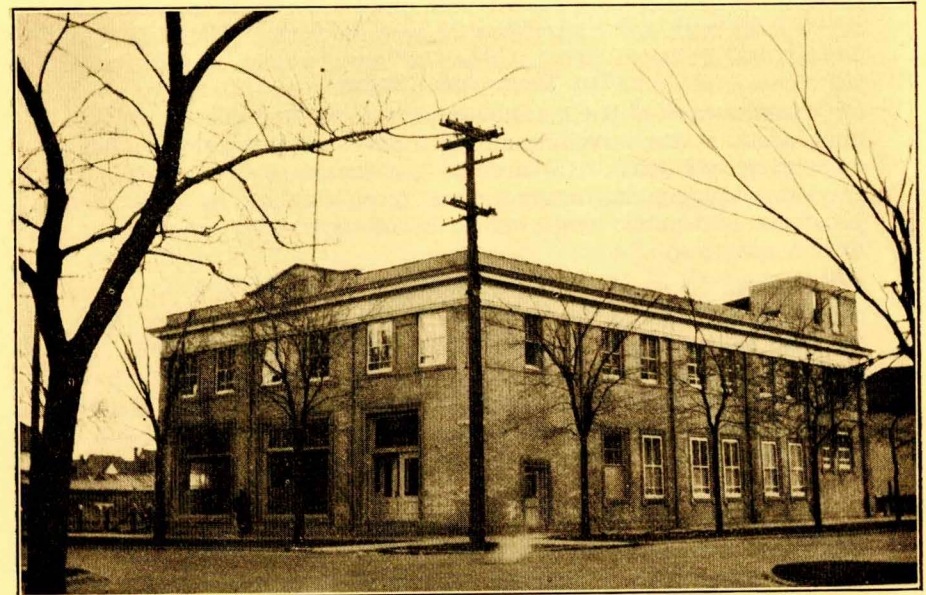
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We hear much of the losses of \$25,000 buildings, but much less about the losses of \$25,000 men. That is just about what average men of thirty are worth to the community. Between the ages of twenty and forty, in the year 1930, in every part of Canada, tuberculosis destroys more \$25,000 lives than any other one cause.

The bull's eye of our target today is not the man who is sick and knows it, but the child who is infected and doesn't know it.

* * *

There are good reasons for examining only patients referred by doctors. This has been the rule for five years in the "travelling" clinics. We do not know of one person needing examination that this rule has kept out, and it has brought in hundreds we would not otherwise have known of. It enlists the help of what is by far the most useful public health agency in any country, the practicing physicians. So it is absolutely sound public health policy.



THE CENTRAL TUBERCULOSIS CLINIC
CORNER BANNATYNE AVENUE AND OLIVIA STREET, WINNIPEG
CONDUCTED BY THE SANATORIUM BOARD OF MANITOBA

Having patients referred by doctors also sifts out a good many who have no special reason for coming. Examinations and x-ray plates of a family represent a considerable outlay of time and money. We are very willing to make such outlay if there is reason, such as contact with tuberculosis, or some suspicion, but not if there is no reason. In the travelling clinics we have come to be so much

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The small-pox patient in hospital is the least of the health officer's worries. And the getting of a tuberculous man to sanatorium is but the beginning, not the end, of our job. Public health is more important even than private cure.

The alchemy of the middle ages tried to transmute base metals into gold. The alchemy of our day can do better. It can transmute the dollars and cents of taxpayers' money into something much more wonderful, more precious and more beautiful than gold—into better health and fuller life for men, women and children.

* * *

troubled by people who simply wish to "have an x-ray" that we have arranged that the doctors issue cards to those who should be examined, and have recently admitted to the clinics by card. We are satisfied that in the new Clinic, as in the travelling clinics, much more good will be accomplished, and much waste effort and duplication avoided, by considering the Clinic as a consultant to the practicing physician. On this basis it is wide open for work.

THE TRAVELLING CLINICS

We who work at the Manitoba Sanatorium, Ninette, are perhaps more proud of the travelling clinics than of anything else we have done in recent years. In most of the provinces of Canada, the travelling clinic plan, in some form, is on the job, in some a provincial and public health effort, in others, as here, under Sanatorium auspices.

With us the clinics began somewhat impromptu, and they have been kept up voluntarily. We have not only done the work—with the help of the Public Health Nursing Service—but *we have also raised the money to pay for it, by selling Christmas Seals*. We have thus been able to make a present of this bit of community service to the people of Manitoba without drawing upon ordinary Sanatorium funds, or burdening the tax-payers as such.

The growth and extent of these clinics can be seen by the following:

1926	2 clinics	170 people examined		
1927	6 "	661 "	"	"
1928	12 "	1,745 "	"	"
1929	17 "	2,104 "	"	"
1930	20 "	3,267 "	"	"
Five Years	57 clinics	7,947	"	"

It might be added that during the same time, a little less than five years, up to October 31st, 1930, 4,385 people, apart from regular patients, have been examined at the Sanatorium, and 132 at the Central Tuberculosis Clinic in the first six weeks it has been open. That makes a grand total of 12,464, apart from regular patients who have come for treatment.

* * *

A Manitoba survey would show a worse average of slum living in country than in city.

If tuberculosis is to be conquered there must be missionary work; that is, something done by those who see a need for those who have a need but do not see it.

* * *

The 57 clinics have been held at 33 different centres. The new centres for 1930 were Pipestone, Deloraine, Souris, The Pas, Flin Flon, Central Manitoba Mines, Pine Falls and Fort Alexander.

For the first time, considerable groups of Indians were reached. While these may not all be citizens of the province, they are residents of the province, and as such their health problems are of very real concern to the people of the whole province. We cannot get away from the law of the modern community that, for good or for ill, we are all members one of another. The blood of the Indians has mixed with ours throughout scores of the older settlements for two hundred years, and is still mixing. Our Indian populations, in which tuberculosis, healed or active, severe or slight, is almost universal, can and do unwittingly bring back to the white population the infections their ancestors received as unwittingly from ours. At any rate, the idea that Indian reserves are watertight compartments, whose ills and infections are their own affairs, does not hold. Ignorance, poverty, disease and dirt cannot be so isolated in this twentieth century that they will not disseminate by countless channels throughout the whole community.

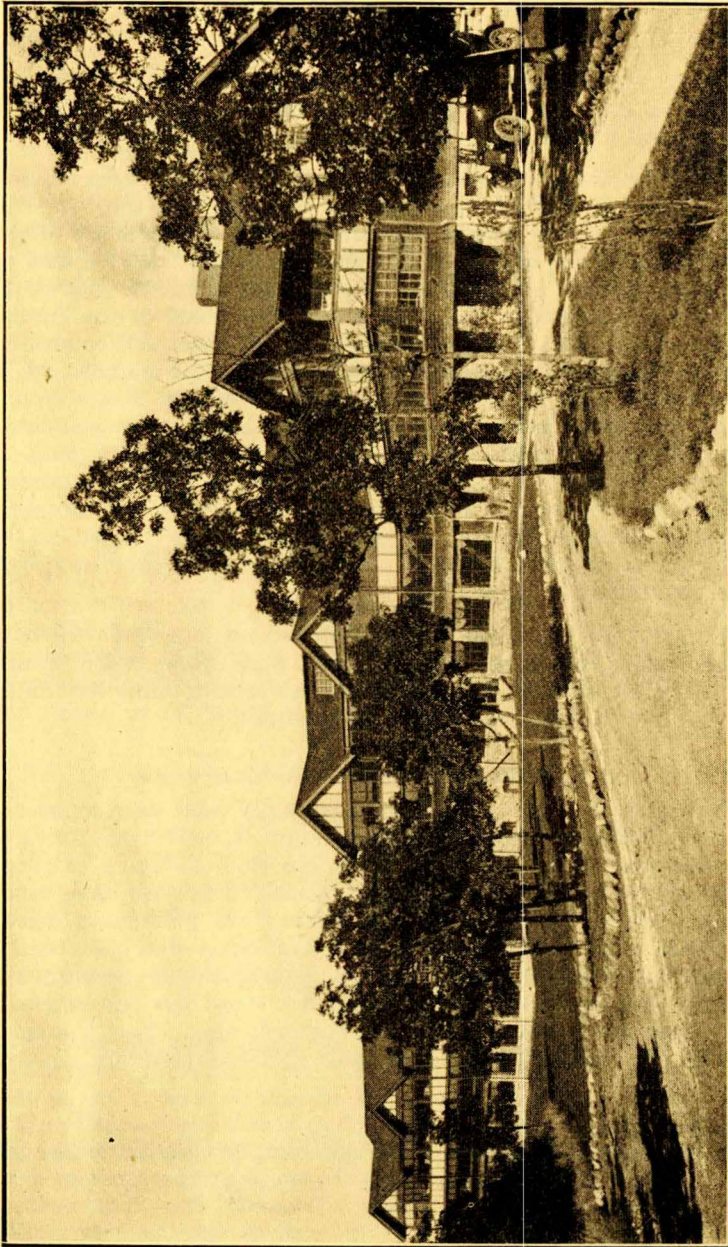
For the first time also surveys, initiated by the Department of Health, and in which our staff assisted, were made in the mining districts, where silicosis, a real problem in itself, in many old mining districts, has definite relations to tuberculosis.

ALL "CONTACTS" SHOULD BE EXAMINED

One question about a clinic is, how many have been examined, but a very much more important question is, how many of these have had need to be examined. We appraise the value of clinics chiefly by the proportions of three classes—those who have tuberculosis, those who are suspected of it, or have pulmonary disease that needs to be differentiated from it, and those who have been in definite contact with tuberculosis. As we keep saying, perhaps with tiresome iteration, neither tuberculosis nor small-pox can be cleaned up in a community by treating the sick only. The "contacts" must be searched out, examined, kept under observation, and re-

* * *

The newer idea of finding the sick man or child before he gets sick enough to find himself does not lessen the importance of sanatorium beds. Community safety demands the treatment of tuberculous people as early, as late, and as long as treatment is necessary. It demands the segregation or effective supervision of spreaders while they are spreaders, and as soon and as long as they are spreaders.



THE INFIRMARY BUILDING, EAST AND WEST WINGS

The costs of tuberculosis prevented and tuberculosis cured come fairly high; but they are trifles compared with the cost of tuberculosis neglected.

* * *

examined from time to time. For small-pox a few weeks' observation will do, but for tuberculosis "It may be for years and it may be forever." Observation and re-examination may be necessary at intervals throughout a long lifetime.

In the clinics of the past five years the proportions of "contacts" have averaged about 56%.

Another very important question is, how many were found who have tuberculosis. Of these, needless to say, many were known beforehand to their doctors and to us, some as old Sanatorium patients. But many are entirely new discoveries. This does not mean that they were not suspected by their doctors: indeed it is usually *because* they were suspected that they have been gathered in for examination and so "discovered." Often they were suspected because of contact only, and did not feel sick, and so naturally did not go, and perhaps would not go, to their doctors. This is pre-eminently the kind of useful, life-saving discovery that physicians and the clinic co-operating can make that neither would be likely to make, at this early stage, alone. The clinic is somewhat in the position of the old time revival, which gathered in some sinners that the regular ministrations of the community could not get even a hearing from.

636 NEW DISCOVERIES

In the whole 57 clinics—which perhaps were 57 varieties also—a total of 1,215 tuberculous people were found. Of these 579 were known before and 636 were new discoveries. In other words, in the five years of clinics almost 15% of those examined have been found to be tuberculous, and almost 8% of the total examined were tuberculous people newly discovered to be such.

The clinics sometimes have difficulty in reaching a definite decision and, like the old Scottish courts, have to fall back upon a verdict of "not proven" or suspicious. Beyond the definitely tuberculous, about 7% of those examined were put in the 'suspected' class. These 582 added to the definitely tuberculous make a grand total tuberculous, old and new and suspected, of 1,797.

* * *

Nothing is so wasteful as to treat poverty merely as poverty, to treat its symptoms rather than its cause. When a focus of tuberculosis is healed a focus of poverty is cleared up, and in the best way, by removing causes. Tuberculosis is one of the greatest makers of poverty.

Tuberculosis has been called an Index Disease. Where its ravages are great, general living conditions must be bad; and where its death rate is lowering, general living conditions are likely to be improving.

* * *

OTHER BAD CONDITIONS

When people come to clinics, the routine examinations, which they do not give their doctors a chance to make as often as they should, show a number of bad conditions not necessarily associated with tuberculosis, which, when found, can be dealt with, not by the clinic but by the ordinary agencies. This incidental service or by-product of the tuberculosis clinics is one which has a tremendous total value. A rough enumeration of the findings in five years of clinics, apart from tuberculosis, are:—

“Septic Chests”	356
Bronchitis	50
Bronchiectasis	73
Pleurisy	51
Asthma	36
Empyema	28
Emphysema	118
Carious Teeth	1,735
Septic Gums	877
Septic Tonsils	1,075
Sinus and Nose Conditions	219
Enlarged Cervical Glands	838
Thyroid Abnormalities	219
Cardiac Conditions	246
Kidney Conditions	57
Eye Conditions	66
Ear Conditions	24

and other disease conditions, including: meibomian cyst, perforated palate, fractures, gynecological conditions, rheumatism, chorea, spine deformities (non-tuberculous), malaria, diabetes, gall bladder disease, kidney disease, spondylitis deformans, actinomycosis, debility (not due to tuberculosis), anaemia, anterior poliomyelitis, malignant disease of stomach, lues, bullet in chest, pelvic conditions, gastro-intestinal, mental and nervous conditions, and other disease conditions, to the number of 656, including scabies and pediculi.

* * *

In most communities the anti-tuberculosis campaign has accomplished much more than anti-tuberculosis results. It has been the very spearhead of such movements as better housing, better care of children, the idea of disease prevention, periodical physical examinations, open air living, sunlight's uses for the betterment of health, and of all that brings disease under man's control.

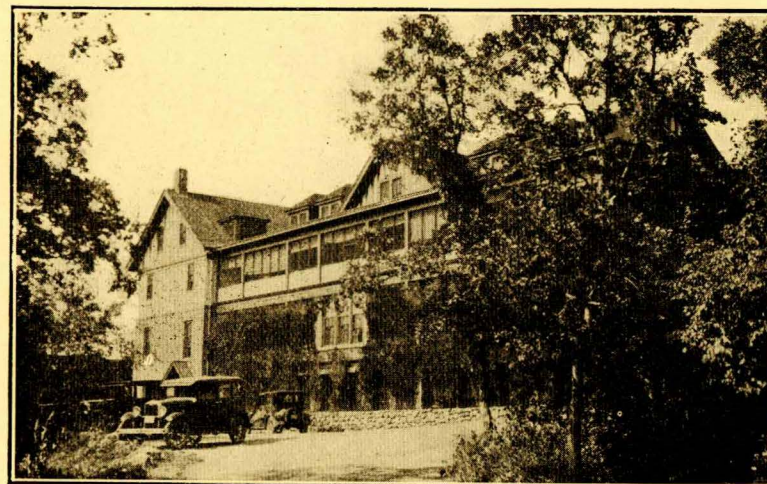
Twenty years ago people were taught by lectures on tuberculosis in the community hall; now they are best taught by tuberculosis clinics in the community hospital. A mother will learn more by bringing her family of contacts for examination than by a whole term of lectures.

* * *

The non-Tuberculous disease conditions found numbered roughly 6,724, Tuberculosis 1,215, Tuberculosis suspected 582, grand total 8,521. Disease conditions, small or great, were actually more numerous than the people examined.

THE NEXT THING

Now-a-days we are not satisfied to let the bad seeds of disease germinate and grow until people become real sick. By the time they know they are sick they are usually very sick. We want to find in-



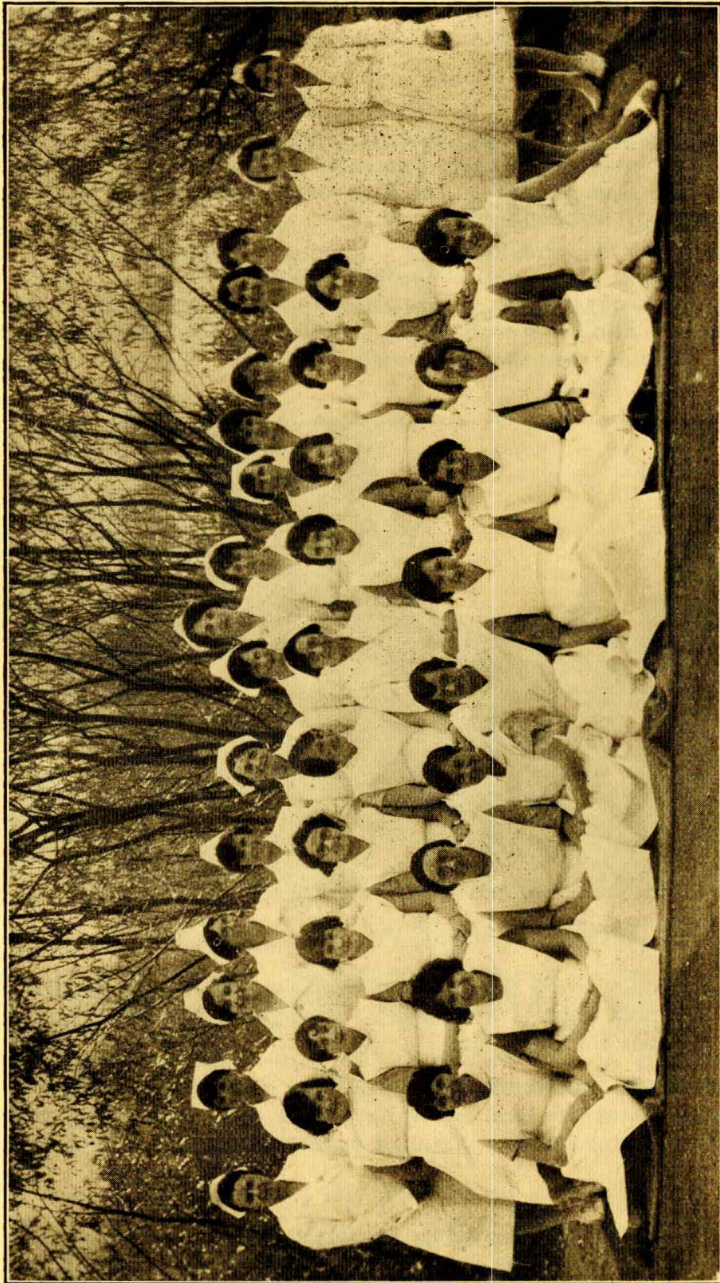
ADMINISTRATION BUILDING, MAIN ENTRANCE TO THE SANATORIUM

fectured people *before* they get sick and *keep them from getting sick*. The big new word is *Prevention*. Prevention is better than cure, and cheaper than cure also.

There is little doubt as to what are the next big things to do. We must treat the sick, as we have been doing, and doing year by year better and better. We must isolate the spreader, or make him

* * *

The yearly total of losses in Manitoba due to tuberculosis illnesses and tuberculosis deaths is six times the entire capital cost of present institutions for fighting tuberculosis, and twelve times the yearly expenditure in its treatment and prevention.

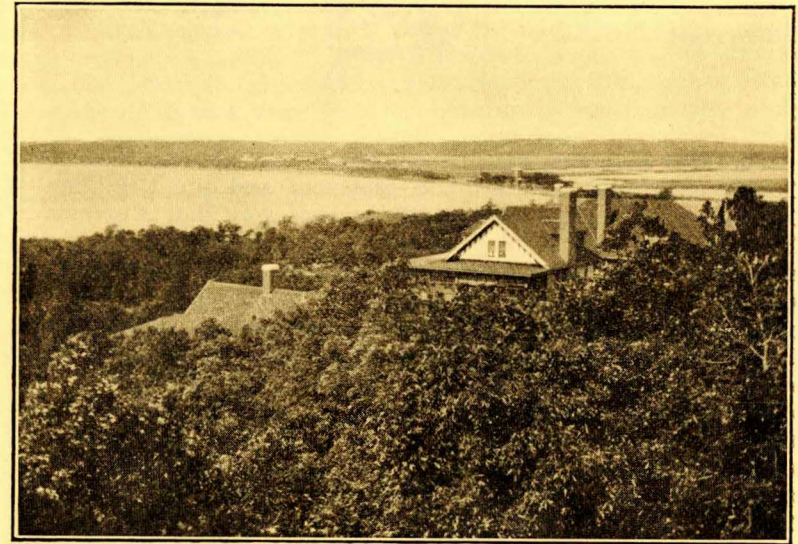


NURSES AND ATTENDANTS AT MANITOBA SANATORIUM, NINETTE, OCTOBER, 1929

The battle of Waterloo may or may not have been won on the playing fields of Eton, but certainly the battle of tuberculosis will be won chiefly in the schools and among the children.

* * *

safe by much teaching, and this we have partly done and are partly doing. We must re-establish the healed or partly healed man in suitable work as an economic asset, as we have also partly done. But, most important of all, we must search out those who have been in contact with disease, examine them, making full use of X-Ray films, and, whether we find disease or not, must still keep them in mind, and still again and again, and yet again, at suitable intervals re-examine them.



ADMINISTRATION BUILDING WITH LAKE AND VILLAGE IN DISTANCE

This is the big work of tuberculosis clinics and dispensaries, and travelling clinics and anti-tuberculosis campaigns, from one end of Canada to the other. They are hunting up the contacts, examining the contacts, and keeping track of the contacts; they are getting tuberculosis under control if possible *before it begins*.

This is the kind of thing that most of the Christmas Seal money is doing throughout Canada.

* * *

The harvest is reaped where the seed is sown. Prevention must begin where infection begins—that is usually in the home.

Tuberculosis may begin long before it appears, and continue long after it disappears.

* * *

Christmas Seals

STAMP OUT TUBERCULOSIS

Travelling Tuberculosis Clinics
"Examination of "Contacts"
"Teaching
"Better Health in Manitoba"



*At Christmas, play and make
good cheer
For Christmas comes but once
a year.*

—Thomas Tusser (1550-1580)

But why should we have to sell Christmas Seals even for health? Cannot cities and counties and provinces and the Dominion of Canada, as such, do all the anti-tuberculosis work that is necessary? It is true that almost all governments everywhere are doing very much more than any government anywhere would have imagined 50 years ago. But there are worlds yet to conquer. People lead governments more than governments lead people. Nearly everything that has been accomplished in the conquest of tuberculosis has been done by people leading, and governments following. Intelligent, public-spirited, forward-looking people are the skirmishing lines, and governments, with their treasuries, are the artillery columns of the main army. After a few years perhaps the artillery columns will have reached the place that is now the skirmishing line. By that time the skirmishers will be still farther into the enemy's territory. The skirmishing line is just as necessary as the artillery; almost more necessary, because it is well up in the line of advance.

Christmas Seals in Manitoba, as throughout all Canada, support the skirmishing lines, rather than the heavy artillery. They help with new and educational measures, and diagnosis, and not with routine measures such as treatment. Christmas Seals organize prevention and leave cure pretty much to the main army. Christmas Seals do much for general health, and for children.

* * *

We cannot get away from the law of the modern community, that for good or for ill we are all members one of another.

There is no tonic like duty. It is true that like other tonics, duty in overdose may become almost a poison, but we should try to reach in each case, and not to exceed in any, the optimum therapeutic dose.

* * *

DEATHS IN MANITOBA

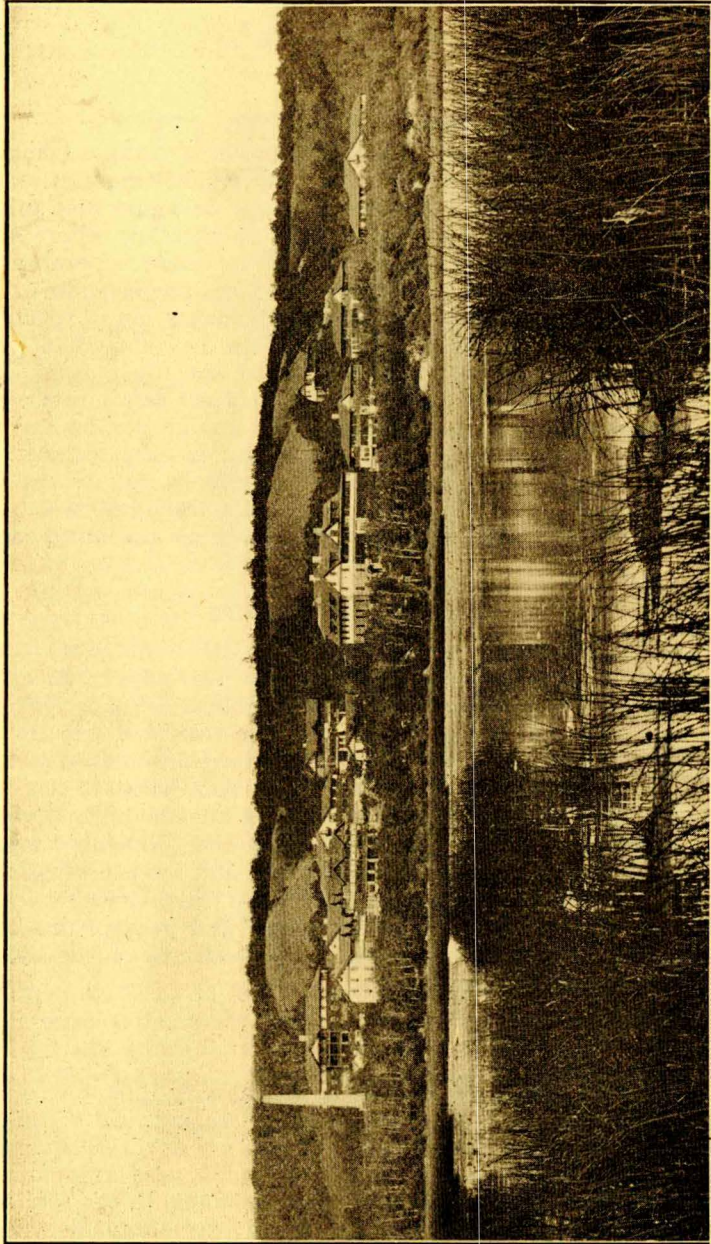
The tuberculosis death rate in Manitoba is really a composite. A few years ago, when we tried to work out some of the varying rates that go to make up the provincial average, we found that the rate was high where general standards of living were low, where houses were small, overcrowded and insanitary, where ignorance was general, where work was hard, hours long and incomes low. It was high in non-progressive, non-modern settlements, out of touch with modern thought and ways; high also in new-Canadian settlements where pioneer privations are found and life is hard. Such settlements were found to have a tuberculosis death rate several times the provincial average. Prosperous communities, on the other hand, where homes were good, circumstances easy, people intelligent and modern-minded, sanitary conditions fair, crops good, mortgages few—some such settlements had a death rate from tuberculosis as low as a fifth or a sixth of the average provincial rate.

FIFTY BRITISH VISITORS

The outstanding event of the year at the Sanatorium—indeed the event of a lifetime—was a week-end two days' visit of fifty tuberculosis workers from Great Britain, almost as many from East and West in Canada, and a few from the United States for good measure. Two years ago thirty Canadian sanatorium doctors visited the Old Country, and this was the return visit, with interest. This gathering was also the annual meeting of the Canadian Tuberculosis Association. What with some work and some play together over the week-end, a little travel together, and the tuberculosis sessions of the British Medical meeting during the following week, the gathering was one of the most enjoyable, and perhaps one of the most useful also, of many years. A photograph of the overseas party is reproduced elsewhere.

* * *

After food and safety, health is the most fundamental need of the community. After food and safety, therefore, health should be the chief concern of governments. Voluntary agencies must often blaze trails for governments. But if the people need a fundamental service, and no other means is at hand to supply it, the service becomes a government responsibility. It may not always be the duty of the state to pay, but it is almost always the duty of the state to plan, or, better still to choose and put in use the very best plan available.



THE SANATORIUM FROM THE LAKE

Cure for the sick man, compassion first, may make the stronger appeal, but cure for the infected community, safety first, pays the bigger dividends. Cure is good, but prevention is better.

* * *

THE SANATORIUM SCHOOL

School work was occasional and spasmodic until five years ago, when a real school began. At the beginning of that five year period the Sanatorium had a school; at the end the Sanatorium *was* a school.

The lines of study are several:—

1. Ordinary school grades, one to twelve.
2. English for non-English pupils.
3. Technical correspondence courses supplied at low costs through the Provincial Department of Education.
4. "Brushing up" in the practical branches, such as grammar, spelling, arithmetic, bookkeeping, &c.
5. More cultural studies, literature, history, French, &c.
6. Help with parts of University curriculum.
7. A little direction given to reading. With a larger staff, this could be developed into a useful educational agency.

In the "bedside" school of sixty, thirty worked last term on school grades one to twelve, one in second year Arts, four with correspondence courses, several non-English students with English, and the remainder in various studies with practical or cultured aims. Three patients, themselves in bed, helped in this work.

Patients doing similar work, and near one another, sometimes form small groups, which plan saves time for teacher and adds interest for pupils.

A morning school in the school rooms, to which some patients can come, had an average attendance of twelve, and a total for the year of thirty.

The evening school, which is almost altogether for staff, met last term for two evenings a week from seven to ten-thirty, with an enrolment of thirty-three, or, including a special French class, of forty. Of these, twenty-one worked in grades eight to twelve, eight non-English studied English, and the others selected subjects. This year the staff pupils paid fees of \$9.00 for the year, making the night school almost self-supporting.

* * *

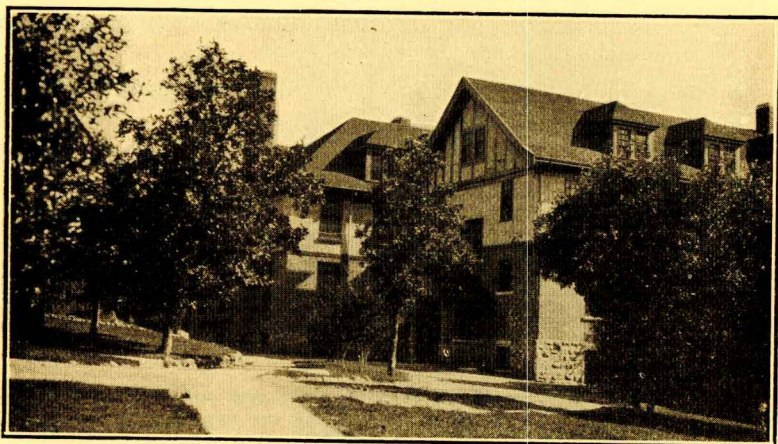
A sanatorium is not merely a pile of bricks and mortar; it is a group of earnest and capable men and women. It is not only a place and a name; it is a source radiating energy, a school, an influence, a living soul.

When even one person has tuberculosis the community is tuberculous. We are dealing with a disease of Smith, Jones and Brown, but also of Smithville, Jonestown and Brownburg.

* * *

A school for Sanatorium children is of course everywhere considered necessary. We think a school for adults almost equally a necessity. Besides a main product—cure—our patients should get a by-product if possible out of their long Sanatorium months and years. It is our duty to help with the by-product as with the main product.

School in the Sanatorium, still better, the Sanatorium becoming a school, is a tremendous help with even the main purpose of the Sanatorium, the cure of disease. It is like turning a straggling bunch of boys into a troupe of boy scouts.



ADMINISTRATION BUILDING FROM THE NORTH WEST

Without something like school work, a tremendous aggregate of time is wasted in a year by fairly fit people lying in bed. Time is life. School and the influences radiating from school do much to eliminate this waste of time, which is waste of life.

The teaching of members of staff is not only good for the people taught, but equally good for the Sanatorium. It puts purpose and orderliness and a spirit of work into the whole place.

In short, a sanatorium should not merely *have* a school; it should *be* one.

* * *

Three Manitoba farm houses, on three adjoining farms, had twenty-three deaths from tuberculosis in the twenty-one years between 1889 and 1910.

Clearing up tuberculosis in Manitoba would settle at least twenty-five per cent. of the Mothers' Allowance problems—by preventing them.

* * *

PUBLIC ADDRESS SYSTEM

Among the donations of the year, acknowledgment is made of a Public Address System, which was a very kindly thought worked out to fit our special conditions. For the sake of radio experts and "fans," some of the more important elements in this system may be listed: S. M. 690 Amplifier, Board, Tubes, &c., Radio Transformer and Motor Generator, 5 W.D.C. Speakers 220 V.D.C., 5 Number 9 Horns, 4 Radiola 100 B Speakers, Jensen Speaker, Audak Pickup, Direct Current Radio, Microphone, &c.

The receiving and amplifying apparatus has a convenient room to itself, the big horns face the patients' buildings, and the smaller speakers are in assembly hall, dining room, &c. We can thus pick up, amplify and distribute throughout the whole Sanatorium anything that comes over radio, or anything originating in our own hall, or anything we have in the form of gramophone records.

We consider that people who have to be in bed for long periods should keep their minds active and make good use of their time. The Public Address System brings to them, and to those not so ill, and to staff also, both instruction and entertainment.

MUSIC

The Sanatorium made eight entries in the Musical Festival for South Western Manitoba for 1930, and received several prizes; among them the silver shield donated by the J. J. H. Maclean Co., Ltd., won by the Sanatorium orchestra of fifteen pieces, under the leadership of Dr. L. G. Montgomery.

In their respective classes, prizes were also won by Doctors E. L. Ross and L. G. Montgomery for trumpet and violin solos, and by Mr. Thomas Chapman for vocal solo.

MANITOBA SANATORIUM PAPERS

The paragraphs in *Italics* on all the pages, are extracts from papers of the year of the Manitoba Sanatorium.

* * *

The sanatorium has a special experience and wisdom about what unrest and hurly-burly, the insults and irritations of environment, bad habits, bad housing, over-work, over-play,—in a word, what Sir Thomas Browne might call bad managery—can do to make people sick; and what rest and quiet, air and sun, food and time, routine and discipline, and self-discipline—or general good managery—can do to make sick people well.

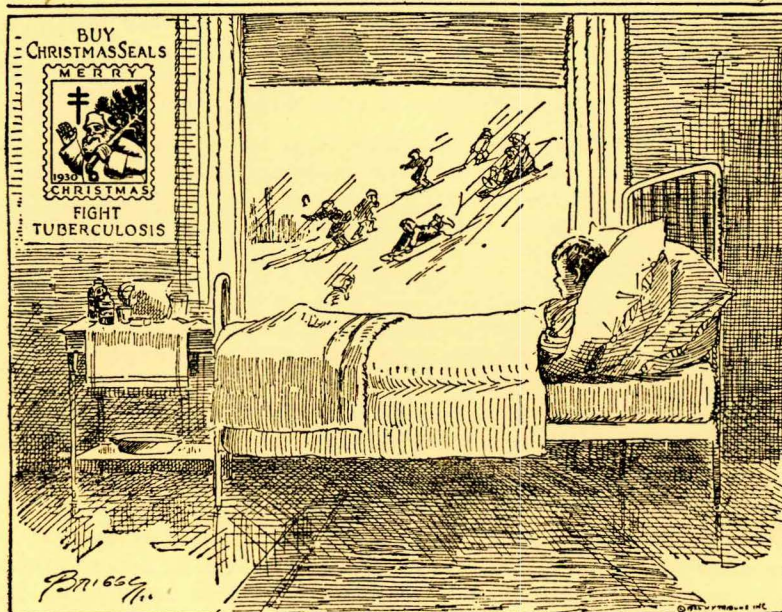
Civilization, like charity, can cover a multitude of sins.

Very Special Thanks

we owe to all the thousands of friends who have helped the work of the Sanatorium by buying **CHRISTMAS SEALS**.

And to the hundreds who sent kind letters of encouragement and appreciation as well.

These names do not appear among other donors on pages 24 and 25. They are so many that personal acknowledgment is impossible. They are the "Unknown Soldiers" who are helping to win the war against Tuberculosis. To them each and all we send thus our sincere thanks.



When a Feller Needs a Friend

Tuberculosis is not only an infectious disease, as measles or scarlet fever or diphtheria, but it presents very special difficulties. A crop of barley can be reaped in something like six weeks after the seed has been sown, but it takes nature 45 or 46 weeks to mature winter rye, and a fruit tree bears only after several years. The common infections are on or off in a week or two after contact, but the Tuberculosis harvest of active disease may come twenty or forty years after seed time.

The Care of the Sick

"The care of the sick is to be placed above and before every other duty." Such a sentiment any assembly of ordinary people would applaud to the echo. But translate this sentiment into practical counsel for the prevention of disease, or into measures for the betterment of public health, or research concerning the causes and cure of disease, into any expenditure of effort or money for the saving of life, and it is remarkable how the gush and glow and fervour of the echoing applause will wane.

Sickness, as people in general think of it, is an emergency to be met impromptu, and more by sentiment than science, an emergency like a fire or a shipwreck, a time for flurry and excitement in which a cool head is considered almost a sign of a hard heart; a hectic period from which patient and relatives emerge—if they do emerge—exhausted. But sickness as something to be expected, prevented if possible, but still anticipated and provided for, sickness as a constant daily condition in a fairly fixed percentage of any community, and so deserving well-thought-out community arrangements—such common-sense considerations about sickness arouse no great measure of enthusiasm.

Of course the hungry must be fed, no matter why hungry, but that community has not yet mastered its social problems in which poverty is always an emergency, with a new plan to meet each new case, and the cure always a dole. And that community has not yet mastered its problems in which sickness is always an emergency.

A house on fire is an emergency for the householder, but not for a community with fire brigades and insurance. John Smith's illness is an emergency for the Smiths, but surely not for Smithville with modern medical science and hospital organizations. Every fire is an emergency to some one, but fire proofing, building regulations, fire drills and insurance are not emergency measures—are useless in emergencies, but prevent emergencies. Fires and sickness are almost as sure to come as death and taxes, so should be provided for beforehand—though prevented if possible. A fire may be stark ruin for the unprepared but only a regrettable incident for the forwardlooking man who has foreseen such a mischance and prepared for it. Sudden illness, or long illness, may bring not suffering only, but bankruptcy; but if twentieth century medical science can find means to relieve the suffering surely twentieth century economic and administrative science can find means to avoid the bankruptcy.

Tuberculosis is not a by-product of civilization; it is a by-product of the mistakes of civilization.

* * *

Donations During 1929-30

SPECIAL GIFTS

Through the great kindness of Mr. A. R. McNichol, the Sanatorium received during the year a gift of 500 shares of Capital Stock of the A. R. McNichol Company, Limited.

Through the kind thought of Mr. A. W. Dampsy and Mr. Gordon Smith, and the generous contributions of friends, both theirs and ours, there was installed at the Sanatorium early in the year a Public Address System, which has been a perennial source of pleasure. Some of the kindly conspirators who are responsible for this gift, besides Messrs. Dampsy and Smith, are Messrs. James Stewart, James Richardson, W. A. Murphy, J. H. McDonald, A. W. Chapman, J. W. Dafoe, J. F. Gage, Sidney T. Smith, Harry Sellars, CKY the Manitoba Telephones, the Great West Life, and, last, but by no means least, the employees of the T. Eaton Company, Winnipeg. Fuller particulars are given elsewhere.

Two fully equipped Sanatorium beds were sent by Mr. Thomas Bruce and members of the Carlton Club, in memory of the late Thomas Sharpe, always a good friend of the Sanatorium and at one time a member of the Board.

CASH DONATIONS, 1929

Manitoba Association of Registered Nurses, \$25.00; Mrs. A. McPherson, R.R.4, Brandon, \$10.00; Hugh L. Mackinnon, Winnipeg, \$5.00; Ninette Red Cross, \$25.00; Rev. John W. Stott, Wawanesa, \$10.00; Augustus Andison, Winnipeg, \$25.00; Decker Women's Institute, \$5.00; Oak River Women's Institute, \$10.00; Kenton Women's Institute, \$5.00; N. Bawlf Grain Company, \$25.00; Norwood Women's Institute, \$5.00; Mrs. C. Free, \$5.00; F. Wright, \$5.00; Mrs. L. M. Russell, \$20.00; Mrs. W. F. Crosbie, Norwood, \$200.00; Heber Archibald, Winnipeg, \$25.00; Mrs. C. H. Stonhouse, Balmoral, \$4.00; Mrs. R. Lea, Franklin, \$25.00; I. O. D. E., Boissevain, \$70.00; Archbishop Sinnott, St. Boniface, \$10.00; Mrs. C. G. Carruthers, Winnipeg, \$25.00; Ericksdale Women's Guild, \$5.00; De Winton Chapter, I. O. D. E., Carberry, \$10.00

* * *

We can't go faster than our people, and people won't go forward in darkness. We cannot drive them, even for their good. The age of dumb, driven cattle is over, at least for our race. We cannot impose our ideas by force. No faith, however fine, warrants thumb-screw and stake.

Disease should not be endured, or even cured, if it can be prevented. It is wiser to maintain health than to regain it, and cheaper also. It is wiser to pay for a non-skid tire than for a smash-up and a police court fine. It is better to pay for safety in advance, and enjoy it, than have calamity thrust upon us to be paid for on the instalment plan.

* * *

Mrs. Juliana Dyer, Melita, \$25.00; Dr. Hugh MacKay, \$10.00; Alpha Phi Sorority, Winnipeg, \$48.00; Mrs. G. B. Seymour, \$18.00; Ladies of Pine View, \$11.30; Western Division of Women's Institutes, \$100.00; Summerville & Co., \$25.25; Mrs. J. C. Drysdale, Vancouver, \$1.00; Mr. John McEachern, Winnipeg, \$25.00; Mrs. Byswater, \$5.00; G. J. McPherson, R.R.4, Brandon, \$5.00; H. Hunter, Morris, \$5.00; Teck Chapter, I. O. D. E., Brandon, \$10.00; Busy Bee Society, Brandon Hills, \$10.00; O. S. Wood, Ninette, \$5.00; J. L. Neilson, \$13.00; J. M. McLaren, Clearwater, \$5.00.

CASH DONATIONS, 1930, TO OCTOBER 31ST

Mrs. I. Collins, Morris, \$5.00; Mrs. W. F. Crosbie, \$300.00; Clearwater Goodwill S. S. Class, \$5.00; W. J. Hilton, \$10.00; Beta Eta of Alpha Phi, Winnipeg, \$55.00; H. Archibald, \$25.00; C. G. I. T. Camp, Clear Lake, \$4.70; S. A. Fraser, Pipestone Municipal Sunday Service, July 13, 1930, \$91.04; Tilston Women's Institute, \$10.00; Ninette Red Cross Society, \$25.00; L. H. Whitman, \$5.00; Scottish Co-operative Wholesale Society, \$25.00; Manitoba Paper Co., Ltd., \$100.00.

BOOKS, PAPERS AND MAGAZINES

Brandon Corps, Salvation Army; Mrs. G. H. Hope, Carberry; Mrs. Miller, Ninga; Mrs. W. H. Greenway, Crystal City; Junior League, Winnipeg; Wm. A. McKnight, F. B. Ness, Miss Lois Forester, Miss M. J. Finkelstein, A. E. Hoskin, Mr. and Mrs. Walter Pulford, Winnipeg; Rev. A. J. Hunter, Teulon; W. A. McLeod, Andrew Cairns, W. B. Herbert, Canadian Wheat Pool; Miss Frieda Major, Winnipeg; Henderson Directories, Ltd., Winnipeg; Mr. Plunton, Belmont; Mrs. W. Tracy, Carman; H. A. McNeill, Brandon; Mrs. W. A. Cooke, Killarney; Mrs. Allan Fisher, Carman; Mr. M. A. Burton.

CUT FLOWERS

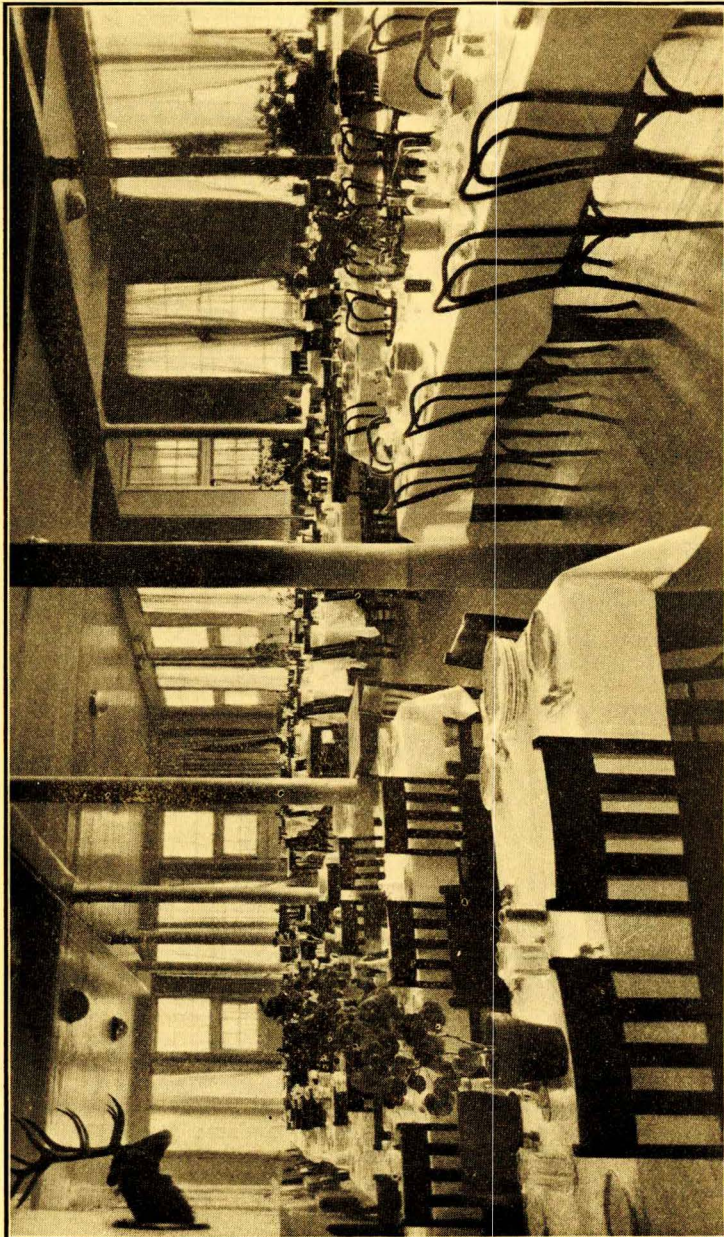
Mr. H. L. Patmore, Brandon; the Anglican congregation of Glenboro, Baldur and Killarney; the Belmont United Church, and many others.

OTHER GIFTS, 1929

Mr. O. S. Wood, Ninette, Christmas Cakes; Mr. R. D. Waugh, Winnipeg, Wines; Killarney Women's Institute, Christmas Cakes and Children's Stockings; Mrs. Emily Hughes, Winnipeg, Christmas Gifts; Mr. J. Cummings and Mr. Goff, Lockport, Case of Eggs; Women's Service League, Brandon, Canadian Legion, Christmas Gifts, Boxes of Apples and Home-made Preserves; W. F. C. Brathwaite, Ltd., Candies; Fisher & Burpe, Winnipeg, Hot Water Bottles, Instruments, etc.; Mrs. Robert Watson, Portage La Prairie, Lambskin Slippers; J. O. Arnason, Winnipeg, Chocolates, etc.; George Weston, Ltd., Winnipeg, Sandwich Bars; Mr. J. R. Cummings, Hodgson, Moose Meat; Ladies' Auxiliary, Imperial Veterans of Canada, Winnipeg, Cases of Fresh Fruit; Drewry's Ltd., Ginger Ale, etc., etc.; Mrs. James, Winnipeg, Mr. A. Almond, Winnipeg, Simmons Ltd., Winnipeg, Christmas Cakes; Kraft Phoenix Co., Ltd., and Mr. W. J. Rawlinson, Cheeses.

* * *

The shuttle of life weaves the white thread of tuberculosis through and through and back and forth in the seamy side of the fabric we call our civilization.



THE DINING ROOM

Medical Reports and Tables

January 1st, 1929 to January 1st, 1930

Patients in Sanatorium, Jan. 1st 1929	158	126	284
Admitted for treatment during 1929	161	139	300
Admitted for diagnosis or review during 1929	397	563	960
Total for year 1929			<u>1,544</u>
Examined outside the Sanatorium			2,104
Grand Total for year 1929			<u>3,648</u>
Discharged from treatment during 1929	170	133	303
Discharged from Diagnosis or Review during 1929	397	563	960
Remaining in Sanatorium Jan. 1st, 1930.....	149	132	281
Total for year			<u>1,544</u>
Examined outside the Sanatorium			2,104
Grand Total for the year.....			<u>3,648</u>

ADMISSIONS YEAR BY YEAR

1910 (May to December).....	97	1925 Treatment.....	278
1911	168	1925 Examination.....	466
1912	189		<u>744</u>
1913	232	1926 Treatment.....	307
1914	267	1926 Examination	638
1915	306		<u>945</u>
1916	329	1927 Treatment.....	398
1917	475	1927 Examination.....	881
1918	417		<u>1,279</u>
1919	475	1928 Treatment.....	293
1920	425	1928 Examination.....	990
1921	332		<u>1,283</u>
1922	336	1929 Treatment.....	300
1923	291	1920 Examination.....	960
1924 Treatment	308		<u>1,260</u>
1924 Examination	429		
	<u>737</u>		

Total admitted since opening of the Sanatorium at the end of May, 1910, to December 31st, 1929 10,587

(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	1929	16

Total to December 31st, 1929 1,010

BALANCE SHEET AS AT 30th NOVEMBER, 1929

ASSETS			LIABILITIES		
Land, Buildings, Plant and Equipment:	Cost	Depreciation Reserved	Value Book		
Land and Improvements	\$ 10,752.71		\$ 10,752.71	Bank of Montreal:	
Buildings	549,936.42	\$319,745.89	230,190.53	Overdraft—General Account	\$153,979.24
Plant and Machinery (Heating Lighting, Water and Sewerage)	85,724.72	85,724.72		Accounts Payable	970.15
Furniture and Equipment	58,282.49	58,282.49		Patients' Entertainment Fund	685.03
Furnishings and Miscellaneous Equipment	17,325.93	10,867.60	6,458.33	Reserve Fund	14,123.95
Automobiles	5,870.00	4,415.00	1,455.00	Christmas Seals Fund	20,671.41
Horses, Harness, etc.	1,572.39	1,437.59	134.80	Patients' Fund—Safekeeping	254.10
Spur Track	700.85		700.85		<u>\$190,683.88</u>
Fire Equipment	3,911.82	3,911.82		Surplus:	
Fire Protection Reservoir	12,304.27	1,230.44	11,073.83	Balance at Credit, 30th November, 1928	\$321,412.62
	<u>\$746,381.60</u>	<u>\$485,615.55</u>	<u>\$260,766.05</u>	Less: Adjustment of Prior	
Bank of Montreal:				Years' Maintenance Charges	\$ 1,775.82
Special Account		\$ 14,123.95		Depreciation Reserve	29,590.88
Fire Protection Account		1.89		Excess of Ordinary Expenditure over Income	15,598.86
Petty Cash			\$ 14,125.84		<u>\$ 46,965.56</u>
Accounts Receivable			1,500.00		<u>\$274,447.06</u>
Patients' Balances Outstanding		\$ 11,517.00			
Provincial Government Levy 1928-29		111,571.35			
Provincial Government Per Capita Grant					
Accrued		29,583.00			
Kennedy Estate Legacy		66.03			
Winnipeg Clinic Advances		116.00			
Other Accounts		1,192.30			
			<u>\$154,045.68</u>		
Inventories and Deferred Charges:					
Supplies on hand		\$ 29,033.87			
Unexpired Insurance		5,659.50			
			<u>\$ 34,693.37</u>		
			<u>\$465,130.94</u>		<u>\$465,130.94</u>

We report that we have examined the Books and Accounts of the Manitoba Sanatorium for the year ended 30th November, 1929, and have received all the explanations and information we have required. In our opinion, the above 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, 1929, according to the best of our information, the explanations given to us, and as shown by the Books of the Sanatorium.

Winnipeg, Man. 29th January, 1930.

RIDDELL, STEAD, GRAHAM & HUTCHISON,
Auditors.

MAINTENANCE ACCOUNT FOR THE YEAR ENDED 30th NOVEMBER, 1929

DEBIT		CREDIT	
Expenses:		Income from Earnings:	
Commissariat—General	\$54,992.75	Patients—Military, Private, Municipal and City	\$212,219.06
Commissariat—Infirmary	35,734.60	Provincial Government Per Capita Grant 1928-29	51,716.00
Housing of Patients	8,208.63	Medical Examinations and Diagnosis	2,442.85
Professional Care of Patients	54,037.99		<u>\$266,377.91</u>
Administration	25,054.13	Deduct: Charges for Patients	
Heat, Light and Water	37,890.38	treated out of Levy	\$139,227.15
General Repairs and Maintenance	34,469.63	Less: Municipal Levy	120,000.00
Laundry	11,765.85		<u>\$ 19,227.15</u>
Farm and Garden	1,280.13		<u>\$247,150.76</u>
Total Expenditure for Administration and Maintenance	<u>\$263,434.09</u>	Other Charges:	
Other Charges:		Subscriptions and Donations	\$ 280.55
Depreciation—		Discounts	403.92
Buildings	5% \$27,496.82		<u>684.47</u>
Furniture	10% 866.30	Income Available for Current Administration and Maintenance	\$247,835.23
Horses, Harness, etc.	10% 157.24	Appropriation from Christmas Seals Fund	2,847.07
Automobiles	824.44		
Fire Protection Reservoir	6% 246.08	Balance:	
	<u>\$ 29,590.88</u>	Being Deficit for Year, made up thus:	
Out-door Clinics	2,847.07	Depreciation Reserved	\$29,590.88
		Excess of Ordinary Expenditure over Income	15,598.86
			<u>45,189.74</u>
	<u>\$295,872.04</u>		<u>\$295,872.04</u>

FINANCIAL STATEMENT
Comparative Statement of Hospital Day Costs

	1928- 1929	1927- 1928	1926- 1927	1925- 1926
Total Patient Days	100,852	101,262	100,184	101,392
Costs:				
Commissariat .....	.900	.925	.903	.923
Housing Patients .....	.081	.087	.095	.105
Professional Care of Patients .....	.536	.559	.511	.467
Administration .....	.248	.250	.224	.209
Heat, Light and Water .....	.376	.373	.387	.439
General Repairs .....	.342	.329	.284	.294
Laundry .....	.117	.118	.109	.103
Farm and Garden .....	.012	.005	.005	Cr. .008
Depreciation .....	.293	.293	.346	.422
	<hr/>	<hr/>	<hr/>	<hr/>
Capital Expenditure	2.905	2.939	2.864	2.954
	<hr/>	<hr/>	<hr/>	<hr/>
Total Costs	2.905	2.958	2.877	3.009
Total Income from all Sources	2.457	2.606	2.470	2.593
	<hr/>	<hr/>	<hr/>	<hr/>
Deficit per Hospital Day448	.352	.407	.416
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

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Since tuberculosis is an epidemic disease, it must be dealt with like other epidemic diseases, must be watched, reported and investigated. And since it is an epidemic disease also it can ultimately be stamped out. The more thought and energy, and perhaps money, devoted to it, the sooner it will be stamped out.

* * *

If every single present case of tuberculosis were fully dealt with by diagnosis, observation, treatment, segregation and adequate control, there would be no future cases.